St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Public Board Meeting

TO BE HELD ON WEDNESDAY 24th NOVEMBER 2021
VIRTUALLY, BY MS TEAMS

AGENDA				Paper	Purpose	Presenter
10.00	1.	Patient Story		Verbal	Assurance	Sue Redfern
10.15	2.	Employee of the Month - November 2021		Verbal	Assurance	Chair
10.20	3.	Apologies for Absence		Verbal	Assurance	Chair
10.25	4.	Declaration of Interests		Verbal		
10.30	5.	Minutes of the Board Meeting held on 27th October September		Attached		
		5.1	Correct Record and Matters Arising	Verbal		
		5.2	Action log			
Performance Reports						
10.35	6.	Integrated Performance Report		NHST(21) 076	Assurance	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						
10.55	7.	Committee Report – Executive		NHST(21) 077	Assurance	Ann Marr
11.05	8.	Committee Report – Quality		NHST(21) 078	Assurance	Rani Thind
11.15	9.	Committee Report – Finance & Performance		NHST(21) 079	Assurance	Jeff Kozer
11.25	10.	Committee Report – Strategic People Committee		NHST(21) 080	Assurance	Lisa Knight

AGENDA			Paper	Purpose	Presenter
Other Board Reports					
11.35	11.	Trust Objectives – Mid Year Review	NHST(21) 081	Assurance	Ann Marr
11.45	12.	Research and Development Annual Report and Capability Statement	NHST(21) 082	Approval	Rowan Pritchard-Jones
11.55	13.	Board Meeting Arrangements 2022/23	NHST(21) 083	Assurance	Nicola Bunce
12.00	14.	IT Strategy Annual Progress Report	NHST(21) 084	Assurance	Christine Walters
12.25	15.	Green Plan – towards a net zero NHS	NHST(21) 085	Approval	Nicola Bunce
Closing Business					
12.40	16.	Effectiveness of Meeting	Verbal	Assurance	Chair
	17.	Any Other Business		Information	
	18.	Date of Next Meeting – Wednesday 26th January 2022		Information	

Hannah's story – My surgical experience.

Hannah is a highly intelligent and perceptive 24 year old lady with a history of anxiety and phobia around anaesthesia and surgery. Hannah required a gynaecological procedure but due to her anxieties she had put her life on hold, yet appreciated that she needed the surgery to progress.

Hannah was initially scheduled for the procedure on 28th April 2021 but felt too anxious and nervous to go through with the surgery and self-cancelled. Hannah's surgery was rescheduled for 11th May 2021. On the morning of the re-planned surgery Hannah was hyper anxious about her surgery and had eaten that morning so her surgery had to be cancelled. Hannah's surgery was rescheduled for a third time on 22nd June 2021.

Cancellation of planned surgery impacts substantially on patients and health systems and last-minute cancellation of surgery can have significant adverse consequences on patient experiences and outcomes.

As was the case here, anxiety and phobia around anaesthesia and surgery can be a reason for the late self -cancellation of surgery. If surgery does proceed and this fear is well- managed with a multi- disciplinary approach before the surgery, it can lead to several benefits:

- Lower anxiety levels
- Lower analgesic requirements
- Greater satisfaction with surgical experience
- Decreased frequency of postoperative problems
- Reduced costs associated with cancellations of elective procedures

Part of pre-operative care involves predicting non-appearance and mitigating the reasons. Detailed discussions with the pre-op manager and review of Hannah's formal pre-op assessment indicate that Hannah received a full 'formal' assessment and not just a 'health check'. Within that assessment, the patient is specifically asked about their anaesthetic history, the only other anaesthetic that Hannah has received was when she was 3 years old. Hannah did voice that she was feeling anxious and asked for a pre-med during the appointment, Hannah was told that this is dealt with on the day of surgery (Hannah never got as far as the hospital). There was nil noted from her listing consultant or any other flag/alerts on the system. Obviously, a major part of this is dependent on the patient volunteering information that may alert the preoperative team. Hannah did declare that she had anxiety and request a pre-med and by her own admission Hannah just thought she would be fine when it came to it and didn't appreciate just how difficult it would be for her to actually get to the hospital so didn't push the pre-med.

Following the first cancellation Hannah approached her GP to explain what had happened and ask for some tablets to calm her down the night before surgery, she

was offered a very sub therapeutic dose. There was no liaison from the GP to the hospital. There was a further cancellation of surgery.

Following the initial two cancellations, the surgery was rescheduled with a good window of opportunity to manage Hannah's phobia and ensure surgery proceeded with a more positive patient journey/experience.

To summarise the adjustments that were put in place for Hannah:

- Coordinating the same team to allow her peri- operative journey to be as familiar and comfortable as possible.
- Being in the moment with Hannah. Staff took the time to learn her story and to discover the basis for her fears and how her phobia had developed. This included identifying key triggers and discussing processes to rationalise some of them, for instance by using cognitive behavioural therapy. There was a real partnership in agreeing strategies and adhering to it.
- Real honesty about the theatre process, potential risks and in-depth explanation about how these are avoided.
- Prescription of strong and effective anxiolytics for the evening before her op, plus on the morning before the surgery, to reduce anxiety.
- The anaesthetist called her at home the evening before the surgery (after gaining her consent to do so) to answer any queries and he came to see her on the ward early on the day of surgery to provide reassurance and consistency regarding the plan and to gently ease her towards her dreaded event.
- Open, trustworthy and supportive environment.
- Good team communication.
- Interactions were as non-threatening, reassuring, low-key and familiar as possible.
- Time was given to follow her up the following week and also, reassure her regarding the plan and make her feel comfortable.
- Named contact on the ward.

It is evident that Hannah has real pride & confidence in what she herself overcame and achieved that will stay with her and continue to shape future goals and achievements.

This case also highlights that there was a shift in focus to the desired outcome for Hannah and not just the output of having the procedure completed. It really is in our gift to do that.

Lessons learned and improvements.

Could this have been different If we had just probed a little further re anxieties at pre-op stage could we have achieved the same outcome first time around? Hannah's story has been shared with the Pre-op team to increase awareness of the need to probe a little further re anxieties at pre-op stage if they are declared. The Quality matron-Patient experience has also scheduled to spend some time in the pre-op clinic to walk a patient's pre-op journey/assessment.

Also, the Op cancellations department/ admission services co-ordinator have been contacted re frequency and themes of cancelled surgeries and what improvement work is being done/can be done to reduce the risk of this again?

The staff that should be recognised and commended for this patient outcome are:

Ward Sister - Sadie Healy

Theatre Operation Lead – Pam Greenall

Dual Role – Pam Phillips

Surgical Assistant – Michelle Knockton

Consultant surgeon – Tennyson Idama

Anaesthetist/ chronic pain consultant – Michael Forsyth

St Helens and Knowsley Teaching Hospitals NHS Trust

Minutes of the St Helens and Knowsley Teaching Hospitals NHS Trust Public Board meeting held on Wednesday 27th October 2021 via Microsoft Teams

PUBLIC BOARD

Chair:	Mr Richard Fraser	(RF)	Chairman
Members:	Ms A Marr	(AM)	Chief Executive
	Mrs V Davies	(VD)	Deputy Chair/ Non-Executive Director
	Mr J Kozer	(JK)	Non-Executive Director
	Mr P Growney	(PG)	Non-Executive Director
	Mrs L Knight	(LK)	Associate Non-Executive Director
	Mr I Clayton	(IC)	Non-Executive Director
	Mrs G Brown	(GB)	Non-Executive Director
	Dr R Thind	(RT)	Associate Non-Executive Director
	Mrs A-M Stretch	(AMS)	Deputy Chief Executive/Director of HR
	Mrs C Walters	(CW)	Director of Informatics
	Mr N Khashu	(NK)	Director of Finance and Information
	Mrs S Redfern	(SR)	Director of Nursing, Midwifery and Governance
	Prof R Pritchard-Jones	(RPJ)	Medical Director
In Attendance:	Ms Katie Fielding	(KF)	Executive Assistant (Minute taker)
Apologies:	Mr R Cooper	(RC)	Director of Operations & Performance
	Ms N Bunce	(NB)	Director of Corporate Services
	Alan Lowe	(AL)	Halton LA

1. Employee of the month

1.1. There were two Employees of the month presented at October's meeting; September and October.

1.2. The employee of the month for September was Paul Matthews, Medical Engineering Manager

1.3. The employee of the month for October was Rick Ingham, Urology Nurse Practitioner

2. Apologies for Absence

2.1. As above

3. Declaration of Interests

3.1. IC declared that he had been appointed as a Non-Executive Director for the Southport and Ormskirk Hospital NHS Trust, with effect from 1st November 2021. RF congratulated IC in his new role with Southport and Ormskirk and noted the potential conflicts that would need to be managed in accordance with the specific agreement between the two Trusts that had been developed as part of the Agreement for Long Term Collaboration.

4. Minutes of the Board briefing held on 29th September 2021

4.1. Correct Record and matters arising

4.1.1. the minutes were approved as a correct record.

4.2. Action List

4.2.1. Actions 30 and 36 remained deferred due to the impact of the pandemic.

4.2.2. For action 37, IC confirmed that the Cancer Network plan had been shared with him. It was agreed that the information will be presented at the next F&P Committee meeting allowing the action to be closed. **ACTION RC**

4.2.3. For action 38, AMS confirmed that a report is being prepared for the next Quality Committee meeting. Action Closed

5. Integrated Performance Report (IPR) – NHST (21)065

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

5.1. Quality Indicators

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

5.1.2. There were 0 never events in September, and 1 year to date (YTD).

5.1.3. There had been 0 cases of MRSA in September, and 1 YTD.

5.1.4. There were 9 C. Difficile positive cases reported in September 2021 (4 hospital onset and 5 community onset) and YTD 37 cases (20 hospital onset and 17 community onset). The Trust have successfully appealed 3 cases and now have 5 more to appeal, with other RCAs still to be completed. SR also reported that the annual tolerance has now been published which is 54 cases for 2021/22 and the IPR needs to be adjusted to reflect this.

5.1.5. There were 0 falls resulting in severe harm in August, and 9 YTD.

5.1.6. There were 0 hospital acquired grade 3 pressure ulcers with lapses in care in July 2021 and YTD there has been 1.

5.1.7. The overall registered nurse/midwifery safer staffing fill rate (combined day and night) in September was 88.5% and this reflected the staffing challenges that had been experienced during the month.

5.1.8. VTE reporting remains suspended nationally due to COVID.

5.1.9. HSMR (April to May 2021/22) is 95.8.

5.1.10. The report was noted.

5.2. **Operational Indicators**

5.2.1. NK presented the update on operational performance on behalf of RC.

5.2.2. Performance against the 62-day cancer standard was above the target of 85.0% in month (August 2021) at 85.6% and YTD was 85.8%.

5.2.3. The 31-day target was achieved in August 2021 with 98.2% performance in month against a target of 96% and YTD was 98.3%.

5.2.4. The Cancer 2 week wait rule performance in August 2021 was 92.3% and 89.3% YTD, against a target of 93.0%. (Performance in July was 91.1%).

5.2.5. Accident and Emergency (A&E) 4-hour performance for September was 77.6 %, YTD 78.5% (all types mapped). There had been a total of 10,130 attendances in the month.

5.2.6. There were 2,261 ambulance conveyances in September making StHK the busiest Trust in Cheshire & Merseyside and 3rd busiest in the North West. The average ambulance turnaround time was 39 minutes, which did not achieve the 30-minute standard.

5.2.7. St Helens Urgent Treatment Centre had seen 5,955 patients in September, an increase of 17% compared to August.

5.2.8. St Helens community nursing service had received 553 new referrals in August which was a decrease in comparison to July when 641 were received.

5.2.9. The average number of super stranded patients in September was 111 (compared with 103 in August). Work is being undertaken both internally and externally, with system partners, to improve the current position with high acute bed occupancy which caused the subsequent congestion in ED

5.2.10. The referral to treatment (RTT) performance in August was 75.3%, YTD 75.3%, against the target of 92%, and the 6-week diagnostic waiting time performance in September was 77.9% against the target of 99%

5.2.11. PG commented that he had seen articles relating to the changes being made within Emergency Departments directing patients to different places such as Urgent Treatment Centres, Walk in Centres and GP Practices. He commented that he couldn't tell what is being done differently at the Trust and how many patients were being deflected to other places for treatment.

5.2.12. AM explained that one of the things that has changed, is that the Trust has have managed to get an agreement with St Helens & Knowsley GP Practices which enables the Trust to book into urgent GP slots. AM added that the Trust are reluctant to send patients away with nowhere to go so being able to book patients an appointment gives another option to help them. The Trust continue to do all the things that were initially being done but this is an additional option. AM added that currently, there isn't the same agreement with Halton GP practices, but she was hopeful this would be an option in the future.

5.2.13. PG reported that said the number of Super Stranded patients had also been discussed at the Finance & Performance Committee and RC had mentioned that some of these patients needed complex nursing care and were not suitable for residential or domiciliary care. PG also commented that social care is facing enormous challenges in terms of staff shortages and potentially further impact as a result of mandatory vaccination of care home staff. This could have a knock on impact on patient discharges from the hospital and asked if there were contingency plans to mitigate this impact?

5.2.14. AM commented that with super stranded patients, some are in more than 21 days because they need to be, and some are in more than 21 days because we can't get them the care and support they need in the most appropriate setting. Usually, this is a 50/50 split. Currently, the Trust is recording occupancy levels of over 100%. AM said the problems in social care are unhelpful for the NHS and as a Trust, we are examining what we can do to prevent further exacerbation of the problems. The Trust is currently trying to open Ward 1A as additional bed capacity for the winter, but the recruitment of the required staff is a challenge. The lack of patient flow through the hospital is resulting in a poor patient experience as well as poor staff experience.

5.2.15. RF commented that at the recent regional Chairs meeting it had been reported that Lancashire had done well and particularly Blackburn, in improving ambulance turnaround times. RF is going to contact Professor Eileen Fairhurst at Blackburn to ask what they had done to see if there was anything new or different that the Trust could learn from.

5.2.16. GB asked has there been any feedback from the perfect week that had been undertaken by the local system.

5.2.17. AM commented that the week had only just finished and was being evaluated. It was agreed that RC should be asked to report on the feedback and impact of the perfect week at a future meeting. **ACTION RC**

5.2.18. RPJ commented that it was a relief that perfect week was undertaken when it was, as without the efforts made and at times, doubling the number of discharges, the Trust could have been in a very difficult situation. As quickly

as discharges happened, they are almost instantly filled by the number of patients being admitted through ED.

5.2.19. SR added that the perfect week finished on Monday evening and had occurred at a particularly pressured time, but there had been increased discharges with support from CCGs to get patients placed in alternative care settings.

5.2.20. VD asked a question about the Community Diagnostic Hub. Will that have an impact on figures in terms of the diagnostic target, or is that counted somewhere else? If we are getting more people through the diagnostic hub, isn't that going to put much more pressure on the RTT?

5.2.21. NK responded that the Community Diagnostic Hubs are working well. They are a system resource, but the majority of it currently Trust activity and Trust staff at this stage. It should help with the diagnostic pathway performance for the urgent cancer pathways and for RTT.

5.2.22. AMS reported that there was a current consultation about also making COVID vaccination mandatory for NHS staff. The feedback is that the majority of employers were supportive but there were concerns raised around the impact this will have on staffing. There was less support for making the flu vaccination mandatory. AMS added that the Secretary of State's intent is very clear that he wants to make the COVID Vaccine mandatory for NHS staff. NHS Employers have emphasised the need for retention of staff going into winter and have asked that any decisions are delayed until at least September 2022.

5.2.23. IC asked in terms of bed capacity, do we know what percentage of patients are from outside the Trust "patch"?

5.2.24. AM said whilst they aren't necessarily outside of the patch, there had been an increase in Liverpool patients.

5.2.25. The report was noted.

5.3. **Financial Indicators**

5.3.1. NK presented the update on financial performance.

5.3.2. NK explained that the target was to achieve a breakeven position in H1. He confirmed that this had been achieved, and the Trust expensed £257million in the first six months of the year.

5.3.3. The Trust spent £4.6 million on agency during that period of time. £200,000 of which was COVID related and £400,000 was related to the mass vaccination centre.

5.3.4. The Trust has a cash position of £62million.

5.3.5. The Trust remains on track to deliver against the approved capital programme. However, NK notified the Board that there was increased risk in relation to some equipment, materials and labour as a result of worldwide post pandemic supply problems. The Trust was working with suppliers and

ensuring that orders were placed as early as possible to secure delivery before the end of the financial year.

5.3.6. RT asked if the supply issues were having an impact on planned lifecycle replacements. NK responded that major equipment life cycle plans had not yet been impacted and the trust continued to work closely with suppliers. The impact being reported by some Trusts was in securing contractors and building supplies.

5.3.7. The report was noted.

5.4. **Workforce Indicators**

5.4.1. AMS presented the update on workforce performance and noted the impact the pandemic still had on the performance against these metrics.

5.4.2. Appraisal compliance has improved however remains below target at 62.0%. Mandatory training compliance remains below the target at 73.2%.

5.4.3. In September overall sickness was 6.7% which was the same in August. Nursing, Midwifery and HCA's sickness was 8.9% a decrease of 0.2% from August. These figures include normal sickness and COVID 19 sickness reasons only but do not include COVID 19 absence reasons for staff in isolation, or pregnant workers over 28 weeks gestation on medical suspension.

5.4.4. The report was noted.

****At this point, the agenda was re-arranged allowing SR to present her items in order to attend an urgent meeting at 11:15.****

6. Board Assurance Framework – NHST(21)070

6.1. SR presented the Board Assurance Framework (BAF) on behalf of NB.

6.2. SR explained that the BAF is a mechanism reported to board to ensure the Trust have sufficient controls in place and is receiving the appropriate level of assurance in relation to statutory duties. In line with governance best practice the BAF is reviewed by the Board four times a year. The last review was in July 2021.

6.3. The Executive Committee review the BAF in advance of its presentation to the Trust Board and propose changes to ensure that the BAF remains current, that the appropriate strategic risks are captured, and that the planned actions and additional controls are sufficient to mitigate the risks being managed by the Board, in accordance with the agreed risk appetite.

6.4. SR added that there were 10 proposed additions to provide additional assurance which are highlighted in blue within the report.

6.5. IC commented that he finds the BAF report to be one of the best forms of assurance that Non-Executive Directors receive.

6.6. VD asked for an update on the Widnes UTC. NK reported that the new contract had not yet been signed and at the current time Bridgewater remained the provider of the Walk in Centre in Widnes. NK confirmed that we continued to work with Halton CCG.

6.7. The report was noted

7. Corporate Risk Register – NHST(21)071

7.1. SR presented the Corporate Risk Register on behalf of NB.

7.2. SR explained that The CRR is reported to the Board four times a year to provide assurance that the Trust is operating an effective risk management system, and that risks identified and raised by front line services are escalated to the Executive. The report covers all the risks reported and reviewed until the end of September 2021 and is a snapshot, rather than a summary of the previous quarter. A comparison with the previous Board report in July 2021 is included to illustrate the movement in risks during the period.

7.3. The report shows the total number of risks on the risk register is 736 compared to 693 in July.

7.4. 60% (435) of the Trusts risks are rated as moderate or high compared to 63% (439) risks in July.

7.5. 22 risks that scored 15 or above had been escalated to the CRR (Appendix 1) which is the same number as reported in July. Each of these risks have an executive lead that is responsible for reviewing these risks to ensure mitigations are in place and where possible, try to reduce the risk.

7.6. The number of risks overdue had reduced to 73, by the date of the Risk Management Council meeting on 12th October.

7.7. VD asked RPJ about patient fluid balance. It remains at 20, which is still a very high score and VD understood from conversations that things were improving. Are they still not improving enough to lower the score?

7.8. RPJ responded that the next hydration steering group meeting is being held the following week and RPJ has fluid balance levels on the agenda for discussion. He added that the project is much wider than this, and the specific risk on the CRR is related to recording of fluid balance. RPJ agreed to review the risk following the hydration steering group.

7.9. The report was noted.

8. Aggregated Incidents, Claims and Complaints – NHST(21)072

8.1. SR presented the Aggregated Incidents, Claims and Complaints Report

8.2. Total incidents reported in Quarter 1 was 4,206. This is a 3.80% increase on Quarter 4 2020-21. For quarter 2, the total number of incidents reported was 4,230. This is a 0.57% increase on Quarter 1 2021-22.

8.3. The total number of patient incidents in Quarter 1 was 3,609. This is a 5.65% increase on Q4 2020-21. The total number of patient incidents reported in quarter 2 was 3,539. This is a 1.94% decrease on Quarter 1 2021-22.

8.4. The total number of patient incidents graded as moderate/severe/death in Quarter 1 was 35 (also 35 in Quarter 4 2019-20) and for Quarter 2 was 39, which was an 11.43% increase on Q1 2020-21.

8.5. The highest number of incidents reported relate to Pressure ulcers and patient slips, trips or falls.

8.6. 77 complaints were received in Quarter 1 and 73 in Quarter 2, both representing an increase from the previous year's quarterly figures of 49 and 68 (57% and 7% respectively).

8.7. 1,226 PALS contacts were received in Quarter 1 and 1,222 in Quarter 2, a slight increase from the same quarters in 2020-21 (1,204 (1.8%) and 1,215 (0.6%) respectively).

8.8. 11 new claims were received in Quarter 1 compared to 8 in Quarter 1 2020-21 and 4 new claims were received in Quarter 2 compared to 13 in Quarter 2 2020-21

8.9. The main reasons for patient complaints, PALS contacts and claims were broadly consistent with previous reports and include clinical care, communications, admissions and discharges, appointments, patient care/nursing care and values and behaviours of staff.

8.10. VD commented that it is good that the report has highlighted concerns about DNACPR's, and she was concerned it had been reported in a recent audit, 30% of DNACPR documentation was not completed properly and some were not being reviewed prior to discharge and rescinded if appropriate. VD felt that the Trust was still not where it needed to be with DNACPR.

8.11. SR responded that she agreed with VD's comments. She added that this is one of the areas being examined as part of the deteriorating patients work stream. The communication and documentation are also being reviewed, as it is critical that both patients and their relatives understand the reasons for these decisions.

8.12. IC noted that the PALS enquiries show a noticeable shift in pattern with regards to patient care and nursing care and felt this should be regarded as a red flag.

8.13. SR agreed that it was a cause for concern and reflected the pressures on staff caused by the operational pressures and volumes of patients being cared for, however these pressures did not negate the need to ensure that basic level care is consistent.

8.14. The report was noted.

9. Infection Prevention and Control Annual Report 2020/21 – NHST(21)073

9.1. SR presented the Infection Prevention and Control Annual Report.

The Annual Report is a two-part document. Part 1 outlines the developments and performance related to Infection Prevention (IP) activities during 2020/21 and Part 2 is the annual work plan for 2021/22 which aims to reduce the risk of healthcare associated infections (HCAIs).

9.2. The IPC programme is based around compliance with The Health and Social Care Act 2008 (amended 2015) – Code of Practice on the prevention and control of infections and related guidance also known as the Hygiene Code, Antimicrobial Stewardship: NHS England IPC BAF May 2020 and Infection Prevention & Control Board Assurance Framework (February 12, 2021 V1.6)

9.3. Infection prevention and control is a statutory duty of the Trust Board and an annual report must be made annually on performance in the previous year. This report covers the 2020/21 financial year. Health care acquired infections (HCAIs) are reported every month via the Integrated Performance Report (IPR) at the Board, and the Quality Committee, also gains assurance via regular in-depth reports of the actions taken and lessons learned.

9.4. The annual report confirmed the Trust continues to have appropriate arrangements in place for the prevention and control of infections in accordance with Health and Social Care Act 2008.

9.5. During 2020/21 the IPC performance improved in comparison to the previous year and the following were reported:

- 28 cases of Clostridium difficile infection (CDI) against an objective of no more than 48
- 2 cases of Meticillin Resistant Staphylococcus Aureus (MRSA) positive samples of which 1 was deemed as unavoidable and the 2nd was community acquired, however, was attributable to the Trust because of delays in taking blood cultures when the patient was admitted. This was compared to 1 case which was a contaminant in 2019/20.
- 29 Meticillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia cases, of which 26 were unavoidable as not health care related. 3 cases identified lapses in care related to peripheral line or urinary catheter care.
- 46 Hospital E coli bacteraemia compared to 51 cases the previous year
- Zero cases of CPE bacteraemia.
- There were 47 outbreaks of infection: resulting in 1289 lost bed days. The majorly were related to Covid -19 pandemic
- The Trust's overall Nosocomial infection (NCI)rate was 9.4% (5.1% for Hospital onset definitive healthcare associated Covid cases and 4.3% for Hospital onset probable healthcare associated COVID cases. The Trust had the lowest NCI rate in Cheshire and Merseyside compared to benchmark of 14%.
- The IPC mandatory training compliance at the end of March 2021 was 83.3% for level 1 and 52.7% for level 2. This was impacted by staff unable

to be released for clinical competency training for level 2.

9.6. GB commented that the report was brought to Quality Committee, and she gained a lot of assurance from it. She felt it illustrated the great work undertaken by the IPC team and how well Trust staff respond to the information that they are given, to keep both staff and patients safe. GB added that there are a number of RCA's outstanding for C diff at the moment. She asked SR if these will be completed before the planned IPC summit, so we know exactly where we are in terms of C Diff for 2021/22.

9.7. SR responded that it was unlikely the 22 outstanding RCAs will be completed in the next few weeks, but she continues to work closely with the Care Group Heads of Nursing and Quality to arrange the panels. There were four scheduled for the current week and more arranged for the following week. SR commented that common themes were being found from the RCA, taking a specimen at the earliest opportunity, isolating the patients, completing the Bristol Stool Chart, and antimicrobial compliance.

9.8. The IPC Annual Report was approved.

10. Committee Report – Executive – NHST(21)066

10.1. AM presented the Executive Committee Report.

10.2. She explained that the report is based on the five meetings that were held in September.

10.3. There was approval of an investment to open the beds on Ward 1A as soon as possible, and the need for to be more innovative about potential staffing models. AM expressed the urgency for opening the ward as soon as possible to provide capacity to respond to the operational pressures and create patient flow.

10.4. The Executive Committee also invested in a further paediatric Emergency Department consultant to increase resilience as well as other temporary increases in capacity in the Emergency Department SDEC to also increase capacity ahead of winter.

10.5. The Executive had agreed to write off the overpayments on sick pay that had a been made to a few staff as a result of the late announcement of the Agenda for Change pay award for 2021/22. The impact was on lower paid staff and was not a large amount.

10.6. AM also reported that the Executive Committee had dedicated one meeting in October to reviewing the handover information provided by Southport and Ormskirk Hospital NHS Trust as part of the Agreement for Long Term Collaboration.

10.7. IC asked with regards to Winter System Review, and if this was a risk or an opportunity?

10.8. AM responded that the Trust has focused on everything that we can do to develop the winter plans, to ensure we are playing our full part in the local system.

10.9. AM also has a meeting next week with a member of ED staff who had contacted her with concerns about the current operational pressures and she intended asking if there is anything they could suggest being done, that would help.

10.10. The report was noted.

11. Committee Report – Audit – NHST(21)067

11.1. IC presented the report

11.2. IC commented that a very high level of assurance was provided by the Auditors Annual Report and Certificate of Audit closure and the meeting had been very positive. The report concluded no significant weaknesses in controls found. The external auditors were very complimentary and there were no adjustments to the accounts suggested.

11.3. The report was noted.

12. Committee Report – Quality – NHST(21)068

12.1. GB presented the report and highlighted some of the key points for noting by the Board.

12.2. GB stated that it had been great to hear about the role of volunteers in supporting the Trust and the range of help they could provide for patients.

12.3. The committee had received an assurance report from the Medicines Management team which had demonstrated improvements in the ward medicines management audit results and the expanded use of the perfect ward app to support these audits.

12.4. The committee had reviewed a thematic review of STEIS reportable incidents, and the learning and actions taken as a result, particularly to reduce the risk of falls.

12.5. The committee had reviewed a summary of the CQC Insight report, which reports on the portfolio of metrics used by the CQC to monitor Trusts. The position was relatively stable for the Trust and we continued to benchmark with those trusts most likely to be rated as good or outstanding, which provided excellent independent assurance. For any metrics where there had been a negative change the Executive had agreed an action plan to address the issues.

12.6. NK commented that the labour market locally and nationally was currently extremely competitive, and this may increase the risk of recruiting additional staff to support the winter plans.

12.7. The report was noted.

13. Committee Report – Finance & Performance – NHST(21)069

13.1. JK presented the report and summarised the key points.

13.2. The committee was assured that action was being taken to improve performance against the two-week cancer waiting time standards.

13.3. Urgent care attendances remain high, and because of this ambulance turnaround time target wasn't achieved, but it was noted that Whiston is the busiest Emergency Department in Cheshire and Merseyside and the third busiest across the North West.

13.4. The committee had received a plan of benchmarking activity for the year, as the GiRFT programme had re-started nationally.

13.5. The committee had received a briefing on the H2 planning guidance and the proposed expenditure budget of £259.7m for the second half of the year.

13.6. The H2 income allocation continued to be negotiated with the Cheshire and Merseyside ICS and was expected to be confirmed in November.

13.7. The committee had also received an update on the capital programme which provided assurance that the programme for 2021/22 would be delivered.

13.8. The H2 budget was approved, and the remainder of the report noted.

14. Committee Report – Charitable Funds – NHST(21)076

14.1. PG presented the report

14.2. PG reported it had been a positive meeting. The Health, Work and Wellbeing had attended to present a case for the allocation of funds to support physical and emotional support sessions for staff. This had been approved and the committee had asked for an impact report at a future meeting to assess how the funding had helped.

14.3. The committee also agreed an increase to £10 per patient for Christmas gifts for anyone who has to be in hospital on Christmas day.

14.4. The committee had received and reviewed the Charitable Funds Annual Accounts.

14.5. The report was noted.

15. Learning from Deaths Quarterly Report – NHST(21)074

15.1. RPJ presented the report covering Quarter 1 of 2021/22.

15.2. He explained that the purpose of the report was to describe mortality reviews that have taken place in both specified and non-specified groups; to provide assurance that all specified groups have been reviewed for deaths and key learning has been disseminated throughout the Trust.

15.3. Over the months of April, May and June, the majority of SJRs were assessed as green or green with learning, which reflects that things were done correctly but there can still improvements made and lessons learned to improve care in the future There were three reviews that had flagged as amber, which are all being further investigated to gain further information to inform a final decision on the

rating they should be given.

15.4. In respect of patients with Learning Disabilities the reviews provide assurance about robust systems for looking after these patients who are often extremely complex to manage to ensure they achieve the optimum outcomes.

15.5. GB commented that she found it an easy to understand report, and that everything in the report had already been discussed at other committees and what is being done to improve. She felt assured by this and commented that it is a vital report.

15.6. The report was noted

16. Charitable Funds Annual Report and Accounts 2020/21 – NHST(21)075

16.1. NK presented the report

16.2. NK presented a summary of the Charitable Funds Annual Report and Accounts for approval.

16.3. The Charitable Funds Draft Annual Accounts and Annual Report 2020-21 were reviewed by the Charitable Funds Committee on and were subject to the independent examiner's report completed by MHA Moore and Smalley.

16.4. The accounts show that for the year 2020/21, income was £303.5k with expenditure of £244.9k and an unrealised gain on investments of £72.5k, giving an in year net movement of funds of £131.1k(gain).

16.5. Brought forward into 2020/21 were fund balances of £541.7k and 2020/21 year end balances are £672.8k.

16.6. The Board approved the annual report and accounts.

17. Effectiveness of Meeting

17.1. RF invited RT to provide feedback on the effectiveness of the meeting

17.2. RT commented that for the whole meeting, the entire team came across well. The conversation was very open, and the meeting didn't feel separated by Executive/ Non-Executive Directors.

17.3. RT added that it was very reassuring that all members of the board seem to be on the same side throughout the meeting.

18. Any Other Business

18.1. None to report.

19. Date of Next Meeting

19.1. Wednesday 24th November 2021 @ 10.00 am

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST PUBLIC BOARD ACTION LOG – 24 NOVEMBER 2021

No	Date of Meeting (Minute)	Action	Lead	Date Due
30	29.01.20 (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**
36	26.02.20 (8.1.3)	Exec to Exec meeting (STHK Trust/St Helens CCG) to be arranged. **Deferred due to COVID-19**	AM	**TBC**
~~37~~	~~29.09.21 (6.2.11)~~	~~RC to provide a report on the Cancer Networks plans to improve Head and Neck cancer performance at a future Finance and Performance Committee meeting.~~ It was agreed that the information will be presented at the November F&P Committee meeting. Action Closed	~~RC~~	**24.11.21**
~~38~~	~~29.09.21 (6.4.4)~~	~~GB asked for more detail on the mandatory and essential skills training subjects. AMS confirmed that this detailed report was scrutinised at the Workforce Council meetings and she would circulate it to Board members for information.~~ AMS confirmed that a report is being prepared for the next Quality Committee meeting. Action Closed	~~AMS~~	~~**24.11.21**~~
39	27.10.21 (5.2.17)	RC to report on the feedback and impact of the perfect week at a future meeting.	RC	**26.01.21**

INTEGRATED PERFORMANCE REPORT

Paper No: NHST(21)076
Title of Paper: Integrated Performance Report
Purpose: To summarise the Trusts performance against corporate objectives and key national & local priorities.

Summary

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

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

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

Patient Safety, Patient Experience and Clinical Effectiveness

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

There were no Never Events in October 2021. (YTD = 1).

There were no cases of MRSA in October 2021. (YTD = 1).

There were 2 C.Difficile (CDI) positive cases reported in October 2021 (1 hospital onset and 1 community onset). YTD there have been 39 cases (21 hospital onset and 18 community onset). A further 3 cases have been successfully appealed. The annual tolerance for CDI for 2021-22 has been set at 54.

The overall registered nurse/midwife Safer Staffing fill rate (combined day and night) for October 2021 was 92.8%. 2021-22 YTD rate is 91.6%.

The number of incidents reported within community services returned to usual numbers in September 2021, with 27 in total.

During the month of September 2021 there was 1 fall resulting in severe harm. (YTD severe harm or above category falls = 10)

There were no grade 3 hospital acquired pressure ulcers with lapse in care in August 2021. (YTD 2021-22 = 1).
Two category 2 pressure ulcer with lapse in care in August 2021 (YTD = 11).

Performance for VTE assessment suspended by NHSE since March 2020.

YTD HSMR (April - May) for 2021-22 is 95.8

Corporate Objectives Met or Risk Assessed: Achievement of organisational objectives.
Financial Implications: The forecast for 21/22 financial outturn will have implications for the finances of the Trust
Stakeholders: Trust Board, Finance Committee , Commissioners, CQC, TDA, patients.
Recommendation: To note performance for assurance
Presenting Officer: N Khashu
Date of Meeting: 24th November 2021

Operational Performance

Performance against the 62 day cancer standard was above the target of 85.0% in month (September 2021) at 85.5%. YTD 85.8%. Performance in August 2021 was 85.6%. The 31 day target was achieved in September 2021 with 96.8% performance in month against a target of 96%, YTD 98.0%. Performance in August 2021 was 98.2%. The 2 week rule target was not achieved in September 2021 with 89.0% in month and 89.2% YTD against a target of 93.0%. Performance in August 2021 was 92.3%. The situation with regard to patients not wanting to attend for appointments is continuing to improve and we are seeing further increases in the numbers of referrals and patients receiving treatment.

Accident and Emergency Type 1 performance for October 2021 was 51.0% and YTD 57.7%. The all type mapped STHK Trust footprint performance for October 21 was 75.1% and YTD 78.0%. The Trust saw average daily attendances of 329, which is down compared to September, at 338. Total attendances for October 2021 was 10,130.

Total ambulance turnaround time was not achieved in October 2021 with 62 mins on average. There were 2,354 ambulance conveyances (busiest Trust in C+M and 3rd in North West) compared with 2,261 in September 21.

The UTC saw 5525 in October 2021, which is a slight decrease of 2% (122) compared to the previous month. Overall 97.74% of patients were seen and treated in 4 hours.

Community nursing referrals are within normal range, although there has been a noted increase in hospital referrals. Community Matron caseloads remain at an optimum level.

The average daily number of super stranded patients in October 2021 was 99 compared with 111 in September. Note this excludes Duffy and Newton IMC beds. Work is ongoing both internally and externally, with all system partners, to improve the current position with acute bed occupancy remaining high with subsequent congestion in ED as a result.

The 18 week referral to treatment target (RTT) was not achieved in September 2021 with 74.3% compliance and YTD 74.3% (Target 92%). Performance in August 2021 was 75.3%. There were (1282) 52+ week waiters. The 6 week diagnostic target was not achieved in October 21 with 80.5% compliance. (Target 99%). Performance in September 2021 was 77.9%.

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. All patients have been, and continue to be, clinically triaged to ensure urgent and cancer patients remain a priority for treatment.

Financial Performance

The Trust's final financial plan for H1 gave a breakeven position. In July, thresholds for achievement of ERF income in Q2 (M4-M6) were increased from 85% to 95% of 19/20 delivery, resulting in the loss of £3.3m planned H1 income. Additional system funding was agreed to address this deficit alongside Trust solutions to bridge the remaining gap, and the Trust was therefore able to deliver a breakeven position for H1. Funding for the second half of the financial year (H2) has not yet been confirmed. H2 plans are expected to be finalised and agreed with the ICS in late November. Month 7 reporting assumes a breakeven plan will be agreed.

Surplus/Deficit - At the end of Month 7, the Trust has reported a breakeven position, with £300m expenditure offset by income. This assumes that final funding agreed with the C&M system for the second half of the year will support a breakeven plan. Final funding is yet to be agreed.

Agency - Year to date agency expenditure is £4.9m, including agency costs incurred in relation to COVID and Mass Vaccination (£0.7m).

Cash - At the end of Month 7, the cash balance was £72.0m. The current NHSE/I assumption is to utilise cash balances instead of Emergency PDC capital to support the capital programme, which could deteriorate the Trust's cash balance in time.

Capital - A capital programme of £10.97m (excluding PFI lifecycle expenditure), supported by £5.43m Emergency PDC capital was submitted to NHSE/I. Emergency PDC must be agreed by DHSC before the Trust is able to draw funds. Currently the Trust does not expect this to be agreed as there is an assumption that providers utilise their cash balances before PDC funding.

Human Resources

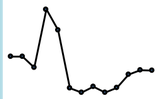
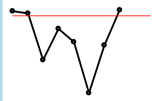
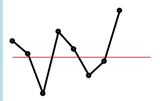
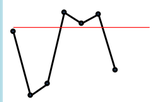
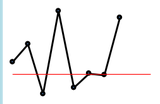
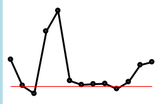
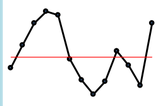
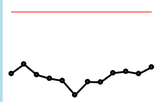
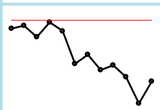
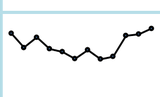
In October overall sickness has increased to 6.8% from 6.7% in the previous month. Front line Nursing, Midwifery and HCA's increased to 9.7% from 8.9% in September which was an increase of 0.8% . N.B. This includes normal sickness and COVID19 sickness reasons only. These figures do not include, covid absence reasons for staff in isolation, pregnant workers over 28 weeks on medical suspension.
Appraisal compliance continues to improve, however is below target at 64.0%. Mandatory training compliance remains below the target at 73.0%.

The following key applies to the Integrated Performance Report:

▲ = 2021-22 Contract Indicator
▲£ = 2021-22 Contract Indicator with financial penalty
● = 2021-22 CQUIN indicator
T = Trust internal target
UOR = Use of Resources

Oct-21

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2021-22 YTD	2021-22 Target	2020-21	Trend	Issue/Comment	Risk	Management Action	Exec Lead
CLINICAL EFFECTIVENESS (appendices pages 32-38)												
Mortality: Non Elective Crude Mortality Rate	Q	T	Oct-21	2.9%	2.5%	No Target	3.1%		Post wave 3 of COVID, performance is encouraging. HSMR continues to be challenging in the pandemic due to disease groups needing three years worth of data.	Patient Safety and Clinical Effectiveness	The current HSMR is within expected limits. We continue to independently benchmark performance using CRAB data.	RPJ
Mortality: SHMI (Information Centre)	Q	▲	May-21	1.07		1.00						
Mortality: HSMR (HED)	Q	▲	May-21	102.2	95.8	100.0	92.7					
Mortality: HSMR Weekend Admissions (emergency) (HED)	Q	T	May-21	121.5	110.4	100.0	101.1					
Readmissions: 30 day Relative Risk Score (HED)	Q UOR	T	Apr-21	96.1	96.1	100.0	98.8		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	A spike in readmissions reflects COVID third wave but remains within expected range and is improving.	RPJ
Length of stay: Non Elective - Relative Risk Score (HED)	F&P	T	May-21	94.5	93.7	100.0	90.3		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,	RC
Length of stay: Elective - Relative Risk Score (HED)	F&P	T	May-21	118.0	108.5	100.0	104.7					
% Medical Outliers	F&P	T	Oct-21	2.9%	1.6%	1.0%	1.6%		Patients not in right speciality inpatient area to receive timely, high quality care.	Clinical effectiveness, ↑ in Loss, patient experience and impact on elective programme	The current number of medical outliers is above target owing to the full occupancy of the medical bed base. Robust arrangements to ensure appropriate clinical management of outlying patients are in place.	RC
Percentage Discharged from ICU within 4 hours	F&P	T	Oct-21	69.2%	48.0%	52.5%	58.8%		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 although overall medical bed occupancy >95% is recognised as a significant factor in step down delays.	RC
E-Discharge: % of E-discharge summaries sent within 24 hours (Inpatients) - TOTAL	Q	▲	Sep-21	77.8%	76.0%	90.0%	74.8%		IP discharge summaries remain challenging and detailed work has gone on to identify key areas of challenge. The IT team also being involved to find a sustainable solution particularly in A&E. OP attendance letters - deterioration reflects staff sickness and increased activity pressures has caused a backlog in typing. Action plan is in place with operational colleagues.		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 daily updates of performance. The most challenged area in SDECC is moving discharges to the Medway system to support rapid, detailed discharges. This is ready for go-live with SOP, training and audit in place. Information teams are testing through to ensure data submissions are accurate.	RPJ
E-Discharge: % of E-attendance letters sent within 14 days (Outpatients) - TOTAL	Q	▲	Sep-21	71.7%	74.1%	95.0%	88.3%					
E-Discharge: % of A&E E-attendance summaries sent within 24 hours (A&E) - TOTAL	Q	▲	Sep-21	97.6%	97.1%	95.0%	96.8%					

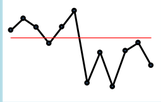
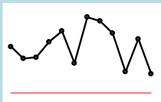
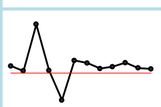
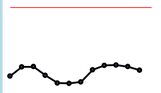
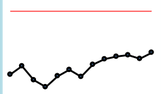
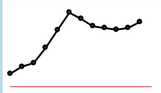
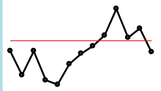
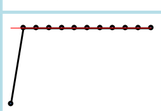
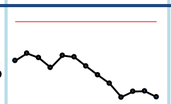
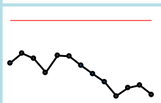
Oct-21

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2021-22 YTD	2021-22 Target	2020-21	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	▲	Q2	87.6%	86.8%	83.0%	90.4%		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 of required 80% of patients have spent 90% of their stay in the stroke unit	RC
PATIENT SAFETY (appendices pages 40-43)												
Number of never events	Q	▲ £	Oct-21	0	1	0	3		One never event reported in July 2021	Quality and patient safety	Investigation into previously reported incidents completed and actions in place to mitigate chances of recurrence. Local actions and monitoring procedures in place.	SR
% New Harm Free Care (National Safety Thermometer)	Q	T	Mar-20			98.9%			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	Oct-21	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	▲ £	Oct-21	0	1	0	2		There were no cases of MRSA in October 2021. YTD = 1.	Quality and patient safety	The annual tolerance for CDI for 2021-22 has been set at 54.	SR
Number of hospital onset and community onset C Diff	Q F&P	▲ £	Oct-21	2	39	54	28		There were 2 positive C Diff sample in October 2021. YTD there have been 42 cases of which 3 cases have been successfully appealed, leaving 39 cases.			
Number of Hospital Acquired Methicillin Sensitive Staphylococcus Aureus (MSSA) bloodstream infections	Q F&P		Oct-21	4	24	No Target	29		Internal RCAs on-going with more recent cases of C. Diff.			
Number of avoidable hospital acquired pressure ulcers (Grade 3 and 4)	Q	▲	Aug-21	0	1	No Contract target	1		No hospital acquired category 3 or 4 pressure ulcers with lapse in care in August 2021.	Quality and patient safety	Improvement actions in place and completed based upon RCA findings from the incident identified in April 21.	SR
Number of falls resulting in severe harm or death	Q	▲	Sep-21	1	10	No Contract target	31		1 fall resulting in severe harm category in August 21 (Ward 5A).	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			95.0%			**March 20 to October 21 submissions suspended.** VTE performance monitored since implementation of Medway and ePMA.	Quality and patient safety	Despite suspension of returns, we continue to emphasise the importance of thrombosis prevention. Large proportion of HAT attributed to COVID-19 patients - RCA currently underway with thematic review expected. All cases reviewed. Appropriate prescribing and care identified.	RPJ
Number of cases of Hospital Associated Thrombosis (HAT)		T	Feb-21			No Target	69					
To achieve and maintain CQC registration	Q		Oct-21	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	Oct-21	92.8%	91.6%	No Target	92.2%		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	Oct-21	2	24	No Target	49					

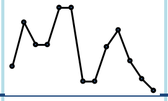
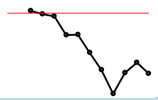
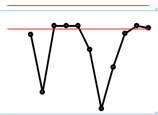
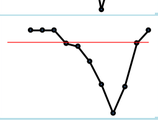
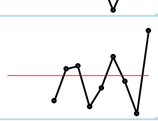
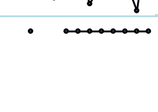
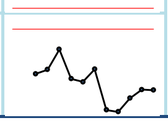
Oct-21

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2021-22 YTD	2021-22 Target	2020-21	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	▲ £	Sep-21	89.0%	89.2%	93.0%	94.3%		2WW referrals remain high and this has been accepted as the new norm. A trend in GPs inappropriately expediting referrals as an attempt to speed up treatment has been noted.	Quality and patient experience	1. All DMs producing speciality level action plans to provide two week capacity, including communication with GPs around correct process and management of waiting lists/patient hot lines. 2. Capacity/demand review on going at speciality level 3. Trust continues to utilise Imaging capacity via temp CT facility at St Helens Hospital 4. Trust commenced Rapid Diagnostic Service early 2020 5.Cancer surgical Hub at St Helens to recommence 6. ESCH plans reignited 7. Funding approved to support RDS implementation aligned to CDH	RC
Cancer: 31 day wait for diagnosis to first treatment - all cancers	F&P	▲ £	Sep-21	96.8%	98.0%	96.0%	97.6%					
Cancer: 62 day wait for first treatment from urgent GP referral to treatment	F&P	▲ ●	Sep-21	85.5%	85.8%	85.0%	86.7%					
18 weeks: % incomplete pathways waiting < 18 weeks at the end of the period	F&P	▲	Sep-21	74.3%	74.3%	92.0%	70.6%		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. Recovery plans are in place.	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. activity recommenced but at reduced rate due to social distancing requirements, PPE, patient willingness to attend and this has begun to be impacted upon as Covid activity increases again. urgent, cancers and long waiters remain the priority patients for surgery at Whiston with application of P- codes effectively implemented. Application of D-codes is on target for delivery.	RC
18 weeks: % of Diagnostic Waits who waited <6 weeks	F&P	▲	Oct-21	80.5%	77.0%	99.0%	67.6%					
18 weeks: Number of RTT waits over 52 weeks (incomplete pathways)	F&P	▲	Sep-21	1,282	1,282	0	1,469					
Cancelled operations: % of patients whose operation was cancelled	F&P	T	Oct-21	0.6%	0.9%	0.8%	0.4%		Year to date underperformance in cancelled ops has been due to staff sickness/absence, and theatre staff being re-deployed temporarily to support ITU. In September, a mixture of consultant and theatre staff sickness has impacted this metric. Target achieved in October. The team is confident that this will recover going forward although performance remains at risk.	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	▲ £	Sep-21	100.0%	100.0%	100.0%	97.3%					
Cancelled operations: number of urgent operations cancelled for a second time	F&P	▲ £	Mar-20			0						
A&E: Total time in A&E: % < 4 hours (Whiston: Type 1)	F&P	▲	Oct-21	51.0%	57.7%	95.0%	78.0%		Accident and Emergency Type 1 performance for October 2021 was 51.0% and YTD 57.7%. The all type mapped STHK Trust footprint performance for October 21 was 75.1% and YTD 78.0%. The Trust saw average daily attendances of 329, which is down compared to September, at 338. Total attendances for October 2021 was 10,130. Total ambulance turnaround time was not achieved in October 2021 with 62 mins on average. There were 2,354 ambulance conveyances (busiest Trust in C+M and 3rd in North West) compared with 2,261 in September 21.	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. <u>Flow through the Hospital</u> COVID action plan to enhance discharges commenced in April 20 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. The continued absence of face to face assessments from social workers is causing some delays.	RC
A&E: Total time in A&E: % < 4 hours (Mapped STHK Footprint – All Types)	F&P	▲	Oct-21	75.1%	78.0%	95.0%	86.8%					
A&E: 12 hour trolley waits	F&P	▲	Oct-21	0	0	0	0					

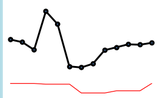
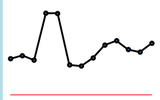
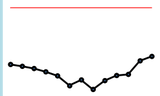
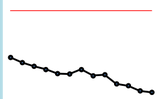
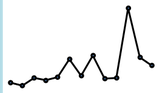
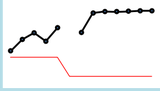
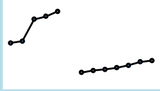
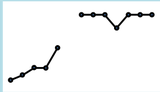
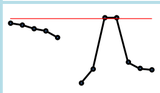
Oct-21

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2021-22 YTD	2021-22 Target	2020-21	Trend	Issue/Comment	Risk	Management Action	Exec Lead
PATIENT EXPERIENCE (continued)												
MSA: Number of unjustified breaches	F&P	▲ £	Oct-21	0	0	0			Mixed Sex Accommodation statutory return commenced again from October 2021	Patient Experience		RC
Complaints: Number of New (Stage 1) complaints received	Q	T	Oct-21	28	170	No Target	242		% new (Stage 1) complaints resolved within agreed timescales dipped below the 90% target in quarter 1 & 2 and continues to remain extremely challenging.	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 have been made aware 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%. Additional temporary resources are being sought to increase response rates within the Medical Care Group.	SR
Complaints: New (Stage 1) Complaints Resolved in month	Q	T	Oct-21	16	137	No Target	207					
Complaints: % New (Stage 1) Complaints Resolved in month within agreed timescales	Q	T	Oct-21	75.0%	81.8%	No Target	93.7%					
DTOC: Average number of DTOCs per day (acute and non-acute)	Q	T	Feb-20			No Target			**March 20 to October 21 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. The absence of face to face assessments from social workers is causing some delays.	RC
Average number of Stranded patients per day (7+ days LoS)	Q	T	Oct-21	309	302		257					
Average number of Super Stranded patients per day (21+ days LoS)	Q	T	Oct-21	99	96		72					
Friends and Family Test: % recommended - A&E	Q	▲	Oct-21	75.4%	77.5%	90.0%	88.4%		Year to date recommendation rates remain consistently above target for inpatients and postnatal community, but below target for the remaining areas.	Patient experience & reputation	The profile of FFT continues to be raised by members of the Patient Experience Team as a valuable mechanism for receiving up-to-date patient feedback. The display of FFT feedback via the 'You said, we did' posters continues to be actively monitored and regular reminder emails are issued to wards that do not submit the posters by the deadline. At least two members of staff have been identified in each area to produce 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. Waiting times in ED are continuing to cause a higher number of negative responses and comments, with work ongoing to reduce this.	SR
Friends and Family Test: % recommended - Acute Inpatients	Q	▲	Oct-21	95.5%	95.6%	90.0%	95.8%					
Friends and Family Test: % recommended - Maternity (Antenatal)	Q		Oct-21	98.8%	96.4%	98.1%	90.6%					
Friends and Family Test: % recommended - Maternity (Birth)	Q	▲	Oct-21	100.0%	93.8%	98.1%	99.0%					
Friends and Family Test: % recommended - Maternity (Postnatal Ward)	Q		Oct-21	100.0%	95.1%	95.1%	94.6%					
Friends and Family Test: % recommended - Maternity (Postnatal Community)	Q		Oct-21	100.0%	100.0%	98.6%	100.0%					
Friends and Family Test: % recommended - Outpatients	Q	▲	Oct-21	93.7%	93.6%	95.0%	94.2%					

Oct-21

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2021-22 YTD	2021-22 Target	2020-21	Trend	Issue/Comment	Risk	Management Action	Exec Lead
WORKFORCE (appendices pages 54-61)												
Sickness: All Staff Sickness Rate	Q F&P UOR	▲	Oct-21	6.8%	6.3%	Q1 - 4.25% Q2 - 4.35% Q3 - 4.72% Q4 - 4.68%	6.6%		In October overall sickness has increased to 6.8% from 6.7% in the previous month. Front line Nursing, Midwifery and HCA's increased to 9.7% from 8.9% in September which was an increase of 0.8% . 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 over 28 weeks on medical suspension.	Quality and Patient experience due to reduced levels staff, with impact on cost improvement programme.	The HR Advisory Team undertake a review of sickness absence daily to try to analyse the hotspots and HWWB are contacting employees who are absent with Covid to provide support.	AMS
Sickness: All Nursing and Midwifery (Qualified and HCAs) Sickness Ward Areas	Q F&P UOR	T	Oct-21	9.7%	9.1%	5.3%	8.6%					
Staffing: % Staff received appraisals	Q F&P	T	Oct-21	64.0%	64.0%	85.0%	51.3%		Appraisal compliance has increased by 2% and is below target at by 21%. Mandatory training compliance has reduced by 0.2% and is below the target by 12%. In particular, Mandatory training continues to be impacted by operational activity, recovery plans and significant staff absence.	Quality and patient experience, Operational efficiency, Staff morale and engagement.	Compliance for Mandatory Training continues to be impacted by operational pressures and high staff absence. Appraisal has seen increasing compliance in month with both remaining below target. For Mandatory Training a more detailed recovery plan to meet compliance has been developed by SMEs responsible for each area and continues to be monitored through Workforce Council.	AMS
Staffing: % Staff received mandatory training	Q F&P	T	Oct-21	73.0%	73.0%	85.0%	75.7%					
Staff Friends & Family Test: % recommended Care	Q	▲	Q2 2019-20			No Contract Target			NHSE/NHSI to resume from Q2 (July)	Staff engagement, recruitment and retention.	The annual staff survey launched in October and will close on 26th November with result expeted to be published in early 2022.	AMS
Staff Friends & Family Test: % recommended Work	Q	▲	Q2 2019-20			No Contract Target						
Staffing: Turnover rate	Q F&P UOR	T	Oct-21	1.1%		No Target	12.9%		Staff turnover remains stable and well below the national average of 14%.			AMS
FINANCE & EFFICIENCY (appendices pages 62-67)												
UORR - Overall Rating	F&P UOR	T	Oct-21	Discontinued	Discontinued	N/A				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 2021/22.	NK
Progress on delivery of CIP savings (000's)	F&P	T	Oct-21	6,720	6,720	15,000						
Reported surplus/(deficit) to plan (000's)	F&P UOR	T	Oct-21	-	-	-						
Cash balances - Number of days to cover operating expenses	F&P	T	Oct-21	30	30	10						
Capital spend £ YTD (000's)	F&P	T	Oct-21	4,500	4,500	17,600						
Financial forecast outturn & performance against plan	F&P	T	Oct-21	-	-	-						
Better payment compliance non NHS YTD % (invoice numbers)	F&P	T	Oct-21	83.3%	83.3%	95.0%						

APPENDIX A

			Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	2021-22 YTD	2021-22 Target	FOT	2020-21	Trend	Exec Lead
Cancer 62 day wait from urgent GP referral to first treatment by tumour site																					
Breast	% Within 62 days	▲£	38.5%	77.8%	100.0%	100.0%	96.3%	100.0%	97.4%	100.0%	94.7%	92.0%	89.5%	100.0%	96.3%	95.4%	85.0%		91.1%		
	Total > 62 days		4.0	3.0	0.0	0.0	0.5	0.0	0.5	0.0	1.0	1.0	1.0	0.0	0.5	3.5			11.0		
	Total > 104 days		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			0.0		
Lower GI	% Within 62 days	▲£	85.7%	90.0%	80.0%	82.6%	78.9%	58.6%	87.5%	61.1%	78.1%	100.0%	86.7%	82.8%	100.0%	84.0%	85.0%		78.7%		
	Total > 62 days		1.0	1.0	2.0	2.0	2.0	6.0	1.0	3.5	3.5	0.0	1.0	2.5	0.0	10.5			22.0		
	Total > 104 days		0.0	0.0	0.0	0.0	0.0	2.0	1.0	0.0	0.0	0.0	0.0	1.5	0.0	1.5			6.0		
Upper GI	% Within 62 days	▲£	100.0%	80.0%	81.8%	83.3%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	77.8%	62.5%	71.4%	84.6%	85.0%		83.1%		
	Total > 62 days		0.0	1.5	1.0	1.0	0.0	0.0	3.5	0.0	0.0	0.0	1.0	3.0	1.0	5.0			11.5		
	Total > 104 days		0.0	0.5	1.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	1.0	1.0	0.0	2.0			4.0		
Urological	% Within 62 days	▲£	95.7%	88.0%	79.5%	88.2%	82.8%	92.3%	79.2%	80.0%	88.6%	75.7%	84.2%	77.5%	80.0%	79.2%	85.0%		85.6%		
	Total > 62 days		0.5	1.5	4.0	2.0	2.5	1.0	2.5	2.0	2.0	4.5	1.5	4.5	2.0	16.5			21.0		
	Total > 104 days		0.5	0.0	1.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.5	2.0	2.5			6.0		
Head & Neck	% Within 62 days	▲£	0.0%	20.0%	100.0%	0.0%	33.3%	57.1%	50.0%	0.0%	14.3%	50.0%	0.0%	0.0%	66.7%	28.0%	85.0%		51.4%		
	Total > 62 days		1.5	2.0	0.0	1.0	1.0	1.5	1.0	1.0	3.0	1.0	2.0	1.0	1.0	9.0			9.0		
	Total > 104 days		0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	1.0			0.0		
Sarcoma	% Within 62 days	▲£	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%		100.0%	100.0%		100.0%			100.0%	85.0%		83.3%		
	Total > 62 days		0.0	0.0	1.0	0.0	0.0	0.0		0.0	0.0		0.0			0.0			1.0		
	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		
Gynaecological	% Within 62 days	▲£	66.7%	73.3%	69.2%	66.7%	55.0%	60.0%	57.1%	83.3%	100.0%	90.9%	100.0%	44.4%	60.0%	75.6%	85.0%		66.3%		
	Total > 62 days		1.0	2.0	2.0	1.0	4.5	1.0	3.0	0.5	0.0	0.5	0.0	2.5	2.0	5.5			17.5		
	Total > 104 days		0.0	0.0	1.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			2.0		
Lung	% Within 62 days	▲£	100.0%	86.7%	81.8%	75.0%	100.0%	80.0%	100.0%	100.0%	63.6%	100.0%	78.9%	100.0%	66.7%	82.9%	85.0%		83.9%		RC
	Total > 62 days		0.0	1.0	1.0	2.0	0.0	1.0	0.0	0.0	2.0	0.0	2.0	0.0	2.5	6.5			10.0		
	Total > 104 days		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	1.0			1.0		
Haematological	% Within 62 days	▲£	100.0%	100.0%		100.0%	50.0%		75.0%	57.1%	100.0%	37.5%	37.5%	100.0%	100.0%	53.6%	85.0%		77.9%		
	Total > 62 days		0.0	0.0		0.0	3.0		1.0	3.0	0.0	5.0	5.0	0.0	0.0	13.0			8.0		
	Total > 104 days		0.0	0.0		0.0	0.0		0.0	1.0	0.0	1.0	2.0	0.0	0.0	4.0			1.0		
Skin	% Within 62 days	▲£	92.1%	92.4%	93.9%	100.0%	96.8%	86.0%	94.6%	92.9%	89.3%	92.8%	100.0%	97.1%	90.3%	94.1%	85.0%		93.6%		
	Total > 62 days		3.0	3.0	2.0	0.0	1.0	4.0	2.5	2.5	3.0	3.0	0.0	1.0	3.5	13.0			25.5		
	Total > 104 days		0.0	1.0	0.0	0.0	0.0	1.0	0.5	0.0	1.0	0.0	0.0	0.0	0.5	1.5			3.0		
Unknown	% Within 62 days	▲£	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	80.0%			50.0%		100.0%		75.0%	85.0%		92.3%		
	Total > 62 days		0.0	0.0	0.5	0.0	0.0	0.0	0.5			1.0		0.0		1.0			1.0		
	Total > 104 days		0.0	0.0	0.0	0.0	0.0	0.0	0.5			0.0		0.0		0.0			0.5		
All Tumour Sites	% Within 62 days	▲£	92.3%	86.2%	85.8%	85.2%	90.4%	85.3%	82.0%	86.1%	85.5%	85.7%	86.2%	85.6%	85.5%	85.8%	85.0%		86.7%		
	Total > 62 days		6.0	11.0	15.0	13.5	9.0	14.5	14.5	12.5	14.5	16.0	13.5	14.5	12.5	83.5			137.5		
	Total > 104 days		4.0	0.5	1.5	3.0	0.0	1.0	3.0	2.0	1.0	1.0	4.0	3.0	2.5	13.5			23.5		
Cancer 31 day wait from urgent GP referral to first treatment by tumour site (rare cancers)																					
Testicular	% Within 31 days	▲£		100.0%		100.0%	100.0%	100.0%	100.0%			100.0%		100.0%	100.0%	100.0%	85.0%		100.0%		
	Total > 31 days			0.0		0.0	0.0	0.0	0.0			0.0		0.0	0.0	0.0			0.0		
	Total > 104 days			0.0		0.0	0.0	0.0	0.0			0.0		0.0	0.0	0.0			0.0		
Acute Leukaemia	% Within 31 days	▲£															85.0%				
	Total > 31 days																				
	Total > 104 days																				
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(21)077
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 October 2021. There were three Executive Committee meetings held during this period as the 14th October was dedicated to a Time Out event planning for the S&O Agreement for Long Term Collaboration. The new investment decisions made were: 1. Winter Plan funding to enhance the capacity and resilience of the hospital discharge team 2. Consultant Nephrologist Business Case 3. Winter Plan – Priority support schemes The Executive Committee discussed the COVID-19 pandemic and its impact on the Trust. The Committee also considered regular assurance reports covering; Risk Management Council and Corporate Risk Register, the Board Assurance Framework, and mandatory training and appraisal performance reports.
Trust objectives met or risks addressed: All 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: 24th November 2021

CHAIR'S REPORT FROM THE EXECUTIVE COMMITTEE

1. Introduction

There were three Executive Committee meetings in October 2021. There was no meeting on 14th October due to the Executive Time Out.

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

2. 7th October 2021

2.1 Hospital Discharge Team

The Director of Operations and Performance introduced the third winter plan business case which was in 2 parts. The first was to enhance the administrative capacity of the hospital discharge team over 6 days a week to promote more effective working with Local Authorities to optimise discharge processes and as a result support more effective patient flow. The additional pay cost to increase capacity in the team for the remainder of 2021/22 was circa £32k and this was approved.

The second part of the case was to increase the ward based discharge coordinators to 1WTE for each of the medical wards to improve the consistency and resilience of the service and facilitate the highest possible number of discharges in a timely manner. The cost for the remainder of 2021/22 was circa £74k and this was also approved.

2.2 Care Quality Commission (CQC) Insight Report

The Director of Nursing, Midwifery and Governance introduced the report which analysed the recent CQC Insight Report for the Trust, published in July. The majority of the CQC Insight metrics had remained stable. The exception being ED four-hour performance, which the Executive team was already aware of and working to improve. There was also a decline for 18-week RTT performance which was the same as every other Trust providing elective care, as a result of the pandemic. Where metrics were classed as below the national average or had declined, an action plan was in place to improve performance. In some cases, improvement had already been reported in the latest available national data. Progress would continue to be monitored via future Insight Reports. A summary of the report would also be presented to the Quality Committee.

2.3 Strategic Capital Programme Update

The Director of Finance and Information presented an update on the 2021/22 capital programme and the plans to ensure allocated capital was spent by the year end. The Director of Corporate Services also provided a report on the capital schemes that were in progress or planned to start before the end of the year. The committee agreed options to bring forward expenditure from the strategic capital and equipment replacement programmes where slippage was forecast.

2.4 COVID Issues

The Director of Integration reported that COVID infection rates locally were stable, but numbers were increasing in Cheshire.

Reflecting the stable numbers of COVID inpatients, Gold Command meetings had been reduced to fortnightly.

2.5 Community Midwifery Contract

The Director of Nursing, Midwifery and Governance gave an update on the arrangements to transfer the staff from Bridgewater Community Services to STHK and Warrington and Halton Hospitals NHSFT, from 1st November to deliver the Halton Community Midwifery Service.

3. 21st October 2021

3.1 Consultant Nephrologist Business Case

The Director of Operations and Performance presented the business case for a 2nd Consultant Nephrologist to increase the on-site specialist capacity. The post was cost neutral as it combined funding from a vacant senior fellow post and 3 newly funded PAs from LUFT to maintain the links with the specialist Renal Service. The recruitment of the first consultant had improved the outcomes for patients by increasing detection and early diagnosis and referral for specialist treatment. The case was approved.

3.2 Winter Plan

The Director of Operations and Performance presented the final part of the Winter Plan for 2021/22 covering a range of non-recurrent support measures to increase capacity, resilience and flow in ICU, AMU, ED, and associated support services including pharmacy, therapy, cleaning and portering capacity. The maximum cost of the schemes was estimated at £1.6m. This final section of the Winter Plan was approved.

3.3 Non-Elective (NEL) Strategy Update

The Director of Operations and Performance introduced a presentation that detailed the current work being undertaken by the Service Improvement Team to take forward the NEL Strategy. The four objectives were match ED seeing power to true demand; optimise community services to manage patients in their own homes and avoid ED attendance; increase same day emergency care provision at the hospital and review the allocation of beds; improve discharge. There was a total of 19 improvement projects supporting the overall programme, which had been split into 3 phases. Each project has agreed improvement metrics which are captured and reported on a project dashboard.

3.4 Safer Staffing - September

The Director of Nursing, Midwifery and Governance presented the September safer staffing figures and the detailed staffing analysis for August. The September overall fill was 88.47% for registered nurses and midwives (RN/M) and 103.49% for health care assistants (HCA). These figures reflected the continuing workforce challenges and included the filled requests for bank and agency staff.

The detailed report for August demonstrated that 15 of 34 wards had an overall RN/M fill rate below 90%, of which 9 were below 85%. 6 of 34 wards had an HCA overall fill rate below 90%, of which 4 were below 85%. Overall Care Hours Per Patient Day (CHPPD) had been 7.3, against the national benchmark of 7. There had been 4 maternity diverts required in August, three of which resulted from concerns about staffing and patient acuity levels and the 4th was solely as a result of patient acuity. Where staffing incidents had been reported there were no reported patient harm incidents that had occurred at these times.

The committee reviewed in detail the overall position concerning turnover, the recruitment pipeline, bank and agency request fill rates and absence levels.

3.5 Risk Management Council (RMC) and Corporate Risk Register (CRR) Report

The Director of Corporate Services presented the chair's assurance report. Although the actual RMC meeting had been cancelled due to operational pressures, the full pack of reports had been prepared and circulated. One new high risk had been escalated to the CRR, this related to the increased demand for one-to-one supplementary care required for patients in Bevan Court.

3.6 Board Assurance Framework (BAF)

The Director of Corporate Services presented the BAF for review ahead of the quarterly report to Trust Board.

3.7 Southport and Ormskirk Hospital NHS Trust (S&O)

The Deputy CEO/Director of HR reported on meetings with the MPs for West Lancashire and Southport and a presentation to the Overview and Scrutiny Committee about the Agreement for Long Term Collaboration.

3.8 Mid-Mersey Digital Alliance (MMDA)

The Director of Informatics provided an update on the implications of the North West Boroughs and Mersey Care merger for MMDA and planned service developments.

3.9 COVID Issues

The Director of Integration reported on the COVID incidence rates locally. The highest incidence was reported in school aged children in particular the 10-14 years age group. The incidence rates in Liverpool were now very low compared to surrounding boroughs, although it was not clear why this was the case. It was noted that nationally the number of cases reported each day was increasing as was the number of hospital admissions, which was a cause for concern. The committee also noted that vaccine roll out to school children in St Helens had been delayed which was increasing the risks. This would be discussed with St Helens CCG who had commissioned the school vaccination programme provider.

4. 28th October 2021

4.1 Winter Pay Incentive Scheme

The Director of Nursing, Midwifery and Governance introduced proposals for a winter pay incentive scheme for staff who worked additional shifts to help maintain safe staffing levels. The proposals had been developed by HR, Finance and Nursing having reviewed the schemes used by other local Trusts and assessing the impact. The committee agreed to offer a £500 bonus to substantive nursing and ward-based Agenda for Change staff who worked 50 additional hours over a 5-week cycle and evaluate the impact after the first cycle.

4.2 Appraisal and Mandatory Training Report - September

The Deputy CEO/Director of HR reported on the performance for the staff managed by each Director. The performance had not recovered from the impact of the pandemic due to the continuing operational pressures and the committee discussed how the performance could be improved to once again achieve the 85% target levels.

4.3 COVID Issues

The Director of Integration reported that COVID incidence had risen in Halton in the last week and overall Cheshire continued to report higher infection rates than Merseyside, but Merseyside was still reporting higher mortality rates.

The Director of Nursing, Midwifery and Governance reported that there had been 1 definite nosocomial case in the previous week and 6 probable cases, based on the date of admission.

4.4 Southport and Ormskirk Hospital NHS Trust (S&O)

The CEO reported that the ICS Chair and Chief Executive were visiting the two hospital sites on 4th November to gain a better understanding of the backlog maintenance and clinical configuration issues.

The Director of Informatics reported that the S&O bid for IT funding had been approved and would help address some of the urgent IT risks.

4.5 Former Residency Blocks Demolition

It was noted that the scheme to demolish the old residency blocks would commence on 1st November and there would be an impact on car parking in this area for the duration. Staff had been contacted and assigned to different car parks. There was also ongoing communication with the residents whose properties were near the hospital boundary.

4.6 Infection Prevention Control (IPC)

The committee discussed the ongoing threat of COVID and the need to protect patients and staff. It was decided that social distancing should remain in place in Trust premises which would unfortunately impact on Christmas celebrations for a 2nd year. Christmas decorations would also be prohibited as they were an IPC risk, although it was agreed that festive window stickers should be installed by the Estates and FM team as they had

been last year and the corporate Christmas trees in the main reception areas could still be erected.

ENDS

St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Board

Paper No: NHST(21)078
Reporting from: Quality Committee
Date of Committee Meeting: 16th November 2021
Reporting to: Trust Board
Attendance: Rani Thind, Non-Executive Director (Chair) Gill Brown, Non-Executive Director Sue Redfern, Director of Nursing, Midwifery & Governance Nicola Bunce, Director of Corporate Services Rob Cooper, Director of Operations Nikhil Khashu, Director of Finance Debbie Stanway, Head of Nursing & Quality, Medical Care Group Jacqui Scott, Head of Nursing & Quality, Community & Primary Care Group Tracey Greenwood, Head of Nursing & Quality, Surgical Care Group **In Attendance:** Anne Rosbotham-Williams, Deputy Director of Governance Rajesh Karimbath, Assistant Director of Patient Safety Teresa Keyes, Deputy Director of Nursing and Quality Peter Williams, Deputy Medical Director on behalf of Rowan Pritchard Jones, Medical Director Susan Hobbs, Associate Head of Nursing & Quality, Urgent Care Alan Sharples**, Board Advisor (Observer)** Geoffrey Appleton, Board Advisor (Observer) Lynne Barnes, Deputy Director of Nursing, Southport and Ormskirk Hospital NHS Trust (Observer)
Matters Discussed: • Infection prevention summit to be held in December **Integrated Performance Report** highlighting: • No never events, category 3 pressure ulcers due to lapses in care or MRSA bacteraemia in October, however 1 fall resulting in severe harm. • 2 C. Difficile infections reported with 39 cases year-to-date against an annual threshold of 54 – confirmation was provided that clinical staff involved in the cases are included in the review process with findings and learning widely shared to ensure ongoing improvements. • Safer staffing fill rate of 92.8% in October, an improvement on the previous month. • 62 and 31 day cancer targets were met again this month, with work ongoing to achieve all targets.

- Urgent and emergency care targets remain challenging; however, the Urgent Treatment Centre saw 97% of patients within 4 hours. Feedback on the impact of Perfect Week will be provided to January's Committee.
- The number of super stranded patients (length of stay over 21 days) has reduced to 99 in October from 111 in September.
- Confirmation provided that patients on the cancer pathway are tracked daily.
- Focus continues on improving sickness absence, which has increased since September, mandatory training and appraisal rates, which are slowly improving.

Patient Experience Council report noted the following:

- Reports were received from the Patient Experience Team, Estates and Facilities, Safeguarding Team, Nutritional Steering Group, Dementia and Delirium Steering Group and Medical Care.
- Assurances were provided that Deprivation of Liberty Safeguard applications continue to increase
- A session was held to train volunteers to undertake the role of dining companions and dietician training restarted for various staff groups including newly qualified nurses, which will help support improvements in patient experience at mealtimes.
- Staff were reminded of the importance of informing the Safeguarding Team of any patients admitted under the Mental Health Act to enable information to be effectively shared on discharge.
- Work is ongoing in relation to lost property, increasing the number of staff completing dementia training and raising awareness of the process for booking relatives accommodation for carers who need to stay overnight.

Patient Safety Council report highlighted the following:

- 4 incidents reported to Strategic Executive Information System (StEIS), with actions in place.
- Information relating to patient deaths was discussed, with further information required by the Committee.
- Additional reports were received in relation to safety alerts, obstetrics and gynaecology incidents, moving and handling, Safeguarding, claims and inquests, Medical Care Group and Primary and Community Services Care Group.

Perfect Ward

- A presentation was provided to the Committee on progress in implementing the Perfect Ward application to support audit work across the Trust, noting that it was launched in June, with over 600 audits completed each month since July. The focus going forward will be on developing an overarching dashboard and using the reports available on the system to demonstrate the improvements being delivered in patient care.
- The Committee were pleased to note that collaboration is taking place with staff from Southport and Ormskirk Hospital NHS Trust, that the app is being used by multidisciplinary teams and that it will incorporate culture, leadership and development audits going forward.

Safer Staffing quarterly report noted:

- The fill rate for September was 88% overall, with 15 wards below 90%. The report provided an analysis of the wards with lower fill rates and incidents in these areas.

- The fill rate for bank and agency registered nursing staff was 50% and 57% for health care assistants.
- Ongoing recruitment, the incentive scheme and redeployment of staff across the Trust continue with senior staff doing everything they can to address any gaps to ensure safe staffing.
- A safe staffing Board assurance framework will be completed and presented to a future meeting and the Board.

Freedom to Speak Up Quarterly Update noted:

- 15 concerns were reported in quarter 1 and 2 via a number of routes including the Freedom to Speak Up Guardians and the confidential reporting tool, Speak in Confidence.
- The Trust performed above average in the last National Guardian's Office index, scoring 82.3% compared to the national average for acute trusts of 79%, improving on both the two previous year scores.
- Awareness raising of how to raise a concern has continued, with training opportunities available for staff.

Clinical Effectiveness Council report noted:

- Presentation received from Therapies, who continue to meet their key performance indicators for inpatient and outpatients.
- A number of documents were approved including the Chemotherapy Services Operational Policy.
- Maternity dashboard indicated that the uptake of stop smoking services support by pregnant women following referral to the community service was only 23%; changes are being implemented in Maternity Services to increase this.
- Expanded portfolio achieved by the Research, Development and Innovation Team has resulted in them improving their network dashboard position from 9th to 5th.
- Further information was requested by the Council in relation to the outcomes of patients who did not get admitted to Critical Care following emergency laparotomy surgery

National Institute for Health and Care Excellence report highlighted:

- Current compliance with NICE guidance for 2020-21 was 95%.
- The Committee sought assurance that there were no risks for those areas that had not reported on their compliance and that these would be followed up to ensure all areas had provided a response.

Integrated Performance Report

- The Committee was provided with a report outlining progress in developing the revised IPR for information. It was confirmed that this would be in place for April 2022.

Assurance Provided:

- Action plan in place to improve compliance with safeguarding level 3 training within Maternity Services by the end of the financial year.
- Appropriate care is provided to patients who are identified as having category 1 pressure ulcers to prevent them deteriorating into category 2 or above and noted that the Tissue Viability and Falls Team are actively involved in supporting staff across the Trust to reduce patient safety incidents.

- Noted that there were no specific patient harms arising from areas with lower nursing staff fill rates and that a number of actions are in place to increase staffing levels, including international recruitment and incentive scheme.
- Previous review of weekend mortality did not identify specific issues with access to diagnostics/treatment at the weekend and that the rate remains within the expected levels.
- Feedback about the effectiveness of the meeting from the observers indicated that all members had treated each other with respect, that there had been appropriate challenge and that the values of the Trust has been shown throughout the meeting. It was noted that the agenda items and discussion had been appropriate.

Decisions Taken:

No formal approvals were required.

Risks identified and action taken: The Committee requested the following actions be taken:

- Thematic review relating to needle stick injuries to be presented to January's meeting
- Information to be provided regarding the actions being taken regionally to support Maternity Services and reduce the number of closures required.
- Realign reporting of incidents (severe and above) to the Quality Committee.
- Further work to reduce the number of incidents relating to lost property.

Matters for escalation: None

Recommendation(s): That the Board note the report, the assurances provided and the actions being taken to address areas of concern.

Committee Chair: Rani Thind, Non-Executive Director

Date of Meeting: 24th November 2021

TRUST BOARD

Paper No: NHST(21)079

Title of paper: Committee Report – Finance & Performance

Purpose: To report to the Trust Board on the Finance & Performance Committee, 18th Nov 2021

Summary

Meeting attended by:

J Kozer – NED & Chair
I Clayton - NED
P Growney - NED
N Khashu – Director of Finance & Information
G Lawrence – Deputy Director of Finance & Information
R Cooper – Director of Operations & Performance
N Bunce – Director of Corporate Services
R Pritchard Jones – Medical Director
A Bassi – Divisional Medical Director
A Matson – Assistant Director of Finance – Financial Management
M Roscoe – Assistant Director of Operations - Community and Primary Care Services Care Group
S Pitt – Finance Business Partner - Community & CSS
J Mcluckie - Director of Finance - Southport & Ormskirk NHST (**Observing**)
A Large – Deputy Director of Finance - Southport & Ormskirk NHST (**Observing**)

Agenda Items

For Assurance

A) Integrated Performance Report

- Target 62 day and 31 day performance was met in September, at 85.5% and 96.8% respectively.
- Target 2 week wait cancer performance was not achieved in September, with the delivery of 89% against a target of 93% due to the ongoing impact of the pandemic. This represents deterioration against August's performance which was 92.3%.
- Urgent care attendances remain high, with Accident & Emergency Type 1 performance at 51.0% in October and 57.7% year to date. All type mapped STHK Trust footprint performance was 75.1% in October and is 78.0% year to date. The Trust saw average daily attendances of 329, which is a decrease compared to September at 338. Total attendances for October 2021 were 10,130.
- The ambulance turnaround time target was not achieved in October, at 62 minutes on average. The Trust was the busiest in C&M and third busiest across the North West.
- In October, overall sickness had increased to 6.8%, from the September level of 6.7%. Front line Nursing, Midwifery and HCA sickness was 9.7% which is an increase of 0.8% since September.
- The committee is assured that plans are in progress to address the underachievement of appraisal and mandatory training compliance.
- The committee was assured that the Trust understood the challenges in delivering the ED metrics and the challenges associated with improving performance.

B) Finance Report Month 7

- H2 funding has not yet been confirmed. A breakeven position (£299.8m year to date expenditure and income) has been reported for Month 7, based on the system requirement for funding to support a breakeven H2 plan.
- Expenditure budgets have been set based on the H2 expenditure plan of £260m approved by the Board in October.
- The H1 HCP CIP target of £3.8m has been delivered. The CIP target for H2 is yet to be finalised. We continue to work towards the internal Trust CIP target of £15m (3%).
- The Trust's full capital allocation is expected to be utilised by the end of the 21/22 financial year.
- As of Month 7, the Trust has a cash balance of £72m and is achieving 97.8% Better Payment Practice Code (BPPC) performance against the 95% national target.
- The committee was informed of the Trust being awarded additional Tech funds to support elective recovery. The committee was assured that plans were in place to fully utilise these plans before year-end.

C) CIP Programme Update (CIP)

- The committee received the report on the Trusts CIP programme.
- The committee was assured of the progress and that the further £1m additional CIP could be met over the remaining of the year.
- The Trust continues to make significant progress on delivering all recurrent schemes for the year.

For Approval/Escalation

D) H2 Planning Update

- H2 expenditure plan of £260m approved by Board in October 2021. The committee reflected on the H1 performance:
    - Delivering recurrent CIP of c£4m
    - Exceeding activity plans and delivering the highest Elective Recovery Fund (ERF) income within C&M
    - Increasing elective productivity
    - Delivering a break-even position with £257m costs and income
- HCP income offer of £242m, giving a deficit of £18m. This relates to loss of ERF funding, winter costs, increase of CIP to 2.5% and central income reduction.
- Mitigation options to deliver a breakeven plan include:
    - Agreement to additional CIP of c£1m (full H2 challenge @ 2.5%)
    - ERF income,
    - Targeted Investment Funding
    - HCP distribution of reserves
    - Elective Restoration Fund
- Engagement ongoing with HCP with aim of submitting breakeven H2 plan.
- The committee was informed of the challenges in receiving information from the HCP on the allocations and that discussions were still ongoing to understand the equity of the allocations and distribution of the remaining gap across the whole HCP for all partners.
- The committee understood that whilst the Trust is assured of its performance, this income will be not be received if the system fails to deliver, which is likely.

- The committee also discussed the risks associated with receiving the elective restoration fund if performance is not improved across the ICS.
- The committee is assured that expenditure is being monitored against the approved plan, with the focus remaining on cost control and productivity, and that risks associated with the funding mitigations above are being raised with the HCP as appropriate.
- The committee was informed that without the income mitigations the Trust would be delivering a deficit of c£2.5-3m per month.

For Information

E) Community CIP Presentation

- The Care Group currently have £836k CIP schemes identified against their 2021/22 CIP target of £924k (£88k in year gap). This includes transacted/low-risk schemes of £668k.
- There are £623k recurrent schemes identified against the recurrent target of £924k (£301k recurrent gap), including transacted/low-risk schemes of £438k.
- Focus is on cost control and efficient working, including connecting clinical pathways and shortening the length of stay one of the main benefits of integrated care.
- The committee thanked the Caregroup for their thorough presentation and the detail included.

CIP Council Update – Update noted by the committee
Capital Planning Council Update – Update noted by the committee

Risks noted/items to be raised at Board

- Risks associated with the income offer from the HCP and the assurance that the distribution of resources and allocation of the system gap is done equitably and transparently.

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: 18th November 2021

St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Board

Paper No: NHST(21)080
Reporting from: Strategic People Committee (inaugural meeting)
Date of Committee Meeting: 8th November 2021
Reporting to: Trust Board
Attendance: Lisa Knight, Non-Executive Director (Chair) Gill Brown, Non-Executive Director Ian Clayton, Non-Executive Director Anne-Marie Stretch, Deputy CEO & Dir of HR Rob Cooper, Director of Operations & Performance Nicola Bunce, Director of Corporate Services Claire Scrafton, Deputy Director of HR. **Apologies:** Sue Redfern, Director of Nursing, Midwifery & Governance **In Attendance:** Teresa Keyes, Deputy Director of Nursing & Quality (OBO Sue Redfern)
Matters Discussed: • Terms of Reference for the newly established Strategic People Committee • Terms of Reference for the existing Workforce Council • Overview of the NHS People Plan and the Trust's People Strategy • Supporting People Strategies overview • People Strategy & the four pillars workplan for 2022 • Employee Relations Scrutiny Group • NHS People Pledges • Health and Wellbeing Strategy
Assurance Provided: • The Trust's People Strategy action plan will be monitored by the Strategic People Committee and Workforce Council with any risks requiring immediate escalating going to the Trusts Executive Committee.
Decisions Taken: 1. The Terms of Reference for the Strategic People Committee were noted. 2. Recommendations of amendments to the Terms of Reference for the Workforce Council to align with the Strategic People Committee were agreed. 3. It was agreed that in future the Employee Relations Scrutiny Group would

report directly to the Strategic People Committee rather than the Workforce Council
Risks identified and action taken: • No new risks were identified
Matters for escalation: The committee has escalated the NHS Wellbeing Pledge for adoption by the Trust.
Recommendation(s): Recommendation to the Trust Board for the Trust to support the NHS pledge for the wellbeing our NHS people by shifting the focus from sickness absence (the 5%) to holistic well-being for everyone where we will: • Take a more holistic, person-centred individual and flexible approach, which is driven through policy and aligns with embedding a just culture • Understand the wellbeing of our people, giving them a voice, making sure all decisions have a wellbeing lens applied and addressing any issues. • Committing to the three North West's themes of enabling work
Committee Chair: Lisa Knight, Non-Executive Director
Date of Meeting: 24th November 2021

St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Board

Paper No: NHST(21)081

Title of paper: Mid-Year Review of Trust Objectives

Purpose: To present the mid-year progress review against the 2021/22 Trust objectives.

Summary:

1. The Trust Board agreed thirty three objectives for 2021/22 at the start of the financial year.
2. The objectives are split into 9 categories; 5 representing the Trusts Five Star Patient Care criteria of care, safety, pathways, communication, and systems. There are then 4 categories covering; organisational culture and support for the workforce, operational performance, financial performance, efficiency and productivity and strategic plans
3. This paper summarises the progress achieved to date and gives an assessment of the likely delivery by the end the financial year;

Category	Current Status	Number	% of total
	Completed	4	12%
	On track for completion by 31st March 2022	20	61%
	In progress but may not be completed/achieved by 31st March 2022	8	24%
	Behind schedule or at risk of not being achieved by 31st March 2022	1	3%

4. Setting and monitoring the delivery of the annual plan and objectives is a key role for the Board and part of the CQC Well Led assessment.

Trust objective met or risk addressed: provides assurance to the Board that the Trust is making sufficient progress in delivering its strategic objectives and annual plans.

Financial implications: None directly from this report.
Stakeholders: The Trust, its staff, patients and all stakeholders.
Recommendation(s): The Board is asked to note the progress being made to deliver the 2021/22 Trust objectives.
Presenting officer: Ann Marr, Chief Executive.
Date of meeting: 24th November 2021.

2021/22 Trust Objectives – Mid Year Review

Key: Current Status Assessment

	Achieved		On track to be achieved by in 2021/22		Progressing, but at risk of not being fully achieved		At risk of not being achieved in 2021/22

Objective	Lead Director	Measurement	Governance Route	Progress report and current status assessment
1. 5 STAR PATIENT CARE – Care **We will deliver care that is consistently high quality, well organised, meets best practice standards and provides the best possible experience of healthcare for our patients and their families**				
1.1 Ensure patients in hospital remain hydrated, to improve recovery times and reduce the risk of deterioration, kidney injury, delirium or falls (QA)	DoN	• Quarterly audits to ensure all patients identified as requiring assistance with hydration have red jugs in place • Quarterly audits to ensure fluid balance charts are up-to-date and completed accurately • Use lessons learnt from incidents, complaints and claims to improve practice and reduce similar incidents in the future	Quality Committee	Initial small scale audit presented to April's Hydration Steering Group, highlighting 83% accuracy with recording fluid balance. August Nursing Care Indicators were presented to the September Hydration Steering Group which indicated this improvement had been sustained. Will be monitored via Perfect Ward App audits going forward.
1.2 Continue to ensure the timely and effective assessment and care of patients in the emergency department (QA)	DoOp	• Patients triaged within 15 minutes of arrival • First clinical assessment median time of <2 hours over each 24-hour period • Compliance with the Trust's Policy for National Early Warning Score (NEWS), with appropriate escalation of patients who trigger confirmed via regular audits • Compliance with sepsis screening and treatment guidance confirmed via ongoing monitoring • Compliance with safety checklists to ensure	Quality Committee	Continued pressure within ED experienced as a result of congestion and system problems has resulted in the time to triage, time to clinical assessment and total time in the department increasing. Overall attendances have increased compared to the 2019/20 baseline and category 1 & 2 ambulance attendances make up the majority of all ambulance arrivals. Quality review in ED in August noted all patients reviewed had NEWS repeated appropriately. Latest report received in June noting the achievement of above 90% target for sepsis screening and antibiotic administration within 1 hour of sepsis diagnosis for retired CQuIN.

Objective	Lead Director	Measurement	Governance Route	Progress report and current status assessment
		timely assessment and treatment of patients confirmed via regular audits		Quality review in ED highlighted gaps in completion of safety checklists, with action plan in place and monitored by the new temporary Head of Nursing and Quality for Urgent Care.
1.3. Increase capacity at Whiston Hospital and improve clinical adjacencies at the Trust to optimise patient flow	DoOp/ DoCS	• Continue to progress the strategic site development plans for the Trust and the capital schemes that are planned for 2021/22 to improve patient facilities and increase capacity; • Paediatric Emergency Department and Children's Observation Ward • Theatre capacity • Same Day Emergency Care and optimisation of clinical adjacencies/pathways	Trust Board	Paediatric ED and CHOBs ward scheme remains on schedule for completion in 2022/23 Theatre Capacity business case being considered by the Trust Board in November 2021.
1.4 Review and improve the management, monitoring and tracking of patients on waiting lists to ensure a consistent approach by all elective specialties, learning lessons from previous incidents.	DoOp	• Number of Datix incidents related to issues with waiting list management • Embed learning from harm reviews • Adequate Business Intelligence (BI) reporting to flag priority patients • Standardisation of patient pathway management across all specialties • Implementation of end to end automated patient tracking	Quality Committee	The number of incidents has steadied since June. Learning is shared across all relevant staff groups. Pathway management standardisation is progressing, with a daily review and validation. BI monitoring and reporting is in place across all specialities. Proposals for automating the process completed by IT system supplier and implementation process to be considered by Executive Committee in December.

Objective	Lead Director	Measurement	Governance Route	Progress report and current status assessment
2. 5 STAR PATIENT CARE – Safety **We will embed a culture of safety improvement that reduces harm, improves outcomes, and enhances patient experience. We will learn from mistakes and near-misses and use patient feedback to enhance delivery of care**				
2.1 Continue to learn lessons and change practice by improved measuring of the outcomes for our patients	MD	• Use available data to identify where care for patients can be improved, allowing targeted projects to make long lasting changes to practice. • Reduce hospital acquired AKI by 20% • Reduce hospital acquired pneumonia by 10% • Reduced rates of AKI and electrolyte disorders with associated reduction in mortality from these disorders, measured by Copeland Risk Adjusted Barometer (CRAB) data	Quality Committee	Information provided to CEC with improvement shown. From February to July 2021 there is a reduction in AKI patients presenting with triggers (possible concern over care from CRAB system) from 14% to 6%. SMR for AKI has reduced from 119.5 over the last 36 months to 83.0 over the latest 9 months. Hospital acquired pneumonia (in medicine) has fallen from 65 cases in August 2020 to 37 cases in August 2021. Cases with triggers have fallen from 3.6% to 1.7%
2.2 Reduce avoidable harm by preventing falls (QA)	DoN	• To reduce the number of inpatient falls per 1000 bed days from 9.2 to 7.7 (QA target; 7.2 internal stretch target) or less • All patients will have a documented falls risk assessment within 6 hours of admission and this is reviewed at least every 7 days or change in the patient's condition • To audit that all preventative actions are implemented following falls risk assessments	Quality Committee	Q1 2021/22 7.9 falls per 1000 bed days Q2 2021/22 9.07 fall per 1000 bed days an increase of 14.2%. Thematic Review and action plan presented to Quality Committee, but this was before Q2 data was reported. A further review will now be undertaken for the Executive Committee to agree what further actions need to be put in place. This will then be reported back to the Quality Committee.
2.3 Evaluate best practice and develop proposals for improving the Trust wide safety culture/methodology	DoN	• Involve and engage staff across the organisation to co-design a Trust-wide "Safe and Sound" Quality Improvement Methodology • Develop a business case to support implementation of preferred methodology	Quality Committee	External support currently being sourced and a proposal developed for consideration by the Executive as soon as possible.

Objective	Lead Director	Measurement	Governance Route	Progress report and current status assessment
		• Develop a "Safe and Sound" work programme and celebrate achievements		
2.4 Implement the recommendations of the Ockenden Report in to the safety of Maternity Services	DoN	• To monitor the delivery of the Ockenden report implementation plan • To meet the requirements of the 51% for continuity of carer target by March 2022	Quality Committee	Quarterly reports to Quality Committee Staged targets have now been superseded by the single ambition set out in the NHS Long Term Plan for all maternity service providers in England to provide CofC to all women by 2023.
3. 5 STAR PATIENT CARE – Pathways **As far as is practical and appropriate, we will reduce variations in care pathways to improve outcome, whilst recognising the specific individual needs of every patient**				
3.1 Improve the effectiveness of the discharge process for patients and carers (QA)	DoOp	• Ensure sufficient and appropriate information is provided to all patients on discharge • Improve Inpatient Survey satisfaction rates for receiving discharge information • Improve audit results (minimum 75%) for the number of patients who have received the discharge from hospital booklet • Achievement of 30% target for patients discharged before noon during the week and 85% of the weekday average discharges to be achieved before noon at the weekends consistently across all wards.at weekends	Quality Committee	Service Improvement – Discharge Improvement Programme has commenced. Inpatient survey scores showed improved with responses for yes definitely received written information about what to do on discharge improving from 60 -78 %.(Full report to be presented to Quality Committee when full national results published) Compliance audit to be integrated as part of the Perfect Ward audits. Weekday and weekend discharges before noon remain a challenge due to availability of social care. Improvement and communication strategy developed and being rolled out with partners.
3.2 Transformation of Urgent Treatment Centre (UTC) to maximise capacity, throughput and patient experience	DoOp	• Attendance rate at UTC and associated 4-hour performance • Reduced rate of A&E attendances and hospital admissions • Reduced deflection rate from UTC to A&E	Finance and Performance Committee	Attendance rate at St Helens UTC has increased as reported in the IPR. ED attendances at the Trust have increased Improvement identified at St Helens UTC where range of conditions treatable has been expanded with further opportunity identified. Position with

Objective	Lead Director	Measurement	Governance Route	Progress report and current status assessment
		• Implementation of condition specific end to end integrated pathways • Improve patient satisfaction and experience ratings		other local UTCs remains a challenge. Patient satisfaction ratings remain high.
3.3 Review Trust Acute medical care pathways to ensure optimal configuration	DoOp	Agree the optimal configuration of services to; • Reduced number of patient ward moves • Reduced number of FCEs • Implement direct to specialty pathways • Improve patient satisfaction and experience ratings	Executive Committee	Inpatient survey results and audit has demonstrated reduction in the number of patient ward moves. Implemented new direct to speciality pathways for AMU and Frailty, with further work ongoing for Surgery, Medical Specialities and Paediatrics. Inpatient survey demonstrated improvement in patient satisfaction. 95.5% of acute patients recommend the Trust in FFT.
3.4 Continue to redesign outpatient pathways through transformation and modernisation	DoI/DoOp	• Continued roll-out of Telehealth across identified specialties and patient pathways • Optimisation of current systems to continue the reduction in DNAs • Reduction in complaints from patients due to late or over-running clinics • Reduced travelling time and costs for clinicians using the technology to provide outreach services • Extra clinical capacity that can now be invested back into patient care in the acute setting or scheduling more clinics • Reduced car parking congestion	Executive Committee	An additional 5 services have been given Telehealth capability, bringing the total to 54 2-way appointment reminders have been re-introduced, for 2 specialties initially, so patients can respond whether they will attend, or if they wish to cancel or rebook. This will help to reduce DNAs No formal complaints received in 2021/22 to date. OPD clinic templates reduced in order to maintain COVID IPC compliance, resulting in a reduction in clinic overruns, rescheduling of clinical time and reduced car parking congestion for patients.

Objective	Lead Director	Measurement	Governance Route	Progress report and current status assessment
4. 5 STAR PATIENT CARE – Communication **We will respect the privacy, dignity and individuality of every patient. We will be open and inclusive with patients and provide them with more information about their care. We will seek the views of patients, relatives and visitors, and use this feedback to help us improve services**				
4.1 Increase the proportion of patients who report that they have received an appropriate amount of information about their care (QA)	DoN	• Improved scores for responses to patient questionnaires for questions relating to receiving the right level of information compared to last published surveys in 2019	Quality Committee	Results of inpatient survey 2020/21 show an improvement in the responses relating to the provision of information.
4.2 Introduction of new Trust Website to improve access to information about the Trusts services	DoHR	• Develop and launch the new Trust website • Monitor the impact and record and report access metrics e.g. number of clicks to required information	Executive Committee	New Trust website launched in April and feedback positive with increased use and access. The website has been accessed by 160 thousand users. Accessibility rating has increased from 16 to 82 and now scores 100% for both the mobile version and website functionality.
4.3 Ensure patients relatives are kept appropriately informed, whilst COVID-19 visiting restrictions remain in place	DoN	• Nominated relatives to receive an update on the patient's condition and care plan at least every 48 hours • Reduction in the number of concerns received about communication with relatives	Quality Committee	Q1 report presented to Quality Committee in July highlighting similar number of PALS contacts relating to communication. Staffing challenges continue to impact on ability to provide dedicated family liaison.
5. 5 STAR PATIENT CARE – Systems **We will improve Trust arrangements and processes, drawing upon best practice to deliver systems that are efficient, patient-centred, reliable and fit for their purposes**				
5.1 Further develop the use of electronic patient information to replace paper based medical records e.g. observation charts, nursing assessments and care plans, AHP assessments and inpatient clinical narrative	DoI	• Reduce the amount of paper in Nursing documentation produced as part of the paper based medical record by 25% • Reduce time spent by clinicians using paper-based processes by providing them access to a full and salient electronic documentation trail of a patient's care from wherever they need to access	Executive Committee	A number of assessments, which account for 25% of paper replaced, have been developed and are live for all inpatients. e-Handover has been deployed in 80% of care settings. Nursing handover has been deployed to 90% wards. Both on track to complete by the end of the year Enhanced e-observations have been achieved by deploying PEWS (Paediatric Early Warning

Objective	Lead Director	Measurement	Governance Route	Progress report and current status assessment
		• Improve e- observation to facilitate early identification of deterioration leading to earlier intervention • Enabling speciality reviews of patient pathways resulting in the reduction in variation in patient care		Scores) into both ED and Paediatric Inpatients and aligning with National PEWS and Alder Hey model. Vitals digital operational reports are freeing up clinicians time for care.
5.2 Implementation an integrated bed management and discharge planning system to allow Clinicians to see patient status "at a glance" and improve the accuracy of information on patient flow, to support admission and discharge decisions by the Site Management teams	DoI/DoOp	• Reduced the time taken to admit patients to wards from A&E • Increase the % of patients discharged before midday. • Support the reduction in bed occupancy to 92% • Reduce the number of medical patients who have to outlie in surgical beds • Help support reduction in length of stay • Improve access to patient information for Clinicians, to enable more effective prioritisation	Executive Committee	Through CareFlow Connect clinicians have mobile access to diagnostic results, Covid alerts and to specialist medical and surgical teams for handover. Clinicians have access to Vitals observations and assessments to identify the deteriorating patients. Through Patient Flow clinicians can see priority patients and actions required to enable timely treatment and discharge. Patient Flow is deployed to 5 wards and is on track to deploy to all wards by the end of the year. The impact on; bed occupancy, medical outliers and LoS have not yet been realised.
5.3 Continue to develop the Trust's digital maturity	DoI	• Deliver the agreed Digital Aspirant Programme objectives for 2021/22 • Continue to host and develop the CIPHA system and shared care record on behalf of the Cheshire and Merseyside ICS	Executive Committee	Digital Aspirant Programme Objectives for 2021/22 are on target to be delivered CIPHA continues to be hosted and developed on behalf of C&M ICS
6 DEVELOPING ORGANISATIONAL CULTURE AND SUPPORTING OUR WORKFORCE **We will use an open management style that encourages staff to speak up, in an environment that values, recognises and nurtures talent through learning and development. We will maintain a committed workforce where our people feel valued and supported to care for our patients.**				
6.1 Enhance health and wellbeing support and services	DoHR	Comply with NICE guidance and the NHS People Plan in the extended range of support services	Strategic People	HWWB resources and the range of support available for staff have been expanded as

Objective	Lead Director	Measurement	Governance Route	Progress report and current status assessment
for staff		available to improve the health, well-being, and resilience of our staff , including supporting staff who have been impacted by the COVID-19 pandemic	Committee	reported to July's Trust Board. The Well Being Hub and ''Wellbeing Wednesdays'' continue. Board approved a new Health and Wellbeing Strategy in October 2021. The Trust has 77 wellbeing champions and 30 mental health first aiders across the organisation that form part of the "wellbeing network''. The ''Putting Our People First Group'' had its inaugural meeting in September 2021. The HWWB Department continue to work with key stakeholders across the Trust to support and manage the impact of COVID-19. There are bespoke health and wellbeing sessions, MDT, and case management. The Trust has partnered with the Rugby League Cares charity, 1 of 3 pilot sites in the NW, to further support staff and bring about a new initiative, focused of mental and physical fitness, personal resilience and recruitment and retention into in the NHS.
6.2 By making the Trust the best place to work we will continue to implement innovative approaches to recruitment, retention and staff development to provide high quality care	DoHR	• Maintain all efforts to recruit 80 additional permanent new nurses, 50 further nurses and 20 medical and dental posts are recruited via international recruitment programmes • Create more opportunities for staff to retire and return, transfer between wards for job enrichment, or adopt flexible approaches to working • Improve labour stability rates and reduce staff turnover rates in targeted areas	Strategic People Committee	• 61 of the planned 77 International nurses for 2021/22 by 30th November 2021. (31 are from the Pan-Mersey Collaborative and 30 from Trust recruitment). 15 international Doctors have commenced employment and 152 Band 5-7 Nurses have been externally recruited since 1 April 2021 • The Trust has standard shifts alongside piloting 12 hour shift patterns. Retire & Return requests are reviewed by HRBPs to ensure all options have been fully considered. The internal staff transfer scheme has been

Objective	Lead Director	Measurement	Governance Route	Progress report and current status assessment
		• Increase the % of the apprenticeship levy that is allocated • Recruitment of 24 trainee nursing associates (TNA) and develop new posts and appropriate specialist training routes for 4 Advanced Care Practitioners and 10 Physician Associates • Enhance the provision of development opportunities to support talent management and retention		embedded for 18 months. • Labour stability and turnover rates have not improved YTD. A new Retention Strategy is currently in development for approval in February which will include a resource business case and action plan for delivery in 2022/23. • Apprenticeship opportunities have been re-launched after being paused by HEI's due to COVID. In Q1 2021/22 the levy used was 64.3% and in Q2 was 71.9% which is a significant increase in performance from 2020/21. • 10 TNAs started training in September 2021 with a further cohort due in January 2022. 8 ACPs started in September 2021 (4x Occ Health, 3x Community, 1x AMU). 7 ACPs are to start in Spring 2022 (1x Community, 6x ED) • Increased support to Apprenticeships and delivery of 2 cohorts of the Nursing Management programme. • The new appraisal process has been well received with feedback about better quality conversations taking place.
6.3 Continue to respond to feedback from staff to improve appraisals to support staff to deliver high quality patient care.	DoHR	• Embed the new Trust appraisals process and evaluate the impact • Survey staff satisfaction with the quality of appraisals • Provide targeted training for managers on appraisal skills	Strategic People Committee	• Appraisal rate recovery remains challenged due to operational pressures, but improving month on month. • Feedback from staff on the new process is extremely positive. The Trust implemented a new appraisal window approach for Band 6 and above from May 2021 with the aim of completing appraisals outside of the winter pressure period. The focus is currently on Band 5 and below to ensure compliance is reached by year end. • Targeted support provided to managers on the new process and paperwork.
6.4. Improve the compliance delivery and ease of access of	DoHR	• Fully implement the review of how mandatory	Strategic	• Mandatory training rate compliance remains challenging due to operational pressures but is

Objective	Lead Director	Measurement	Governance Route	Progress report and current status assessment
mandatory training for all staff		training is delivered, including the innovations in training that were used during COVID-19 • Engage staff and managers in new ways of delivery	People Committee	improving. • There has been an expansion of e-learning for the delivery of Mandatory training to support more flexible access for staff. This is seeing an improvement in compliance for those subjects. • Engagement with staff and Subject Matter Experts to ensure the training delivery model meets the needs of staff and Managers. The Trust has also enhanced communication to increase awareness of the e-learning platform, Moodle.
6.5 Continue to listen to our staff to ensure we remain an employer of choice	DoHR	• NHS Staff Survey Action Plan monitoring • WRES & WDES Action Plan monitoring • A refreshed Equality, Diversity and Inclusion Strategy and development plan	Executive Committee	• Monitoring of progress and escalation continues through Trust Executive Committee and Workforce Council. • WRES/WDES and Gender pay gap reports have been approved by Trust Board and published on Trust internet. Action plans are monitored by the Workforce Council. • The ED&I action plan was approved by Trust Board in September 2021 and will be monitored by the EDI Group. • Consultation with staff has commenced on a new ED&I Strategy. This will be approved at the Workforce Council in January 2022
6.6 Release time to care by continuing with the implementation of the e-rostering, activity manager and e-job planning systems to ensure the optimum design of the workforce and the right number and skill mix of staff	DoHR	• Implement e-rostering to 100% of all staff remaining staff to include non-clinical and corporates services staff • Restart the specialist nursing-job planning project with the aim of having 50% with refreshed job descriptions that reflect to needs of the service • Deliver the benefits realisation plan for “Better eRostering” for Medical Staff, Nursing & AHP’s	Executive Committee	• On track for delivery by the end of Q4 21/22. Senior operational staff and Medics are rostered for unavailability. • Due to operational demands and resourcing this has not yet been started. • Due to operational demands and resourcing this has not yet been started. • Complete and being monitored via the safer

Objective	Lead Director	Measurement	Governance Route	Progress report and current status assessment
		• Produce reports from the 'Roster Perform' and Safe Care systems to demonstrate safe levels of staffing based on the acuity of patients		staffing steering group.
7 OPERATIONAL PERFORMANCE **We will meet and sustain national and local performance standards**				
7.1 Resume and restore corporate activities to business as usual standards following COVID-19, across all services	Executive Team	• Restore maximum possible capacity of clinical services, achievable with social distancing and compliance with Infection Prevention Control guidance • Ensure that patients requiring urgent care and treatment are identified and prioritised • Support staff as they continue to cope with the consequences of COVID-19 • Reduce the backlog of outstanding work were services or activities have been suspended or staff re-deployed	Trust Board	H1 restoration and recovery trajectories achieved and H2 are on track. Risk based approach taken to elective pathways based on latest national IPC advice PTL monitored and all P1 and P2 patients are prioritised. Wellbeing support for staff detailed in 6.1
7.2 Achieve national performance and access standards	DoOp	• Improvement trajectory for emergency access standards including any new measures • 62-day cancer treatment standard • Diagnostic tests completed within 6 weeks • Ambulance handover times • Achieve the Trust level recovery trajectory for elective activity, as agreed with the Cheshire and Merseyside Hospital Cell	Finance and Performance Committee	ED access performance remains challenged. 62 day cancer treatment standard continued to be achieved 6 week diagnostic standard had improved to 80.5% in October Ambulance handover times remain challenged and a targeted improvement plan is in place across the North West Region. H1 and H2 targets for elective recovery are being achieved.
7.3 Maximise the productivity and effectiveness of clinical services using benchmarking and comparative data e.g. GiRFT and Model Hospital to ensure that all services meet	DoOp	• Continued participation in national programme of GiRFT reviews and delivery of the resulting action plans, when the national programme re-starts	Finance and Performance Committee	GiRFT programme has restarted nationally and reported to F&P in October.

Objective	Lead Director	Measurement	Governance Route	Progress report and current status assessment
best practice standards		• Previous reviews undertaken to be monitored at committee level to provide assurance regarding delivery		
8 FINANCIAL PERFORMANCE, EFFICIENCY AND PRODUCTIVITY **We will achieve statutory and other financial duties set by regulators within a robust financial governance framework, delivering improved productivity and value for money**				
8.1 Embed the clinical, technological and process innovations achieved during COVID-19 into the future business as usual of the Trust	Executive Team	• Review the clinical and corporate changes that have been introduced during the COVID-19 major incident and assess the benefits • Wherever possible secure an ongoing return for the additional investments made during the COVID-19 and restoration periods • Work with stakeholders to ensure the changes that have improved patient care, become embedded in normal practice	Trust Board	COVID incident management approach has continued as required in response to the fluctuating incidence and for other operational pressures. Trust operating at full capacity. Discharge to assess practices to become BAU supported by enhanced hospital discharge capacity
8.2 Work with health care organisations across Cheshire and Merseyside to explore opportunities for collaborative corporate services	DoF	• Take forward the agreed collaborative projects for corporate functions, when the C&M Collaboration at Scale work stream resumes • Until corporate collaboration as scale resumes, to drive other opportunities in support services such as clinical support services (pathology & radiology)	Finance and Performance Committee	• Collaborative programmes have started to recommence. • The Trust has been selected to deliver a Community Diagnostic Hub, supporting the delivery of increased diagnostics across the health economy. • The Trust is still in discussions around delivering pathology services across a wider footprint.
8.3 Delivery of the agreed Trust financial targets: outturn, cash balances and revised capital resource limits.	DoF	• Achieve the approved financial plan for 2021/22 agreed under the new NHS financial regime. • Minimum cash balance of 1.5 working days with aged debt below 1.5% of cash income • Deliver the approved capital programme.	Finance and Performance Committee Audit Committee	• Current forecast for H1 is delivering a balanced financial position in line with HCP direction. • Cash balances currently exceed 1.5 days and age debt is below 1.5% of cash income. • Capital programme is currently forecast to deliver.

Objective	Lead Director	Measurement	Governance Route	Progress report and current status assessment
9 STRATEGIC PLANS **We will work closely with NHS Improvement, and commissioning, local authority, and provider partners to develop proposals to improve the clinical and financial sustainability of services**				
9.1 Continue to meet all regulatory and accountability requirements whilst working collaboratively to achieve system success	DoCS	• Meet statutory and regulatory responsibilities • Prepare for the system changes which will be introduced by the NHS White Paper, including the changing responsibilities of the Cheshire and Merseyside Integrated Care System and shaping the development of effective Place structures.	Trust Board	C&M MOU and Provider Collaborative ToRs reported to and approved by the Board in July. Briefings to the Trust Board on the NHS Bill and development of the ICS Trust in segment 2 of the new integrated NHSE oversight framework
9.2 Working with health and care system partners to develop and implement Place based Integrated Care Partnerships to improve the health of the local population	DoInt	• Support our local boroughs to establish Integrated Care Partnerships (ICPs) • Establish a programme delivery infrastructure for St Helens ICP including a dashboard of key performance and health improvement indicators • Work closely with Primary Care Networks (PCNs) and community providers to improve locality service delivery and integration • Continue to develop more integrated care pathways through transformation of community services in St Helens	Trust Board	• St Helens established their ICP (now known as Placed Based Partnerships) and governance arrangements with the Board meeting monthly from April 2021. • A dashboard of KPIs has been developed and is monitored at the Integrated Finance and Performance Group (CCG and LA) • A Care Communities project has commenced that will wrap community services (health, social care and VCSE) around the PCN offer • The partners have agreed a new strategic plan for St Helens with three strategic priorities to improve health inequalities : o Mental Wellbeing o Tackling Obesity o Resilient Communities • The ICS recognise that St Helens has the most mature partnership in C&M and wishes to develop arrangements further to operate as a Committee of the ICB (in shadow form from early 2022) • The Trust continues to work with Halton and Knowsley as they develop their Place Based Partnership proposals.
9.3 Provide leadership and direction as part of the C&M ICS to achieve clinically and	DoInt	• Develop areas for collaboration that bring benefits for patients and partner organisations	Trust Board	• Although some collaboration at scale work streams have continued many remain paused due to the pandemic, but clinical collaboration

Objective	Lead Director	Measurement	Governance Route	Progress report and current status assessment
financially sustainable acute services.		• Support the development of effective Provider Collaboratives that enhance collaboration and integration with other providers		continues in respect of mutual aid and restoration and recovery across C&M • H2 finances are yet to be finalised and there remains uncertainty about the NHS financial regime for 2022/23 • Provider Collaboratives (PC) established at C&M level, STHK's CEO is the Lead of the Acute and Specialist Trust PC • The Trust has entered into an Agreement for Long Term Collaboration to provide management support for S&O NHST.

ENDS

NIHR Guideline B01
RDI Operational Capability Statement
May 2011

Note: This spreadsheet is protected to help avoid inadvertent changes. However there is no password set so that users can unlock the sheet and edit their own content if required.

Version History

Version number	Valid from	Valid to	Date approved	Approved by	Updated by
Statement 001					
Statement 002	01/11/2013	01/11/2014	27/11/2013	Professor Kevin Hardy	Mrs Jeanette Anders
Statement 003	18/11/2014	18/11/2015	18/11/2014	Professor Kevin Hardy	Mrs Jeanette Anders
Statement 004	31/12/2015	31/12/2016	27/01/2016	Professor Kevin Hardy	Mrs Jeanette Anders
Statement 005			12/01/2017	Professor Kevin Hardy	Mrs Jeanette Anders
Statement 006	01/12/2017	01/12/2018	29/11/2017	Trust Board	Mrs Jeanette Anders
Statement 007	01/12/2018	01/12/2019	28/11/2018	Trust Board	Mrs Jeanette Anders
Statement 008	01/12/2019	01/12/2020	27/11/2019	Trust Board	Mrs Jeanette Anders
Statement 009	01/12/2020	01/12/2021	25/11/2020	Trust Board	Mrs Jeanette Anders
Statement 010	01/12/2021	01/12/2022		Trust Board	Mrs Jeanette Anders

Contents

Organisation RDI management arrangements

Information on key contacts.

Organisation details	
Name of organisation	St Helens and Knowsley Teaching Hospitals NHS Trust (STHK)
Role:	Research Development and Innovation Lead (Medical Director)
Name:	Professor Rowan Pritchard Jones
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Contact number:	0151 430 2334 / 1218
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Key contact details e.g. Feasibility, confirmation of capacity and capability to conduct research at STHK	
Contact 2:	
Role:	Research Development and Innovation Department Manager (RDI)
Name:	Jeanette Anders
Contact number:	0151 430 2334
Contact email:	jeanette.anders@sthk.nhs.uk

Contact 3:	
Role:	Research Development and Innovation Co-ordinator
Name:	Paula Scott
Contact number:	0151 430 1218
Contact email:	paula.scott@sthk.nhs.uk
Contact 4:	
Role:	Research Development and Innovation Data Manager
Name:	Amy Millington
Contact number:	0151 430 1274
Contact email:	amy.millington@sthk.nhs.uk

Information on staffing of the RDI office.

RDI team		
RDI office roles (e.g. Governance, contracts, etc.)	Whole time equivalent	Comments indicate if shared/joint/week days in office etc.
Research Development and Innovation Manager	1.0 WTE	
Research Development and Innovation Co-ordinator	1.0 WTE	
Research Development and Innovation Data Manager	1.0 WTE	

Information on reporting structure in organisation (include information on any relevant committees, for example, a clinical research board / research committee / steering committee).

Reporting structures		
Trust Board		The Medical Director reports to the Trust Board.
The Medical Director reports to the Quality Committee.		The Quality Committee advises the Board on all matters pertaining to Quality of services and subsequent risk to patients and the Trust. In establishing the Committee the Board agrees the delegated power for it to take appropriate action regarding issues within the remit of the Committee and for this to be reported at the next Board meeting. Where the issue is considered to be of Board level significance it is to be reported to the Board for approval before action.
RDI Manager report to the Clinical Effectiveness Council (CEC)		The CEC Council investigates any issue that sits within it terms of reference. Its aim is to seek and receive from any department or service assurance on the maintenance and improvement of clinical effectiveness. The Council is authorised by the Quality Committee to investigate any issue that may pose a risk to Clinical Effectiveness. The Committee shall advise the Board on all matters pertaining to Quality of services and subsequent risk to patients and the Trust. In establishing the Committee the Board agrees the delegated power for it to take appropriate action regarding issues within the remit of the Committee and for this to be reported at the next Board meeting. Where the issue is considered to be of Board level significance it is to be reported to the Board for approval before action.
RDI Manager report to the Research Development & Innovation Group (RDIG)		The RDI Group reports to the Quality Committee to provide assurance about all aspects of RDIG activity within and involving the Trust. The RDI Committee has representation from Academia, Primary Care and Finance. The Chair of the RDI Group is the Clinical Director for Critical Care The RDI Group is responsible for: Review and approval of the RDI strategy consistent and compliant with contemporary (inter)national guidance Review and approval of the Annual RDI Report (written by the RDI Manager) Review and approval of the Research Capability and Capacity Statement Review and approval of the Research Standard Operating Procedures Oversee operational delivery of the RDI strategy via updates received from the RDI Manager Review of research studies deemed high risk or with identified issues/concerns will be referred to RDIG for consideration (by the RDI Manager). Any risk or safety issues relating to research activity will be reported to the RDI Group for discussion and action plan.
The Research Practitioner Group (RPG)		The Research Practitioner Group (RPG) has delegated responsibility from the Research Development & Innovation Group (RDIG) to ensure that the trust has robust processes and systems in place for Research Development & Innovation (RDI). The RPG is responsible for: Review Research Standard Operating Procedures (SOPs) prior to submission to RDIG for approval. Ensure that the Trust is prepared for a Research MHRA (Medicines and Healthcare Products Regulatory Agency) inspection through the review and discussion of regular action plans Report to the RDIG quarterly (through the RDI Manager who sits on both groups) Support the aim to embed a positive research culture throughout the organisation Ensure that lessons are learned from research audits/issues and that effective improvement is implemented Ensure that on a day to day basis RDI activities are conducted according to RDI Standard Operating Procedures (SOPs) Support the training programme for Research Nurses to ensure that they are fully complaint in accordance with nursing/trust requirements.

Information on research networks supporting/working with the organisation.
Information on how the organisation works with the Comprehensive Local Research Network (CLRN), Primary Care Research Network (PCRN), Topic Specific Clinical Research Networks (TCRN).

Research networks	
Research network (name/location)	Role/relationship of the research network e.g. host organisation
St Helens and Knowlsey Teaching Hospitals NHS Trust	Nursing and Midwifery, Senior Research Nurse (Commercial) 0.73 WTE
St Helens and Knowlsey Teaching Hospitals NHS Trust	Research Development and Innovation Manager, 0.1 WTE
St Helens and Knowlsey Teaching Hospitals NHS Trust	Research Development and Innovation Co-ordinator, 0.1 WTE
St Helens and Knowlsey Teaching Hospitals NHS Trust	Data Manager, 1.0 WTE
St Helens and Knowlsey Teaching Hospitals NHS Trust	Project Support Officer, 0.10 WTE
Clinical Research Network, North West Coast (CRN NWC)	Nursing and Midwifery, Senior Research Nurse, (Commercial) 0.27 WTE
Clinical Research Network, North West Coast (CRN NWC)	Nursing and Midwifery, Senior Research Nurse, (Cancer) 0.8 WTE
Clinical Research Network, North West Coast (CRN NWC)	Nursing and Midwifery, Research Nurse, (Cross Divisional) 5 x 1.0 WTE . 1 x 0.5 WTE
Clinical Research Network, North West Coast (CRN NWC)	Nursing and Midwifery, Research Nurse, (Paediatric/Cross Divisional) 0.7 WTE
Clinical Research Network, North West Coast (CRN NWC)	Nursing and Midwifery, Research Nurse, (Maternity /Cross Divisional) 0.5 WTE
Clinical Research Network, North West Coast (CRN NWC)	Data Manager, 1.5 WTE
Clinical Research Network, North West Coast (CRN NWC)	Project Support Officer, 0.6 WTE
Clinical Research Network, North West Coast (CRN NWC)	Project Support Officer, 0.9 WTE

Information on collaborations and partnerships for research activity (e.g. Biomedical Research Centre/Unit, other NHS organisations, higher education institutes, industry).

Current collaborations / partnerships				
Organisation name	Details of collaboration / partnership (e.g. university/organisation joint office, external provider of pathology services to organisation, etc., effective dates)	Contact name	Email address	Contact number
Liverpool and Edge Hill Universities	Professor Rowan Pritchard Jones, Consultant Plastic Surgeon at STHK is an Honorary Clinical Professor at Edge Hill University, and an Honorary Clinical Associate Professor at the University of Liverpool. STHK are involved in a number of research projects with Liverpool and Edge Hill University	Professor Rowan Pritchard Jones	rowan.pritchardjones@sthk.nhs.uk	By email only
Manchester Metropolitan University	The Trust is involved in a number of research projects with Manchester Metropolitan University, involving collaborations with Critical care (Dr A Tridente, CD and Visiting Professor, Manchester Metropolitan University) and Burns and Plastics (Mr K Shokrollahi, Clinical Lead, Mersey Regional Burns Service)	For details of studies please contact Jeanette Anders, RDI Manager	jeanette.anders@sthk.nhs.uk Kayvan.Shokrollahi@sthk.nhs.uk ascanio.tridente@sthk.nhs.uk	0151 430 2334

Liverpool School of Tropical Medicine	The Trust has established links with the Liverpool School of Tropical Medicine and is working on a number of COVID Urgent Public Health studies	Dr Helen Hill PhD Senior Clinical Research Associate Respiratory Research Liverpool School of Tropical Medicine	Helen.Hill@lstmed.ac.uk	By email only
St Helens Primary care	The Trust has links to Primary Care through the Marshall Cross . These links are vital and offer us the potential to collaborate on joint research projects as well as recruiting from the primary care sector.	Dr Greg Irvine GP and Consultant in Primary Care St.Helens CCG Governing Body Member	Greg.Irving3@sthk.nhs.uk	01744 627596
Clinical Research Network, North West Coast	STHK are a partner organisation of The Clinical Research Network in the North West Coast (CRN NWC).	Dr Chris Smith, Chief Operating Officer.	chris.smith@nihr.ac.uk	0151 331 5124
Liverpool Health Partners	STHK have links with Liverpool Health Partners (LHP). LHP work together with Academic and NHS partners to develop groundbreaking research by encouraging conversations across the region, and sharing expertise to improve population health outcomes and economic productivity for the better.	Dr Dawn Lawson, Chief Operating Officer	lhpadmin@lhch.nhs.uk	0151 482 9386
UK Research and Innovation	STHK have links UKRI. UKRI organisation brings together the seven disciplinary research councils, Research England, which is responsible for supporting research and knowledge exchange at higher education institutions in England, and the UK's innovation agency, Innovate UK.	Professor Dame Ottoline Leyser ,Chief Executive	communications@ukri.org	communications@ukri.org
NIHR Research Design Service -North West	The Research Design Service in the North West is part of the NIHR infrastructure and exists to provide support and advice for people preparing NIHR grant applications.	Dr P Dolby, Communications and information Manager	www.rds-nw.nihr.ac.uk	
Clatterbridge Centre for Oncology (CCC)	STHK & CCC work collaboratively with CCC. There is an agreement in place whereby patients have access to Systemic Anti-Cancer Therapy (SACT) trials at STHK through the availability of CCC employed staff working to CCC governance arrangements.	Dr Maria McGuire	Maria.Maguire@clatterbridgecc.nhs.uk	0151 334 1155 x4917
Innovation Agency (Academic Health Science Network, North West Coast)	The Trust is a partner of the AHSN, we work together to embed innovation as a core part of the business within STHK .	Dr Liz Mear	info@innovationagencynwc.nhs.uk	By email only

Add lines in the table as required by selecting and then copying **a whole Excel row which is a part of** the table (note: select and copy the row **not** cells in the row).
Then select a **row** in the table and 'insert copied cells'. (Please do not select and copy individual cells or groups of cells as this does not preserve formatting.)
Go to top of document

Organisation study capabilities

Information on the types of studies that can be supported by the organisation to the relevant regulatory standards.

Types of studies organisation has capabilities in (please tick applicable)							
	CTIMPs (indicate phases)	Clinical trial of a medical device	Other clinical studies	Human tissue: Tissue samples studies	Study administering questionnaires	Qualitative study	OTHER
As sponsoring organisation			√	√	√	√	
As participating organisation	√ (Phase, II, III, IV,)	√	√	√	√	√	
As participant identification centre	√ (Phase, II, III, IV,)	√	√	√	√	√	

Information on any licences held by the organisation which may be relevant to research.

Organisation licences				
Licence name Example: Human Tissue Authority licence	Licence details	Licence start date (if applicable)		Licence end date (if applicable)
Human Tissue Act 2004	Licence number 12043			On-going

For organisations with responsibilities for GPs: Information on the practices which are able to conduct research.

Number/notes on General Practitioner (GP) practices
Marshalls Cross Surgery, sits within St Helens Hospital and is currently conducting a number of research studies.

Organisation services

Information on key clinical services contacts and facilities/equipment which may be used in studies for supporting RDI governance decisions across the organisation.

Clinical service departments					
Service department	Specialist facilities that may be provided (e.g. number/type of scanners)	Contact name within service department	Contact email	Contact number	Details of any internal agreement templates and other comments
Pathology	Minus 20, 30 and 80 freezers	Kevin McLachlan	Kevin.McLachlan@sthk.nhs.uk	0151 290 4122	
Pharmacy	Designated Research Pharmacist	Jodie Kirk	jodie.kirk@sthk.nhs.uk	0151 430 1537 Bleep 7435	
Pharmacy	Back up Research Pharmacist	Sophie Helsby	Sophie.Helsby@sthk.nhs.uk	0151 290 4291	
Pharmacy	Pharmacy Technician	Philip Buchanan	Philip.Buchanan@sthk.nhs.uk	Bleep 7566	
Radiology	Clinical Radiation Expert	Nabile Mohsin	Nabile.Mohsin@sthk.nhs.uk	0151 426 1600	Clinical Director for Radiology
Radiology	Medical Physics Expert	Paul Connolly	paulconnolly@irs-limited.com	0151 709 6296	Paul Connolly from IRS Ltd is one of the Medical Physics experts for the Trust his MPE number is 128
Radiology	2x 1.5 GE MRI 1 x 3.0T MRI 5 X GE128 slice CT scanners	Sue Conroy	Sue.Conroy@sthk.nhs.uk		
Radiology	2x Digital Mammography including tomosynthesis	Sue Conroy	Sue.Conroy@sthk.nhs.uk		
Radiology	1x Digital dental including cephalometry Cone Beam CT 1 x Digital dental including cephalometry	Sue Conroy	Sue.Conroy@sthk.nhs.uk		
Radiology	2x Fluoroscopy /1 x interventional	Sue Conroy	Sue.Conroy@sthk.nhs.uk		
Radiology	30X Ultrasound including Cardiac	Sue Conroy	Sue.Conroy@sthk.nhs.uk		
Radiology	10x Digital radiography including tomosynthesis	Sue Conroy	Sue.Conroy@sthk.nhs.uk		

Cardio-Respiratory Department	24 hour ambulatory electrocardiography Extended ambulatory electrocardiography Cardiomemo Event Recording Ambulatory blood pressure monitoring Electrocardiograms: 12 lead ECGs Transthoracic echocardiography Transoesophageal echocardiography Stress echocardiography Exercise electrocardiography Spirometry Measurement of maximum expiratory and inspiratory flow volume loop Oximetry assessment Carbon monoxide transfer factor test Simple lung function exercise test Measurement of static lung volume Measurement of respiratory muscle strength Measurement of maximum expiratory and inspiratory flow volume loop Bronchial Reactivity Overnight oximetry (Includes: Measurement of oxygen desaturation index FENO testing	Gina Rogers	gina.rogers@sthk.nhs.uk	0151 430 2424	
Cardio-Respiratory Department	Assessment for fitness to fly (hypoxic challenge) - flight assessment Pacemaker Implantation - single / dual [plus Box Changes] Implant/Removal of electrocardiography loop recorders ILRs Remote Follow-up inc. Pacemakers /ICDs Coronary Angiography	Gina Rogers	gina.rogers@sthk.nhs.uk	0151 430 2424	

Information on key management contacts for supporting RDI governance decisions across the organisation.

Management Support e.g. Finance, legal services, archiving					
Department	Specialist services that may be provided	Contact name within service department	Contact email	Contact number	Details of any internal agreement templates and other comments
Archiving	Archiving arrangements are part of the Trust approval process and are detailed in the Clinical Trial Agreement for each study. The Trust also holds a Standard Operating Procedure for archiving.	Jeanette Anders	jeanette.anders@sthk.nhs.uk	0151 430 2334	
Contracts (study related)	Advice and support - See comments	Jeanette Anders	jeanette.anders@sthk.nhs.uk	0151 430 2334	The model agreement for non-commercial research and the model agreement for pharmaceutical and biopharmaceutical industry sponsored research is used by St Helens and Knowsley Teaching Hospitals NHS Trust

Contracts (study related)	Sign off of clinical trial agreements	Professor Rowan Pritchard Jones	rowan.pritchardjones@sthk.nhs.uk		The model agreement for non-commercial research and the model agreement for pharmaceutical and biopharmaceutical industry sponsored research is used by St Helens and Knowsley Teaching Hospitals NHS Trust
Contracts (study related)	Review and completion of the Organisational Information Document (OID)	Jeanette Anders	jeanette.anders@sthk.nhs.uk	0151 430 2334	The Organisation Information Document is to be used as the Agreement between the Sponsor and participating NHS organisation, this document forms a formal legal contract between the Parties.
Finance	Corporate Accountant	Mary Jockins	Mary.Jockins@sthk.nhs.uk	0151 426 1600	The RDI Department has links with finance and are fully supported in all areas relating to research.
Information Technology	Director of Informatics	Christine Walters	christine.walters@sthk.nhs.uk	0151 430 1134	RDI Department is fully supported by the Director of ICT. IT training, IT system set up, hardware and software configuration set up, firewall configuration and connection to external servers.
Legal	Head of Complaints & Legal Services	Tom Briggs	Tom.Briggs@sthk.nhs.uk	0151 426 1600	Support and advice with the legal aspects of research is provided when necessary.
HR	Research Passports, Letters of Access	Employment Services	Employment.Services@sthk.nhs.uk	0151 290 4185	
Training	Essential In house Standard Operating Procedure Training	Jeanette Anders, Amanda McCairn, Sandra Greer	research@sthk.nhs.uk	0151 430 2334/ 2315	In house training on essential Standard Operating Procedures is provided for new starters or as updates if required.
Training	Good Clinical Practice (GCP) training. The RDI Manager is a GCP Facilitator.	Jeanette Anders	research@sthk.nhs.uk	0151 430 2334/ 2315	The GCP facilitators are required to facilitate 4 courses per year. The face to face courses were put on hold due to COVID. It is expected that these will resume in the near future.
Performance Management of studies	Audit and on-going review of studies.	Contact via RDI Department	research@sthk.nhs.uk	0151 430 2334/ 2315	During the RDI approval process, feasibility, capacity and capability checks take place including requirement for nurse support, appropriate resources, equipment & facilities, realistic recruitment target etc. After approval is granted, the RDI Department remain a point of contact, reviewing the progress of each study. A yearly audit is conducted and when a need is identified ad hoc audits will be completed.

Organisation RDI interests

Information on the research areas of interest to the organisation (provide detailed or summary information as appropriate).

Organisation RDI areas of interest				
Area of interest	Details	Contact name		Contact number
Anaesthetics	Anaesthetist for Obs & Gynae	Dr P Yoxall	peter.yoxall@sthk.nhs.uk	0151 430 1267
Anaesthetics		Dr K Mukhtar	karim.mukhtar@sthk.nhs.uk	0151 430 1268
Anaesthetics		Dr S Miller	Scott.Miller@sthk.nhs.uk	
Anaesthetics		Dr Goel	Vandana.Goel@sthk.nhs.uk	
Burns and Plastics		Professor Rowan Pritchard-Jones	rowan.pritchardjones@sthk.nhs.uk	
Burns and Plastics		Mr P Brackley	philip.brackley@sthk.nhs.uk	0151 430 1664
Burns and Plastics		Professor K Shokrollahi	kayvan.shokrollahi@sthk.nhs.uk	
Burns and Plastics		Mr A Benson	Alex.Benson@sthk.nhs.uk	
Burns and Plastics		Mr S Liew	Sehwang.Liew@sthk.nhs.uk	
Burns and Plastics		Ms A Harper	Aenone.Harper@sthk.nhs.uk	
Burns and Plastics		Mr H Shabban	Hassan.Shaaban2@sthk.nhs.uk	
Lung Cancer (Radiology)		Dr Meenal Abhyankar	Meenal.Abhyankar@sthk.nhs.uk	
Cancer		Dr Puneet Malhotra	Puneet.Malhotra@sthk.nhs.uk	
Cancer		Ms Leena Chagla	leena.chagla@sthk.nhs.uk	
Cancer		Dr T Nicholson	toby.nicholson@sthk.nhs.uk	
Cancer		Dr E Hindle	elaine.hindle@sthk.nhs.uk	
Cancer		Dr Z Khan	zahed.khan@nhs.net	
Cancer		Dr R Lord	rosemary.lord@nhs.net	
Cancer		Dr H Innes	helen.innes@nhs.net	
Cancer		Miss T Kiernan	Tamara.Kiernan@sthk.nhs.uk	
Cancer		Mr A Khattak	Altaf.Khattak@sthk.nhs.uk	
Cancer		Dr Taylor	David.Taylor4@sthk.nhs.uk	
Cancer		Mr R Pritchard-Jones	rowan.pritchardjones@sthk.nhs.uk	
Cancer		Mr P Brackley	philip.brackley@sthk.nhs.uk	
Cancer		Mr Samad	Ajai.Samad@sthk.nhs.uk	
Cancer		Mr J McCabe	John.mccabe@sthk.nhs.uk	
Cancer		Dr Eleana Loizou	Eleana.Loizou@sthk.nhs.uk	
Cancer		Dr N Hamnett	Nathan.Hamnett@sthk.nhs.uk	
Cancer		Miss Sonia Bathla	Sonia.Bathla@sthk.nhs.uk	
Cancer		Dr Shien Chow	Shien.chow@nhs.net	
Cancer		Dr S Evans	Sally.Evans@sthk.nhs.uk	
Cancer		Dr K Moss	Kat.Moss@sthk.nhs.uk	
Cardiology		Dr R Katira	Ravish. Katira@sthk.nhs.uk	0151 430 1041
Palliative Care		Dr A Thompson	Anthony.Thompson2@sthk.nhs.uk	0151 290 4266
Critical Care		Dr A Cochrane	Anthony.Cochrane@sthk.nhs.uk	
Critical Care		Dr A Tridente	Ascanio.Tridente@sthk.nhs.uk	
Critical Care		Dr Murray	Diane.Murray2@sthk.nhs.uk	
Dermatology		Dr J Ellison	judith.ellison@sthk.nhs.uk	01744 646584
Dermatology		Dr E Pang	evelyn.pang@sthk.nhs.uk	01744 646614
Dermatology		Dr M Walsh	Maeve.Walsh@sthk.nhs.uk	
Dermatology		Dr K Eustace	Karen.Eustace@sthk.nhs.uk	
Dermatology		Dr Ngan	Kok.Ngan@sthk.nhs.uk	
Dermatology		Dr Layla Hanna-Bashara	Layla.HannaBashara@sthk.nhs.uk	
Diabetes		Dr N Furlong	naill.furlong@sthk.nhs.uk	01744 646496
Diabetes		Dr P Narayanan	Prakash.Narayanan@sthk.nhs.uk	
Diabetes		Dr H Sullivan	Heather.Sullivan@sthk.nhs.uk	
Diabetes		Dr S Westall	Sam.Westall@sthk.nhs.uk	
Emergency Medicine		Dr J Matthews	john.matthews@sthk.nhs.uk	
Emergency Medicine		Dr M Hedley	Mike.Hedley@sthk.nhs.uk	
Emergency Medicine		Dr C O'Leary	Clare.OLeary@sthk.nhs.uk	
Emergency Medicine		Dr G Inkster	Graeme.Inkster@sthk.nhs.uk	
Musculoskeletal		Dr M Mahindrakar	Madhu.Mahindrakar2@sthk.nhs.uk	
Musculoskeletal		Dr J Dawson	Julie.Dawson@sthk.nhs.uk	
Musculoskeletal		Mrs Y Hough	Yvonne.Hough@sthk.nhs.uk	
Gastro		Dr A Bassi	ash.bassi@sthk.nhs.uk	
Gastro		Dr R Chandy	rajiv.chandy@sthk.nhs.uk	
Gastro		Dr J McLindon	john.mclindon@sthk.nhs.uk	
Gastro		Dr D McClements	dave.mcclements@sthk.nhs.uk	

Gastro		Dr S Priestley	Sue.Priestley@sthk.nhs.uk	
Gastro		Dr V Theis	Vanessa.Theis@sthk.nhs.uk	0151 290 4274
Gastro		Dr K Clarke	Katie.Clark2@sthk.nhs.u	
Orthopaedics		Mr Ballester	Jordi.Ballester@sthk.nhs.uk	0151 290 4234
Orthopaedics		Dr Wharton	Danielle.Wharton@sthk.nhs.uk	
Orthopaedics		Mr Lipscombe	Stephen.Lipscombe@sthk.nhs.uk	
Parkinson's		Dr R Mason	Ryan.Mason2@sthk.nhs.uk	
Parkinson's		Dr S Williams	Sarah.Williams2@sthk.nhs.uk	
Paediatrics		Dr R Garr	Rosaline.Garr@sthk.nhs.uk	
Paediatrics		Dr M Aziz	maysara.aziz@sthk.nhs.uk	
Paediatrics		Dr L Chilukuri	lakshmi.chilukuri@sthk.nhs.uk	
Paediatrics		Dr H Bentur	Hemalata.Bentur@sthk.nhs.uk	
Paediatrics		Dr Basavaraju	Jasavanth.Basavaraju@sthk.nhs.uk	
Paediatrics		Dr Ijaz Ahmad	ijaz.ahmad@sthk.nhs.uk	0151 430 1636
Pharmacy		Mr Greg Barton	greg.barton@sthk.nhs.uk	
Reproductive and Child Health		Mrs Sandhya Rao	Sandhya Rao@sthk.nhs.uk	0151 430 2289
Reproductive and Child Health		Miss Vicky Cording	vicky.cording@sthk.nhs.uk	0151 430 1495
Reproductive and Child Health		Mrs Tabassum Safdar	tabassum.safdar@sthk.nhs.uk	
Reproductive and Child Health		Mrs Nidhi Srivastava	nidhi.srivastava@sthk.nhs.uk	
Reproductive and Child Health		Mr T Idama	Tennyson.Idama@sthk.nhs.uk	
Reproductive and Child Health		Miss Zoe Boyes	Zoe.Boyes@sthk.nhs.uk	
Reproductive and Child Health		Ms Saru Palaniappan	Saru.Palaniappan@sthk.nhs.uk	
Sexual Health		Dr E Acha	Estibaliz.Acha@sthk.nhs.uk	
Sexual Health		Dr Rebecca Thompson Glover	Rebecca.ThomsonGlover@sthk.nhs.uk	
Stroke		Dr Ganjam	Subba.Ganjam2@sthk.nhs.uk	
Stroke		Dr F Elnagi	Fathalla.Elnagi@sthk.nhs.uk	
Stroke		Dr Lalitha Ranga	Lalitha.ranga@sthk.nhs.uk	0151 430 2441
Stroke		Dr S Mavinamane	sunandra.mavinamane@sthk.nhs.uk	0151 430 1224
Stroke		Dr A Hill	andrew.hill@sthk.nhs.uk	
Stroke		Dr A L Kalathil	Latheef.Kalathil@sthk.nhs.uk	
Surgery		Mr Chadwick	Michael.Chadwick@sthk.nhs.uk	
Surgery		Mr Appleton	Nathan.Appleton@sthk.nhs.uk	
Surgery		Mr Bagade	Neeraj.Bagade@sthk.nhs.uk	
Surgery		Ms R Kalaiselvan	Ramya.Kalaiselvan@sthk.nhs.uk	
Surgery		Mr R Rajaganeshan	raj.rajaganwshan@sthk.nhs.uk	
Surgery		Mr S Kanwar	Sunjay.Kanwar@sthk.nhs.uk	
Surgery		Mr A Samad	Ajai.Samad@sthk.nhs.uk	
Urology		Mr J McCabe	john.mccabe@sthk.nhs.uk	

Information on local / national specialty group membership within the organisation which has been shared with the CLRN.

Specialty group membership (local and national)					
National / local	Specialty group	Specialty area (if only specific areas within group)	Contact name	Contact email	Contact number
Clinical Research Network, North West Coast	Chair - CRN NWC Funding Steering Group	Research and Development	*Professor Rowan Pritchard Jones*	rowan.pritchardjones@sthk.nhs.uk	*By email only*
Clinical Research Network, North West Coast	RDI Managers meeting	Research and Development	*Jeanette Anders*	jeanette.anders@sthk.nhs.uk	*0151 430 2334*
Clinical Research Network, North West Coast	CRN NWC Partnership Group	Research and Development	*Professor R Pritchard Jones, Dr*	rowan.pritchardjones@sthk.nhs.uk ascanio.tridente@sthk.nhs.uk	*By email*

Organisation RDI planning and investments

Planned investment			
Area of investment (e.g. Facilities, training, recruitment, equipment etc.)	Description of planned investment	Value of investment	Indicative dates
Commercial Research	Funding from the CRN NWC and STHK to allow for the expansion of commercial clinical trials.	CRN = 0.5WTE Commercial Research Nurse STHK = TBC	TBC

Director of Research	The Director of Research will provide overall strategic leadership for RDI throughout the Trust by leading the development and delivery of the RDI Strategy and establishing links between clinical, and commercial partners.	2.5 PA	TBC
Dedicated Research Space	New Research space with dedicated research clinic rooms.	TBC	TBC

Organisation RDI standard operating procedures register

Standard operating procedures				
SOP ref number	SOP title	SOP details	Valid from	Valid to
A suite of SOPs are available upon request.				

Information on the processes used for managing research passports.

Indicate what processes are used for managing research passports
Research Passports are accepted at STHK and letters of access are issued via the RDI Department.

Information on the agreed escalation process to be used when RDI governance issues cannot be resolved through normal processes.

Escalation process
In accordance with RDI management structure: The Research Practitioner Group reports to the Research Development and Innovation Group who reports to the Clinical Effectiveness Council who report to the Quality Committee then to the Trust Board.

Planned and actual studies register

The organisation should maintain or have access to a current list of planned and actual studies which its staff lead or in which they are involved.

Comments
STHK records every research project on the local ReDA database and the NIHR CRN NWC Edge system. These systems are used to register and manage all research projects.

Other information

For example, where information can be found about the publications and other outcomes of research which key staff have led or have otherwise contributed.

Other information (relevant to the capability of the organisation)
St Helens and Knowsley Teaching Hospital Trust (STHK) is committed to the translation of research into practice, and aims to grow capacity and capability within the organisation whilst ensuring that the resources allocated by the National Institute for Health Research are utilised in an effective and efficient manner. Information about publications and other outcomes of research can be found in the Research Development and Innovation Annual Report or via the research office at research@sthk.nhs.uk.

St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Board

Paper No: NHST(21)082
Title of paper: Research & Development Operational Capability Statement (RDOCS)
Purpose: This Statement provides a Board level approved operational framework which sets out how the organisation plans to meet its research related responsibilities/requirements as stated in the UK Policy Framework for Health and Social Care Research Clinical Trials Regulations, Operating Framework for the NHS in England, Handbook to the NHS Constitution and other relevant guidance and regulations.
Summary: The statement provides researchers with an operational overview of resources available to support Research & Development in the organisation and an overview of research collaborations and partnerships with other organisations, including areas of special interest. The statement is a tool to improve effectiveness and collaborations in research activities.
Corporate Objective met or risk addressed: • We will maintain a positive organisational culture that supports the achievement of the Trust's objectives • We will achieve national and local performance indicators including - the North West Coast, Clinical Research Network targets • We will collaborate with partners in reviewing integrated patient pathways which offer alternative ways of working to the benefit of patient care, safety and efficiency of services
Financial implications: None, however the RDOCS is viewed by commercial companies who are looking to invest in research and will use the RDOCS to seek out potential sites.
• Stakeholders: St Helens & Knowsley Teaching Hospital's NHS Trust • North West Coast Clinical Research Network (NWC CRN) • Commercial Partners • External Partners
Recommendation(s): This statement should be available on STHK website and a copy in the RDI Office
Presenting officer: Professor Rowan Pritchard Jones
Date of meeting: 24th November 2021

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(21)083
Title of paper: Arrangements for 2022/23 Trust Board Meetings.
Purpose: To advise Board members of the proposed dates for Trust Board meetings throughout the next Financial Year; the supporting timetable, and agreed work plan.
Summary: 1. Board meetings have been held on the last Wednesday of each month and it is proposed that this arrangement will continue during 2022/23. 2. The paper confirms the dates for agenda setting, collation and distribution of papers and of actual meetings. 3. The Board also maintains a work plan to schedule agenda items throughout each year to ensure that it meets all statutory requirements and delivers the duties and responsibilities in the Trust's standing orders. 4. This schedule, once approved, is used to inform the work plans of the Board committees 5. The work plan may be amended as a result of the annual board effectiveness review that is conducted between January and April each year, or in light of any new statutory or regulatory requirements.
Corporate objective met or risk addressed: Contributes to the Trust's Governance arrangements which ultimately support the Trust in achieving its Annual Objectives.
Financial implications: None directly from this report.
Stakeholders: Directors, Commissioners, Regulators and other stakeholders and partners.
Recommendation(s): The Trust Board are asked to: 1. Approve the proposed dates and associated administrative timetable for Trust Board meetings. 2. Approve the proposed schedule of planned agenda items for Trust Board meetings.
Presenting officer: Nicola Bunce, Director of Corporate Services.
Date of meeting: 24th November 2021.

SCHEDULE OF TRUST BOARD MEETING DATES (2022/23)

1. Meeting Schedule

1.1. Board meetings are held on the last Wednesday of each month with the exception of August and December.

1.2. The Trust believes in being open and transparent and members of the public are able to attend the public section of each Board meetings. Public Trust Board Meetings commence at 09.30 or 10.00a.m.and are scheduled to run for 2 - 3 hours.

1.3. There is a change in start times from previous years to enable the Chief Executive to attend the Regional Leadership Team meetings in her role as Hospital Cell Lead for Cheshire and Merseyside.

1.4. Four meetings a year (April, June, October and February) include discrete sessions for discussion on strategy, which are held in private following public Trust Board meetings.

1.5. In addition, where necessary, meetings include discrete closed sessions for discussion on items of a sensitive or confidential nature, which are held in private following public Trust Board meetings.

2. Administrative Arrangements

2.1. Board agendas are developed by the Executive Committee on behalf of the Chairman at least ten days in advance of meetings.

2.2. Both hard copies and electronic versions of the Board papers are distributed to members on the Friday preceding each Board meeting.

2.3. Papers for Public Board Meetings are uploaded onto the Trust internet site on the Tuesday before each meeting.

2.4. The following table captures the schedule for the 2022/23 Financial Year. Meetings that include a strategy session are shaded grey.

Financial Year 2022/23	Agenda set	Board papers to be received	Electronic & hard copies circulated	Electronic copies on internet	Board date
April	Thurs 07 Apr	Tue 19 Apr	Fri 22 Apr	Tue 26 Apr	Wed 27 Apr
May	Thurs 05 May	Tue 17 May	Fri 20 May	Tue 24 May	Wed 25 May
June	Thurs 09 Jun	Tue 21 Jun	Fri 24 Jun	Tue 28 Jun	Wed 29 Jun
July	Thurs 07 Jul	Tue 19 Jul	Fri 22 Jul	Tue 26 Jul	Wed 27 Jul
August					
September	Thurs 08 Sep	Tue 20 Sep	Fri 23 Sep	Tue 27 Sep	Wed 28 Sep
October	Thurs 06 Oct	Tue 18 Oct	Fri 21 Oct	Tue 25 Oct	Wed 26 Oct
November	Thurs 10 Nov	Tue 22 Nov	Fri 25 Nov	Tue 29 Nov	Wed 30 Nov
December					
January	Thurs 05 Jan	Tue 17 Jan	Fri 20 Jan	Tue 24 Jan	Wed 25 Jan
February	Thurs 02 Feb	Tue 14 Feb	Fri 17 Feb	Tue 21 Feb	Wed 22 Feb
March	Thurs 09 Mar	Tue 21 Mar	Fri 24 Mar	Tue 28 Mar	Wed 29 Mar

3. Proposed Trust Board Work Plan (2022/23)

The work plan is provisional pending the annual Board and Committee effectiveness review which reports in May.

ANNUAL TRUST BOARD CALENDAR 2022/23 (Proposed)																		
Month			ToR	A	M	J	J	A	S	O	N	D	J	F	M	Report	Presenter
Scheduled agenda items	General	Employee of the month		✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Anne-Marie	Richard
		Patient story			✔		✔		✔		✔		✔		✔	Sue	Various
		Apologies		✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Richard	
		Declaration of interests	8	✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Richard	
		Minutes of the previous meeting		✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Richard	
		Action list / matters arising		✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Richard	
		Meeting Effectiveness Review		✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Richard	
		Any other business		✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Richard	
	Committee Reports	Audit (inc approval of Corp Governance Manual and Standing Financial Instructions)	2,6,7,10,11,14,15,32,33,34	✔	✔				✔	✔				✔		Nik	Ian
		Executive	3,11,16,18	✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Nicola	Ann
		Finance and Performance	11	✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Nik	Jeff
		Quality (inc Safer Staffing and infection control)	11, 25	✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Sue	Rani
		Strategic People Committee	11	✔			✔				✔		✔			Anne-Marie	Lisa
		Charitable Funds	11			✔				✔				✔		Nik	Paul
	Operational performance reports	Integrated performance report	3,4	✔	✔	✔	✔		✔	✔	✔		✔	✔	✔	Nik	
		Corporate Risk Register	3	✔			✔			✔			✔			Nicola	
		Board Assurance Framework	3	✔			✔			✔			✔			Nicola	
		Aggregated Incidents, Complaints and Claims report	3,9		✔					✔			✔			Sue	
		Informatics Report and Strategy update	3			✔										Christine	
		Learning from Deaths Quarterly Report	3	✔			✔			✔			✔			Rowan	
		Clinical and Quality strategy update	3							✔						Rowan	
		Workforce Strategy and HR indicators report	3				✔						✔			Anne-Marie	
		Adoption of Annual Accounts	1		✔											Nik	
	Annual reports	Approval of Quality Account	25		✔											Sue	
		NHS Licence Conditions Board declarations	1			✔										Nicola	
		Audit Plan approval	33		✔											Nik	
		Board and Committee Effectiveness Review	5,12,13		✔											Nicola	
		Information Governance Annual Report	1,3				✔									Christine	
		Trust objectives approval & mid year review	3,24,31		✔						✔				✔	Nicola	Ann
		Medical revalidation annual declaration	20						✔							Jacqui Bussin	
		Audit Letter sign-off	1,33						✔							Nik	
		Charitable Funds Accounts & Annual Report	1							✔						Nik	
		Research & Development Annual Report	4								✔					Rowan	
		Research & Development Annual Capability Statement	4								✔					Rowan	
		Biennial Review of NHS Constitution	1								✔					Nicola	
		Trust Board meeting arrangements	1								✔					Nicola	
		EPRR Compliance statement	1						✔							Sue	
		WRES & WDES Reports and Action Plans	1,3				✔									Anne-Marie	
		Safeguarding Annual Report (Adult & Children)	1							✔						Sue	
		Operational Plan - Budget, activity and workforce approval	1,2,7,29,30										✔		✔	Nik	
		Infection Control Annual Report	3						✔							Sue	
		CQC registration	1,25												✔	Sue	
		Mixed sex annual declaration	1												✔	Sue	
		Fit and Proper Persons Chair's Report	8			✔										Nicola	Richard
		Freedom to speak up - Board Self Assessment	20											✔		Anne-Marie	
		CNST Self Declaration & Approval	20				✔									Sue	
		Gender Pay Gap Annual Declaration	20			✔										Anne-Marie	
		Staff survey report and action plan	20												✔	Anne-Marie	
	Total scheduled items			16	20	16	20	0	18	20	18	0	19	14	17		
Closed Session	Chair and NED meeting (or as required)			✔		✔				✔				✔		Richard	
	Chief Executives report				✔		✔		✔		✔		✔		✔	Ann	
	Serious untoward incidents		1		✔		✔		✔		✔		✔		✔	Sue	
	Suspensions		17		✔		✔		✔		✔		✔		✔	Anne-Marie	
	Feedback from external meetings and events				✔		✔		✔		✔		✔		✔	All	
	Review of meeting effectivness				✔		✔		✔		✔		✔		✔	Richard	
	Director mandatory training / Corporate Law update		20							✔						External facilitators	

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(21)084

Title of paper: Digital Excellence at the Heart of 5 Star Patient Care

Purpose: This paper provides an update on progress made on the Digital Strategy since Board approval in November 2020.

Summary:

This update is accompanied by :

- A short presentation by the Director of Informatics
- A 10 minute video showing the differences for Clinician and Patients that have been achieved in the first year of the current strategy and the resultant appetite for further transformation.
- An updated Infographic explaining what the strategy means to patients, clinicians, the Trust and the wider Accountable Care System in Cheshire and Merseyside after a year into the strategy.

In summary, everything set out on the roadmap in the Informatics Strategy for completion during the last 12 months has been achieved, and more. The DAP programme is on track to achieve its objectives to achieve a digital maturity of HIMSS level 5 by November 2023. With further investment opportunities, the DAP programme can be extended to enable the Trust to attain HIMSS level 7.

Highlight achievements are:

- Connect is now rolled out across the Trust, within Teams and across teams, to enable clinicians to communicate electronically and safely manage referrals between teams and patient handovers
- Results checking on mobile devices
- Electronic observations across all care settings for all patient cohorts including Paediatrics
- Electronic risk assessments and the replacement of 43% of paper completed by Nurses and AHPs with structured, digital data capture at the point of care
- Wider rollout of ePMA in outpatient, inpatient and ED areas. Over 1.25 million electronic prescriptions have been placed
- Enhanced clinical encoder
- Upgraded switchboard and a virtual operator solution deployed, with over 90% of calls being handled by the virtual operator
- Adoption of the Telehealth solution by 40 extra services following the implementation of enhanced functionality to meet requests by users
- Patient Flow deployed live in a number of pilot wards, with a rapid rollout to all wards planned
- STHK has been the host provider within C&M for CIPHA, nationally recognised as an exemplar for the COVID response
- eMIS Community EPR solution procured and under deployment
- New Trust Internet launched
- Infrastructure upgraded/replaced as part on the on-going five year refresh programme including:
    - Advanced Threat Protection solution deployed
    - MS Teams rolled out across the Trust and Skype de-commissioned
    - Intrusion Prevention Systems deployed

- Email migration to Office 365 for all staff
- As part of the Trust's investment in hardware, we have also:
  - Replaced 680 PCs that were end of life
  - Replaced 58 Ward Computers on Wheels laptops
  - Deployed an additional 215 iPad minis for use with Careflow EPR

- The IT Service Desk received a 3-Star Accreditation from the Service Desk Institute, demonstrating that we are a "customer-led" service desk operation. We will be working towards Level 4 accreditation in the coming year.
- The Informatics Department received Level 1 Accreditation from the North West Skills Development Network for "Excellence in Informatics" providing a bedrock for staff development and accreditation that we will nurture and build upon in the coming year to achieve Level 2.

Corporate objectives met or risks addressed: This update is aligned to the Trust's Strategic objectives

Financial implications: £5m capital investment from NHS England has been drawn down to mobilise the DAP programme based on the Trust achieving agreed payment milestones. The final payment milestone of £1m has also been achieved and is due to be drawn down in December. The DAP Programme Board monitors spending and revenue implications and continues to report a break-even position.

Stakeholders: Trust Board, staff, patients and commissioners

Recommendation(s): The Trust Board note the update to the Informatics Strategy

Presenting officer: Christine Walters, Director of Informatics

Date of meeting: 24th November 2021

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHSTC(21)085

Title of paper: Trust Green Plan 2021 -2026.

Purpose: To present the draft Trust Green Plan for approval.

Summary:

1. The Trusts existing sustainability plan has been superseded by the introduction of the "Green Plan" as required as part of the Greener NHS National Programme.
2. This requirement is also detailed in the NHS Standard Contract 2020/21 (Service Conditions – SC18 Sustainable Development) that requires all NHS providers to:
   - 2.1. Take all reasonable steps to minimise its adverse impact on the environment.
   - 2.2. Maintain and deliver a Green Plan, approved by the Trust Board, in accordance with Green Plan guidance and provide an annual summary of progress on delivery of that plan to commissioners.
3. The Greener NHS National Programme recommends that Green Plans sets out the increased net zero ambition and renewed delivery focus, to:
   - 3.1. Ensure the organisation is supporting the NHS-wide ambition to become the world's first healthcare system to reach net zero carbon emissions by 2040.
   - 3.2. Prioritise interventions which simultaneously improve patient care and community wellbeing while tackling climate change broader sustainability issues.
   - 3.3. Plan and make prudent capital investment while improving efficiencies.
4. The attached paper has been drafted in collaboration with New Hospitals, Vinci FM and Medirest and sets out the recommendations of the Greener NHS programme issued in October 2020. Each ICS is required to submit a Green Plan in 2022 and each NHS organisation within the ICS has been asked to submit a Board approved Green Plan by January 2022 to feed into the overall ICS plan.
5. The Green Plan is a dynamic document recording previous achievements, future action plans and milestones which will be managed and routinely updated through the Net Zero Action Group, reporting as appropriate through the Executive Committee.
6. Whilst the plan references Trust wide initiatives, the focus on energy targets are currently set against Whiston and St Helens Hospital buildings. Other Trust owned premises will be included as the plan develops.
7. Please see the following pages for high level information:-
   - Page 1 – core objectives
   - Pages 2 – our journey so far

- Page 7 – the Trust carbon footprint
- Page 8 – vision
- Page 9 – implementation structure
- Page 23 – tracking progress and reporting

8. There is not standardised benchmarking information in relation to sustainability that is currently available to compare how the Trust is performing against other NHS bodies. However it is anticipated that benchmarking between similar NHS organisations will be a feature of future NHSE/I reporting and monitoring, and will be included in future progress reports.

Corporate objectives met or risk addressed: Contributes towards the Trust's efficiency and productivity objectives.

Financial implications: None directly from this report.

Stakeholders: Trust staff, the public, regulators and stakeholders.

Recommendation(s): The Board approve the Trust Green Plan.

Presenting officer: Nicola Bunce, Director of Corporate Services.

Date of meeting: 24th November 2021.

NHS
St Helens and Knowsley
Teaching Hospitals
NHS Trust

GREEN PLAN
2021-2026

OUR PATH TO SUSTAINABLE HEALTHCARE

VERSION: DRAFT 6 - November 2021

Author: David J. Downs MPA, MSc, BA (Hons)

"Our position as an anchor institution allows us significant opportunity to influence the welfare of our surrounding communities. We must continue to embrace this role, developing every aspect of how we function to maximise the social and economic value we bring, and ultimately prevent the need for our services.

New net zero emission targets require us to gather pace on all efforts to reduce our environmental impact. Managing the change that is necessary to achieve these commitments will be complex and challenging; but if there is anything the last 18 months has shown us, it's how much we can achieve through collaboration and commitment to the continuity and sustainability of the healthcare we provide."

Ann Marr OBE
Chief Executive

Forward

St Helens and Knowsley Teaching Hospitals NHS Trust are delighted to present our Green Plan. Our Trust recognises the challenges we face on issues of climate change, waste and air pollution and the impact these issues have on the health of our planet, our local communities, and our patients.

2020/21 reminded us how closely connected we all are to the natural world and how vulnerable we can be to our environment. Fortunately, the links between human activity, environmental health and public health are becoming more widely acknowledged and understood across the world. Scientific consensus makes it clear that greenhouse gas emissions, deforestation and loss of biodiversity adversely affects all of us with direct and immediate consequences to our health and day to day lives. Without accelerated action against climate change there will be "increases in the intensity of heatwaves, more frequent storms and flooding, and increased spread of infectious diseases" (*Delivering a 'Net Zero' National Health Service*, p7).

This plan has been developed to accelerate the pace of our response to climate change by setting out a clear, ambitious, and achievable strategy in full support of the NHS commitment to reduce emissions to 'net zero'.

Dealing with the pandemic over the last 18 months has shown us how quickly our staff and partner organisations can react and adapt in response to crisis. Adapting to climate crisis will require equal urgency and more enduring change if we are to achieve the targets set out in this document and ultimately the ambitions of the NHS; to be the world's first 'net zero' national health service.

Improving our carbon footprint and reducing our impact on the environment will bring direct improvements to people and communities. However, the level of change required will need everyone within our Trust to play their part. Everyone should speak out when they can see a more sustainable way of doing things; we need to work together, sharing our ideas and innovations. Our managers should lead our teams and departments by example, with sustainability on the agenda of everything we do. Environmental performance and achievements should be regularly communicated and promoted to share good practice and replicate it across the organisation. Working together in this way will fully embrace our responsibility to lead change, promote green growth, protect our environment, and deliver sustainable healthcare.

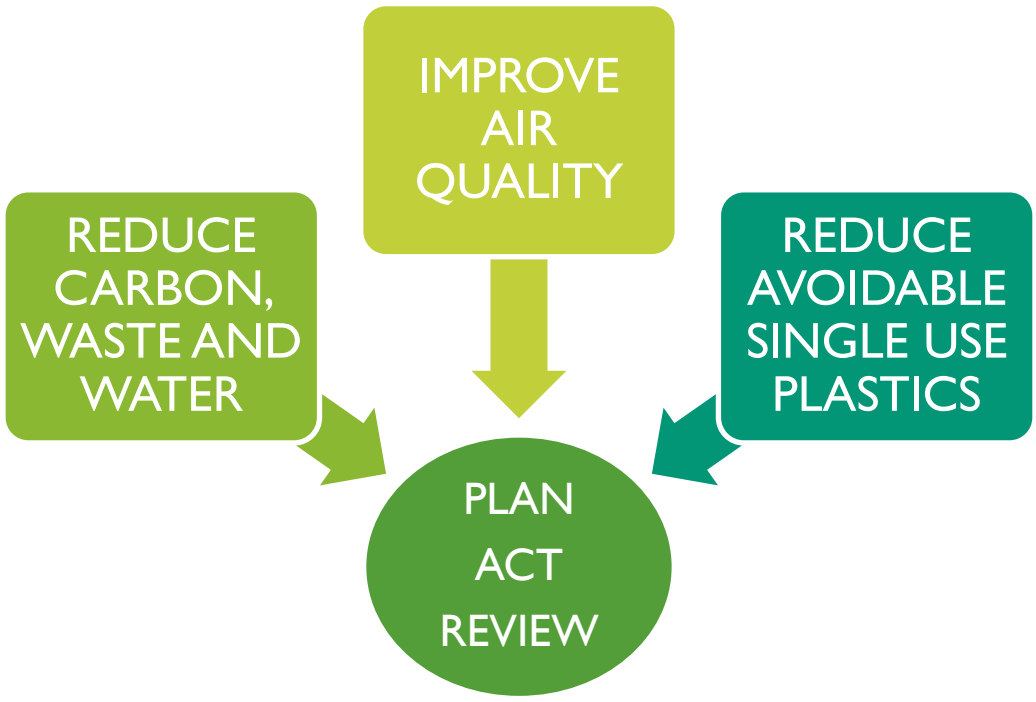
Contents

Our Green Plan

This Green Plan builds upon the success of the Sustainable Development Management Plan that it replaces. It renews and reinvigorates a framework to encourage a culture across all our sites that supports and inspires innovative policies, decisions and actions that empower individuals, departments, and partner organisations to progress our green agenda; to provide sustainable healthcare, tackle climate change and achieve net zero carbon targets.

Our plan has evolved in line with *Developing a 'Net Zero' National Health Service* launched in October 2020, and *A HealthCare Engineering Roadmap for Delivering Net Zero Carbon* launched in March 2021. St Helens and Knowsley Teaching Hospitals NHS Trust realises the urgency for positive change and accepts the immediate challenge of delivering healthcare in a way that meets current needs without hindering the ability of future generations to meet theirs. Through this plan we strive to 'live within our means' environmentally, financially, and socially, and commit to engage our collective knowledge and skills to help secure the health and wellbeing of future generations.

This plan centres around three core actionable objectives: (1) reduce carbon, waste, and water, (2) improve air quality, and (3) reduce avoidable single use plastics. The document displays our *Journey so Far* and discusses our *Carbon Footprint*, it clarifies *Our Vison and Objectives* for change and demonstrates our *Implementation Structure* before detailing our *Action Plan*. The document presents our intentions for *Tracking Progress and Reporting* and then concludes with a *Summary* that inspires immediate action.



DOCUMENT CHECKLIST

- ✓ Guides reduction in Energy use and careful use of water resources
- ✓ Promotes minimisation of waste and the re-use and recycling of materials
- ✓ Advocates the protection of green space and biodiversity
- ✓ Encourages walking, cycling and public transport
- ✓ Encourages community engagement and working in partnership with others
- ✓ Promotes the link between physical activity, health, and sustainability
- ✓ Focuses procurement on the carbon-footprint and pollutants associated with goods and services
- ✓ Promotes a switch to lower carbon asthma inhalers and anesthetic gases
- ✓ Drives a strategy toward a more green and efficient estate

Our Journey so Far

The Trust has long been actively engaged in a carbon reduction programme to mitigate the impact our services have on the environment. The launch of the *NHS Sustainable Development Strategy 2014-2020* highlighted that while carbon reduction was core to us achieving our goals, to make a valuable difference we had to widen our scope to include other areas of sustainable development, such as reducing waste and pollution, and contributing to the development of healthy and resilient communities to diminish the need for our services in the first place.

In 2014 we launched our Sustainable Development Management Plan. We set out a series of actions focused on progressing our carbon reduction agenda, developing effective partnerships, and engaging the local community.

Timeline

(just some of our achievements)

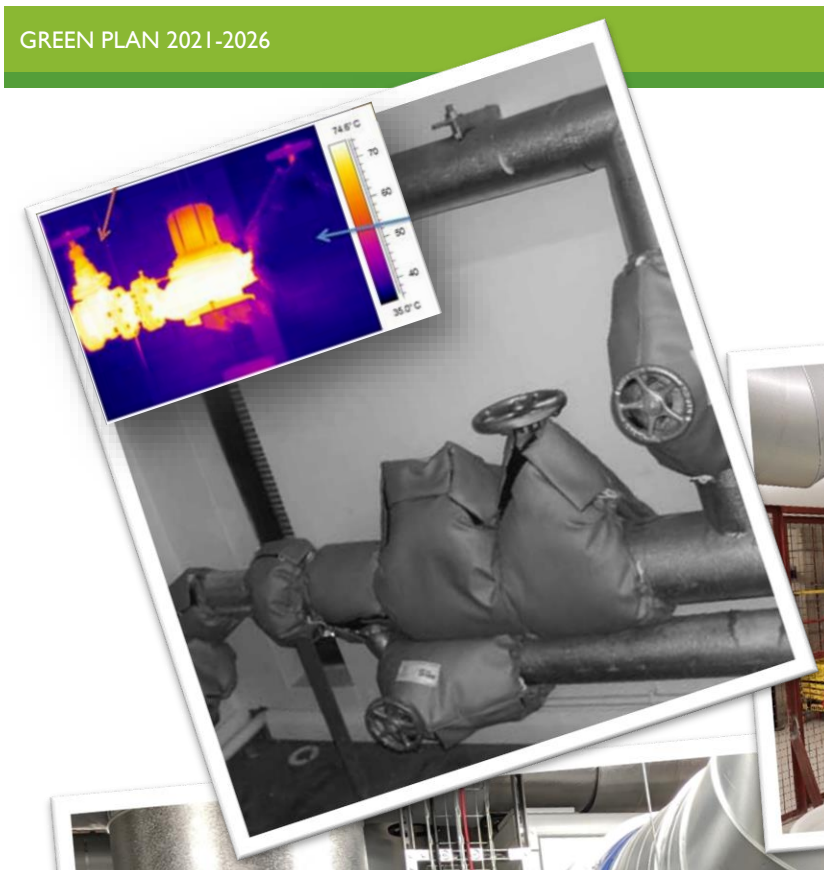
SHOWING LOCAL SCHOOL CHILDREN THE IMPORTANCE OF PLANTING TREES

PLANTING HERB GARDENS WITH LOCAL SCHOOLS AND TALKING ABOUT SUSTAINABLE FOOD

GREEN APPLE SUSTAINABILITY AWARD WINNERS

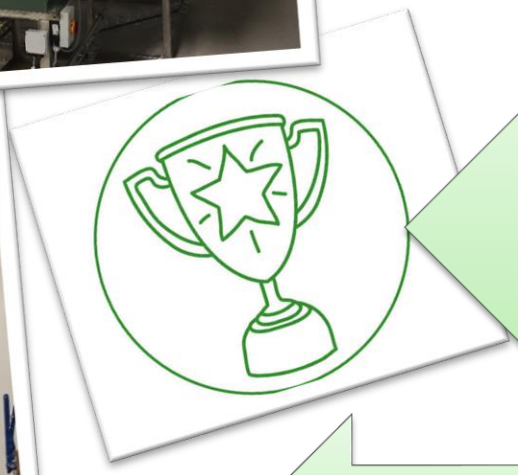
GREEN WORLD SUSTAINABILITY AMBASSADORS

NHS SUSTAINABILITY AWARD WINNER FOR BIODIVERSITY



FITTED FLANGE AND VALVE INSULATION TO HEAT EMITTING PLANT ACROSS ALL SITES.

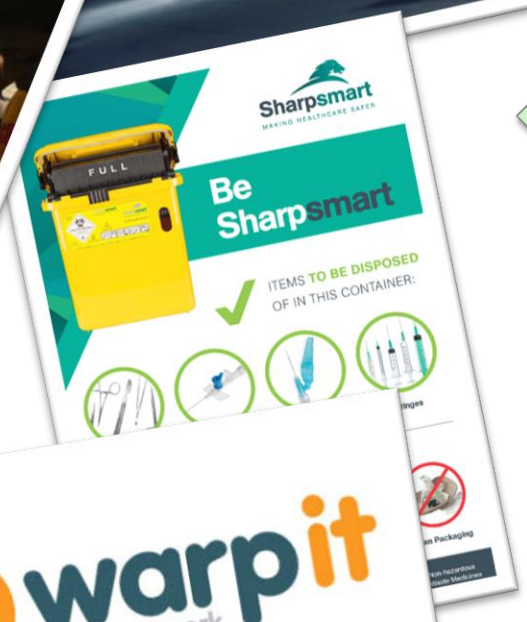
INSTALLATION OF A FLU-ACE HEAT RECOVERY UNIT



NATIONAL PUBLIC SECTOR SUSTAINABILITY AWARDS – RUNNER UP FOR 'MOST SUSTAINABLE PUBLIC SECTOR ORGANISATION IN THE NHS'

INSTALLATION OF A 1.3-MEGAWATT COMBINED HEAT AND POWER UNIT

INSTALLED LED LIGHTING IN WHISTON NORTH SITE CAR PARKS



SPONSOR OF CLEAN DRINKING WATER WELL IN UGANDA THROUGH SALE OF LIFE WATER IN OUR RESTAURANTS

SWITCHED TO REUSABLE SHARPS BINS

INTRODUCED WARPIT; WASTE, REUSE AND RECYCLE PORTAL

SWITCHED TO ENERGY EFFICIENT FILTERS IN OUR AIR HANDLING UNITS

CLOSE MONITORING AND REPORTING ON STAFF USE OF THEATER SET-BACK MODE.

HEALTHY EATING AND EXERCISE CAMPAIGN WITH SMOOTHY-BIKES

SHARING REUSABLE BATTERIES WITH LOCAL SCHOOLS AND HOSPICE

SHORTLISTED FOR SUSTAINABILITY PARTNERSHIPS' NHS SUSTAINABILITY AWARD FOR PUBLIC ENGAGEMENT

ROLLED OUT TELEHEALTH – REDUCING UNNECESSARY PATIENT TRAVEL.

REMOVING SINGLE USE PLASTICS FROM HOSPITAL RESTAURANTS

SHARING SURPLUS FOOD WITH FOOD BANKS TO HELP PEOPLE AND FAMILIES IN NEED

NOW PURCHASING ALL OUR ELECTRICITY FROM RENEWABLES.

ESTATES AND FACILITIES PROJECT PARTNERS COMMIT TO 'NET ZERO' CARBON

INSTALLATION OF 16 ELECTRIC VEHICLE CHARGING POINTS OVER WHISTON AND ST HELENS HOSPITALS

Our Carbon Footprint

Despite our progress, there is still a long way to go and a significant challenge ahead. The NHS as whole must reduce its Carbon Footprint by over 30MtCO_2e to close the current gap to net zero, this is roughly equivalent to the emissions profile of Croatia.

For our Trust to make a meaningful contribution to this reduction we have to understand the full scope of our emissions so we can identify the most significant areas of opportunity for change. To aid this process the NHS have adopted The Greenhouse Gas Protocol (GHGP), which provides us with a more encompassing model for identifying a wider range of emissions associated with our services. These emissions fall broadly into three scopes:

- **Scope 1:** Direct emissions from owned or directly controlled sources on site.
- **Scope 2:** Indirect emissions from the generation of purchased energy, mostly electricity
- **Scope 3:** All other indirect emissions that occur in producing and transporting goods and services, including the full supply chain.

> "The NHS is a huge and powerful buyer of goods and services. As a consumer of energy, a producer of waste, a cause of travel and a commissioner of building works, its potential impact on health, on the environment, and on the social and economic fabric of our lives is without parallel…The NHS has formidable powers at its disposal arising from its size, from the fact that it reaches into almost every corner of the country and touches almost everybody's lives, and from the scale of its resources – not just money, but people, land, facilities, reputation and influence."
>
> Anna Coote, Commissioner for Health at the Sustainable Development Commission

Figure 1 shows that some emissions associated with our services fall outside the scopes of the 'NHS Carbon Footprint' but are accounted for within 'NHS Carbon Footprint Plus'. In line with the NHS commitments, our Trust will also work towards net zero in both categories.

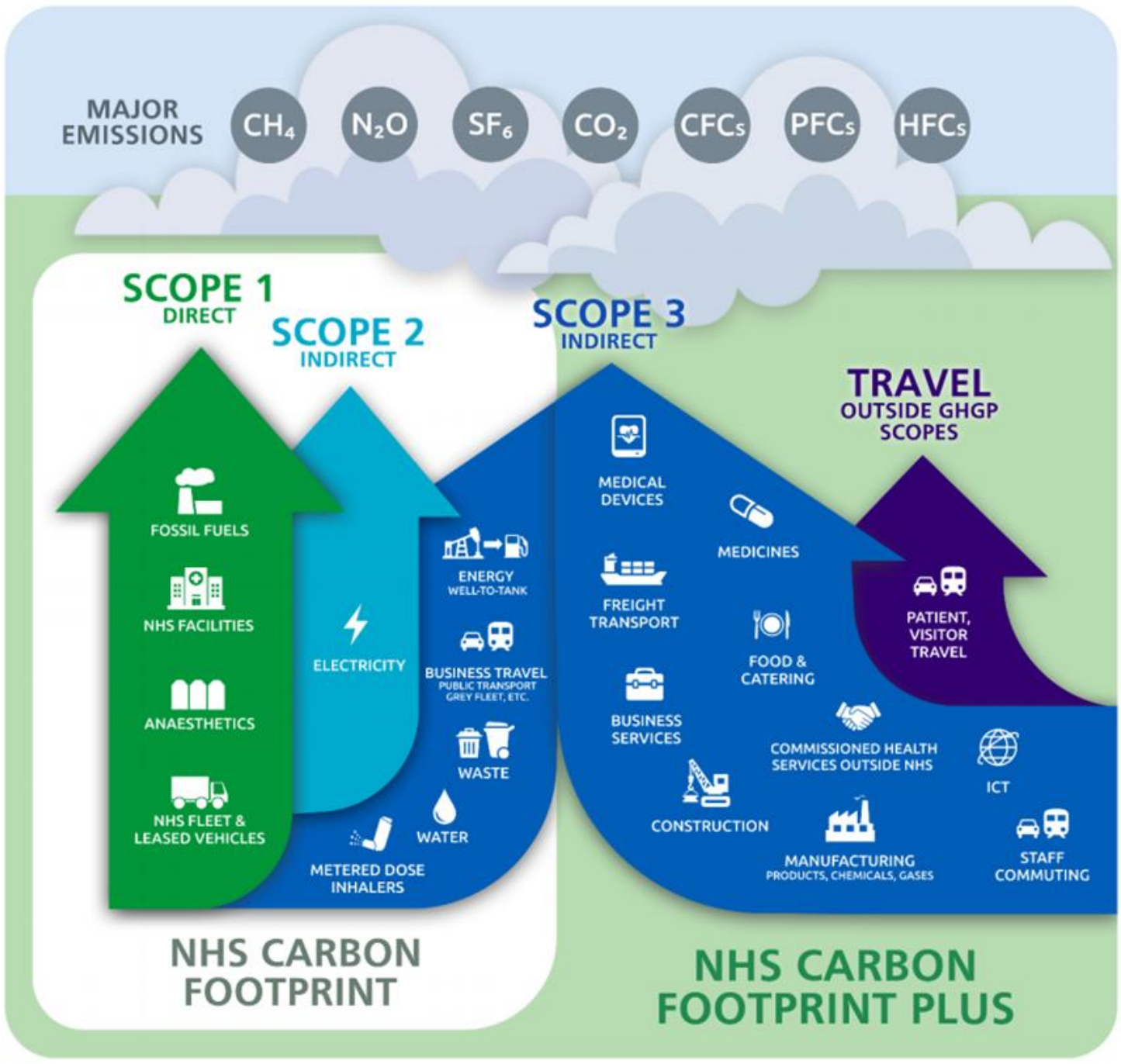


Figure 1: GHGP NHS Emission Scopes - from 'Developing an 'Net-Zero' National Health Service'

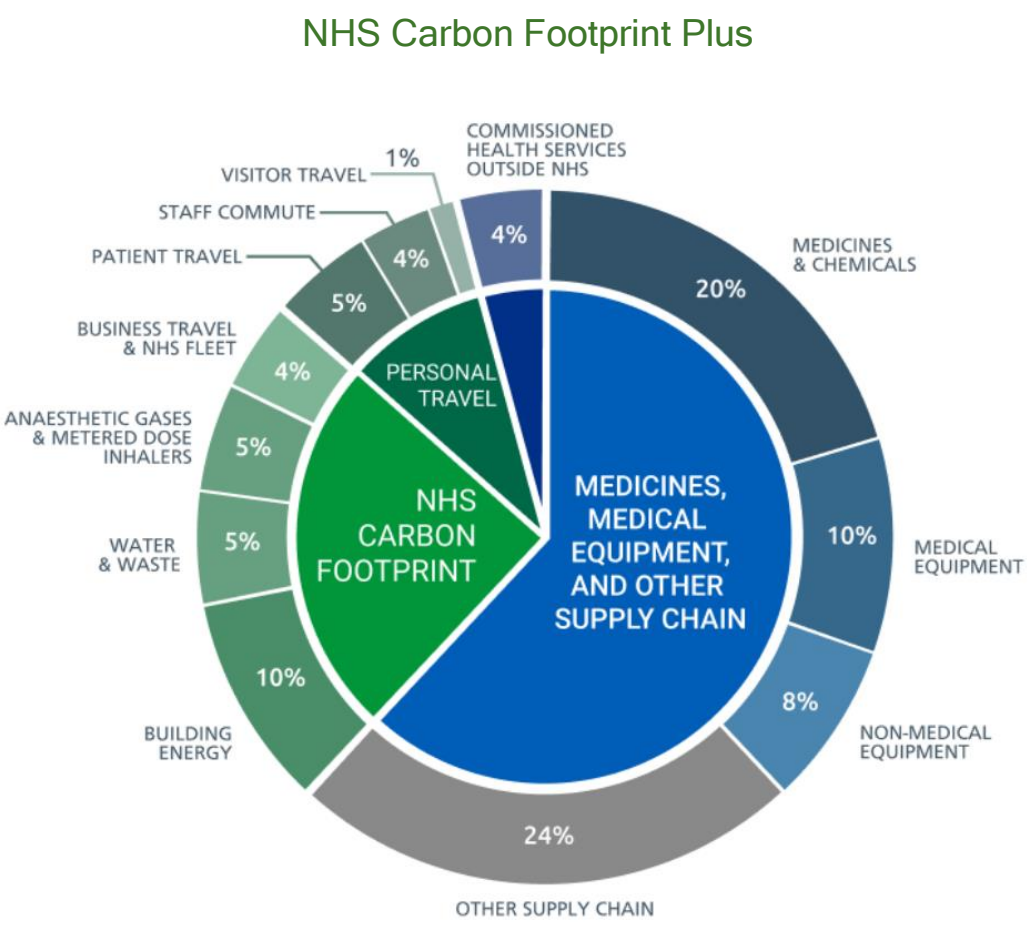


Figure 2: NHS carbon emissions by % of Carbon Footprint Plus - from 'Developing an 'Net Zero' National Health Service'

Carbon associated with the Trust's consumption of gas, oil and electricity make up 25% of our Carbon Footprint Plus and 83% of our Carbon Footprint. This emphasises an essential requirement for investment into decarbonising our heating network, increasing onsite generation, switching out inefficient electrical equipment and devices for low energy alternatives, and minimising energy waste.

Anaesthetic Gases make up 3% to our Carbon Footprint Plus, while metered dose inhalers, business travel, waste, water and fleet and leased Vehicle all contribute 1% or less. These figures all look low in the context of the carbon footprint plus, however when we look at their contribution to the Trust's direct emissions, over which we have most control, we can see their significance and the necessity for urgent focus on these hotspots.

Anaesthetic gasses make up 10% of our Carbon Footprint. We use around 1,800 bottles of Desflurane in surgeries each year; this a particularly potent greenhouse gas, just one 240ml bottle is equivalent to burning 440kg of coal. Switching to Sevoflurane (a less potent gas) where appropriate may allow us to reduce the emissions from these gases by up to 95%. Using gas capture devises on medical equipment during surgery can also allow us to save the remaining emissions.

Metered dose inhalers that use Hydrofluorocarbons (HFCs) as a propellant make up 1.4% of our entire Carbon Footprint. They have a very high Global Warming potential (GWP), each 100-dose inhaler has roughly the same impact as a 180mile drive. We purchase around 9,000 MDIs per year. Simply switching to Dry Powder Inhalers where possible will allow us to reduce this impact dramatically.

Figure 2 shows NHS emission sources by the proportion they contribute to the overall NHS Carbon Footprint Plus. This helps our Trust identify the greatest areas of opportunity to reduce NHS emissions. The chart suggests that Procurement, Medical Devices (EBME), Estates and Facilities, Pharmacy, and Travel and Transport have the most significant impact across the NHS.

Our Trust operates over numerous facilities; we provide acute and community healthcare services from Whiston and St Helens hospitals, community intermediate care from Newton Community Hospital, and urgent care from the Urgent Treatment Centre in Millennium House. Work is ongoing to include the emissions from all our estate in our Carbon Footprint and Carbon Footprint Plus. The data presented in Table 1 and Figure 3 below focuses on the emissions from our biggest sites, Whiston and St Helens Hospitals.

Table 1 shows the baseline year of 2008 and the most recent reporting year of 2020/21. 2008 has been used as the baseline year due to the greater quality in comparative carbon data following the Climate Change Act (2008).

The data shows a 16% decrease in Carbon Footprint emissions. However, when interpreting this reduction one must consider that the Trust has changed significantly since 2008, with increases in patient activity, staff, and services offered. This fall in emissions is despite our continuous growth but has to an extent been aided by measures brought in to maximise social distancing and minimise pressures caused by Covid-19.

The Trust's Carbon Footprint accounts for 31% of the total Trust Carbon Footprint Plus. Corresponding with the NHS Footprint, Scope 3 emissions contribute to a significant portion of the Trust's Carbon Footprint Plus.

Trust Carbon Footprint Plus

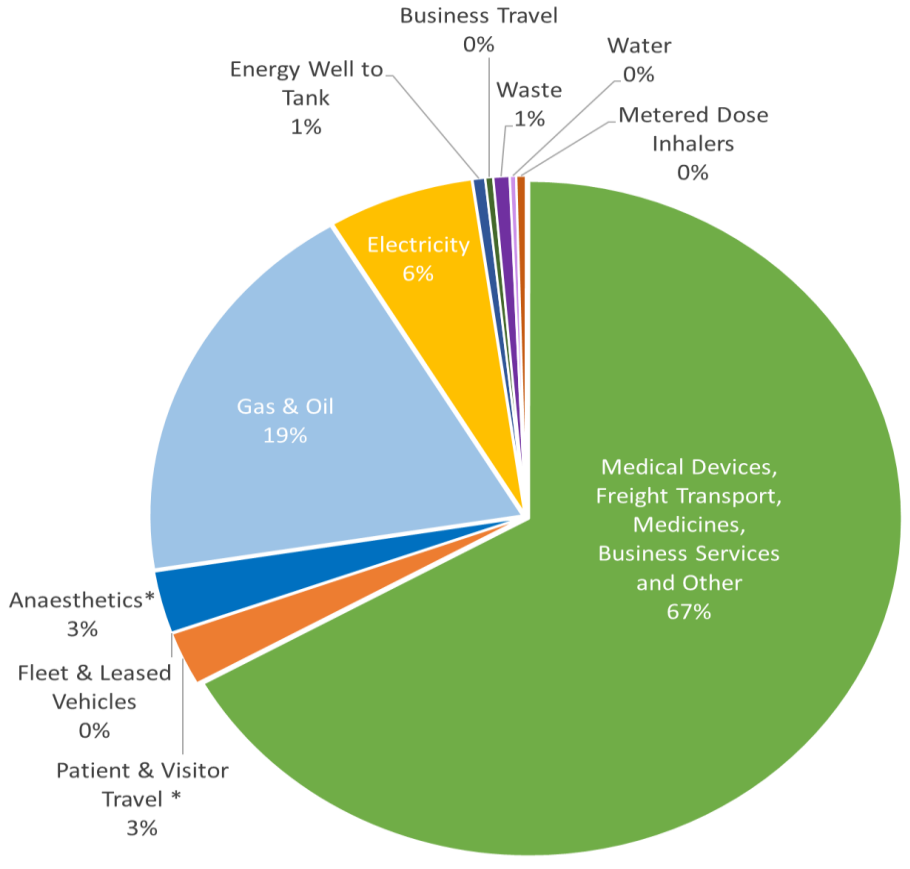


Figure 3: STHK Trust carbon emissions by % of Carbon Footprint Plus (Whitson and St Helens Hospital sites)

Trust Carbon Summary

NHS St Helens and Knowsley Teaching Hospitals NHS Trust			Category	Carbon Footprint (TCO2e)		% Change to Date	% of Trust Carbon Footprint Plus
				2008 Baseline	2020/2021		
Trust Carbon Footprint	Scope 1 - Direct		Fleet & Leased Vehicles *	6	15	137%	0%
			Anaesthetics*	1,749	1,504	-14%	3%
			Gas & Oil	6,846	9,583	40%	19%
	Scope 2- Indirect		Electricity	8,141	3,199	-61%	6%
	Scope 3 - Indirect		Energy Well to Tank	633	275	-57%	1%
			Business Travel *	103	171	66%	0%
			Waste	582	355	-39%	1%
			Water	170	139	-19%	0%
			Metered Dose Inhalers	245	211	-14%	0%
			Total Trust Carbon Footprint	18,476	15,452	-16%	30%
Trust Carbon Footprint Plus	Scope 3 - Indirect		Medical Devices, Freight Transport, Medicines, Business Services, Food & Catering, Construction, Commissioned Health Services, Manufacturing, ICT, Staff Commuting, Other Supply Chain #	40,910	34,215	-16%	67%
	Travel Outside GHGP Scopes		Patient & Visitor Travel *	3,410	1,296	-62%	3%
			Total Trust Carbon Footprint Plus	62,797	50,963	-19%	

* Later baseline extrapolated back to 2008
# Informed approximation

Table 1: STHK Trust Carbon Footprint & Carbon Footprint Plus (St Helens and Whiston Hospital Sites)

Vision and Objectives

VISION

On 1st October 2020, the NHS made clear its vision to become the first health system in the world to deliver a net-zero service. This means any emissions that remain following the decarbonisation of NHS services will be offset by schemes such as tree planting or carbon capture.

The NHS have committed to two new targets:

- **Achieve net zero on emissions controlled directly by the NHS** (The NHS Carbon Footprint) **by 2040**, with the ambition to reach an 80% reduction by 2028-32.
- **Achieve net zero on emissions within NHS influence** (The NHS Carbon Footprint Plus) **by 2045**, with the ambition to reach an 80% reduction by 2036-39.

These targets are far more ambitious and appropriate than the previous targets set in line with the Carbon Reduction Act, 2008. The NHS is ideally placed to lead this action on climate change, as the single largest organisation in the UK its services currently contribute 4% to the countries carbon footprint. Also, clear links between emissions and population health and wellbeing makes action fundamental to NHS core principles and the sustainability of services.

Our Trust acknowledges this position and our role as an anchor institution within the communities we serve, and so we adopt these new targets in full support of NHS net-zero commitments. **Our vision is to be a leading and sustainable Trust.** Through implementing this green plan, we aim to embed sustainability into every area of our organisation to help meet these targets and our objectives below.

OBJECTIVES

FOSSIL FUELS

Reduce demand on gas heating by 34%
Target: 2024

PATIENT & VISITOR TRAVEL

Increase green travel and reduce emissions by 33%
Target: 2024

ELECTRICITY

Reduce Electricity demand on grid by 34%
Target: 2024

BUSINESS TRAVEL & FLEET

Cut business mileage and Fleet emissions by 34%
Target: 2024

WATER

Reduce and offset Water associated emissions by 34%
Target: 2024

STAFF COMMUTE

Increase active travel and reduce staff travel associated emissions by 34%
Target: 2024

WASTE

Reduce Waste by 15% and obtain single use plastic pledges from 75% of staff
Target: 2022

ANAESTHETIC GASSES & INHALERS

Reduce Anesthetic Gas and MDI inhaler emissions by 23%
Target: 2022

Reductions on 2008 Baseline

Implementation Structure

Sustainable development and the reduction of greenhouse gases are corporate responsibilities and are an inherent part of the Trust's performance and governance mechanisms. The Director of Corporate Services provides assurance to the Trust Board that the delivery of objectives pertaining to sustainable development is appropriate and oversees the work of a multifunctional Net Zero Action Group (NZAG).

The NZAG draws together representatives from across the Trust and their partner agencies with the aim of driving continuous improvement, highlighting opportunities for development, and supporting the implementation and delivery of initiatives for carbon reduction.

The Net Zero Delivery Manager appointed to chair the NZAG co-ordinates structured meetings focusing on the key areas of sustainability, liaises with the staff representatives relevant to these keys areas and sets up organised events to engage staff, visitors, the local community and key stakeholders. The Ney Zero Delivery Manager will also review and report on progress.

A network of sustainability champions will be appointed and overseen by the representatives attending the NZAG. A special Trust focus will need to ensure that this network has the capabilities to effectively contribute to sustainable development and carbon reduction solutions.

The following figure summarises the sustainable development implementation structure established by the Trust:

Figure 3: Trust Implementation Structure

Action Plan

PATHWAY TO NET ZERO

The NHS pathway to net zero published in *Developing a 'Net Zero' National Health Service* has been developed from a comprehensive analysis of current and planned activities across all NHS services, drawing on global best practice that can be scaled across all areas. The trajectories to net zero for the NHS Carbon Footprint and NHS Carbon Footprint Plus are displayed below in Figures 4 and 6 respectively.

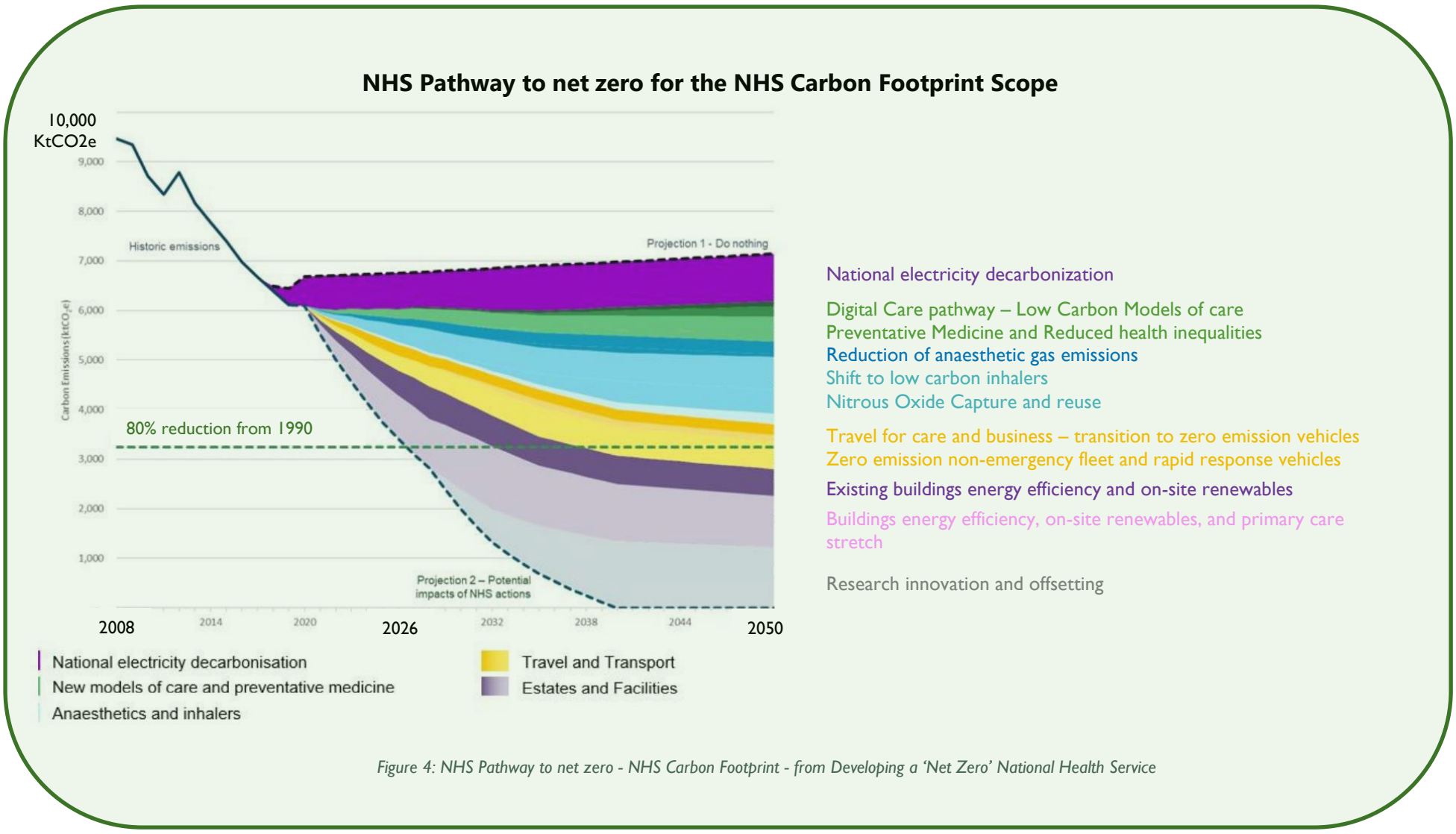
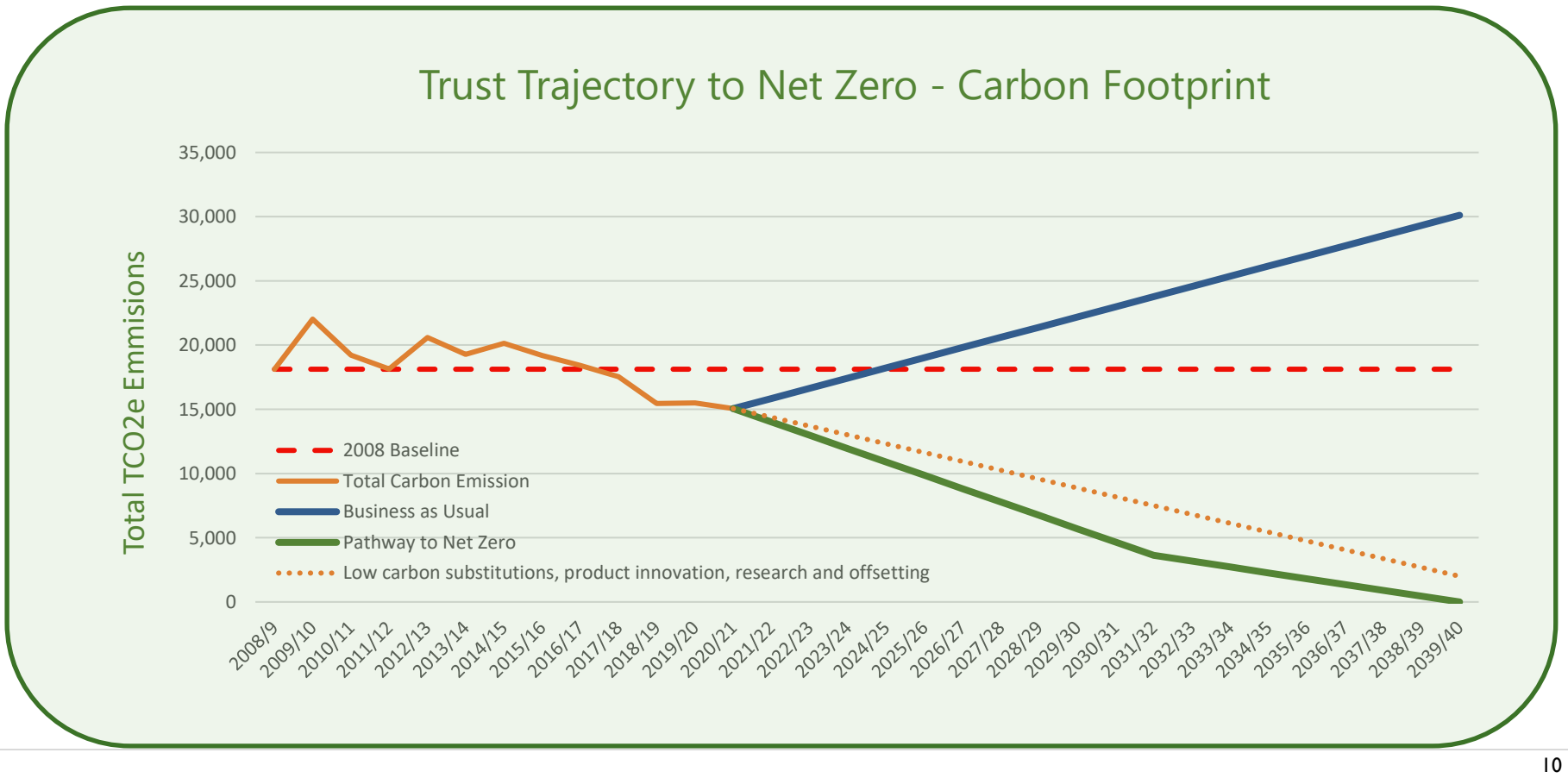


Figure 4: NHS Pathway to net zero - NHS Carbon Footprint - from Developing a 'Net Zero' National Health Service

The graphs show that achieving these goals will require collective and collaborative action by all staff across all areas of the NHS and beyond. However, they also show that achieving these goals will rely on the pace at which government and other sectors drive change and make appropriate investments in sustainable development. The rate at which future innovations become available to reduce carbon emissions will also impact the predictive accuracy of these trajectories. The Net Zero report states that these trajectories will be refined every 5 years following an updated analysis.

Figures 5 and 7 below show the Trust's trajectory to net zero for our Carbon Footprint and Carbon Footprint Plus.



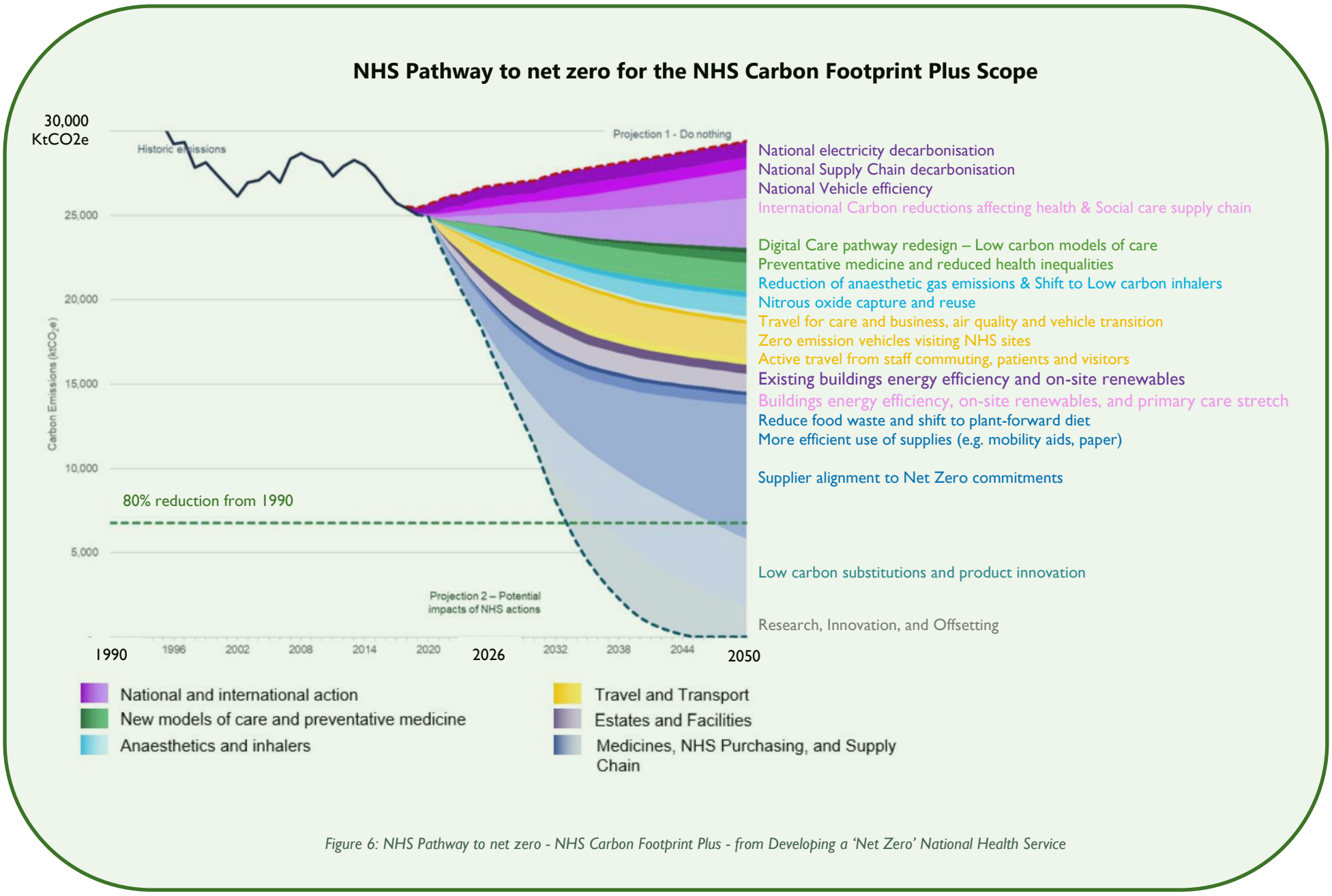
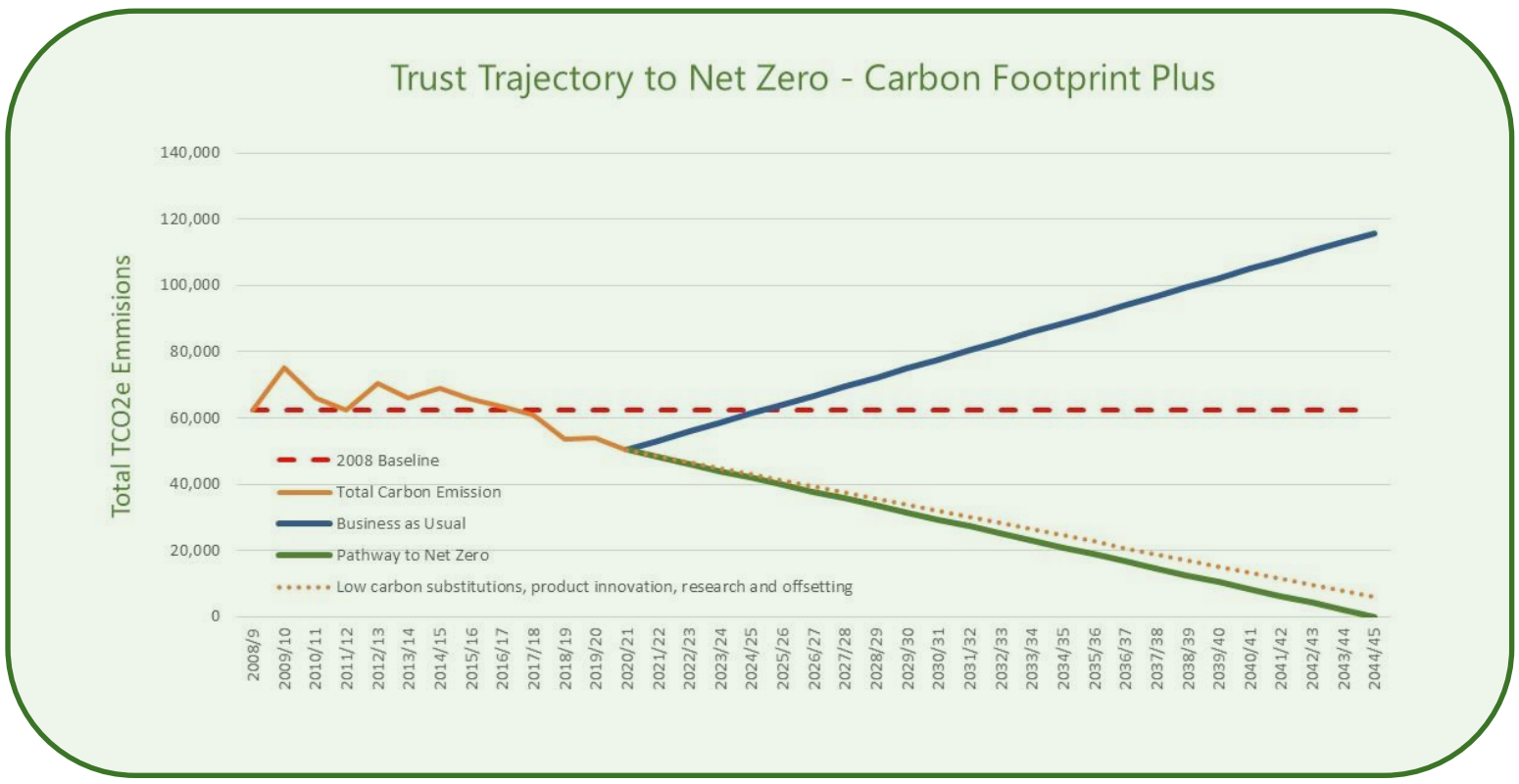


Figure 6: NHS Pathway to net zero - NHS Carbon Footprint Plus - from Developing a 'Net Zero' National Health Service

Our Trust's trajectories to net zero will equally rely to a certain extent on global action and innovation to decarbonise energy networks, transport and supply chains; however, collective action from all our staff and their collaboration with external partners and stakeholders will be the primary driving force to reduce a signification proportion of carbon emissions within our control and influence.



To achieve these trajectories this plan sets out actions for the main areas detailed in the NHS net zero report:

- direct interventions with estates and facilities, travel and transport, supply chain and medicines
- enabling actions, including sustainable models of care, workforce, networks and leadership, and funding and finance.

These areas are addressed in the categories that follow: Carbon Hotspots; Leadership, Engagement and Development; Commissioning and Procurement; Healthy and Resilient Communities; Sustainable Clinical and Care Models.

CARBON HOTSPOTS

The financial and environmental benefits the Trust can realise by cutting carbon emissions have never been more evident. The costs of energy and resources are rising rapidly and evidence suggesting the negative implications of climate change on the health and wellbeing of future generations is mounting. This provides a strong motive to act.

Identifying and conveying the carbon hotspots within the Trust creates a significant opportunity for individuals and departments to understand the Co2e emissions within their remit and allows them to focus reduction initiatives on the areas with the highest footprint. If every person and department get involved there becomes a real potential to maximise the result of combined efforts to reduce the Trust's impact on the environment.

The NHS's carbon hotspots include pharmaceuticals, medical devices and gasses; energy; travel and transport; and Waste and Water. The following insights and actions will assist and encourage Trust departments to reduce carbon in these areas.

Pharmaceuticals, medical devices, and gases

The manufacture, packaging, distribution, use and disposal of pharmaceuticals represent 35% of the entire public health and social care system's carbon footprint. 10% of this relates to medical devices and equipment. Most significantly, however, Metered Dose Inhalers and anaesthetic gases account for 5% of the entire CO2e footprint.

73 million inhalers are used in the UK every day, many of which use Hydrofluorocarbon gases as an aerosol propellant; 1 tonne of Hydrofluorocarbon gasses can be equivalent to 1000 tonnes of carbon dioxide in terms of their impact on the environment, thus contributing greatly to overall CO2e emissions.

Anaesthetic gases (Nitrous Oxide, Desflurane, Isoflurane and Sevoflurane) are potent gases that account for a large portion of the carbon footprint for the entire public health and social care system.

Our Trust's figures suggest that pharmaceuticals, medical devices and anaesthetic gases represent a significant portion of our carbon emissions, so there is no doubt that bold commitments are required to take action to significantly reduce emissions in this area.

Actions for Pharmaceuticals, Medical Devices and Gases

- Reduce the proportion of desflurane used in surgery to less than 10% of overall volatile anaesthetic gases volume in line with the proposed 2021/22 NHS Standard Contract

- Implement approaches to optimise use of medical gases, including reducing nitrous oxide waste and preventing the atmospheric release of medical gases

- Reducing the carbon impact of inhalers, in line with the commitment of a 50% reduction by 2028 and a 6% reduction in 2021/22 on a 2019/20 baseline, by:
  - Supporting patient choice of less carbon intensive inhalers, for example dry powder inhalers, where clinically appropriate, resulting in a 2% reduction of emissions by March 2022
  - Working with the national team to ensure schemes for green disposal of inhalers are rolled out across the region; and

- Create a steering group to drive sustainable development forward in this area.

- Rather than throwing inhalers away they can be returned to pharmacists and then back to manufacturer GlaxoSmithKline through the 'Complete the Cycle Scheme'.

- Use the Green Bag Scheme – Patients to be issued with a reusable green bag to safely manage the transport of their prescription drugs when coming into our hospitals and health centres.

- Educate patients about how and when to take their medicines to improve effectiveness and prevent discarded medicines polluting the environment and being used inappropriately by others.

- Review prescribing guidelines and benchmark prescribing practices to reduce inappropriate prescribing of medications.

- Where clinically appropriate, prioritise evidence-based therapies over pharmaceutical interventions as the first stage of management. For example:
  - therapies such as cognitive behavioural therapy prior to prescribing anti-depressants
  - diet and exercise in the management of hypertension

- Investigate manufacture, disposal and re-use or recycling of medical instruments and current single use items.

- Consider more innovative products that will minimise waste, meet infection control requirements and are re-usable or re-processable.

- Use the Procurement for carbon reduction (P4CR) guidance which includes the energy efficiency of medical devices supporting low carbon investment decisions for electrical and electronic equipment.

Measuring, Monitoring and Evaluating Pharmaceuticals, Medical Devices and Gases

- Reduce carbon emissions in areas of their operations with the highest carbon footprint
- Explore opportunities for cross agency and sector action to reduce carbon emissions
- Monitor and publicly report carbon emissions
- Share and adopt existing good practice on delivering ambitious carbon reduction across the system.

Actions for Energy

Reduce Energy Usage

- Develop energy awareness campaigns that target areas of energy wastage for example by encouraging people to switch off lighting and providing guidance on clinical equipment that can be safely turned off (and which can't) when not in use.
- Review heating timing and zoning controls, and thermostat temperature set points to identify whether there is potential to reduce heating/cooling whilst ensuring adequate temperatures for the comfort of service users and staff as well as for building maintenance.
- Always use lighting controls to reduce lighting in areas that do not need to be fully lit. For instance, passive infrared sensors, photoelectric/ dimming controls and zonal switching.

Increase Energy Efficiency

- Installation/upgrading of insulation for instance walls, roofs, pipework, window glazing, draught proofing.
- Use of energy saving lighting technology for example high frequency lighting, LED lighting.
- The efficient provision of heat, for example using high efficiency boilers or district heat networks.
- Building Management System optimization - Installation of a computer-based control system that allows energy-using services to be centrally managed: notably heating, ventilation and air conditioning (HVAC) and sometimes lighting.
- Measures to reduce the impact of electronic equipment and IT for instance by enabling energy saving features and purchasing equipment with the Energy Star logo.
- Installation of Variable Speed Drives (VSD) to fan and pump motors.
- Replacement of electric motors with higher efficiency motors where applicable.
- Use of tri-generation systems that can provide cooling as well as electricity generation and heating as per standard Combined Heat and Power plants.

Increase amount of Low Carbon Energy

- Analyse the potential for increasing lower/zero carbon forms of energy supply through renewables. For example, wind turbines, photo-voltaic, geothermal, the potential for combined heat and power plants.
- Indicate to energy suppliers the expectation that they increase the proportion of renewable energy they provide.

Measuring, Monitoring and Evaluating Energy

- Aim to conform to accepted national standards and requirements of ISO 14001 environmental management system.
- Take regular and Meter readings
- Use Stark logging and monitoring service
- Regular review of energy bills
- Issue monthly reports detailing energy consumptions
- Use of building analytics to monitor the energy performance of building equipment
- Distribute, collect and review departmental sustainability audits
- Take regular temperature readings across the estate
- Reduce carbon emissions in areas of their operations with the highest carbon footprint
- Explore opportunities for cross agency and sector action to reduce carbon emissions
- Monitor and publicly report carbon emissions
- Share and adopt existing good practice on delivering ambitious carbon reduction across the system.

Energy

Building energy use accounts for 10% of C02e emitted from the entire public health and social care system, 75% of this is from acute Trusts. Action in this area can reduce emissions, energy bills and energy demand. The following three principles help guide efforts to realise these multiple benefits:

i. Reduce unnecessary usage. Reducing the unnecessary use of energy is usually the most cost-effective approach. It can be achieved through training and educating staff, service users and the public on the variety of ways energy can be reduced through changes in their day to day 'energy behaviour'. There is also a wide variety of technological initiatives that can minimise wasted energy.

ii. Increase energy efficiency. Rising energy costs are increasing the feasibility of many initiatives that improve the efficiency of building systems. At the same time energy efficient technologies are advancing and in many cases are able to generate significant financial savings. What is more, there are several private organisations that will fund various energy saving projects and recoup their investment through guaranteed financial savings.

iii. Increase amount of low carbon energy. Combined Heat and Power (CHP) is one initiative where switching from a higher carbon energy source to a lower carbon energy source can generate significant financial savings. Exploring alternate energy sources and developing an understanding of where changes and initiatives can be implemented appropriately is key to the effective reduction of carbon emissions.

"ADULTS KEEP SAYING WE OWE IT TO THE YOUNG PEOPLE, TO GIVE THEM HOPE, BUT I DON'T WANT YOUR HOPE. I DON'T WANT YOU TO BE HOPEFUL. I WANT YOU TO PANIC. I WANT YOU TO FEEL THE FEAR I FEEL EVERY DAY. I WANT YOU TO ACT. I WANT YOU TO ACT AS YOU WOULD IN A CRISIS. I WANT YOU TO ACT AS IF THE HOUSE IS ON FIRE, BECAUSE IT IS."

Greta Thunberg, 17-year-old Swedish Activist

Travel and Transport

14% of the CO2e emissions from the public health and social care system are accounted for by Travel and Transport. These emissions are made up from staff travelling to work, staff travelling to see service users, goods being transported to and between sites and service users travelling to care sites.

It is generally recognised that the approach to reducing carbon in this area has to be tailored to the models of care used and the type of care setting. However, multiple benefits can typically be achieved through a variety of ways that improve access to healthcare sites. The following three examples have been provided to guide and encourage lower carbon travel and transport:

i. **Increasing active travel** (e.g. cycling and walking) and the use of public transport by staff, service users and the public: Active travel not only reduces carbon emissions, it cuts air and noise pollution and is believed to be an effective treatment that protects against heart disease, strokes, type-2 diabetes, certain forms of cancer and mental ill-health. Actions that promote and encourage active travel can help staff, visitors and many patients reap these benefits.
ii. **Reduce unnecessary travel**: Understanding the available paths of communication and exploring the different avenues through which care can be delivered allows for a more resilient system of care that minimises travel. For instance, particular focus on how constantly developing technology changes the way people choose to interact can generate initiatives that have the power to transform the care experience and reduce how much travel is required to deliver services.
iii. **Minimise pollution from necessary travel**: Where travel is necessary for the delivery of services, choosing low carbon alternatives can reduce the negative impact on the environment and minimise any harm to the health of people in the local community.

Actions for Travel and Transport

Increase active Travel

- Identifying a cycle-to-work lead in every trust, as outlined in the People Plan
- continue salary sacrifice cycle-to-work scheme in place for staff
- ensure all sites have shower and secure storage facilities available and encourage staff and visitors to cycle-to-work
- Improve public transport access to healthcare sites and continue shuttle buses linking care sites, sometimes also servicing other local destinations.
- Work in partnership with local authority to improve local walking and cycling access.
- Support healthcare professionals to prescribe increased levels of physical activity such as walking and cycling to service users.
- Senior staff demonstrate leadership by themselves travelling actively, and by declining incentives to drive (pride-of-place parking, for example).
- Develop incentives for active travel such as removal of car parking subsidies; flat mileage rate expenses regardless of engine size and mode of transport; subsidized bus passes; interest-free loans for cycles, equipment, and season ticket purchases.

Reduce Unnecessary Travel

- Assess environmental impacts in business cases for proposed new models of care.
- Utilise e-health solutions where this can contribute to improved experience and less travel for patients.
- Review recurring business mileage expenditure to identify meetings that could be conducted by teleconference.
- Train staff on how to use video and teleconferencing technology and agree to conduct more meetings by teleconference.

Minimise Pollution from unnecessary travel

- Ensure that systems solely purchase and lease cars that are ultra-low emissions vehicles (ULEVs) or zero emission vehicles (ZEVs), and work towards purchasing vans (under 3.5 tonne) that are ULEVs or ZEVs, in line with the LTP and Net Zero Strategy commitments;
- Ensure that only ULEVs or ZEVs are available to staff through car salary sacrifice schemes
- Factor the environmental impact of suppliers' transport into the decision-making process for procuring goods.
- Reduce carbon emissions by using electric vehicles for onsite logistics.
- Ensuring drivers within the fleet are educated on green driving techniques through a variety of schemes.

Measuring, monitoring, and evaluating Travel and Transport

- Carry out departmental sustainability audits
- Monitor the number of cars in car parks
- Reduce carbon emissions in areas of their operations with the highest carbon footprint
- Explore opportunities for cross agency and sector action to reduce carbon emissions
- Monitor and publicly report carbon emissions
- Share and adopt existing good practice on delivering ambitious carbon reduction across the system.

Actions for Water and Waste

Reduce Water

- Look at the potential for ultra-low flow showerheads
- Evaluate the impact of reducing the capacity of toilet cisterns
- Use lifecycle costing to evaluate capital investments for water conservation. Many conservation retrofits that may seem prohibitively expensive are often very beneficial over the life of the equipment.
- Consider sub-metering across all our sites to determine where the water is being used. local conservation initiative can then also be monitored to assess progress.
- Assess whether there is a use for grey water
- Re-evaluate potential for waterless urinals
- Continue to monitor water consumption, using trends to identify and unusual activity.
- Benchmark water consumption against other like for like sites via ERIC and take tarp in regional sustainability groups to share best practice.
- Conduct site Audits. Capture information on all aspects of water use.

Reduce Waste

- Switch from single use to reusables (e.g. cups, plates, water bottles and food packaging).
- Analyse all purchasing data to identify top 100 plastic items and apply a waste hierarchy approach to the top 100 list to identify and roll out projects.
- Work with NHS Supply Chain to look at alternative products, e.g. reusable tourniquets. Re-evaluate alternative options for many single-use items, disposable or expired equipment and unused pharmaceuticals
- Scale up Warpit reuse portal, connect with other Hospitals and Organisations.
- Maximise point of disposal segregation of glass, plastic, and card.
- New procurement contracts to consider packaging materials
- Purchasing Audit to determine where resources can be reduced or safely reused
- Promote waste awareness across the organisation through newsletters and sustainable development action days. every member of staff should be encouraged to act on waste reduction
- Develop and promote facilities that allow the public to return medical equipment no longer needed.
- Staff, patients, and visitors to sign a pledge to reduce single use plastics

Measuring, Monitoring and Evaluating Waste and Water

- Use United Utilities Half Hourly data logging and monitoring water service
- Obtain tonnage data from Waste Service Providers
- Regular review of water bills
- Issue monthly reports detailing Water usage and Waste tonnages
- Distribute, collect, and review departmental sustainability audits
- Monitor and publicly report carbon emissions
- Share and adopt existing good practice on delivering ambitious carbon reduction across the system.

Water and Waste

Water and Waste account for 5% of emissions from the NHS Carbon Footprint Plus, most of this is from acute Trusts.

Water - studies show that the largest proportion of water used in hospitals is for domestic uses, such as sinks, toilets and showers. Therefore, water saving initiatives targeting these areas can have a significant impact on our overall consumption. Sterilisation, landscaping, kitchen use and heating systems also provide significant opportunity for conserving water.

It is useful to look at water conservation in terms of two distinct categories, the technical part, and the human part. The technical part includes collecting data, understanding how and where water is used and installing water efficient measures and procedures. The human part looks at changing people's behaviours around water usage. Both parts needs to addressed to reach our conservation goals.

Waste - The NHS spends over 4.6billion per year one medical supplies and consumables, they are one of the largest employers with over 1 million patient contacts every 36 hours. With this buying power and level of human engagement we can influence supply chains and societal attitudes towards resources and waste. In 2018 the NHS bought 163 million plastic cups, 15 million plastic straws,16 million pieces of plastic cutlery, and 2 million plastic stirrers. If the NHS cuts catering plastics in half, we could stop 100 million items ending up in land fill or polluting oceans.

LEADERSHIP, ENGAGEMENT AND DEVELOPMENT

At the heart of every Trust's culture is the knowledge, beliefs and values of staff, service users and the public. So, embedding sustainability into the organisations every-day practices requires a long-term culture change driven through effective leadership, engagement, and development. In turn the Trust aims to develop a culture that supports people's understanding of sustainability and the reasons why taking action is so important for ensuring our services are fit for the future. In line with the Greener NHS's guidance the Trust sets out to ensure:

- Communities and staff are enthusiastic and committed because leaders at all levels have engaged widely and developed a narrative for sustainable development that aligns visions, priorities, and delivery.
- Education, training and development equip leaders and the workforce with the necessary knowledge and skills to function in changing times and climates.
- Exemplary employment practices enhance the health and wellbeing of the workforce

Leadership for sustainable healthcare

Strong, visible leadership at every level is needed to fuel the transition to a more socially, financially, and environmentally sustainable Trust. Effective leadership is already happening at all levels right across the organisation; incorporating the knowledge of sustainability, developing skills and increasing engagement beyond the confines of the Trust and into the local community are the areas on which it is necessary to focus. Jan Sobieraj, the Managing Director of the NHS Leadership academy suggests, safe and sustainable services that seamlessly integrate across organisations can be achieved by strong, compassionate leaders who create environments where their teams feel free to innovate. She explains how it is environments like these where ideas flourish, problems are solved and sustainability is realised through innovation and diversity.

Engagement

A sustainable Trust requires sustainability in the health and wellbeing of the community. For this reason, collaboration is key to the success of this management plan. In order to develop effective cooperation between service users, staff, trade unions and the public, engagement needs to take place concerning: (1) the importance of sustainable and healthy lifestyles, (2) the importance of the social, financial and environmental sustainability in the healthcare system, (3) the new ways of working that have been conveyed throughout this plan, and (4) the necessary changes to the delivery of healthcare services locally.

Actions for Leadership

- Chief Executives, in discussion with their directors, could outline their stance on sustainability.
- Report progress on sustainability in the organisation's annual report.
- Share success stories and develop a clear organisational vision statement for sustainability with staff.
- Nominate a board level executive and/or non-executive lead for sustainability
- Run sustainable Board leadership programmes to promote leadership competencies which encourage consideration of environmental and social impacts and projections alongside financial and health outcomes.
- Develop a communications strategy and plan to help to raise awareness about sustainability at every level of the organisation.
- Demonstrate a commitment to sustainability nationally by participating in national sustainability campaigns and encourages staff to be involved.
- Make sustainable healthcare a part of the core vision and values of the organisation and reflected in its own brand identity.
- Encourage staff to be part of the organisations sustainability journey by developing initiatives such as office efficiency, healthy wards, green theatres and natural spaces to which all can contribute.
- Form a task force consisting of representatives and champions of various departments and professions within the organization to help guide and implement efforts.
- Hold annual sustainability awards to recognize the most environmentally and socially sustainable team/department.
- Apply for national sustainability awards.
- Bodies responsible for setting standards in training and practice (e.g. HEE, CIEH, GNC, RCN, GMC and other professional standards authorities) ensure sustainability is appropriately addressed in standards.
- Royal Colleges and Trade Unions continue to lead the development of training resources and assessment tools.
- Leadership development programmes incorporate a sustainability component both nationally and sub-nationally.
- Include sustainable healthcare as part of mandatory staff training.
- Ensure sustainability is part of staff annual appraisals and sustainability objectives link into organisational policy.
- Ensure the actual delivery of training is more environmentally and socially friendly. For example, by using training approaches that minimise travel such as e-learning or live streaming of conferences or learning events.
- Train staff to interact with service users and colleagues using multiple methods and technologies. In particular how to use the equipment and the style of communication required for each technology.
- Work with Higher Education Institutions to ensure sustainable development (including carbon reduction) is part of all continuous professional development, undergraduate and postgraduate curricula for practitioners and clinicians.
- Consider the use of technology to reduce staff travel for processes such as recruitment, training, and appraisal.

Measuring, Monitoring and Evaluating Leadership

- Keep a training register that shows the number of people that have been trained.
- Regularly review the actions raised and completed.
- Equip leaders and the workforce with the necessary knowledge and skills to function in changing times and climates through education, training and development.

Engaging communities and service users requires an ongoing, open and honest dialogue in which people are asked how they want to manage their own health and wellbeing m. Questions should also be asked about their community resources; where they are strong and where they can be sustainably improved to provide them with the support they want and expect. Understanding public attitudes and expectations around sustainability is necessary to guide and deliver tailored approaches and initiatives that encourage their active engagement.

Engaging Staff through various innovative and imaginative avenues can support a cultural and behavioural shift in which staff keep sustainability in mind when making day to day decisions. This can have a significant impact on sustainable development, for instance, clinicians and practitioners influence decisions that are made throughout the system ranging from setting population health policy, what advice to give, prescriptions to write, the best models of care, or deciding when it is preferable not to intervene pharmacologically or otherwise. At the same time, front line staffs have highly visible and trusted roles giving them the power to advocate sustainability through the regular contact they have with service users.

Actions for Engagement

Community and Service User Engagement

- Distribute a periodic sustainability newsletter to update staff on the current issues
- Assess the benefits of implementing information screens that display data that can encourage sustainable behaviour and healthy lifestyles.
- Sustainability Days
- Volunteer engagement
- Include sustainability questions in engagement processes regarding the redesign of local care services.
- Understand and harness the assets that exist in local communities to enable a more sustainable delivery of healthcare in the future
- Share good news stories about action on sustainability the local healthcare system is taking through local media.
- When designing user and community surveys, include questions on reducing environmental impact, improving social value and reducing inequalities.
- Organisations and communities can make good use of open days and national days to highlight, advocate and raise awareness about these issues and engage their users and communities to help find solutions that can help enhance the environment and health
- Include sustainability in all types of engagement; information provision and exchange; consultations about service provision; partnership working with communities to improve health and wellbeing; community ownership of services; monitoring of service user experiences.
- Seek opportunities to bring health / sustainability community led projects into health & social care settings.
- Clinicians and practitioners can interact with patients, users and the public about what this means for them and how everyone can play their part through healthier lifestyles, reducing waste and taking care of services too.
- Clinicians and practitioners can collaborate within their areas of work to identify practical low carbon policies that: improve outcomes, address inequalities and reduce environmental impacts at a patient/client level and initiate, encourage and lead projects at an organisational or system level.
- Royal Colleges and Professional groups can develop awareness, provide evidence and innovative ways of seeking solutions to improved care for the future and how to support their members to do so.

Staff Engagement

- Develop a communications strategy and plan to help to raise awareness about sustainability at every level of the organisation.
- Demonstrate a commitment to sustainability nationally by participating in national sustainability campaigns and encouraging staff to be involved.
- Make sustainable healthcare a part of the core vision and values of the organisation and reflected in its own brand identity.
- Encourage staff to be part of the organisations sustainability journey by developing initiatives such as office efficiency, healthy wards, green theatres and natural spaces to which all can contribute.
- Form a task force consisting of representatives and champions of various departments and professions within the organization to help guide and implement efforts.
- Hold annual sustainability awards to recognize the most environmentally and socially sustainable team/department.
- Apply for national sustainability awards.
- Clinicians and practitioners can seek their board's views on how best to minimise waste, procure more sustainably and develop pathways of care that will encourage a more sustainable system.

Measuring, Monitoring and Evaluating Engagement

- Monitor, record and review the number of hits on the online newsletter
- Ensure communities and staff are enthusiastic and committed because leaders at all levels have engaged widely and developed a narrative for sustainable development that aligns visions, priorities, and delivery

Developing a workforce fit for the future

Integrating the principles of sustainable development into workforce planning, recruitment and the commissioning of training and education is a necessary step to ensure today's staff and the next generation of healthcare professionals have the knowledge, skills and resources to deliver effective, environmental and economic services.

In 20 years, the healthcare system may require a very different set of skills, however long-term workforce planners should model future requirements with an understanding and consideration of the risks posed by climate change, potential resource constraints and other environmental factors.

'Best employment practices' such as apprenticeships and volunteer schemes can also be utilised to bring benefits to people, families and local organisations in the community. Developing and implementing all of these measures now will help create a shift to a more sustainable system.

Actions for the Development of the Workforce

- Implement sustainability into HR campaigns and initiatives
- Introduce sustainability questions on job application forms
- Implement best employment practices that benefit families and partner organisations locally.
- Introduce or expand on Apprentice/volunteer schemes
- Integrate the principles of sustainable development into recruitment, induction, staff training, appraisals, and reward schemes
- Workforce planners to account for the risks posed by changing climates, resource constraints and other environmental factors
- Prepare healthcare staff to deal with climate change and the potential impacts on service delivery. It is important to inform, train and build capacity in these areas. Examples of action could include providing information about:
  - Anticipated changes to the climate in the local area and expected increases in burden on the local healthcare system.
  - New and emerging patterns of infectious diseases.
  - Staff training in identifying heat-related health problems and appropriate treatment and cooling techniques.
  - Early-warning mechanisms, sources and responses, and how healthcare workers can contribute.
  - Fluid intake, adequate nutrition, and proper application of personal protective equipment for healthcare workers.

Measuring, Monitoring and Evaluating Development

- Monitor changes to workforce development initiatives and capture the results

COMMISSIONING & PROCUREMENT

Over £88 billion of public money is spent on commissioning healthcare services in England. In turn, delivering these services requires the procurement of goods, services and infrastructure costing a further £40 billion each year. The NHS advocates the need to take the opportunity this presents to influence the suppliers of goods and services to implement more environmentally, socially and financially responsible practices.

The Trust aims to ensure that a responsible, whole lifecycle approach is taken to procuring products; that commissioning organisations are key partners in enhancing the environmental, social and economic wellbeing of local areas; that commissioning of programmes and services realise wider environmental and social benefits; and that the assessment of business cases, option appraisals and models of care redesign include social and environmental impacts alongside financial impacts.

Commissioning of services

Sustainable commissioning that utilises local assets, improves the local environment and empowers local people and communities can be realised by embedding the principles of sustainability into each stage of the commissioning process. The various ways the Trust plans to achieve are set out adjacently:

Actions for Commissioning of Services

- Recognition and adherence to current policy; For instance, within the NHS Standard Contract SC15 requires all providers to, 'take all reasonable steps to minimise their adverse impact on the environment' and to, 'demonstrate their progress on climate change adaption, mitigation and sustainable development…'
- Creation of service specifications and invitation to tender documents that include various criteria to establish and assess; the providers' impact on carbon emissions and air quality, their use of resources and volumes of waste, their positive impacts through the supply chain, their adaption and resilience to environmental change, and their ability to harness pro-environmental and social behaviour to benefit health.
- The Incorporation of community assets, voluntary agencies or third sector providers into the existing commissioning and delivery of healthcare services, in line with the Turning Point Connected Care Model.
- Use of NHS buying Power through consortiums (SBS, Health trust Europe). The Public Services (Social Value) Act 2012 requires public authorities to consider economic, social and environmental wellbeing when negotiating public service contracts.
- Commission more services from local suppliers
- Commissioners of health and social care services work in partnership with other parts of local authorities, health and wellbeing boards and care providers to explore opportunities for aligned action to improve sustainability
- Encourage approaches to care delivery that considers not only the needs of local people and communities but also their asset – an asset-based approach.
- Consider the social and environmental elements of the local health and wellbeing strategy prior to making commissioning decisions.
- Engage with local communities up front in order to determine commissioning priorities and ensure the procurement options are the right ones.

Measuring, Monitoring and Evaluating Commissioning of Services

- Assess the environmental indicators at the monitoring and evaluating stage to ensure the Provider's service aligns with expectations.
- Recognise that the commissioner's high expectations of sustainability performance can be a principle driver for improvement.

Actions for Procurement of Goods

Specific Actions

- Development of a surplus equipment list for the reuse of any assets.
- To set out their own sustainability principles and objectives to help inform a) their own corporate responsibilities for sustainable development and b) the development of the sustainable development approach within their sourcing policy.
- To clearly identify how and at which stages their sustainability priorities and objectives feature in the sourcing process.
- To specify a Departmental lead for sustainability.

Reduce Demand

- Revisit the use of a process methodology (for example Lean systems, Six Sigma, Total Quality Management) to identify and eliminate unnecessary use of resources
- Ensuring effective stock rotation and ordering processes in place to prevent wastage .
- Ensuring perishable goods are stored correctly to avoid throwing out.
- Improving office use of resources through setting printers to automatically print double sided and black and white, and using electronic forms rather than paper alternatives where possible.
- Develop closer relationships with suppliers and the supply chain

Increase Efficiency

- Applying a weighting or scoring methodology for evaluating bids, considering their environmental impact.
- Consider the energy usage of product when purchasing e.g. medical devices.
- Include energy efficiency and recyclability as part of the award criteria.
- Encouraging recycling through clearly marked recycling bins, ensuring recycle bins are easily accessible and with clear advice on what can be placed in them.

Substitute and Innovate

- Working with local farmers, community-based organisations and food suppliers to increase the availability of locally sourced, sustainably grown food.
- Rethinking the need and asking for more sustainable and innovative solutions.
- Identifying products critical to delivery of care, model the risk of future shortages and investigate more resilient alternatives.

Supply Chain management

- Outlining the approach to sustainable development in the organisation's procurement policy.
- Utilising 'SID4Gov' to capture information on key aspects of carbon and resource management from suppliers.
- Encouraging suppliers of pharmaceuticals and medical devices to use 'GHG Protocol Product Life Cycle Accounting and Reporting Standard' methodology (6) developed with the pharmaceutical sector to provide information on the carbon footprints of products.

Measuring, Monitoring and Evaluating Procurement of Goods

- Record and review cost savings
- Record and review the amount travel has been reduced as a result of switching to local suppliers

Procurement of goods

Goods, services and materials used to deliver healthcare in the UK are procured from all over the world and account for 66% of the NHS, public health and social care system's carbon footprint; this suggests that reducing and measuring the carbon footprint of procured goods would demonstrate a more sustainable process with a widespread impact.

To make significant progress the Trust must work closely with the Cheshire and Mersey procurement network and the supply chain. This will help develop partnerships that have the power to reduce the impact of procured goods on society, the environment and the economy at each stage of the products life (i.e. extraction, processing, manufacture, distribution, use and disposal or recovery). It is essential that procurement professionals are able to identify the products that have the most severe impact and the stages at which efforts can be utilised most effectively. A carbon footprint analysis tool can aid this prioritisation process. However, This four-step framework is to guide effective action:

I. Reduce Demand – Looking at whether goods and products are necessary before they are procured is a powerful step which could lead to a reduction in the demand for products as well as the more efficient use of existing products.
II. Increase efficiency – buying products, equipment and services that consume less and have a lower environmental impact throughout its lifecycle.
III. Substitute and innovate – Looking at whether alternative products, materials or approaches can be used that have less impact on the environment.
IV. Supply Chain management – influencing suppliers and the supply chain to improve their sustainability performance by setting clear expectations through procurement processes and working with them closely to develop innovative solutions that deliver sustainable benefits to all parties.

To operate in a socially responsible way, deliver savings and improve health and wellbeing the Trust plans to develop procurement processes through the adjacent social, environmental, and economic considerations.

HEALTHY & RESILIENT COMMUNITIES

Healthy, and resilient communities are necessary for an effective and sustainable healthcare system; NHS Trusts can play an important role in their local communities as employers as well as core public service providers. They can support local people, agencies and groups to build a sense of

community identity which, in turn, helps develop places where people want to live, work, and invest. It is these factors that create the types of environment where health and wellbeing is prevalent.

However, all areas have different social, economic, and demographic circumstances; so, all Trusts must provide support that is tailored to their local environment. A tailored approach provides an opportunity to work with the local community and generate health, sustainability and resilience in a way that is warmly received. For this reason, the Trust plans to (1) develop local frameworks; and (2) build local resilience to climate change and adverse events.

Developing Local Frameworks

For the Trust to effectively improve the health and wellbeing of local communities it must work together with other local services within a high-level framework. Health and Wellbeing boards are best placed to lead this approach and develop 'a strong and inspiring local vision for sustainability and resilience'.

Joint Strategic Needs Assessments (JSNAs) can also be a powerful component to the local framework, as they reflect the needs and assets of local communities. The JSNA can also be used to gain an understanding of the local risks in relation climate change and the ways organisations can work together to offer suitable and effective support.

Working together and tailoring support is key to this approach. Sustainability managers, public health directors and other leaders should interact with key stakeholders to determine and prioritise local expectations and ensure support is targeted towards what people want to make the community a better place to work, live and invest.

Actions for Developing Local Frameworks

- Local authority schemes such as improved insulation in homes can reduce carbon emissions, reduce fuel poverty, and reduce admissions from respiratory conditions.
- Public and environmental health programmes around seasonal diets, increasing active travel, or improving air quality can improve health, reduce use of services, and reduce carbon emissions.
- Health and Wellbeing Boards ensure that environmental and social Sustainability are a core component of their Health and Wellbeing strategies and publish an annual progress report.
- Ensure that local communities are involved in the assessment of need in relation to sustainability and the design of service commissioning and resilience for health and wellbeing (JSNA).
- Integrate sustainability into the Joint Strategic Needs Assessment (JSNA).
- Evaluate current community assets and strengths to inform plans and support communities to develop a sense of place and identity that helps reinforce health and wellbeing.
- Local economic strategies could incorporate social and environmental sustainability.
- Health and wellbeing boards consider the needs, risks, strengths, and assets of communities served and ensure that services are tailored to support and manage health and wellbeing, particularly for those that are most in need or most vulnerable.
- Develop and intensify cross agency discussions to build a locality level view of the assets, risks, opportunities and needs of communities so these can form part of local needs assessments and health and wellbeing strategies. Act across agencies to tackle the wider determinants of health and wellbeing and reduce inequalities.
- Better understand the current and future impacts of adverse weather events and climate change over the years to come to consider the best opportunities to improve readiness, resilience and minimise adverse impacts on people and services. Support the alignment of key elements of partners Adaptation Plans.
- Identify opportunities to understand and augment the social value and assets that are already in place. This includes maximising the benefits of a co-ordinated approach to the commissioning of goods and services in line with the requirements of the Public Sector (Social Value) Act 2012
- Identify opportunities where collaborative local sustainable development infrastructure projects could deliver multiple benefits for instance in relation to housing, shared infrastructure, district heating schemes or joined up travel and transport plans.

Measuring, Monitoring and Evaluating the Development of Local Frameworks

- Measure, monitor and report carbon emissions across all relevant agencies in the locality.
- Monitor the targets set for reducing emissions and evaluate how joint action plans are going to achieve them.

Building resilience to climate change and adverse events

The changing climate in the UK is creating longer and more frequent heat waves, floods, droughts and cold snaps. These extreme weather events can have many negative implications for the health and wellbeing of the community so the Trust must work to ensure people and services are prepared and resilient to these disruptions.

Extreme weather events can affect system infrastructure (buildings, vehicles, emergency services, and the supply chain for food, fuel and other key products), including domestic dwellings where many health services are delivered. Such events can also rapidly increase the number of service users, in turn putting increased pressure and workload on services at a time when staff shortages are more likely.

In order to mitigate the risks associated with such events the Trust must work as part of the entire healthcare system alongside Health and Wellbeing Boards, the Environmental Agency, Defra, local authorities and many other organisations to ensure people, buildings and services will be resilient and accessible. The best innovations, however, should also encourage carbon reduction and healthy lifestyles to reduce the environmental impact and thus, climate change in the first place.

SUSTAINABLE CLINICAL AND CARE MODELS

Endeavours to deliver a level of quality that cannot be maintained with available resources are destined to be unsuccessful. Delivering the best quality care with the resources that are available is key to a sustainable healthcare system. However, as limited resources diminish, costs escalate and extreme weather events become more frequent the challenges to maintain and improve quality increase.

In the face of these challenges healthcare policies have to align with the principles of sustainability and set out to transform the way care is delivered so that the future of services is sustainable and affordable. Involving patients, staff, organisations and the community in the design of such policies is essential for strategies to effectively; empower patients, integrate connections between service providers, improve the use of information and communication technology, and support self-care and the management of long term conditions; factors that are all considered fundamental to the future of healthcare services.

Actions for Building Resilience to Climate Change and Adverse Events

- Understands and minimise current and future risks to health and wellbeing from changing times and climates.
- Health and wellbeing is protected and improved by building on social assets, reducing environmental harm and enhancing the natural environment
- Building partnerships with local organisations to identify vulnerable people with long-term cold related health conditions living in cold, damp, homes (See, Warm Homes Service, also, the organisation that adapts houses to enable healthy, independent living at home, firms that offer housing assistance.)
- Identifying local priorities with the Council, i.e. Are there home at risk from flood. Is there funding for shared community equipment to mitigate the risk?
- Use the Climate Change Risk Assessment Reports (CCRA) 2012 to identify the major risks to health and wellbeing.
- Local health resilience partnerships (LHRP) and Local resilience fora (LRF) include climate change projections into their risk assessments.
- Continue to build the evidence base on current and future climate risks to further identify and improve future resilience and adaptation needs and opportunities.
- Use the UKCP09 climate projections or the Climate Ready BACLIAT tool to complement the process of assessing risks and opportunities associated with generic climate patterns.
- Use public health/department of health research on health impacts of climate change to shape policy and planning decisions
- Assess and strengthen preparedness action for instance by using UKCIP climate projections tool to identify risks and opportunities to health and wellbeing in the local area, assess levels of preparedness and develop plans to improve resilience.
- Engage and support communities and third sector partners to develop and enhance a range of skills and tools to help them to help themselves and others.
- Equip communities to act as first responders and identify and support vulnerable populations.
- Continue health promotion activity such as physical activity and healthy diets. Capitalise on the potential to achieve health co-benefits by implementing policies that reduce carbon dioxide equivalent emissions and improve health e.g. active travel, more efficient vehicles, low carbon, healthy diets etc.
- Build on work informed by monitoring and surveillance of environmental factors, for example air quality, housing conditions, biodiversity, and access to green space.
- Local Authorities can use local health data to inform housing improvements around decent home standards, registration of private landlords and action to ensure minimum standards of cold weather thermal comfort in private rented properties via the provision of insulation.
- Environmental health practitioners can work with Public Health Departments and CCGs to develop action around air pollution and breathing conditions, improving poor housing, increasing biodiversity and green space.

Measuring, Monitoring and Evaluating Building Resilience to Climate Change Events

- Monitor the number of admissions with cold/heat related health conditions.
- Evaluate the extent to which communities, services and infrastructures are prepared and resilient to weather events and other crises.

Sustainability as a factor underpinning high quality care

The Health and Social Care Act (2012) defines high quality care as 'safe and effective with a positive patient experience'. The NHS promotes the importance of fairness, best value, and sustainability for underpinning this definition. All parts of the healthcare system need to consider how these three pillars apply to the planning, delivery, and monitoring of their services to provide high quality care.

Actions for Sustainability as a factor underpinning high quality care

- Consider including sustainability principles in all service planning, commissioning, patient safety and quality improvement programmes as a core component underpinning quality care.
- Develop a Quality and Outcomes Framework (QOF) incentive payment for improving sustainability performance.
- Actively encourage and support outcomes-based commissioning as opposed to activity-based commissioning.
- Involve the third sector and communities in supporting and enabling improved health and wellbeing.
- Consider how to bring housing, health, and social care closer together for instance through wellbeing centres that include health, social care, welfare advisers and practitioners or Citizen Advice Bureau sessions in primary care locations.
- Build on the existing professional support, training and research that is geared to supporting individuals to live well and enable them to live independently thus minimising the need for acute and specialist input.
- Improve the use of technology and self-help approaches to enable people to take charge of their own health and life care planning.
- Promote remote diagnostics, surveillance, and therapeutic self-monitoring services to encourage more sustainable models of care.

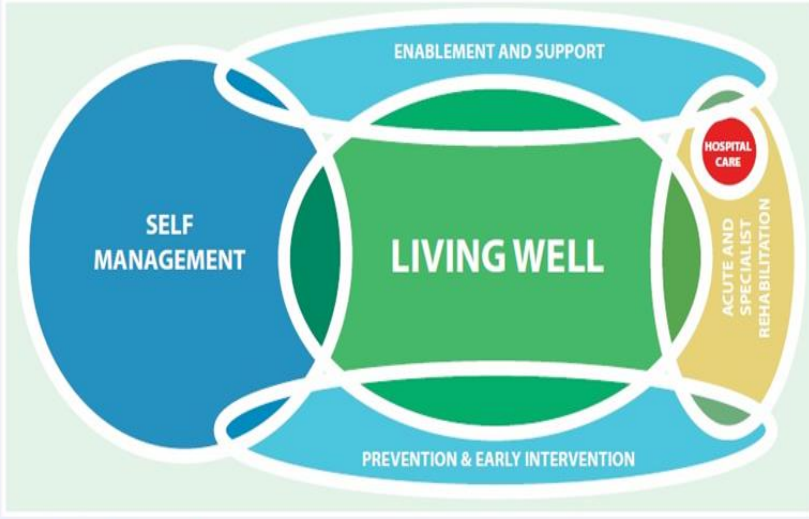
Measuring, Monitoring and Evaluating Sustainability underpinning high quality care

- Detail the progress of sustainable development in a quarterly suitability newsletter and distribute to staff, patients, and the community

Transforming Care

Before the Greener NHS was founded the SDU provided the below model which highlights the various levels of support that an individual may need throughout their life in a more sustainable system. Willingness to work in different ways, involving patients and a focus on prevention and health improvement is necessary for this system to be achieved.

> "Evidence has shown that the need for acute and specialist interventions can be minimised when there is a system wide focus on living well and supporting people to manage their lives in a positive way"



Description of different elements:

Living well – Being healthy throughout our life is an aim for every one of us. At different stages we are likely to come into contact with various forms of health and care support to help us lead a life we can value.

Prevention and early intervention - Throughout our life there are ways in which our health can be enhanced and ill health prevented. For example through vaccination programmes, healthy food, active travel, warm homes or fall prevention programmes. Many of these can improve health and sustainability simultaneously. For instance, addressing the causes of ill health by switching from motorised travel to walking or cycling or by reducing the levels of consumption of animal fats.

Enablement and support - Some periods of ill health will mean that we need support through enablement approaches such as talking therapies, assistive technology or volunteering schemes which ensure that we are supported to be more effective in our daily roles.

Self-management - Many of us will want to learn more about how to manage our own conditions, such as depression, diabetes or vascular disease, by self-monitoring and taking action to support a healthier life. This might include regular and easy access to specialist support.

Acute and specialist rehabilitation - At times we may need acute and specialist help following an emergency or an episode of significant ill health. Secondary and tertiary care will be crucial to assist us through the most acute phases with the emphasis being on early intervention and providing only the right care at the right time in the right place rather than a series of poorly coordinated interventions. Acute and specialist rehabilitation can support this process, minimise any hospital stay and equip us for a world of self-management and living well.

Dying well - Every individual may have a different idea about what would, for them, constitute 'a good death'. Changing attitudes and behaviours in society towards dying, death and bereavement is an important issue and needs to be considered with the dignity of those involved.

Actions for Transforming Care

- Encourage evidence-based therapies and lifestyle changes, such as exercise and dietary advice over invasive procedures and pharmaceuticals at the first stage of management. This might include prescribing exercise outdoors.
- Avoid prescribing evidently ineffective medicines and treatments.
- Consider the environmental impact and toxicity of materials and products used. For example, propellants used in metered dose inhalers for treating respiratory conditions are powerful greenhouse gases. Switching to alternatives such as dry powder inhalers can help reduce harmful greenhouse gas emissions.
- Use a process methodology (for example Lean systems, Six Sigma, Total Quality Management) to identify and eliminate waste in pathways of care.
- Consider the needs of the individual in the care environment – for example access to green space, sunlight, thermal comfort, privacy and noise reduction by closing doors and switching off lights to aid sleep.
- Assess the social and environmental impacts of proposed redesigned services alongside financial impacts and health outcomes. For example, by including environmental and social sustainability assessments on business case templates.
- Consider the needs, risks, strengths, and assets of communities served and ensure that services are tailored to support and manage health and wellbeing, particularly for those that are most in need or most vulnerable.
- Review models of care and patient pathways in every specialty taking into account the overhead use of resources and carbon footprint, to identify where resources are used and can be reduced.
- Consider most appropriate service location to minimise travel and facilitate access, including use of mobile technology or telephone clinics. Enable service users to access services in different ways.

Measuring, Monitoring and Evaluating Transforming Care

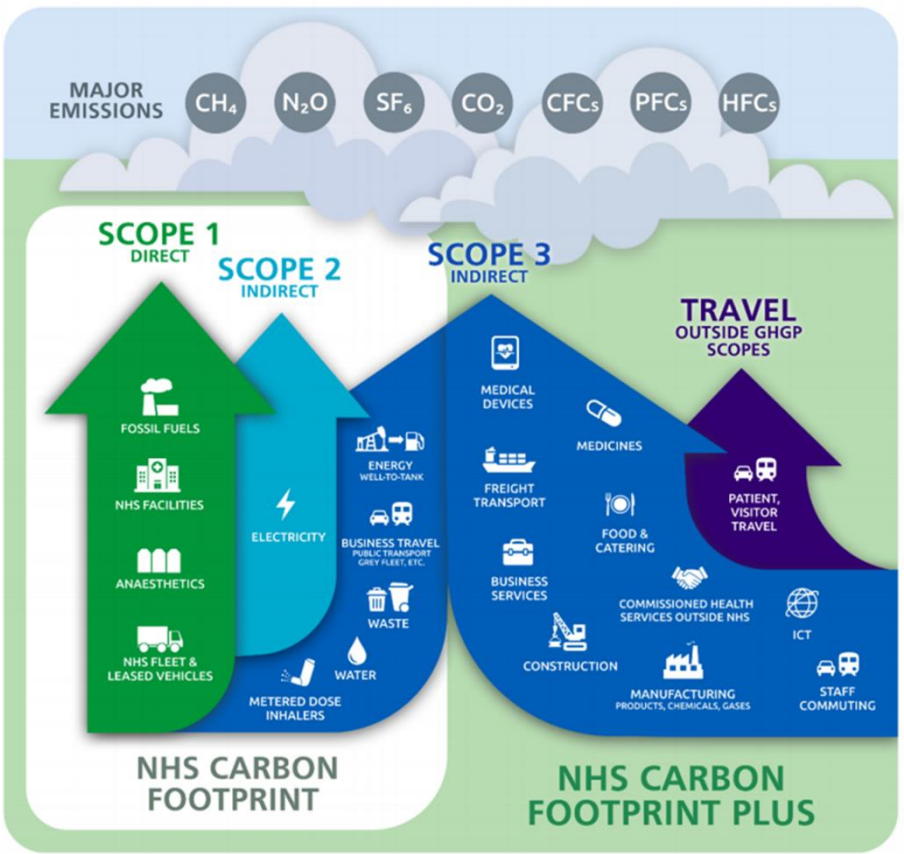
- Monitor the amount of resource that are being used and where and evaluate how they can be reduced

Tracking Progress and Reporting

NHS SUSTAINABLE DEVELOPMENT ASSESSMENT TOOL (SDAT)

The Sustainable Development Assessment Tool (SDAT) that was developed for NHS organisations to track their progress against UN Sustainable Development Goals was decommissioned on 28th February 2021. The Greener NHS Team is currently working on a replacement tool, which will align with the priorities set out in *Delivering a Net Zero National Health service* and this Green Plan.

When this new tool is available it will be used to monitor and report our sustainable development and our path towards net zero.



NHS ANNUAL SUSTAINABILITY REPORTING

The Department of Health (DH) requires that the Trust reports on sustainability as part of their annual reporting process. The Carbon Data Collection is an annual reporting framework that has been developed especially for NHS Trusts, Foundation Trusts and CCGs. The framework's goal is to make links between financial and environmental sustainability more transparent. The annual report Provides our carbon footprint broken down into the following categories:

- **Scope 1:** Direct emissions from owned or directly controlled sources on site. This includes Fossil Fuels, Anaesthetic gasses and NHS Fleet vehicles
- **Scope 2:** Indirect emissions from the generation of purchased energy, mostly electricity
- **Scope 3:** All other indirect emissions that occur in producing and transporting goods and services, including the full supply chain.

NHS ESTATES RETURN INFORMATION COLLECTION (ERIC)

ERIC is used by Estates and Facilities to report various data that is also relevant to sustainability, such as: energy consumption, water consumption and waste disposal. The programme automatically calculates the related C02e emissions and can be used to benchmark the Trust's performance against other Trusts.

Summary

Achieving 'Net Zero' whilst preserving the values that underpin a universal health service, free at the point of use, will mean fundamental changes to how we deliver and use healthcare services. This Green Plan outlines ours Trust's commitment to cut emissions and implement sustainability throughout the organisation and local community. Guided by the Greener NHS and associated documents the Trust are working with its departments to tailor actions and monitoring strategies so carbon reduction initiatives can be implemented effectively, economically, and efficiently.

To help limit global warming to well below 2 degrees Celsius and avert a global health crisis, we must maximise the value of our contribution to carbon reduction; we need all our staff, building users, partners and supply chains to act now.

> "act as you would in a crisis… act as if the house is on fire, because it is." (Greta Thunberg, World Economic Forum, 2019).

Appendix A: NZAG Terms of Reference

NET ZERO ACTION GROUP – Terms of Reference	
Delegated Authority	The Net Zero Action Group (NZAG) has delegated authority from the Executive Committee to co-ordinate the implementation of Trust's Green Plan. The Group is authorised to obtain independent professional advice if it considers it necessary in accordance with these Terms.
Terms of Reference	The Group will undertake the following duties: i) Shape the Trust's net zero strategy, ii) Oversee the delivery of the Trust's Green Plan (in line with national requirements and frameworks such as *Delivering a 'Net Zero' National Health Service 2020* and the Climate Change Act 2008, iii) Develop practical initiatives and action plans to meet the Green Plan targets, iv) Champion sustainable principles and working practices across the Trust and among external stakeholders, v) Ensure that, as a minimum, the Trust complies with all existing and future NHS strategies on sustainability and carbon reduction, vi) Develop action plans to take forward initiatives with reference to the Greener NHS guidance vii) Liaise with the relevant working groups (i.e. waste group, energy group, travel and transport group etc.) as required to cover specific areas of the Green Plan, viii) Measure progress of Carbon reduction against the Green Plan goals and targets, ix) Encourage positive engagement with staff, patients, visitors and the community on sustainability and sustainable working and living practices, x) Provide assurance to the Executive Committee, through the PFI Liaison Committee that the sustainability agenda is appropriately managed within the Trust, xi) Complete the appropriate return for inclusion within the Trust Annual Report.
Review	In March each year the Group will undertake an annual Meeting Effectiveness Review. Part of this process will include a review of the ToR.
Membership	<u>Net Zero (NZ) Core Members:</u> Senior Vinci FM representative (Chair) – Net Zero (NZ) Delivery & Utilities Lead Senior New Hospitals representative Senior Trust Contract Team representative – NZ Patient and Visitor Travel Lead Senior Medirest representative - NZ Waste Lead Senior Procurement representative – NZ Scope 3 Emissions Lead Senior Pharmacy representative – NZ MDI Reduction Lead Senior Medical Devices representative – NZ Anaesthetic Gas Capture Lead Senior Theatres representative - NZ Anaesthetic Gas Reduction Lead Senior ESR representative – NZ Fleet and Leased Vehicles Lead Senior Payroll representative – NZ Business Travel Lead The attendance of fully briefed deputies, with delegated authority to act on behalf of core members is permitted. <u>In attendance:</u> In addition to formal members, representatives from operational services within the Trust and FM services may be in attendance, and the group shall be able to request the attendance of other members of staff as appropriate. Members are selected for their specific role or because they are representative of a larger group. As a result, members are expected to: i) Ensure that they read papers prior to meetings, ii) Attend as many meetings as possible, iii) Contribute fully to discussion and decision-making, iv) If not in attendance seek a briefing from another member who was present to ensure that they are informed about the meetings progress, v) Represent their group in discussions and decision making, vi) Feedback the content of meetings to colleagues. vii) update group on progress and setbacks for the carbon hotspots they lead
Attendance	Core Members are expected to attend a minimum of 66% of meetings per year.
Quorum	50% of the core membership (or appropriate deputies) must be present.
Accountability & Reporting	The Group reports to the Executive Committee via ad-hoc exception reporting on the chair's meeting log, plus an annual review of performance.
Meeting Frequency	The Group will meet Quarterly.
Agenda Setting and papers	Agenda to be agreed by the Chair. Minute production and distribution is via Vinci FM offices.

"We're facing a global public health catastrophe. It's up to all of us to use our collective knowledge and skills to lead the change to a healthy, sustainable future."

Professor Alan Maryon-Davis,
President, Faculty of Public Health

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