St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Public Board Meeting

TO BE HELD ON WEDNESDAY 30TH SEPTEMBER 2020
IN THE BOARDROOM, LEVEL 5, WHISTON HOSPITAL

PUBLIC BOARD AGENDA				Paper	Presenter
09:30	1.	Patient Story		Verbal	Chair
09:45	2.	Employee of the Month		Video	
		2.1	August		
		2.2	September		
09:55	3.	Apologies for Absence		Verbal	
	4.	Declaration of Interests		Verbal	
	5.	Minutes of the Previous Meeting held on 29th July 2020		Attached	
		5.1	Correct Record & Matters Arising		
		5.2	Action Log	Attached	
Performance Reports					
10:05	6.	Integrated Performance Report		NHST(20) 54	Nik Khashu
		6.1	Quality Indicators		Sue Redfern
		6.2	Operational Indicators		Rob Cooper
		6.3	Financial Indicators		Nik Khashu
		6.4	Workforce Indicators		Anne-Marie Stretch
Committee Assurance Reports					
10.25	7.	Committee Report – Executive		NHST(20) 55	Ann Marr
10:35	8.	Committee Report – Quality		NHST(20) 56	Val Davies for Gill Brown
10:45	9.	Committee Report – Finance & Performance		NHST(20) 57	Jeff Kozer
10.55	10.	Committee Report – Audit		NHST(20) 58	Ian Clayton
BREAK					

Other Board Reports				
11.15	11.	Medical Revalidation Annual Declaration	NHST(20) 59	Rowan Pritchard-Jones *(Jacqui Bussin in attendance)*
11.30	12.	STHK Workforce Strategy and NHS People Plan 2020/2021	NHST(20) 60	Anne-Marie Stretch
12:00	13.	Effectiveness of Meeting	Verbal	Chair
	14.	Any Other Business		
	15.	Date of Next Meeting – Wednesday 28th October 2020		

St Helens and Knowsley Teaching Hospitals NHS Trust

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

PUBLIC BOARD

Chair:	Mr R Fraser	(RF)	Chairman
Members:	Ms A Marr	(AM)	Chief Executive
	Mrs V Davies	(VD)	Non-Executive Director *from 10:30 hrs*
	Mr J Kozer	(JK)	Non-Executive Director
	Mr P Growney	(PG)	Non-Executive Director
	Mrs L Knight	(LK)	Non-Executive Director
	Mr I Clayton	(IC)	Non-Executive Director
	Mrs G Brown	(GB)	Non-Executive Director
	Mrs A-M Stretch	(AMS)	Deputy Chief Executive/Director of HR
	Mrs S Redfern	(SR)	Director of Nursing, Midwifery & Governance
	Mr N Khashu	(NK)	Director of Finance
	Mrs C Walters	(CW)	Director of Informatics
	Mr R Cooper	(RC)	Director of Operations & Performance
	Mr R Pritchard-Jones	(RPJ)	Medical Director
In Attendance:	Ms J Byrne	(JBy)	Executive Assistant *(Minute Taker)*
	Mrs K Hughes	(KH)	Head of Media, PR & Comms
	Mr K Lomas	(KL)	Local Democracy Reporter, St Helens Star
Apologies:	Ms N Bunce	(NB)	Director of Corporate Services

1. Employee of the Month

1.1. The Employee of the Month award had not been presented since January 2020. The awards could not be made in person due to social distancing, so short films had been produced showing line managers presenting the award to each Award winner.

1.2. The Employee of the Month Award for February 2020 was presented to Lauren Hanson, Dementia and Delirium Specialist Nurse.

1.3. The Employee of the Month Award for March 2020 was presented to Eric Phipps, Assistant Director of Service Delivery, Mid Mersey Informatics.

1.4. It had been impossible to single out individuals when considering who to choose for the Employee of the Month awards between April and June, as there had been so many examples of staff going to great lengths to provide the highest standards of care to the Trust's patients during the height of the pandemic. As a result, the Trust Board agreed that the contribution of all staff should be acknowledged. Board members wanted to record their thanks to all Trust staff.

1.5. The Employee of the Month Award for July 2020 was presented to Anita Gillen, Voluntary Services Manager.

2. Patient Story

2.1. SR presented the patient story.

2.2. A 33-year old male patient was admitted to Whiston Emergency Department on 23rd March 2020 with COVID pneumonia, having recently returned from Japan.

2.3. He was treated with IV antibiotics, however continued to deteriorate, and was transferred to ICU for non-invasive ventilation. After 10 days he showed significant improvement, ventilation was no longer required, and he returned to a ward.

2.4. The patient continued to improve, no longer required oxygen and despite being easily fatigued, he was able to walk and shower independently. He was discharged on 12th April with a follow-up planned in 6 weeks' time.

2.5. The patient returned to the Emergency Department on approximately 4th May 2020, as he was experiencing persistent lethargy, left sided weakness, poor mobility, and shortness of breath, intermittent confusion and difficulty concentrating. Following investigations, the patient was diagnosed with deconditioning post COVID.

2.6. He was transferred to the Seddon Suite, the Trust's specialist rehabilitation unit, for inpatient interdisciplinary rehabilitation on 15th May however his mobility and general function continued to fluctuate. During this time, the patient disclosed that he was experiencing fears, anxieties, and flashbacks to being critically ill on Intensive Care Unit (ICU) . The team recognised that his mental health was contributing to his delayed recovery and he was referred to clinical psychology for further support.

2.7. He was discharged home after 2 weeks of intensive rehabilitation with follow-up from the Respiratory and Community Mental Health Support teams.

2.8. The experience of this patient illustrated that the impact of COVID extended beyond the initial acute illness and the ongoing physical impact psychological trauma of being a patient on ICU. The importance of post discharge support was now recognised as a vital part of the COVID patient pathway. There was also increased awareness of the wrap around and support services needed by many patients as they recovered from COVID.

2.9. There was also now more information that could be provided for patients and their families on COVID recovery and the help that was available. SR felt that this patient story illustrated how much the Trust had learnt about COVID since the beginning of the pandemic and how services needed to adapt to meet their needs.

2.10. PG asked if there was potential to support those patients by increasing the Trust's wellbeing services with some of the national charitable funding raised by Captain Sir Tom Moore. AMS responded that the Executive were currently exploring the conditions of the one-off funding grant to determine where it could have the greatest impact.

2.11. RF thanked SR for this very pertinent patient story.

3. Apologies for Absence

Apologies were noted from NB.

4. Declaration of Interests

There were no new declarations of interest

5. Minutes of the previous meeting held on 24th June 2020

5.1. Correct Record

5.1.1. The minutes were approved as a correct record.

5.2. Action List

5.2.1. Actions 33 & 34 – both issues had been impacted by COVID and restoration plans will be reported in the next Workforce Strategy/HR Indicators paper in January. **ACTION CLOSED**

5.2.2. Action 40 – CW confirmed the Trust's 35.7% compliance rate for Freedom of Information (FOI) requests was less than other similar Trusts. The need to improve had been recognised and an action plan was in place. Going forward this would be included as a performance metric in the IPR and be monitored via F&P Committee. **ACTION CLOSED**

6. Integrated Performance Report (IPR) – NHST(20)046

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

6.2. Quality Indicators

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

6.2.2. There had been 0 never events in the month and 2 reported year to date.

6.2.3. There had been no MRSA reported in month and 0 reported year to date.

6.2.4. There were 2 C.Diff positive cases reported in June 2020 (1 hospital onset and 1 community onset). Year to date there had been 9 cases (5 hospital onset and 4 community onset).

6.2.5. There were no grade 3 or 4 avoidable pressure ulcers reported in month, and 1 year to date.

6.2.6. The overall registered nurse/midwife Safer Staffing fill rate (combined day and night) for June 2020 was 93.8%, and year to date 95.1%.

6.2.7. There had been 4 falls resulting in severe harm in May 2020 and 7year to date.

6.2.8. VTE returns for March to June 2020 had been suspended during the pandemic and July figures would be reported in August.

6.2.9. Year to date Hospital Standardised Mortality Ratios (HSMR) April 2019 to February 2020 was 101.7, with the improving trend continuing.

6.3. **Operational Indicators**

6.3.1. RC presented the update on the operational performance.

6.3.2. The 62-day cancer standard remained below the target of 85% in May 2020 at 81.6%.

6.3.3. The 31-day cancer target was achieved with 97.0% performance against a target of 96%.

6.3.4. The 2-week cancer standard was not achieved in May, with 90% against a target of 93%. This performance reflected the impact of the pandemic and the performance was now improving again as recovery plans were implemented.

6.3.5. A&E access time performance was 83.5% (type 1). The all types mapped footprint performance for June was 88.6%. The number of attendances continued to increase but had not yet returned to pre-COVID levels.

6.3.6. There were 2,667 ambulance conveyances in June compared to 2,531 in May and the ambulance turnaround time averaged 27 minutes against the standard of 30 minutes.

6.3.7. The average daily number of Super Stranded patients (patients with a length of stay of greater than 21 days) in June 2020 was 70 compared with 130 in June 2019.

6.3.8. The 18-week referral to treatment target (RTT) was not achieved in June 2020 with 64.3% compliance against a target of 92%,

6.3.9. There were 53 52+ week waiters.

6.3.10. The COVID pandemic had had a significant impact on RTT and diagnostic performance as all routine operating, outpatient and diagnostic activity had to be cancelled. RC confirmed that activity had now restarted in all areas, albeit at a reduced capacity compared with pre-COVID, due to social distancing and infection control measures.

6.3.11. Additional capacity to support the recovery process had been secured for diagnostics and elective surgery and this was being utilised to help reduce waiting lists.

6.4. **Financial Indicators**

6.4.1. NK presented the update on the financial performance.

6.4.2. As a result of the COVID-19 pandemic, 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 4 months from April to July

2020. All Payment by Results (PBR) system was 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.

6.4.3. The Trust has therefore reported a balanced YTD position in line with the national guidance. This assumes full reimbursement of COVID-related costs and additional expenditure incurred.

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

6.4.5. The requirement for CIP was currently on hold under the block payment arrangement. VD queried whether existing CIPS would continue. JK confirmed he had received assurance in the Finance & Performance Committee that planning for next year's CIP programme would start imminently and many of the planned CIPs would be rolled forward.

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

6.5. **Workforce Indicators**

6.5.1. AMS presented the update on the workforce performance.

6.5.2. Sickness (including normal sickness and COVID-19 related) in June was 5.5%, which was a 0.9% improvement on the previous month. Frontline Nursing, Midwifery and HCAs sickness was 6.4%, which was a 1.6% improvement in May. AMS confirmed the Trust benchmarked positively against other similar organisations.

6.5.3. Mandatory training compliance was 81.6% (target = 85%) and appraisal compliance was 72.5% (target = 85%) both had been suspended during COVID and were now in the process of recovery.

6.5.4. RF confirmed appraisals for all non-executive directors had now been completed and thanked VD for completing the Chair's appraisal.

7. Committee Report – Executive – NHST(20)047

7.1. AM presented the report summarising the key issues considered by the Executive Committee at meetings held during June 2020.

7.2. The committee had approved:

7.2.1. A proposal to establish a collaborative junior doctor staff bank for the north west and purchase an IT solution to enable internet booking of bank shifts.

7.2.2. A proposal to implement the new Medical Examiner role from July 2020.

7.2.3. The next phase in the development of a command centre proposal.

7.2.4. A flexible endoscope decontamination unit feasibility study for the Whiston Hospital site.

7.2.5. The purchase of Microsoft 365 licences.

7.2.6. Investment in the Health Work and Wellbeing Service. RF and LK believed this would be a good investment, particularly considering recent months.

7.3. The committee also considered regular assurance reports, ie the Corporate Risk Register and the Integrated Performance Report.

7.4. VD was pleased that the issue of the location of the Eastern Sector Cancer Hub had now been decided.

7.5. Regarding item 5.1, SR clarified that Pandemic Reflection meetings had now been arranged with every ward and clinical department to consider what had gone well and what could have been done differently. The feedback so far had been positive, and the information would be collated and be fed back to Quality Committee once all the meetings had been completed.

8. Committee Report – Quality – NHST(20)048

8.1. SR presented the report on behalf of GB, who was experiencing some technical difficulties, which summarised the key issues considered at the Quality Committee in July.

8.2. The Quality Committee had asked for a report outlining the impact of the COVID-19 on the quality of care.

8.3. Members noted the actions that were being taken in response to an increase in the number of falls reported during the pandemic.

8.4. Members received the safeguarding quarterly report and noted the work of the Safeguarding team during the pandemic and the positive outcome of a recent audit at St Helens Urgent Treatment Centre. The actions being taken to recover safeguarding training levels were also noted.

8.5. The Infection Prevention Control quarterly report was received and provided assurance on the learning from COVID-19 outbreaks and actions being taken to reduce the risks. Preparations for the 2020/21 flu campaign were also outlined.

8.6. SR informed the committee of plans to increase life support training levels, with a targeted approach for areas of lower compliance.

8.7. The latest CQC Insight report had been presented with details of the actions being taken to address highlighted areas. The Trust continued to be categorised in the top 25% of acute organisations.

8.8. The latest safer staffing report had been discussed and had illustrated a dip in fill rates in March due to increased staff absence, followed by an improvement in April and May. Committee had been assured to see the increase in staffing levels.

8.9. Committee had also received a report from the Freedom to Speak Up guardian and Chairs' assurance reports from the Patient Safety, Patient Experience and Clinical Effectiveness councils.

8.10. Board members noted the report.

9. Committee Report – Finance & Performance – NHST(20)049

9.1. JK presented the Chair's report to the Board which summarised key issues arising from the Finance & Performance Committee meeting held on 23rd July.

9.2. Committee had reviewed the integrated performance report and noted the impact of COVID-19 on the performance against access targets. The restoration and recovery plans had also been discussed.

9.3. In Month 3, the Trust had delivered a break-even position in line with national planning assumptions. This has been achieved by submitting "top ups" for both COVID-related expenditure and core operational spend above the allocated monthly block arrangements.

9.4. A strong cash position was noted because of commissioners paying block contracts one month in advance.

9.5. Committee noted the risks around COVID capital bids not yet being approved by the NHSE/I but had agreed that the Trust should proceed in response to the urgent needs/ requirements that had been identified. RF confirmed this decision had the total support of the Board.

9.6. Committee had discussed the financial impact of the pandemic and the emergency financial arrangements that had been extended to September, which meant the Trust would continue to break even.

9.7. The likely financial arrangements and budget allocations for the remainder of 2020/21 were also discussed, including the rationale for the Trust requiring adjustments to the base income/expenditure assumptions issued by NHSE/I.

9.8. Board members noted the report.

10. Corporate Risk Register – NHST(20)050

10.1. SR presented the report on behalf of NB, which provided assurance that the Trust was operating an effective risk management system, and that risks identified and raised by front line services were escalated.

10.2. The report was a snapshot of the risks reported and reviewed in June 2020, rather than a summary of the previous quarter.

10.3. The total number of risks on the risk register was 722, compared to 784 in April.

10.4. 50% (365) of the Trust's risks are rated as 'moderate' or 'high' compared to 47% (366) in April.

10.5. There were 15 high/extreme risks that had been escalated to the Corporate Risk Register (CRR), 3 of which related to the impact of COVID-19.

10.6. Board members noted the report.

11. Board Assurance Framework (BAF) – NHST(20)051

11.1. SR presented the BAF to Board members on behalf of NB and highlighted several changes that were being recommended to reflect progress made and changes to national policy:

11.1.1. Risk 1: systemic failures in the quality of care – it was proposed the risk was increased to 15 in light of 3 recent never events.

11.1.2. Risk 2: failure to develop or deliver long-term financial sustainability plans for the Trust and with system partners – it was proposed this risk be increased to 16 due to the uncertainty of the NHS financial regime and income for 2020/21.

11.1.3. Risk 3: sustained failure to maintain operational performance/deliver contracts – increase to 20 due to the impact of elective work suspension during COVID-19 on activity and waiting times.

11.2. VD queried why 'maximise uptake of flu vaccination by frontline clinical staff (February 2020)' was being deleted from Risk 1. SR explained that this action had related to the 2019/20 flu campaign which had been completed and plans were now being made to give the 2020/21 vaccine. The expectation was for the flu vaccination to be given to all NHS staff and offered more of the general population to try and prevent the NHS becoming overwhelmed with the combined effects of COVID and Flu in the coming winter. Consideration would also need to be given to how vaccinations were managed in light of social distancing requirements.

11.3. Board Members approved the changes to the BAF.

12. Learning from Deaths Quarterly Report – NHST(20)051

12.1. RPJ presented the learning from deaths reports for 2019/20 Q3 and Q4, to provide assurance that the mortality review process was now embedded within the organisation, and that lessons learned were widely shared.

12.2. Additionally, Board members were advised that care groups were expected to create action plans and evidence their completion to address any concerns/learning raised. Where concerns were identified these received further peer review and escalated as appropriate.

12.3. Regarding end of life care, VD queried whether any more could be done to improve patient experience. RPJ confirmed energy was being concentrated into core training for all doctors, to ensure the most appropriate decisions were made in relation to resuscitation for each patient.

12.4. Board members noted the reports.

13. HR Indicators Report – NHST(20)053

13.1. AMS presented an update on the actions that were in place to ensure continued delivery of the Trust's workforce strategy. Board members also noted that the COVID-19 Workforce Assurance Framework was continuing to be updated to provide assurance and oversight that the Trust was appropriately exercising its duty of care to the workforce.

13.2. The model hospital data (NHSI data portal) benchmarked the Trust against national, regional, and acute peer groups for the key workforce indicators. While sickness was above the Trust's target, it benchmarked lower than other acute trusts in the northwest throughout the pandemic. The sickness position in June was 5.48% including COVID-19 related sickness (YTD 7.07%) and 4.88% excluding COVID-19 (YTD 5.09%).

13.3. In response to a query from JK, AMS confirmed the Trust had a relatively stable workforce, although Executives had discussed possibly introducing an 'itchy feet' programme to understand why staff considered leaving the Trust.

13.4. Additionally, AMS detailed initiatives that had been introduced as part of a sickness improvement programme, as it was recognised that staff came to work with issues and concerns from outside of the work environment and the Trust felt it was important to also help its staff with those issues.

13.5. GB queried whether the Trust's sickness improvement programme was open to the Medirest employees. AMS confirmed that although the Trust worked closely with Medirest, it was a separate company with its own policies and procedures.

13.6. Appraisals and mandatory training were behind target because they had been largely suspended during the COVID-19 pandemic with recovery plans in place from July onwards to ensure rates were increased. Completion of appraisals and all but core clinical mandatory training had been paused during the pandemic to allow staff to focus on the provision of patient care. VD appreciated the enormous pressure created by the pandemic, however, wondered whether a table could be appended to the report to identify any areas of concern related to mandatory training. AMS confirmed she would circulate this information and include in future reports. **ACTION: AMS**

13.7. The Trust had provided placements to student nurses from across the region during the pandemic and whilst not scheduled to join the Trust after qualifying, 17 students had accepted offers to start at the Trust in September due to their positive experience.

13.8. JK reminded Board members of a recent incident at a local school where two members of staff had given support to a pupil. He had learned that the incident had had a massive impact of numerous pupils who had since enquired about careers in healthcare.

13.9. The 2020/21 action plans for the Workforce Race and Disability Equality Standards (WRES/WDES) were due to be circulated to staff networks in August, before being brought to September's Board meeting for assurance and approval.

13.10. The Voluntary Services team had been awarded the Queen's Award for Voluntary Service, the highest award given to local volunteer groups across the UK, equivalent to an MBE. Board members congratulated the volunteers on the fantastic achievement.

13.11. The Board noted the report.

14. Effectiveness of Meeting

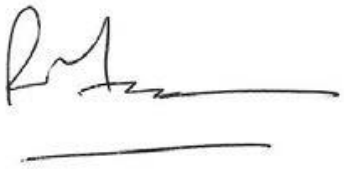
14.1. RF thanked all attendees for their participation in the meeting and thanked IT for their help with the technology.

15. Any Other Business

15.1. RF commented that to hear of staff volunteering to put themselves in harm's way was humbling and he was extremely proud of the NHS for everything it had done during the pandemic.

16. Date of Next Meeting

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



Chairman: ……

30th September 2020

Date: ……

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST PUBLIC BOARD ACTION LOG – 30TH SEPTEMBER 2020

No	Date of Meeting (Minute)	Action	Lead	Date Due
~~21~~	~~30.10.2019 (15.3)~~	~~Layout of the quarterly Learning from Deaths Report to be improved and themes incorporated. Update 29.01.2020: work in progress and new format to be presented for Q3 report in April 2020. Deferred due to COVID -19 pandemic.~~ **~~Update 24.06.20: report to be presented at July Board meeting~~. COMPLETED**	~~RPJ~~	~~29.07.20~~
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~~. ***Update 29.07.20 – the whole Shadow Board development programme has been delayed by COVID-19 and an update will be included in the next HR Indicators report in January. ACTION CLOSED***	~~AMS~~	~~29.07.20~~
~~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~~. ***Update 29.07.20 – the survey was delayed by COVID-19 and the update could not be included in July but will be added to the next scheduled HR Indicators report in January. ACTION CLOSED***	~~AMS~~	~~29.07.20~~
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**
~~39*~~	~~27.05.20 NHST(20)036~~	~~Action plan with associated timeframe to improve FOI requests' compliance rate should be in place by late Autumn. Update 30.09.30~~ ***going forward this will be included as a performance metric in the IPR and be monitored via F&P Committee. ACTION CLOSED***	~~CW~~	~~28.10.20~~
~~40*~~	~~27.05.20 NHST(20)036~~	~~CW to ask IG Manager how the Trust's performance of 35.7% compares to other similar Trusts~~. **COMPLETED**	~~CW~~	~~29.07.20~~
41	24.06.20 (10.5)	In relation to 7-DS, RPJ to report back to Board regarding "activity re-set" later in the year.	RPJ	25.11.20
~~42~~	~~29.07.20 (13.6)~~	~~VD requested information regarding mandatory training compliance levels across the Trust to identify any areas of low compliance. This information was sent~~. **COMPLETED.**	~~AMS~~	~~30.09.20~~

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

Paper No: NHST(20)054
Title of Paper: Integrated Performance Report
Purpose: To summarise the Trusts performance against corporate objectives and key national & local priorities.

Summary

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

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

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

Patient Safety, Patient Experience and Clinical Effectiveness

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

There as 1 Never Event in August 2020. (YTD = 3).

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

There were 4 C.Difficile (CDI) positive case reported in August 2020 (1 hospital onset and 3 community onset). YTD there have been 14 cases (6 hospital onset and 8 community onset). The annual tolerance for CDI for 2020-21 has not yet been published (the 2019-2020 trajectory is being used in the absence of publication of the 2020-21 objectives).

The overall registered nurse/midwife Safer Staffing fill rate (combined day and night) for August 2020 was 93.2%. YTD rate is 94.5%.

There were no grade 3 avoidable pressure ulcers in July 2020. (YTD = 1). Reducing the number of Trust-acquired pressure ulcers, including category 2, is a priority for this year.

During the month of July 2020 there were 3 falls resulting in severe harm. (YTD severe harm fall = 13)

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

YTD HSMR (April) for 2020-21 is 129.4

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: 30th September 2020

Operational Performance

Performance against the 62 day cancer standard was above the target of 85.0% in month (July 2020) at 96.0%. YTD 86.7%. Performance in June 2020 was 87.5%. The 31 day target was achieved in July with 98.6% performance in month against a target of 96%, YTD 97.4%. Performance in June 2020 was 96.6%. The 2 week rule target was achieved in July with 95.7% in month and 93.7% YTD against a target of 93.0%. Performance in June 2020 was 96.0%.
The number of patients referred was still reduced in July following the covid outbreak. The situation with regard to patients not wanting to attend for appointments is beginning to improve and we are now seeing an increase in the numbers of referrals and patients receiving treatment.

Accident and Emergency Type 1 performance for Aug 2020 was 78.9% and YTD 83.4%. Type 1 Performance in July 2020 was 84.6%. The all type mapped STHK Trust footprint performance for August was 87.7% and YTD 89.4%**.** All Types performance in July 2020 was 89.8%. The Trust is seeing attendance levels gradually increase each month back towards pre-covid levels with 9,524 Type 1 attendances in August 2020 (compared with 9,810 in July 2019). July attendances were 9374 compared with 8764 in June, 7,815 in attendances May 2020 and 5,548 in April. Bevan Court opened on 25.8.20 with additional bed and assessment capacity, which has reduced bed occupancy and congestion in ED.

Total ambulance turnaround time in August was 25 mins. (Standard is 30 minutes). Arrival to notification time was 13 minutes which includes on average 6-7 mins time for crews to notify ED of their arrival on site. There were 2565 ambulance conveyances in August compared with 2744 in July.

The average daily number of super stranded patients in August 2020 was 61 compared with 132 in August 2019. This remains significantly below the target of 92 @ end of March 2020. (60 was the average in July, 70 in June 2020 and 58 in May 2020).

The 18 week referral to treatment target (RTT) was not achieved in August 2020 with 60.5% compliance and YTD 60.5% (Target 92%). Performance in July 2020 was 54.9%. There were (137) 52+ week waiters. The 6 week diagnostic target was not achieved in August with 71% compliance. (Target 99%). Performance in July 2020 was 73.1% **NB Elective programme closed down with only urgent and 2ww patients being managed during March, April and May.**

The covid crisis has had a significant impact on RTT and diagnostic performance, as all routine operating, outpatient and diagnostic activity had to be cancelled. We have now restarted activity in all areas, albeit at reduced capacity compared with pre-covid due to social distancing and infection control measures. All patients have been and continue to be clinically triaged to ensure urgent and cancer patients remain a priority for treatment.

Community services experienced continued high levels of activity for district nurses. From a harm perspective we reported two incidents of moderate harm occurring which were noted on admission to the community nurse caseload.
Community matron caseloads are slowly starting to increase as they move away from direct care home support and begin taking referrals again from primary care.
Our specialist nursing teams continued to facilitate virtual appointments to a large proportion of their caseload who continue to shield. It is expected that there will be a gradual increase in treatment room and phlebotomy clinic based provision throughout August, bringing activity back from domiciliary and virtual visits; which will continue to be constrained by environmental limits to support social distancing and PPE processes.

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 six months from April to September 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 4 The Trust 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 £3.4m which is £0.2m 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 5, the cash balance was £34.0m. This high closing balance continues to be high due to changes in funding arrangements related to COVID-19 where the Trust receives block payments one month in advance.

Human Resources

In August overall sickness was 5.4% which is a 0.2% increase on last month. Front line Nursing and Midwifery is 4.5% which is a 0.7% improvement on July. This includes normal sickness and COVID19 sickness reasons only. These figures do not include covid absence reasons for staff in isolation, pregnant workers, staff shielding, on special leave due to e.g. childcare.
Mandatory training compliance remains below the target by 4.7%. Appraisal compliance in August is 66.7% which is below target by 18.3%. (target = 85%). This continues to be impacted by covid.

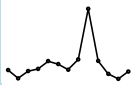
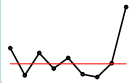
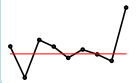
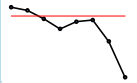
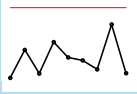
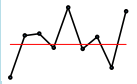
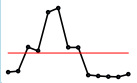
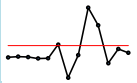
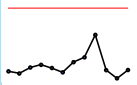
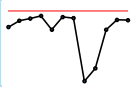
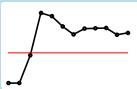
The following key applies to the Integrated Performance Report:

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

Aug-20

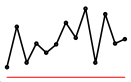
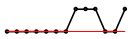
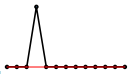
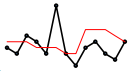
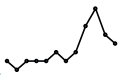
St Helens and Knowsley Teaching Hospitals NHS Trust

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
CLINICAL EFFECTIVENESS (appendices pages 32-38)												
Mortality: Non Elective Crude Mortality Rate	Q	T	Aug-20	2.2%	2.9%	No Target	2.4%		The most recent reported month of April reflects the initial height of the COVID pandemic. The overall trend up to August show this spike returned to normal in the crude figures.	Patient Safety and Clinical Effectiveness	The high HSMR covers the early period of COVID admissions. Of note, the National HSMR for this period is reported as 130. These data are being interrogated to review. Independent consideration of our COVID mortality is currently showing it to be in line with expected rates.	RPJ
Mortality: SHMI (Information Centre)	Q	▲	Apr-20	1.09		1.00						
Mortality: HSMR (HED)	Q	▲	Apr-20	129.4	129.4	100.0	101.6					
Mortality: HSMR Weekend Admissions (emergency) (HED)	Q	T	Apr-20	150.7	150.7	100.0	101.2					
Readmissions: 30 day Relative Risk Score (HED)	Q UOR	T	Mar-20	79.3		100.0	97.4		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	Low readmission was likely a reflection of the upswing in COVID cases with low overall numbers of patients.	RPJ
Length of stay: Non Elective - Relative Risk Score (HED)	F&P	T	Apr-20	88.7	88.7	100.0	91.9		Sustained reductions in NEL LOS are assurance that Trust patient flow practices continue to successfully embed.	Patient experience and operational effectiveness	Drive to maintain and improve LOS across all specialties. Increased discharges in recent months with improved integrations with system partners. Superstranded patients reduced considerably.	RC
Length of stay: Elective - Relative Risk Score (HED)	F&P	T	Apr-20	114.7	114.7	100.0	100.3					
% Medical Outliers	F&P	T	Aug-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. No current medical outliers.	RC
Percentage Discharged from ICU within 4 hours	F&P	T	Aug-20	44.7%	55.9%	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.	RC
E-Discharge: % of E-discharge summaries sent within 24 hours (Inpatients) - TOTAL	Q	▲	Jul-20	71.5%	72.6%	90.0%	72.3%		IP discharge summaries remain challenging and detailed work has gone on to identify key areas of challenge. Specific wards have been identified and new processes developed to support improvement. OP attendance letters - As a result of COVID many appointments had to be moved or replaced with telephone appointments. Not all appointments were conducted at the expected time and a brief disconnect in generating letters occurred. This has been addressed and we continue to support clinicians with our novel processes.		Specific wards have been identified with poor performance and staff are being supported to complete discharge in a timely manner. All CDs and ward managers receive weekly updates of performance. A significant improvement was made, but a new dip is being investigated and CDs asked to review each specialty's performance.	RPJ
E-Discharge: % of E-attendance letters sent within 14 days (Outpatients) - TOTAL	Q	▲	Jul-20	89.8%	84.0%	95.0%	84.9%					
E-Discharge: % of A&E E-attendance summaries sent within 24 hours (A&E) - TOTAL	Q	▲	Jul-20	96.2%	96.3%	95.0%	94.9%					

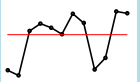
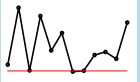
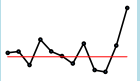
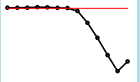
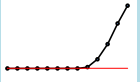
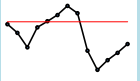
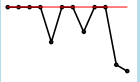
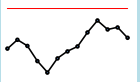
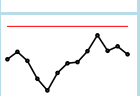
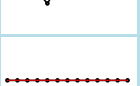
Aug-20

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

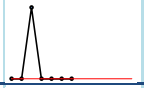
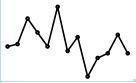
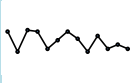
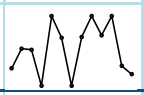
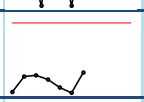
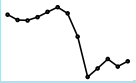
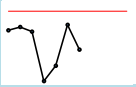
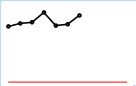
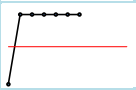
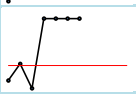
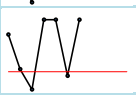
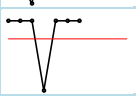
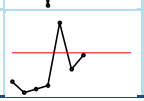
	Committee		Latest Month	Latest month	2020-21 YTD	2020-21 Target	2019-20	Trend	Issue/Comment	Risk	Management Action	Exec Lead
CLINICAL EFFECTIVENESS (continued)												
Stroke: % of patients that have spent 90% or more of their stay in hospital on a stroke unit	Q F&P	▲	Aug-20	90.9%	92.0%	83.0%	89.3%		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	▲£	Aug-20	1	3	0	1		Incident reported from St Helens theatres. Immediate actions implemented, formal investigation underway.	Quality and patient safety	RCA is being undertaken. Immediate actions in place to mitigate chances of recurrence. Local actions and checks in place to minimise the likelihood of re-occurrence .	SR
% New Harm Free Care (National Safety Thermometer)	Q	T	Mar-20	98.5%		98.9%	98.7%		Safety Thermometer was discontinued in March 2020	Quality and patient safety	Reducing hospital acquired harm is a key priority for the quality and risk teams, the continued development of both risk assessments and harm mitigation strategies will further reduce the risk of harm to patients	SR
Prescribing errors causing serious harm	Q	T	Aug-20	0	0	0	0		The trust continues to have no inpatient prescribing errors which cause serious harm. Trust has moved from being a historic low reporter of prescribing errors to a higher reporter - which is good.	Quality and patient safety	Consistent good performance is supported by the EPMA platform.	RPJ
Number of hospital acquired MRSA	Q F&P	▲£	Aug-20	0	0	0	1		There were no cases of MRSA in August 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	▲£	Aug-20	4	14	48	42		There were 4 positive C Diff sample in August 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		Aug-20	2	11	No Target	25					
Number of avoidable hospital acquired pressure ulcers (Grade 3 and 4)	Q	▲	Jul-20	0	1	No Contract target	1		No category 3 or 4 pressure ulcers in July 2020.	Quality and patient safety	Improvement actions in place based upon RCA findings from the incident identified in April.	SR
Number of falls resulting in severe harm or death	Q	▲	Jul-20	3	13	No Contract target	13		3 falls resulting in severe harm in July 2020. The incidents are reported from Ward 1A, ED and Newton.	Quality and patient safety	Focussed falls reduction and improvement work in all areas being undertaken. Additional support provided to high risk wards.	SR
VTE: % of adult patients admitted in the month assessed for risk of VTE on admission	Q	▲£	Feb-20	95.70%		95.0%	95.54%		**March to August 2020 submissions suspended.** VTE performance monitored since implementation of Medway and ePMA. Performance remained above target.	Quality and patient safety	Despite suspension of returns, we continue to emphasise the importance of thrombosis prevention. A spike of thrombotic events during the height of COVID reflects the nature of the disease and performance has now improved.	RPJ
Number of cases of Hospital Associated Thrombosis (HAT)		T	Jul-20	4	23	No Target	26					
To achieve and maintain CQC registration	Q		Aug-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	Aug-20	93.2%	94.6%	No Target	95.6%		Shelford Patient Acuity undertaken bi-annually	Quality and patient safety	Safe Care Allocate has been implemented across all inpatient wards. All wards are receiving support to ensure consistency in scoring patients. Recruitment into posts remains a priority area. Unify report has identified some specific training relating to rostering and the use of the e-Roster System. This is going to be addressed through the implementation of a check and challenge process at ward level.	SR
Safe Staffing: Number of wards with <80% Registered Nurse/Midwife (combined day and night) Fill Rate	Q	T	Aug-20	2	18	No Target	8					

Aug-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	▲ £	Jul-20	95.7%	93.7%	93.0%	91.0%		Cancer performance improving as services get back on track. 62 day performance and 2 ww access target achieved	Quality and patient experience	1. All DMs producing speciality level action plans to provide two week capacity 2. Capacity/demand review on going at speciality level 3. Trust is secured additional Imaging capacity via temp CT facility and C&M funding for additional USS approved 4. Trust commenced Rapid Diagnostic Service early 2020 5.Cancer surgical Hub at St Helens operational 6. ESCH plans reignited	RC
Cancer: 31 day wait for diagnosis to first treatment - all cancers	F&P	▲ £	Jul-20	98.6%	97.4%	96.0%	97.1%					
Cancer: 62 day wait for first treatment from urgent GP referral to treatment	F&P	▲ ●	Jul-20	96.0%	86.7%	85.0%	86.2%					
18 weeks: % incomplete pathways waiting < 18 weeks at the end of the period	F&P	▲	Aug-20	60.5%	60.5%	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 had stopped elective programme and therefore the ability to achieve RTT is not possible.	RTT continues to be monitored and patients tracked. Long waiters tracked and discussed in depth at weekly PTL meetings	RC
18 weeks: % of Diagnostic Waits who waited <6 weeks	F&P	▲	Aug-20	71.0%	62.0%	99.0%	99.7%					
18 weeks: Number of RTT waits over 52 weeks (incomplete pathways)	F&P	▲	Aug-20	137	137	0	0					
Cancelled operations: % of patients whose operation was cancelled	F&P	T	Aug-20	0.5%	0.3%	0.8%	0.7%		All routine elective work was cancelled until COVID restrictions lifted and this impacted adversely on the 28 day re-list target	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	▲ £	Jul-20	77.8%	83.3%	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	▲	Aug-20	78.9%	83.4%	95.0%	69.8%		Accident and Emergency Type 1 performance for Aug 2020 was 78.9% and YTD 83.4%. Type 1 Performance in July 2020 was 84.6%. The all type mapped STHK Trust footprint performance for August was 87.7% and YTD 89.4%. All Types performance in July 2020 was 89.8%. The Trust is seeing attendance levels gradually increase each month back towards pre-covid levels with 9,524 Type 1 attendances in August 2020 (compared with 9,810 in July 2019). July attendances were 9374 compared with 8764 in June, 7,815 in attendances May 2020 and 5,548 in April. Bevan Court opened on 25.8.20 with additional bed and assessment capacity, which has reduced bed occupancy and congestion in ED.	Patient experience, quality and patient safety	The urgent and emergency care transformation plan has several interconnected work streams designed to improve overall 4 hour access performance. Emergency Department/Front Door processes in place including 'walk in' streaming, Stretcher Triage streaming and internal departmental efficiencies and exit from ED. GP streaming in place as per NHSE recommendations. Flow through the Hospital COVID action plan to enhance discharges commenced in April with daily discharge tracking meetings to manage patients who no longer meet the criteria to reside with all system partners promoting same day discharges on pathways 0, 1,2, 3 with strict KPI management to optimise bed capacity.	RC
A&E: Total time in A&E: % < 4 hours (Mapped STHK Footprint – All Types)	F&P	▲	Aug-20	87.7%	89.4%	95.0%	83.9%					
A&E: 12 hour trolley waits	F&P	▲	Aug-20	0	0	0	0					

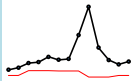
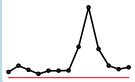
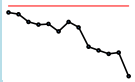
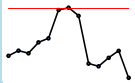
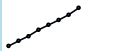
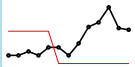
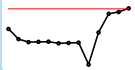
CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	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 to August 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	Aug-20	19	91	No Target	319		% new (Stage 1) complaints resolved within agreed timescales continues to remain above the 90% target year to date with slight dip in August.	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, with continued focus on achieving the target of 90%.	SR
Complaints: New (Stage 1) Complaints Resolved in month	Q	T	Aug-20	18	100	No Target	310					
Complaints: % New (Stage 1) Complaints Resolved in month within agreed timescales	Q	T	Aug-20	88.9%	95.0%	No Target	92.9%					
DTOC: Average number of DTOCs per day (acute and non-acute)	Q	T	Feb-20	24		No Target	21		**March to August 2020 submissions suspended.** In February 2020, the average number of DTOCS (patients delayed over 72 hours) was 24.		COVID action plan to enhance discharges commenced in April with daily discharge tracking meetings to manage patients who no longer meet the criteria to reside with all system partners promoting same day discharges on pathways 0, 1,2, 3 with strict KPI management to optimise bed capacity/reduce delays.	RC
Average number of Stranded patients per day (7+ days LoS)	Q	T	Aug-20	235	224		333					
Average number of Super Stranded patients per day (21+ days LoS)	Q	T	Aug-20	61	63		126					
Friends and Family Test: % recommended - A&E	Q	▲	Feb-20	86.7%		90.0%	86.5%		**March to August 2020 submissions suspended.**	Patient experience & reputation	Despite the suspension of national submissions, the profile of FFT continues to be raised by members of the Patient Experience Team as a valuable mechanism for receiving up-to-date patient feedback. The display of FFT feedback via the 'You said, we did' posters continues to be actively monitored and regular reminder emails are issued to wards that do not submit the posters by the deadline. At least two members of staff have been identified in each area to take responsibility for production of the 'you said, we did' posters which are used to identify specific areas for improvement. Easy to use guides are available for each ward to support completion and the posters are now distributed centrally to ensure that each ward has up-to-date posters. Areas continue to review comments to identify any emerging themes or trends, and significantly negative comments are followed up with the contributor if contact details are provided to try and resolve issues.	SR
Friends and Family Test: % recommended - Acute Inpatients	Q	▲	Feb-20	96.1%		90.0%	95.6%					
Friends and Family Test: % recommended - Maternity (Antenatal)	Q		Feb-20	100.0%		98.1%	98.8%					
Friends and Family Test: % recommended - Maternity (Birth)	Q	▲	Feb-20	100.0%		98.1%	97.7%					
Friends and Family Test: % recommended - Maternity (Postnatal Ward)	Q		Feb-20	100.0%		95.1%	96.9%					
Friends and Family Test: % recommended - Maternity (Postnatal Community)	Q		Feb-20	100.0%		98.6%	99.6%					
Friends and Family Test: % recommended - Outpatients	Q	▲	Feb-20	95.0%		95.0%	94.6%					

Aug-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	▲	Aug-20	5.4%	6.3%	Q1 - 4.25% Q2 - 4.35% Q3 - 4.72% Q4 - 4.68%	5.3%		In August overall sickness was 5.4% which is a 0.2% increase from July. Front line Nursing, Midwifery and HCA's is 6.3% which is 0.2% increase from July as may be as a result of increased isolation due to track and trace. N.B This includes normal sickness and COVID19 sickness reasons only. These figures do not include, covid absence reasons for 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 had been reducing, but in August we saw an increase again in line with national changes to infection rates from Covid. The HR Advisory Team review COVID and non COVID absences daily to ensure staff eligible for swabbing are referred to HWWB. During August staff who have been shielding will be risk assessed for return to their normal area of work where risk assessments indicate it is safe to return. 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. This include support to shielding returners anxious about leaving their homes.	AMS
Sickness: All Nursing and Midwifery (Qualified and HCAs) Sickness Ward Areas	Q F&P UOR	T	Aug-20	6.3%	7.7%	5.3%	6.1%					
Staffing: % Staff received appraisals	Q F&P	T	Aug-20	66.7%	66.7%	85.0%	79.4%		Appraisal compliance in August is below target by 18.3%. This is improving since August but still behind target due to appraisals being paused due to COVID19 where service demands have impacted on the capacity to complete appraisals. Mandatory training compliance has improved but remains below the target by 4.7%.	Quality and patient experience, Operational efficiency, Staff morale and engagement.	Compliance continues to be impacted by COVID 19. Appraisal compliance has decreased by 6.2% in month and is still below target. Mandatory training has seen further monthly decrease. The requirement to complete Appraisals and Mandatory training was resumed in July. Appraisals can be completed through the e-forms to enable improved compliance. For Mandatory Training a more detailed recovery plan to meet compliance is being developed by SMEs responsible for each area. Guidance is available to support remote appraisals in the Agile Working Guidance on the Covid website and via the new staff app.	AMS
Staffing: % Staff received mandatory training	Q F&P	T	Aug-20	80.3%	80.3%	85.0%	84.5%					
Staff Friends & Family Test: % recommended Care	Q	▲	Q2	94.1%		No Contract Target			**Further submissions suspended by NHSE/NHSI until further notice.**	Staff engagement, recruitment and retention.	The Q3 survey covering all areas of the Trust closed on the 30th November. Results were published 18th February 2020.	AMS
Staff Friends & Family Test: % recommended Work	Q	▲	Q2	82.8%		No Contract Target						
Staffing: Turnover rate	Q F&P UOR	T	Aug-20	1.7%		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	Aug-20	suspended	suspended	3.0	3.0			Delivery of Control Total	The 2021 financial plan has been put on hold and a system introduced where Trusts will breakeven for the first six months of 2020/21.	NK
Progress on delivery of CIP savings (000's)	F&P	T	Aug-20	suspended	suspended	-	16,152					
Reported surplus/(deficit) to plan (000's)	F&P UOR	T	Aug-20	-	-	-	3,900					
Cash balances - Number of days to cover operating expenses	F&P	T	Aug-20	10	10	2	7					
Capital spend £ YTD (000's)	F&P	T	Aug-20	7,300	7,300	26,700	10,293					
Financial forecast outturn & performance against plan	F&P	T	Aug-20	-	-	-	3,900					
Better payment compliance non NHS YTD % (invoice numbers)	F&P	T	Aug-20	95.1%	95.1%	95.0%	87.9%					

APPENDIX A

St Helens and Knowsley Teaching Hospitals NHS Trust

			Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-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%	89.7%	100.0%	89.5%	100.0%	100.0%	100.0%	100.0%	94.6%	100.0%	86.7%	76.5%	100.0%	90.2%	85.0%		92.7%		RC
	Total > 62 days		0.0	2.0	0.0	2.0	0.0	0.0	0.0	0.0	1.0	0.0	1.0	2.0	0.0	3.0			8.0		
	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	1.0	1.0			0.0		
Lower GI	% Within 62 days	▲£	60.0%	60.0%	85.7%	100.0%	78.9%	100.0%	50.0%	100.0%	82.6%	76.0%	85.7%	76.5%	100.0%	80.6%	85.0%		83.2%		
	Total > 62 days		3.0	2.0	1.0	0.0	2.0	0.0	2.0	0.0	2.0	3.0	1.0	2.0	0.0	6.0			18.0		
	Total > 104 days		1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0	1.0	0.0	2.0			4.0		
Upper GI	% Within 62 days	▲£	90.9%	100.0%	85.7%	100.0%	87.5%	88.9%	100.0%	100.0%	80.0%	60.0%	80.0%	60.0%	100.0%	75.0%	85.0%		90.5%		
	Total > 62 days		0.5	0.0	1.0	0.0	1.0	0.5	0.0	0.0	1.0	2.0	0.5	2.0	0.0	4.5			8.5		
	Total > 104 days		0.5	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.0	2.0	0.0	2.0			3.0		
Urological	% Within 62 days	▲£	87.5%	83.3%	92.3%	84.6%	92.0%	86.4%	86.4%	69.2%	79.3%	74.2%	66.7%	100.0%	100.0%	84.8%	85.0%		85.5%		
	Total > 62 days		2.5	3.0	1.0	2.0	1.0	1.5	1.5	6.0	3.0	4.0	2.0	0.0	0.0	6.0			27.5		
	Total > 104 days		0.5	0.5	0.0	0.0	0.5	0.5	1.0	1.0	0.0	1.0	2.0	0.0	0.0	3.0			7.0		
Head & Neck	% Within 62 days	▲£	16.7%	50.0%	28.6%	28.6%	20.0%	66.7%		25.0%	20.0%	100.0%	0.0%	100.0%	100.0%	100.0%	85.0%		29.3%		
	Total > 62 days		2.5	1.5	2.5	2.5	2.0	1.0		1.5	2.0	0.0	0.0	0.0	0.0	0.0			15.5		
	Total > 104 days		0.0	0.0	1.5	1.0	0.0	0.0		0.0	1.0	0.0	0.0	0.0	0.0	0.0			3.5		
Sarcoma	% Within 62 days	▲£		100.0%	50.0%	100.0%	0.0%	100.0%					100.0%			100.0%	85.0%		66.7%		
	Total > 62 days			0.0	1.0	0.0	1.0	0.0					0.0			0.0			2.0		
	Total > 104 days			0.0	0.0	0.0	0.0	0.0					0.0			0.0			0.0		
Gynaecological	% Within 62 days	▲£	83.3%	40.0%	50.0%	0.0%	75.0%	54.5%	80.0%	66.7%	100.0%	100.0%	40.0%	100.0%	100.0%	66.7%	85.0%		69.1%		
	Total > 62 days		1.0	3.0	1.0	0.5	1.0	2.5	1.0	2.0	0.0	0.0	3.0	0.0	0.0	3.0			15.0		
	Total > 104 days		0.0	0.0	1.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			1.5		
Lung	% Within 62 days	▲£	100.0%	100.0%	57.1%	90.0%	100.0%	58.3%	100.0%	71.4%	75.0%	69.2%	86.1%	100.0%	88.9%	85.0%	85.0%		85.0%		
	Total > 62 days		0.0	0.0	3.0	1.0	0.0	2.5	0.0	1.0	1.0	2.0	5.0	0.0	1.0	8.0			15.5		
	Total > 104 days		0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.0			1.5		
Haematological	% Within 62 days	▲£	50.0%	85.7%	100.0%	78.9%	100.0%	86.7%	80.0%	100.0%	100.0%	50.0%	66.7%	100.0%	66.7%	73.7%	85.0%		86.7%		
	Total > 62 days		1.0	1.0	0.0	2.0	0.0	1.0	1.0	0.0	0.0	1.0	0.5	0.0	1.0	2.5			7.5		
	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	0.0	0.0	0.0			1.0		
Skin	% Within 62 days	▲£	92.8%	95.0%	98.2%	80.2%	94.4%	95.8%	78.4%	93.9%	95.2%	91.2%	100.0%	92.5%	97.4%	94.5%	85.0%		92.0%		
	Total > 62 days		2.5	1.5	0.5	8.0	1.5	1.0	5.5	1.5	1.5	2.5	0.0	1.5	1.0	5.0			27.5		
	Total > 104 days		1.0	0.5	0.0	1.5	0.5	0.5	1.5	1.5	1.0	0.0	0.0	0.5	0.0	0.5			8.5		
Unknown	% Within 62 days	▲£		100.0%				100.0%	0.0%						100.0%	100.0%	85.0%		69.2%		
	Total > 62 days			0.0				0.0	0.5						0.0	0.0			0.5		
	Total > 104 days			0.0				0.0	0.0						0.0	0.0			0.0		
All Tumour Sites	% Within 62 days	▲£	85.7%	85.9%	86.2%	83.1%	88.9%	86.2%	85.2%	83.4%	88.0%	82.0%	81.6%	87.5%	96.0%	86.7%	85.0%		86.2%		
	Total > 62 days		13.0	14.0	11.0	18.0	9.5	10.0	11.5	12.0	11.5	14.5	13.0	7.5	3.0	38.0			145.5		
	Total > 104 days		3.0	1.0	2.5	5.0	1.0	1.5	2.5	2.5	3.5	2.0	2.0	3.5	1.0	8.5			30.0		
Cancer 31 day wait from urgent GP referral to first treatment by tumour site (rare cancers)																					
Testicular	% Within 31 days	▲£	66.7%														85.0%		80.0%		
	Total > 31 days		0.5																0.5		
	Total > 104 days		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)055
Title of paper: Executive Committee Chair's Report
Purpose: To provide assurance to the Trust Board on those matters delegated to the Executive Committee.
Summary: The paper provides a summary of the issues considered by the Executive Committee at the meetings held during July and August 2020. There was a total of 9 Executive Committee meetings held during this period. The Executive Committee approved: • New hospital switchboard "go live" • The Trust bid to NHSE/I to secure Urgent and Emergency Care capital to support additional urgent care capacity for winter 2020/21 • COVID-19 lessons learned and second surge action plan • Additional emergency medical team cover for St Helens Hospital The Committee also considered regular assurance reports covering; a monthly safer staffing report, Board Assurance Framework (BAF), Risk Management Council and Corporate Risk Register and Integrated Performance Report.
Trust objectives met or risks addressed: All 2020/21 Trust objectives.
Financial implications: None arising directly from this report.
Stakeholders: Patients, the public, staff, commissioners, regulators
Recommendation(s): That the report be noted
Presenting officer: Ann Marr, Chief Executive
Date of meeting: 30th September 2020

CHAIR'S REPORT FROM THE EXECUTIVE COMMITTEE

1. Introduction

There were 9 Executive Committee meetings in July and August 2020.

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

All meetings included a standard agenda item to consider COVID pandemic or restoration and recovery, COVID specific expenditure requests and issues escalated from the operational gold command weekly meetings.

2. 2nd July 2020

2.1 Board Assurance Framework (BAF)

The Director of Corporate Services presented the draft BAF with recommendations for changes that would be made to the Trust Board at the July meeting.

2.2 COVID Issues

Committee discussed the cancer access target performance and recovery plans, changes to the Public Health England guidance on wearing visors, staff antibody testing, the NHS Employers guidance for calculating staff pay during COVID and initiatives to enhance staff support.

3. 9th July 2020

3.1 Trust Board Agenda

The Director of Corporate Services presented the draft Trust Board agenda and committee discussed the arrangements for the virtual Board meeting, including the arrangements for making the employee of the month awards to comply with social distancing. Committee agreed that no individuals could be singled out as employee of the month for April, May and June because all staff had worked so hard during the height of the pandemic and special alternative arrangements would be put in place to acknowledge and recognise these efforts.

3.2 Legal Claims - Obstetrics

The Director of Nursing, Midwifery and Governance presented a review of historic legal claims over the 10-year period between 2009 and 2019 to provide assurance that lessons had been learned and embedded into clinical practice. Further work was required to understand whether there had been improvements following investment in enhanced CTG monitoring technology. A number of questions were raised, and it was agreed that further work was required on the paper. In addition, comparative data from other Trusts would also be sought to maximise the opportunity for sharing and learning.

3.3 Critical Care Network – Capacity Review

The Director of Operations reported on the bidding process to increase critical care capacity in Cheshire and Merseyside to address the lack of capacity across the North West that had been recognised during COVID-19. Committee discussed the existing spaces in the Trust ICU that were not currently commissioned as level 3 beds,and agreed that a bid should be submitted to equip these beds.

3.4 COVID Issues

The Director of Corporate Services had collated an initial lessons learned review of the Trust response to the pandemic with reflections from all Directors. It was agreed that there were a number of areas where further planning was needed to ensure that the Trust was better able to respond if there was second surge in infections.

Committee discussed visiting arrangements, recognising the distress this caused to patients and relatives, but also acknowledging the responsibility of the Trust to safeguard patients, staff, and members of the public. As the incidence of coronavirus amongst the population in the North West remained higher than the national average, it was agreed that on balance, the visiting restrictions should remain in place. These would be reviewed regularly by the Cheshire and Merseyside Directors of Nursing, who would agree collectively when to recommend a relaxing of the restrictions.

It was agreed that the Assistant Medical Director shadow on call rota could be stood down. All directors expressed their thanks to the Medical Director and Assistant Medical Directors for their support.

3.4 Digital Aspirant Programme (DAP)

The Director of Informatics reported that it had now been confirmed that the DAP would proceed in 2020/21 following the delay caused by COVID-19. The original programme was being adjusted to take account of the delay and some of the developments that had been brought forward to support the pandemic response.

4. 16th July 2020

4.1 Care Quality Commission (CQC) Insight Report – May 2020

The Director of Nursing, Midwifery and Governance presented a summary of the May CQC Insight report, focusing on any metrics which had changed. The overall assessment remained that the Trust was in the top 25% of all acute Trusts. Recent discussions with the CQC had highlighted that a small change to the Trust reporting procedure for patient safety incidents would alter the way that data was reported nationally and improve the rating.

4.2 Risk Management Council Chair's Report

The Director of Corporate Services presented the report summarising the Trust risk register and the risks escalated to the Corporate Risk Register (CRR). A number of COVID risks had now been closed or de-escalated.

4.3 Business case approvals

The Director of Finance and Information presented a summary of the service development and expenditure approvals to date in 2020/21, and discussed the implications and potential risks of moving to block contract arrangements with cost pressures, whilst the financial arrangements for the remainder of the financial year were not yet clarified.

4.4 Integrated Performance Report (IPR)

The Director of Finance and Information presented the IPR detailing performance in June and committee discussed current performance and plans for restoration following the impact of suspending elective activity for 3 months during the height of the pandemic.

4.5 COVID issues

Committee approved COVID related business cases including additional capacity for Human Resources and Health Work and Well Being to undertake staff risk assessments and funding for the additional touch point cleaning in public areas of the hospital to maintain a COVID secure environment.

4.6 NHS Charities Grant

The Director of Finance and Information reported that the Trust had received a grant from NHS Charities Together from the money raised by Captain Sir Tom Moore. Ideas for how the money could be spent for the benefit of staff and patients were discussed, with suggestions for wellbeing gardens to be developed into a firm proposal.

5. 23rd July 2020

5.1 Out of Hours Anaesthetic Cover Review

The Director of Operations and Performance introduced a paper reviewing the case and options for increasing out of hours anaesthetic and theatre team cover, which had been initiated following a number of simultaneous emergencies, that required anaesthetic intervention. It was agreed that further information was needed to understand the drivers for the increase in out of hours activity and the equivalent review for Obstetrics, to enable the Executive to understand any additional capacity required and how this could be funded.

5.2 Pressure Ulcers Thematic Review

The Director of Nursing, Midwifery and Governance presented a thematic review of hospital acquired pressure ulcers in 2019/20. There had been an increase in the overall numbers of pressure ulcers, particularly grade 1 and 2. Committee discussed the potential causes e.g. trolley waits in ED and the lessons that had been learned from the reviews. Key learning points were the need to raise awareness so that the risk was

identified early in the patient journey and preventative measures put in place. An action plan had been developed and this was reviewed, and further suggestions made. A similar exercise was commissioned for the pressure ulcers that had been reported to date for 2020/21. It was agreed that further analysis of the issues was required.

5.3 COVID Issues

The Director of Operations and Performance presented the review of beneficial changes to clinical practice during COVID that had been undertaken and reported to the NHSE/I Medical Director. It was noted that some of these initiatives had received COVID funding and were not sustainable unless alternative revenue streams were identified.

It was also reported that Local Authority social workers continued to undertake remote assessment of patients who needed support post discharge. This was placing an additional burden on the ward nursing staff and resulting in delays. The issue had been raised with the Cheshire and Merseyside Hospital Cell.

5.4 Phase 3 – Recovery Guidance

The Chief Executive briefed the Committee on the North West Regional Roadshow where national leaders had spoken about the next phase in the NHS recovery from COVID-19, and the targets for elective activity and potential pressures during the coming winter. The winter flu campaign and COVID risk assessments for all NHS staff had also been heralded, ahead of the publication of the next stage guidance.

6. 30th July 2020

6.1 New Switchboard – Go Live

The Director of Informatics sought approval for the new switchboard to go live on 18th August. The project had been delayed during the pandemic but had been restarted in June and was now ready to transfer to the new system.

6.2 COVID Issues

Committee discussed plans to establish a drive through pharmacy prescription collection service. The impact of the changing travel guidance issued by the UK Government for staff who had or planned to travel abroad was discussed. National guidance from NHS Employers was expected to set out how quarantine periods for staff should be managed. The Deputy CEO/Director of HR also gave an update on the progress of risk assessments for staff who had been shielding and were due to return to work in August when the government restrictions were lifted.

6.3 Urgent and Emergency Care (UEC) Capital

Committee discussed the current Trust capital programme and priorities for short term investment in light of the UEC capital that the Trust had been provisionally awarded to create Priority Assessment Units and additional Same Day Emergency Care (SDEC) pathways for winter 2020/21. The UEC business case was being developed for submission to NHSE/I by the deadline of 14th August. Committee also discussed

opportunities to install temporary theatre capacity on the St Helens site to help recover the elective activity.

7. 6th August 2020

7.1 Nurse Staffing Establishment Review

The Director of Nursing, Midwifery and Governance presented the paper, detailing the Shelford acuity review for adult inpatient wards that had been undertaken for the period December 2019 – February 2020. The review had shown that overall, the nurse establishment was sufficient to cover the qualified and HCA nurse requirements across the Trust, but there were some variations for specific wards that would be reviewed to ensure that capacity was aligned to changing demands. The report also showed the safer staffing and care hours per patient per day, which demonstrated that the levels of nursing cover met the planned staffing levels. It was planned to repeat the review for the period March – August 2020, although it was recognised that the disruption to services and redeployment of staff to different wards caused by the pandemic may make this challenging.

7.2 Community Services Pandemic Response

The Director of Operations and Performance introduced a presentation, which detailed how the Community Services managed by the Trust had responded and adapted during the pandemic to provide support for shielding and vulnerable patients in their own homes and in Care Homes. The community nursing teams had transferred to the Trust on the 1st April, which was in the midst of the crisis which had been difficult, but they had remained focused on achieving the best outcomes for patients. The service had also worked with all the Local Authorities to agree a single enhanced discharge pathway, to support patients who were medically optimised and able to leave hospital. Committee thanked all the staff for their flexibility and courage and discussed the changes that needed to be retained as part of business as usual.

7.3 COVID Issues

Following a workshop with directors, the Director of Corporate Services presented the priority actions for the Executive, to improve the Trust response to COVID-19 in the event of a second surge in cases. It was agreed that the delivery of the action plan would be regularly monitored.

7.4 Future of Local Clinical Excellence Awards (LCEA)

The Medical Director briefed the committee on a questionnaire sent by the NHSE/I Medical Director that all Trusts had been asked to complete, to gather views about how LCEA could be improved. The questionnaire was to be returned by 24th August and it was agreed that the Deputy CEO/Director of HR and Medical Director should lead the Trust response.

8. 13th August 2020

8.1 Deep Dive into nosocomial outbreak – Newton

The Director of Nursing, Midwifery and Governance presented the review, which sought to identify both the timeline and lessons learned. The first positive cases had been identified on 24th March and an outbreak declared on 26th March 2020. The ward remained closed to new admissions until 14th May, when there had been no new cases for 28 days. Patients and staff were infected and in total the outbreak affected 37 individuals. Although it had not been PHE guidance at the time of the outbreak, the importance of testing all inpatients on admission and then again every 5 – 7 days was felt to be critical to the early isolation of infected patients and the identification of asymptomatic cases.

There had been a total of 10 outbreaks of coronavirus across the Trust in the period between February and July 2020. Full investigations had been undertaken in each case and the Infection Prevention Control team had overseen the Trust response to ensure that all appropriate actions had been taken.

8.2 Emergency Team Cover at St Helens Hospital

The Director of Operations and Performance outlined proposals to increase emergency team cover at St Helens hospital to support the increased elective activity that was being undertaken at the site. This was part of the Trust plans to reduce the elective waiting lists that had increased when activity was suspended during the COVID-19 pandemic. The business case requested additional nurse clinician and Resident Medical Officer (RMO) cover to ensure that there was emergency team cover over the additional weekends and evening sessions and increased surgical activity in theatres. The creation of a new nurse clinician post was approved, and the additional RMO cover was agreed until the end of the financial year, as this was when the recovery arrangements would be reviewed again.

8.3 Appraisals and Mandatory Training

The report identified compliance against the appraisal and mandatory training targets for each director. The report for July was the first since targets had been suspended during the pandemic. Each director was asked to implement a recovery plan for their services, so that by the end of the year the targets would be achieved.

8.4 Risk Management Council and Corporate Risk Register Report

The Director of Corporate Services presented the Chair's assurance report from the Risk Management Council meeting on 11th August. A number of the COVID specific risks had been de-escalated from the corporate risk register as the number of positive patients in the hospital had decreased.

8.5 Integrated Performance Report (IPR) – July

The Director of Operations and Performance presented the draft IPR for July. The Executive reviewed performance and agreed the management commentary.

8.6 COVID Issues

Committee discussed the need for increased in-house testing capacity in preparation for winter. It would be important to distinguish between COVID and other winter viruses so that staff did not have to self-isolate for 14 days, as symptoms could be very similar. The Public Health information about incidence in the local population was reviewed. It was noted that the incidence per 100k population had increased in all the boroughs in Merseyside, although this had not yet reached levels that would trigger local action.

9. 20th August 2020

9.1 Safer Staffing Report – Month 4

The Director of Nursing, Midwifery and Governance presented the safer staffing report for July, the reporting of which had now been resumed following suspension during the pandemic. The Registered Nurse fill rate for July was 94.7% and the Care Staff fill rate was 120.2%. The detailed analysis of the June data showed there was no correlation between reported staffing incidents and patient harms. The overall bank and agency fill rate for shifts had been 86.8%.

9.2 COVID Issues

The hospital visiting restrictions had been reviewed by the Cheshire and Merseyside Directors of Nursing and they had agreed that the restrictions should remain in place. Committee recognised the impact on patients, relatives, and staff, but also the importance of continuing to manage the risk. The lack of face to face social work assessments also continued to be an issue and this had now been escalated with system partners.

Revised Infection Prevention Control and track and trace guidance had been issued for hospital settings and staff, and this was being reviewed by Gold Command.

9.3 Phase 3 – Planning Submissions

The Director of Finance reported that the Trust had received the planning templates for the Phase 3 recovery plan for the remainder of 2020/21, with NHSE/I targets to achieve:

- Cancer – reduce diagnostic or treatment for 62 or 31 waiters to pre-COVID levels and plans for those over 104 days.
- OPP/DC & IP – when compared to last year's performance to achieve the following percentage activity: August 70%; September 80% and October 90% of last year's activity.
- MRI/CT/Endoscopy – 90% ASAP and achieve 100% by October of last year's activity.
- OPF & OPFU – 90% in August & 100% onwards from September onwards of last year's activity. (Benchmarking means they expect 25% should be virtual including 60% of OPFU)

The draft submission to the Health and Care Partnership (HCP) was due on 24th August for the elective activity plan and the system winter plan, with the final draft to be submitted to NHSE/I on 1st September, and the final version on 14th September. Committee reviewed the provisional modelling and planning assumptions being used to inform the Trust's submission.

The finance guidance to support the activity, performance and workforce templates was still awaited.

10. 27th August 2020

10.1 National Cancer Patient Experience Survey Results

The Director of Nursing, Midwifery and Governance introduced the presentation which summarised the Trust 2019 survey results. The Trust scored 9.0 (out of 10) for overall care with colorectal cancer scoring 9.4 and breast cancer 9.3. The work done by the services to improve communications with patients had been successful and was reflected in the survey results. The cancer team was congratulated on the impressive improvement and overall results for the 2019 survey and it was agreed that learning should be shared with other services.

10.2 Inpatient Visiting

Best practice guidelines for the reintroduction of visiting had been developed by the Cheshire and Merseyside Directors of Nursing. This was a risk-based approach reflecting the current number of COVID cases in the community and people admitted to hospital. It was agreed that the principles should be adapted into local procedures for the Trust, with the aim of reintroducing limited visiting for inpatient wards in early September.

10.3 Staff support following incidents

The Director of Nursing, Midwifery and Governance had reviewed the processes in place to learn from and support staff following a clinical incident. The Multidisciplinary Team Clinical Incident Review Tool is used by the majority of services and this supports any staff affected. Staff feedback following the introduction of this tool had been positive.

10.4 COVID Issues

Committee reviewed the COVID action log and Cheshire and Merseyside Public Health surveillance dashboard. The Deputy CEO/Director of HR provided a progress report on the percentage of staff risk assessments completed against the target of 100% by the end of August. The Medical Director reported on the revised Public Health England Infection Prevention Control guidance that has been published. This was being reviewed with the Infection Prevention Control Microbiologist to see if any local Trust guidance needed to be changed.

ENDS

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(20)056

Title of paper: Committee Report – Quality

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

Agenda items discussed

Matters arising and action log
The Chair requested a report outlining the findings of the pressure ulcer review for October's Quality Committee.

Updates on the action log were provided, including confirmation that end-of-life training will be included as part of core clinical training, recommencement of face to face training for blood transfusions and approval of the anaesthetic business case. Actions taken as a result of infections were also noted.

Integrated Performance Report (IPR)
Update on the latest quality performance, noting there had been a never event in August. The Committee sought assurance that the actions already implemented and being planned were effective, including compliance with existing procedures. Members confirmed that robust measures were in place to ensure a safety culture across the hospital sites and that staff were fully engaged in the process.

It was noted that there were no MRSA bacteraemia and that clostridium difficile cases year-to-date were less than the same period last year. Reducing category two pressure ulcers and falls are key priorities for this year, with support for wards reporting higher number of incidents. The increase in HSMR to 129.4 was highlighted and noted that the Trust was in line with the England average of 130. In addition, further work has taken place to understand the information behind the figures which reiterates that the Trust is not an outlier.

The Committee noted there were robust processes in place for reviewing cancer referrals and all waiting lists to ensure that patients with higher clinical priority are managed appropriately. The increase in length of stay for elective patients was expected as the Trust is treating more complex patients in line with this approach. Assurances were provided that there are plans in place to meet national targets for phase three to reach 90% of last year's capacity by the end of the year.

The continued use of Medway patient administration system will support improvements in ADT compliance and is part of the improving patient flow work-stream.

Assurance was provided that stroke patients are receiving the correct treatment within 4 hours, however, there are some delays in patients reaching the ward.

Quality Account
The Committee approved the draft Quality Account, prior to submission to external stakeholders and then the Trust Board in October.

Patient Safety Council Chair's Report – September 2020
Updates were provided on actions being taken to streamline the process for managing

unacknowledged results in Medway. Reports were received relating to serious incidents, falls, venous thromboembolism (VTE), tissue viability, infection prevention, claims and inquests, safeguarding and sepsis.

Incidents, never events and serious incident thematic review
The report was noted, highlighting that the slight reduction in incident reporting reflected the lower activity levels in quarter one. Documentation was highlighted as a theme in incidents and it was noted that a number of actions are in progress, including moving risk assessments to the same electronic system as patient observations and further development of electronic nursing documentation.

A detailed report on the delivery of actions following the never event was requested for the next meeting.

Safeguarding Annual Report
The combined Adult and Children Safeguarding Report for 2019-20 was approved by the Committee.

It was noted that the Trust is now a member of the cross Merseyside Safeguarding forum. Confirmation was provided that PREVENT training compliance is increasing (currently 86%) and the 90% target should be achieved by the end of the year.

Patient Experience Council Chair's Report August and September 2020
A summary of the meeting was provided, including reports outlining the benefit of the temporary discharge welfare telephone call service to support patients who had been discharged during the pandemic. Issues with wards not being able to answer calls in a timely manner were highlighted. Updates were provided on a range of issues including maintenance of complaints management performance, feedback from local Healthwatch organisations and actions to improve overall patient experience as measured by the national urgent care patient survey.

Clinical Effectiveness Council Chair's Report – September 2020
Updates were received from the Medical Emergency Team (MET) and the ongoing work to develop a deteriorating patient team was noted. It was confirmed that MET capacity is sufficient to cover the new wards in Bevan Court. Discussions were held on the alerting diagnostic groups noting the ongoing work to improve the hydration of patients, which is already having an impact on reducing the number of patients with acute kidney injuries.

Maternity Staffing for Safety (quarters 3&4 2019-20)
The Committee received two reports highlighting the work that takes place to maintain safe staffing levels across Maternity Services, achieving the recommended national rate of 1:28. It was confirmed that there are sufficient staff currently in the establishment to manage fluctuating acuity, although this is continually under review. It was noted that the service meets the requirements of continuity of carer via a team approach.

Perinatal Mortality Review (PMR) (quarters 3&4 2019-20)
Assurance was provided that the Trust is compliant with the PMR process and uses the review tool for all eligible cases, with a process in place to share learning. Monitoring is in place to ensure that the relevant actions taken from the learning are effective in reducing incidents.

Obstetrics and Gynaecology incidents, complaints and claims report (Qtr 4 2019-20)
The report was noted. The Committee sought assurance that relevant actions were taken when staffing numbers could impact on safety. It was confirmed that the maternity bleep holder would mitigate any shortfalls and was also available to provide cover and support as needed.

Care Quality Commission (CQC) response to the Trust's Infection Prevention and Control Board Assurance Framework (IPCBAF)
It was noted that the two outstanding actions to ensure full compliance with the IPCBAF had been completed and that the CQC had confirmed the Trust had met the requirements contained in the document.

Workforce Council Chair's Report – July
The report was noted and the Committee highlighted the achievement of the Volunteer Service in receiving the Queen's Award and commended the Trust on achieving 100% of BAME risk assessments, as well as the efforts and flexibility of staff in mobilising to meet the challenges of the pandemic.

Guardian of Safe Working Practice Assurance Report
The Committee noted the arrangements in place to support junior medical staff and that the small number of issues raised had been addressed.

Safer Staffing Monthly Reports – June, July and August
The latest safer staffing report was discussed, noting the overall RN fill rates remained above 90% and care staff above 100% due to the number of close observations required.

Nurse Staffing Establishment Review
The process for determining the required establishment for each ward was outlined. The Committee were pleased to note the plans for Associate Nurses and the support available for newly qualified and international nurses.

Flu Immunisation Programme 2020-21
The Committee noted the plans in place to achieve the Trust's target of vaccinating 95% of frontline staff, building on the successes of last year and the need to implement different approaches to ensure compliance with restrictions in place due to COVID.

Matters for Escalation to the Board

- Recognition that the Trust has plans in place to meet national targets set against pre-COVID position.

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

Financial implications: None directly from this report.

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

Recommendation(s): It is recommended that the Board note this report.

Presenting officer: Val Davies, Non-Executive Director on behalf of Gill Brown, Chair

Date of meeting: 30th September 2020

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(20)057

Title of paper: Committee Report – Finance & Performance

Purpose: To report to on the Finance & Performance Committee, 24th September 2020

Summary:

Meeting attended by:

J Kozer – NED & Chair
I Clayton - NED
P Growney - NED
N Khashu – Director of Finance & Information
R Cooper – Director of Operations & Performance
AM Stretch – Deputy CEO / Director of Human Resources
N Bunce - Director of Corporate Services
RP Jones – Medical Director
P Williams – Deputy Medical Director
G Lawrence – Deputy Director of Finance & Information

Agenda Items

For Assurance

A) Integrated Performance Report

- It was noted that there had been 1 never event in by August 2020, this will be discussed at Quality Committee.
- RPJ gave assurance around the HSMR figures, although they are high at 129 the average for England is currently 130 so we are below national average.
- NEDs complemented and thanks the Trust for its cancer performance given the difficult circumstances and the noted the performance compared to other organisations.

B) Finance Report Month 5

- The Trust has delivered a break-even position in line with national planning assumptions.
- This has been achieved by submitting "top ups" for both COVID related expenditure and core operational spend above the allocated monthly block arrangements. Months 1 to 4 have been paid and no issues are expected with month 5.
- Cash position continues to be strong as a result of commissioners paying block contracts one month in advance.

For Information

C) YTD 2020/21 Financial Performance

- Improvement seen in activity across the points of delivery, although there was a slight decrease in August for outpatient due to the number of working days. Average tariff price for A&E attendances has decreased from April when only the most acutely unwell patients were arriving at the hospital. Block income arrangements have protected the trusts overall financial position to break even.

D) NHSE/I Budget allocations

- The committee noted the report and understood the rationale for the Trust requiring adjustments to the base income and expenditure assumptions issued by NHSE/I.
- The committee questioned how this rationale will be taken forward into the rest of the financial year. NK responded that this report had been presented and accepted up to month 5 but not replicated through to the financial envelopes issued by the national team.

E) Capital Allocations 20/21

- The committee noted the report on this year's capital programme and the increases in the capital plan as a result of successful external bids.
- The committee noted the potential capital pressures in future years and the requirement to borrow externally to fund.

F) Cheshire & Merseyside HCP Phase 3 Submission & NHSI Phase 3 Control Total Allocations

- The committee received a presentation on the submission to C&MHCP and the control totals issued to the C&M system.
- The system as a whole is required to breakeven.
- Discussions are still ongoing on the allocation of these funds to the Trust and potential options were shared with the committee.

G) Briefing Papers accepted from

- Procurement Steering Council

Risks noted/Items to be raised at Board

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: 30th September July 2020

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(20)058

Title of Paper: Committee Report – Audit

Purpose: To feedback on matters arising from the Audit Committee held on 2nd September 2020

Summary:

For Assurance

External Audit

- **Annual Audit Letter (AAL) 2019/20** – Grant Thornton UK LLP (GT) presented the AAL, which is a 'for publication' public summary of findings, including the Trust's unqualified opinion ahead of deadline, and a 'clean' value for money conclusion, which were both significant achievements.

Internal Audit

- **Progress Report** – MIAA provided detail on progress against the 20/21 internal audit plan. After a pause relating to COVID-19, progress has been made on 20/21 fieldwork.
- **Follow Up Report** – Committee members expressed frustration that a number of ageing reports' recommendations had not been actioned, and/or MIAA had not been provided with responses. Managers will be asked to account for their progress in person at the next meeting.

Anti-fraud

- **Anti-fraud Progress Report** – the Trust's Anti-Fraud Specialist presented an update, which was discussed and accepted. There are no concerns around planned delivery, and face-to-face fraud awareness sessions will be replaced by e-learning.

Standing Items

- **Audit Log** – the Trust's internal summary of progress in implementing MIAA recommendations was discussed and accepted, notwithstanding concerns with manager engagement, mentioned above.
- **Aged Debt –** invoiced debt over 90 days overdue remains relatively steady at c.£9m.
- **Tender and Quotation Waivers –** the Head of Procurement's paper was noted. The Committee commended the team for maintaining financial controls during a time of significant pressure.

For Information

Standing Items

- **Losses and Special Payments –** report was discussed and accepted.

For Decision

- No items were presented for decision on this occasion.

Risks noted / items to be raised at Board

- None.

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

Financial implications: None as a direct consequence of this paper

Stakeholders: The Trust, its staff and all stakeholders

Recommendation(s): For the Board to note

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

Date of meeting: 30 September 2020

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(20)059
Title of paper: A framework of quality assurance for Responsible Officers & Revalidation. Annual Board Report and Statement of Compliance.
Purpose: The purpose of this paper is to provide feedback and assurance to the Board that arrangements for Medical Appraisal & Revalidation are operating effectively at the Trust and in accordance with regulations.
Summary: In accordance with structured template. • General • Effective Appraisal • Recommendations to the GMC • Medical Governance • Employment Checks • Summary & Conclusion
Corporate objectives met or risks addressed Assurance that the Trust as a designated body is compliant with the Responsible Officer regulations
Financial implications: None as a direct consequence of this paper.
Stakeholders: Staff, the Trust, patients, regulators.
Recommendation(s): The Board are asked to accept the report and to approve the 'statement of compliance' confirming that the organisation, as a designated body, is compliant with the regulations.
Presenting officer: Dr Jacqui Bussin, Responsible Officer, on behalf of Rowan Pritchard-Jones, Medical Director
Date of meeting: 30th September 2020

A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex D – Annual Board Report and Statement of Compliance.

St Helens & Knowsley Teaching Hospitals NHS Trust
September 2020

NHS England and NHS Improvement

A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex D – Annual Board Report and Statement of Compliance.

Publishing approval number: **000515**

Version number: 3.0

First published: 4 April 2014

Updated: February 2019

Prepared by: Lynda Norton, Claire Brown, Maurice Conlon

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact Lynda Norton on England.revalidation-pmo@nhs.net.

Contents

Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and annexes A – G. Included in the seven annexes is the Annual Organisational Audit (annex C), Board Report (annex D) and Statement of Compliance (annex E), which although are listed separately, are linked together through the annual audit process. To ensure the FQA continues to support future progress in organisations and provides the required level of assurance both within designated bodies and to the higher-level responsible officer, a review of the main document and its underpinning annexes has been undertaken with the priority redesign of the three annexes below:

- **Annual Organisational Audit (AOA):**

  The AOA has been simplified, with the removal of most non-numerical items. The intention is for the AOA to be the exercise that captures relevant numerical data necessary for regional and national assurance. The numerical data on appraisal rates is included as before, with minor simplification in response to feedback from designated bodies.

- **Board Report template:**

  The Board Report template now includes the qualitative questions previously contained in the AOA. There were set out as simple Yes/No responses in the AOA but in the revised Board Report template they are presented to support the designated body in reviewing their progress in these areas over time.

  Whereas the previous version of the Board Report template addressed the designated body's compliance with the responsible officer regulations, the revised version now contains items to help designated bodies assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance[1]. This publication describes a four-point checklist for organisations in respect of good medical governance, signed up to by the national UK systems regulators including the Care Quality Commission (CQC). Some of these points are already addressed by the existing questions in the Board Report template but with the aim of ensuring the checklist is fully covered, additional questions have been included. The intention is to help designated bodies meet the requirements of the system regulator as well as those of the professional regulator. In this way the two regulatory processes become complementary, with the practical benefit of avoiding duplication of recording.

[1] Effective clinical governance for the medical profession: a handbook for organisations employing, contracting or overseeing the practice of doctors GMC (2018) [https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf]

The over-riding intention is to create a Board Report template that guides organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

a) help the designated body in its pursuit of quality improvement,

b) provide the necessary assurance to the higher-level responsible officer, and

c) act as evidence for CQC inspections.

- **Statement of Compliance:**

The Statement Compliance (in Section 8) has been combined with the Board Report for efficiency and simplicity.

Designated Body Annual Board Report

Section 1 – General:

The board of St Helens & Knowsley Teaching Hospitals can confirm that:

1. The Annual Organisational Audit (AOA) for this year has been submitted.

Due to the COVID-19 pandemic, NHS England suspended medical appraisals in March 2020. There was therefore no requirement to submit an Annual Organisational Audit (AOA) in July 2020. NHS England have contacted all Responsible Officers and stated that medical appraisal should recommence in October 2020 and that they will be providing us with a shortened version of the AOA for completion later this year.

2. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Yes

3. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

A business case is currently being prepared to source additional funds which would reflect the increased demand on the appraisal and medical revalidation team to support the responsible officer.

4. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

We continue to work with colleagues to ensure our records are accurate.

5. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

The Trust's Medical Appraisal and Revalidation Policy has been revised and is currently out to consultation with the trust's Local Negotiating Committee (LNC). Responsible Officer Advisory Group meetings take place quarterly. The last meeting was cancelled due to the COVID-19 pandemic.

6. A peer review has been undertaken of this organisation's appraisal and revalidation processes.

No

7. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

The Trust provides support with appraisal and revalidation for all doctors for whom the Trust is their designated body. This includes some doctors who work on the Trust's medical bank or have short-term contracts with the Trust. A doctor can request their individual information in the form of complaints and significant events from the Quality and Risk Department. The Trust will provide information to the doctor's Responsible Officer to assist their revalidation when requested.

Section 2 – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

A doctor can request information relating to them in the form of complaints and significant events from the Quality and Risk Department. Individual specialties have access to outcome data relating to their specialty. Audits over the last year have shown that some doctors do not declare their whole scope of practice at their appraisal and some do not declare all the relevant information on complaints, significant events and incidents. The revised Medical Appraisal and Revalidation policy includes more detailed guidance on what information a doctor should include in their appraisal documentation. The Trust will promote this guidance when the revised policy is implemented.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

The Trust has recently completed a benchmarking exercise against other local organisations including how they ensure that a doctor's appraisal covers their

whole scope of practice and what governance information they provide to the doctor.

The results from the recent audits and benchmarking exercise have identified key priorities for development and will help to formulate and implement an action plan.

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

The current policy has been revised. It is currently in the consultation phase with the Trust's LNC and will then go through the Trust governance process.

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

The number of doctors with a prescribed connection to the Trust increases year on year. Each year some appraisers give up their appraisal role – usually because they have taken on additional non-clinical roles.

Recruiting new appraisers is an ongoing challenge due to doctors taking on other roles and competing priorities. We commission MIAD to provide new appraiser training once a year – this year training was cancelled due to the COVID-19 pandemic. We have a number of doctors booked onto one of MIAD's appraiser training webinars in September.

5. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[2] or equivalent).

All of our medical appraisers are required to attend a refresher training course every 3 years.

Due to the Covid-19 pandemic, this year's refresher training course was cancelled and will be rescheduled.

Appraisers are expected to attend an in-house appraiser support group once a year. These groups are facilitated by the Trust's Responsible Officer or the Clinical Appraisal Lead.

[2] http://www.england.nhs.uk/revalidation/ro/app-syst/

[2] Doctors with a prescribed connection to the designated body on the date of reporting.

The Clinical Appraisal Lead has recently completed an audit of the appraisal summaries of 25% of the Trust's appraisers.

During the coming year we will recommence appraiser support groups.

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

The appraisal system is reviewed by the ROAG and the minutes of the ROAG meetings are shared with the Workforce Council.

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

The Responsible Officer meets the Trust GMC Employer Liaison Advisor (ELA) 3 times per year and will have an early discussion with the ELA when necessary about any other concerns which may arise.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

The Responsible Officer informs the doctor when a positive recommendation has been made.

If the Responsible Officer plans to make a recommendation of deferral, the doctor is informed prior to the deferral and a plan is put in place to avoid further deferrals.

The Responsible Officer follows the Trust policy for management of non-engagement with appraisal and revalidation. As part of the policy, the doctor will have met the Responsible Officer to discuss a recommendation of non-engagement before the recommendation is made.

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

The Trust is undertaking a review of its processes for clinical governance for doctors using the GMC guidance on governance for doctors.

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Concerns raised about doctors are managed using the relevant Trust policies. All doctors can contact the Quality and Risk department to access their individual information relating complaints and incidents. All doctors are required to document any complaints and significant events within their appraisal.

3. There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

The Trust has a number of policies in place such as – Remediation, Handling Medical Concerns, Raising Concerns and Respect and Dignity at Work.

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors[3].

We have a Medical Professional Standards group that meets every two months. The Equality, Diversity and Inclusion Lead ensures Workforce Race Equality Standard (WRES) reports are completed and actioned. The reports around exclusion and exception data are presented and discussed by the Board. The Trust has also introduced an Employee Relations Oversight Steering Group (ERSOG) which reports to the Trust Board via the Quality Committee. The ERSOG oversees local investigation and disciplinary procedures for all staff groups.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other

[4]This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

places, and b) doctors connected elsewhere but who also work in our organisation[4].

The Trust continues to use the Medical Practice Information Transfer (MPIT) forms when a doctor takes up or leaves employment with the Trust to request information from a previous Responsible Officer or to share information with a doctor's new Responsible Officer. The Responsible Officer will make contact with other Responsible Officers or Clinical Governance leads on an ad hoc basis when concerns are raised about doctors.

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

The Trust introduced an ER Oversight Steering Group which was well attended in January 2020. Subsequent meetings were cancelled due to the COVID-19 pandemic. The next meeting is due to take place on the 23rd September 2020. The Trust seeks advice from the GMC's ELA and also from NHS Resolution's Practitioner Performance Advice service (PPA) when necessary.

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

The Trust continues to adhere to the NHS Safer Recruitment Standards and following a number of Responsible Officer Task and Finish group meetings, strengthened processes and standard operating procedures (SOPs) were devised to support doctors with their pre-employment checks. The medical resourcing team have a robust process in place to ensure a doctor meets the criteria for qualifications, references and GMC requirements.

[4] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

Section 6 – Summary of comments, and overall conclusion

The COVID-19 pandemic has been a huge challenge for the Trust and has meant some plans for development of the Trust's Medical Appraisal and Revalidation systems have been put on hold.

Over the coming weeks and months, the main focus will be on how we use the guidance provided by NHS England and the Academy of Medical Royal Colleges to restart the appraisal process whilst ensuring we are offering appropriate support for all of our doctors.

The revised Medical Appraisal and Revalidation policy will be implemented once it has been approved.

Overall conclusion:

The Trust can confirm they are compliant with the Responsible Officer Regulations. A number of areas for development have been identified and an action plan will be put in place for the next year.

Section 7 – Statement of Compliance:

The Board of St Helens & Knowsley Teaching Hospitals NHS Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

Official name of designated body: St Helens & Knowsley Teaching Hospitals NHS Trust

Name: Anne-Marie Stretch Signed: _ _ _ _ _ _ _ _ _ _

Role: Deputy Chief Executive

Date: XX September 2020

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(20)060
Subject: STHK Workforce Strategy and NHS People Plan 2020/2021
Purpose: To provide the Trust Board with assurance that the Trust is delivering on the workforce strategy priorities and that these are aligned with the direction of the NHS Long Term Plan and the recently published NHS People Plan.
Summary: The Trust Workforce Strategy and aligned to the principles and direction of the **NHS People Plan 2020/21** and the **NHS Long Term Plan**. The Trust is committed to developing the organisational culture and supporting the workforce. The paper summarises the key points of the NHS People Plan and how the Trust plans to deliver on its ambitions and promises to staff. The focus for the remainder of 2020/21 will be on making progress against the high impact actions detailed in the People Plan.
Corporate Objective met or risk addressed: Developing organisation culture and supporting our workforce
Financial Implications: N/A
Stakeholders: Staff, Commissioners, Regulators
Recommendation(s): The Trust Board is asked to approve the Trust approach to the delivery of the NHS People Plan
Presenting Director: Anne-Marie Stretch, Deputy CEO/Director of HR
Meeting date: 30th September 2020

1 Background and Context

The Trust's Workforce Strategy has been developed and aligned to the Trust Objectives and the recently published national NHS People Plan and NHS Long Term Plan. The Trust will use this strategy to hold ourselves to account in the delivery of our local and system actions and goals. In doing so, we will demonstrate the Trust commitment to staff and patients and set out deliverables and outcomes to drive forward the change we are committed to within the Strategy.

In delivering the strategy, an action plan has been developed built upon the principles and direction of the **NHS People Plan - We are the NHS: action for us** all published in July 2020. The plan sets out what our NHS people can expect from their leaders and each other. It focuses on how we must look after each other and foster a culture of inclusion and belonging, as well as action to grow and train our workforce, and work together differently to deliver patient care. The plan is focused primarily on the immediate term (2020-21) with an intention for the principles to create longer lasting change.

Similarly, the strategy also reads across to the **NHS Long Term Plan** which aims to continue to increase the NHS workforce, describing how improvements will be made to ensure the NHS is a better place to work, so that more staff stay in the NHS and feel able to make better use of their skills and experience for patients.

Fundamental to the strategy is the 'Our NHS People Promise,' which sets out ambitions for what people working in the NHS will say about it by 2024. The people promise is central to the NHS People Plan both in the remainder of 2020/21 and in the longer term. It has been developed to help embed a consistent and enduring offer to all staff in the NHS.

2 Strategic Workforce Priorities

The Trust's Workforce Strategy has been developed to support the Trust's **Vision and Values**, to deliver 5 Star Patient Care. The following diagram shows the six priorities of the Trust strategy.

A number of high impact actions have been embedded in the Trust Objectives and these align to the NHS People Plan:

- An agile, adaptive, and robust approach to risk assessing all staff
- Every member of staff will have health and wellbeing conversations
- Approach to improving attendance management
- Enhancing flexible working opportunities
- Equality and inclusion for our BAME staff
- International recruitment
- Focus on retention
- Quality of appraisals

STHK Workforce Priorities	We will…
Health and Wellbeing	•Ensure all staff have a health and wellbeing conversation and develop a personalised plan •Ensure all staff have a risk assessments, to keep our staff safe •Continue to support each other and access support when we need it
Culture and Leadership	•Create a compassionate, kind and inclusive work environment •Have common values and a shared purpose in line with our ACE behavioural standards •Sustain our focus and energy to meet the pace and scale of the challenges
Recruitment and Retention	• Roll out the working carers passport to support timely compassionate conversations about supporting carers • Overhaul recruitment and promotion practices to ensure staffing reflects the diversity of our local area • Ensure we are retaining our people – including offering more apprenticeships and continuing to grow our staff banks
Flexible Working	•Ensure leaders have the skills, values and attitudes to deliver efficient effective safe high quality services •Accelerate the rollout of e-rostering and e-job planning systems •Normalise conversations about flexible working and include this in our job advertising and induction programme
Workforce Development and Deployment	•Use technology to enhance our learning and development offer •Support safe deployment and redeployment for staff •Grow innovative, new and existing roles for UK and international staff
Equality and Diversity	•Create a culture that reduces inequalities for BAME staff, including tackling the disciplinary gap •Promoting active staff groups and networks of ED&I champions to support staff at all levels •Support BAME staff to access development and career opportunities

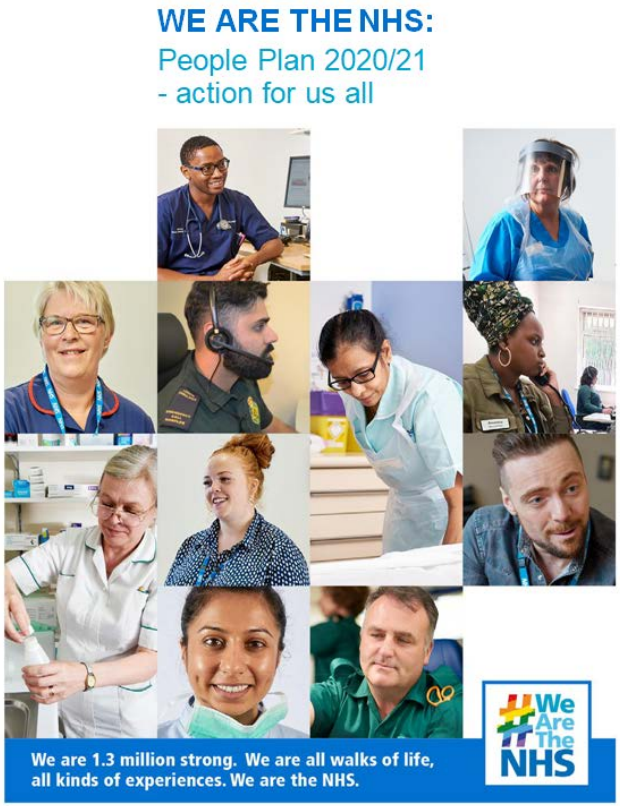
2 Action Plan

The Trust has developed a comprehensive action plan that brings together the Trust strategy priorities and the actions identified from the NHS People Plan.
The action plan has been agreed at Workforce Council and reviewed by the Executive Committee. Delivery of the action plan will be continually monitored via these routes and assurance to the Board provided via the 6 monthly HR Indicator Reports.
In developing these priorities, it is acknowledged that the Trust has already made significant progress towards the actions from the Interim People Plan during 2019/20. We also know that there may be timelines in the action plan which will need to be adjusted as further guidance is published from regulatory bodies on particular elements of the plan. As a result of the COVID-19 pandemic the timeline for the delivery of the 2020/21 plan as a whole has been adjusted and now includes COVID-19 related objectives.

ENDS

St Helens and Knowsley Teaching Hospitals NHS Trust

We are the NHS People Plan 2020/2021



People Plan 2020 - We are the NHS: action for us all

St Helens and Knowsley Teaching Hospitals NHS Trust

In July 2020 NHS England and NHS Improvement (NHSEI) and Health Education England (HEE) set out what our NHS people can expect from their leaders and each other.

- It focuses on how we must **look after each other** and foster a culture of inclusion and belonging, as well as action **to grow and train** our workforce, and work together differently to deliver patient care.
- Our NHS needs **more people, working differently in a compassionate and inclusive culture**
- Building on **transformation** of the NHS – to create a better place for people to work, improving both processes and outputs, ultimately leading to an enhanced patient experience

The plan is focused primarily on the rest of this year with an intention for the principles to create longer lasting change.

Commitments

St Helens and Knowsley Teaching Hospitals NHS Trust

The plan sets out practical actions that employers and systems should take, as well as the actions that NHSEI and HEE will take. It focuses on:

- **Looking after our people** – with quality health and wellbeing support for everyone;
- **Belonging in the NHS** – with a particular focus on the discrimination that some staff face;
- **New ways of working** – capturing innovation, much of it led by our NHS people
- **Growing for the future** – how we recruit, train and keep our people, and welcome back colleagues who want to return.

Our NHS People Promise

St Helens and Knowsley Teaching Hospitals NHS Trust

Our NHS People Promise is central to the plan both for the rest of 2020/21 and in the longer term. In doing so it will help embed a consistent and enduring offer to all staff in the NHS. From 2021 the annual NHS Staff Survey will be redesigned to align with Our People Promise.

Key Challenges

St Helens and Knowsley Teaching Hospitals NHS Trust

- We must balance the **significant scale** of the challenge against already pressured staff and services
- We will define measures to show **outputs –** holding ourselves to account
- **Digitalisation/connectivity** – we will develop current systems and processes to work for an increasingly agile workforce
- **Recruitment and retention** – we will focus on expending the talent pool, NHS as an employer of choice, the right skill mix, employee offering and training and career pathways including apprentices and volunteers.
- Increasing **diversity and inclusivity** in the workforce.
- Challenges for leadership - further responsibility for measuring outcomes and fostering a culture of belonging and inclusion
- In implementing the plan, we need strong **engagement and communication** and commitment at all levels
- **Funding commitments** require further discussion and we await guidance in relation to them

Our Priorities

St Helens and Knowsley Teaching Hospitals NHS Trust

STHK Workforce Priorities	We will…
Health and Wellbeing	•Ensure all staff have a health and wellbeing conversation and develop a personalised plan •Ensure all staff have a risk assessments, to keep our staff safe •Continue to support each other and access support when we need it
Culture and Leadership	•Create a compassionate, kind and inclusive work environment •Have common values and a shared purpose in line with our ACE behavioural standards •Sustain our focus and energy to meet the pace and scale of the challenges
Recruitment and Retention	• Roll out the working carers passport to support timely compassionate conversations about supporting carers • Overhaul recruitment and promotion practices to ensure staffing reflects the diversity of our local area • Ensure we are retaining our people – including offering more apprenticeships and continuing to grow our staff banks
Flexible Working	•Ensure leaders have the skills, values and attitudes to deliver efficient effective safe high quality services •Accelerate the rollout of e-rostering and e-job planning systems •Normalise conversations about flexible working and include this in our job advertising and induction programme
Workforce Development and Deployment	•Use technology to enhance our learning and development offer •Support safe deployment and redeployment for staff •Grow innovative, new and existing roles for UK and international staff
Equality and Diversity	•Create a culture that reduces inequalities for BAME staff, including tackling the disciplinary gap •Promoting active staff groups and networks of ED&I champions to support staff at all levels •Support BAME staff to access development and career opportunities

Workforce Strategy and Action Plan

St Helens and Knowsley Teaching Hospitals NHS Trust

Continued development from the 2019/20 Plan – we have already delivered on many of our existing commitments

2020/21 strategy delivers on workforce priorities and is aligned to the Interim People Plan and NHS Long Term Plan

New for 20/21 People Plan Actions

Action Plan - six key workforce priorities

1. Health and Wellbeing
2. Culture and Leadership
3. Recruitment and Retention
4. Flexible working
5. Workforce development and deployment
6. Equality and diversity