St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Public Board Meeting

TO BE HELD ON WEDNESDAY 29TH JULY 2020
IN THE BOARDROOM, LEVEL 5, WHISTON HOSPITAL

AGENDA				Paper	Presenter
09:30	1.	Employee of the Month		Verbal	Chair
09:45	2.	Patient Story		Verbal	
10:05	3.	Apologies for Absence		Verbal	
	4.	Declaration of Interests		Verbal	
	5.	Minutes of the Previous Meeting held on 24th June 2020		Attached	
		5.1	Correct Record & Matters Arising	Verbal	
		5.2	Action Log	Attached	
Performance Reports					
10:15	6.	Integrated Performance Report		NHST(20) 46	Nik Khashu
		6.1	Quality Indicators		Sue Redfern
		6.2	Operational Indicators		Rob Cooper
		6.3	Financial Indicators		Nik Khashu
		6.4	Workforce Indicators		Anne-Marie Stretch
Committee Assurance Reports					
10:35	7.	Committee Report – Executive		NHST(20) 47	Ann Marr
10:45	8.	Committee Report – Quality		NHST(20) 48	Val Davies
10:55	9.	Committee Report – Finance & Performance		NHST(20) 49	Jeff Kozer
BREAK					
Other Board Reports					
11:15	10.	Corporate Risk Register Quarterly Report		NHST(20) 50	Sue Redfern for Nicola Bunce
11:25	11.	Board Assurance Framework Review		NHST(20) 51	Sue Redfern for Nicola Bunce
11:35	12.	Learning from Deaths Q4 2019/20 & Q1 2020/21 Reports		NHST(20) 52	Rowan Pritchard-Jones

12:00	13.	HR Indicators Report	NHST(20)53	Anne-Marie Stretch
Closing Business				
12:10	14.	Effectiveness of Meeting	Verbal	Chair
	15.	Any Other Business		
	16.	Date of Next Meeting – Wednesday 30th September 2020		

St Helens and Knowsley Teaching Hospitals NHS Trust

Minutes of the St Helens and Knowsley Teaching Hospitals NHS Trust Board meeting held on Wednesday 24th June 2020 in the Boardroom, Whiston Hospital and via Microsoft Teams

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
	Mr N Khashu	(NK)	Director of Finance
	Mrs C Walters	(CW)	Director of Informatics
	Ms N Bunce	(NB)	Director of Corporate Services
	Mr R Cooper	(RC)	Director of Operations & Performance
	Mr R Pritchard-Jones	(RPJ)	Medical Director
In Attendance:	Ms J Byrne	(JBy)	Executive Assistant *(Minute Taker)*

1. Apologies for Absence

The co-opted members from St Helens CCG and Halton Council had received the papers but not been included in this meeting as it was a trial virtual meeting of the Board.

2. Declaration of Interests

2.1. There were no new declarations of interest.

3. Minutes of the previous meeting

3.1. **Correct Record**

3.1.1. Due to the ongoing COVID-19 pandemic and the requirement to follow social distancing guidelines, there had been no formal Board meeting since February 2020, therefore there were no minutes for review. In March, April and May board papers had been circulated to Board members and questions submitted. The responses to these questions had been recorded and circulated to all members.

3.2. **Action List**

3.2.1. Action 20 – complaints information to be contextualised to provide greater clarity – SR had met with LK/GB to discuss key points and lessons learned. Improvements had been made to papers subsequently presented to the Quality Committee. **ACTION CLOSED**

3.2.2. Action 21 – learning from deaths report – layout to be improved and themes incorporated – RPJ confirmed the layout had been reviewed and the revised format would be used for the paper that was due to be presented to Board in July. **ACTION CLOSED**

3.2.3. Action 38 – RF to schedule call with PG to discuss the Hospital charity – **RF to arrange.**

3.2.4. It was noted that a number of other actions had been deferred due to COVID. The Board discussed the difficulties in undertaking Board time out sessions or Board to Boards with other organisations at the current time.

3.2.5. IC asked that the outstanding queries from the May Board questions be added to the action log. **ACTION: NB**

4. Integrated Performance Report (IPR) – NHST(20)038

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

4.2. **Quality Indicators**

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

4.2.2. There had been 1 never event in May 2020 bringing the total to 3 since March 2020. Each of the never events had been reported in detail at the Quality Committee, so SR gave a brief summary of each for the Board.

4.2.3. The RCAs had been completed and actions plans put in place for each of the never events which would be monitored via the Trust's Patient Safety Council and Quality Committee.

4.2.4. There had been 1 Grade 3 pressure ulcer reported in April and the RCA was in progress.

4.2.5. There had been no cases of MRSA reported in May 2020 and 0 year to date (target = 0).

4.2.6. There were 4 C.Diff positive cases reported in May 2020 (1 hospital onset and 3 community onset). Year to date (month 2) there had been 7 cases (4 hospital onset and 3 community onset). The annual tolerance level for 2020/21 had not yet been published due to COVID-19. Commenting on the 2019/20 performance, SR confirmed total was 41 cases with a further 5 still to be appealed, against the 2019/20 annual tolerance of 48. All the cases the Trust had appealed during the year had been successful at appeal.

4.2.7. There were 3 falls resulting in severe harm year in April 2020, one had related to staff needing to don PPE before entering a patient's room, due to COVID.

4.2.8. The reporting of safer staffing during COVID-19 had been suspended nationally for March, April and May 2020.

4.2.9. Venous thromboembolism (VTE) assessment performance reporting had been suspended for March, April and May 2020.

4.2.10. Year to date Hospital Standardised Mortality Ratio (HSMR) (April – January) for 2019/20 was 103.3.

4.3. **Operational Indicators**

4.3.1. RC presented the update on the operational performance.

4.3.2. The latest reported cancer information was for April 2020. The 62-day cancer standard was not achieved in April at 82.0% against the target of 85%.

4.3.3. The 31-day cancer target was achieved with 96.9% performance against a target of 96%.

4.3.4. The 2-week cancer standard was also not achieved in April with 88.6% against a target of 93%. The number of patients referred was significantly reduced in April following the COVID-19 outbreak. In addition, despite assurances and infection control measures, many patients were unwilling to attend hospital for their appointment or treatment. The situation was beginning to improve and the Trust was now seeing an increase in the number of referrals and patients receiving treatment. Cancer work was continuing in conjunction with Clatterbridge Cancer Centre NHS Foundation Trust and a surgical care cancer hub had been developed at St Helens hospital.

4.3.5. IC noted that although cancer performance was down, two of the poorer performing pathways were reporting 100% - Head & Neck and Gynae and asked whether that was the result of some intervention or a statistical outlier stemming from lower overall throughput. RC confirmed this was the impact of significantly reduced referrals, coupled with the fact that any urgent cancer cases had continued to be treated throughout the period of the pandemic.

4.3.6. A&E access time performance for May was 88.4% (type 1), year to date 85.7%. The all types mapped footprint performance for May was 91.1%, and year to date 89.9%.

4.3.7. Due to the impact of COVID-19, the Trust received only 7,815 attendances in May 2020 (compared with 10,332 in May 2019), but this was still an increase compared with only 5,548 attendances in April 2020. RC commented that although the numbers were lower the acuity of the patients was higher and a greater proportion were arriving by ambulance.

4.3.8. The Trust had the highest number of ambulance conveyances across Cheshire & Merseyside and Great Manchester in May. There were 2531 conveyances in May compared with 2168 in April (17% increase).

4.3.9. Ambulance turnaround time in May was 29 minutes against the target of 30 minutes.

4.3.10. PG asked how the Trust was managing ambulance attendances in alignment with vulnerable individuals' shielding guidelines. RC confirmed all shielded patients were flagged in Medway and identified at Triage in A&E. The Trust had set up both hot and cold patient streams; any potential suspected COVID patients were directed to the hot stream and shielded patients went directly into a cubicle and were isolated as per Trust guidance. If admission was required for these patients, they were admitted to a side room on the ward.

4.3.11. The average daily number of super stranded patients (patients with a length of stay of greater than 21 days) in May was 58 compared with 135 in May 2019.

4.3.12. PG and LK asked if the reduced trend would continue. RC explained that in terms of “stranded” and “good to go” patients there were a couple of points to note.

4.3.13. Firstly, in March 2020, NHSE/I had instructed Trusts to urgently discharge all medically fit patients. This resulted in a significant reduction in the super stranded patients.

4.3.14. Secondly, as activity levels reduced for the NHS, community staff were able to step away from traditional duties related to post-operative and post-hospital discharge care, to support maintenance of patients at home. Without additional bed capacity in care homes for winter, coupled with a return to pre-COVID levels of activity taking community staff back into more traditional roles, the Trust expected to see an increase in the number of super stranded patients again. It was hoped that some of the care home bed capacity shortage could be addressed through the provision of the Seacole beds, if the bids for Mid-Mersey were successful.

4.3.15. PG asked how the Trust was managing safety in regard to the discharge of patients to care home facilities.

4.3.16. RC confirmed the Trust COVID-19 website provided information for staff on discharge and care home pathways, which were aligned to national guidance ‘Safe discharge from the NHS to social care settings’.

4.3.17. The 18-week referral to treatment (RTT) target was not achieved in April 2020 with 83.3% compliance (year to date 83.3%), against a target of 92%.

4.3.18. PG asked how the Trust’s operations would be adapted in case of a second wave. RC explained changes across the organisation had been introduced to support social distancing, from both a patient and a staff perspective, to reduce the risk of transmission. Both hospital sites had appropriate signage to encourage compliance, and surgical face masks were now provided for staff, patients and visitors. Rapid testing (1-hour turnaround) had been implemented at the St Helens site for the designated cancer hub to ensure all patients entering the unit had a negative swab before proceeding with surgery. Pre-operative testing was also in place for all General Acute patients utilising our 24-hour turnaround testing capacity. Templates for Outpatients had been reduced to ensure waiting areas were not crowded and compliant with social distancing, whilst also allowing for cleaning between patients. Theatre templates had also been reduced to allow for air changes, appropriate cleaning and the donning/doffing of PPE. These actions all meant that the Trust was doing all it could to maintain “clean” areas with no COVID patients. The Trust also now had the equipment and trained staff identified to be able to quickly scale up its ICU beds and COVID cohort wards if this became necessary.

4.3.19. PG noted the pandemic had been a catalyst for several new initiatives, eg telephone appointments and wondered if they would remain post COVID-19.

4.3.20. RC agreed there had been a benefit from the implementation of the new initiatives and explained reviews were underway to explore the potential of virtual and telephone patient reviews and programming them into Outpatient timetables so there was an alternative to face to face appointments, which had been popular with many patients.

4.3.21. RF expressed the gratitude of the Board to all the staff who had continued to ensure that urgent treatment was provided to patients who needed it throughout the last few months.

4.4. **Financial Indicators**

4.4.1. NK presented the update on the financial performance.

4.4.2. As part of the national response to COVID-19 , the normal NHS financial regime for 2020/21 had been put on hold and a system introduced to ensure all Trusts remained in financial balance for an initial period of 4 months from April to July 2020. All Payment by Results (PBR) payments were suspended and replaced with a block payment on account, with any additional expenditure above this value reimbursed in a retrospective top-up, including costs incurred relating to COVID. NK believed this block payment arrangement was likely to continue until at least the end of the year.

4.4.3. As part of these new arrangements, the Regulator required assurance that the Trust had robust controls in place for all COVID-19 expenditure. NK assured Board members this was being undertaken at bi-weekly meetings of the Executive Committee, where all business cases for extraordinary expenditure were submitted for approval. It was anticipated that this process would be audited in the near future.

4.4.4. At the end of month 2, the Trust reported a balanced year to date position, in line with guidance. Within this the Trust had assumed full reimbursement of COVID-related costs and additional expenditure incurred.

4.4.5. The agency ceiling issued by regulators for 2020/21 was £7.8m which was a £0.2m increase on 2019/20. The year to date spend was £1.3m, which was £0.1m below the agency cap and slightly above the previous year's spend.

4.4.6. The requirement for CIP was currently on hold under the block payment arrangements; focus was being directed towards providing the necessary resources and equipment to meet demand.

4.4.7. At the end of month 2, the cash balance was £40.3m. This closing balance continued to be high due to changes in funding arrangements related to COVID-19.

4.4.8. GB queried whether planning for Brexit were still ongoing. NK confirmed that Brexit remained a risk on the corporate risk register and although there was still a lot of uncertainty about what the outcome of the government negotiations would mean, the Trust continued to make the preparations that it could to safeguard essential supplies and services.

4.5. **Workforce Indicators**

4.5.1. AMS presented the update on the workforce indicators.

4.5.2. Absence in May was 6.4%, including COVID related sickness (but not all COVID related absences), which was a 3% improvement on the previous month.

4.5.3. Front line Nursing, Midwifery and HCA sickness was 8%. Front line Nursing and Midwifery only was 6.7%. This was also an improving position compared to April.

4.5.4. Mandatory training compliance for the core skills framework subjects was 81% (target = 85%) and appraisal compliance was 73.5 (target = 85%). Board members noted there had been a 3-month pause on appraisals and some elements of mandatory training, during COVID-19.

4.5.5. VD noted the reported increase in safeguarding issues during the pandemic and asked whether a lack of trained staff was a risk. SR acknowledged the demand on the safeguarding team had increased in the first few weeks of the pandemic, however the safeguarding team had recruited to the new posts that had been approved earlier in the year and therefore had additional capacity to support staff on the front line. Information booklets and checklists had been provided to ensure that staff were aware of the requirements and how to make a referral. The number of Deprivation of Liberty Safeguards (DoLS) had continued to increase, which provided some assurance that issues were being identified and referrals made.

4.5.6. LK noted the Government's change in relation to a 1m social distancing requirement and asked what impact this would have on staff working from home.

4.5.7. AMS confirmed the Trust was still working on the official guidance of 2m social distancing until it was clear what the revised guidance would mean for the NHS. The other government message that everyone should work from home if possible remained in place. The Trust had put in place a number of mechanisms and guides to support the wellbeing of staff who were working from home.

4.5.8. In relation to PG's query regarding the National "Bring Staff Back" campaign, AMS confirmed it had not been particularly successful at the Trust, with only around 6 retired staff returning to work, although a number of former Trust staff had also offered to help and undertaken a number of key roles, where they had specialist knowledge and expertise.

5. Committee Report – Executive – NHST(20)039

5.1. AM presented the report. From March 2020, the Executive Committee had been operating as the formal Trust decision-making body, co-ordinating the Trust response to COVID-19, as part of the national and regional mandated command and control arrangements. The COVID Executive met twice a week throughout this period and non-essential Executive Committee business was suspended.

5.2. The second phase of the COVID-19 response began in May, when the NHS was asked to start planning for the restoration of some services. In line with these changes a shortened Executive Committee meeting was restarted to deal with urgent business, outwith the COVID-19 response.

5.3. The paper provided a summary of the issues considered by the Executive Committee at the meetings held during May 2020. There was a total of 4 Executive Committee meetings held during this period. The Committee approved:

5.3.1. Local Clinical Excellence Awards (LCEA) – alternative arrangements for the distribution of LCEA funding had been agreed by NHS Employers and the BMA for 2020.

5.3.2. PG queried how many of the Trust's Consultants had been highlighted for a LCEA. RPJ confirmed that the national agreement was for awards to be shared across all eligible consultants this year.

5.3.3. Matrons' 7 Day Working Consultation – the Executive Committee accepted the outcome of the consultation exercise and approved the revised proposals for implementation, namely further training and a transition period for those staff who had not previously worked at weekends.

5.3.4. Office 365 Licensing – the Executive Committee agreed that the Trust and Mid-Mersey Health Informatics Service should express an interest to be part of the national agreement being negotiated with Microsoft in relation to NHS licences for Office 365, which hopefully would result in savings for the NHS.

5.3.5. VD asked for further detail in relation to the innovative patient experience initiatives mentioned in the Quality and Safety Briefing (item 3.2).

5.3.6. SR reported a family support service had been set up to enable families to keep in touch with their relatives who were inpatients and to support newly discharged patients on their return home. The services introduced as part of this included PenPALS, post-discharge welfare calls, and virtual visiting. In addition, the Trust had successfully delivered the first British Sign Language video interpretation calls and were also finalising plans to introduce foreign language video interpreting.

5.3.7. JK noted the high number of symptomatic staff in the period from 16th March. AMS confirmed that this pattern mirrored the pattern of infection in the wider population and the lack of definitive information about how the virus behaved, eg the length of time someone can be infectious. Data from the antibody testing that was subsequently undertaken for all staff across the North West region indicated that the Trust had a relatively low staff positivity rate.

5.4. The Committee had also considered regular assurance reports covering the Risk Management Council and Corporate Risk Register, and Integrated Performance Report.

5.5. Board members noted the report.

6. Committee Report – Quality – NHST(20)040

6.1. GB presented the Chair's report to the Board, which summarised key issues arising from the Quality Committee meeting held virtually on 16th June and reports from the Patient Safety, Clinical Effectiveness, Workforce and Patient Experience Councils.

6.2. GB highlighted the detailed scrutiny of the 3 never events by the Quality Committee, including the actions being taken to prevent such incidents happening again.

6.3. Also highlighted were the in-depth reports on the 2019 Annual Inpatient Survey and the thematic review of patient experience initiatives. Committee had discussed the common themes that had arisen and the actions planned to ensure the wealth of patient experience information was used by services to shape improvements.

6.4. GB particularly drew attention to the achievements of the Clinical Research who had exceeded the recruitment targets for 2019/20 and had also supported the Trust to participate in several national COVID-19 trials and studies.

6.5. The Quality Committee had reviewed the completed Infection Prevention Control Board Assurance Framework and noted only two of the measures had been rated partially compliant, but with mitigating actions planned to address these. This framework provided assurance to the Board that the Trust was compliant with the latest infection prevention control and safety guidance to protect staff and patients from the spread of COVID-19 in the hospital environment.

6.6. Board members noted the report.

7. Committee Report – Finance & Performance – NHST(20)041

7.1. JK presented the Chair's report to the Board which summarised key issues arising from the Finance & Performance Committee conference call held on 18th June.

7.2. Committee had noted the fall in performance against many national targets were below target as a direct result of the impact of the COVID-19 pandemic.

7.3. The strong cash position as a result of commissioners paying block contracts one month in advance was welcomed.

7.4. The committee also discussed the potential changes within the health economy, how the finances of the NHS may be managed for the remainder of 2020/21 and recently submitted capital bids, and how these could impact the year end forecast.

7.5. In response to a query from VD in relation to the impact of the Government's announcement of a "debt write-off" for Trusts, NK confirmed that debt had been converted to a different type of long term loan (PDC) for some trusts with bigger deficits, so the debt would be repaid.

7.6. The committee recommended a change to the Corporate Governance Manual to authorise the Deputy Director of Finance & Information to be able to approve capital to the value of £250k.

7.7. Board members **approved** the change to the Corporate Governance Manual and noted the report.

8. Committee Report – Audit - NHST(20)042

8.1. IC presented the Chair's report to the Board, which summarised key issues arising from the special purpose Audit Committee meeting held virtually on 16th June 2020.

8.2. The Trust's external auditors, Grant Thornton UK LLP, presented a draft report summarising findings relating to the 2019/20 audit. The audit was unqualified and the auditors had been complimentary about the Trust.

8.3. The Committee approved the draft Annual Report and Accounts 2019/20 and the letter of management representation to the external auditor.

8.4. The Audit Committee and NK extended thanks to the Finance Team for delivering the Annual Report and Accounts 2019/20 to such a high standard in difficult circumstances.

8.5. Board members noted the report.

9. Fit and Proper Persons Regulations – Annual Declaration - NHST(20)043

9.1. RF presented the report which provided assurance that the Trust had met the requirements of the Care Quality Commission (CQC) Fit and Proper Persons Regulations (Regulation 5) and each Board member had completed the annual checks.

9.2. Board members noted the annual declaration.

10. 7-Day Services Board Assurance Framework Update – NHST(20)044

10.1. RPJ provided an update to Board members.

10.2. The normal 7-day services audits had been suspended due to COVID-19, because they would not be representative of normal practice and would therefore not be comparable to previous or future audits.

10.3. Progress against the previously agreed Trust actions had continued but had been paused during the COVID-19 response. These would restart once the Trust returned to "business as usual" and a repeat audit carried out in spring 2021.

10.4. RPJ further explained that the pandemic would bring a resetting to the way the Trust worked; the only way to catch up with the activity backlog would be to maximise capacity over 7 days. The Executive would need to review the opportunities over the coming months and a report would come back to Board later in the year with further detail of the proposals. **ACTION: RPJ**

10.5. Board members noted the update.

11. Revised 2020/21 Trust Objectives – NHST(20)045

11.1. AM presented the paper which asked Board members for approval for revised 2020/21 Trust objectives, as a consequence of the COVID-19 pandemic.

11.2. The Executive Committee had reviewed the objectives, taking into account the revised financial regime; the suspension of national programmes, performance targets and reporting; what could be achieved in 9 months rather than 12; the impact of the on-going COVID-19 pandemic on capacity; and the capacity required to achieve restoration of services and reduce backlogs of work that had had to be postponed (both clinical and corporate). Therefore two additional restoration objectives were proposed.

11.3. VD felt that there should also be a focus on learning lessons from COVID research and studies to change practice, and it was agreed that this should be incorporated. **ACTION: AM**

11.4. Board members **approved** the revised 2020/21Trust objectives, which would be shared with staff via a virtual "start of year conference" which was being arranged.

12. Effectiveness of Meeting

12.1. Board members agreed it had been a successful meeting and the use of 'virtual' technology had helped the NEDs feel more connected. It was also good for the whole Board to come together again.

12.2. RF thanked everyone involved for the smooth running of the meeting.

13. Any Other Business

13.1. Modular Building – RF asked whether the original intended use of the building had changed.

13.2. AM confirmed consideration had been given to providing a larger frailty assessment unit on the ground floor of the modular building for those frail, elderly patients, arriving by ambulance, who needed to be socially distanced, which would also free up some much needed space in A&E. It was intended the upper floor would be used for step down beds during the winter months. Additionally, there was a need to consider more

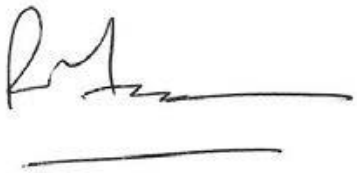
surgical inpatient beds at the St Helens site because of the ability to keep the site 'COVID free' and develop it for elective surgery. This had formed the basis of a Trust bid for regional capital to support COVID restoration.

13.3. IC asked what plans were in place for shielded members of staff returning to work once their isolation ended on 31st July. AMS confirmed the Trust's default position was still for staff to work from home wherever possible but following an individual health risk assessment some staff may be able to return to work in 'COVID secure' areas. The Health and Safety team were supporting managers to undertake environmental risk assessments to help them make non-clinical areas 'COVID secure'.

13.4. NHS Resolution Maternity Incentive Scheme – NB informed members that reporting against the ten safety actions had been paused until August 2020 and a revised national Board approval and assurance timetable was awaited.

14. Date of Next Meeting

14.1. The next meeting is also to be a virtual meeting and will be held on Wednesday 29th July 2020 at 09:00 hrs in the Executive Boardroom, Level 5, Whiston.



Chairman: ……

29th July 2020

Date: ……

NHS
St Helens and Knowsley Teaching Hospitals
NHS Trust

TRUST PUBLIC BOARD ACTION LOG – 29TH JULY 2020

No	Date of Meeting (Minute)	Action	Lead	Date Due
~~20~~	~~30.10.2019 (14.7)~~	~~SRe to work with LK/GB to contextualise complaints information to provide greater clarity for Board members~~. **COMPLETED**	~~SRe/LK/GB~~	~~27.05.2020~~
21	30.10.2019 (15.3)	Layout of the quarterly Learning from Deaths Report to be improved and themes incorporated. Update 29.01.2020: work in progress and new format to be presented for Q3 report in April 2020. Deferred due to COVID -19 pandemic. **Update 24.06.20: report to be presented at July Board meeting. ON AGENDA**	RPJ	29.07.2020
30	29.01.2020 (12.4)	NB/NK to prepare a session on the Trust commercial strategy for the next Board Time Out. **DEFERRED DUE TO COVID-19**	NB/NK	**TBC**
33	29.01.2020 (15.7)	Include the introduction of a Shadow Board in the Trust's Workforce Leadership Priorities for 2020/21 in the next HR Workforce Strategy/HR Indicators Report. **ON AGENDA**.	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. **ON AGENDA**	AMS	29.07.2020
36	26.02.2020 (8.1.3)	Exec to Exec meeting (STHK Trust/St Helens CCG) to be arranged. **DEFERRED DUE TO COVID-19**	AM	**TBC**
~~38~~	~~26.02.2020 (10.1.7)~~	~~RF to meet with PG and the Charity Manager regarding raising the Hospital charity profile with local businesses.~~ **COMPLETED**	~~RF~~	~~**TBC**~~
39*	27.05.20 NHST(20)036	Action plan with associated timeframe to improve FOI requests' compliance rate should be in place by late Autumn.	CW	28.10.20
40*	27.05.20 NHST(20)036	CW to ask IG Manager how the Trust's performance of 35.7% compares to other similar Trusts. **MATTERS ARISING**	CW	29.07.20
41	24.06.20 (10.5)	In relation to 7-DS, RPJ to report back to Board regarding "activity re-set" later in the year.	RPJ	25.11.20
~~42~~	~~24.06.20 (11.3)~~	~~Amend special COVID-19 recovery objectives to reflect lessons learnt from research and study results.~~ **COMPLETED**	~~AM~~	~~29.07.20~~

**Agenda item number used as there was no meeting or minutes produced*

Paper No: NHST(20)046
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.

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 June 2020. (YTD = 2).

There were no cases of MRSA in June 2020. (YTD = 0).

There were 2 C.Difficile (CDI) positive cases reported in June 2020 (1 hospital onset and 1 community onset). YTD there have been 9 cases (5 hospital onset and 4 community onset). The annual tolerance for CDI for 2020-21 has not yet been published (the 2019-2020 trajectory is being used in the absence of publication of the 2020-21 objectives).

The overall registered nurse/midwife Safer Staffing fill rate (combined day and night) for June 2020 was 93.8%. YTD rate is 95.1%.

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

During the month of May 2020 there were 4 falls resulting in severe harm. (YTD severe harm fall = 7)

Performance for VTE assessment for February 2020 was 95.70% against a target of 95%. (2019-20 YTD = 95.54%). VTE returns for March to June 2020 have been suspended.

YTD HSMR (April -February) for 2019-20 is 101.7

Corporate Objectives Met or Risk Assessed: Achievement of organisational objectives.
Financial Implications: The forecast for 19/20 financial outturn will have implications for the finances of the Trust
Stakeholders: Trust Board, Finance Committee , Commissioners, CQC, TDA, patients.
Recommendation: To note performance for assurance
Presenting Officer: N Khashu
Date of Meeting: 29th July 2020

Operational Performance

Performance against the 62 day cancer standard was below the target of 85.0% in month (May 2020) at 81.6%. YTD 81.8%. Performance in April 2020 was 82.0%. The 31 day target was achieved in May with 97.0% performance in month against a target of 96%, YTD 96.9%. Performance in April 2020 was 96.9%.
The 2 week rule target was not achieved in May with 90.0% in month and 89.5% YTD against a target of 93.0%. Performance in April 2020 was 88.6%. The number of patients referred was reduced in May following the covid outbreak. In addition despite assurances and infection control measures, many patients were unwilling to attend hospital for their appointment or treatment. However, the situation is beginning to improve and we are now seeing an increase in the numbers of referrals and patients receiving treatment. Cancer work is continuing in conjunction with Clatterbridge and Surgical Cancer hub in development.

Accident and Emergency Type 1 performance for June 2020 was 83.5% and YTD 84.8%. Type 1 Performance in May 2020 was 88.4%. The all type mapped STHK Trust footprint performance for June was 88.6% and YTD 90.1%**.** All Types performance in May 2020 was 92.7%. Due to the impact of Covid-19, the Trust received only 8,764 Type 1 attendances in June 2020 (compared with 9,914 in June 2019) but there was an increase compared with only 7,815 in attendances May 2020 and 5,548 in April. 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.

Total ambulance turnaround time in June was 27 mins. (Standard is 30 minutes). Arrival to notification time was 15 minutes which includes on average 6-7 mins time for crews to notify ED of their arrival on site There were 2667 ambulance conveyances in June compared with 2531 in May.
NB: ***STHK had the highest number of ambulance conveyances across Cheshire and Merseyside and Greater Manchester in May.***

The average daily number of super stranded patients in June 2020 was 70, compared with 130 in June 2019. This remains significantly below the target of 92 @ end of March 2020. (58 was the average in May).

The 18 week referral to treatment target (RTT) was not achieved in June 2020 with 64.3% compliance and YTD 64.3% (Target 92%). Performance in May 2020 was 74.5%. There were (53) 52+ week waiters. The 6 week diagnostic target was not achieved in June with 65.1% compliance. (Target 99%). Performance in May 2020 was 48.8% **NB Elective programme closed down with only urgent and 2ww patients being managed during March, April and May.**

The covid crisis has had a significant impact on RTT and diagnostic performance, as all routine operating, outpatient and diagnostic activity had to be cancelled. We have now restarted activity in all areas, albeit at reduced capacity compared with pre-covid due to social distancing and infection control measures. All patients have been and continue to be clinically triaged to ensure urgent and cancer patients remain a priority for treatment. Where possible outpatient activity has been conducted non face to face i.e. via telehealth and telephone to protect patients and staff. Additional capacity been sourced to support diagnostics waiting list recovery. Furthermore, additional capacity has been secured in the independent sector (endoscopy and surgery) to help bring waiting lists back under control.

Financial Performance

At the March 2020 Board the Trust agreed to a plan of £0.3m deficit excluding the Financial Recovery Fund (FRF). This allowed the Trust to access £0.3m of FRF assuming the planned deficit is achieved.

Following the COVID-19 crisis the financial regime for 2020/21 was put on hold and a system introduced to ensure all Trusts remained in financial balance for an initial period of four months from April to July 2020. All PBR payments have been replaced with a block payment on account with any additional expenditure above this value reimbursed in a retrospective top up including costs incurred relating to COVID.

Surplus/Deficit - At the end of month 2 StHK has reported a balanced YTD position in line with guidance. Within this the Trust has assumed full reimbursement of COVID related costs of and additional expenditure incurred.

The agency ceiling issued by regulators for 2020/21 is £7.8m which was a £0.2m increase on 2019/20. The year to date spend is £1.9m which is £0.3m below the agency cap and slightly above the previous years spend.

The requirement for CIP is currently on hold under the block payment arrangement.

At the end of month 3, the cash balance was £52.8m. This high closing balance continues to be high due to changes in funding arrangements related to COVID-19.

Human Resources

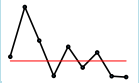
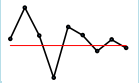
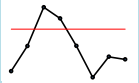
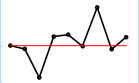
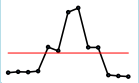
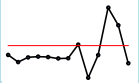
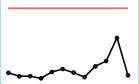
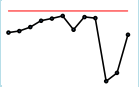
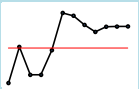
In overall June sickness was 5.5% which is a 0.9% improvement on last month. This includes normal sickness and COVID19 reasons. Front line Nursing, Midwifery and HCA's is 6.4% which is 1.6% improvement on May. Mandatory Training compliance is 81.6% (target = 85%) and the appraisal compliance of 72.5% (target = 85%) continues to be impacted by covid.

The following key applies to the Integrated Performance Report:

▲ = 2020-21 Contract Indicator
▲£ = 2020-21 Contract Indicator with financial penalty
● = 2020-21 CQUIN indicator
T = Trust internal target
UOR = Use of Resources

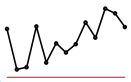
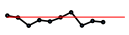
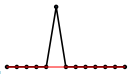
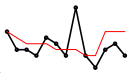
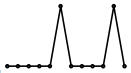
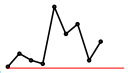
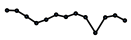
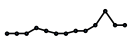
Jun-20

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2020-21 YTD	2020-21 Target	2019-20	Trend	Issue/Comment	Risk	Management Action	Exec Lead
CLINICAL EFFECTIVENESS (appendices pages 32-38)												
Mortality: Non Elective Crude Mortality Rate	Q	T	Jun-20	2.1%	3.6%	No Target	2.4%		A recent sudden and unexpected rise in HSMR has been reported and now subsided.	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. The trend return to normal levels will continue to be carefully monitored alongside ongoing Quality work.	RPJ
Mortality: SHMI (Information Centre)	Q	▲	Jan-20	1.09		1.00						
Mortality: HSMR (HED)	Q	▲	Feb-20	93.5		100.0	101.7					
Mortality: HSMR Weekend Admissions (emergency) (HED)	Q	T	Feb-20	98.0		100.0	102.2					
Readmissions: 30 day Relative Risk Score (HED)	Q UOR	T	Jan-20	96.7		100.0	98.1		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	Feb-20	88.6		100.0	91.5		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. Increased discharges in recent months with improved integrations with system partners. Superstranded patients reduced considerably.	RC
Length of stay: Elective - Relative Risk Score (HED)	F&P	T	Feb-20	103.8		100.0	101.7					
% Medical Outliers	F&P	T	Jun-20	0.0%	0.1%	1.0%	1.0%		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. No current medical outliers.	RC
Percentage Discharged from ICU within 4 hours	F&P	T	Jun-20	33.3%	63.2%	52.5%	39.3%		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	▲	May-20	71.3%	75.7%	90.0%	72.3%		IP discharge summaries remain challenging and detailed work has gone on to identify key areas of challenge. Specific wards have been identified and new processes developed to support improvement. OP attendance letters - As a result of COVID many appointments had to be moved or replaced with telephone appointments. Not all appointments were conducted at the expected time and a brief disconnect in generating letters occurred. This has been addressed and we continue to support clinicians with our novel processes. For ED discharge summaries the NHS Number issue was resolved on 10th October and is now above the target. ED have schedule a meeting to discuss how we get back to 100% ensuring all discharge clinicians complete a summary.		Specific wards have been identified with poor performance and staff are being supported to complete discharge in a timely manner. All CDs and ward managers receive weekly updates of performance. A significant improvement was made, but a new dip is being investigated and CDs asked to review each specialty's performance.	RPJ
E-Discharge: % of E-attendance letters sent within 14 days (Outpatients) - TOTAL	Q	▲	May-20	81.5%	69.0%	95.0%	84.9%					
E-Discharge: % of A&E E-attendance summaries sent within 24 hours (A&E) - TOTAL	Q	▲	May-20	96.5%	96.5%	95.0%	94.9%					

Jun-20

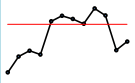
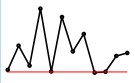
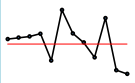
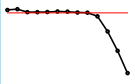
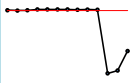
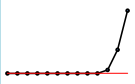
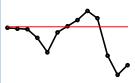
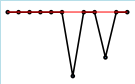
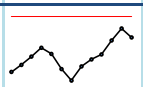
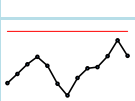
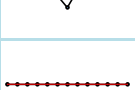
CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

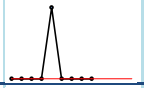
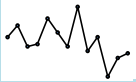
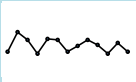
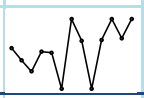
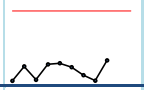
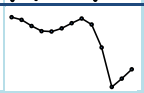
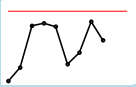
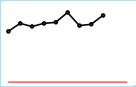
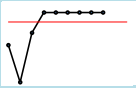
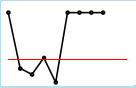
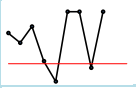
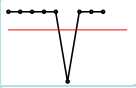
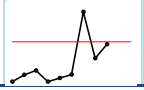
	Committee		Latest Month	Latest month	2020-21 YTD	2020-21 Target	2019-20	Trend	Issue/Comment	Risk	Management Action	Exec Lead
CLINICAL EFFECTIVENESS (continued)												
Stroke: % of patients that have spent 90% or more of their stay in hospital on a stroke unit	Q F&P	▲	Jun-20	93.3%	95.6%	83.0%	89.3%		Target is being achieved. 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	▲£	Jun-20	0	2	0	1		Immediate actions implemented, formal investigation underway	Quality and patient safety	RCA is being undertaken. Immediate actions in place to mitigate chances of recurrence. Local actions and checks in place to minimise the likelihood of re-occurrence .	SR
% New Harm Free Care (National Safety Thermometer)	Q	T	Mar-20	98.5%		98.9%	98.7%		Safety Thermometer was discontinued in March 2020	Quality and patient safety	Reducing hospital acquired harm is a key priority for the quality and risk teams, the continued development of both risk assessments and harm mitigation strategies will further reduce the risk of harm to patients	SR
Prescribing errors causing serious harm	Q	T	Jun-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	Consistent good performance is supported by the EPMA platform.	RPJ
Number of hospital acquired MRSA	Q F&P	▲£	Jun-20	0	0	0	1		There were no cases of MRSA in June 2020.	Quality and patient safety	The annual tolerance for CDI for 2020-21 has not yet been published. The 2019-2020 trajectory is being used in the absence of publication of the 2020-21 objectives.	SR
Number of hospital onset and community onset C Diff	Q F&P	▲£	Jun-20	2	9	48	42		There were 2 positive C Diff samples in June 2020. Internal RCAs on-going with more recent cases of C. Diff.			
Number of Hospital Acquired Methicillin Sensitive Staphylococcus Aureus (MSSA) bloodstream infections	Q F&P		Jun-20	1	7	No Target	25					
Number of avoidable hospital acquired pressure ulcers (Grade 3 and 4)	Q	▲	May-20	0	1	No Contract target	1			Quality and patient safety	The incident reported in April underwent RCA process to identify if any missed opportunities or lapse in case identified. Improvement actions in place.	SR
Number of falls resulting in severe harm or death	Q	▲	May-20	4	7	No Contract target	13		3 falls resulting in severe harm in May 2020. The incidents are reported from Ward 1A, 3C and Newton.	Quality and patient safety	Focused falls reduction and improvement work in all areas being undertaken.	SR
VTE: % of adult patients admitted in the month assessed for risk of VTE on admission	Q	▲£	Feb-20	95.70%		95.0%	95.54%		**March to June 2020 submissions suspended.** VTE performance monitored since implementation of Medway and ePMA. Performance remains above target.	Quality and patient safety	Every effort is being made to supplement routine reviews with additional activity to support performance pending electronic solution. The long term strategy will be to move assessment into e- prescribing allowing simultaneous assessment and therapeutic prescription.	RPJ
Number of cases of Hospital Associated Thrombosis (HAT)		T	Mar-20	3		No Target	26					
To achieve and maintain CQC registration	Q		Jun-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	Jun-20	93.8%	95.1%	No Target	95.6%		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	Jun-20	3	11	No Target	8					

Jun-20

St Helens and Knowsley Teaching Hospitals NHS Trust

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

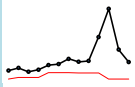
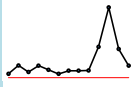
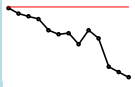
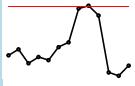
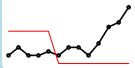
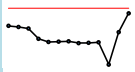
	Committee		Latest Month	Latest month	2020-21 YTD	2020-21 Target	2019-20	Trend	Issue/Comment	Risk	Management Action	Exec Lead
PATIENT EXPERIENCE (appendices pages 44-52)												
Cancer: 2 week wait from referral to date first seen - all urgent cancer referrals (cancer suspected)	F&P	▲ £	May-20	90.0%	89.5%	93.0%	91.0%		Cancer services continue to operate a restricted service due to COVID. Processes under constant review in accordance with Covid guidance. Ongoing tracking of patients and development of Cancer Surgical Hub begun. 2 ww improved in June to 96%	Quality and patient experience	1. All DMs producing speciality level action plans to provide two week capacity 2. Capacity/demand review on going at speciality level 3. Trust is secured additional Imaging capacity via temp CT facility and C&M funding for additional USS approved 4. Trust commenced Rapid Diagnostic Service early 2020 5.Cancer surgical Hub at St Helens operational 6. ESCH plans reignited	RC
Cancer: 31 day wait for diagnosis to first treatment - all cancers	F&P	▲ £	May-20	97.0%	96.9%	96.0%	97.1%					
Cancer: 62 day wait for first treatment from urgent GP referral to treatment	F&P	▲ ●	May-20	81.6%	81.8%	85.0%	86.2%					
18 weeks: % incomplete pathways waiting < 18 weeks at the end of the period	F&P	▲	Jun-20	64.3%	64.3%	92.0%	90.3%		The covid crisis has had a significant impact on RTT and diagnostic performance, as all routine operating, outpatient and diagnostic activity had to be cancelled. Current July position at 58.81%	COVID restrictions have stopped elective programme and therefore the ability to achieve RTT is not possible. Many surgical wards converted to Medical wards to support COVID admissions	RTT continues to be monitored and patients tracked.	RC
18 weeks: % of Diagnostic Waits who waited <6 weeks	F&P	▲	Jun-20	65.1%	53.8%	99.0%	99.7%					
18 weeks: Number of RTT waits over 52 weeks (incomplete pathways)	F&P	▲	Jun-20	53	53	0	0					
Cancelled operations: % of patients whose operation was cancelled	F&P	T	Jun-20	0.2%	0.2%	0.8%	0.7%		Reportable cancellations improved in May due to the reduction in activity levels. The 28 day re-list target was failed in March due to the cessation of all routine elective activity All routine elective work cancelled until COVID restrictions lifted	Patient experience and operational effectiveness Poor patient experience	Monitor cancellations and recovery plan when restrictions lifted	RC
Cancelled operations: % of patients treated within 28 days after cancellation	F&P	▲ £	May-20	100.0%	100.0%	100.0%	98.3%					
Cancelled operations: number of urgent operations cancelled for a second time	F&P	▲ £	Mar-20	0		0	0					
A&E: Total time in A&E: % < 4 hours (Whiston: Type 1)	F&P	▲	Jun-20	83.5%	84.8%	95.0%	69.8%		Accident and Emergency Type 1 performance for June 2020 was 83.5% and YTD 84.8. Type 1 attendances in June was 8764, a 12.2% increase on May's attendances. All types performance for June was 88.6% and YTD 90.1%. 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. Total ambulance turnaround time in June was 27 mins. (Standard is 30 minutes). Arrival to notification time was 15 minutes which includes on average 6-7 mins time for crews to notify ED of their arrival on site There were 26671 ambulance conveyances in June.	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 COVID action plan to enhance discharges commenced in April with daily discharge tracking meetings to manage patients who no longer meet the criteria to reside with all system partners promoting same day discharges on pathways 0, 1,2, 3 with strict KPI management to optimise bed capacity.	RC
A&E: Total time in A&E: % < 4 hours (Mapped STHK Footprint – All Types)	F&P	▲	Jun-20	88.6%	90.1%	95.0%	83.9%					
A&E: 12 hour trolley waits	F&P	▲	Jun-20	0	0	0	0					

	Committee		Latest Month	Latest month	2020-21 YTD	2020-21 Target	2019-20	Trend	Issue/Comment	Risk	Management Action	Exec Lead
PATIENT EXPERIENCE (continued)												
MSA: Number of unjustified breaches	F&P	▲ £	Feb-20	0		0	2		**March to June 2020 submissions suspended.** MSA breach occurred on ICU due to delay in stepping level 1 patients down for 24 hours (involved 2 patients only) as Trust was at full capacity and patients in ED waiting beds. All actions taken to try prevent this.	Patient Experience	All patients waiting step down are highlighted at bed meeting x 3 daily and an escalation plan is in place to prevent this reoccurring where possible.	RC
Complaints: Number of New (Stage 1) complaints received	Q	T	Jun-20	19	45	No Target	319		% new (Stage 1) complaints resolved within agreed timescales continues to remain above the 90% target. Number of new complaints received dropped significantly in April, with slight increase in May and June.	Patient experience	The Complaints Team continue to focus on increasing response times with active monitoring of any delays and provision of support as necessary. Complainants made aware in April of the significant delays that will be experienced in receiving responses going forward due to current operational pressures.	SR
Complaints: New (Stage 1) Complaints Resolved in month	Q	T	Jun-20	18	61	No Target	310					
Complaints: % New (Stage 1) Complaints Resolved in month within agreed timescales	Q	T	Jun-20	100.0%	98.4%	No Target	92.9%					
DTOC: Average number of DTOCs per day (acute and non-acute)	Q	T	Feb-20	24		No Target	21		**March to June 2020 submissions suspended.** In February 2020, the average number of DTOCS (patients delayed over 72 hours) was 24.		COVID action plan to enhance discharges commenced in April with daily discharge tracking meetings to manage patients who no longer meet the criteria to reside with all system partners promoting same day discharges on pathways 0, 1,2, 3 with strict KPI management to optimise bed capacity/reduce delays.	RC
Average number of Stranded patients per day (7+ days LoS)	Q	T	Jun-20	240	221		333					
Average number of Super Stranded patients per day (21+ days LoS)	Q	T	Jun-20	70	65		126					
Friends and Family Test: % recommended - A&E	Q	▲	Feb-20	86.7%		90.0%	86.5%		**March to June 2020 submissions suspended.**	Patient experience & reputation	Despite the suspension of national submissions, the profile of FFT continues to be raised by members of the Patient Experience Team as a valuable mechanism for receiving up-to-date patient feedback. 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.	SR
Friends and Family Test: % recommended - Acute Inpatients	Q	▲	Feb-20	96.1%		90.0%	95.6%					
Friends and Family Test: % recommended - Maternity (Antenatal)	Q		Feb-20	100.0%		98.1%	98.8%					
Friends and Family Test: % recommended - Maternity (Birth)	Q	▲	Feb-20	100.0%		98.1%	97.7%					
Friends and Family Test: % recommended - Maternity (Postnatal Ward)	Q		Feb-20	100.0%		95.1%	96.9%					
Friends and Family Test: % recommended - Maternity (Postnatal Community)	Q		Feb-20	100.0%		98.6%	99.6%					
Friends and Family Test: % recommended - Outpatients	Q	▲	Feb-20	95.0%		95.0%	94.6%					

Jun-20

St Helens and Knowsley Teaching Hospitals NHS Trust

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2020-21 YTD	2020-21 Target	2019-20	Trend	Issue/Comment	Risk	Management Action	Exec Lead
WORKFORCE (appendices pages 54-61)												
Sickness: All Staff Sickness Rate	Q F&P UOR	▲	Jun-20	5.5%	7.1%	Q1 - 4.25% Q2 - 4.35% Q3 - 4.72% Q4 - 4.68%	5.3%		In June overall sickness was 5.5% which is a 0.9% improvement on last month. This includes normal sickness and COVID19 reasons. Front line Nursing, Midwifery and HCA's is 6.4% which is 1.6% improvement on May. During June into July sickness is now improving on a weekly basis. N.B These figures do not include, staff in isolation, pregnant workers, staff shielding, on special leave due to e.g. childcare.	Quality and Patient experience due to reduced levels staff, with impact on cost improvement programme.	Sickness which is now reducing on a weekly basis, the HR Advisory Team review COVID and non COVID absences daily to ensure staff eligible for swabbing are referred to HWWB. During July staff who have been shielding will be risk assessed for return to their normal area of work. Those staff on LTS due to non COVID are being supported remotely. Additional health and well being support is provided to help staff with stress, anxiety and depression caused by the impact of COVID19.	AMS
Sickness: All Nursing and Midwifery (Qualified and HCAs) Sickness Ward Areas	Q F&P UOR	T	Jun-20	6.4%	8.8%	5.3%	6.1%					
Staffing: % Staff received appraisals	Q F&P	T	Jun-20	72.5%	72.5%	85.0%	79.4%		Appraisal compliance in June is below target by 12.5% due to appraisals being paused for 3 months due to covid. Mandatory training compliance has improved by 0.6% since last month and is below the target by 3.4%.	Quality and patient experience, Operational efficiency, Staff morale and engagement.	Compliance continues to be impacted by COVID 19. Appraisal compliance has seen a further reduction in performance in month, however Mandatory training has seen some improvement . Managers continue to report struggling to identify sufficient capacity to complete appraisals and release staff for training due to activity levels and staff absence. The requirement to complete Appraisals and Mandatory training will be resumed in July.	AMS
Staffing: % Staff received mandatory training	Q F&P	T	Jun-20	81.6%	81.6%	85.0%	84.5%					
Staff Friends & Family Test: % recommended Care	Q	▲	Q2			No Contract Target			**Further submissions suspended by NHSE/NHSI until further notice.**	Staff engagement, recruitment and retention.	The Q3 survey covering all areas of the Trust closed on the 30th November. Results were published 18th February 2020.	AMS
Staff Friends & Family Test: % recommended Work	Q	▲	Q2			No Contract Target						
Staffing: Turnover rate	Q F&P UOR	T	Jun-20	0.6%	0.5%	No Target	10.1%		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	Jun-20	suspended	suspended	3.0	3.0			Delivery of Control Total	The 2021 financial plan has been put on hold and a system introduced where Trusts will breakeven for the first four months of 2020/21.	NK
Progress on delivery of CIP savings (000's)	F&P	T	Jun-20	suspended	suspended	-	16,152					
Reported surplus/(deficit) to plan (000's)	F&P UOR	T	Jun-20	-	-	-	3,900					
Cash balances - Number of days to cover operating expenses	F&P	T	Jun-20	16	16	2	7					
Capital spend £ YTD (000's)	F&P	T	Jun-20	4,900	4,900	26,700	10,293					
Financial forecast outturn & performance against plan	F&P	T	Jun-20	-	-	-	3,900					
Better payment compliance non NHS YTD % (invoice numbers)	F&P	T	Jun-20	94.0%	94.0%	95.0%	87.9%					

APPENDIX A

St Helens and Knowsley Teaching Hospitals NHS Trust

			May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	2020-21 YTD	2020-21 Target	FOT	2019-20	Trend	Exec Lead
Cancer 62 day wait from urgent GP referral to first treatment by tumour site																					
Breast	% Within 62 days	▲ £	84.6%	73.7%	100.0%	89.7%	100.0%	89.5%	100.0%	100.0%	100.0%	100.0%	94.6%	100.0%	86.7%	93.9%	85.0%		92.7%		
	Total > 62 days		1.0	5.0	0.0	2.0	0.0	2.0	0.0	0.0	0.0	0.0	1.0	0.0	1.0	1.0			11.0		
	Total > 104 days		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			0.0		
Lower GI	% Within 62 days	▲ £	100.0%	88.9%	60.0%	60.0%	85.7%	100.0%	78.9%	100.0%	50.0%	100.0%	82.6%	76.0%	85.7%	79.5%	85.0%		83.2%		
	Total > 62 days		0.0	0.5	3.0	2.0	1.0	0.0	2.0	0.0	2.0	0.0	2.0	3.0	1.0	4.0			15.5		
	Total > 104 days		0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0	1.0			3.0		
Upper GI	% Within 62 days	▲ £	85.7%	83.3%	90.9%	100.0%	85.7%	100.0%	87.5%	88.9%	100.0%	100.0%	80.0%	60.0%	80.0%	66.7%	85.0%		90.5%		
	Total > 62 days		1.0	1.0	0.5	0.0	1.0	0.0	1.0	0.5	0.0	0.0	1.0	2.0	0.5	2.5			8.0		
	Total > 104 days		0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0			1.0		
Urological	% Within 62 days	▲ £	91.3%	96.9%	87.5%	83.3%	92.3%	84.6%	92.0%	86.4%	86.4%	69.2%	79.3%	74.2%	600.0%	72.1%	85.0%		85.5%		
	Total > 62 days		1.0	0.5	2.5	3.0	1.0	2.0	1.0	1.5	1.5	6.0	3.0	4.0	2.0	6.0			27.0		
	Total > 104 days		1.0	0.0	0.5	0.5	0.0	0.0	0.5	0.5	1.0	1.0	0.0	1.0	2.0	3.0			6.0		
Head & Neck	% Within 62 days	▲ £	25.0%	0.0%	16.7%	50.0%	28.6%	28.6%	20.0%	66.7%		25.0%	20.0%	100.0%	0.0%	100.0%	85.0%		29.3%		
	Total > 62 days		3.0	0.5	2.5	1.5	2.5	2.5	2.0	1.0		1.5	2.0	0.0	0.0	0.0			19.0		
	Total > 104 days		0.5	0.0	0.0	0.0	1.5	1.0	0.0	0.0		0.0	1.0	0.0	0.0	0.0			4.0		
Sarcoma	% Within 62 days	▲ £		100.0%		100.0%	50.0%	100.0%	0.0%	100.0%					100.0%	100.0%	85.0%		66.7%		
	Total > 62 days			0.0		0.0	1.0	0.0	1.0	0.0					0.0	0.0			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	▲ £	100.0%	40.0%	83.3%	40.0%	50.0%	0.0%	75.0%	54.5%	80.0%	66.7%	100.0%	100.0%	40.0%	50.0%	85.0%		69.1%		
	Total > 62 days		0.0	3.0	1.0	3.0	1.0	0.5	1.0	2.5	1.0	2.0	0.0	0.0	3.0	3.0			15.0		
	Total > 104 days		0.0	0.0	0.0	0.0	1.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			1.5		
Lung	% Within 62 days	▲ £	100.0%	88.2%	100.0%	100.0%	57.1%	90.0%	100.0%	58.3%	100.0%	71.4%	75.0%	69.2%	86.1%	83.5%	85.0%		85.0%		
	Total > 62 days		0.0	1.0	0.0	0.0	3.0	1.0	0.0	2.5	0.0	1.0	1.0	2.0	5.0	7.0			11.5		
	Total > 104 days		0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0			1.5		RC
Haematological	% Within 62 days	▲ £	80.0%	100.0%	50.0%	85.7%	100.0%	78.9%	100.0%	86.7%	80.0%	100.0%	100.0%	50.0%	66.7%	57.1%	85.0%		86.7%		
	Total > 62 days		1.0	0.0	1.0	1.0	0.0	2.0	0.0	1.0	1.0	0.0	0.0	1.0	0.5	1.5			8.0		
	Total > 104 days		0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			1.0		
Skin	% Within 62 days	▲ £	97.1%	94.4%	92.8%	95.0%	98.2%	80.2%	94.4%	95.8%	78.4%	93.9%	95.2%	91.2%	100.0%	92.3%	85.0%		92.0%		
	Total > 62 days		0.5	1.5	2.5	1.5	0.5	8.0	1.5	1.0	5.5	1.5	1.5	2.5	0.0	2.5			28.0		
	Total > 104 days		0.0	1.5	1.0	0.5	0.0	1.5	0.5	0.5	1.5	1.5	1.0	0.0	0.0	0.0			9.5		
Unknown	% Within 62 days	▲ £	50.0%	100.0%		100.0%				100.0%	0.0%						85.0%		69.2%		
	Total > 62 days		1.5	0.0		0.0				0.0	0.5								2.0		
	Total > 104 days		0.5	0.0		0.0				0.0	0.0								0.5		
All Tumour Sites	% Within 62 days	▲ £	87.6%	85.6%	85.7%	85.9%	86.2%	83.1%	88.9%	86.2%	85.2%	83.4%	88.0%	82.0%	81.6%	81.8%	85.0%		86.2%		
	Total > 62 days		9.0	13.0	13.0	14.0	11.0	18.0	9.5	10.0	11.5	12.0	11.5	14.5	13.0	27.5			147.0		
	Total > 104 days		2.0	1.5	3.0	1.0	2.5	5.0	1.0	1.5	2.5	2.5	3.5	2.0	2.0	4.0			28.0		
Cancer 31 day wait from urgent GP referral to first treatment by tumour site (rare cancers)																					
Testicular	% Within 31 days	▲ £		100.0%	66.7%												85.0%		80.0%		
	Total > 31 days			0.0	0.5														0.5		
	Total > 104 days			0.0	0.0														0.0		
Acute Leukaemia	% Within 31 days	▲ £				100.0%		100.0%									85.0%		100.0%		
	Total > 31 days					0.0		0.0											0.0		
	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)047

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:

From March 2020 the Executive Committee operated as the formal Trust decision making body, coordinating the Trust response to COVID-19, as part of the national and regional mandated command and control arrangements, and non-essential Executive Committee business was suspended. The second phase of the COVID-19 response began in May, when the NHS was asked to start planning for the restoration of services. In line with these changes the business as usual Executive Committee meetings resumed to deal with urgent business, outwith the COVID-19 response.

The paper provides a summary of the issues considered by the Executive Committee at the meetings held during June 2020.

There were a total of 4 Executive Committee meetings held during this period. The Executive Committee approved:

- Proposals to establish a collaborative junior doctor staff bank for the North West and purchase an IT solution to enable internet booking of bank shifts
- Proposals to implement the new Medical Examiner role from July 2020
- The next phase in the development of a Command Centre proposal
- Flexible endoscope decontamination unit feasibility study for the Whiston Hospital site
- Microsoft 365 license purchase
- Health Work and Wellbeing Service investment

The Committee also considered regular assurance reports covering; the Risk Management Council and Corporate Risk Register and Integrated Performance Report.

Trust objectives met or risks addressed: All 2020/21 Trust objectives.

Financial implications: None arising directly from this report.

Stakeholders: Patients, the public, staff, commissioners, regulators

Recommendation(s): That the report be noted

Presenting officer: Ann Marr, Chief Executive

Date of meeting: 29th July 2020

CHAIR'S REPORT FROM THE EXECUTIVE COMMITTEE

1. Introduction

There were 4 Executive Committee meetings in June 2020.

At every meeting bank or agency staff requests that breach the NHSE/I cost thresholds are reviewed and Chief Executive authorisation recorded.

2. 4th June 2020

2.1 Never Events

The Director of Nursing, Midwifery and Governance presented the findings of investigations into the 3 never events, that occurred in March, April and May. The Executive Committee scrutinised each incident to gain a better understanding of the underlying causes. The action plans were reviewed and it was agreed that additional human factors training should be commissioned to help staff understand the importance of routine checks and challenge when things did not look right.

2.2 Junior Doctors North West Collaborative Bank

The Deputy CEO/Director of HR presented the proposals for the Lead Employer service to establish a junior doctor staff "bank" for the North West. There were many benefits for Trusts and also for the junior doctors themselves in booking and being paid for bank shifts by a single payroll rather than each individual Trust. It was hoped the streamlined process would also make accepting bank shifts more attractive and reduce reliance on agency staff. The financial modelling demonstrated how this service could be delivered for all the Trusts across the North West, without creating a financial risk for the organisation. The Committee sought clarity that medical indemnity liability would sit with the organisation that booked the bank shift and subject to this confirmation, approved the proposals.

2.3 Trust Board Agenda

The Director of Corporate Services presented the draft agenda and proposals to hold virtual Trust Board and Committee meetings in June.

2.4 Cancer Surgery Hub

The Medical Director reported that 420 surgery cases have now been undertaken at St Helens Hospital, including all level 2 cancer patients. There were 110 urgent patients remaining on the waiting list. Of all the completed cases, none reported having contracted COVID, which indicated that the pre-operative screening and testing processes were effective.

2.5 Medical Examiners

The Director of Operations and Performance explained that the plans for the introduction of Medical Examiners had been brought forward nationally to July and requested that the proposals previously considered by the Executive Committee to implement the new arrangements be approved for earlier implementation. The proposal was agreed.

3. 11th June 2020

3.1 Command Centre Proposal

The Director of Finance and Performance introduced the team, including the Trust's managed equipment service provider, that had been exploring the potential to utilise existing data collected by systems to create a "command centre" which could improve utilisation and patient flow. There were several examples where this had already been achieved in the US and the UK. There was no financial commitment required at this stage and the Executive Committee agreed to approve the recommendation to move to the "Optimise Phase" of the project, which would report back before the end of the year including projected efficiencies and gain share options.

3.2 Review of Trust Objectives 2020/21

The Director of Corporate Services presented the initial feedback collating each Director's judgement on the impact of COVID-19 for the Trust Objectives approved by the Trust Board in March 2020, recognising that progress in many of the areas had been suspended for the first quarter of the year. The Executive Committee discussed the potential impact on different objectives and agreed there should be extraordinary objectives capturing the challenges of restoration and recovery from the pandemic. The revised proposals for the 2020/21 objectives were to be presented to the Trust Board in June for ratification and would then be publicised to Trust staff.

3.3 Risk Management Council and Corporate Risk Register

The Director of Corporate Services presented the Chair's assurance report from the virtual Risk Management Council meeting and detailed the changes to the corporate risk register in May. A number of new risks had been escalated that were discussed in detail with a series of further actions agreed to ensure senior ownership and delivery of organisational mitigation plans.

3.4 Integrated Performance Report (IPR)

The Director of Finance and Information presented the IPR for May, noting the impact of the exceptional circumstances and suspension of several access and quality targets as a result of COVID-19.

4. 18th June 2020

4.1 Flexible Endoscope Decontamination Unit Feasibility Study

The Director of Corporate Services introduced the presentation which detailed the outcome of the initial feasibility study for potential locations of the replacement decontamination unit at Whiston Hospital. The study had identified a number of different designs for the proposed site, next to the hospital service yard. The different options were reviewed including the opportunity to build above the new decontamination unit to provide additional space for future expansion of services. The committee agreed to approve further studies to ensure the construction challenges for some of the options could be managed, before making a final decision on which option to take forward to full design.

4.2 Eastern Sector Cancer Hub

The Chief Executive reported that she had been informed that the Eastern Sector Cancer Hub preferred location at St Helens Hospital had been approved by Commissioners.

5. 25th June 2020

5.1 Quality Ward Rounds (QWR) and Quality Care Accreditation Tool (QCAT)

The Director of Nursing, Midwifery and Governance introduced the paper. In respect of QWRs it was agreed that due to the disruption of COVID-19 and on-going social distancing rules these could not be re-started in their usual form until later in the year. However, it was felt important for each ward and department to have the opportunity to reflect on their experiences of COVID-19 with members of the Executive. It was agreed that "check in and reflection" sessions would be arranged over the summer. In relation to QCAT, the current system was not felt to be as effective as it could be and was resource intensive to administer. Alternative quality improvement and accreditation systems had been reviewed and the potential benefits were discussed. It was agreed that the approach to quality accreditation and performance monitoring should be viewed in the context of nurse leadership requirements and addressed in the new Nursing and Midwifery Strategy that was being developed. Approval was given to initiate a procurement exercise of the available systems, so that a preferred solution could be identified and business case developed.

5.2 Microsoft 365 Licences

The Director of Informatics reported that following the national procurement NHSE/I had now agreed a NHS rate for Microsoft 365 licences. This would be an additional cost for NHS organisations from 2021/22 but there was no alternative because support for previous versions was ending. There were new opportunities with 365 to support other initiatives, such as the use of MS Teams across the organisation. Project support costs to prepare for the transition were also approved.

5.3 COVID-19 Nosocomial Infections

The Medical Director presented the initial findings of investigations into nosocomial infections at the Trust, based on the Public Health England reporting requirements. The variables and unknown factors about COVID-19 made it difficult in some cases to establish definitively where the virus had been contracted, for example when a patient was admitted with symptoms of COVID and was treated for COVID but initially tested negative. The paper detailed the actions that had been taken as a result of infections and also that the Trust rates remained low compared to many other Trusts, which was thought to be because of the high proportion of single rooms across the acute hospital site. Full RCAs were being completed for all cases and it was agreed that these should include a timeline and a review of the "geography" of the incident to maximise the learning.

5.4 Junior Doctor Bank – Patchwork Platform

The Deputy CEO/Director of HR introduced the paper seeking approval to enter into a contract with Patchwork to supply the internet platform to enable junior doctors to book shifts via the North West Junior Doctor Collaborative Bank. A procurement exercise had been undertaken and Patchwork identified as the preferred supply. The payment mechanism and financial modelling was reviewed. The procurement was approved and it was agreed there should be a benefits realisation report 6 months after implementation.

5.5 Health Work and Well Being Service – Business Case

The Deputy CEO/Director of HR presented the business case, which detailed the outcome of the recent review of the service and the increased demand due to pre-employment screening requirements, the Trust taking on new services and contracts and manager referrals. The demands had also increased again as a result of COVID-19 and the demands on the service to test, risk assess and support staff. There were also likely to be increased requirements from the NHS People Plan and as a result of the SEQHS accreditation standards. As a support service and corporate overhead there was concern about how investment such as this would be funded under the new block contract arrangements. However, it was also recognised that if staff absence could be reduced there would be savings against the current bank and agency costs. On this basis committee agreed that the case could be supported and this return on investment should be monitored and withdrawn if the savings were not delivered.

ENDS

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(20)048

Title of paper: Committee Report – Quality Committee

Purpose: To summarise July's Quality Committee and escalate any areas of concern

Agenda Items Discussed

Matters Arising
The Chair noted that the Quality Committee were conscious of the challenges staff had faced during the recent months and asked for a detailed report to be submitted to September's Quality Committee outlining the impact of the COVID-19 pandemic on the quality of care.

It was noted that consideration is to be given to including end-of-life as part of core training, particularly as it had been highly valued during the pandemic. Consideration will also be given to the most effective mode of delivery.

Integrated Performance Report (IPR)
Update on the latest quality performance, noting there had been no never events in June and that clostridium difficile cases year-to-date were less than the same period last year. The Committee were concerned that e-discharge performance was below target, noting the actions being taken to address this. Discussion took place on the increased number of falls resulting in moderate and above harm, noting that no specific theme had been identified during a detailed review. The Patient Safety Team continue to implement the actions in the Falls Prevention Strategy with renewed focus on education and support at ward level. A reduction in falls was seen in June.

The Committee heard about the actions being taken to regain the levels of safeguard training that were in place prior to the pandemic. It was noted that a task and finish group is in place to oversee implementation of new maternity pathways. Assurance was provided that the maternity incidents had had 72 hour reviews and were sent to Healthcare Safety Investigation Branch for in-depth review. The positive impact on the improvements to patient flow and discharges in reducing the number of medical outliers was also highlighted.

Patient Safety Council Chair's Report – June and July 2020
Updates were provided on serious incidents, falls, venous thromboembolism (VTE), tissue viability, infection prevention, claims and inquests, safeguarding, decontamination and medicines storage and security. Assurances were provided that the decontamination risks were being well managed and the number of falls was now reducing. Achievement of the VTE target continues.

Safeguarding Quarterly Report
A comprehensive update was provided on the work of the Safeguarding Team. The impact of the new members of staff was noted, including the increase in deprivation of liberty safeguard applications, effective working with community teams to ensure the needs of patients with learning disabilities are met and the management of the increased level and complexity of referrals. The Committee noted the positive outcome of the recent audit of

safeguarding at St Helens Urgent Treatment Centre. It was confirmed that the staffing levels were appropriate to meet the demands on the service, but that this is constantly reviewed as the size of the organisation grows. A number of actions to improve training figures and the intention to retain good practice developed during the pandemic were outlined.

Infection Prevention Quarterly Report
The report highlighted the work being undertaken to reduce the numbers of infections, including identifying learning and implementation of actions from COVID-19 outbreaks. There have been no MRSA bacteraemia year-to-date and assurance was provided on the actions being taken to continue to reduce Klebsiella bacteraemia infections. Confirmation was provided on the actions taken to reduce the risk to patients with learning disabilities from COVID, including use of health passports and carer support. The Trust is preparing for this year's flu campaign.

Patient Experience Council Chair's Report July 2020
A summary of the meeting was provided, including reports outlining the maintenance of complaints management performance, benefits to patients of telehealth, comprehensive process for managing patient surveys, feedback from local Healthwatch organisations and actions to improve overall patient experience as measured by the national inpatient survey.

Complaints, PALS and Claims Quarter 1 Report and Complaints Annual Report
It was reported that clinical care remains the main reason for complaints, with communications the key theme for PALS contacts. There was an increase in PALS contacts in quarter 1 2020-21, due in part to patients not having visitors during the pandemic period. PALS provided a PenPALS service, enabling relatives to send messages and pictures to the patients. An updated action plan to reduce the number and impact of claims through sharing of lessons was provided. There was a reduction in the number of claims and inquests received, although it is anticipated these will increase to usual levels in quarter 2.

Clinical Effectiveness Council Chair's Report – May 2020
Presentations were received relating to dermatology, clinical psychology and resuscitation services. The Committee were informed of plans to increase life support training levels, with a targeted approach for areas with lower compliance. Reports were discussed relating to maternity key performance indicators, hospital standardised mortality ratios, clinical audit, laboratory report and mortality surveillance group.

Care Quality Commission (CQC) Insight Report – May 2020
The latest insight report was presented with actions being taken to address the areas highlighted, including A&E performance and in-hospital mortality: fluid and electrolyte disorders with an update on the Trust-wide hydration action plan provided.

Retrospective Safer Staffing Monthly Reports – March, April, May
The latest safer staffing reports were discussed, following the resumption of reporting. There was a dip in fill rates in March due to the pandemic, with increased staff absence and a number of staff moves to meet patient demand. The report included the number of patient harms during the time period, which will be covered in the COVID report scheduled for September's Committee. The fill rates improved in April and May.

Freedom to Speak Out Report
The Committee noted the assurance report and the actions being taken to address concerns raised by staff.

COVID-19 Workforce Assurance Framework
The Committee noted the assurance report.

Matters for Escalation to the Board

- Acknowledgement of the difficulties of providing care to patients during the pandemic, which will be covered in a report to September's Quality Committee looking at the impact on the quality of patient care.
- Recognition that the Trust is working hard to get back to the pre-COVID position

Corporate objectives met or risks addressed: Care, safety, pathways, communication, system

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: 29th July 2020

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(20)049

Title of paper: Committee Report – Finance & Performance

Purpose: To report to the Trust Board on the Finance and Performance Committee, 23rd July 2020

Summary:

Meeting attended by:

J Kozer – NED & Chair
I Clayton - NED
N Khashu – Director of Finance & Information
R Cooper – Director of Operations & Performance
A-M Stretch – Deputy CEO / Director of Human Resources
R Pritchard-Jones – Medical Director
P Williams – Deputy Medical Director
G Lawrence – Deputy Director of Finance & Information

Agenda Items

For Assurance

A) Integrated Performance Report

- It was noted that there had been 2 never event in by June 2020, this will be discussed at Quality Committee.
- It was noted that all statutory targets were below target as a direct result of the current COVID-19 pandemic.
- NEDs complemented and thanks the Trust for its relative performance and recovery compared to other organisations.

B) Finance Report Month 3

- The Trust has delivered a break-even position in line with national planning assumptions.
- This has been achieved by submitting "top ups" for both COVID related expenditure and core operational spend above the allocated monthly block arrangements.
- Strong cash position was noted as a result of commissioners paying block contracts one month in advance.
- Committee noted the risks around no capital plans being approved by the regulator to date. Approved to go at risk to not delay urgent needs/requirements.

For Information

C) Q1 2020/21 Financial Performance

- Under PbR conditions the Trusts income was down by £31.7m to plan and £23.3 to Q1 19/20. COVID impact and its management was the reason for this with reduced activity. Block income arrangements have protected the trusts overall financial position to break even.

D) NHSE/I Budget allocations

- The committee noted the report and understood the rationale for the Trust requiring adjustments to the base income and expenditure assumptions issued by NHSE/I.

Risks noted/Items to be raised at Board

- Limited clarity on the future financial framework from September.
- No formal agreement to capital requests/plans but F&P Committee support to go at risks with essential schemes

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: 29th July 2020

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(20)050

Title of paper: Corporate Risk Register

Purpose: To inform the Board of the risks that have currently been escalated to the Corporate Risk Register (CRR) from the Care Groups via the Trust's risk management systems.

Summary:

The CRR is reported to the Board four times a year to provide assurance that the Trust is operating an effective risk management system, and that risks identified and raised by front line services can be escalated to the Executive. The risk management process is overseen by the Risk Management Council (RMC), which reports to the Executive Committee providing assurance , that all risks;

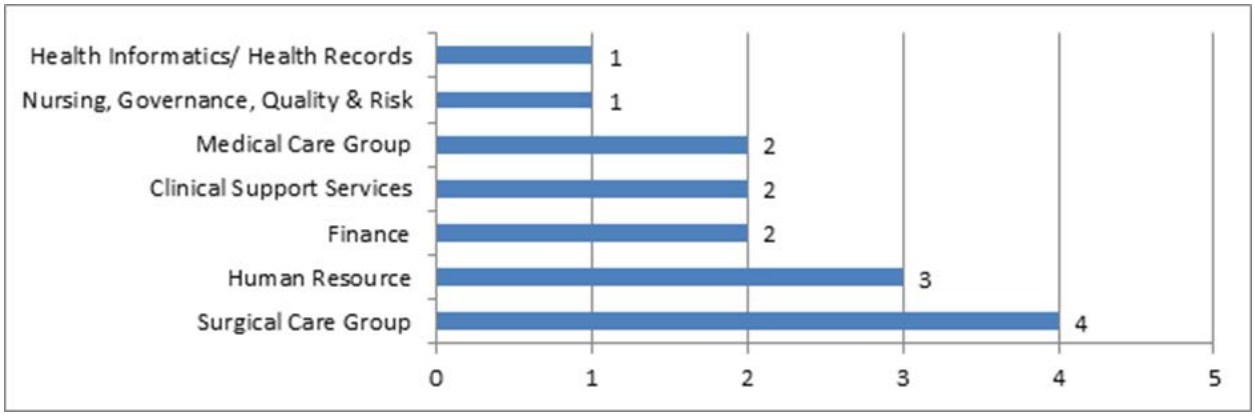
- Have been identified and reported
- Have been scored in accordance with the Trust risk grading matrix.
- Any risks initially rated as high or extreme have been reviewed by a Director
- Have an identified target risk score, which captures the level of risk appetite and has a mitigation plan that will realistically bring the risk to the target level

The RMC meetings have been held virtually since April 2020 to comply with government social distancing guidance.

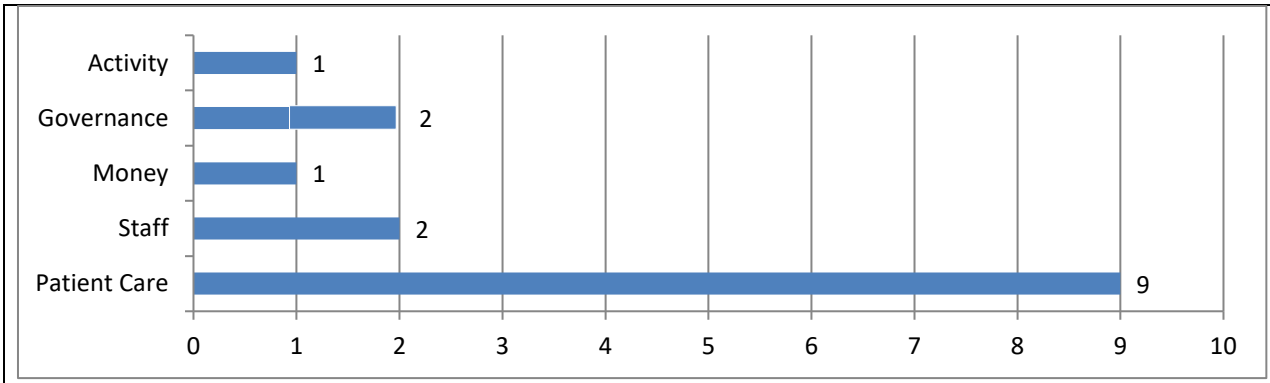
This report covers all the risks reported and reviewed in June 2020 and is a snap shot, rather than a summary of the previous quarter. A comparison with the previous Board report in April 2020 is included to illustrate the movement in risks during the period. The report shows;

- The total number of risks on the risk register is 722 compared to 784 in April.
- 50% (365) of the Trusts risks are rated as Moderate or High compared to 47% (366) in April
- 15 risks that scored 15 or above had been escalated to the CRR (there were 21 risks escalated in April). 3 of these escalated risks now relate to the impact of COVID-19.

The spread of CRR risks (Appendix 1) across the organisation is;



The risk categories of the CRR risks are;



The report also includes comparisons with the previous quarterly report (April 2020) and against the same period last year – July 2019 (Appendix 2 and 3).

Corporate objectives met or risks addressed: The Trust has in place effective systems and processes to identify manage and escalate risks to the delivery of high quality patient care.

Financial implications: None directly from this report.

Stakeholders: Staff, Patients, Commissioners, Regulators.

Recommendation(s): The Trust Board notes the risk profile of the Trust and the risks that have been escalated to the CRR

Presenting officer: Nicola Bunce, Director of Corporate Services.

Date of meeting: 29th July 2020

CORPORATE RISK REGISTER – JULY 2020

1. Trust Risk Register Summary for the Reporting Period

RISK REGISTER	Current Reporting Period 01/07/2020	Previous Reporting Period 01/06/2020	Previous Reporting Period 04/05/2020
Number of new risks reported	16	12	15
Number of risks closed or removed	13	28	60
Number of increased risk scores	4	3	3
Number of decreased risk scores	12	6	8
Number of risks overdue for review	60	74	119
Total Number of Datix risks	**722***	**722**	**741**

*This report is based on the 722 scored risks. 1further risk had been reported to DATIX but not scored at the time of the report (risks can be reported by anyone and then should be assessed and scored by the manager within 7 days)

The number of reported risks has decreased, this is partly because the CIP risks for 2019/20 have been closed where CIP schemes were fully delivered and new risks have not been added because CIP has been suspended during the COVID-19 escalation period.

2. Trust Risk Profile

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
48	**32**	**22**	**91**	**9**	**154**	**58**	**122**	**32**	**139**	**4**	**9**	**2**	**0**
102 = 14.13%			**254 = 35.18%**			**350 = 48.48%**				**15 = 2.08%**			

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

2.1 Surgical Care Group – 199 risks reported 27.60% of the Trust total

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
8	**7**	**7**	**31**	**3**	**43**	**15**	**39**	**9**	**33**	**3**	**1**	**0**	**0**
22 = 11.06%			**77 = 38.69%**			**96 = 48.24%**				**4 = 2.01%**			

2.2 Medical Care Group – 154 risks reported 21.36% of the Trust total

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
21	**12**	**3**	**19**	**0**	**30**	**7**	**23**	**11**	**26**	**0**	**2**	**0**	**0**
36 = 23.38%			**49 = 31.82%**			**67 = 43.51%**				**2 = 1.30%**			

2.3 Clinical Support Care Group – 103 risks reported 14.28% of the Trust total

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
6	**4**	**0**	**9**	**0**	**19**	**15**	**15**	**6**	**27**	**1**	**0**	**1**	**0**
10 = 9.71%			**28 = 27.18%**			**63 = 61.17%**				**2 = 1.94%**			

2.4 Primary Care and Community Services Care Group – 32 risks reported 4.43% of the Trust total

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
0	**0**	**0**	**6**	**0**	**3**	**4**	**7**	**3**	**9**	**0**	**0**	**0**	**0**
0			**9 = 28.13%**			**23 = 71.88%**				**0**			

2.5 Corporate (Finance, Health Informatics/Health Records, Facilities, Nursing/Governance/Quality & Risk, HR and Medicines Management) – 233 risks reported 32.31% of the Trust total

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
13	**9**	**12**	**26**	**6**	**59**	**17**	**37**	**3**	**44**	**0**	**6**	**1**	**0**
34 = 14.59%			**91 = 39.05%**			**101 = 43.34%**				**7 = 3.00%**			

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

	High	Moderate	Low	Very low	**Total**
Health Informatics/Health Records	1	20	4	0	**25**
Estates and Facilities Management	0	4	16	8	**28**
Nursing, Governance, Quality & Risk	1	18	7	6	**33**
Finance	2	5	13	6	**26**
Medicines Management	0	20	38	8	**66**
Human Resource	3	34	13	6	**56**
Total	**6**	**102**	**91**	**34**	**233**

3. The Trusts Highest Scoring Risks – Corporate Risk Register

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

Appendix 1

Summary of the Corporate Risk Register – July 2020

KEY	Medicine		Surgury		Clinical Support		Corporate		Community &PC	

New Risk Category	Datix Ref	Risk	Current Risk Score I x L	Lead & date escalated to CRR	Date of last Review	Target Risk Score I x L	Action plan in place with target completion date	Governance
Patient Care	762	**If** the Trust cannot recruit sufficient staff to fill approved vacancies **then** there is a risk to being able to provide safe care and agreed of staffing	4 x 4 = 16	08/07/2015 Anne-Marie Stretch	20/04/20202	4 x 2 = 8	Action plan in place	Quality Committee
Patient Care	1043	**If** there is a global pandemic **then** the trust will need to put in place business continuity, service escalation plans and recovery plans	4 x 5 = 20	17/03/2020 Sue Redfern	23/06/2020	4 x 2 = 8	Action plan in place	Executive Committee
Money	1152	**If** there is an increase in bank and agency **then** there is a risks to the quality of patient care and ability to deliver financial targets	4 x 4 = 16	08/07/2015 Anne-Marie Stretch	20/04/2020	4 x 3 = 8	Action plan in place	Quality Committee
Patient Care	1353	If activity at St Helens Hospital continues to be increased, **then** there is a risk that the current medical cover will not be sufficient	5 x 3 = 15	21/02/2020 Rob Cooper	22/04/2020	5 x 1 = 5	Action plan in place	Quality Committee
Governance	1772	**If** there is a malicious cyber-attack on the NHS **then** there is risk that patient information systems managed by the HIS will be compromised which could impact on patient care	4 x 4 = 16	09/11/2016 Christine Walters	23/06/2020	4 x 3 = 12	Action plan in place	Executive Committee
Activity	1874	**If** the Trust cannot maintain 92% RTT incomplete pathway compliance **then** it will fail the national access standard	4 x 5 = 20	27/03/2020 Rob Cooper	22/06/2020	4 x 2 = 8	Action plan in place	Finance & Performance Committee
Patient Care	2223	**If** A&E attendances and admissions increase beyond planned levels **then** the trust may not have sufficient bed capacity or the staffing to accommodate patients	4 x 4 = 16	31/12/2019 Rob Cooper	13/05/2020	2 x 4 = 8	Action plan in place	Executive Committee
Staff	2370	**If** the critical care department cannot recruit to all the established consultant posts **then** there will be a risk to the quality of patient care	4 x 4 = 16	16/09/2019 Rob Cooper	22/06/2020	3 x 2 = 6	Action plan in place	Quality Committee
Patient Care	2502	**If** there is a no deal Brexit **then** there could be an adverse impact on the supply of medical consumables and devices	4 x 4 = 16	21/09/2018 Nik Khashu	19/05/2020	3 x2 = 6	Action plan in place	Finance and Performance Committee
Patient Care	2641	**If** the community midwives do not have access to technology to enable contemporaneous patient notes, **then** there is a risk to patient care	3 x 5 = 15	21/05/2020 Christine Walters	22/06/2020	3 x 2 = 6	Action plan in place	Executive Committee

Patient Care	2708	**If** a large number of senior medical staff are adversely impacted by the NHS pension tax rules **then** the Trust could experience reduced senior clinical capacity	4 x 4 =16	02/07/2019 Anne-Marie Stretch	20/04/2020	4 x 2 = 8	Action plan in place	Executive Committee
Patient Care	2750	**If** the Trust cannot access the national PDS (spine) **then** there is an increased risk of not identifying the correct patient	5 x 3 = 15	04/09/2019 Rob Cooper	22/06/2020	5 x 2 = 10	Action plan in place	Executive Committee
Patient Care	2848	**If** the trust does not have sufficient anaesthetic and obstetric on call cover, **then** there is a risk of delayed medical management if there should be simultaneous medical emergencies.	5 x 3 = 15	21/02/2020 Rowan Pritchard-Jones	30/06/2020	5 x 2 = 10	Action plan in place	Quality Committee
Patient Care	2871	**If** there is disruption to the supply of PPE **then** there could be a risk to patient and staff safety without sufficient supply to respond to COVID-19	4 x 4 = 16	01/04/2020 Rob Cooper	28/05/2020	3 x 3 = 9	Action plan in place	Executive Committee
Patient Care	2872	**If** routine antenatal appointments cannot be completed during the COVID-19 pandemic **then** there could be a risk of harm to women and their babies	4 x 5 = 20	06/04/2020 Sue Redfern	22/06/2020	4 x 2 = 8	Action plan in place	Executive Committee

Blue text = Risks escalated since the January Trust Board report

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

New Risk Category	Datix Ref	Risk
Patient Care	1280	If there is an increased demand for medical beds then some medical patients may need to outlie in surgical beds
Patient Care	1605	If the Trust is unable to fill gaps on the SpR rota then there is a risk to patient safety
Patient Care	2082	If there is not an established process for the medical review of patients who remain in ED/EAU then the decision to admit could be delayed
Patient Care	2083	If inpatient bed occupancy levels are over 95% then this will negatively adversely affect the admission of medical patients from the ED
Patient Care	2258	If the flexible endoscopy Reverse Osmosis (RO) units cannot be maintained then the endoscopy service could be disrupted
Patient Care	2714	If an interim solution cannot be developed then the Trust may be unable to demonstrate compliance with the FAIR assessment CQUIN contract indicator
Money	2746	If the Trust does not achieve its activity plans then the planned income may not be achieved
Patient Care	2868	If the Trust is unable to increase critical care capacity during COVID-19 pandemic then it would not be able to meet the expected demand

Appendix 2

Trust Risk Profile – April 2020

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

Trust Risk Profile – July 2019

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
50	**50**	**20**	**116**	**11**	**150**	**59**	**125**	**36**	**120**	**1**	**9**	**0**	**0**
120 = 16.06%			**277 = 37.08%**			**340 = 45.52 %**				**10 = 1.34%**			

Appendix 3

CRR – July 2019

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

New Risk Category	Datix Ref	Risk	Current Risk Score I x L	Target Risk Score I x L	Monitoring and Governance
Patient Care	762	**If** the Trust cannot recruit sufficient staff to fill approved vacancies **then** there is a risk to being able to provide safe care and agreed of staffing	4 x 4 = 16	4 x 2 = 8	Quality Committee
Money	1152	**If** there is an increase in bank and agency **then** there is a risks to the quality of patient care and ability to deliver financial targets	4 x 4 = 16	4 x 3 = 8	Quality Committee
Patient Care	1358	**If** the Cheshire and Mersey PACs system experiences system issues, **then** there is a risk to patient safety	4 x 4 = 16	4 x 1 = 4	Executive Committee
Patient Care	1605	**If** the Trust is unable to fill gaps on medical Specialist Registrar (SpR) on call rota **then** there is a risk to patient safety	4 x 4 = 16	4 X 1 = 4	Quality Committee
Governance	1772	**If** there is a malicious cyber-attack on the NHS **then** there is risk that patient information systems managed by the HIS will be compromised which could impact on patient care	4 x 4 = 16	4 x 3 = 12	Executive Committee
Patient Care	2334	**If** the Medway migration issues in PBS are not resolved **then** there is the risk to efficient service delivery across the Trust	4 x 4 = 16	4 x 2 = 8	Executive Committee
Patient Care	2370	**If** critical care cannot recruit sufficient consultant medical staff **then** there is a risk to the level of medical cover for the service	4 x 4 = 16	3 x 2 = 6	Executive Committee
Patient Care	2428	**If** the breast imaging service cannot recruit staff to cover the vacancy arising following retirement of the previous post holders, **then** capacity to deliver this specialist service will be reduced	4 x 3 = 15	3 x 3 = 9	Executive Committee
Patient Care	2502	**If** there is a no deal Brexit **then** there could be an adverse impact on the supply of medical consumables and devices	4 x 4 = 16	3 x2 = 6	Finance and Performance Committee
Money	2521	**If** the Trust cannot deliver its agreed activity and CIP **then** there is a risk to the forecast outturn and the achievement of PSF funding	4 x 4 =16	4 x 3 = 12	Finance and Performance Committee

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(20)051
Title of paper: Review of the Board Assurance Framework (BAF) – July 2020
Purpose: For the Trust Board to review the BAF
Summary: The BAF is the mechanism used by the Board to ensure it has sufficient controls in place and is receiving the appropriate level of assurance in relation to its statutory duties, strategic plans and long term objectives. In line with governance best practice the BAF is reviewed by the Board four times a year. The last review was in January 2020, and the review scheduled for April 2020 was suspended due to COVID-19. The Executive Committee review the BAF in advance of its presentation to the Trust Board and propose changes to ensure that the BAF remains current, that the appropriate strategic risks are captured, and that the planned actions and additional controls are sufficient to mitigate the risks being managed by the Board, in accordance with the agreed risk appetite. The 2020/21 Trust objectives have been aligned with the strategic aims. **Key to proposed changes:** ~~Score through~~ = proposed deletions/completed Blue Text = proposed additions Red = overdue actions **Recommended changes** Three changes are proposed; Risk 1 – increase to 15 as a result of 3 recent never events Risk 2 – increase to 16 due to uncertainty of NHS financial regime and income for 2020/21 Risk 3 – increase to 20 due to the impact of elective work suspension during COVID on activity and waiting times
Corporate Objective met or risk addressed: To ensure that the Trust has put in place sufficient controls to assure the delivery of its strategic objectives.
Financial implications: None arising directly from this report.
Stakeholders: NHSI, CQC, Commissioners.
Recommendation(s): To review and approve the proposed changes to the BAF.
Presenting officer: Nicola Bunce, Director of Corporate Services.
Date of meeting: 29th July 2020

Strategic Risks – Summary Matrix

Vision: 5 Star Patient Care

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

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

Alignment of Trust 2020/21 Objectives and Long Term Strategic Aims

2020/21 Trust Objectives	Strategic Aims					
	We will provide services that meet the highest quality and performance standards	We will work in partnership to improve health outcomes for the population	We will provide the services of choice for patients	We will respond to local health needs	We will attract and develop caring highly skilled staff	We will work in partnership to create sustainable and efficient health systems
COVID-19 Recovery Objectives						
Five star patient care – Care						
Five star patient care – Safety						
Five star patient care – Pathways						
Five star patient care – Communication						
Five star patient care – Systems						
Organisational culture and supporting our workforce						
Operational performance						
Financial performance, efficiency and productivity						
Strategic Plans						

Objective supports this aim		Change from previous year		New for this year	

Risk Scoring Matrix

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

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

Risk 1 – Systemic failures in the quality of care	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
Cause: • Failure to deliver the Clinical and Quality standards and targets • Failure to deliver CQUIN element of contracts • Breach of CQC regulations • Unintended CIP impact on service quality • Availability of resources to deliver safe standards of care • Failure in operational or clinical leadership • Failure of systems or compliance with policies • Failure in the accuracy, completeness or timeliness of reporting • Failure in the supply of critical goods or services Effects: • Poor patient experience • Poor clinical outcomes • Increase in complaints • Negative media coverage Impact: • Harm to patients • Loss of reputation • Loss of contracts/market share	5 x 4= 20	• Clinical Quality Strategy • Quality metrics and clinical outcomes data • Safety thermometer • Complaints and claims • Incident reporting and investigation • Quality Governance structure • Risk Assurance and Escalation policy • Contract monitoring • CQPG meetings with lead CCG • NHSE/I Oversight Framework • Staff appraisal and revalidation processes • Clinical policies and guidelines • Mandatory Training • Lessons Learnt reviews • Clinical Audit Plan • Quality Improvement Action Plan • Clinical Outcomes/Mortality Surveillance Group • Ward Quality Dashboards • CIP Quality Impact Assessment Process • IG monitoring and audit • CQC routine PIR return • Medicines Optimisation Strategy • Learning from deaths policy	To Board; • IPR • Patient Stories • Quality Board Rounds • Quality Committee and its Councils • Audit Committee • Finance and Performance Committee • Infection control, Safeguarding, H&S, complaints, claims and incidents annual reports • Staff Survey • Friends and Family scores • Nursing Strategy • Learning from Deaths Mortality Review Reports • Quality Account • Internal audit programme • National Patient Surveys Other; • National clinical audits • Annual CQUIN Delivery • External inspections and reviews • GIRFT Reviews • PLACE Inspections Reports • CQC Insight and Inspection Reports • Learning Lessons League • IG Toolkit results • Model Hospital benchmarking • COVID IPC Board Assurance Framework	~~5 x 2 = 10~~ 5 x 3 = 15		Routinely achieve 30% of discharges by midday 7 days a week Delivery of the Falls Strategy Action plan to achieve a 10% reduction in falls resulting in moderate or severe harm. Demonstrate changes in behaviour to achieve a reduction in similar incidents as a result of sharing lessons learnt from incidents, never events, inquests and mortality reviews ~~Delivery of the C-Diff action plan agreed by the Quality Committee~~ Development of the 2020 – 2023 Nursing Strategy (September 2020) Development of ward quality accreditation tool and real time quality dashboard (December 2020) Reduce hospital acquired AKI (October 2020)	Implementation plans for the four key 7-day service standards by 2020 ~~Continue to monitor closely the impact of EU Exit on critical healthcare supplies and costs (February 2020)~~ Undertake a review of patient communication and information to improve accessibility and understanding (Revised to December 2020 due to impact of COVID-19) ~~Continue to work with commissioners to complete the consultation process and implement the preferred location for the Eastern Sector Cancer Hub (April 2020)~~ Introduce six monthly workforce safeguards reports for all clinical staff groups (Revised to September 2020 due to COVID-19) ~~Maximise uptake of flu vaccination by front line clinical staff (February 2020)~~	5 x 1 = 5	R P-J/ SR

Risk 2 —Failure to develop or deliver long term financial sustainability plans for the Trust and with system partners	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
Cause; • Failure to achieve the Trusts statutory breakeven duty • Failure to develop a strategy for sustainable healthcare delivery with partners and stakeholders • Failure to deliver strategic financial plans two year operational plans and the agreed control total • Failure to control costs or deliver CIP • Failure to implement transformational change at sufficient pace • Failure to continue to secure national PFI support • Failure to respond to commissioner requirements • Failure to respond to emerging market conditions • Failure to respond to new models of care (FYFV) • Failure to secure sufficient capital to support additional equipment/bed capacity Effects; • Failure to meet statutory duties • NHSI Segmentation Status increases Impact; • Unable to deliver viable services • Loss of market share • External intervention	4 x 5 = 20	• Operational Plan and STP financial modelling • Annual Business Planning • Annual budget setting • CIP plans and assurances processes • Monthly financial reporting • Service line reporting • 5 year capital programme • Productivity and efficiency benchmarking (ref costs, Carter Review, model hospital) • Contract monitoring and reporting • Activity planning and profiling • IPR • NHSI annual provider Licence Declarations • PMO capacity to support delivery of CIP and service transformation • Signed Contracts with all Commissioners • Premium/agency payments approval and monitoring processes • Internal audit programme • Compliance with contract T&Cs • Standards of business conduct • SFIs/SOs • Declaration of interests • Benchmarking and reference cost group	To Board; • Finance and Performance Committee • Annual financial plan • Monthly finance report • IPR • Statement of Internal Control • Annual Accounts • Audit Committee • External Audit Reports Inc. VFM assessment • SLM/R Reporting and commercial assessment matrix • Agency and locum spend approvals and reporting process • Benchmarking and market share reports • Annual audit programme • PSF Targets and Control Total • CQUIN monitoring Other; • NHSI monthly reporting • Contract Monitoring Board • NHSI Review Meetings • Use of Resources reviews • Contract Review Boards with Commissioners • St Helens Cares Peoples Board • COVID-19 exceptional expenditure financial governance process	~~4x 3 = 12~~ 4 x 4= 16	Continue collaboration across C&M to deliver transformational CIP contribution Monitoring of management plans to deliver GiRFT recommendations Board understanding of emergency NHS financial regime and move to block contracts for 2020/21	Develop capacity and demand modelling and a consistent approach to service development proposals approval Foster positive working relationships with health economy partners to help create a joint vision for the future of health services Ensure cash flow and prompt payment of invoices from other NHS providers e.g. as lead employer to maintain cash balances Cash requirements to service capital costs for committed PFI UP charges and other essential capital demands for patients care from 2020/21.	~~Secure maximum PSF funding in 2019/20 to achieve revised forecast outturn~~ Seek all possible sources of capital funding including national bids to support capacity planning	4 x 2= 8	NK

Risk 3 - Sustained failure to maintain operational performance/deliver contracts	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
Cause; • Failure to deliver against national performance targets (ED, RTT, and Cancer etc.) or PSF improvement trajectories • Failure to reduce LoS • Failure to meet activity targets • Failures in data recording or reporting • Failure to create sufficient capacity to meet the levels of demand Effects; • Reduced patient experience • Poor quality and timeliness of care leading to poorer outcomes • Failure of KPIs and self-certification returns • Increases in staff workload/stress Impact; • Potential patient harm • Loss of reputation • Loss of market share/contracts • External intervention • Loss of PSF funding • Increases in staff sickness rates	4 x 4 = 16	• NHS Constitutional Standards • Care group activity profiles and work plans • System Winter Plan • Care Group Performance Monitoring Meetings • Team to Team Meetings • ED RCA process for breaches • Exec Team weekly performance monitoring • Waiting list management and breach alert system • ECIP Improvement Events • A&E Recovery Plan • Capacity and Utilisation plans • CQUIN Delivery Plans • Capacity and demand modelling • System Urgent Care Delivery Board Membership • Internal Urgent Care Action Group (EOT) • Data Quality Policy • MADE events re DTOC patients • Bed occupancy rates • Number of super stranded patients	To Board; • Finance and Performance Committee • IPR • System winter Resilience Plan • Annual Operational Plan • Data Quality audits Other; • Contract review meetings/CQPG • Community services contract review meetings • NHSI monitoring and escalation returns/sit reps including delivery of PSF quarterly targets • CCG CEO Meetings • CQC System Reviews e.g. Halton, Liverpool	~~4 x 4 = 16~~ 4 x 5=20	Implementation of routine capacity and demand modelling Review business continuity and escalation/COVID-19 mobilisation plans in case of a 2nd wave Incident review and lessons learnt as a result of COVID-19 and how innovations can be incorporated in to BAU Confirmation of post COVID -19 2020/21 performance recovery and accountability framework	~~Achievement of targets to reduce DTOC and super stranded patients, by working effectively with health system partners~~ Sustain the changes to the discharge process achieved during COVID-19 to maintain effective patient flow for winter 2020/21	~~Delivery of the Urgent and Emergency Care Summit improvement programme (On going)~~ ~~Implement contract changes for Community Services and UECs in St Helens and Halton (March 2020)~~ Implement new contractual arrangements for Widnes UTC (August 2020) ~~Work with system partners to respond to winter pressures and maintain safe access to urgent and emergency care (March 2020)~~ Develop COVID -19, restoration and re-escalation plans and recovery trajectories (October 2020)	4 x 3 = 12	RC

Risk 4 - Failure to protect the reputation of the Trust	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
Cause; • Failure to respond to stakeholders e.g. Media • Single incident of poor care • Deteriorating operational performance • Failure to promote successes and achievements • Failure of staff/ public engagement and involvement • Failure to maintain CQC registration/Outstanding Rating • Failure to report correct or timely information Effect; • Loss of market share/contracts • Loss of income • Loss of patient/public confidence and community support • Inability to recruit skilled staff • Increased external scrutiny/review Impact; • Reduced financial viability and sustainability • Reduced service safety and sustainability • Reduced operational performance • Increased intervention	4 x 4 = 16	• Communication and Engagement Strategy • Communications and Engagement Action Plan • Workforce, Recruitment and Retention Strategy • Publicity and marketing activity/proactive annual programme • Patient Involvement Feedback • Patient Power Groups • Annual Board effectiveness assessment and action plan • Board development programme • Internal audit • Data Quality • Scheme of delegation for external reporting • Social Media Policy • Approval scheme for external communication/ reports and information submissions • Well Led framework self-assessment and action plan • NED internal and external engagement • Trust internet and social media monitoring and usage reports • Complaints response times monitoring and quarterly complaints reports • Compliance with GDPR	To Board; • Quality Committee • Workforce Council • Audit Committee • Charitable funds committee • Communications and Engagement Strategy • IPR • Staff Survey • Complaints reports • Friends and Family • Staff F&F Test • PLACE Survey • National Cancer Survey • Referral Analysis Reports • Market Share Reports • CQC national patient surveys • CQC Inspection ratings • Annual assessment of compliance against the CQC fundamental standards • Compliance review against the NHS Constitution Other; • Health Watch • CQC • NHSE/I Segmentation Rating	4 x 2 = 8	Regular media activity reports , including social media, to the Executive Committee		~~Update Trust internet site~~ ~~Delivery of the updated inpatient survey action plan (July 2020)~~ ~~Delivery of the updated 2018 staff survey action plan for 2019/20 (March 2020 plus further revisions for the 2019 survey results)~~ Deliver the 2019 staff survey action plan (March 2021) Implement post COVID-19 staff check-ins until QWR can be re-instated (October 2020)	4 x 2 = 8	AMS

Risk 5 – Failure to work effectively with stakeholders	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
Cause; • Different priorities and strategic agendas of multiple commissioners • Unable to create or sustain partnerships • Competition amongst providers • Complex health economy • Poor staff engagement • Poor community engagement • Poor patient and public involvement Effect; • Lack of whole system strategic planning • Loss of market share • Loss of public support and confidence • Loss of reputation • Inability to develop new ideas and respond to the needs of patients and staff Impact; • Unable to reach agreement on collaborations to secure sustainable services • Reduction in quality of care • Loss of referrals • Inability to attract and retain staff • Failure to win new contracts • Increase in complaints and claims	4 x 4 = 16	• Communications and Engagement Strategy • Membership of Health and Wellbeing Boards • Representation on Urgent Care Boards/System Resilience Groups • JNCC/ Workforce Council • Patient and Public Engagement and Involvement Strategy • CCG CEO Meetings • Staff engagement strategy and programme • Patient power groups • Involvement of Healthwatch • CCG Board to Board Meetings • St Helens Cares Peoples Board • Involvement in Halton and Knowsley ICS development • CCG Representative attending StHK Board and Trust NED attending Governing Body • Membership of specialist service networks and external working groups e.g. Stroke, Frailty, Cancer • Cheshire and Merseyside Health and Care Partnership governance structure • Exec to Exec working • StHK Hospitals Charity annual objectives	To Board; • Quality Committee • Charitable Funds Committee • CEO Reports • HR Performance Dashboard • Board Member feedback and reports from external events • NHSI Review Meetings • Quality Account • Review of digital media trends • Monitoring of and responses to NHS Choices comments and ratings • Participation in the C&M STP leadership and programme boards • Partnership working with NWB NHSFT to deliver the St Helens Community Nursing Contract • Membership of the St Helens Peoples Board • Collaborative working with Halton and Knowsley CCGs to develop plans for Integrated care systems in these Boroughs • Achievement of the integrated working CQUIN • Annual staff engagement events programme • COVID -19 Command and Control structure and Cheshire and Merseyside Hospital Cell	4 x 3 = 12		C&M Health and Care Partnership performance and accountability framework ratings and reports Development of good working relationships with the new Primary Care Networks	Participation in One Halton Programme Board Membership of the Knowsley Health and Care Executive Group to develop plans for integrated place based care Membership of St Helens Cares Board and chair of the Provider Board Continue participation with the Collaboration at scale board and work streams (Suspended due to COVID-19) Continued leadership of the Acute Sustainability Board for Cheshire and Merseyside and development of agreed plans (suspended due to COVID-19)	4 x 2 = 8	AMS

Risk 6 – Failure to attract and retain staff with the skills required to deliver high quality services	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
Cause; • Loss of good reputation as an employer • Doubt about future organisational form or service sustainability • Failure of recruitment processes • Inadequate training and support for staff to develop • High staff turnover • Unrecognised operational pressures leading to loss of morale and commitment • Reduction in the supply of suitably skilled and experienced staff Effect; • Increasing vacancy levels • Increased difficulty to provide safe staffing levels • Increase in absence rates caused by stress • Increased incidents and never events • Increased use of bank and agency staff Impact; • Reduced quality of care and patient experience • Increase in safety and quality incidents • Increased difficulty in maintaining operational performance • Loss of reputation • Loss of market share	5 x 4 = 20	• Team Brief • Staff Newsletter • Mandatory training • Staff benefits package • H&WB Provision • Staff Survey action plan • JNCC/Workforce Council • Education and Development Plan • HR Policies • Exit interviews • Staff Engagement Programme – Listening events • Involvement in Academic Research Networks • Values based recruitment • Daily nurse staffing levels monitoring and escalation process • 6 monthly Nursing establishment reviews and workforce safeguards reports • Workforce KPIs • Recruitment and Retention Strategy action plan • Career and leadership development programmes • Agency caps and usage reporting • LWEG/LETB membership • Speak out safely policy • ACE Behavioural standards	To Board; • Quality Committee • Workforce Council • Finance and Performance Committee • Premium Payments Scrutiny Council • IPR – HR Indicators • Staff Survey • Monthly Nurse safer staffing reports • Workforce plans aligned to strategic plan • Monitoring of bank, agency and locum spending • Monthly monitoring of vacancy rates and staff turnover • Staff F&FT snapshots • WRES and WDES reports and action plans • Quality Ward Rounds • FTSU Self-Assessment and action plan • Employee Relations Oversight Steering Group Other • Annual workforce plans • HR benchmarking • Nurse staffing benchmarking • C&M HR Work Stream • COVID-19 Staff risk assessment process and redeployment hub	5 x 3 = 15		Specific strategies to overcome recruitment hotspots e.g. International recruitment and working closely with HEE's ~~Monitoring of take up of the UK Settlement Scheme by EU staff~~ Continue to expand the Nurse Associate Workforce by fully recruiting to cohort 2 and 3 Recovery and restoration plans for activities suspended due to COVID-19	Development of a C&M collaborative staff bank (Delayed due to COVID-19) ~~Review of Health, Work and Wellbeing service delivery model in response to increased demand (February 2020)~~ ~~Implement 2019/20 NHS Pension Taxation Flexibilities for staff impacted (March 2020)~~ Develop the local response (Trust and health system) to the NHS People Plan when published (April 2020 – not yet published due to COVID-19) Review of trust appraisal process (March 2021) Staff support post COVID-19 including Agile Working guidance for staff WFH	5 x 2 = 10	AMS

Risk 7 – Major and sustained failure of essential assets or infrastructure	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
Cause; • Poor replacement or maintenance planning • Poor maintenance contract management • Major equipment or building failure • Failure in skills or capacity of staff or service providers • Major incident e.g. weather events/ fire • Insufficient investment in estates capacity to meet the demand for services Effect; • Loss of facilities that enable or support service delivery • Potential for harm as a result of defective building fabric o equipment • Increase in complaints Impact; • Inability to deliver services • Reduced quality or safety of services • Reduced patient experience • Failure to meet KPIs • Loss of reputation • Loss of market share/contracts	4 x 4 = 16	• New Hospitals / Vinci /Medirest Contract Monitoring • Equipment replacement programme • Equipment and Asset registers • 5 year Capital programme • Procurement Policy • PFI contract performance reports • Regular accommodation and occupancy reviews • Estates and Accommodation Strategy • H&S Committee • Membership of system wide estates and facilities strategic groups • Membership of the C&M HCP Strategic Estates work programme • Access to national capital PDC allocations to deliver increased capacity • Compliance with national guidance in respect of waste management, ventilation, Oxygen supply, cleaning and social distancing (COVID-19)	To Board; • Finance and Performance Committee • Finance Report • Capital Council • Audit Committee • I.P.R. Other; • Major Incident Plan • Business Continuity Plans • ERIC Returns • PLACE Audits • Model Hospital • Issues from meetings of the Liaison Committee escalated as necessary to Executive Committee, to capture: ▪ Strategic PFI Organisational changes ▪ Legal, Financial and Workforce issues ▪ Contract risk ▪ Design & construction ▪ FM performance ▪ MES performance	4 x 3 = 12	Development of a 10 year strategic estates development plan to support the Trusts service development and integration strategies.	Recovery plan post COVID for all PPM programmes (September 2020)	Commence 3 year capital programme to deliver the Same Day Ambulatory care capacity, (on going to 2022) Deliver modular ward beds by Q2, 2020/21. Revise Estates and accommodation strategy to respond to increasing demand (Revised to March 2020) – suspended due to COVID-19 Operational plans to accommodate 10 year lifecycle works with minimal service disruption (March 2021 as delayed due to COVID-10) Plans to deliver COVID-19 capacity expansion if national bids approved (December 2020)	4 x 2 = 8	NB

Risk 8 – Major and sustained failure of essential IT systems	Initial Risk Score (IxP)	Key Controls	Sources of Assurance	Residual Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
Cause; • Inadequate replacement or maintenance planning • Inadequate contract management • Failure in skills or capacity of staff or service providers • Major incident e.g. power outage or cyber attack • Lack of effective risk sharing with HIS shared service partners • Inadequate investment in systems and infrastructure. Effect; • Lack of appropriate or safe systems • Poor service provision with delays or low response rates • System availability resulting in delays to patient care or transfer of patient data • Lack of digital maturity. • Loss of data or patient related information Impact; • Reduced quality or safety of services • Financial penalties • Reduced patient experience • Failure to meet KPIs • Loss of reputation • Loss of market share/contracts	4 x 5= 20	• HIS Management Board and Accountability Framework • Procurement Framework • Health Informatics Strategy • Performance framework and KPIs • Customer satisfaction surveys • Cyber Security Response Plan • Benchmarking • Workforce Development • Risk Register • Contract Management Framework • Major Incident Plan • Disaster Recovery Policy • Disaster Recovery Plan and restoration procedures • Engagement with C&M STP Cyber group • Business Continuity Plans • Care Cert Response Process • Project Management Framework • Change Advisory Board • IT Cyber Controls Dashboard • Information asset owner/administrator register	To Board; • Board Reports • IM&T Strategy delivery and benefits realisation plan reports (5YFV) • Audit Committee • Executive committee • Risk Management Council • Information Security Assurance Group • Health Informatics Service Operations Board • Health Informatics Strategy Board • Programme/Project Boards • Information Governance Steering Group Other; • Annual financial plan agreed with partners • Internal/External Audit Programme • Data security protection Toolkit Submissions • Information asset owner framework • Information Security Dashboard • CareCert, Cyber Essentials, External Penetration Test • Medway benefits realisation programme monitoring	4 x 4= 16	Annual Cyber Security Business Case approval Annual Corporate Governance Structure review Technical Development	ISO27001 Service Improvement Plans Communications Strategy Digital Maturity Assessment Programme reviews post COVID-19 to establish recovery plans (September 2020)	ISO27001 (December 2020) ~~DSP Toolkit compliance for 2019/20~~ Medway benefits realisation programme delivery (revised to September 2020) Implementation of IPS Intrusion Prevention System) that detects cyber-attacks within the network. (September 2020) Migration from end-of-life operating systems (Jan 2021) Delivery of the Digital Aspirant Programme (2020 – 2022) Migration to MS365, new email system (March 2021) Continued IT support for effective virtual and agile working and patient consultations in COVID-19 restoration and recovery phases (March 2021)	4 x 2 = 8	CW

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(20)52

Title of paper: Learning from Deaths Quarterly Report 2019/20 Q3

Purpose: To describe mortality reviews that have taken place in both specified and non-specified groups; to provide assurance that all specified groups have been reviewed for deaths and key learning has been disseminated throughout the Trust.

Summary:

Month	Total	Green – GWL	Amber	Red
October 2019	39	38 (97%)	1*	0
November 2019	36	35 (97.2%)	0	1 (2.8 %)*
December 2019	43	41 (95.3%)	2 (4.6%)	0

**StEIS reported – see below for assurance*

Shared learning Q3 2019/20

1 Documentation standards as per Record Keeping Policy
2 Professional standards for timely patient review

Actions from Q2

- Baton bleep is now with the surgical registrar for MET calls
- Medical in-reach in ED for winter months
- Focus on orthopaedic specialty SOP (management of peri-prosthetic fractures)

Medical Examiner

Update on STHK plans for recruitment into this nationally established role for doctors trained in the legal and clinical elements of death certification.

Corporate objectives met or risks addressed: 5 star patient care: Care, Safety, Communication

Financial implications: None

Stakeholders: Trust patients and relatives, clinicians, Trust Board, Commissioners

Recommendation(s): To approve the report, policy and good practice guide

Presenting officer: Dr Elspeth Worthington, Assistant Medical Director

Date of meeting: 27th May 2020

1 EXECUTIVE SUMMARY

Learning from deaths of people in our care can help us improve the quality of the care we provide to patients and their families, and identify where we could do more. *NHSI 2017*

In Quarter 3 a total of 118 SJR's were carried out. 96.61% (114n) of the reviews had an outcome of no concerns (Green or Green with learning). 2.54% (3n) had an AMBER outcome 2 of which are now receiving further clinical review and 1 has been StEIS reported. 0.8% (1n) had a RED outcome that has since been StEIS reported. See Appendix 1 for the case selection contributing to Mortality Surveillance Group MDT / Learning from Deaths Quarterly Report.

1.1. Shared learning for Q3 2019/20

Q3	**Accurate Record Keeping:** During investigations it has become apparent that not all staff adhere to the instructions in the Record Keeping Policy when it comes to identifying themselves in patients notes. You must ensure that all records are accurately dated, timed, signed, and the signature printed to certify that each entry can be attributed to an individual, also adding their role.	**Key Senior Decision Making:** Care groups must ensure that they drive forward practice to ensure that delays in assessment by doctors are addressed. Timely senior decisions have a crucial bearing on the outcome of the patient's care. We must ensure standards are maintained, despite times of pressure or when the patient may not be in the ideal environment.
Previous learning can be found on the intranet Learning into action		

1.2 Sharing and embedding learning

This learning is shared & evidenced in meeting minutes as per matrix in appendix 2. This is starting to generate change and developments for patients, for example:

- with Learning Difficulties and other safeguarding concerns.
- the addition of the surgical registrar to MET bleep will be reviewed in subsequent SJRs.
- the delays or absence of DNACPR form completion is complex to resolve. A working group is looking at the causes behind this from different clinicians perspective in order to design teaching and direction to address these issues.

1.3 Medical Examiner

A paper was provided to the Executive Team in March 2020 outlining the recruitment process and costs associated with the Medical Examiner office. The paper was passed by the Executive Team with the agreement that recruitment would be put on hold until September 2020. As yet there have been no further updates from NHSI advising if the recruitment period has been extended due to COVID 19 pressures and as such our timescales remain that we must be reviewing 50% of all deaths by October 2020 and 100% by March 2021. However we have now received communication that the Regional Medical Director now requires us to prioritise the recruitment of these posts and advertise as soon as possible.

2 ANALYSIS

2.1 Total number of reviews completed for Q3 2019/20

Month	Total	Green – GWL	Amber	Red
October 2019	39	38 (100%)	1*	0
November 2019	36	35 (97.2%)	0	1* (2.8 %)
December 2019	43	41 (95.3%)	2** (4.6%)	0

** Post-operative deaths*
***Random selection deaths*

2.2 Specified Groups breakdown for Q3 2019/20 (See Appendix 1)

	Deaths in Scope [1]	Learning Difficulties Death	Severe Mental Illness Death [2]	Child Death	Neonatal Death or Stillbirth	Maternal Death	CQC Alert Death	Previous Alerting Group Death [3]	Post-Op Death	SIRI Death	Concern Death [4]
Oct-19	**146**	1	1	0	0	0	0	13	8	0	5
Nov-19	**142**	2	4	0	1	0	0	7	7	0	6
Dec-19	**168**	2	0	0	1	0	0	3	7	0	6

3 RAG RATING SUMMARY FOR QUALITY OF CARE (Q3)

3.1 RAG rating pre MSG

	RED	AMBER	GWL	GREEN
Oct 2019	0	2	10	27
Nov 2019	1	0	9	27
Dec 2019	1	2	7	33

3.2 RAG rating post MSG

	RED	AMBER	GWL	GREEN
Oct 2019	0	1	11	27
Nov 2019	1	0	9	27
Dec 2019	0	2	8	33

The SJR allocation to reviewers is broadly divided between medical and surgical cases. This allows general oversight to the case. All amber and red cases then undergo MDT discussion at the monthly the Mortality Surveillance Group meeting, supported by direct speciality questioning to conclude the overall rating. A combination of consensus opinion and additional expertise support this reclassification.

4 POTENTIALLY AVOIDABLE DEATHS AND THEIR OUTCOMES

4.1 Current Quarter (Q3)

	Datix No.	Recorded cause of death	RAG rating	Specialty	Concerns / Outcome
	108629	66 year old male, perforation of abdominal viscus	RED	General Medicine	Lack of senior escalation in ED and subsequently in Acute Medicine led to late involvement of surgeons. Was StEIS reported – lessons learned due back to the group in June 2020
	106540	78 year old male, carcinomatosis with bowel obstruction (operated) primary unknown	AMBER	Critical Care	Delayed diagnosis, failure to follow up CT scan of January 2019. StEIS reported – lessons learned due back to the group in July 2020
	109796	87 year old male, Sepsis, UTI	RED	DMOP	Concern that inappropriate steroid usage for acute arthritis predisposed to urinary sepsis.

					Awaiting expertise from rheumatology/ DMOP.
	109802	73 year old male, MOF, Sepsis, Flu A	AMBER	Critical Care	Delayed initial review on WARD 1B and administering of antibiotics before developed septic shock. Awaiting expertise from acute medicine.

4.2 Update on previous Quarter (Q2)

	Datix No.	Recorded cause of death	RAG Rating	Specialty	Outcome
Quarter 2	103188	91 year old female referred to coroner	AMBER	Orthopaedics	Patients who deteriorate in rehabilitation – further surgical review required on 1) point of transfer 2) need to return **Pending meeting of key personnel**.
	103459	81 year old female aspiration pneumonia & #NOF	AMBER	Orthopaedics	Reduced to Green with Learning Only 2 x surgeons who can operate on peri-prosthetic fractures. Delays in this patients care. Being discussed with Surgical HoNQ and DM for orthopaedics
	104856	63 year old male, aspiration pneumonia, hyperosmolar and hyperglycaemic state	AMBER	Endocrinology	Reduced to Green with learning – Medical in reach to ED started in September 2019 on a daily basis and is to continue for the winter months.
	104864	75 year old male, MOF, intra-abdominal sepsis, perforated cholecystitis	RED	General Surgery	Currently at AMBER – included as part of an aggregated review into cases with multiple MET calls **Action : Surgical Registrar on MET via a baton bleep**
	105497	75 year old male, MOF, aspiration pneumonia, prolonged ileus	AMBER	General Surgery	Currently at AMBER – included as part of an aggregated review into cases with multiple MET calls **Action: as above**
	105518	60 year old male aspiration pneumonia	AMBER	General Surgery	Reduced to Green with learning – delayed surgical review but effective when seen (Delayed initial surgical review in ED didn't ultimately contribute to death.)

5 CONCLUSION AND RECOMMENDATIONS

The Board is asked to note the contents of this report and receive assurance that:

- SJR process is now embedded within the organisation
- Lessons learned are shared widely in all care groups following Trust Board and care groups are expected to create action plans and evidence their completion to address any concerns / learning raised.
- Where concerns have been identified these have received further peer review and escalated as appropriate.

Appendix 1

Total Deaths in Scope[1]

Check against NWB downloaded LD List **'Learning Difficulties Death'**	LeDeR Death Review[2]
Check against MHA and DOLS list **'Severe Mental Illness Death'**	SJR[3]
Check if age < 18 yrs., but > 28 days **'Child Death'**	SIRI & Regional Child Death Overview Panel (CDOP)
Check if < 28 days and > 24 weeks gestation **'Neonatal death or Stillbirth'**	Joint Perinatal Audit Meeting (SJR), & C&M 'Each Baby Counts' Panel
Check if spell includes obstetric code (501) **'Maternal Death'**	STHK STEIS/SIRI & National EMBRACE system (also perinatal)
Check against current year 'Alert List' **'Alert Death'**[5]	SJR
Check DATIX for SIRI Investigation **'SIRI Death'**	SIRI Investigation
Check DATIX for complaints/PALS/staff concerns **'Concern Death'**	SJR
Check against Surgical Procedures List **'Post-op Death'**	SJR
Random Sample, include all low risk deaths[4] **'Sample Deaths'**	SJR
Cardiac Arrests that result in death **'Cardiac Arrest Deaths'**	SJR

1. All inpatient deaths at STHK, transfers to other hospitals or settings not included
2. LeDeR – nationally prescribed process for reviewing LD deaths
3. Structured judgement review, currently STHK tool
4. Low risk deaths as defined by Dr Foster/HED grouping
5. Alert deaths; include any CQC alerts or 12-month internal monitoring alerts from the previous financial year.
6. Random sample to ensure monthly we cover at n30 or 25% whichever is the greater
7. Cardiac Arrests that result in death

Appendix 2

Forum/Communication Channel	Chair	Support
Quality Committee	Val Davies	Joanne Newton
Finance & Performance	Jeff Kozer	Laura Hart
Clinical Effectiveness Council	Dr Sam Pedder	Francine Daly
Patient Safety Council	Rajesh Karimbath	Kim Jeffrey
Patient Experience Council	Anne Rosbotham-Williams	Helen Burton
Team Brief	teambrief@sthk.nhs.uk	
Intranet Home Page	Lynsey Thomas	
Global Email	Elspeth Worthington	Jane Bennett
MCG Integrated Governance & Quality Meetings	Ash Bassi/Sue Talbot-Crosby	Michaela Eason
MCG Directorate Meetings	Ash Bassi/Sue Talbot-Crosby	Michaela Eason
SCG Governance Meetings	Sam Pedder/Wendy Harris	Gina Friar
SCG Directorate Meetings	Phil Nee	Julie Rigby
CSS Directorate Meetings	Patricia Keeley	Sam Barr
ED Teaching	Ragit Varia/Sarah Langston/Clare O'Leary	Ann Thompson
FY Teaching	Cynthia Foster	
Grand Rounds	Cynthia Foster	

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(20)052a

Title of paper: Learning from Deaths Quarterly Report 2019/20 Q4 & Q1 (COVID)

Purpose: To describe mortality reviews that have taken place in both specified and non-specified groups; to provide assurance that all specified groups have been reviewed for deaths and key learning has been disseminated throughout the Trust.

Summary:

Month	Total	Green – GWL	Amber	Red
January 2020	41	38	2	1
February 2020	37	34	1	2
March 2020	42	42	0	0

**see below for assurance*

Corporate objectives met or risks addressed: 5 star patient care: Care, Safety, Communication

Financial implications: None

Stakeholders: Trust patients and relatives, clinicians, Trust Board, Commissioners

Recommendation(s): To approve the report, policy and good practice guide

Presenting officer: Dr Elspeth Worthington, Assistant Medical Director

Date of meeting: 29th July 2020

1 EXECUTIVE SUMMARY

Learning from deaths of people in our care can help us improve the quality of the care we provide to patients and their families, and identify where we could do more. *NHSI 2017.*

In Quarter 4 a total of 120 SJR's were carried out. 95% (114n) of the reviews had an outcome of no concerns (Green or Green with learning). 2.5% (3n) had an AMBER outcome all of which are now receiving further clinical review. 2.5% (3n) had a RED outcome 1 has been StEIS reported, 1 is with the executive team for StEIS consideration and 1 is receiving further clinical review
See Appendix 1 for the case selection contributing to Mortality Surveillance Group MDT / Learning from Deaths Quarterly Report.

1.1. Shared learning for Q4 2019/20

Q4	1 High lactate levels MUST trigger urgent pursuit of a cause. Failure to improve requires escalation until an appropriate action plan is in place. Always consider the presence of ischaemia (bowel or other) if no other explanation apparent.	2 DNACPR - COVID-19 has highlighted a different concern for patients and families. Forms, completed on admission, with the COVID diagnosis in mind, were part of an MDT approach to define plans to escalate or palliate patients on deterioration. However for patients surviving to discharge further discussion by the clinical team is ESSENTIAL as to whether such a form is required and exactly what it means regards their future healthcare.
Previous learning can be found on the intranet Learning into action		

1.2 Sharing and embedding learning

This learning is shared & evidenced in meeting minutes as per matrix in appendix 2.

- A working party has met to identify the various elements required to educate and support Trust staff in timely completion of DNACPR to maximise dignity in a patient's death. A survey monkey questionnaire has been created to send following the changeover of doctors in August 2020. Different strategies are being prepared to deliver the training required.
- A review of the trust's response to the deteriorating patient is proposed, with establishment of a project group to follow.

1.3 Medical Examiner

7 doctors have been offered the Medical Examiner (ME) posts following interview on 22 July 20 with Dr Sam Pedder, appointed as lead ME. Further development of the team will follow with an aim to be on target to review 50% of Trust deaths by 1st October 2020 and 100% by 1st April 2021.

2 ANALYSIS

2.1 Total number of reviews completed for Q4 2019/20

Month	Total	Green – GWL	Amber	Red
January 2020	41	38	2	1
February 2020	37	34	1	2
March 2020	42	42	0	0

2.2 Specified Groups breakdown for Q4 2019/20 (See Appendix 1)

	Deaths in Scope *	Learning Difficulties Death	Severe Mental Illness Death [2]	Child Death	Neonatal Death or Stillbirth	Maternal Death	CQC Alert Death	Previous Alerting Group Death [3]	Post-Op Death	SIRI Death	Concern Death [4]	Cardiac Arrest	COVID 19
Jan 2020	172	0	0	0	1	1	0	11	1	6	6	8	0
Feb 2020	139	0	0	0	1	5	0	6	0	5	12	4	0
March 2020	167	0	0	1	1	2	0	12	0	0	10	6	4

**25% of all deaths or 30n (whichever is greater) are reviewed each month*

3 RAG RATING SUMMARY FOR QUALITY OF CARE (Q4)

3.1 RAG rating pre MSG

	RED	AMBER	GWL	GREEN
Jan 2020	1	4	13	23
Feb 2020	1	5	10	21
Mar 2020	0	1	8	33

3.2 RAG rating post MSG

	RED	AMBER	GWL	GREEN
Jan 2020	1	2	15	23
Feb 2020	2	1	13	21
Mar 2020	0	0	9	33

The SJR allocation to reviewers is broadly divided between medical and surgical cases. This allows general oversight to the case. All amber and red cases then undergo MDT discussion at the monthly the Mortality Surveillance Group meeting, supported by direct speciality questioning to conclude the overall rating. A combination of consensus opinion and additional expertise support this reclassification.

4 POTENTIALLY AVOIDABLE DEATHS AND THEIR OUTCOMES

4.1 Current Quarter (Q4)

Datix No.	Recorded cause of death	RAG rating	Specialty	Concerns / Outcome
111041 (Jan 20)	62 year old female – pneumonia, COPD, CKD	AMBER	Respiratory	Has been sent for intensivist review – request made 21 July 2020
111236 (Jan 20)	70 year old female – MOF, fulminant liver failure	RED	Plastics	Under review by the Divisional Medical Director – SCG – escalated 21 July 2020
111244 (Jan 20)	65 year old male – referred to the coroner	AMBER	Respiratory	Collapse and cardiac arrest in discharge lounge. Has been escalated to the patient safety manager for 72 hour review – sent 23 July 2020
112555 (Feb 20)	74 year old male – MOF, perforated duodenum	RED	General Surgery	StEIS reported 14/07/2020

112552 (Feb 20)	72 year old male – MOF, Jejunum perforation	AMBER	ICU / Surgery	Has been sent for further surgical review – sent 21 July 2020
111029 (Feb 20)	77 year old male – Ischaemic bowel	RED	Acute Medicine	With the executive team for StEIS consideration – escalated 21 July 2020

***** *MOF – Multi organ failure*
COPD – Chronic obstructive pulmonary disease
CKD – Chronic kidney disease

4.2 Update on previous Quarter (Q3)

Datix No.	Recorded cause of death	RAG rating	Specialty	Concerns / Outcome
106540 (Oct 19)	78 year old male, carcinomatosis with bowel obstruction (operated) primary unknown	AMBER	Critical Care	Delayed diagnosis, failure to follow up CT scan of January 2019. StEIS reported – lessons learned due back to the group in August 2020
108629 (Nov 19)	66 year old male, perforation of abdominal viscus	RED	General Medicine	Was StEIS reported: Actions – 1. Feedback to GP. Should have been surgical referral with significant PMH of similar. 2. Change ED senior Dr notification with abnormal NEWS2 / high lactate - in progress. 3. Reinforce rule to ED juniors to discuss ALL cases before referral inc GP referrals
109802 (Dec 19)	73 year old male, MOF, Sepsis, Flu A	AMBER	Critical Care	Delayed initial review on WARD 1B and administering of antibiotics before developed septic shock. Was StEIS reported – lessons learned due back to the group in October 2020

5 Lessons Learned Themes and Trends

These are the top 5 lessons learned since Learning from Deaths was taken over by Dr Elspeth Worthington in June 2019; a full list can be found in Appendix 3

Lesson Learned	Since June 2019 – April 2020
Delay in assessment from Doctor	29
End of life concerns and DNACPR	22
Suboptimal documentation	17
Failure to act on or correctly interpret results	14
Failure to escalate	9

5.1 Learning into Action

5.1.1 Following each quarterly submission to Board, two examples of learning are reported and shared throughout the organisation to ensure that all staff are given the opportunity to determine how this could impact on their practice and try and make things better. The leaning is shared at team brief and via all Trust councils. The learning also appears on the intranet. http://nww.sthk.nhs.uk/about/learning-into-action

5.1.2 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 indicates that more work is required to ensure that this communication is reaching direct patient care givers and generates the changes required to improve care.

5.1.3 Whist it is imperative that we ensure good positive feedback is sent to clinicians when outstanding comments about their care have been identified, we have also had times where individual learning or reflection is appropriate. It remains a challenge as to how this should be addressed.

5.1.4 Following a successful palliative care study day, it has been agreed to use a similar format to share with the Trust staff what we've learned so far, changes achieved and what we still have to do: "Dying Matters – the Next Step (Insight to Learning from Deaths)" which is being planned for 25th November 2020, when we will have 2 years data from the learning from deaths process.

5.2 The Trust Board ask "so what"…. we say "this is what we're doing"

- **Management of Deteriorating Patients:**

  - **EOL / DNACPR** – working group including Trust Solicitors to deliver a learning package for clinicians that focuses on timely identification of a dying patient and ensures clinicians, patients and families are legally and morally supported in decision-making;

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

- **Recognition of exceptionally good care**; this is acknowledged by the Mortality Surveillance Group in writing and can be used to support appraisal and revalidation

- **Duffy ward -** following a number of SJR's that highlighted delayed surgical follow up of patients transferred to Duffy and/or patients being quickly repatriated to Whiston, a meeting was held with T & O clinical and nursing leads to discuss potential learning to ensure more timely reviews in order to provide a more robust patient journey.

- **Avoiding Delay/Rapid Escalation** – Each care group is being tasked to look at the delays in care and how these could be avoided. The reasons are often varied in nature and specialty dependent but will have the way we communicate and patient visibility at their heart. We will produce both high level and specialty specific recommendations and report these both to the groups and the Board.

6 CONCLUSION AND RECOMMENDATIONS

The Board is asked to note the contents of this report and receive assurance that:

- SJR process is now embedded within the organisation
- Lessons learned are shared widely in all care groups following Trust Board and care groups are expected to create action plans and evidence their completion to address any concerns / learning raised.
- Where concerns have been identified these have received further peer review and escalated as appropriate.

Appendix 1

Total Deaths in Scope[1]

Check against NWB downloaded LD List **'Learning Difficulties Death'**	LeDeR Death Review[2]
Check against MHA and DOLS list **'Severe Mental Illness Death'**	SJR[3]
Check if age < 18 yrs., but > 28 days **'Child Death'**	SIRI & Regional Child Death Overview Panel (CDOP)
Check if < 28 days and > 24 weeks gestation **'Neonatal death or Stillbirth'**	Joint Perinatal Audit Meeting (SJR), & C&M 'Each Baby Counts' Panel
Check if spell includes obstetric code (501) **'Maternal Death'**	STHK STEIS/SIRI & National EMBRACE system (also perinatal)
Check against current year 'Alert List' **'Alert Death'**[5]	SJR
Check DATIX for SIRI Investigation **'SIRI Death'**	SIRI Investigation
Check DATIX for complaints/PALS/staff concerns **'Concern Death'**	SJR
Check against Surgical Procedures List **'Post-op Death'**	SJR
Random Sample, include all low risk deaths[4] **'Sample Deaths'**	SJR
Cardiac Arrests that result in death **'Cardiac Arrest Deaths'**	SJR

1. All inpatient deaths at STHK, transfers to other hospitals or settings not included
2. LeDeR – nationally prescribed process for reviewing LD deaths
3. Structured judgement review, currently STHK tool
4. Low risk deaths as defined by Dr Foster/HED grouping
5. Alert deaths; include any CQC alerts or 12-month internal monitoring alerts from the previous financial year.
6. Random sample to ensure monthly we cover at n30 or 25% whichever is the greater
7. Cardiac Arrests that result in death

Appendix 2

Forum/Communication Channel	Chair	Support
Quality Committee	Val Davies	Joanne Newton
Finance & Performance	Jeff Kozer	Laura Hart
Clinical Effectiveness Council	Dr Sam Pedder	Francine Daly
Patient Safety Council	Rajesh Karimbath	Kim Jeffrey
Patient Experience Council	Anne Rosbotham-Williams	Helen Burton
Team Brief	teambrief@sthk.nhs.uk	
Intranet Home Page	Lynsey Thomas	
Global Email	Elspeth Worthington	Jane Bennett
MCG Integrated Governance & Quality Meetings	Ash Bassi/Sue Talbot-Crosby	Michaela Eason
MCG Directorate Meetings	Ash Bassi/Sue Talbot-Crosby	Michaela Eason
SCG Governance Meetings	Sam Pedder/Wendy Harris	Gina Friar
SCG Directorate Meetings	Phil Nee	Julie Rigby
CSS Directorate Meetings	Patricia Keeley	Sam Barr
ED Teaching	Ragit Varia/Sarah Langston/Clare O'Leary	Ann Thompson
FY Teaching	Cynthia Foster	
Grand Rounds	Cynthia Foster	

Appendix 3

Lessons Learned June 2019 until April 2020	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	Total
Delay in assessment from Doctor	3	3	2	4	2	2	3	4	2	1	3	29
Delay/Failure in referral to SPCT (Specialist Palliative Care Team) / EOL concerns	1	2	4	2	2	1	1	4	2	3	0	22
Suboptimal documentation	2	2	1	1	1	5	1	0	3	0	1	17
Failure to act on or correctly interpret results	1	3	1	1	2	1	2	1	1	0	1	14
Failure to escalate	2	1	1	0	1	1	0	1	1	0	1	9
Suboptimal communication	0	0	1	1	1	1	1	1	1	2	0	9
Issue with death certificate	1	3	0	0	0	0	1	1	1	1	1	9
Delay in requesting or obtaining investigation	0	1	0	0	2	0	0	0	0	0	1	4
Policy procedure guideline pathway concern	0	1	0	1	1	0	0	0	0	0	0	3
Failure of advanced care planning	0	0	2	1	0	0	0	0	0	0	0	3
Delay in fast track discharge	0	0	0	0	0	1	0	0	1	0	0	2
Delay/ failure to procedure	0	0	0	0	0	1	0	0	0	0	1	2
Unsatisfactory Discharge	0	1	0	0	0	0	0	0	0	1	0	2
Equipment/ IT/Environment	0	0	0	1	0	0	1	0	0	0	0	2
Patient care affected by lack of staff/service availability on weekends/ bank holidays/out of core hours	0	0	2	0	0	0	0	0	0	0	0	2
Management plan	1	0	1	0	0	0	0	0	0	0	0	2
Privacy & Dignity	0	0	0	1	0	0	0	0	0	0	0	1
Total	11	17	15	13	12	13	10	12	12	8	9	132

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(20)053
Subject: HR/Workforce Strategy & HR Indicators Report
Purpose: This paper provides Trust Board with details of achievement of the delivery of the Trusts Workforce Strategy over the last 6 months and provides updates and assurance on the management of workforce matters during Covid-19.
Summary: The Trust is committed to developing the organisational culture and supporting our workforce in line with our Trust objectives. This paper provides an update on governance assurance during this time of Covid-19 and achievements since the last Board in January 2020 and summarises achievements/progress to date.
Corporate Objective met or risk addressed: Developing organisation culture and supporting our workforce
Financial Implications: None at this time
Stakeholders: Trust Board, Senior Management, all staff, staff side colleagues
Recommendation(s): The Trust Board is requested to: • note the content of this paper and that actions are in place to ensure continued delivery of the Trust's Workforce Strategy; • note that the COVID-19 Workforce Assurance Framework is providing assurance and oversight that the Trust has been appropriately exercising, and is continuing to exercise, its duty of care to its workforce.
Presenting Director: Anne-Marie Stretch, Deputy CEO/Director of HR
Trust Board: Wednesday 29th July 2020

HR/Workforce Strategy & Workforce Indicators Report

Wednesday 29th July 2020

1.0 Context

This paper provides an update to the Trust Board on the Trust's HR and Workforce indicators, aligned to ensure the delivery of the Trust's Workforce Strategy priorities. In addition to an overview of the HR indicators in the last 6 months, the paper describes the actions the Trust has taken to ensure supply of an appropriately skilled workforce whose health, safety and wellbeing has continued to be a priority during the pandemic and steps taken to provide assurance that the Trust is following national guidance in its duty of care to our workforce.

At the beginning on the pandemic it was nationally agreed with trade unions that all formal HR process such as disciplinary, grievance, attendance management, policy development, organisational change and TUPE would be paused until both staff side and management capacity were able return to business as usual. As a result the management of staff through the attendance management policy was temporarily suspended. It is expected that in early autumn social partnership forums will agree a restart of formal processes so that as can work with our local staff side colleagues on the prioritisation of case work.

In addition to supporting the Trusts workforce through the pandemic, the Trust has continued to provide payroll, pension, and HR administration services to our NHS clients. This has involved processing over 70,000 payslips a month plus additional payments required to support the increase in NHS workforce during covid-19 and the on-boarding of the Aintree payroll as part of the new Liverpool University Foundation Trust. The Trust has also provided Covid-19 support as part of the delivering HR, Payroll and Occupational Health service to more than 10,500 Doctors in Training as part of the Trusts Lead Employer Service.

2.0 Workforce and HR Indicators

2.1 Model Hospital

Model hospital data (NHSI data portal) benchmarks the Trust against National, North West and Acute peer groups for the key workforce indicators. The Trust has initiatives in place to deliver improvements in each of the metrics. Monitoring has continued during the pandemic to ensure a recovery plan is implemented in Q3 2020/21**.**

Model Hospital Benchmarking January – June 2020

The latest model hospital data shows the Trusts retention rates are better than national retention rates by more than 4% during the 6 month period January to June 2020. The Trusts rates are also better than North West Trusts overall although we are slightly worse than our North West Peers this is at 89.75% and at end of June we were at 88.95%

Sickness rates including covid related sickness ranged from 5.48% to 5.50% with a peak in April of 9.42% compared with 9.0% for Trusts nationally and 12.30% for North West Trusts. Sickness levels excluding Covid-19 were overall better than regional and national levels with sickness levels ranging from 4.88% to 5.50% against a national position for this period of 6.20% and North West Trusts absence at 8.50%

Appraisals and Mandatory training are marginally behind target with recovery plans in place from July onwards to ensure rates are increased. The Trust has paused the compulsory completion of appraisals during the pandemic to allow staff to focus on the provision of patient care.

Vacancies

Trust vacancy rate at the end of January 2020 was 4.23%, this has increased to 4.77% at the end of June 2020 (Table 1). This is based on 5,591.62 WTE staff in post against a funded establishment of 5,781.94 WTE as at June 2020, giving a gap of 280.32 WTE overall. While the vacancy rates alter on a monthly basis, the staff group analysis demonstrates that Healthcare Scientists, Medical & Dental and Nursing & Midwifery are consistent contributors to the vacancy rate (Table 1). Due to the closure of international borders and the ceasing of flights during the pandemic, the Trusts international recruitment campaign for Nursing and the Medical workforce has been on hold since March 2020. It is expected to be able to re-start recruitment as travel restrictions are eased in the coming months.

Table 1: Trust Vacancy Rate by Staff Group (January 2020 – June 2020)

Vacancy Rate	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Staff Group	%	%	%	%	%	%
Add Prof Scientific and Technic	0.60%	-3.06%	0.00%	0.12%	0.00%	0.00%
Additional Clinical Services	4.76%	4.74%	3.81%	3.31%	3.31%	2.90%
Administrative and Clerical	3.84%	3.50%	2.51%	3.22%	3.42%	3.45%
Allied Health Professionals	-0.46%	0.04%	1.45%	0.85%	4.60%	3.89%
Estates and Ancillary	0.14%	-0.64%	0.00%	1.18%	0.68%	0.40%
Healthcare Scientists	9.24%	9.14%	9.65%	9.80%	8.29%	12.83%
Medical and Dental	6.70%	5.35%	4.00%	4.97%	5.12%	5.48%
Nursing and Midwifery Registered	4.82%	5.41%	4.25%	5.97%	6.83%	7.21%
Grand Total	**4.23%**	**4.07%**	**4.00%**	**4.16%**	**4.58%**	**4.77%**

The Trust is now commencing its reset recruitment campaign which is starting with an event which is due to take place on the 25th July 2020 specifically to address vacancy in the Trusts new facility, Bevan Court. A further Recruitment event for General Registered Nurses will to take place in September as socially distanced event. A number of Healthcare Scientist students are finalising placement hours during the summer, once graduated these students are planned to take up positions in the Trust.

During the covid pandemic the Trust provided placements to student nurses from across the region via the Health Education England covid redeployment scheme. While not scheduled to join the Trust on qualification, 17 additional students who had a positive learning experience during covid-19 with STHK have accepted offers to

commence employment with the Trust in September. The Trust has recently uplifted its Medical & Dental headcount; as a result there are currently 5 roles currently in the pipeline which will translate into filled posts in the next few months.

2.2 Retention and Turnover

The Trust's stability index for June 2020 remains in a positive position above the benchmarks both nationally and regionally despite fluctuations across the period (Table 2). All staff groups have remained stable or improved over the last 6 month period (Table 3). Overall the stability index is showing a positive trend.

Table 2: Trust Stability Index

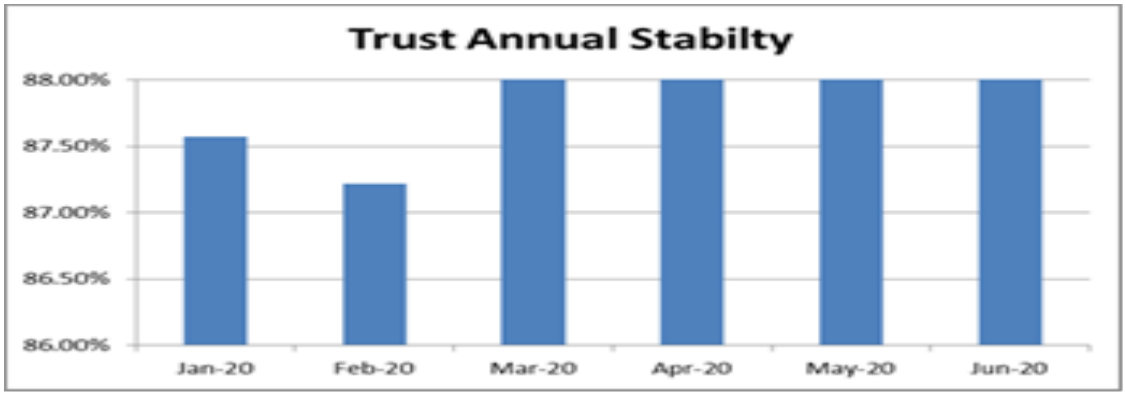
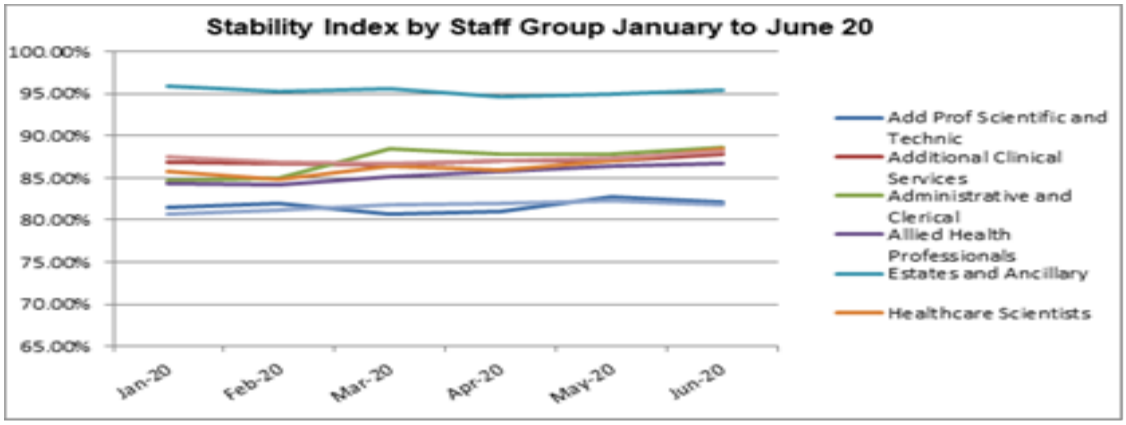


Table 3: Stability Index by Staff Group



Turnover

The Trust's turnover in June 2020 remained below the national and regional benchmark at 11.36%. Table 4 compares the actual number of leavers for the period to the average FTE to provide the turnover rate.

Healthcare Scientists turnover of 9.48% from June 2019 – May 2020; 5 of the 18 leavers from Pathology were as a result of the TUPE transfer of the Cytology Screening Service to Manchester Foundation Trust in November 2019, 3 were retirements and the remainder to other roles/locum work. Cardio Respiratory had

three leavers and Audiology one. In summary the majority of the spike in turnover was due to the TUPE situation of Healthcare Scientists.

Table 4: Trust Turnover and Leavers by Staff Group: July 19 – June 2020

	01.07.2019 - 30.06.2020		
Staff Group	**Average FTE**	**Leavers FTE**	**%**
Add Prof Scientific and Technic	187.22	11.24	6.00%
Additional Clinical Services	1132.43	101.09	8.93%
Administrative and Clerical	1230.28	122.51	9.96%
Allied Health Professionals	292.34	42.55	14.55%
Estates and Ancillary	293.81	11.50	3.92%
Healthcare Scientists	184.16	17.46	9.48%
Medical and Dental	467.03	135.10	28.93%
Nursing and Midwifery Registered	1669.49	178.38	10.68%
Grand Total	**5456.76**	**619.83**	**11.36%**

2.4 Potential Retirements

As at 30th June 2020 there were 272 staff aged 65 eligible to retire, the figure will increase to 367 in the next twelve months (Table 5). Of the Nursing and Midwifery 421 are aged 55 and eligible to retire, the figure will increase to 505 in the next twelve months. The current retention programme makes use of retire and return and flexible working opportunities. Approximately 50% of nursing staff return after retirement on part-time hours enabling the Trust to retain skills and experience, and support the effective development of more junior staff.

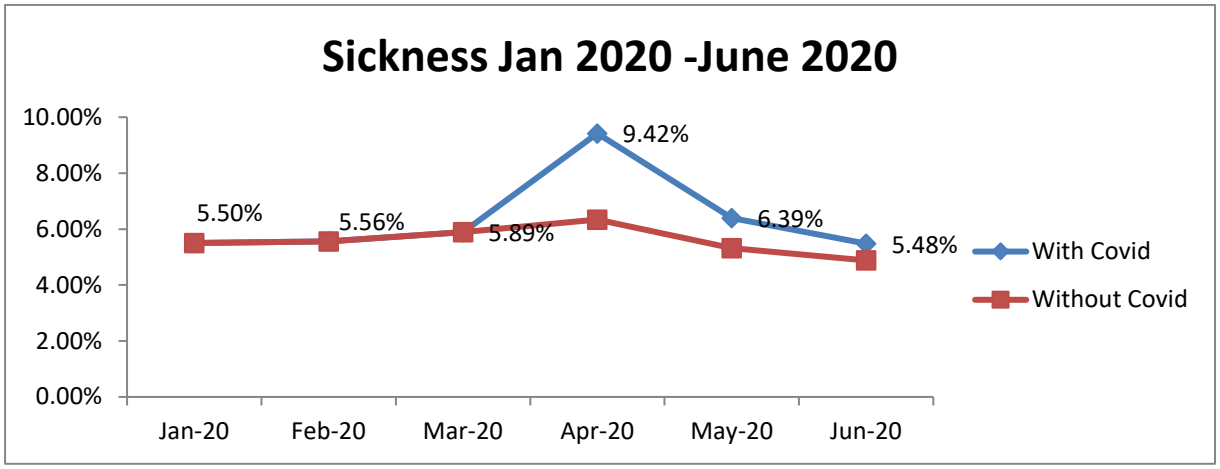
Table 5: Potential Retirements

Retirement Age 65						
Staff Group	**Retirements Due**	**Within 3 Months**	**Within 6 Months**	**Within 9 Months**	**Within 12 Months**	**Within 5 Years**
Add Prof Scientific and Technic	6	7	8	8	9	17
Additional Clinical Services	83	93	103	109	113	282
Administrative and Clerical	65	70	77	86	93	228
Allied Health Professionals	4	4	4	4	4	11
Estates and Ancillary	36	38	41	42	45	106
Healthcare Scientists	6	7	8	10	12	17
Medical and Dental	25	26	27	27	28	58
Nursing and Midwifery Registered	47	52	55	57	63	172
Grand Total	**272**	**297**	**323**	**343**	**367**	**891**
Retirement Age 55						
Staff Group	**Retirements Due**	**Within 3 Months**	**Within 6 Months**	**Within 9 Months**	**Within 12 Months**	**Within 5 Years**
Nursing and Midwifery Registered	421	442	463	483	505	793
Grand Total	**421**	**442**	**463**	**483**	**505**	**793**

2.5 Sickness Absence

The Trust's sickness position in June 2020 was 5.48% including Covid-19 related sickness, and 4.88% excluding Covid-19 (Table 6). Year to date figure is 7.07% inclusive of Covid-19 sickness and 5.09% without as at 30th June 2020. While above the Trust target, the Trusts absence has benchmarked lower than other acute Trusts in the North West throughout the pandemic. It has been recognised nationally that the North West deprivation index appears to be impacting on sickness levels and further research into this matter will take place across the region supported by NHSE/I in the coming months. Benchmarking across Cheshire and Merseyside indicates that sickness in June is as high as 8.5% without Covid-19 sickness included and 12.3% with Covid-19 absence in some organisations.

Table 6: Trust Sickness Absence January to June 2020



Medirest staff have the highest June 2020 sickness at 10.27%. Medirest has the highest sickness rate over the quarter but has reduced throughout April and May

2020. In June Surgical Care was (6.39%) Medical Care was (5.86%) Community Services was (5.78%) and Medicines Management was (5.53%).

Table 7: Sickness Absence by Care Group January - June 2020 (including Covid-19)

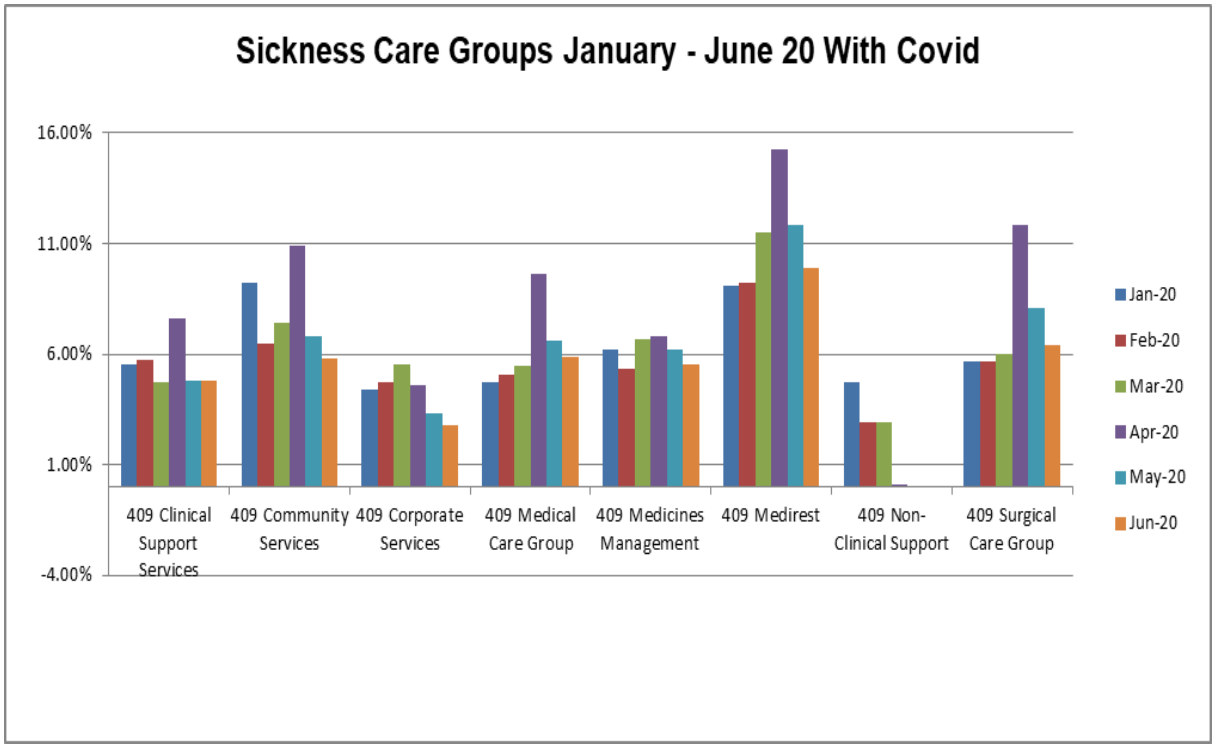
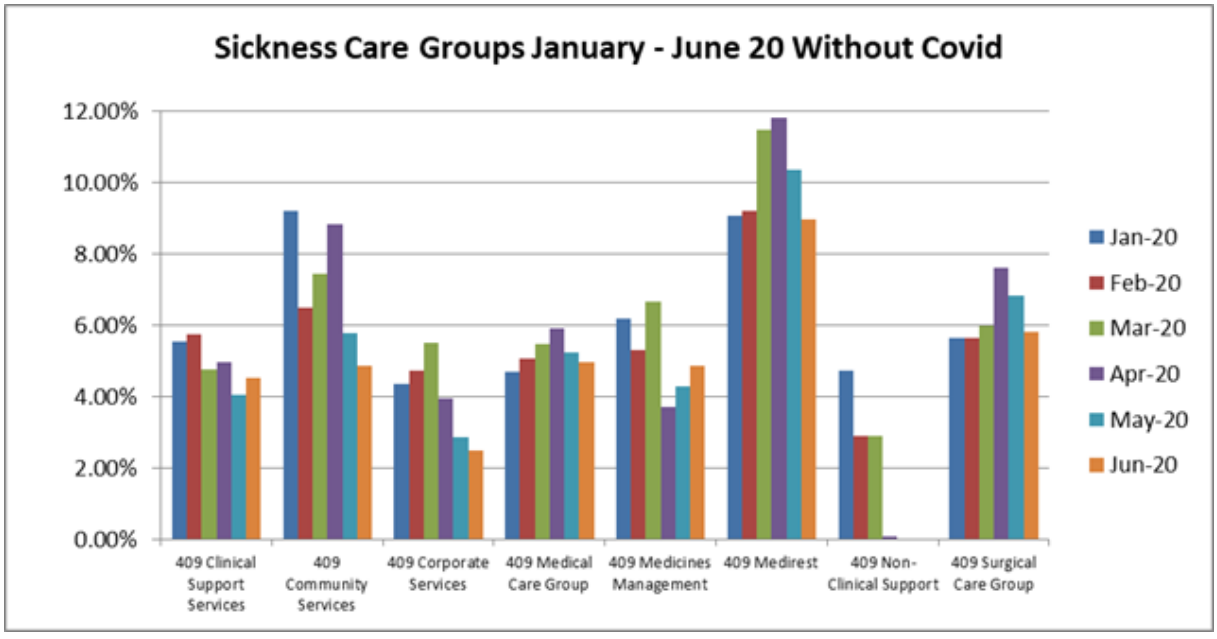
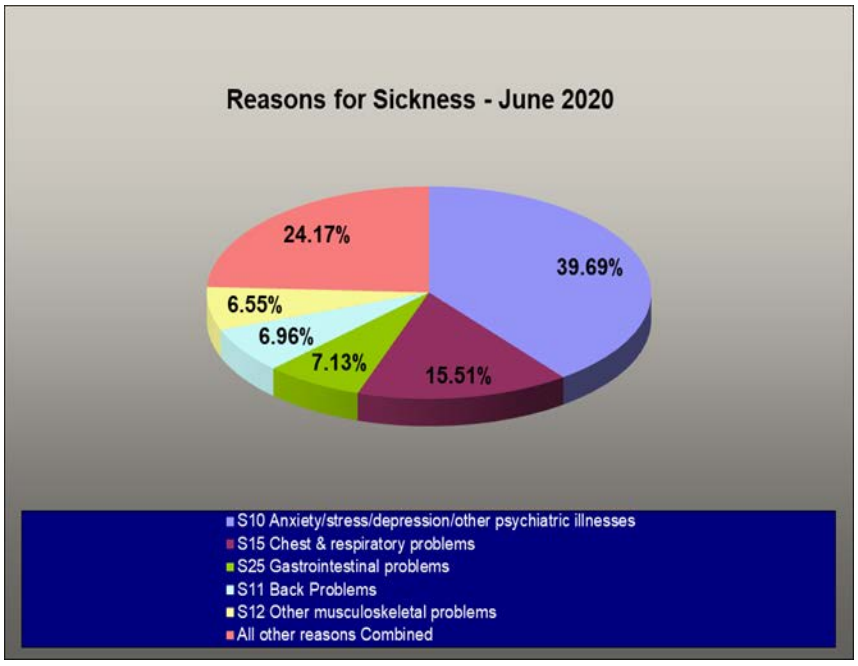


Table 8: Sickness Absence by Care Group January – June 2020 (excluding Covid-19)



The Trust reasons for absence for June remain consistent with previous months as shown in table 9. Figures include Covid-19 related absence which sit in the 15.51% and is under category S15 Chest & Respiratory**.**

Table 9: Reasons for Sickness Absence June 2020



The Trust has a sickness absence improvement programme in place which includes:

- By June 2020 the Trust had increased its Mental Health First Aiders from 17 to 31 since July 2019. Mental Health First Aiders are trained to signpost staff with mental ill health symptoms including stress and anxiety to appropriate support.
- A review of Wellbeing Champions to ensure they are located in teams across the Trust
- Support for staff form the Citizens Advice Bureau to advise on financial and legal matters
- Engagement with Financial Well Being providers to look how the Trust might offer support to staff as part of a new financial wellbeing strategy in line with national recommendations
- Tai-Chi, Yoga and Mindfulness sessions have been running across the hospital available to staff, alongside a “Book Prescription Service” so HWWB can “prescribe” self-help books from the library, and the static bike loan across several departments so staff can exercise in the workplace
- As part of the E,D&I programme of expanding the range of staff support networks, the Trust has established a ‘Menopause Café’ network for staff and managers that wish to be supported with managing symptoms of the menopause, we are also using the networks to better understand staff experience and barriers to career and professional development through a culture survey.

3.0 Equality, Diversity and Inclusion (ED&I)

Data held on ESR indicates that 8.94% of the Trust workforce is of Black, Asian and Minority Ethnic (BAME) origin. The local BAME communities of St Helens and Knowsley are 3.6% and 4.4% respectively.

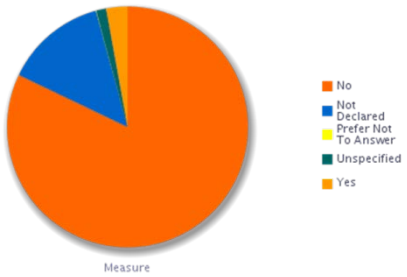
3.1 Equality and Diversity Protected Characteristics

For the period of 1st January 2020 to 30th June 2020, the sickness absence rate for BAME staff was 5.40% with Covid-19 sickness, and 3.88% without Covid-19 in comparison to 6.76% with Covid-19 sickness 5.75% without for non BAME staff

There has been a higher proportion of starters from non BAME backgrounds during the last 6 months (82.46% in comparison to 10.38% for non BAME starters), there is a similar proportion of leavers (86.84% compared to 10.23%)

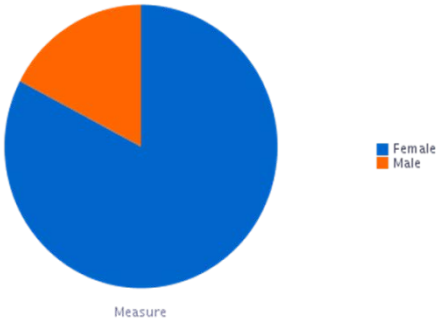
Table 10: Disability Profile

82.14% of the workforce declared no disability compared with 2.8% who have declared a disability. 15.10% are undeclared or unspecified. While the reporting of a disability may be under-reported, the Trust continues to make reasonable adjustments to support staff who develop an underlying health condition during employment.



In June 2020 the Trust's headcount of staff was 6,618 with a WTE of 5,765.62 staff. Of these staff 82.64% were female and 17.4% were male (table 11).

Table 11 Gender Profile



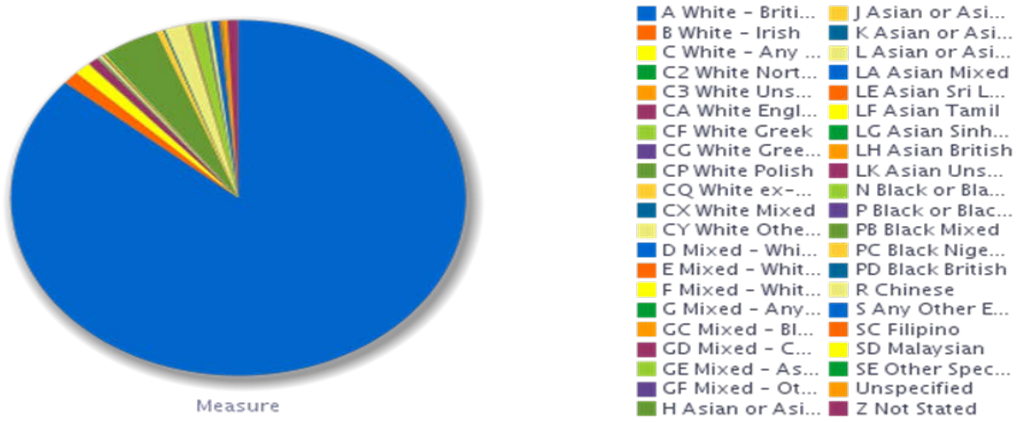
Due to Covid-19 NHS England advised Trusts to "pause" undertaking any appraisals so that medical staff could concentrate on clinical activity. For individuals who were due to undertake an appraisal between the period April 2020 and September 2020

these individuals will instead undertake an appraisal between October to December 2020 and January to September 2021 dependent upon their allocated appraisal month.

The Medical Revalidation & Appraisal Team are currently co-ordinating an action plan and engagement process for those individuals who will be due to undertake their appraisal first i.e. between October and December 2020.

Table 12 Ethnicity Profile

The Trust established a new staff network in 2019/20 which staff have since named the "Building a Multicultural Environment," BAME network. The Trust continues to promote other staff networks and is working with external stakeholders to broaden the reach of these networks and provide further support to staff. Data held on ESR indicates that 8.94% of the Trust workforce is of BAME.



3.2 The Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) Action Plan for 2019/20 has been completed with one action to be carried forward to 2020/2021 which relates to the Model Employer Report (10 year plan to increase BAME representation at senior levels at the Trust). The completed action plan was shared with the BAME Staff Network in June 2020.

3.3 Workforce Disability Equality Standard (WDES)

The majority of the Workforce Disability Equality Standard (WDES) Action Plan for 2019/2020 has been completed and shared with the Disability and Wellbeing Staff Network.

Both the WDES and WRES Action Plans for 2020/2021 will be circulated across the staff networks for consultation and feedback in August. The action plans will also be circulated for assurance and approval at the following governance meetings:

- Workforce Equality, Diversity and Inclusion Steering Group, 10th September 2020

- Workforce Council, 23rd September 2020
- Trusts Executive Committee, 24th September 2020
- Trust Board, 30th September 2020
- Both reports to be published on the Trust website by 31st October 2020.

3.4 The Equality Response to Covid-19

In response to evidence which suggests there may be a disproportionate impact from Covid-19 on BAME staff, the Trust has incorporated additional actions into the Trust Workforce Race Equality Scheme (WRES).

The Trust has completed 100% of its Demographic Risk Assessment on BAME staff and ensured appropriate mitigation has been taken to ensure appropriate mitigations plans are in place.

Consultation and engagement with our Trust staff networks is on-going as national changes to guidance are communicated to ensure our staff are fully involved in the Trusts response to Covid-19.

3.5 The Equality, Diversion & Inclusion Strategy

The Trust continues to make good progress on the Equality, Diversity & Inclusion Strategy (ED&I) Action Plan 2018-23. The next update on the 2020/21 action plan will be provided to the Workforce Council in September 2020. Due to the increasing E, D&I agenda it has been agreed to hold additional meetings of the E, D&I Steering Group throughout 2020/21 to ensure sufficient time and attention is given to emerging themes from covid-19 and new national guidance as it emerges.

In March 2020 the Trust was delighted to have two members of staff nominated for Step into Health Awards. Step into Health supports members of the Armed Forces community to gain employment in the NHS and the awards recognise and celebrate the work of employers that are pledged to support Step into Health, and the successes of individuals that have been through the programme and are now employed in the NHS. At the ceremony in London attended by the Duke of Cambridge the Trust was very proud to win the NHS Advocate for Step into Health award and receive highly commended for outstanding impact since joining the NHS.

The Trust is also working towards the ‘Disability Confident Leader’ status. The Trust was successfully awarded a place on NHS Employers Partners Programme commencing in 2021. This programme will support the Trust to progress and develop our equality agenda and build an inclusive culture in the workplace. It is closely aligned to the Equality Delivery System (EDS2), NHS Long Term Plan and Interim People Plan.

4.0 Recruitment and Resourcing

The Trust has recruited an additional 548 staff from April to July 2020. In addition 134 internal staff joined the staff bank (682 in total). This figure includes 232 students recruited to the Trust specifically for Covid-19 and additional external bank recruitment due to the pandemic. The Trust has streamlined processes for

recruitment, including developing a written assessment for applicants to complete to assist in improving the efficiency of the recruitment process for the volume of bank recruitment.

The Trust has also implemented a new Skype Interview process across the Trust, and adjusted the right to work checks in-line with Covid-19 national guidance allowing Trusts to start individuals on a risk assessment following undertaking a barred list check (pending a full DBS being processed) and to undertake virtual right to work checks. Skype interviews have also been used to support the continuation of recruitment during Covid-19. This helped to facilitate the recruitment and on-boarding of medical and nursing students deployed from local universities to undertake their learning on the job whilst supporting patient care during Covid-19.

4.1 Volunteers

The Trust continues to be a popular choice for the local community seeking volunteering opportunities. Volunteers have undertaken 1,796 hours of support to the Trust in April and May 2020. This is lower than normal due to a significant number of the Trusts regular volunteers being advised to shield due to the Coronavirus. The Trust was however able to attract an additional 57 volunteers during Covid-19 and also received offers of help from members of the public who had been furloughed or students that have volunteered previously who were able to help due to universities/ colleges being closed. One of the new roles for volunteers during Covid-19 has been the delivery of medication to more than 200 patients during April and May at the height of the pandemic when they were unable to leave their homes. The Trust has also had the support of volunteers to undertake a ‘Check in and Chat’ scheme for vulnerable volunteers, or those who are self-isolating.

The team have been celebrating after being awarded the Queen’s Award for Voluntary Service. The award is the highest award given to local volunteer groups across the UK to recognize outstanding work done in their own communities. The team has also risen to the challenge of COVID supporting the hospital with the introduction of 3 new roles – pharmacy driver, family liaison and volunteer responder

4.2 e-Resourcing & Temporary Workforce

The Trust continues to be effective at the deployment of staff through the use of e roster. During Covid-19 daily revision of rosters to reflect the movement of staff onto different wards and re-deployment into alternative roles was required. This required 27 rosters to be amended or built from scratch to support critical services such as ITU and changing Ward 4F into a high dependency unit. The Trust also needed to build rosters for new services such as PPE Support, the Changing Hub and the Fit testing team.

The Trust continues to see a high level of requests for rota gaps to be filled by bank and agency workers. Bank & Agency Activity has seen 25,521 requests, 21,135 filled (83%) of which 16,479 filled by bank (78% of filled shifts) and 4,656 filled by agency (22% of filled shifts) during Q1, April – June 2020.

5.0 Workforce Development & Covid-19 Well Being Staff Support

5.1 Re-deployment Hub

During March 2020 the Trust established a Covid-19 Staff Redeployment Hub to support the deployment and re-deployment of staff as a result of risk assessments, shielding and the requirements for new services as the pandemic progressed. Activity fell into the following areas:

- Identification of staff for priority areas such as ITU bed escalation, Covid-19 cohort wards
- The development and maintenance of a skills database to record new skills developed to enable staff to be re-deployed to care for Covid-19 patients
- Redeployment of staff risk assessed as vulnerable to work in low risk areas such as the Health, Work and Wellbeing Hub or to the staff the Bronze command staff and patient support call centre
- Supporting the implementation of national programmes i.e. non-medical student deployment and returners to the NHS
- Supporting the movement of staff back to base when the levels of risk reduced
- Provision of information and reports to silver and gold command to support the Trusts Business Continuity management improvements, plus providing data/information to Trust departments

Following the de-escalation of the Covid-19 response, the Hub's work refocused to working with services to identify staff that needed to return to their substantive post, supporting restoration/recovery and the subsequent/potential gaps in redeployed areas.

5.2 Well-Being Support Hub

In addition to the provision of the Trusts Health, Work & Wellbeing occupational health service, the Trust invested in additional services to support staff during the pandemic. This included a dedicated team of clinical staff to offer advice and support to staff on the following:

- Staff or household members developing potential coronavirus symptoms
- Referral for testing and provision of results
- Medical advice with regards to the completion of risk assessments
- Signposting staff to Trust and national support websites and 24/7 advice lines
- Advice and support on anxiety and concerns about covid19 including isolation, infection protection and control.
- Shielding and underlying medical conditions
- Pregnancy and vulnerable staff
- Triage and referrals for mental health advice, counselling and psychology support
- Use of technology to enhance access to services such as Telehealth
- Incident debrief, resilience and staff wellness sessions for frontline staff caring for covid-19 patients
- Returning to work after shielding or isolation

The HWWB department has also been providing health advice to managers and staff as a result of the completion of risk assessments. This will continue in the coming weeks as staff begin to return to work following shielding from August 2020.

6.0 Clinical Education, Learning and Development

At the outset of covid-19 pandemic the apprenticeship activity was suspended by all providers. As such, the Trust has been unable to enrol any new starts during this period or continue with the delivery of training to existing learners. Going forward the Trust is working with providers as they start to develop alternative socially distanced and remote learning models in order to support our current leaners and to recruit staff onto new programmes.

The Trust has received confirmation that the March cohort of Trainee Nursing Associates deferred due to Covid-19 will commence in September 2020. The Nurse Career Framework is being developed alongside the Nurse Development Programme, which will be rolled out alongside the Nursing Strategy 2020-2023.

6.1 Core Training and Appraisal Compliance

The implementation of business continuity plans at the beginning of the Covid-19 pandemic resulted in the need for staff to move off site to work at home, shield or self-isolate whilst still ensuring sufficient qualified staff to deliver safe care to its patients initially restricted the ability of staff to complete mandatory training or appraisal. Training capacity was diverted to re-skill clinical staff deployed to support the Trust during the pandemic.

Clinical Education continues with new governance systems, redesign of the postgraduate education and the development and redesign of training including development of e-learning programmes. During Covid-19 clinical education has focussed on 5th Year Med students and 3rd Year Nursing students. It has also included support re-deployment of registered nurses, upskilling ITU staff to manage Covid-19 patients and upskilling of the newly employed student nurses in clinical skills i.e. venepuncture, cannulation & catheterisation.

As part of the Trusts business continuity plans to ensure the delivery of patient care during the pandemic, the Trust temporarily suspended the requirement to undertake update training in the majority of mandatory subjects. Subjects which remained a requirement are those relevant to the safe management of Covid-19 patients, including Basic Life Support, Patient Handling and Infection Prevention & Control.

As a result the compliance with appraisal and mandatory training has dipped slightly during the peak of the pandemic. Following the recent reduction in covid-19 patient activity, the requirement to update on all mandatory training is being reintroduced with immediate effect with recovery plans to increase compliance back up to Trust target.

7.0 Covid-19 Workforce Assurance Framework

During the early stages of business continuity and emergency planning of the Covid-19 pandemic the Trust developed a Covid-19 Workforce Assurance Framework to support the organisation in ensuring that any potential risks to staff from Covid-19 were minimised. The framework was designed to provide assurance and oversight on these issues in demonstrating that the Trust has been, and is continuing to appropriately exercise its duty of care to its workforce.

The Trust will continue to monitor and revise the Covid-19 Workforce Assurance Framework as the pandemic progresses and guidance and circumstances change. The Covid-19 Workforce Assurance Framework reflects the situation from the beginning of the pandemic to date. The Workforce Council will provide on-going assurance to the Quality Committee on the monitoring and management of the assurance framework. A further update will be provided to the Workforce Council in September and the Quality Committee in October 2020