St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Public Board Meeting

TO BE HELD ON WEDNESDAY 24TH JUNE 2020
IN THE BOARDROOM, LEVEL 5, WHISTON HOSPITAL

AGENDA				Paper	Presenter	Purpose
10:00	1.	Apologies for Absence		Verbal	Chair	
	2.	Declaration of Interests		Verbal		
	3.	Action Log		Attached		
Performance Reports						
10:10	4.	Integrated Performance Report		NHST(20)38	Nik Khashu	Information
		4.1	Quality Indicators		Sue Redfern	
		4.2	Operational Indicators		Rob Cooper	
		4.3	Financial Indicators		Nik Khashu	
		4.4	Workforce Indicators		Anne-Marie Stretch	
Committee Assurance Reports						
10:30	5.	Committee Report – Executive		NHST(20)39	Ann Marr	Assurance
10:40	6.	Committee Report – Quality		NHST(20)40	Gill Brown	Assurance
10:50	7.	Committee Report – Finance & Performance		NHST(20)41	Jeff Kozer	Assurance
11:00	8.	Committee Report – Audit		NHST(20)42	Ian Clayton	Assurance
BREAK						
Other Board Reports						
11:20	9.	Fit & Proper Persons Chair's Report		NHST(20)43	Chair	Approval
11:25	10.	7-Day Services Board Assurance Framework Update		NHST(20)44	Rowan Pritchard-Jones (Dr Peter Williams)	Assurance
11:25	11.	Revised 2020/21 Trust Objectives		NHST(20)45	Ann Marr	Approval
Closing Business						
11:35	12.	Effectiveness of Meeting		Verbal	Chair	Assurance
11:40	13.	Any Other Business		Verbal	Chair	Information
11:45	14.	Date of Next Meeting – Wednesday 29th July 2020				Information

NHS
St Helens and Knowsley Teaching Hospitals
NHS Trust

TRUST PUBLIC BOARD ACTION LOG – 24TH JUNE 2020

No	Date of Meeting (Minute)	Action	Lead	Date Due
~~9~~	~~31.07.2019 (14.6)~~	~~AMS to arrange a training and awareness session for Board members on what to consider when implementing a just culture for a future Board development session.~~ **~~Board Time Out now being arranged for later in the year – AM to discuss with Jacqui Wallis.~~ COMPLETED VIA QUALITY COMMITTEE.**	~~AM~~	**~~TBC~~**
20	30.10.2019 (14.7)	SRe to work with LK/GB to contextualise complaints information to provide greater clarity for Board members.	SRe/LK/GB	27.05.2020
21	30.10.2019 (15.3)	Layout of the quarterly Learning from Deaths Report to be improved and themes incorporated. **Update: 29.01.2020 – work in progress and new format to be presented for Q3 report in April 2020. DEFERRED DUE TO COVID-19**	RPJ	29.07.2020
30	29.01.2020 (12.4)	NB/NK to prepare a session on the Trust commercial strategy for the next Board Time Out. **DEFERRED DUE TO COVID-19**	NB/NK	**TBC**
33	29.01.2020 (15.7)	Include the introduction of a Shadow Board in the Trust's Workforce Leadership Priorities for 2020/21 in the next HR Workforce Strategy/HR Indicators Report.	AMS	29.07.2020
34	29.01.2020 (15.12)	AMS to include local information from the GMC survey relating to Speciality and Associate Specialist (SAS) and locally employed doctors in next HR Indicators Report.	AMS	29.07.2020
36	26.02.2020 (8.1.3)	Exec to Exec meeting (STHK Trust/St Helens CCG) to be arranged. **DEFERRED DUE TO COVID-19**	AM	**TBC**
38	26.02.2020 (10.1.7)	RF to meet with PG and the Charity Manager regarding raising the Hospital charity profile with local businesses.	RF	**TBC**

Paper No: NHST(20)038
Title of Paper: Integrated Performance Report
Purpose: To summarise the Trusts performance against corporate objectives and key national & local priorities.

Summary

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

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

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

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

Patient Safety, Patient Experience and Clinical Effectiveness

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

There was 1 Never Event in May 2020 relating to wrong route administration of medication. (YTD = 2).

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

There were 4 C.Difficile (CDI) positive cases reported in May 2020 (1 hospital onset and 3 community onset).
YTD there have been 7 cases (4 hospital onset and 3 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).

There was 1 grade 3 avoidable pressure ulcers in April 2020. (YTD = 1).

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

The overall registered nurse/midwife Safer Staffing fill rate (combined day and night) for February 2020 was 95.3%. 2019-20 YTD rate is 96.3%. March, April and May 2020 returns have been suspended.

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

YTD HSMR (April -January) for 2019-20 is 103.3

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: 24th June 2020

Operational Performance

Performance against the 62 day cancer standard was below the target of 85.0% in month (April 2020) at 82.0%. YTD 82.0%. Performance in March 2020 was 88.0%. The 31 day target was achieved in April with 96.9% performance in month against a target of 96%, YTD 96.9%. Performance in March 2020 was 96.0%.
The 2 week rule target was not achieved in April with 88.6% in month and 88.6% YTD against a target of 93.0%. Performance in March 2020 was 94.5%. The number of patients referred was significantly reduced in April 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 May 2020 was 88.4% and YTD 85.7%. Type 1 Performance in April 2020 was 81.8%. The all type mapped STHK Trust footprint performance for May was 91.1% and YTD 89.9%**.** All Types performance in April 2020 was 88.5%. Due to the impact of Covid-19, the Trust received only 7,815 Type 1 attendances in May 2020 (compared with 10,332 in May 2019) but there was an increase compared with only 5,548 in attendances April 2020). 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 May was 29 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 2531 ambulance conveyances in May (17% increase) compared with 2168 in April.
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 May 2020 was 58, compared with 135 in May 2019. This remains significantly below the target of 92 @ end of March 2020. (66 was the average in April).

The 18 week referral to treatment target (RTT) was not achieved in April 2020 with 83.3% compliance and YTD 83.3% (Target 92%). Performance in March 2020 was 90.3%. There were 3 52+ week waiters. The 6 week diagnostic target was not achieved in April with 46.4% compliance (Target 99%). Performance in March 2020 was 99.7% **NB Elective programme closed down with only urgent and 2ww patients being managed during March and April.**

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 £1.3m which is £0.1m 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 2, the cash balance was £40.3m. This high closing balance continues to be high due to changes in funding arrangements related to COVID-19.

Human Resources

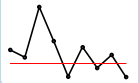
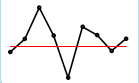
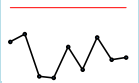
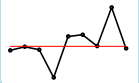
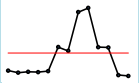
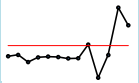
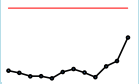
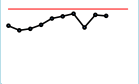
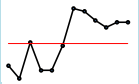
In overall May sickness was 6.4% which is 3% improvement on last month. This includes normal sickness and COVID19 reasons. Front line Nursing, Midwifery and HCA's is 8.0%. Front line Nursing and Midwifery only is 6.7% which is a 4% improvement on April. Mandatory Training compliance is 81.0% (target = 85%) and the appraisal compliance of 73.5% (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

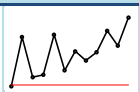
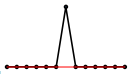
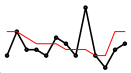
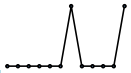
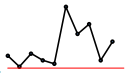
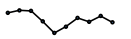
May-20

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	May-20	2.9%	4.6%	No Target	2.4%		A recent sudden and unexpected rise in HSMR has been reported and key disease areas identified.	Patient Safety and Clinical Effectiveness	A detailed case note review of all deaths has begun, and close work with the CRAB system started to identify the themes and trends that have contributed. In addition to bringing together clinical leaders to go through the data, we have begun a Quality Improvement project in the most important area of Acute Kidney Injury. This is involving new pathways of care being implemented across surgery and then into medical wards. The Learning from Deaths group is closely involved to triangulate any findings and CRAB is being embedded with clinical leadership to allow us to track progress closer to real time and allow proactive rather than reactive management. The findings of the review will result in a detailed action plan to be brought back the governance structure.	RPJ
Mortality: SHMI (Information Centre)	Q	▲	Dec-19	1.09		1.00						
Mortality: HSMR (HED)	Q	▲	Jan-20	94.6		100.0	103.3					
Mortality: HSMR Weekend Admissions (emergency) (HED)	Q	T	Jan-20	106.3		100.0	103.3					
Readmissions: 30 day Relative Risk Score (HED)	Q UOR	T	Dec-19	96.6		100.0	98.5		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	Jan-20	91.9		100.0	92.2		Sustained reductions in NEL LOS are assurance that Trust patient flow practices continue to successfully embed.	Patient experience and operational effectiveness	Drive to maintain and improve LOS across all specialties. This includes robust management of delayed patients and scrutiny of super stranded patients.	RC
Length of stay: Elective - Relative Risk Score (HED)	F&P	T	Jan-20	99.0		100.0	101.7					
% Medical Outliers	F&P	T	May-20	0.1%	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.	RC
Percentage Discharged from ICU within 4 hours	F&P	T	May-20	74.4%	82.6%	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	▲	Apr-20	81.8%	81.8%	90.0%	72.3%		For IP discharge summaries: An interim Discharge Notification has been developed and was reviewed at the CQPG meeting in January. This summary will be sent within 24 hours. Thereafter a full discharge summary will be sent within 14 days.		IP Interim discharge summary is evolving to allow clinically rich and relevant data to be shared with GPs in a timely manner. Both hospital and GP clinical input is feeding into this project. Whilst ED has significantly improved, OP has deteriorated. We are investigating what might sit behind this unexpected observation.	RPJ
E-Discharge: % of E-attendance letters sent within 14 days (Outpatients) - TOTAL	Q	▲				95.0%			OP attendance letters - As a result of COVID many appointments had to be moved or replaced with telephone appointments. Due to the need to rapidly implement this change our reporting of these data is being reviewed for accuracy.			
E-Discharge: % of A&E E-attendance summaries sent within 24 hours (A&E) - TOTAL	Q	▲	Apr-20	96.5%	96.5%	95.0%	94.9%		For ED discharge summaries the NHS Number issue was resolved on 10th October and is now above the target. ED have schedule a meeting at the end of Jan to discuss how we get back to 100% ensuring all discharge clinicians complete a summary.			

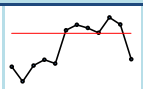
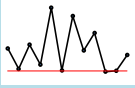
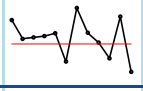
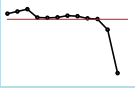
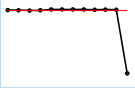
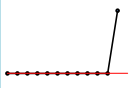
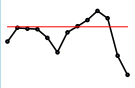
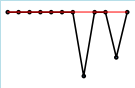
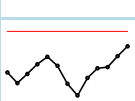
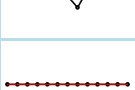
May-20

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

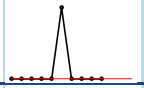
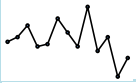
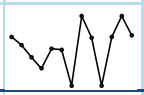
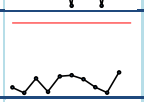
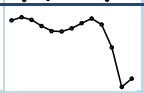
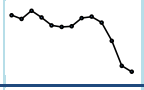
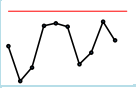
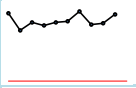
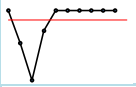
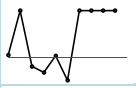
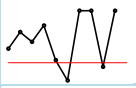
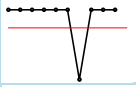
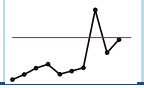
	Committee		Latest Month	Latest month	2020-21 YTD	2020-21 Target	2019-20	Trend	Issue/Comment	Risk	Management Action	Exec Lead
CLINICAL EFFECTIVENESS (continued)												
Stroke: % of patients that have spent 90% or more of their stay in hospital on a stroke unit	Q F&P	▲	Apr-20	97.1%	97.1%	83.0%	89.3%		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	▲£	May-20	1	2	0	1		1 Never event reported in May 2020, relating to wrong route administration of medication reported by Radiology department.	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	May-20	0	0	0	0		The trust continues to have no inpatient prescribing errors which cause serious harm. Trust has moved from being a historic low reporter of prescribing errors to a higher reporter - which is good.	Quality and patient safety	Intensive work on-going to reduce medication errors and maintain no serious harm. This is supported by EPMA.	RPJ
Number of hospital acquired MRSA	Q F&P	▲£	May-20	0	0	0	1		There were no cases of MRSA in May 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	▲£	May-20	4	7	48	42		There were 4 positive C Diff samples in May 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		May-20	5	6	No Target	25					
Number of avoidable hospital acquired pressure ulcers (Grade 3 and 4)	Q	▲	Apr-20	1	1	No Contract target	1		One category 3 avoidable pressure ulcer reported in April 2020	Quality and patient safety	The incident is undergoing RCA process to identify if any missed opportunities or lapse in case identified.	SR
Number of falls resulting in severe harm or death	Q	▲	Apr-20	3	3	No Contract target	13		3 falls resulting in severe harm in April 2020. The incidents are reported from Ward 1A, 2D and 4A	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, April and May 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		May-20	Achieved	Achieved	Achieved	Achieved		Through the Quality Committee and governance councils the Trust continues to ensure it meets CQC standards. Trust rated as outstanding following the 2018 inspection.	Quality and patient safety		SR
Safe Staffing: Registered Nurse/Midwife Overall (combined day and night) Fill Rate	Q	T	Feb-20	95.3%		No Target	96.3%		**March, April and May 2020 submissions suspended.**	Quality and patient safety	Safe Care Allocate has been implemented across all inpatient wards. All wards are receiving support to ensure consistency in scoring patients. Recruitment into posts remains a priority area. Unify report has identified some specific training relating to rostering and the use of the e-Roster System. This is going to be addressed through the implementation of a check and challenge process at ward level.	SR
Safe Staffing: Number of wards with <80% Registered Nurse/Midwife (combined day and night) Fill Rate	Q	T	Feb-20	1		No Target	5		Shelford Patient Acuity undertaken bi-annually			

May-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
PATIENT EXPERIENCE (appendices pages 44-52)												
Cancer: 2 week wait from referral to date first seen - all urgent cancer referrals (cancer suspected)	F&P	▲ £	Apr-20	88.6%	88.6%	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	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 securing additional Imaging capacity via temp CT facility 4. Trust commenced Rapid Diagnostic Service early 2020 5.Cancer surgical Hub at St Helens operational	RC
Cancer: 31 day wait for diagnosis to first treatment - all cancers	F&P	▲ £	Apr-20	96.9%	96.9%	96.0%	97.1%					
Cancer: 62 day wait for first treatment from urgent GP referral to treatment	F&P	▲ ●	Apr-20	82.0%	82.0%	85.0%	86.2%					
18 weeks: % incomplete pathways waiting < 18 weeks at the end of the period	F&P	▲	Apr-20	83.3%	83.3%	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.	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	▲	Apr-20	46.4%	46.4%	99.0%	99.7%					
18 weeks: Number of RTT waits over 52 weeks (incomplete pathways)	F&P	▲	Apr-20	3	3	0	0					
Cancelled operations: % of patients whose operation was cancelled	F&P	T	May-20	0.1%	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	▲ £	Apr-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	▲	May-20	88.4%	85.7%	95.0%	69.8%		Accident and Emergency Type 1 performance for May 2020 was 88.4% and YTD 85.7%. Type 1 Performance in April 2020 was 81.8%. The all type mapped STHK Trust footprint performance for May was 91.9% and YTD 89.9%. All Types performance in April 2020 was 88.5%. Due to the impact of Covid-19, the Trust received only 7,815 Type 1 attendances in May 2020 (compared with 10,332 in May 2019) but there was an increase compared with only 5,548 in attendances April 2020). 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 May was 29 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 2531 ambulance conveyances in May (17% increase) compared with 2168 in April. NB: STHK had the highest number of ambulance conveyances across Cheshire and Merseyside and Greater Manchester in May.	Patient experience, quality and patient safety	The urgent and emergency care transformation plan has several interconnected work streams designed to improve overall 4 hour access performance. Emergency Department/Front Door processes in place including 'walk in' streaming, Stretcher Triage streaming and internal departmental efficiencies and exit from ED. GP streaming in place as per NHSE recommendations. Flow through the Hospital New and refreshed workstreams aimed at improving discharges before midday also supported by a media campaign #HomeForLunch. Daily board rounds and afternoon huddles. Twice weekly discharge tracking meetings to manage medically optimised and DTOC escalation. Monthly Executive Multi-Agency Discharge Events (MADE) continue across the whole system to remove barriers and blocks that prevent patients with complex needs being discharged safely from hospital. Continue with daily AMU/ED huddles which is proving beneficial. COPD pilot in place from December continues with benefits realised of avoiding admission.	RC
A&E: Total time in A&E: % < 4 hours (Mapped STHK Footprint – All Types)	F&P	▲	May-20	91.1%	89.9%	95.0%	83.9%					
A&E: 12 hour trolley waits	F&P	▲	May-20	0	0	0	0					

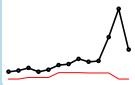
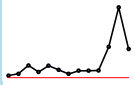
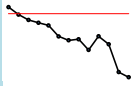
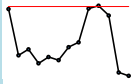
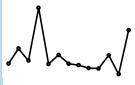
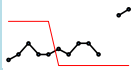
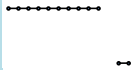
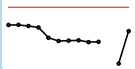
CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2020-21 YTD	2020-21 Target	2019-20	Trend	Issue/Comment	Risk	Management Action	Exec Lead
PATIENT EXPERIENCE (continued)												
MSA: Number of unjustified breaches	F&P	▲ £	Feb-20	0		0	2		**March, April and May 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	May-20	17	26	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.	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	May-20	27	43	No Target	310					
Complaints: % New (Stage 1) Complaints Resolved in month within agreed timescales	Q	T	May-20	96.3%	97.7%	No Target	92.9%					
DTOC: Average number of DTOCs per day (acute and non-acute)	Q	T	Feb-20	24		No Target	21		**March, April and May 2020 submissions suspended.** In February 2020, the average number of DTOCS (patients delayed over 72 hours) was 24.		Tracking meetings happen with LA/CCG and wards twice weekly to ensure the numbers of DTOCs are maintained below 20.	RC
Average number of Stranded patients per day (7+ days LoS)	Q	T	May-20	220	211		333					
Average number of Super Stranded patients per day (21+ days LoS)	Q	T	May-20	58	62		126					
Friends and Family Test: % recommended - A&E	Q	▲	Feb-20	86.7%		90.0%	86.5%		**March, April and May 2020 submissions suspended.**	Patient experience & reputation	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%					

May-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	▲	May-20	6.4%	7.8%	Q1 - 4.25% Q2 - 4.35% Q3 - 4.72% Q4 - 4.68%	5.3%		In overall May sickness was 6.4% which is a 3% improvement on last month. This includes normal sickness and COVID19 reasons. Front line Nursing, Midwifery and HCA's is 8.0% which is 1.6% higher than the overall Trust rate. During May and into June sickness is now improving on a daily 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 daily basis, the HR Advisory Team review COVID and non COVID absences daily to ensure staff eligible for swabbing are referred to HWWB, those who are near end of period of self isolation are returning to 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	May-20	8.0%	9.9%	5.3%	6.1%					
Staffing: % Staff received appraisals	Q F&P	T	May-20	73.5%	73.5%	85.0%	79.4%		Appraisal compliance in May is below target by 11.5% due to appraisals being paused for 3 months due to covid. Mandatory training compliance has reduced by 0.2% since last month and is below the target by 4.0%.	Quality and patient experience, Operational efficiency, Staff morale and engagement.	Compliance continues to be impacted by COVID 19 with both Appraisal and Mandatory training compliance seeing a reduction in performance in month to below the target. 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 completion of appraisals has been paused for 3 months during COVID19 and the content of Mandatory training has been adjusted to allow focus on IV. ventilation skills, induction and clinical refresher courses.	AMS
Staffing: % Staff received mandatory training	Q F&P	T	May-20	81.0%	81.0%	85.0%	84.5%					
Staff Friends & Family Test: % recommended Care	Q	▲	Q2			No Contract Target			**Quarter 4 submission suspended.** For both questions the Trust returned the best scores nationally.	Staff engagement, recruitment and retention.	The Q3 survey covering all areas of the Trust closed on the 30th November. Results 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	May-20	1.4%	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	May-20	suspended	suspended	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	May-20	suspended	suspended	-						
Reported surplus/(deficit) to plan (000's)	F&P UOR	T	May-20	-	-	-						
Cash balances - Number of days to cover operating expenses	F&P	T	May-20	12	12	2						
Capital spend £ YTD (000's)	F&P	T	May-20	2,600	2,600	26,700						
Financial forecast outturn & performance against plan	F&P	T	May-20	-	-	-						
Better payment compliance non NHS YTD % (invoice numbers)	F&P	T	May-20	90.0%	90.0%	95.0%						

APPENDIX A

St Helens and Knowsley Teaching Hospitals NHS Trust

			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-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	▲£	100.0%	84.6%	73.7%	100.0%	89.7%	100.0%	89.5%	100.0%	100.0%	100.0%	100.0%	94.6%	100.0%	100.0%	85.0%		92.7%		
	Total > 62 days		0.0	1.0	5.0	0.0	2.0	0.0	2.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0			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	▲£	94.4%	100.0%	88.9%	60.0%	60.0%	85.7%	100.0%	78.9%	100.0%	50.0%	100.0%	82.6%	76.0%	76.0%	85.0%		83.2%		
	Total > 62 days		0.5	0.0	0.5	3.0	2.0	1.0	0.0	2.0	0.0	2.0	0.0	2.0	3.0	3.0			13.0		
	Total > 104 days		0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0			2.0		
Upper GI	% Within 62 days	▲£	88.9%	85.7%	83.3%	90.9%	100.0%	85.7%	100.0%	87.5%	88.9%	100.0%	100.0%	80.0%	60.0%	60.0%	85.0%		90.5%		
	Total > 62 days		0.5	1.0	1.0	0.5	0.0	1.0	0.0	1.0	0.5	0.0	0.0	1.0	2.0	2.0			6.5		
	Total > 104 days		0.0	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			1.0		
Urological	% Within 62 days	▲£	87.1%	91.3%	96.9%	87.5%	83.3%	92.3%	84.6%	92.0%	86.4%	86.4%	69.2%	79.3%	74.2%	74.2%	85.0%		85.5%		
	Total > 62 days		2.0	1.0	0.5	2.5	3.0	1.0	2.0	1.0	1.5	1.5	6.0	3.0	4.0	4.0			25.0		
	Total > 104 days		0.5	1.0	0.0	0.5	0.5	0.0	0.0	0.5	0.5	1.0	1.0	0.0	1.0	1.0			5.5		
Head & Neck	% Within 62 days	▲£	0.0%	25.0%	0.0%	16.7%	50.0%	28.6%	28.6%	20.0%	66.7%		25.0%	20.0%	100.0%	100.0%	85.0%		29.3%		
	Total > 62 days		1.5	3.0	0.5	2.5	1.5	2.5	2.5	2.0	1.0		1.5	2.0	0.0	0.0			20.5		
	Total > 104 days		0.0	0.5	0.0	0.0	0.0	1.5	1.0	0.0	0.0		0.0	1.0	0.0	0.0			4.0		
Sarcoma	% Within 62 days	▲£			100.0%		100.0%	50.0%	100.0%	0.0%	100.0%						85.0%		66.7%		
	Total > 62 days				0.0		0.0	1.0	0.0	1.0	0.0								2.0		
	Total > 104 days				0.0		0.0	0.0	0.0	0.0	0.0								0.0		
Gynaecological	% Within 62 days	▲£	66.7%	100.0%	40.0%	83.3%	40.0%	50.0%	0.0%	75.0%	54.5%	80.0%	66.7%	100.0%	100.0%	100.0%	85.0%		69.1%		
	Total > 62 days		2.0	0.0	3.0	1.0	3.0	1.0	0.5	1.0	2.5	1.0	2.0	0.0	0.0	0.0			17.0		
	Total > 104 days		0.0	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			1.5		
Lung	% Within 62 days	▲£	71.4%	100.0%	88.2%	100.0%	100.0%	57.1%	90.0%	100.0%	58.3%	100.0%	71.4%	75.0%	69.2%	69.2%	85.0%		85.0%		
	Total > 62 days		1.0	0.0	1.0	0.0	0.0	3.0	1.0	0.0	2.5	0.0	1.0	1.0	2.0	2.0			10.5		
	Total > 104 days		1.0	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			2.5		RC
Haematological	% Within 62 days	▲£	100.0%	80.0%	100.0%	50.0%	85.7%	100.0%	78.9%	100.0%	86.7%	80.0%	100.0%	100.0%	50.0%	50.0%	85.0%		86.7%		
	Total > 62 days		0.0	1.0	0.0	1.0	1.0	0.0	2.0	0.0	1.0	1.0	0.0	0.0	1.0	1.0			7.0		
	Total > 104 days		0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			1.0		
Skin	% Within 62 days	▲£	95.0%	97.1%	94.4%	92.8%	95.0%	98.2%	80.2%	94.4%	95.8%	78.4%	93.9%	95.2%	91.2%	91.2%	85.0%		92.0%		
	Total > 62 days		1.0	0.5	1.5	2.5	1.5	0.5	8.0	1.5	1.0	5.5	1.5	1.5	2.5	2.5			26.5		
	Total > 104 days		0.0	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			9.5		
Unknown	% Within 62 days	▲£	100.0%	50.0%	100.0%		100.0%				100.0%	0.0%					85.0%		69.2%		
	Total > 62 days		0.0	1.5	0.0		0.0				0.0	0.5							2.0		
	Total > 104 days		0.0	0.5	0.0		0.0				0.0	0.0							0.5		
All Tumour Sites	% Within 62 days	▲£	89.6%	87.6%	85.6%	85.7%	85.9%	86.2%	83.1%	88.9%	86.2%	85.2%	83.4%	88.0%	82.0%	82.0%	85.0%		86.2%		
	Total > 62 days		8.5	9.0	13.0	13.0	14.0	11.0	18.0	9.5	10.0	11.5	12.0	11.5	14.5	14.5			141.0		
	Total > 104 days		1.5	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			27.5		
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)039
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 has been operating 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. The COVID Executive has met twice a week throughout this period 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 some services. In line with these changes a shortened Executive Committee meeting was re-started 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 May 2020. There were a total of 4 Executive Committee meetings held during this period. The Executive Committee approved: • Local Clinical Excellence Awards issues • Matrons' 7 day working consultation outcome • Office 365 licensing 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, Patients' Representatives, Staff, Commissioners, Regulators
Recommendation(s): That the report be noted
Presenting officer: Ann Marr, Chief Executive
Date of meeting: 24th June 2020

CHAIR'S REPORT FROM THE EXECUTIVE COMMITTEE

1. Introduction

There were 4 Executive Committee meetings in May 2020.

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

2. 7th May 2020

2.1 Local Clinical Excellence Awards (LCEA)

Local clinical excellence awards recognise and reward NHS consultants in England who perform over and above the standard expected of their role. Awards are usually awarded on a time limited basis for quality and excellence, acknowledging exceptional personal contributions**.** Alternative arrangements for the distribution of LCEA funding had been agreed by NHS Employers and the BMA for 2020, in recognition of the exceptional circumstances resulting from COVID-19. The Local Negotiating Committee had made some alternative suggestions, but the Executive Committee did not feel the Trust should move away from the nationally negotiated agreement.

2.2 Trust Board – May 2020

The Executive Committee reviewed the Trust Board work plan and discussed the best approach to providing information and assurance to Board members. It was agreed that the on-going situation did now allow for a face to face meeting. Core papers were agreed for the Board pack that would be sent to Non-Executive Directors, and it was agreed that the papers for Committees should also be circulated to all Board members for information. Non-Executive Directors would also be asked to raise any questions they had on the papers, which the executive team would formally respond to.

3. 14th May 2020

3.1 Matrons' 7 day working consultation

The Director of Operations and Performance outlined the process and outcomes of the recent staff consultation regarding the introduction of 7 day working for matrons. The consultation process, equality and quality impact assessments had resulted in some changes to the original proposals and plans for a further training and transition period for those staff who had not previously worked at weekends. The Executive committee accepted the outcome of the consultation and approved the revised proposals for implementation.

3.2 Quality and Safety Briefing

The Deputy Director of Governance presented a review of quality and safety metrics during the first phase COVID-19 incident. It was noted that central reporting of a number of quality and safety metrics had been suspended nationally, so it was not possible to benchmark Trust performance for this period. The reduced number of inpatients and

suspension of elective activity had also had an impact on some of the normal comparators e.g. the volume of reported incidents had reduced.

Overall HCAI infection rates had reduced, although there had been some specific incidents relating to hospital transmission of coronavirus that were being closely monitored and investigated by the Infection Prevention Control Team. National data suggested the Trust infection rates were low compared to the national average. There had been 3 never events, one each in March, April and May, that were extremely concerning. Two related to theatres and the third had taken place in radiology. The Executive Committee asked for a full report of the rapid reviews and investigation reports to be presented as soon as they had been completed for each incident, to ensure that all necessary steps had been taken to identify the root causes and learn lessons.

There had been a number of innovative patient experience initiatives that had been put in place to support patients and relatives during COVID-19 and the feedback on these was very positive.

3.3 Office 365 Licensing

The Director of Informatics reported that a national agreement was being negotiated with Microsoft in relation to NHS licenses for office 365. It was anticipated that this would result in considerable savings for the NHS. The Executive Committee agreed that the Trust and Mid Mersey Health Informatics Service should express an interest to be part of the national scheme.

3.4 Integrated Performance Report (IPR)

Committee reviewed the IPR for April, noting the exceptional circumstances and suspension of several access and quality targets as a result of COVID-19.

3.5 Risk Management Council Chair's Assurance Report

The Director of Corporate Services reported on the virtual Risk Management Council. New risks escalated to the corporate risk register relating to COVID-19 included availability of PPE, availability of specialist equipment and staff, the suspension of referrals with the impact on waiting times for elective patients and the financial costs of responding to the emergency.

4. 21st May 2020

4.1 Analysis of COVID-19 staff testing results

The Medical Director introduced the presentation which showed the results of the initial analysis of the first 700 symptomatic staff who had been tested for COVID-19 by the Trust, in the four week period from 16th March 2020. The results indicated a lower rate of infection amongst staff working in higher risk areas e.g. ICU and Cohort Wards (although the ED results had not yet been included in the study). The analysis also showed that the peak of staff infections had followed the same pattern as the peak of patient infections (only hospital inpatients were being tested during this period so a comparison

with the infection rates in the general population was not possible). It was agreed that the study should continue, to understand the progression of the pandemic, as the Trust would have a rich source of data because it had started testing staff with symptoms before widespread testing was available to healthcare staff or the public.

5. 28th May 2020

5.1 Personal Protective Equipment usage modelling

The Director of Finance and Information presented the PPE usage modelled for different scenarios, to support the restoration of services and compliance with Public Health England Infection Prevention Control guidance.

ENDS

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(20)040

Title of paper: Committee Report – Quality Committee

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

Agenda Items Discussed

Integrated Performance Report (IPR)
The Director of Nursing, Midwifery and Governance gave an update on the key quality indicators, including the never events, which were subject to a detailed paper on the agenda. It was noted that from June the root cause analysis reviews for clostridium difficile cases would be managed at Care Group level. A full review of pressure ulcers will be submitted to a future Quality Committee. Close monitoring will be undertaken of the Trust's plans to recover key targets impacted by the pandemic, including 62 day waits. Assurance was provided regarding measures in place to segregate potential COVID-19 positive and negative patients in the Emergency Department with increasing attendances.

Patient Safety Council Chair's Report – May 2020
Updates were provided on serious incidents, falls, venous thromboembolism, tissue viability, infection prevention, safeguarding, Central Alerting System (CAS), medical devices, medicines safety, sepsis and pharmacy. Assurances were provided that an investigation into the five cases of Klebsiella bacteraemia identified had been undertaken with appropriate actions taken to reduce the risk of a reoccurrence.

Annual Inpatient Survey
The results of the 2019 inpatient survey were presented with the detailed action plan. Actions to address recurrent themes relating to information, discharge and person-centred care were discussed, noting that internal surveys to gain more specific and up-to-date information are to be undertaken, focusing on those areas that matter most to patients to ensure targeted actions are taken to address issues.

Never Events Thematic Report
The report provided an outline of the three never events and the actions being taken, including human factors training, review of culture, systems and processes. Assurance was provided that a number of immediate actions have already been completed and that detailed root cause analyses were underway.

Family and Friends Test (FFT) Quarters 3 & 4 Report
A summary of the latest FFT information was provided, noting that the vast majority of feedback is positive, with high scores for staff attitude, implementation of care, clinical treatment, communication and waiting times. Examples of the responses to patients' comments were provided. An update was given on the national changes to FFT, with an increased focus on the actions taken as a result of feedback going forward.

Patient Experience Thematic Review
The Committee received a detailed report on the full range of patient feedback methods in use across the Trust, including complaints, Healthwatch, national surveys, FFT, patient-led assessment of the care environment and AskAnn. Assurance was provided about the

process for managing each of the different mechanisms and the planned actions to address the overarching themes relating to discharge, waiting times, communication and information.

Patient Experience Strategy Update
An update was provided on the strategy, noting that the majority of actions had been completed, with plans to address two outstanding actions. An additional action will be added to ensure learning is taken from trusts that are identified as the best performers nationally.

Clinical Effectiveness Council Chair's Report – May 2020
Reports were received relating to organ donation and maternity KPIs. It was noted that work is ongoing in the diagnostic groups that are alerting for hospital standardised mortality ratio. The Department of Medicine for Older People (DMOP) report noted the actions that were being taken to ensure shielding patients with Parkinson's are being offered telephone consultations/telehealth and that frailty enhanced care home support is now in place. Also, DMOP are keeping up with admissions and discharges, although the required enhanced care programme required from July may impact on this.

Clinical Research Report
The report provided an update on performance against the National Institute for Health Research high level objectives. The Committee was pleased to note that the number of participants recruited to trials had exceeded the target, the high number of COVID-19 related studies that had been established in a short space of time and that the Research Team had won the Excellence in the Delivery of Commercial Life Science research award for the second year running.

Annual Staff Survey and Action Plan Monitoring
The Committee reviewed the action plan and noted the actions being taken to improve the appraisal process and the number of actions had been delayed due to the pandemic.

Infection Prevention and Control Board Assurance Framework (IPCBAF)
The Committee noted the assurances in place to confirm compliance with the framework and the two actions required to achieve full compliance.

Workforce Council Chair's Report – March 2020
The Council received a number of reports, including strategic resourcing, HR, Education, Training and Development, workforce development, immigration, health, work and wellbeing, HR/Workforce Strategy, staff survey action plan, flu campaign, risk register, Guardian of Safe-working Hours, Speak in Confidence and conflict resolution.

Patient Experience Council Chair's Report – June 2020
A number of reports were reviewed, including FFT, complaints, cancer symptoms advice line, maternity survey, inpatient survey, interpreters, Primary Care and Community Services and Surgical Care Group. The patient story highlighted the benefit of the Cancer Support Workers. A number of reports outlined the exceptional work provided by services during the pandemic, including Estates and Facilities, Safeguarding, Specialist Palliative Care Team and the Nutritional Team.

Matters for Escalation to the Board
Approval of the IPCBAF.

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: 24th June 2020

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(20)041

Title of paper: Committee Report – Finance & Performance

Purpose: To report to the Trust Board on the Finance and Performance Committee, 18th June 2020

Summary:

Conference call attended by:
J Kozer - NED
N Khashu – Director of Finance & Information
G Lawrence – Deputy Director of Finance & Information

Agenda Items
For Assurance

- Integrated Performance Report
  - It was noted that there had been 1 never event in May 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.
- Finance Report
  - The Trust has delivered a break-even position in line with national planning assumptions. This had been delivered by accruing a further c£7.9m in relation to "top ups" on agreed block contracts. It was also noted that the Trust has now been paid the "top-up" relating to month 1.
  - The continuing strong cash position was noted as a result of commissioners paying block contracts one month in advance.
- NHSE/I Budget allocations
  - The committee discussed the anticipated changes within the health economy, change of national guidance and recently submitted capital bids and how this would impact the year end forecast.
  - 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.
- NHSE/I COVID Capital Reimbursement Claim
  - The Committee noted the risk to the Trust's capital programme, should schemes requesting retrospective approval not be funded by NHSE/I.
  - The Committee recommend to the Audit Committee / Board a variation to the Corporate Governance Manual (CGM) / Standing Financial Instructions (SFIs), such that the Deputy Director of Finance & Information is authorised to approve capital sanction forms up to £250k, for capital expenditure which have already had Exec approval.

Risks noted/Items to be raised at Board

- The change to the Corporate Governance Manual to authorise the Deputy Director of Finance & Information to approve capital sanction forms to £250k.

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: 24th June 2020

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(20)042
Title of Report: Committee Report – Audit
Purpose: To feed back to members matters arising from the Special Audit Committee – 16 June 2020.
Summary: **For Assurance** • **External Audit Findings Report** – Grant Thornton UK LLP (GT) presented a draft report summarising findings relating to the 2019/20 audit. **For Decision** • **Annual Report 2019/20** – the Committee approved the draft Annual Report 2019/20. • **Annual Accounts 2019/20** – the Committee approved the draft Annual Accounts 2019/20. • **Letter of Representation 2019/20** – the Committee approved the draft letter of management representation to the external auditor. In this letter, management states that the financial statements are, to its knowledge, correct and compliant. The three items above will be subject to electronic signature by the Chief Executive and the Director of Finance & Information in the week commencing 22nd June 2020. **Risks noted / items to be raised at Board** • The Audit Committee and the Director of Finance & Information extended thanks to the Finance team for delivering the Annual Report and Accounts 2019/20 to such a high standard once again.
Corporate objectives met or risks addressed: Contributes to the Trust's governance arrangements
Financial implications: None as a direct consequence of this paper
Stakeholders: The Trust, its staff and all stakeholders
Recommendation(s): For the Board to note
Presenting officer: Ian Clayton, NED and Chair of the Audit Committee
Date of meeting: 24th June 2020

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(20)043
Title of paper: Fit and Proper Persons Regulations – Annual Declaration
Purpose: To provide assurance to the Trust Board that the Trust has met the requirements of the Care Quality Commission (CQC) Fit and Proper Persons Regulations (Regulation 5).
Summary: The Fit and Proper Persons Regulations (FPPR) have been in place since 2014, with additional guidance being issued by the CQC in January 2018. The Trust has a robust FPPR Policy that is reviewed annually. The regulations require that all providers of NHS services; "*are able to show evidence that appropriate systems and processes are in place to ensure that all new and existing directors are, and continue to be, fit and that no appointments meet any of the unfitness criteria*" In additional to undertaking checks on new Directors as part of the recruitment process, the Trust has also put in place a process whereby every Director makes an annual declaration of their fitness to be a Director. In addition annual checks are undertaken by the Human Resources Department, to ensure that no new information has come to light that could affect the Directors "fitness" for the role. The Chairman reviews the declarations and the results of the checks and provides assurance to the Board that the organisation continues to meet the requirements of CQC regulation 5. Appendix 1 – Fit and Proper Persons Regulations Annual Declaration 2020.
Trust objectives met or risks addressed: The Trust is compliant with all the CQC regulations and can maintain registration.
Financial implications: None arising directly from this report.
Stakeholders: Members of the public**,** Patients, Staff, Commissioners, Regulators
Recommendation(s): That the annual declaration be noted
Presenting officer: Richard Fraser, Chairman
Date of meeting: 24th June 2020

Appendix 1

St Helens and Knowsley Teaching Hospitals NHS Trust

Annual Fit and Proper Person Requirement 2020

The table below certifies that the appropriate checks and self-declarations have been completed for all the Board Directors and that these have been reviewed by the Chairman who has confirmed that, based on the evidence presented, all Directors meet the requirements.

Board Member	Position	F&PPR Checks Completed	F&PPR Self-Declaration Reviewed	Meets Requirements /Comments
Richard Fraser	Chairman	21/05/20	17/06/20	NHSI Process
Val Davies	Non-Executive Director	29/04/20	17/06/20	✓
Jeff Kozer	Non-Executive Director	29/04/20	17/06/20	✓
Paul Growney	Non-Executive Director	28/04/20	17/06/20	✓
Gill Brown	Non-Executive Director	17/06/20	17/06/20	✓
Ian Clayton	Non-Executive Director	29/04/20	17/06/20	✓
Lisa Knight	Non-Executive Director	01/05/20	17/06/20	✓
Ann Marr	Chief Executive	24/04/20	17/06/20	✓
Anne-Marie Stretch	Deputy Chief Executive/Director of HR	24/04/20	17/06/20	✓
Rowan Pritchard-Jones	Medical Director	04/05/20	17/06/20	✓
Sue Redfern	Director of Nursing, Midwifery and Governance	10/06/20	17/06/20	✓
Nik Khashu	Director of Finance and Information	28/04/20	17/06/20	✓
Rob Cooper	Director of Operations and Performance	27/04/20	17/06/20	✓
Christine Walters	Director of Informatics	01/05/20	17/06/20	✓
Nicola Bunce	Director of Corporate Services	01/05/20	17/06/20	✓
Tiffany Hemming	Director of Transformation	04/05/20	17/06/20	✓

Chairman's Signature:

Date: 17/06/2020

ENDS

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(20)044
Title of paper: Trust Board Assurance for Seven Day Hospital Services Standards
Purpose: Assurance and information
Summary: The Seven Day Hospital Services (7DS) Programme aims to ensure that patients requiring emergency admission receive high-quality care every day of the week through early, consistent senior decision-making as outlined in the 10 7DS Clinical Standards (CS). Trust Performance against the "Priority" Clinical Standards (as defined by NHSE) is audited 6-monthly and reported to Trust Board and NHSE to provide assurance of progress towards the target of full compliance with the standards by 2020. The two "Priority" standards are: 1. CS2: Time to first consultant review - all emergency admissions must have a clinical assessment by a suitable consultant within 14 hours of the time of admission to hospital; and 2. CS8: Ongoing daily review by consultant (or their delegate). Over the last 4 years, the Trust has shown consistent improvement against the 7DS clinical standards, with a repeat audit due to be reported to June 2020 Trust Board. In March, NHSE/I issued an instruction that the Spring 2020 Board Assurance Framework (BAF) submission was to be deferred until September 2020. In June, subsequent instruction was given that "September BAF would be unreasonable and would not necessarily reflect business as usual in regards to the priority 7DS standards". This reflects a change in the nature of clinical practice in many clinical areas across the Trust, with cancellation of elective activity and a largely Consultant delivered service in wards. As such, an audit of clinical practice against 7DS during the pandemic response would not be comparable to previous or future audits. Progress against the previously agreed actions has continued but has been paused during the COVID-19 response. This will restart once we return to "Business as Usual" and a repeat audit carried out in Spring 2021.
Corporate objectives met or risks addressed: Contributes to Care and Safety Objectives
Financial implications: AMU Outreach (AMU Consultants seeing patients in the ED) is currently running as a trial which may require an increase in Consultant resource to make permanent.
Stakeholders: Patients, staff, regulators
Recommendation(s): Receive assurance of improvement in Trust performance against standards with plans to maintain improvement trajectory.
Presenting officer: Dr Peter Williams, Deputy Medical Director, 7-Day Services Lead
Date of meeting: 24th June 2020

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST (20)045

Title of paper: Trust Objectives 2020/21- Review June 2020

Purpose: To approve revised Trust Objectives for 2020/ 21 as a consequence of the impact of COVID-19

Summary:

1. The Trust objectives for 2020/21 were approved by the Trust Board in March 2020, in line with the normal annual business cycle. This was at the start of the COVID-19 pandemic and national major incident, which has suspended much of the normal activities of the NHS for the last four months.
2. The impact of COVID-19 is predicted to continue for many more months and because of the level 4 incident, the NHS is operating under different command and control management arrangements. The impact of restoration and reducing the backlog of work on both clinical and corporate services is not yet fully understood but is likely to be substantial. It is therefore appropriate to review the viability and capacity of the organisation to deliver the original Trust objectives for 2020/21, and to recognise the task of restoration and resetting the NHS.
3. In April 2020, the planned annual "Start of the Year Conference" (SOYC) also had to be cancelled, meaning that the 2020/21 Trust objectives have not been formally announced to staff. It is now proposed that a virtual SOYC should be planned for July, as this is part of the visible leadership and direction setting role of the Trust Board.
4. The Executive Committee has reviewed the Trust objectives and the attached table outlines the proposed changes. The factors taken into account are:
    a. Revised financial regime
    b. Suspension of national programmes, performance targets and reporting
    c. What can be achieved in 9 months rather than 12
    d. The impact of the on-going COVID-19 pandemic on capacity
    e. The capacity required to achieve restoration of services and reduce backlogs of work that have had to be postponed (both clinical and corporate)

Trust objective met or risk addressed: Delivery of the annual operational plan.

Financial implications: None directly as a result of approving this report.

Stakeholders: Staff, Regulators and Health System Partners.

Recommendation(s): Approve the revised Trust Objectives for 2020 -21.

Presenting officer: Ann Marr, Chief Executive

Date of meeting: 24th June 2020.

Revised Trust Objectives 2020/21

Key: New or altered objectives indicated by lilac box

Wording changes shown in red

Note: some performance targets reduced to 9-month effect

Objective	Lead Director	Measurement	Governance Route	COVID-19 Impact & comments
Extraordinary Collective Objective 1 **Achieve restoration, resetting and recovery of Trust services following COVID-19, across all clinical and corporate departments**	Executive Team	• Restore maximum capacity of clinical services, achievable with social distancing and compliance with Infection Prevention Control guidance • Ensure that patients requiring urgent care and treatment are identified and prioritised • Support staff as they continue to cope with the consequences of COVID-19 • Reduce the backlog of outstanding work were services or activities have been suspended or staff re-deployed	Trust Board	
Extraordinary Collective Objective 2 **Embed the clinical, technological and process innovations achieved during COVID-19 into the future business as usual of the Trust**	Executive Team	• Review the clinical and corporate changes that have been introduced during the COVID-19 major incident and assess the benefits • Wherever possible secure an ongoing return for the additional investments made during the COVID-19 and restoration periods • Work with stakeholders to ensure the changes that have improved patient care, become embedded in normal practice	Trust Board	
1. 5 STAR PATIENT CARE – Care **We will deliver care that is consistently high quality, well organised, meets best practice standards and provides the best possible experience of healthcare for our patients and their families**				
1.1 Continue to increase the range of services provided 7 days a week	MD	• Achieve the national targets for 90% of patients across all the 7-day services metrics by 2021, in particularly improve performance in 2019/20 against the targets for:	Quality Committee	National audit and assurance process suspended

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		➢ 90% of patients to receive a senior clinical review each day ➢ 90% of patients to be assessed by a Consultant within 14 hours of admission		because of COVID-19
1.2 Ensure patients in hospital remain hydrated, to improve recovery times and reduce the risk of deterioration, kidney injury, delirium or falls (QA)	DoN	• Quarterly audits to ensure all patients identified as requiring assistance with hydration have red jugs in place • Quarterly audits to ensure fluid balance charts are up-to-date and completed accurately • Reduced rates of AKI and electrolyte disorders with associated reduction in mortality from these disorders, measured by Copeland Risk Adjusted Barometer (CRAB) data	Quality Committee	To commence July 2020
1.3 Continue to ensure the timely and effective assessment and care of patients in the emergency department (QA)	DoOp	• Patients triaged within 15 minutes of arrival • First clinical assessment median time of <2 hours over each 24-hour period • Compliance with the Trust's Policy for National Early Warning Score (NEWS), with appropriate escalation of patients who trigger confirmed via regular audits • Compliance with sepsis screening and treatment guidance confirmed via ongoing monitoring • Compliance with safety checklists to ensure timely assessment and treatment of patients confirmed via regular audits	Quality Committee	Audits to start in July 2020
1.4. Increase capacity at Whiston Hospital and improve clinical adjacencies at the Trust to optimise patient flow	DoOp/ DoCS	• Complete the scheme to create 60 additional beds on the Whiston Hospital site • Progress the capital schemes planned for 2020/21 that will expand the emergency department and Paediatric assessment area and progress the ambulatory and Same Day Emergency	Trust Board	Some planned capital schemes may be delayed because of the impact of COVID-19 on

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		Care (SDEC) redesign. • Continue to review care pathways to reduce variation and duplication		contractors and materials
2. 5 STAR PATIENT CARE – Safety **We will embed a culture of safety improvement that reduces harm, improves outcomes, and enhances patient experience. We will learn from mistakes and near-misses and use patient feedback to enhance delivery of care**				
2.1 Continue to learn lessons and change practice by improved measuring of the outcomes for our patients	MD	• Use available date to identify where care for patients can be improved, allowing targeted projects to make long lasting changes to practice. • Reduce AKI by 20% • Reduce hospital acquired pneumonia by 10% • Use lessons learnt from incidents, complaints and claims to improve practice and reduce similar incidents in the future	Quality Committee	No changes proposed
2.2 Reduce avoidable harm by preventing pressure ulcers (QA)	DoN	• Quarterly audit to confirm compliance with Trust policy in the identification of patients at risk of developing pressure ulcers and in the provision of appropriate equipment to support prevention • 10% reduction in category 2 pressure ulcer incidents with possible lapses in care from 2019-20 baseline	Quality Committee	To commence July 2020
2.3 Reduction in hospital acquired blood stream infections (C-Diff and E-Coli)	DoN	• Achieve or improve upon the Trust incidence levels set by NHSE/I • Fully implement the C-Diff action plan • Share lessons from RCA's • Audit compliance with Trust guidance for the timeliness of testing	Quality Committee	No levels set by NHSE/I for 2020/21yet, but other outcomes measures can be delivered
3. 5 STAR PATIENT CARE – Pathways **As far as is practical and appropriate, we will reduce variations in care pathways to improve outcome, whilst recognising the specific individual needs of every patient**				
3.1 Improve the effectiveness of the discharge process for patients and	DoOp	• Ensure sufficient and appropriate information is provided to all patients on discharge	Quality	National Patient surveys

Objective	Lead Director	Measurement	Governance Route	COVID-19 Impact & comments
carers (QA)		• Improve Inpatient Survey satisfaction rates for receiving discharge information • Improve audit results (minimum 75%) for the number of patients who have received the discharge from hospital booklet • Achievement of 30% target for patients discharged before noon during the week and 85% of the weekday average discharges to be achieved before noon at the weekends consistently across all wards.at weekends • Implementation of standardised patient equipment ordering process for aides required at home	Committee	delayed. Monitoring to commence in July 2020
3.2 Integrate and transform the community health services that will be directly provided by the Trust from April 2020 and continue to improve end to end pathways of care	DoOp	• Assimilate the new the Community Nursing and Paediatric services that are transferring to the Trust and make staff feel welcome • Optimise the delivery of integrated care pathways across primary, community and secondary care working with primary care networks to provide care closer to home and avoid unnecessary hospital admissions • Improve patient experience scores and feedback related to discharge	Quality Committee	National patient surveys delayed
3.3 Transformation of Urgent Treatment Centre (UTC) to maximise capacity, throughput and patient experience	DoOp	• Attendance rate at UTC and associated 4-hour performance • Reduced rate of A&E attendances and hospital admissions • Reduced deflection rate from UTC to A&E • Implementation of condition specific pathways • Improve patient satisfaction and experience ratings	Finance and Performance Committee	National patient surveys delayed COVID-19 changed ED and UTC attendance patterns and hospital admission rates
3.4 Review Trust Acute medical care	DoOp	Agree the optimal configuration of services to;		No changes

Objective	Lead Director	Measurement	Governance Route	COVID-19 Impact & comments
pathways to ensure optimal configuration		• Reduced number of patient ward moves • Reduced number of FCEs • Implement direct to specialty pathways • Improve patient satisfaction and experience ratings	Executive Committee	proposed
3.5 Increase the opportunities for patients to enter research studies and increase the number of clinical trials that the Trust participates in.	MD	• Increase recruitment to research studies by 20% • Open more trials across both commercial and portfolio studies	Quality Committee	No changes proposed
3.6 Continue to redesign outpatient pathways through transformation and modernisation	DoI/DoOp	• Continued roll-out of Telehealth across identified specialties • Optimisation of current systems to continue the reduction in DNAs • Reduction in complaints from patients due to late or over-running clinics • Reduced travelling time and costs for clinicians using the technology to provide outreach services • Extra clinical capacity that can now be invested back into patient care in the acute setting or scheduling more clinics • Reduced car parking congestion	Executive Committee	Outpatient work to resume for most specialties from July 2020. Social distancing and IPC measures have a significant impact on the delivery of outpatient services
4. 5 STAR PATIENT CARE – Communication **We will respect the privacy, dignity and individuality of every patient. We will be open and inclusive with patients and provide them with more information about their care. We will seek the views of patients, relatives and visitors, and use this feedback to help us improve services**				
4.1 Increase the proportion of patients who report that they have received an appropriate amount of information about their care (QA)	DoN	• Improved scores for responses to patient questionnaires for questions relating to receiving the right level of information	Quality Committee	National patient surveys have been delayed

Objective	Lead Director	Measurement	Governance Route	COVID-19 Impact & comments
4.2 Implementation of an automated switchboard system that improves the experience for the public/patient by introducing automatic call routing to the desired ward/department whilst reducing call wait times.	DoI	• Achieve a target of 95% phone calls answered and routed through to the appropriate department • Reduce average call answering time to 20 seconds	Executive Committee	No changes proposed
5. 5 STAR PATIENT CARE – Systems **We will improve Trust arrangements and processes, drawing upon best practice to deliver systems that are efficient, patient-centred, reliable and fit for their purposes**				
5.1 Digitise more of the paper based medical record e.g. observation charts, nursing assessments and care plans, AHP assessments and care plans and inpatient clinical narrative	DoI	• Reduce the amount of paper in Nursing documentation produced as part of the paper based medical record by 25% • Reduce time spent by clinicians using paper-based processes by providing them access to a full and salient electronic documentation trail of a patient's care from wherever they need access • Improve e- observation to facilitate early identification of deterioration leading to earlier intervention Enabling speciality reviews of patient pathways resulting in the reduction in variation in patient care	Executive Committee	Minor change in scope proposed to take account of reduced timescales for delivery
5.2 Reduce PC login times making it faster for staff to log on to systems to access the right patient information quickly and easily	DoI	• Reduce the time to log on to a PC by at least 30% • Benchmark login times over a period in Q2 of 2020/2021 (Windows 10) compared to a period in Q4 of 2019/2020 (Windows 7).	Executive Committee	Reduce target from 50% to take account of reduced timescale for delivery
5.3 Implementation an integrated bed management and discharge planning system to allow Clinicians to see patient status "at a glance" and improve the accuracy of information on patient flow, to support admission and discharge decisions by the Site Management teams	DoI/DoOp	• Reduced the time taken to admit patients to wards from A&E • Increase the % of patients discharged before midday. • Support the reduction in bed occupancy to 92% • Reduce the number of medical patients who have to outlie in	Executive Committee	Monitoring to commence in July 2020

Objective	Lead Director	Measurement	Governance Route	COVID-19 Impact & comments
		surgical beds • Help support reduction in length of stay • Improve access to patient information for Clinicians, to enable more effective prioritisation		
6 DEVELOPING ORGANISATIONAL CULTURE AND SUPPORTING OUR WORKFORCE **We will use an open management style that encourages staff to speak up, in an environment that values, recognises and nurtures talent through learning and development. We will maintain a committed workforce where our people feel valued and supported to care for our patients.**				
6.1 By making the Trust the best place to work we will continue to implement innovative approaches to recruitment, retention and staff development to provide high quality care	DoHR	• Maintain all efforts to recruit 80 additional permanent new nurses, 50 further nurses 20 medical and dental posts are recruited via international recruitment programmes • Create more opportunities for staff to retire and return, transfer between wards for job enrichment, or adopt flexible approaches to working • Reduce staff turnover rates and improve labour stability rates • Comply with NICE guidance and the NHS People Plan in the extended range of support services available to improve the health, well-being, and resilience of our staff • Increase the % of the apprenticeship levy that is allocated • Recruitment of 24 trainee nursing associates (TNA) and develop new posts and appropriate specialist training routes for 4 Advanced Care Practitioners and 10 Physician Associates • Enhance the provision of development opportunities to support talent management and retention	Trust Board	Impact on flights, quarantine requirements and OSCE tests availability examinations will have a significant impact on international recruitment Apprenticeship schemes paused nationally due to COVID TNA courses delayed due to COVID
6.2 Continue to respond to feedback from staff to improve appraisals to support staff to deliver high quality	DoHR	• Engage with staff about what a quality appraisal looks like	Quality Committee	The national staff survey is likely to have a

Objective	Lead Director	Measurement	Governance Route	COVID-19 Impact & comments
patient care.		• Improve the staff survey results for the quality of appraisals for all staff • Provide targeted training for managers on appraisal skills		different focus this year so comparative data may not be available
6.3. Improve the compliance delivery and ease of access of mandatory training for all staff	DoHR	• Undertake a review of how mandatory training is currently delivered • Engage staff and managers in new ways of delivery • Explore innovative and engaging delivery methods by learning from the best in class	Trust Board	No changes proposed
6.4 Continue to listen to our staff to ensure we remain an employer of choice	DoHR	• NHS Staff Survey Action Plan monitoring • WRES & WDES Action Plan monitoring	Executive Committee	No changes proposed
6.5 Release time to care by continuing with the implementation of the e-rostering, activity manager and e-job planning systems to ensure the optimum design of the workforce and the right number and skill mix of staff	DoHR	• Implement e-rostering to 100% of all staff remaining staff to include non-clinical and corporates services staff • Restart the specialist nursing-job planning project with the aim of having 50% with refreshed job descriptions that reflect to needs of the service • Restart the Activity Manager project for theatres and all surgical specialities by during Q3 2020 with the aim of completion by Q3 2021 • Deliver the benefits realisation plan for “Better eRostering” for Medical Staff, Nursing & AHP’s by September 2021 • Produce reports from the Roster perform, Activity Manager and Safe Care systems to demonstrate safe levels of staffing based on the acuity of patients	Executive Committee	Project will be progressed but now unlikely to be completed during 2020/21

Objective	Lead Director	Measurement	Governance Route	COVID-19 Impact & comments
7 OPERATIONAL PERFORMANCE **We will meet and sustain national and local performance standards**				
7.1 Achieve national performance and access standards	DoOp	• Improvement trajectory for emergency access standards including any new measures • 62-day cancer treatment standard • ~~18-week access to treatment for planned care~~ • Diagnostic tests completed within 6 weeks • Ambulance handover times	Finance and Performance Committee	The 18-week target has been suspended due to COVID -19, and introduction of the new emergency access standards delayed
7.2 Maximise the productivity and effectiveness of clinical services using benchmarking and comparative data e.g. GiRFT and Model Hospital to ensure that all services meet best practice standards	DoOp	• Continued participation in national programme of GiRFT reviews and delivery of the resulting action plans • Previous reviews undertaken to be monitored at committee level to provide assurance regarding delivery	Finance and Performance Committee	National GiRFT programme has been suspended, with no known date to recommence. Monitoring of previous action plans will continue.
8 FINANCIAL PERFORMANCE, EFFICIENCY AND PRODUCTIVITY **We will achieve statutory and other financial duties set by regulators within a robust financial governance framework, delivering improved productivity and value for money**				
~~8.1 Use the Model Hospital benchmarking and reference costs information to optimise the efficiency of services and deliver the cost improvement targets~~	~~DoF~~	• ~~Annual Reference costs maintained at less than 100~~ • ~~NHSE/I Annual Benchmarking review and action plans if the Trust is an outlier on any metrics~~ • ~~Procurement league ranking to be consistently best quartile in country.~~	~~Finance and Performance Committee~~	No longer achievable in 2020/21 as data collections suspended
8.2 Work with health care organisations across Cheshire and Merseyside to explore opportunities for collaborative corporate services	DoF	• Membership of the Collaboration at Scale Board and leadership of the Finance, HR Services, Legal, Risk and Governance work streams.	Finance and Performance Committee	All CaS activities have been suspended during COVID-

Objective	Lead Director	Measurement	Governance Route	COVID-19 Impact & comments
				19
8.3 Delivery of the agreed Trust financial targets: outturn, cash balances and revised capital resource limits.	DoF	• Plan to achieve break even income and expenditure position subject to NHSE/I financial framework and confirmation • Minimum cash balance of 1.5 working days with aged debt below 1.5% of cash income • Deliver the approved capital programme.	Finance and Performance Committee Audit Committee	Changes to reflect the move to block contracts for 2020/21
9 STRATEGIC PLANS **We will work closely with NHS Improvement, and commissioning, local authority, and provider partners to develop proposals to improve the clinical and financial sustainability of services**				
9.1 Continue to meet all regulatory and accountability requirements whilst working collaboratively to achieve system success	DoCS	• Meet statutory responsibilities • Within these work in partnership across the Cheshire and Merseyside HCP to achieve the goals of the NHS LTP for collaboration and integration	Trust Board	Routine performance and regulatory monitoring and HCP activity currently suspended
9.2 Working with health and care system partners to develop plans to implement the ambitions of the NHS Long Term Plan for the local population	DoT/DoInt	• Launch the St Helens Place Based Plan 2020-24 • Development a 'Place' Dashboard to measure the delivery of the plan and demonstrate the impact of integrated care • Support the Primary Care Networks to deliver the Primary Care Network (PCN) Service Specifications	Trust Board	Hospital and out of hospital "cell" structures in place and progress with integrated care and collaboration will be dependent on the pace of restoration, recovery and resetting of services
9.3 Provide leadership and direction as part of the C&M HCP to achieve clinically and financially sustainable acute services.	DoInt	• Develop areas for collaboration that bring benefits for patients and partner organisations • Leadership of the Acute Sustainability Programme	Trust Board	

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