St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Public Board Meeting

TO BE HELD ON WEDNESDAY 29TH MARCH 2023
BOARD ROOM, 5TH FLOOR, WHISTON HOSPITAL

AGENDA				Paper	Purpose	Presenter
10.00	1.	Employee of the Month Film - March 2023		Verbal	Assurance	Chair
10.10	2.	Patient Story		Verbal	Assurance	Chair
10.25	3.	Apologies for Absence		Verbal		
10.30	4.	Declaration of Interests		Verbal		
10.35	5.	Minutes of the Board Meeting held on 22nd February 2023		Attached		
		5.1	Correct Record and Matters Arising	Verbal		
		5.2	Action log			
Performance Reports						
10.40	6.	Integrated Performance Report		NHST (23)020	Assurance	Gareth Lawrence
		6.1	Quality Indicators			Sue Redfern
		6.2	Operational Indicators			Rob Cooper
		6.3	Financial Indicators			Gareth Lawrence
		6.4	Workforce Indicators			Anne-Marie Stretch
Committee Assurance Reports						
11.00	7.	Committee Report – Executive		NHST (23)021	Assurance	Ann Marr
11.10	8.	Committee Report – Finance & Performance		NHST (23)022	Assurance	Jeff Kozer
11.20	9.	Committee Report – Quality		NHST (23)023	Assurance	Rani Thind
11.30	10	Committee Report – Strategic People		NHST (23)024	Assurance	Lisa Knight

AGENDA			Paper	Purpose	Presenter
Other Board Reports					
11.40	11.	Operational Plan – Budget, Activity and Workforce Plan	NHST (23)025	Approval	Gareth Lawrence
11.55	12.	CQC Registration	NHST (23)026	Approval	Sue Redfern
12.05	13.	Mixed Sex Annual Declaration	NHST (23)027	Approval	Sue Redfern
12.15	14.	2022 Staff Survey Report and Action Plan	NHST (23)028	Approval	Anne-Marie Stretch
12.25	15.	National Quality Board – 6 monthly nurse establishment review	NHST (23)029	Approval	Sue Redfern
12.35	16.	Gender Pay Gap Annual Declaration	NHST (23)030	Approval	Anne-Marie Stretch
Closing Business					
12.45	17.	Effectiveness of Meeting	Verbal	Assurance	Chair
	18.	Any Other Business		Information	
	19.	Date of Next Meeting – 26th April 2023		Information	

MINUTES OF THE TRUST BOARD PUBLIC MEETING
HELD ON WEDNESDAY 22ND FEBRUARY 2023
Boardroom, 5th Floor, Whiston Hospital

BOARD MEMBERS	
Richard Fraser (RF)	Chairman (Chair)
Ann Marr (AM)	Chief Executive
Jeff Kozer (JK)	Non-Executive Director
Lisa Knight (LK)	Non-Executive Director
Gill Brown (GB)	Non-Executive Director
Rani Thind (RT)	Associate Non-Executive Director
Anne-Marie Stretch (AMS)	Deputy Chief Executive & Director of Human Resources
Nicola Bunce (NB)	Director of Corporate Services
Christine Walters (CW)	Director of Informatics
Peter Williams (PW)	Medical Director
Geoffrey Appleton (GA)	Non-Executive Director (Deputy Chair)
Ian Clayton (IC)	Non-Executive Director (via MS Teams)
IN ATTENDANCE	
Denise Baker (DB)	Executive Assistant (Minutes)
Alan Lowe (AL)	Halton Borough Council (Stakeholder Representative)
APOLOGIES	
Gareth Lawrence (GL)	Director of Finance & Information
Rob Cooper (RC)	Managing Director

1.	**Employee of the Month Film** 1.1. The employee of the month for February 2023 is Joanne Welsby, Assistant Estates & Facilities Performance Manager. 1.2. The Board watched the film of NB presenting the award. 1.3. GA praised the Estates & Facilities Management service for all the work they do behind the scenes to maintain the hospitals and keep support services running.	**RF**
2.	**Apologies for Absence** 2.1. Apologies for absence were as noted above.	**RF**
3.	**Declarations of Interest** 3.1. There were no new declarations of interest.	**RF**
4.	**Minutes of the Board Meeting held on Wednesday 30th November 2022** **Minutes of the Previous Meeting** 4.1. The minutes of the Board Meeting held on Wednesday 25th January 2023. 4.1.1. LK noted that her initials had been incorrectly recorded. 4.1.2. CW requested an update to the wording of item 14.12 to read: CW asked if we knew what impact working from home/hybrid working was having on retention or staff leaving and commented that working in this way did not suit some people. AMS agreed that more work needed to be undertaken on exit interviews to analyse in more detail	**GA**

	the reasons for leaving. 4.1.3. Item 8.2 contained an editing error that needed to be removed. 4.2. With these amendments the minutes were approved as an accurate record. **Action Log** 4.3. Action 56 – CNST – SR advised that the declaration had been submitted.	
	Performance Reports	
5.	**Integrated Performance Report – NHST (23)002** SR introduced the report in GL's absence. 5.1. <u>Quality Indicators</u> 5.1.1. SR presented the report. 5.1.2. SR advised there had been no Never Events in January, Year To Date (YTD)=2, and no MRSA cases reported in January, YTD=1. 5.1.3. There were 6 C.Diff positive cases reported in January, YTD=48 of which 38 have been reviewed by an RCA panel, 22 of these cases were deemed unavoidable and 2 patients had previously been C.Diff positive. It was noted that at the same time in 2021/22 52 cases had been reported. 5.1.4. The Nurse staffing fill rate for December 2022 was 91.9%, YTD=93.3%. SR advised that position in January would be impacted by the days of industrial action by RCN members. 5.1.5. There were 3 severe harm falls reported in December 2022, YTD=22. 5.1.6. There were no grade 3 hospital acquired pressure ulcers reported in December, YTD=1. 5.1.7. There were 81 Community incidents reported in December 2022, 66 of which were related to pressure skin damage, all resulting in no harm. 5.1.8. HSMR for 2022/23 April to August is 90.5. 5.1.9. There had been no maternity unit closures in January 5.2. <u>Operational Indicators</u> 5.2.1. PW presented the report on behalf of RC. 5.2.2. The 62 day cancer standard was not achieved at 76.9% for December 2022 against a target of 85%, YTD=81.6%. 5.2.3. The 31 day target for December was achieved at 97.2% against a target of 96%, YTD=97.5%. 5.2.4. The 2 week rule target was not achieved in December 2022 at 83.3%, YTD=75.7%, against a target of 93%. It is noted that there has been a significant increase in the number of referrals, as well as an increase in complexity which has made speciality categorisation difficult in some cases. 5.2.5. Emergency Department (ED)type 1 performance for January 2023 was 52%, YTD=46.7%. The all type mapped performance for January 2023 is 73.8%, YTD= 70.7%. 5.2.6. Average daily ED attendances were 287 compared to 333 in December. Total attendances for January were 8,912. 5.2.7. Average ambulance turnaround time was 58 minutes and	**SR**

	there were 1,996 ambulance conveyances in January. This compares to 1,970 in December. 5.2.8. St Helens UTC had 4,989 attendances in December 2022 which is slightly down on November 2022 (5,004 attendances). 80% of attenders were seen within 4 hours. 5.2.9. There were 140 super stranded patients in January compared with 119 in December which has dramatically impacted the ability to deliver ED performance and meet ambulance turnaround targets. 5.2.10. Work continues with system partners to reduce bed occupancy. 5.2.11. The 18 week RTT target was not achieved with 62.85% compliance, YTD= 62.8% against a target of 92%. 5.2.12. There were 2,515 52+ week waiters. 5.2.13. The 6 week diagnostic target was not achieved in December 2022 with a compliance of 67.5% against a target of 99%. 5.2.14. There has been a slight decrease in the number of referrals to District Nurses, however, these are still within the normal range. 5.2.15. There has been a significant increase in the number of referrals to Community Matrons. Work is being undertaken with the PCNs to provide collaborative patient care to meet demand. 5.2.16. GB noted there had been fewer maternity diverts over recent months. SR advised that this is as a result of reduced staff absence and improved recruitment since September 2022. 5.2.17. GA asked if STHK used virtual wards to relieve bed pressures. PW confirmed that there was a virtual ward for respiratory patients that worked well, the concept had also been very successful for recovering COVID patients. Other specialties, such as heart failure and IV antibiotics were being explored but a virtual ward was not suitable for all patients if they had multiple comorbidities and was still quite resource intensive for clinicians. CW commented that there were some system developments planned that would help to support virtual wards and improve connectivity to the main patient records systems. 5.2.18. GB suggested that PW present at Quality Committee about the potential and limitations of virtual wards. **ACTION: PW** 5.3. <u>Financial Indicators</u> 5.3.1. NB presented the report on behalf of GL. 5.3.2. At month 10 a deficit of £0.4m had been reported, which is improvement against plan. 5.3.3. The Trust will achieve the annual CIP target of £28.1m for 2022/23. 5.3.4. Cash balance in month 10 is £32.3m. 5.3.5. Capital expenditure YTD= £7.9m, no risk to delivery of the full programme was expected. 5.3.6. RF commented that improving the financial position against the original plan was a significant achievement and he commended the finance team. 5.4. <u>Workforce Indicators</u>	PW

	5.4.1. AMS presented the report. 5.4.2. The absence rate for January was 6.5%, which was a decrease from 7.1% in December. 5.4.3. Staff absence due to Covid-19 has also decreased. 5.4.4. Mandatory training compliance is stable at 80.4%; work continues to identify barriers to clinicians completing mandatory training. 5.4.5. There has been a slight increase in appraisal compliance to 85.6%. Following discussion about the impact of the new appraisal documents and the emphasis on wellbeing conversations AMS undertook to check whether the increase in appraisal rates has resulted in an increase in referrals to Health, Work & Wellbeing. **ACTION: AMS** 5.5. **The IPR Report was noted.**	AMS
Committee Assurance Reports		
6.	**Committee Report – Executive NHST (23)012** 6.1. AM presented the Executive Committee Chair's Report and highlighted the following items. 6.2. Waiting List Model – The Managing Director had presented a report demonstrating to Trusts capacity and the impact on the total waiting list of prioritising patients categorised as P2 (clinically urgent). The result was an in P3/P4 (less clinically urgent) patients and had resulted in an increase in 78+ week waiters, predominantly in Plastics and Orthopaedics. 6.3. The recent RCN industrial action has also meant that further elective activity had to be postponed. Options to increase short term capacity were being explored, but it was complicated by the fact that many of the remaining patients were complex, and their surgery needed to be undertaken at Whiston with the full acute services back up. The Executive Committee had agreed that patients should be treated based on clinically need, even if this resulted in some 78 week breaches at the end of the year. The Trust Board supported this decision. It was also acknowledged that the planned Junior Doctors industrial action in March would also impact on the elective programme, as planned appointments and lists would have to be cancelled to free capacity to support urgent and emergency care. 6.4. AM reported that there had been a call with Tim Briggs the national GiRFT lead who was also now advising on the elective backlog targets, to discuss the Trusts position and its plans until the end of March. Cheshire and Merseyside had been impacted more than many other areas because of the industrial action because of there had been more staff who had voted to strike. 6.5. Patient Letters Harm Reviews – The Medical Director had provided an update of the harm reviews carried out following the IT issue which led to some actions from clinic letters not being actioned in the system. The review had identified 2,636 letters that had not completed the correct process for logging actions, which had all been checked to see if the actions had been picked up via another route. This was the case in all but 108 cases and of these 47 harm reviews had been completed at that point, but had now all been completed. Slight delays had been caused to the patient pathway in a minority of cases and these patients were being recalled to clinic for assessment. CW advised that this issue was due to an old IT	**AM**

	system and has now been resolved; monitoring is in place to avoid further issues and a business case will be presented to the Executive Committee to replace the clinical transcription system and its links to care flow. 6.6. The other items in the report were noted but not discussed	
	Committee Assurance Reports	
7.	**Committee Report – Audit NHST (23)013** 7.1. IC presented the report. 7.2. The external auditors had set out the audit timetable for 2022/23 with the deadline being 30th June for the Board to approve the annual report and accounts. 7.3. The internal audit review of payroll and transactional process had resulted in high assurance with no recommendations and this had been acknowledged as a significant achievement by the payroll team, who were providing the service to many other trusts and the lead employer Doctors. RF agreed that the team should be commended and asked AMS to pass on the congratulations of the Board. 7.4. The review of the HFMA Financial Controls checklist had supported the Trusts self-assessment score. 7.5. The Anti-Fraud report had highlighted the increased risk from phishing fraud relating to emails requesting payment to or change of supplier and a proactive detection exercise was planned. 7.6. The Committee had received a report on the new NHS Provider Code of Governance and a self-assessment report against the best practice requirements (that applied to NHS Trusts), and had noted that the Trust is well positioned on these. 7.7. The Committee had also received a range of routine reports, with no issues of concern or that required escalation. 7.8. The committee had discussed the procurement of the external auditor contract, when the current contract ends. It was noted that the current S&O contract also ended after the 2022/23 accounts. The audit committee had recommended an extension of the current contract for 12 months with a view to going to procurement when the transaction with S&O was completed. The Board supported this recommendation. 7.9. **The Report was noted.**	**IC**
8.	**Committee Report – Finance & Performance NHST (23)014** 8.1. JK presented the report and noted the IPR had already been discussed, there had been no other issues noted at the committee that required escalation. 8.2. The Month 10 financial position shows a year end deficit of £0.4m and forecast outturn surplus of £7.1m; this is a £12m improvement against plan. 8.3. Capital expenditure YTD=£7.9m 8.4. It is expected that full CIP will be delivered and provide a firm start towards 2023/24. 8.5. The Month 10 cash balance is £32.2m, an increase in the number of delayed payments from other NHS organisations and the actions being taken had been noted. 8.6. The Committee had reviewed the draft financial plan for 2023/24 including the cost pressures and potential risks. It was noted that	**JK**

	until the transaction was approved the STHK and S&O planning for 2023/24 remained separate. 8.7. GA noted that although he was noted on the report he had attended the meeting. 8.8. **The Report was noted.**	
9.	**Committee Report – Quality NHST (23)015** 9.1. RT presented the report. 9.2. The Committee had reviewed the IPR quality indicators and had highlighted that the 62 day cancer target was not achieved, particularly for the lower GI cancer pathways. 9.3. The Committee had noted the workforce challenges within Endoscopy and the efforts being made to resolve this. 9.4. The Committee had received an update on neonatal transitional care which was aimed at increasing the number of babies who could remain with their mothers, and not been admitted to the neonatal unit. 9.5. The committee reviewed progress against the Trust annual objectives that are aligned to the Quality Committee, noting that 4 were on track to be delivered, but there remained challenges in ensuring the timely assessment and care of patients in ED because of the operational pressures that had been experienced over the winter. 9.6. The committee had also received an update on the actions taken following the recent spot check quality audits and were assured that the changes were being embedded. 9.7. The Inpatient Survey results for 2022 had been presented and some significant improvements, particularly to the quality of patient information had been noted. The committee also received the action plan that had been put in place to address those areas targeted for further improvement. 9.8. The committee had received the 6 monthly report on mandatory training compliance and noted the requirement for increased compliance amongst some staff groups, particularly Medical and Dental staff and the challenges for clinical staff of attending the mandatory face to face fire safety training. 9.9. The committee also received the chairs assurance reports from the Patient Experience, Patient Safety and Clinical Effectiveness Councils. 9.10. Issues escalated were, the need to recruit and Maternity Voice Partnership chair. 9.11. The need for continued focus on improving VTE risk assessments and planned role of IT systems that were in development. 9.12. RT also feedback to Board on discussion about the role of the Committee in reviewing all IPR metrics and planning for the governance of quality post transaction. It was acknowledged that in the transitional integration period the Quality Committee meetings would potentially be longer. 9.13. The Board discussed the role of the IPR at each committee and the importance of all Non-Executive Directors having access to the same information about all performance indicators. NB reported that a new IPR was in development for the new Trust, so that the Board would have a line of site on all key areas of performance from day 1. 9.14. **The report was noted.**	**RT**

10.	**Committee Report – Charitable Funds NHST (23)016**	**PG**
	10.1. PG presented the report. 10.2. The Committee discussed the implications of the proposed S&O transaction and the merging of charitable funds and governance arrangements. 10.3. The investment report and Income and expenditure reports had been received and noted. 10.4. Bids for charitable funds from the Lilac Centre and Endoscopy Department were approved. 10.5. There was a fund-raising campaign launched to redevelop the children's play area at Whiston Hospital which is expected to cost circa £100,000. 10.6. **The report was noted**	

	Other Board Reports	
11.	**Freedom to Speak Up Annual Self-Assessment 2023 NHST (23)017**	**AMS**
	11.1. AMS presented the report. 11.2. The Freedom to Speak-Up (FTSU) comprehensive self-assessment takes place every two years and the index score had increased to 82.3%; this is increasing steadily against the national average of 79%. 11.3. The self-assessment areas show partial compliance in two areas which were the same areas as the previous assessment, however AMS noted that an additional FTSU officer was being recruited and this would be subject to an open recruitment process. As a result, one of the areas would become compliant. For the other area, the FTSU reports continued to be reported via the Quality Committee, who then provided assurance to the Board. 11.4. It was noted that 3 Board Members are FTSU Guardians, so have an excellent oversight of FTSU concerns. 11.5. It was noted that S&O follows a different FTSU model and AMS was asked to review the S&O index score to compare their effectiveness against STHK. **ACTION: AMS**	AMS
	11.6. GB commented that S&O also have FTSU Champions throughout the organisation and asked if this would continue and be expanded post transaction. AMS confirmed that this initiative had been very successful at S&O and would like it to be adopted across the new Trust. 11.7. **The FTSU self-assessment was approved.**	
12.	**Incidents, Complaints, concerns & Claims – Quarter 3 2022/23 NHST (23)018**	**SR**
	12.1. SR presented the report. 12.2. There had been 5333 incidents reported in Q3 which was a 12.2% increase compared to Q2. 12.3. 4390 were patient incidents and 401 were rated as moderate or above harm. The highest number of incidents continued to relate to pressure ulcers and patient falls. 12.4. The Trust is consistently below NHSE benchmarking for incidents. 12.5. SR confirmed that they will be benchmarking locally to provide some additional benchmarking information that would be included in future quarterly reports. 12.6. The Trust received 53 first stage complaints in Q3 which was a decrease compared to Q2.	

	12.7. Work continued to reduce complaints response times. 12.8. AM commented that she remained concerned about the complaints process and response times and the Executive Committee were undertaking a review to identify areas for improvement. 12.9. The board members discussed the different process and targets for complaints handing at S&O and the timescales for aligning the processes post transaction. 12.10. IC requested that future reports include more information about complaints that were not resolved at the first stage, so that the Board could understand the reasons why patients were not satisfied with the response and the timescales for producing the 2nd stage response. 12.11. It was agreed that SR should report the outcome of the complaints review in May 2023. **ACTION:SR** 12.12. SR remained confident that the approval rates for complaints are accurate and the investigation process robust, with the Trust upholding a complaint if any aspects of care could have been improved. 12.13. SR advised that the coroner was now often accepting written evidence from Trust staff under Rule 23 which removes the need for witnesses to attend the inquests. Rule 23 allows a coroner to admit written evidence as long as he/she states that written copies of the evidence can be provided to interested parties on request and interested parties have the right to object to the admission of written evidence. 12.14. **The report was noted.**	SR
Closing Business		
13.	**Effectiveness of Meeting** 13.1. RF invited AL to comment on the effectiveness of the meeting. 13.2. AL had found the meeting to be informative and had particularly enjoyed the Employee of the Month item. 13.3. RF thanked AL for his continued commitment to attending the Trust Board meetings.	**ALL**
14.	**Any Other Business** 14.1. No items of Any Other Business were discussed.	**ALL**
Date of Next Meeting: Wednesday 29th March 2023		

TRUST PUBLIC BOARD ACTION LOG – 29th March 2023

No	Date of Meeting (Minute)	Action	Lead	Date Due
57	22.02.23 (11.5)	FTSU – Comparison between S&O/STHK working models and evaluation of results	AMS	26.04.23
58	22.02.23 (12.15)	Review of complaints process	SR	31.05.23

Integrated Performance Report

Integrated Intelligence & Improvement Service

St Helens and Knowsley Teaching Hospitals NHS Trust

Board Summary

Overview

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.

Quality	Period	Score	Target	YTD	Benchmark
Mortality - HSMR	Nov-22	99.4	100	93.7	Top 30%
Friends and Family Test: % Recommended	Feb-23	95.8%	90.0%	95.4%	Top 50%
Nurse Fill Rates	Feb-23	97.5%		93.8%	
C.difficile	Feb-23	6	5	51	Bottom 40%
E.coli	Feb-23	12		81	Top 30%
Pressure Ulcers (Avoidable level 2+)	Jan-23	8		31	
Falls With Harm	Jan-23	6		49	
Stillbirths	Feb-23	0	0	0	
Hospital Associated Thrombosis (HAT)					
Complaints Responded In Agreed Timescale %	Feb-23	75.0%		76.6%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Jan-23	64.3%	75.0%	70.2%	Bottom 50%
Cancer 62 Days	Jan-23	79.0%	85.0%	81.3%	Top 10%
30 Minute Ambulance Breaches	Feb-23	271	0	4,394	
A&E Standard	Feb-23	45.9%	95.0%	46.6%	Bottom 30%
Average NEL LoS (excl Well Babies)	Feb-23	3.7		3.7	Top 20%
Average Number of Super Stranded Patients	Feb-23	129		133	
Discharges Before Noon	Feb-23	18.2%	33.0%	20.2%	
G&A Bed Occupancy	Feb-23	97.6%		97.4%	Bottom 10%
Patients Whose Operation Was Cancelled	Feb-23	0.8%	0.8%	0.9%	
RTT 18+	Feb-23	17,239	0	17,239	Top 50%
RTT 52+	Feb-23	2,360	0	2,360	Bottom 30%
% of E-discharge Summaries Sent Within 24 Hours	Feb-23	62.3%	90.0%	62.7%	
OP Letters to GP Within 7 Days	Feb-23	19.5%		20.0%	

Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	Feb-23	86.7%	85.0%	86.7%	
Mandatory Training	Feb-23	80.8%	85.0%	80.8%	
Sickness: All Staff Sickness Rate	Feb-23	5.7%	4.5%	6.4%	Top 10%
Staffing: Turnover rate	Feb-23	0.7%		1.0%	

Finance	Period	Score	Target	YTD	Benchmark
Capital Spend £ 000's	Feb-23	1,200	26,100	9,100	
Cash Balances - Days to Cover Operating Expenses	Feb-23	27	10	27	
Reported Surplus/Deficit (000's)	Feb-23	2,229	-4,949	2,229	

Integrated Performance Report

Integrated Intelligence & Improvement Service

NHS St Helens and Knowsley Teaching Hospitals NHS Trust

Board Summary - Quality

Quality

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 February 2023. (YTD = 2).
There were no MRSA cases in February 2023. (YTD = 1).
There were 6 C. Difficile (CDI) positive cases reported in February 2023 (5 hospital onset and 1 community onset). (YTD = 51). Of the 51 cases, 38 have been reviewed at RCA panel, 22 cases were deemed unavoidable as no lapses in care. Two of the cases had previously been C. Diff positive. The annual tolerance for CDI for 2022-23 is 56.
The overall registered nurse/midwife Safer Staffing fill rate (combined day and night) for February 2023 was 97.5%. 2022-23 YTD rate is 93.8%.
During the month of January 2023 there were 4 falls resulting in severe harm or death category . (YTD severe harm or above category falls = 26).
There were no validated grade 3 hospital acquired pressure ulcer with lapse in care in January 2023. (YTD = 1).
Community incident reporting levels have increased to 91 in the month of January 2023 compared to 76 in the previous year 2022. 77 incidents were reported to be due to pressure skin damage, all classified as no harm.
YTD HSMR (April - November) for 2022-23 is 93.7

Integrated Performance Report

Integrated Intelligence & Improvement Service

NHS St Helens and Knowsley Teaching Hospitals NHS Trust

Board Summary - Quality

Quality	Period	Score	Target	YTD	Benchmark	Trend
Mortality - HSMR	Nov-22	99.4	100	93.7	Top 30%	
Friends and Family Test: % Recommended	Feb-23	95.8%	90.0%	95.4%	Top 50%	
Nurse Fill Rates	Feb-23	97.5%		93.8%		
C.difficile	Feb-23	6	5	51	Bottom 40%	
E.coli	Feb-23	12		81	Top 30%	
Pressure Ulcers (Avoidable level 2+)	Jan-23	8		31		
Falls With Harm	Jan-23	6		49		
Stillbirths	Feb-23	0	0	0		
Hospital Associated Thrombosis (HAT)						
Complaints Responded In Agreed Timescale %	Feb-23	75.0%		76.6%		

Board Summary - Operations

Operations

Performance against the 62 day cancer standard was below the target of 85.0% in month (January 2023) at 79.0%. YTD 81.3%. The 31 day target was not achieved in January 2023 with 95.98% performance in month against a target of 96%, YTD 97.4%. The 2 week rule target was not achieved in January 2023 with 88.6% in month and 77.0% YTD against a target of 93%. The deterioration in performance for 2 week rule, is related to the significant increase in referrals, compared to the same period in 2019, resulting in capacity challenges.

Accident and Emergency Type 1 performance for February 2023 was 45.9% and YTD 46.6%. The all type mapped STHK Trust footprint performance for February 2023 was 69.8% and YTD 70.6%. The Trust saw average daily attendances of 313, which is up compared to January, at 287. Total attendances for February 2023 was 8,771.

Total ambulance turnaround time was not achieved in February 2023 with 43 mins on average. There were 1,846 ambulance conveyances (2nd busiest Trust in C+M and 4th in North West) compared with 1,996 in January 2023.

The UTC had 4,087 attendances in the month of January, compared to 4,989 in month of December. Overall, 97% of patients were seen and treated within 4 hours.

The average daily number of super stranded patients in February 2023 was 129 compared with 140 in January. 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 January 2023 with 61.7% compliance and YTD 61.7% (Target 92%). Performance in December 2022 was 62.8%. There were (2,648) 52+ week waiters. The 6 week diagnostic target was not achieved in February 2023 with 72.6% compliance. (Target 99%). Performance in January 2023 was 63.2%.

There was a slight increase in referrals received within the District Nursing Service in January however, the levels are still within average range (515 in January 2023 compared to 486 in December). The overall caseload size has remained static at 1,255. January saw a Community matron caseload of 131, compared to 132 in December. Work has been undertaken with individual PCNs to look at a collaborative approach to patient care.

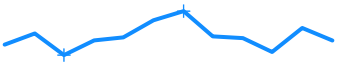
The covid crisis has had a significant impact on RTT and diagnostic performance, as all routine operating, outpatient and diagnostic activity had to be cancelled. All patients have been, and continue to be, clinically triaged to ensure urgent and cancer patients remain a priority for treatment.

Integrated Performance Report

Integrated Intelligence & Improvement Service

NHS St Helens and Knowsley Teaching Hospitals NHS Trust

Board Summary - Operations

Operations	Period	Score	Target	YTD	Benchmark	Trend
Cancer Faster Diagnosis Standard	Jan-23	64.3%	75.0%	70.2%	Bottom 50%	
Cancer 62 Days	Jan-23	79.0%	85.0%	81.3%	Top 10%	
30 Minute Ambulance Breaches	Feb-23	271	0	4,394		
A&E Standard	Feb-23	45.9%	95.0%	46.6%	Bottom 30%	
Average NEL LoS (excl Well Babies)	Feb-23	3.7		3.7	Top 20%	
Average Number of Super Stranded Patients	Feb-23	129		133		
Discharges Before Noon	Feb-23	18.2%	33.0%	20.2%		
G&A Bed Occupancy	Feb-23	97.6%		97.4%	Bottom 10%	
Patients Whose Operation Was Cancelled	Feb-23	0.8%	0.8%	0.9%		
RTT 18+	Feb-23	17,239	0	17,239	Top 50%	
RTT 52+	Feb-23	2,360	0	2,360	Bottom 30%	
% of E-discharge Summaries Sent Within 24 Hours	Feb-23	62.3%	90.0%	62.7%		
OP Letters to GP Within 7 Days	Feb-23	19.5%		20.0%		

Integrated Performance Report

Integrated Intelligence & Improvement Service

St Helens and Knowsley Teaching Hospitals NHS Trust

Board Summary - Workforce

Workforce

In February there was a decrease in the absence rate (5.7%) from January 2023 (6.5%) The rate for all Nursing and Midwifery staff group decreased from 8.0% in January to 6.3% in February. N.B This includes normal sickness and COVID19 sickness reasons.

Appraisal compliance in February has increased from January (85.6%) and remains above target. Mandatory training compliance has increased to 80.8% in February (80.4% in January).

Integrated Performance Report

Integrated Intelligence & Improvement Service

NHS St Helens and Knowsley Teaching Hospitals NHS Trust

Board Summary - Workforce

Workforce	Period	Score	Target	YTD	Benchmark	Trend
Appraisals	Feb-23	86.7%	85.0%	86.7%		
Mandatory Training	Feb-23	80.8%	85.0%	80.8%		
Sickness: All Staff Sickness Rate	Feb-23	5.7%	4.5%	6.4%	Top 10%	
Staffing: Turnover rate	Feb-23	0.7%		1.0%		

Integrated Performance Report

Integrated Intelligence & Improvement Service

St Helens and Knowsley Teaching Hospitals NHS Trust

Board Summary - Finance

Finance

Following resubmission of plans to support submission of an updated system wide plan in June 2022, the Trust has agreed a final 22/23 financial plan at a deficit of £4.9m, including a CIP target of £28.1m (5%), of which £6m was a stretch target asked to be delivered non recurrently by the ICS. As at Month 11 (February), the Trust has overachieved against plan by £8.4m YTD, delivering a YTD surplus of £2.2m.

Surplus/Deficit - At the end of Month 11, the Trust is reporting a surplus position of £2.2m, with £503.3m income and £501.1m expenditure year to date. This represents an improvement of £8.4m against the planned YTD deficit of £6.2m. Included within the financial position are non-recurrent benefits which are offsetting the non-achievement of National ERF, non-pay inflation pressures (excluding energy & PFI) and the pay award impact over and above funded levels. This non recurrent benefit equates to £9.4m YTD.

CIP - The Trust's final CIP target is £28.1m for financial year 2022/23, of which £22.1m is to be delivered recurrently and £6m non-recurrently, as agreed with C&M ICS. As at Month 11, these targets have been achieved and focus is now on development of 23/24 CIP schemes as part of the 23/24 financial planning process.

Cash - At the end of M11, the cash balance was £63.8m.

Capital - Capital expenditure for the year to date (including PFI lifecycle maintenance) totals £9.1m. Internally generated depreciation exceeds the 2022/23 capex plan. The plan has been agreed at ICS/ICB level, including PDC funding of £18.0m with £9.2m drawn down from DHSC.

Integrated Performance Report

Integrated Intelligence & Improvement Service

St Helens and Knowsley Teaching Hospitals NHS Trust

Board Summary - Finance

Finance	Period	Score	Target	YTD	Benchmark	Trend
Capital Spend £ 000's	Feb-23	1,200	26,100	9,100		
Cash Balances - Days to Cover Operating Expenses	Feb-23	27	10	27		
Reported Surplus/Deficit (000's)	Feb-23	2,229	-4,949	2,229		

Integrated Performance Report

Integrated Intelligence & Improvement Service

St Helens and Knowsley Teaching Hospitals NHS Trust

How to Interpret - Summary Table

Quality	Period	Score	Target	YTD	Benchmark
Mortality - HSMR	May-22	81.6	100	88.2	Top 20%
Friends and Family Test: % Recommended	Sep-22	93.9%	90.0%	94.8%	Bottom 50%
Nurse Fill Rates	Sep-22	93.7%		93.7%	
C.difficile	Sep-22	2	6	33	Bottom 50%
E.coli	Sep-22	10		38	Top 40%
Pressure Ulcers (Avoidable level 2+)	Aug-22	6		21	
Falls With Harm	Aug-22	4		23	
Stillbirths	Sep-22	0	0	0	
Hospital Associated Thrombosis (HAT)					
Complaints Responded In Agreed Timescale %	Sep-22	66.7%		71.6%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Aug-22	70.4%	75.0%	73.7%	Top 50%
Cancer 62 Days	Aug-22	76.0%	85.0%	82.4%	Top 10%
30 Minute Ambulance Breaches	Sep-22	418	0	2,200	
A&E Standard	Sep-22	47.3%	95.0%	47.3%	Top 30%
Average NEL LoS (excl Well Babies)	Sep-22	3.6		3.6	Top 20%
Average Number of Super Stranded Patients	Sep-22	155		135	
Discharges Before Noon	Sep-22	22.9%	33.0%	21.9%	
G&A Bed Occupancy	Sep-22	97.3%		97.3%	Bottom 10%
Patients Whose Operation Was Cancelled	Sep-22	1.1%	0.8%	1.0%	
RTT 18+	Sep-22	14,455	0	14,455	Top 50%
RTT 52+	Sep-22	2,424	0	2,424	Bottom 40%
% of E-discharge Summaries Sent Within 24 Hours	Sep-22	63.4%	90.0%	62.4%	
OP Letters to GP Within 7 Days	Sep-22	19.7%		19.6%	

Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	Sep-22	83.5%	85.0%	64.7%	
Mandatory Training	Sep-22	78.7%	85.0%	77.8%	
Sickness: All Staff Sickness Rate	Sep-22	5.9%	4.3%	6.4%	Top 10%
Staffing: Turnover rate	Sep-22	0.8%		1.1%	

Finance	Period	Score	Target	YTD	Benchmark
Capital Spend £ m YTD	Sep-22	500	26,100	4,300	
Cash Balances - Days to Cover Operating Expenses	Sep-22	28	10	28	
Reported Surplus/Deficit (000's)	Sep-22	-2,188	-4,949	-2,188	

The IPR is broken into four sections: **Quality**, **Operations**, **Workforce** and **Finance**.

Each section has a number of metrics underpinning it. In addition to the metric name, the summary table has the following columns:

- **Period** – this is the latest complete months data available for that metric
- **Score** – this is the performance for the month as defined by the 'Period'
- **Target** – this is the target, where applicable
- **YTD** – this is the performance for the Financial Year to Date (Apr to latest month as defined by the 'Period')
- **Benchmark** – where available this makes use of national YTD data to benchmark against other Trusts. For some metrics a low value is good (eg C.Difficile) and for others a high value is good (e.g. 62 day cancer %). Regardless of whether a low metric value is good or bad, the Top 10% represents where STHK are in the top 10% best performing Trusts for a given metric. The bottom 10% represents where STHK are in the 10% worst performing Trusts.

Metric Category Description - Quality

Quality Metrics

Mortality – HSMR (low score is good)
Hospital Standardised Mortality Ratio (HSMR) is a ratio of observed deaths to expected deaths. HSMR uses a basket of 56 diagnosis groups that nationally account for circa 80% of in-hospital deaths. A score of 100 means that the Trust has the same number of deaths as expected. A score of less than 100 means the Trust has less deaths than expected and a score of greater than 100 means STHK had more deaths than expected. Where the HSMR is greater than 100 but RAG rated amber – this means that although there were more deaths than expected it is not statistically. If HSMR is RAG rated red, this means that there is a statically significant higher number of deaths compared to expected levels.

Friends & Family Test: % Recommended (high score is good)
The inpatient Friends and Family test

Nurse Fill Rates (high score is good)
The Registered Nurse/Midwife Overall (combined day and night) Fill Rate

C.Difficile (low is good)
The number of hospital onset and community onset Clostridium Difficile cases.

E.Coli (low is good)
The number of Escherichia coli cases.

Pressure Ulcers (Avoidable level 2+) (low is good)
The number of avoidable hospital acquire pressure ulcers of grade 2 or higher

Falls with harm (low is good)
Number of falls in hospital resulting in either moderate harm, severe harm or death

Stillbirths (low is good)
Number of Stillbirths (death occurring during labour - intrapartum)

Hospital Associated Thrombosis (HAT) (low is good)
Number of cases of Hospital Associated Thrombosis

Complaints Responded in Agreed Timescales (high is good)
The percentage of new (Stage 1) complaints resolved in month within the agreed timescales

Integrated Performance Report

Metric Category Description - Operations

Operational Metrics

Cancer Faster Diagnosis Standard (high is good)
Percentage of patients having either cancer ruled out or diagnosis informed within 28 days of being referred urgently by their GP for suspected cancer.

Cancer 62 days (high is good)
Percentage of patients that have first treatment within 62 days of being referred urgently by their GP for suspected cancer.

30 Minute Ambulance Breaches (low is good)
Number of ambulance patients waiting over 30 minutes from arrival to handover

A&E Standard (high is good)
Type 1 (Whiston) A&E attendances: The percentage of attendances whose total time in ED was under 4 hours.

Average NEL LOS (excluding well babies) (low is good)
Average Non-Elective length of stay (excluding well babies)

Average Number of Super Stranded Patients (low is good)
The average number of patients in hospital whose length of stay is 21 days or more.

Discharges Before Noon (high is good)
The percentage of patients either discharged from the ward or transferred to the discharge lounge between 7am and noon. Please note this is only for patients with a length of stay of 1 day or more

G&A Bed Occupancy (low is good)
The percentage of General and Acute beds occupied

Patients Whose Operation Was Cancelled (low is good)
Percentage of operations cancelled at the last minute for non-clinical reasons. Last minute means on the day the patient was due to arrive, after the patient has arrived in hospital or on the day of the operation or surgery

RTT 18+ (low is good)
The number of patients waiting 18 weeks or more for treatment to commence from referral.

RTT 52+ (low is good)
The number of patients waiting 52 weeks or more for treatment to commence from referral.

% E Discharge Summaries Sent Within 24 Hours (high is good)
Percentage of inpatient E-Discharge summaries sent within 24 hours

OP Letters to GP Within 7 Days (high is good)
Percentage of outpatient E-attendance letters sent within 14 days

Metric Category Description - Workforce

Workforce Metrics

Appraisals (high is good)
Percentage of staff that have a valid appraisal

Mandatory Training (high is good)
Percentage of staff that are compliant with mandatory training

Sickness: All Staff Sickness Rate (low is good)
Percentage of WTE calendar days lost due to sickness

Staffing: Turnover Rate (low is good)
The in-month staff turnover rate

Metric Category Description - Finance

Finance Metrics

Capital Spend £M
Capital Spend £M

Cash Balances – Days to Cover Operating Expenses
Cash Balances – Days to Cover Operating Expenses

Reported Surplus/Deficit (000's)
Reported Surplus/Deficit (000's)

INTEGRATED PERFORMANCE REPORT

St Helens and Knowsley Teaching Hospitals NHS Trust

Paper No: NHST(23)020
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 February 2023. (YTD = 2).

There were no MRSA cases in February 2023. (YTD = 1).

There were 6 C. Difficile (CDI) positive cases reported in February 2023 (5 hospital onset and 1 community onset). (YTD = 51). Of the 51 cases, 38 have been reviewed at RCA panel, 22 cases were deemed unavoidable as no lapses in care. Two of the cases had previously been C. Diff positive. The annual tolerance for CDI for 2022-23 is 56.

The overall registered nurse/midwife Safer Staffing fill rate (combined day and night) for February 2023 was 97.5%. 2022-23 YTD rate is 93.8%.

During the month of January 2023 there were 4 falls resulting in severe harm or death category . (YTD severe harm or above category falls = 26).

There were no validated grade 3 hospital acquired pressure ulcer with lapse in care in January 2023. (YTD = 1).

Community incident reporting levels have increased to 91 in the month of January 2023 compared to 76 in the previous year 2022. 77 incidents were reported to be due to pressure skin damage, all classified as no harm.

YTD HSMR (April - November) for 2022-23 is 93.7

Corporate Objectives Met or Risk Assessed: Achievement of organisational objectives.
Financial Implications: The forecast for 22/23 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: G Lawrence
Date of Meeting: 29th March 2023

Operational Performance

Performance against the 62 day cancer standard was below the target of 85.0% in month (January 2023) at 79.0%. YTD 81.3%. The 31 day target was not achieved in January 2023 with 95.98% performance in month against a target of 96%, YTD 97.4%. The 2 week rule target was not achieved in January 2023 with 88.6% in month and 77.0% YTD against a target of 93%. The deterioration in performance for 2 week rule, is related to the significant increase in referrals, compared to the same period in 2019, resulting in capacity challenges.

Accident and Emergency Type 1 performance for February 2023 was 45.9% and YTD 46.6%. The all type mapped STHK Trust footprint performance for February 2023 was 69.8% and YTD 70.6%**.** The Trust saw average daily attendances of 313, which is up compared to January, at 287. Total attendances for February 2023 was 8,771.

Total ambulance turnaround time was not achieved in February 2023 with 43 mins on average. There were 1,846 ambulance conveyances (2nd busiest Trust in C+M and 4th in North West) compared with 1,996 in January 2023.

The UTC had 4,087 attendances in the month of January, compared to 4,989 in month of December. Overall, 97% of patients were seen and treated within 4 hours.

The average daily number of super stranded patients in February 2023 was 129 compared with 140 in January. 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 January 2023 with 61.7% compliance and YTD 61.7% (Target 92%). Performance in December 2022 was 62.8%. There were (2,648) 52+ week waiters. The 6 week diagnostic target was not achieved in February 2023 with 72.6% compliance. (Target 99%). Performance in January 2023 was 63.2%.

There was a slight increase in referrals received within the District Nursing Service in January however, the levels are still within average range (515 in January 2023 compared to 486 in December). The overall caseload size has remained static at 1,255. January saw a Community matron caseload of 131, compared to 132 in December. Work has been undertaken with individual PCNs to look at a collaborative approach to patient care.

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

Following resubmission of plans to support submission of an updated system wide plan in June 2022, the Trust has agreed a final 22/23 financial plan at a deficit of £4.9m, including a CIP target of £28.1m (5%), of which £6m was a stretch target asked to be delivered non recurrently by the ICS. As at Month 11 (February), the Trust has overachieved against plan by £8.4m YTD, delivering a YTD surplus of £2.2m.

Surplus/Deficit - At the end of Month 11, the Trust is reporting a surplus position of £2.2m, with £503.3m income and £501.1m expenditure year to date. This represents an improvement of £8.4m against the planned YTD deficit of £6.2m. Included within the financial position are non-recurrent benefits which are offsetting the non-achievement of National ERF, non-pay inflation pressures (excluding energy & PFI) and the pay award impact over and above funded levels. This non recurrent benefit equates to £9.4m YTD.

CIP - The Trust's final CIP target is £28.1m for financial year 2022/23, of which £22.1m is to be delivered recurrently and £6m non-recurrently, as agreed with C&M ICS. As at Month 11, these targets have been achieved and focus is now on development of 23/24 CIP schemes as part of the 23/24 financial planning process.

Cash - At the end of M11, the cash balance was £63.8m.

Capital - Capital expenditure for the year to date (including PFI lifecycle maintenance) totals £9.1m. Internally generated depreciation exceeds the 2022/23 capex plan. The plan has been agreed at ICS/ICB level, including PDC funding of £18.0m with £9.2m drawn down from DHSC.

Human Resources

In February there was a decrease in the absence rate (5.7%) from January 2023 (6.5%) The rate for all Nursing and Midwifery staff group decreased from 8.0% in January to 6.3% in February. N.B This includes normal sickness and COVID19 sickness reasons.

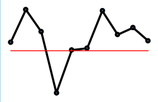
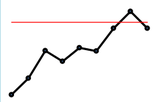
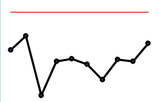
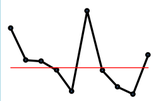
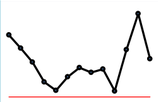
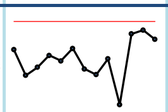
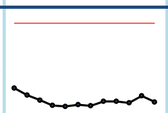
Appraisal compliance in February has increased from January (85.6%) and remains above target. Mandatory training compliance has increased to 80.8% in February (80.4% in January).

The following key applies to the Integrated Performance Report:

▲ = 2022-23 Contract Indicator
▲£ = 2022-23 Contract Indicator with financial penalty
● = 2022-23 CQUIN indicator
T = Trust internal target
UOR = Use of Resources

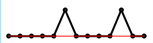
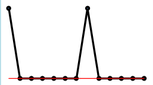
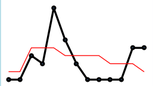
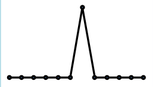
Jan-23

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2022-23 YTD	2022-23 Target	2021-22	Trend	Issue/Comment	Risk	Management Action	Exec Lead
CLINICAL EFFECTIVENESS (appendices pages 32-38)												
Mortality: Non Elective Crude Mortality Rate	Q	T	Feb-23	2.2%	2.4%	No Target	2.6%		HSMR under expected values in all domains	Patient Safety and Clinical Effectiveness	The current HSMR is within expected limits. We continue to independently benchmark performance using CRAB data. Specific conditions which have shown higher than expected mortality are reviewed via the LFD Group	PW
Mortality: SHMI (Information Centre)	Q	▲	Oct-22	1.03		1.00						
Mortality: HSMR (HED)	Q	▲	Nov-22	99.4	93.7	100.0	96.9					
Mortality: HSMR Weekend Admissions (emergency) (HED)	Q	T	Nov-22	104.0	103.2	100.0	105.9					
Readmissions: 30 day Relative Risk Score (HED)	Q UOR	T	Oct-22	98.9	96.7	100.0	93.1		The trust historically has a relatively high percentage of readmissions, but when adjusted for 'expected' falls within national norms.	Patient experience, operational effectiveness and financial penalty for deterioration in performance	Performance remains within expected range.	PW
Length of stay: Non Elective - Relative Risk Score (HED)	F&P	T	Nov-22	89.4	82.0	100.0	88.6		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	Nov-22	104.4	100.1	100.0	103.9					
% Medical Outliers	F&P	T	Feb-23	2.1%	1.9%	1.0%	2.1%		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	Feb-23	43.8%	34.2%	52.5%	46.8%		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	▲	Jan-23	63.0%	62.8%	90.0%	74.3%		IP discharge summaries - remain challenging and detailed work has gone on to identify key areas of challenge. The IT team has been involved to find a sustainable solution particularly in A&E. OP attendance letters - deterioration reflects staff sickness, increased activity pressures and IT licensing issues which have caused a backlog in typing. Action plan is in place with operational colleagues. Urgent letters are prioritised and typed within 24h of dictation.		Inpatients - 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. Outpatients - Issues identified within admin and IT capacity with work ongoing with IT and Admin teams to resolve.	PW
E-Discharge: % of E-attendance letters sent within 14 days (Outpatients) - TOTAL	Q	▲	Jan-23	31.1%	29.8%	95.0%	65.2%					
E-Discharge: % of A&E E-attendance summaries sent within 24 hours (A&E) - TOTAL	Q	▲	Jan-23	97.5%	97.9%	95.0%	97.2%					

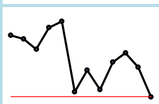
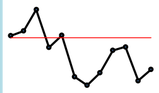
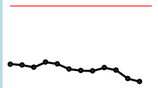
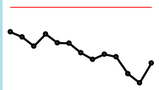
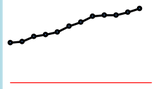
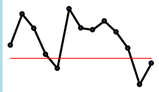
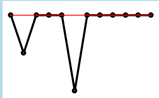
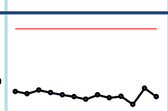
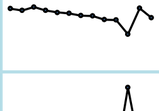
Jan-23

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2022-23 YTD	2022-23 Target	2021-22	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	▲	Q3	86.9%	87.3%	83.0%	84.8%		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	▲ £	Feb-23	0	2	0	1		RCA in progress	Quality and patient safety	Improvement actions in place based upon immediate review findings.	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	Feb-23	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.	PW
Number of hospital onset and community onset MRSA	Q F&P	▲ £	Feb-23	0	1	0	2		There were no MRSA cases in February 2023. (YTD = 1). There were 6 C. Difficile (CDI) positive cases reported in February 2023 (5 hospital onset and 1 community onset). (YTD = 51). Of the 51 cases, 38 have been reviewed at RCA panel, 22 cases were deemed unavoidable as no lapses in care. Two of the cases had previously been C. Diff positive. The annual tolerance for CDI for 2022-23 is 56. Internal RCAs on-going with more recent cases of C. Diff.	Quality and patient safety	The annual tolerance for CDI for 2022-23 is 56. Improvement actions in place and completed based upon RCA .	SR
Number of hospital onset and community onset C Diff	Q F&P	▲ £	Feb-23	6	51	56	32					
Number of hospital onset and community onset Methicillin Sensitive Staphylococcus Aureus (MSSA)	Q F&P		Feb-23	3	40	No Target	49					
Number of avoidable hospital acquired pressure ulcers (Grade 3 and 4)	Q	▲	Jan-23	0	1	No Contract target	2		1 validated category 3 pressure ulcer with lapse in care YTD, reported from Ward 1A in August 2022.	Quality and patient safety	Improvement actions in place and completed based upon RCA findings from reported pressure ulcer incident and learning.	SR
Number of falls resulting in severe harm or death	Q	▲	Jan-23	4	26	No Contract target	22		4 falls resulting in severe harm category in January 2023 (Ward 2B, ED and 2 x Bevan 2).	Quality and patient safety	Focussed falls reduction and improvement work in all areas being undertaken. Additional support provided to ward.	SR
Number of cases of Hospital Associated Thrombosis (HAT)		T	Feb-22			No Target	26			Quality and patient safety	We continue to emphasise the importance of thrombosis prevention. All cases of HAT reviewed. Appropriate prescribing and care identified. eVTE assessment tool paused following withdrawal of electronic medical proforma in ED. Work ongoing with ED and AMU teams to ensure correct completion of paper proforma.	PW
To achieve and maintain CQC registration	Q		Feb-23	Achieved	Achieved	Achieved	Achieved		Through the Quality Committee and governance councils the Trust continues to ensure it meets CQC standards. Trust rated as outstanding following the 2018 inspection.	Quality and patient safety		SR
Safe Staffing: Registered Nurse/Midwife Overall (combined day and night) Fill Rate	Q	T	Feb-23	97.5%	93.8%	No Target	92.1%		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	Feb-23	1	17	No Target	30					

Jan-23

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2022-23 YTD	2022-23 Target	2021-22	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	▲ £	Jan-23	88.6%	77.0%	93.0%	84.6%		2WW referrals remain high. This has been accepted as the new norm. Capacity remains a challenge due to increased demand, staff sickness and vacancies and increasing patient cancellations.	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.Cancer surgical Hub at St Helens 5. ESCH plans reignited 6. FDP Programme progressing; plan to resubmit revenue bid to CDC 7. Cancer Specific PTL supporting to expedite delays prior to patient breaches 8. Work with PLACE to utilise A&G as first line to prevent referrals into organisation on incorrect pathways	RC
Cancer: 31 day wait for diagnosis to first treatment - all cancers	F&P	▲ £	Jan-23	95.98%	97.4%	96.0%	98.3%					
Cancer: 62 day wait for first treatment from urgent GP referral to treatment	F&P	▲ ●	Jan-23	79.0%	81.3%	85.0%	85.2%					
18 weeks: % incomplete pathways waiting < 18 weeks at the end of the period	F&P	▲	Jan-23	61.7%	61.7%	92.0%	68.2%		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, but staff sickness, vacancies and increasing demand are impacting on ability to deliver.	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. Urgent, cancers and long waiters remain the priority patients for surgery at Whiston with application of P-codes effectively implemented.	RC
18 weeks: % of Diagnostic Waits who waited <6 weeks	F&P	▲	Feb-23	72.6%	76.0%	99.0%	78.4%					
18 weeks: Number of RTT waits over 52 weeks (incomplete pathways)	F&P	▲	Jan-23	2,648	2,648	0	1,461					
Cancelled operations: % of patients whose operation was cancelled	F&P	T	Feb-23	0.8%	0.9%	0.8%	0.82%		Achievement of target in February. Underperformance YTD has been due to staff sickness/absence and medical NEL pressures. 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	▲ £	Jan-23	100.0%	99.5%	100.0%	99.8%					
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	▲	Feb-23	45.9%	46.6%	95.0%	55.8%		Accident and Emergency Type 1 performance for February 2023 was 45.9% and YTD 46.6%. The all type mapped STHK Trust footprint performance for February 2023 was 69.8% and YTD 70.6%. The Trust saw average daily attendances of 313, which is up compared to January, at 287. Total attendances for February 2023 was 8,771. Total ambulance turnaround time was not achieved in February 2023 with 43 mins on average. There were 1,846 ambulance conveyances (2nd busiest Trust in C+M and 4th in North West) compared with 1,996 in January 2023.	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	▲	Feb-23	69.8%	70.6%	95.0%	77.1%					
A&E: 12 hour trolley waits	F&P	▲	Feb-23	0	24	0	0					

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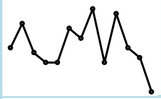
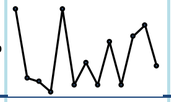
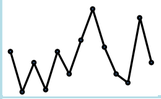
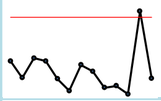
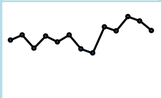
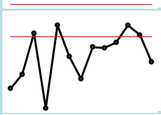
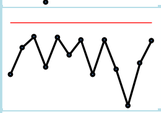
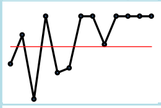
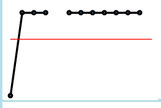
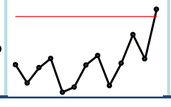
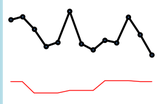
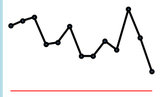
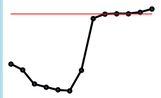
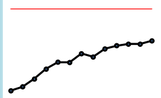
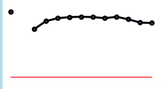
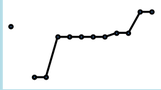
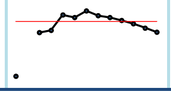
CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2022-23 YTD	2022-23 Target	2021-22	Trend	Issue/Comment	Risk	Management Action	Exec Lead
PATIENT EXPERIENCE (continued)												
MSA: Number of unjustified breaches	F&P	▲ £	Feb-23	0	0	0	0		Return commenced again from October 2021	Patient Experience		RC
Complaints: Number of New (Stage 1) complaints received	Q	T	Feb-23	7	176	No Target	254		Decrease in the number of new complaints received in the last three months and % new (Stage 1) complaints resolved within agreed timescales remains 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. The timescale for responding has been reduced to 100 days, as interim measure to reduce further to 60 day response times. Additional temporary resources remain in place to increase response rates within the Medical Care Group .	SR
Complaints: New (Stage 1) Complaints Resolved in month	Q	T	Feb-23	24	201	No Target	268					
Complaints: % New (Stage 1) Complaints Resolved in month within agreed timescales	Q	T	Feb-23	75.0%	76.6%	No Target	79.5%					
DTOC: Average number of DTOCs per day (acute and non-acute)	Q	T	Feb-20			No Target			**March 20 to February 23 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	Feb-23	355	358		317					
Average number of Super Stranded patients per day (21+ days LoS)	Q	T	Feb-23	129	133		108					
Friends and Family Test: % recommended - A&E	Q	▲	Feb-23	78.4%	79.0%	90.0%	79.0%		Recommendation rates remain above target for inpatients and postnatal areas, but below target for the remaining. The rates remain fairly consistent with previous months.	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.	SR
Friends and Family Test: % recommended - Acute Inpatients	Q	▲	Feb-23	95.8%	95.4%	90.0%	95.7%					
Friends and Family Test: % recommended - Maternity (Antenatal)	Q		Feb-23	93.8%	95.3%	98.1%	95.6%					
Friends and Family Test: % recommended - Maternity (Birth)	Q	▲	Feb-23	94.9%	92.6%	98.1%	93.3%					
Friends and Family Test: % recommended - Maternity (Postnatal Ward)	Q		Feb-23	100.0%	96.8%	95.1%	95.4%					
Friends and Family Test: % recommended - Maternity (Postnatal Community)	Q		Feb-23	N/A	100.0%	98.6%	97.7%					
Friends and Family Test: % recommended - Outpatients	Q	▲	Feb-23	95.1%	94.1%	95.0%	93.8%					

Jan-23

CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	Committee		Latest Month	Latest month	2022-23 YTD	2022-23 Target	2021-22	Trend	Issue/Comment	Risk	Management Action	Exec Lead
WORKFORCE (appendices pages 54-61)												
Sickness: All Staff Sickness Rate	Q F&P UOR	▲	Feb-23	5.7%	6.4%	Q1 - 4.25% Q2 - 4.35% Q3 - 4.72% Q4 - 4.68%	7.0%		In February there was a decrease in the absence rate (5.7%) from January 2023 (6.5%) The rate for all Nursing and Midwifery staff group decreased from 8.0% in January to 6.3% in February. N.B This includes normal sickness and COVID19 sickness reasons.	Quality and Patient experience due to reduced levels staff, with impact on cost improvement programme.	There's sustained effort in relation to good absence management practices. Employees who are absent from work due to sickness are contacted regularly to provide them with appropriate support and advice. Meaningful discussions take place between employees and managers during the absence and when employees return to work in the form of welfare, return-to-work, and attendance review meetings. Where applicable, referral to occupational health is undertaken and reasonable adjustments implemented. Training is offered to new & existing managers as required. There is a bi-weekly review of Trust absences by the HR Team and the Health, Work and Wellbeing Clinical Lead. Trends are monitored and management referrals analysed in order to provide targeted support to areas as needed.	AMS
Sickness: All Nursing and Midwifery (Qualified and HCAs) Sickness Ward Areas	Q F&P UOR	T	Feb-23	6.3%	7.9%	5.3%	9.6%					
Staffing: % Staff received appraisals	Q F&P	T	Feb-23	86.7%	86.7%	85.0%	65.9%		Appraisal compliance in February has increased from January (85.6%) and remains above target. Mandatory training compliance has increased to 80.8% in February (80.4% in January).	Quality and patient experience, Operational efficiency, Staff morale and engagement.	Appraisal compliance has increased again in month and is above target. Mandatory training has improved slightly but remains just below the 85% target. Recovery actions continue to be delivered and monitored through People Council and Executive Committee, with particular focus on the Medical and Dental workforce and clinical fire safety.	AMS
Staffing: % Staff received mandatory training	Q F&P	T	Feb-23	80.8%	80.8%	85.0%	74.7%					
NHS National Quarterly Pulse Survey : % recommended Care	Q	▲	Q2 2022-23	66.8%					The Q3 NQPS is superseded by the annual National Staff Survey that takes place in Q3. The figures for this have not yet been released other than under embargo and cannot yet be reported in IPR. The Q2 figures remain the latest NQPS results.	Staff engagement, recruitment and retention.	Following publication of the Q3 survey (Annual Staff Survey) data on 9th March, papers will be presented to the Trust Board and Strategic People Committees on findings and resultant actions.	AMS
NHS National Quarterly Pulse Survey : % recommended Work	Q	▲	Q2 2022-23	50.6%								
Staffing: Turnover rate	Q F&P UOR	T	Feb-23	0.7%		No Target	14.0%		Staff turnover remains stable and below the national average of 14%.			AMS
FINANCE & EFFICIENCY (appendices pages 62-67)												
UORR - Overall Rating	F&P UOR	T	Feb-23	Discontinued	Discontinued	N/A			The Trust financial position contains non-recurrent savings of £5.7m which are supporting delivery of the plan. The non recurrent savings are offsetting the non delivery of National ERF and increased inflation pressures (excluding energy and PFI) above funded levels. The capital plan includes external funding that has still not yet been received by the Trust.	Non-recurrent benefits will impact the underlying position of the Trust going into next financial year. Delays in the capital being received could impact the delivery of the capital programme.	The Trust will continue to liaise with the ICS so that they are fully aware of the non recurrent support within the Trust. The Trust is liaising with National supply chain who are working on plans to minimise inflation impacts. The Trust continues to do all preparatory work to ensure there will be no slippage in the capital programme.	GL
Progress on delivery of CIP savings (000's)	F&P	T	Feb-23	28,100	28,100	28,100						
Reported surplus/(deficit) to plan (000's)	F&P UOR	T	Feb-23	2,229	2,229	(4,949)						
Cash balances - Number of days to cover operating expenses	F&P	T	Feb-23	27	27	10						
Capital spend £ YTD (000's)	F&P	T	Feb-23	9,100	9,100	26,100						
Financial forecast outturn & performance against plan	F&P	T	Feb-23	7,051	7,051	(4,949)						
Better payment compliance non NHS YTD % (invoice numbers)	F&P	T	Feb-23	93.2%	93.2%	95.0%						

APPENDIX A

NHS St Helens and Knowsley Teaching Hospitals NHS Trust

			Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	2022-23 YTD	2022-23 Target	FOT	2021-22	Trend	Exec Lead
Cancer 62 day wait from urgent GP referral to first treatment by tumour site																					
Breast	% Within 62 days	▲ £	89.5%	100.0%	100.0%	93.1%	83.3%	100.0%	100.0%	100.0%	88.0%	81.8%	100.0%	100.0%	100.0%	94.2%	85.0%		96.0%		
	Total > 62 days		1.0	0.0	0.0	1.0	2.0	0.0	0.0	0.0	1.5	2.0	0.0	0.0	0.0	6.5			6.0		
	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			0.5		
Lower GI	% Within 62 days	▲ £	81.0%	80.0%	86.7%	90.5%	76.5%	79.3%	65.2%	83.3%	42.9%	66.7%	66.7%	57.1%	44.4%	68.8%	85.0%		79.7%		
	Total > 62 days		2.0	1.0	1.0	1.0	2.0	3.0	4.0	2.0	4.0	1.0	1.0	6.0	5.0	29.0			24.5		
	Total > 104 days		0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	2.0	0.0	0.0	2.0	2.0	7.0			4.0		
Upper GI	% Within 62 days	▲ £	100.0%	100.0%	36.4%	90.0%	84.6%	100.0%	85.7%	70.0%	75.0%	80.0%	93.8%	71.4%	83.3%	82.9%	85.0%		83.2%		
	Total > 62 days		0.0	0.0	3.5	0.5	1.0	0.0	1.0	1.5	1.0	1.0	0.5	2.0	1.0	9.5			9.5		
	Total > 104 days		0.0	0.0	1.0	0.5	0.0	0.0	0.0	0.5	1.0	0.0	0.5	1.0	1.0	4.5			3.0		
Urological	% Within 62 days	▲ £	65.3%	88.0%	93.9%	90.0%	81.0%	79.2%	78.1%	85.0%	73.1%	83.3%	78.2%	87.9%	75.6%	79.5%	85.0%		80.5%		
	Total > 62 days		8.5	1.5	1.0	1.5	4.0	2.5	3.5	1.5	3.5	2.5	6.0	2.0	5.5	32.5			32.5		
	Total > 104 days		0.0	0.5	0.0	0.0	0.0	0.5	1.5	0.5	1.5	1.0	0.0	0.0	0.5	5.5			4.0		
Head & Neck	% Within 62 days	▲ £	100.0%	0.0%	50.0%	16.7%	0.0%	44.4%	0.0%	25.0%	0.0%	0.0%	0.0%	66.7%	42.9%	19.0%	85.0%		24.4%		
	Total > 62 days		0.0	1.0	1.0	2.5	3.5	2.5	1.5	1.5	1.5	4.5	3.5	0.5	2.0	23.5			15.5		
	Total > 104 days		0.0	0.0	0.0	0.0	2.0	0.5	0.0	0.5	1.0	2.0	1.5	0.5	1.0	9.0			2.0		
Sarcoma	% Within 62 days	▲ £				100.0%							100.0%	0.0%	100.0%	71.4%	85.0%		100.0%		
	Total > 62 days					0.0							0.0	1.0	0.0	1.0			0.0		
	Total > 104 days					0.0							0.0	0.0	0.0	0.0			0.0		
Gynaecological	% Within 62 days	▲ £	100.0%	37.5%	60.0%	75.0%	66.7%	100.0%	45.5%	25.0%	50.0%	75.0%	80.0%	0.0%	0.0%	54.5%	85.0%		67.3%		
	Total > 62 days		0.0	5.0	2.0	1.0	2.0	0.0	3.0	4.5	1.0	1.0	0.5	1.0	1.0	15.0			17.0		
	Total > 104 days		0.0	1.5	1.0	1.0	0.0	0.0	2.0	0.0	0.0	0.0	0.5	0.0	0.0	3.5			2.5		
Lung	% Within 62 days	▲ £	64.3%	76.9%	55.6%	50.0%	92.3%	69.6%	30.8%	64.7%	66.7%	85.7%	70.6%	36.4%	77.8%	66.9%	85.0%		77.2%		RC
	Total > 62 days		2.5	1.5	2.0	1.5	0.5	3.5	4.5	3.0	1.5	1.5	2.5	3.5	1.0	23.0			18.0		
	Total > 104 days		0.5	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.5	0.0	0.0	1.5	1.0	4.0			1.5		
Haematological	% Within 62 days	▲ £	100.0%	100.0%	0.0%	100.0%	100.0%	75.0%	75.0%	69.2%	0.0%	80.0%	75.0%	60.0%	60.0%	69.7%	85.0%		60.5%		
	Total > 62 days		0.0	0.0	2.0	0.0	0.0	1.0	2.0	2.0	1.0	0.5	1.0	2.0	2.0	11.5			17.0		
	Total > 104 days		0.0	0.0	1.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0	0.0	0.0	0.0	2.0			5.0		
Skin	% Within 62 days	▲ £	92.9%	93.4%	100.0%	97.7%	93.4%	95.5%	86.9%	79.7%	92.8%	90.3%	92.3%	86.7%	90.5%	90.6%	85.0%		93.3%		
	Total > 62 days		3.0	2.0	0.0	1.0	2.5	1.5	5.5	7.5	2.5	5.5	3.0	5.0	3.5	37.5			29.5		
	Total > 104 days		0.0	0.0	0.0	0.0	1.0	1.0	2.0	0.0	0.0	0.5	1.0	1.5	2.0	9.0			1.5		
Unknown	% Within 62 days	▲ £	100.0%	100.0%		100.0%		100.0%	100.0%	100.0%	100.0%			100.0%		100.0%	85.0%		88.2%		
	Total > 62 days		0.0	0.0		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		
All Tumour Sites	% Within 62 days	▲ £	83.4%	85.4%	86.3%	90.3%	83.2%	85.4%	77.6%	76.0%	78.4%	82.6%	83.3%	76.9%	79.0%	81.3%	85.0%		85.2%		
	Total > 62 days		17.0	12.0	12.5	10.0	17.5	14.0	25.0	23.5	17.5	19.5	18.0	23.0	21.0	189.0			170.5		
	Total > 104 days		0.5	2.0	3.0	1.5	3.0	3.0	7.5	2.5	6.0	3.5	3.5	6.5	7.5	44.5			24.0		
Cancer 31 day wait from urgent GP referral to first treatment by tumour site (rare cancers)																					
Testicular	% Within 31 days	▲ £			100.0%	66.7%	100.0%	100.0%			0.0%		100.0%	100.0%		80.0%	85.0%		100.0%		
	Total > 31 days				0.0	1.0	0.0	0.0			1.0		0.0	0.0		2.0			0.0		
	Total > 104 days				0.0	0.0	0.0	0.0			0.0		0.0	0.0		0.0			0.0		
Acute Leukaemia	% Within 31 days	▲ £							100.0%					100.0%		100.0%	85.0%				
	Total > 31 days								0.0					0.0		0.0					
	Total > 104 days								0.0					0.0		0.0					
Children's	% Within 31 days	▲ £															85.0%				
	Total > 31 days																				
	Total > 104 days																				

St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Board

Paper No: NHST(23)021
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 February 2023. There were four Executive Committee meetings held during this period. New investment decisions were made during this period were: • Transaction/Integration planning in relation to IT and HR • Lilac Centre nurse staffing business case At each meeting the committee discussed the actions taken to support the Southport and Ormskirk Agreement for Long Term Collaboration and preparation for the proposed transaction.
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: 29th March 2023

CHAIR'S REPORT FROM THE EXECUTIVE COMMITTEE

1. Introduction

There were four Executive Committee meetings held during February 2023.

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

2. 2nd February 2023

2.1 Payroll Service Business Opportunities

The Deputy CEO/Director of HR introduced a paper detailing two new opportunities to expand the payroll service, one in Cheshire and Merseyside and one in another region. The committee approved the proposal to enter negotiations to explore both opportunities, based on a minimum price per payslip that would be financially viable.

2.2 Disclosure and Barring Service Policy

The Deputy CEO/Director of HR presented proposals to amend the current approach to 3 yearly DBS checks for staff in "high risk" areas. In line with many other organisations who were reviewing their processes, it had been recognised the DBS checks only provided a snap shot of a particular point in time. In addition, professional staff already had an obligation to declare any convictions. The proposed alternative was an annual declaration for all staff except directors (because of the FPPT requirements).

It was agreed that legal advice would be sought to establish if this approach would meet the Trust's statutory obligations.

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

The Director of Informatics presented a business case detailing the IT actions and costs necessary for the new trust to function, including network links and a URL. The case was approved.

The Deputy CEO/Director of HR presented a business case for temporary additional capacity to support the TUPE process, ahead of the transaction and resources to establish a shared website for staff at both trusts. The case was approved.

The committee discussed the letter received from NHSE and the Cheshire and Merseyside ICB in relation to the transaction financial agreement. Deputy CEO/Director of HR reported that S&O were experiencing the same operational pressures as STHK and other trusts across the country.

The Director of Corporate Services presented the Transaction Programme Group progress report, for the pre-day 1 work streams.

2.4 Trust Board Agendas

The Director of Corporate Services presented the draft Trust Board agendas for the February meetings, which were agreed.

2.5 12 hour breaches

The Managing Director gave a presentation on 12 hour breaches in ED. The definition of a 12 hour breach was from the decision to admit (DTA), this was not the same as the total amount of time a patient could spend in the ED department. There had been no 12 hour DTA breaches from April – September 2022 but from October 2022 to January 2023 there had been 17. There was a comprehensive breach identification and validation process in place, which aligned to national guidance. For every breach a harm review is conducted by the ED Quality Matron which showed no harm had occurred to these patients because of the breach. There were clear protocols for clinical review in the ED, so that patients were seen and received treatment in the department, where the decision to admit had been made but no bed was available. Harm reviews were also conducted for all patients who were impacted by the congestion and delays in ED caused by winter pressures, to increase learning and continue to provide the best possible care in the circumstances.

2.6 International Recruitment Submission

The proposal set out the recommendation for the number of international nurse placements the Trust should bid for as part of the 2023/24 ICS programme. Given the Trust's Practice Education Facilitator (PEF) capacity and training facilities it was agreed to submit a bid for 50 international nurses.

2.7 Estates

The Director of Corporate Services provided a briefing to the committee on the initial findings of the end of construction liability period defects report that had been commissioned by New Hospitals, which were undergoing further investigation with Vinci FM and Vinci Construction. A further report would be presented once these investigations had been completed.

2.8 Industrial Action

The Medical Director provided an update on the results of the Junior Doctors ballot for industrial action. The action was likely to take the form of a 72 hour walk out with no derogations.

3. 9th February 2023

3.1 Learning Disability and Autism Training

The Director of Nursing, Midwifery and Governance introduced a proposal to include Learning Disability and Autism awareness as part of mandatory training to comply with the requirements of the Health and Care Act 2022. The training requirement is a one off and there is an E-Learning basic awareness package available, developed by Oliver McGowan's family. Specialist learning disability staff would be required to complete a higher level of training. The proposal was agreed.

3.2 Lilac Centre Staffing Business Case

The Managing Director introduced the business case for additional staffing to support the growth in activity at the Lilac Centre. There had been a sustained growth in demand and complexity of patients able to be treated at the Lilac Centre. The additional staffing requested would also enable the service to operate 6 days a week. It was noted that some of the non-pay costs, such as equipment would be provided by Clatterbridge Cancer Centre as part of the SLA. The business case detailed the additional staffing requirements to meet the increase in demand predicted in 2023/24, including chemotherapy nurses, support staff and an additional counsellor. The business case was approved.

3.3 Patient Safety Incident Response Framework Business Case

The Director of Nursing Midwifery and Governance introduced the paper which detailed the capacity and capability needed for the trust to be able to deliver the requirements of the new Patient Safety Incident Response Framework (PSIRF) which would come into effect in September 2023. There had been joint working with S&O colleagues to coordinate the option appraisal and implementation and training approach for PSIRF. It was agreed that the infrastructure to deliver PSIRF needed to be included in the transaction planning for the integrated structure.

3.4 Urgent Care Advanced Practitioner – Training Programme

The Managing Director introduced a proposal to submit a bid to Health Education England for funds to expand the Urgent Care Advanced Practitioner training programme to 12. This was an attractive career development option for nurses wishing to develop into senior clinical roles and would assist in retaining staff within the Trust. The proposal was approved.

3.5 Local Clinical Excellence Awards – 2022/23

The Deputy CEO/Director of HR presented proposals for the distribution of the 2022/23 Local Clinical Excellence Awards (LCEA) fund. In line with other Trusts and in agreement with the LNC and recognising the continued recovery from the impact of COVID-19, the proposal was for the LCEA pot to be distributed equally among eligible consultants as a one – off, non-consolidated, non-pensionable payment. This approach was supported.

It was also agreed that from 2023/24 eligibility criteria for consideration for a LCEA would include being up to date with all mandatory training.

3.6 Lead Employer Business Development Opportunity

The Deputy CEO/Director of HR briefed the committee on a potential opportunity to increase the Lead Employer contract portfolio. Based on the financial modelling the committee supported the proposal to bid for the contract.

3.7 Green Plan – Year one progress report

The Director of Corporate Services presented a summary of the progress that had been made in delivering the year 1 objectives of the Trust's green plan.

There had been a 21.2% reduction in the carbon footprint during 2022 against the 2008 baseline. Much of the reduction had been delivered by working with utility suppliers and the supply chain.

Year 2 objectives included increasing the use of solar power and increasing the % of waste that could be recycled. Work also continued with clinical colleagues to trial ways of reducing the use of anaesthetic gases and preventing them from releasing carbon dioxide into the atmosphere.

3.8 Coronation Bank Holiday

Committee approved proposals to recognise the King Charles III coronation on 8th May 2023 as an additional bank holiday for the purposes of pay and conditions. There would be an impact on planned activity that would also need to be factored into operational plans.

3.9 Electronic Patient Record (EPR) Procurement - Memorandum of Understanding (MoU)

The Director of Informatics presented the MoU for the collaborative procurement of an EPR with Warrington and Halton Hospitals NHSFT, S&O and STHK. Each partner Trust was taking the MoU through its internal governance structure and then had to be submitted to NHS Digital to support access to the Frontline Digital Maturity funding. The MoU was approved.

3.10 Integrated Performance Report (IPR)

The Director of Finance and Information presented the IPR for February and committee agreed the changes to the commentary.

3.11 Draft 2023/24 Financial Plan

The Director of Finance and Information provided an update on financial planning, including the risks. The first submission had been made with a 11% deficit predicted but following mitigation it was now expected that the deficit could be reduced for the 2nd submission. The ICB was coordinating the planning at system level and the target was for Cheshire and Merseyside to achieve a breakeven position.

3.12 Southport and Ormskirk Hospital NHS Trust – Transaction

The Director of Corporate Services provided feedback from the Transaction Board.

Plans for a formal engagement programme in relation to the proposed new trust name were agreed.

The committee agreed arrangements to prepare for the Challenge Board to Board meeting.

Committee reviewed and agreed proposals for the corporate governance structure for the new Trust, and the transition plans.

The Deputy CEO/Director of HR briefed the committee on the TUPE consultation and process for S&O staff. All S&O staff had now been sent a letter explaining the TUPE process.

4. 16th February 2023

4.1 People Strategy

The Deputy CEO/Director of HR presented the draft strategy, and some amendments were agreed. The strategy would be presented to the Board for approval in February.

4.2 Mandatory Training and Appraisal Compliance

The Deputy CEO/Director of HR presented the compliance figures for January 2023. Appraisal compliance had now increased to 86%, and the target was being achieved. Mandatory training compliance remained at 80%, but there was a small improvement in compliance for Medical and Dental staff.

The Medical Director is engaging with clinicians to understand the barriers to completing the mandatory training. All directors agreed to continue to focus on improving the compliance levels for staff in their areas of responsibility.

4.3 Risk Management Council & Corporate Risk Register Report

There had been no new risks escalated to the corporate risk register in January. Three policies had been reviewed and the changes were approved.

The Risk Management Council had received a chair's assurance report from the Claims Governance Group.

4.4 Birth Rate Plus – Maternity Staffing Report

The Director of Nursing, Midwifery and Governance supported by the Head of Midwifery presented the findings of the maternity staffing review that had been undertaken by Birth Rate Plus. The assumptions and methodology for the calculations were explained and the findings showed that broadly the staffing was sufficient but there were some changes that had been recommended in specific areas. The report would be used to inform a business case for the changes in staffing.

4.5 Quality Account – Quality Improvement Priorities for 2023/24

The Director of Nursing, Midwifery and Governance introduced the paper which summarised the progress in achieving the 2022/23 quality priorities, which had been incorporated into the Trust's annual objectives, and the engagement that had been undertaken with S&O to ensure the proposals for 2023/24 were aligned.

Committee agreed the suggested quality improvement priorities for consultation with stakeholders and the final proposals would be incorporated into the Quality Account and the Trust objectives for 2023/24.

5. 23rd February 2023

5.1 Health Inequalities Dashboard

The Director of Integration facilitated a live demonstration of the inequalities dashboard, which enabled analysis of patient demographics at the point of healthcare delivery and can be stratified by age, ethnicity, deprivation and the correlation with attendance, referrals, waiting times and DNA rates for first and follow up appointments. Areas for further exploration and development were identified.

5.2 Place Partnership Update

The Director of Integration provided an update from each of the Place Based Partnerships where the trust was a partner.

St Helens had held a start of the year conference which had detailed 4 pillars of ambition for 2023/24.

Knowsley and Halton had both commenced the 2023/24 planning process.

A stock take was being performed for each Place by the ICB, to identify funding commitments.

5.3 Patient Letter Delays

The Medical Director reported on the harm reviews undertaken for patients who had been impacted by the IT fault which meant actions from letters were not being transferred to careflow. The issue had been resolved and further failsafes put in place to prevent a recurrence. All the harm reviews had been completed. 4 patients had experienced a slight delay in treatment but had not suffered physical detriment as a result. A further 9 patients had been recalled to attend clinic so that the impact of the short delays could be assessed.

When all patients had been reviewed a final report would be presented to the committee.

5.4 Junior Doctors Planned Industrial Action

The Medical Director advised that a 72 hour period of industrial action in mid- March was expected and would impact all doctors below consultant level. Committee discussed the contingency plans and how work would need to be organised to maintain patient safety. Discussions with the LNC about pay rates were planned.

5.5 Southport and Ormskirk Hospital Transaction Update

The CEO provided an update from the ICB following the board meeting where the transaction had been supported.

The Director of Corporate Services gave an update on the process for agreeing the transaction agreement, between the two Trusts, the two ICBs and NHS England.

5.6 Elective Recovery

The Managing Director provided an update on the actions being taken to tackle the 78 week waiters backlog, but it was acknowledged that further industrial action would make achieving the target to eliminate all 78 week waiters by the end of March even more challenging, if large parts of the elective activity programme had to be cancelled.

ENDS

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(23)022
Title of paper: Committee Report – Finance & Performance
Purpose: To report to the Trust Board on the Finance & Performance Committee, 23rd Mar 2023

Summary

Meeting attended by:

G Appleton – NED & Chair
P Growney – NED
I Clayton – NED
R Cooper – Managing Director STHK
G Lawrence – Director of Finance & Information
P Williams – Medical Director
L Neary – Chief Operating Officer S&O (Guest)
J Scott – Assistant Director of Operations – Community (Guest)
S Pitt – Finance Business Partner – CSS/Community (Guest)

Apologies received from:

AM Stretch – Deputy Chief Executive/Director of HR
J Kozer - NED

Agenda Items

For Assurance

A) Integrated Performance Report

- 62 day performance was below the 85% target in January, at 79%.
- Target 31 day performance was not met in January, at 95.98% against a target of 96.0%.
- Target 2 week wait cancer performance was not achieved in January, at 88.6% delivery against a target of 93.0%.
- Urgent care attendances remain high, with Accident & Emergency Type 1 performance at 45.9% in February and 46.6% year to date. All type mapped STHK Trust footprint performance was 69.8% in February and is 70.6% year to date. The Trust saw average daily attendances of 313, which is an increase compared to January at 287. Total attendances for February were 8,771.
- The ambulance turnaround time target was not achieved in February, at 43 minutes on average. The Trust was the second busiest in C&M and fourth busiest across the North West.
- In February, overall sickness had decreased to 5.7%, from 6.5% in January.

B) Finance Report Month 11

- At Month 11, the Trust is reporting a year to date surplus of £2.2m and forecast outturn surplus of £7.1m, an improvement of £12.0m against plan.
- Included within the financial position are non-recurrent benefits of approximately £9.4m YTD which are offsetting pressures in relation to underachievement of national Elective Recovery

Fund (ERF) income, non-pay inflation and the 22/23 pay award impact above funded levels. These underlying pressures have been included in the 23/24 financial planning process.

- Capital expenditure for the year to date (excluding PFI lifecycle maintenance) totals £9.1m.
- At the end of Month 11, the Trust has a cash balance of £63.8m.
- Agency expenditure of £11.5m is included in the year to date position which is an increase on the equivalent position in 21/22. Premium Payment Scrutiny Council meetings have been reintroduced.
- The Better Payment Practice Code (BPPC) requirement has been achieved for non-NHS invoices by value at 97.0% against a target of 95%. Noted that at the point of transaction performance against BPPC will drop due to switch from automatic to manual payments for S&O invoices as part of ledger transfer.

C) Cost Improvement Programme update

- 2022/23 CIP programme target made up of £22.1m recurrent and £6m non recurrent met.
- Care groups and CIP Council now focussed on delivery of 23/24 CIP requirement.
- Identification of schemes a rolling programme with £18.4m of the 2023/24 schemes fully developed.

D) 20/21 National Cost Collection index publication

- Publication of 20/21 and 21/22 index delayed due to pandemic.
- STHK index for 20/21 is 94, which indicates that the Trust is providing care below the national average.
- Costing Assessment Tool (CAT) -The Trust score is 99%, an improvement on 2019/20 95%.
- S&O index for 20/21 is 92 however contains a number of errors that have since been corrected that will increase the index for future years and push the score above 100.

For Approval

E) 2023/24 Financial Plan

- The committee received an update on the 2023/24 financial plan.
- The draft plan gives a deficit of £2.7m, assuming expenditure of £557.8m and income of £555.1m.
- The committee reviewed the planning assumptions:
    - CIP at 3.7% (£21.6m) plus additional £7m non recurrent stretch CIP
    - Removal of non-recurrent system and ERF funding available in 2022/23
    - Addition of £49.8m ICS income including; activity related income, allocation of ERF funds, capital charges funding, virtual wards and additional capacity funding.
    - Elective work on PbR basis, other income streams blocked
    - Excludes CDC/Bariatrics costs
- The 22/23 CIP target of 4.8% (£28.6m) consists of:
    - National CIP 1.1%
    - Covid 1.6%
    - Convergence 0.7%
    - Other 0.3%
    - Non recurrent stretch agreed with ICB 1.1%
    - Total 4.8%
    - 50% of CIP target identified as green/amber.

- Initial capital allocation of £11.1m (£4.5m capital budget and £6.6m PFI lifecycle maintenance funded from PFI unitary payment). Additional capital to be received in year for Frontline Digital.
- Performance targets within plan:
    - Emergency care; Improve A&E waiting times (76% target), improve ambulance response times (30 minute target), reduce bed occupancy to 92%
    - Community; meet or exceed 70% 2 hour response, reduce unnecessary GP appointments.
    - Elective Care; Eliminate over 65 week waits, deliver provider specific target of 109% of 19/20 activity levels.
    - Cancer; Reduce patients waiting over 62 days, meet faster diagnosis standard, increase % of diagnosis at stages 1 and 2
    - Diagnostics; Increase % of people receiving diagnosis within six weeks, deliver activity to support elective care targets.
    - Maternity; Make progress towards ambition to reduce stillbirth, neonatal mortality and serious intrapartum brain injury, increase fill rates against funded establishment.
- Risks associated with the draft plan include:
    - PbR payment basis for elective work resulting in loss of income if activity not delivered
    - Risks to activity as result of Covid rates, industrial action and delayed discharges affecting bed capacity
    - S&O transaction
    - PFI inflation significantly higher than funded
    - Significant ICS deficit may result in further submissions of plans.
- The committee noted the detail within the 2023/24 financial plan and recommended Board approval of the plan, noting the potential for changes linked to the ICS position.

For Information

- **CIP Council Update** – Update noted by the committee
- **Capital Council Update** – Update noted by the committee
- **Procurement Steering Council Update** – Update noted by the committee

Risks noted/items to be raised at Board
N/A

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: G Appleton, Non-Executive Director

Date of meeting

St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Board

Paper No: NHST(23)023
Reporting from: Quality Committee
Date of Committee Meeting: 21 March 2023
Reporting to: Trust Board
Present: Rani Thind, Non-Executive Director (Chair) Gill Brown, Non-Executive Director Geoffrey Appleton, Non-Executive Director Sue Redfern, Director of Nursing, Midwifery and Governance Rob Cooper, Director of Operations Nicola Bunce, Director of Corporate Services Peter Williams, Medical Director Gareth Lawrence, Director of Finance **In attendance:** Rajesh Karimbath, Assistant Director of Patient Safety Teresa Keyes, Deputy Director of Nursing Julie Tunney, Deputy Director of Quality Stephen Beckett, Head of Quality, Clinical Support Services Care Group Debbie Stanway, Head of Nursing and Quality, Medical Care Group Lynn Evans, Head of Nursing and Quality, Urgent and Emergency Care Group Tracy Greenwood, Head of Nursing and Quality, Community and Primary Care Services Care Group Lynn Ashurst, Associate Head of Nursing and Quality Sue Orchard, Head of Midwifery Lesley Neary, Director of Operations, S&O **In attendance to present specific reports or feedback:**
Matters Discussed The action log was discussed with updates provided in relation to Operation Shakespeare project: the Shakespeare project steering group discussed 2 strands to the project, one is around improving patient safety in theatre and the other is improving staff wellbeing and moral, both of these are being led by designated consultants supported by patient safety lead. The patient's safety project plans are in place, supported by the service improvement team who are helping to bring together a project plan which will show what the original intention of Project Shakespeare was and what elements have already been carried out and what is still required to be completed. This will lead to the implementation of theatre Improvement Project group which will report into CEC. Further feedback to Quality committee in July 2023. The Strategic Workforce Committee had a presentation from the ITU team reporting the introduction of a health and wellbeing champion The results showed improvement in

terms of retention of staff and reduction in sickness, PW agreed to consider this in their future discussions.
Children's services: Discharging CAHMS patients and children with behaviour problems remains challenged. No update yet available regarding the Place business case related to local placements. It was recognised that this is national challenge.
Fracture neck of femur readmissions investigation is still pending, this will provided at the next meeting.
Audit report feedback: The Trust are carrying out all the Trust and nationally mandated audits. Item closed.
AKI audit to be monitored via CEC. This will be included in the priorities in this year's Quality Account.

Integrated Performance Report (IPR)
The IPR was discussed by the Committee.

- Performance against the 62-day cancer standard was 79% (below target of 85%) in January 2023. The Cheshire and Mersey position was 55.55% and the national (English) performance was 54.44%, the Trust was the best performing trust which demonstrates just how challenged that target is.
- Super stranded numbers 129 in February. So, a reduction from the previous month at 140, again demonstrating the work that's ongoing with system partners and we're currently in the process now of agreeing plans to get organizations to 92% bed occupancy. This is a challenging plan/expectation.
- Financial Performance: CIP - the Trust delivered the target as set at 28.1 million delivered in year of which £22 million is recurrent. Around 80% of all the schemes have been through a quality impact assessment with the aim for this to be 100% before the end of this financial year. This good practice was acknowledged as it ensures safety of our patients when carrying out CIP schemes.
- Workforce: In February, there was a decrease in the absence rate, the third consecutive month of reduction. Nursing and midwifery staffing group, decreased from 8% to 6.3. Mandatory training compliance has increased to 80.8 in February against 80.4.

Patient Safety Council report
Several papers were received, including:

- Infection prevention report January 2023 providing assurance of measures in place following outbreaks of COVID and influenza. Trust training compliance improving from the previous month Level 1 – 92.30 % (Dec 2022 91.9%) and Level 2 - 69.29 % (Dec 2022 68%) against a target of 85%. A focused training plan is in progress. Klebsiella bacteraemia, 2022-23 objective of no more than 20 cases, however YTD incidence is 21. A thematic review is in progress.
- National patient safety alert NatPSA/2023/003/MHRA - NIDEK EyeCee preloaded, and EyeCee One Crystal preloaded Intraocular Lenses (IOLs): risk of increased Intraocular pressure. There was a national recall of this lens due to some patients were getting high intraocular pressures. The Ophthalmology team has looking at all the patients who had that particular lens implanted. All the measurements have come back as normal Action closed on CAS. The Trust has no overdue CAS alerts.
- Serious Untoward Incident Indicator Report – StEIS Q3 and patient safety report January 2023. 8 incidents were reported to StEIS in January 2023, including one where an unwell patient in ED had very brief period of failed oxygen administration due to cylinder emptying. Significant improvement made in layout, equipment and checking process. LFPSE (Learning from Patient Safety Incidents) framework being introduced on Datix, as required, due to

completion by September 2023.

- Patient falls report Q3 noted a 14.09% improvement in the total falls per 1000 bed days, compared to 2021-22. In addition, the electronic white boards being implemented in wards should see an increase in the rate of falls risk assessments completed within 6 hours of admission.
- Sepsis report provided assurance of improving training with compliance of 82.72% against target of 85% for tier 1 adults training and marked improvement in paediatrics tier 1 training to 76.56% from 69.3% in December 2022. Tier 2 adult training is over 80% and tier 2 paediatrics is 76.14%. Retired sepsis CQUIN being monitored, actions in place to address gaps identified, primarily around timely antibiotics in ED.

Maternity Services update

- Compliance with all 10 Safety Actions in the MIS Year 4 was declared and submitted to NHSR following Board approval and approval from the CEO and the Accountable Officer (AO) for their Clinical Commissioning Group/Integrated Care System (CCG/ICB)
- There were 6 perinatal mortality review cases that have all undergone an MDT review with 4 deaths having had completed finalised reports. 2 cases (1 from November and 1 from December) have had the draft reports written following the panel review and are scheduled to have a final completed report within the recommended deadlines. Where learning has been identified it was agreed that it was not likely this would have affected the outcome
- There were zero never events reported or serious incidents within this reporting period.
- There have been 46 cases reported to HSIB since its introduction in April 19 to Dec 22. At the end of Q3 there were no investigations outstanding. There was 1 referral made in Q3 which was a baby that required cooling following birth. The MRI confirmed no evidence of HIE, and the case was rejected.
- STHK are fully compliant with all the elements of Saving babies lives care bundle 2.

- A Birth rate+ workforce review was commissioned in 2021 with the final report received on the10 October 2022 and presented to the Executive Committee on 16th Feb 23. The current funded establishment has changed since provision of data to BR+ due to the TUPE transfer of staff from Bridgewater community Trust, changes to the funded establishment due to the addition of Ockenden funding, implementation of the 11.5-hour shifts and evaluation and redistribution of vacant posts and these findings were required to be reflected in the analysis summary and reduced the variance deficit. A business case is under development following review of the summary report from the executive team.
- Maternity services have achieved 100% compliance of providing 1-1 care to women in established labour and the availability of a super nummary shift coordinator.
- Continuity of carer remains currently on hold pending the staffing recommendations from BR+. The report does not incorporate CoC projections and further workforce analysis will be required to determine what additional staffing requirements are required to deliver CoC at full scale.

- Safety champions continue to meet monthly, safety champion walk abouts are undertaken twice monthly and posters advertising the maternity champions are displayed in all areas of the maternity unit.
- The absence of a Maternity Voices Partnership (MVP) chair was noted as a risk with discussions ongoing with commissioners to resolve- meeting Thursday 24th March.
- CQC inspections of all maternity units are planned before end June 2023. The trust has recently undertaken a mock internal CQC inspection. The findings will be shared with Executive Committee.

Quarterly Report on Safe Working Hours: Doctors and Dentists in Training (1st July 2022 – 30th September 2022) – STHK trainees.

- The report relates only to the trainees at SHK during that time period.
- Following the implementation of the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 the Guardian of Safe Working is required to ensure that issues of compliance of safe working hours are addressed by the doctor, employer, host organisation as appropriate and provide assurance to the Board of the employing organisation that doctors' working hours are safe.
- The report covered the period of 1st July 2022 – 30th September 2022.
- all trainee doctors are provided an opportunity to report exceptions to their standard work schedules when their day-to-day work varies significantly, or regularly from their agreed work schedule., as set out below:
  • Working beyond the average weekly hours limit
  • Extended hours of work beyond their expected shift length
  • Breaches of weekend or night work frequency
  • Failure of opportunity to take adequate natural rest breaks
  • Failure of opportunity to attend formal teaching sessions in their work schedule
  • Lack of support available to doctors during service commitments
- During July and September 2022, we had 274 trainees who are eligible to raise an exception report.
- 84 exception reports were made during that period, the highest number of exception reports were made in General Surgery Foundation year 1, General Medicine ST 1 and General Medicine ST 3, and the Trust addressed 43 of those of the 81 and 41 exception reports were open at the time of reporting and required further review.
- Assurance was given that the Trust continues to practice safe working hours, with rotas remaining compliant. There is work in progress regarding the review of local rates of pay for trainees which will help with the fill rate for locum shifts. The Trust is looking at the locally employed terms and conditions for Trust employed clinical fellow doctors to support and attract staff to fill the 36 vacancies.

Patient Experience Council report

The Council received a number of reports, including

- Annual GP patient survey for Marshalls Cross Medical Centre, with ongoing work to improve services, including working with a local practice that received higher scores, conducting inhouse surveys to replicate the national survey, reviewing

appointment availability and capacity and demand and increased recognition of mental health needs

- Patient story related to Seddon highlighted an area for improvement, which led to the scheduling of rehabilitation sessions to be reviewed to enable patients to plan to avoid clashes with visiting arrangements.
- Equality objectives 2019-23, provided an update on progress in delivering the action plan, the 2023 Equality Delivery System (EDS2) self-assessment scores and next year's objectives, which focus on:
  Improving all methods of communication with patients to ensure they are inclusive and accessible to all, including patient letters
  Reviewing accessibility of Trust areas/services across all sites, including booking services
  Changing the way interpreting services are delivered in the Trust to maximise the efficient and effective use of the service, supporting staff to move to a model of 20% face to face, 40% telephone and 40% video
- Specialist Palliative Care and End of Life report highlighted the ongoing training (including presentation to the Patient Participation Group on planning for future care), and the addition of a prompt in the Individual Care and Communication Record (ICCR) regarding meeting spiritual care needs of patients and the number of enhanced rapid discharges facilitated in December 2022 to February 2023 (7 in total)
- Medical Care Group Quarter 3 report noted the ongoing work to identify and act on lessons learned from patient feedback. ED continue to have the highest number of actions in line with volume of activity
- Annual inpatient survey action plan confirmed that 30/55 actions had been completed, 21 were on track and 4 were overdue but have mitigating plans in place to be completed in the near future
- Learning from deaths report shared the latest information for onward cascade
- Quality Committee Chair's Assurance report
- Healthwatch Knowsley provided a verbal update on 6 patient experiences that had been submitted, 3 relating to ED where concerns were raised relating to being cared for on a corridor, conflicting information from clinicians and unapproachable staff although none wanted any further action taken. The Council were updated on the reconfiguration of the department that will go some way to reducing the need to care for patients on the corridor. Three of the experiences were extremely positive one relating to Sanderson Suite, one recounting numerous positive experiences going back 60 years and one relating to a non-judgemental approach to care.

Clinical Effectiveness Council report

The report noted the following:

- Presentation received from
- Plastics highlighting that the Trust is one of the largest B&P units in the UK serving the Northwest and North Wales. High volume of day case activity as average LOS is less than a day. Activity already at 2019/20 levels with a projection of 120%. Challenges: Expansion of Consultant numbers without increase in trainees and co-ordination of activity/communication as hub with multiple spoke sites. BCHB (Welsh Trusts served by STHK) present a particular challenge with only a 0.5 WTE consultant availability for 20 new and 40 follow up referrals across all sites, with lack of technology infrastructure and responsibility for tracking patients. Plans for Welsh Skin Cancer review being finalised and service on STHK risk register as 20. All open tibia fractures in region are referred

to Orthoplastic service at MTC, severe resource constraints at MTC have led to these cases being referred to Whiston. Trauma numbers have been increasing year on year and expansion in consultant numbers means that there are now 8 consultants who perform hand surgery on a regular basis. Business cases for further Hand therapists in preparation along with therapy managers, junior medical staff, Mohs consultant surgeon, with associated infrastructure to support, 2 skin cancer consultants with associated infrastructure to support, new theatre build and Breast Reconstruction Nurse Specialist

- Burns: Catchment area of approximately 6 million, Inpatient capacity is 12 beds on 4D and up to 5 beds in intensive care. Burns admissions continue to rise with 276 in 21/22 (12 months) to 237 in 22/23 (10 months). Outreach activity has seen a decrease with 148 seen in 21/22 and 79 seen in 22/23. Physiotherapy and Occupational Therapy Services have seen 4951 inpatients and 1270 outpatients who access therapies department and also Katie Piper Foundation burns rehabilitation centre in St Helens. Research activity includes 23 presentations and 2 prizes at British Burn Association Annual meeting 2022 and 20 presentations submitted to BBA 2023 (June), 2 recent/ongoing randomised clinical trials. Shortfalls against burn care standards include Burn Consultant numbers, dedicated consultant for burns on-call, dedicated burn anaesthetist for all burn cases, implementation of a BIRT (burn incident response team), Cons-led Psychology, on-call respiratory physio 24/7. Actions include job planning around provision of burns anaesthetist cover, job planning/funding to re-instate 1.0 WTE equivalent psychology cover for burns, acute burn theatre sessions (2 x half days), and implementation of BIRT teams.
- Robotic Surgery Governance Assurance: Introduction of robotic assisted surgery (RAS) at STHK 2022. Requirement to report processes to Spec Comm if procedures fall out with current list of commissioned procedures. Specialities include Colorectal, Urology and Gynaecology. Robotic Steering Group established to ensure training and use of RAS has transparent governance process
- IOG Report – Overall, mortality rates in elective and emergency surgery are below the national average. No subspecialty has been identified as an outlier in this respect, no worrying trends
- NCEPOD Q4 Report – 3 completed studies, 2 active studies, 3 national reports published and 2 planned studies
- Drugs & Therapeutics Group Assurance Report – information received
- Key Priorities from Inpatient Deaths – information received

Matters for escalation:

- Klebsiella bacteraemia, 2022-23 objective of no more than 20 cases, however YTD incidence 21
- Impact of delayed discharge for young people with CAHMS/ challenging behaviour.
- The Welsh outreach service for plastic surgery.
- The continued MVP chair vacancy.

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: 22 March 2023

St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Board

Paper No: EC(23)024

Reporting from: Strategic People Committee

Date of Committee Meeting: 20th March 2023

Reporting to: Trust Board

Attendance:

Lisa Knight	Non-Executive Director (Chair)
Gill Brown	Non-Executive Director
Claire Scrafton	Deputy Director of HR & Governance
Malise Szpakowska	Deputy Director of HR
Ian Clayton	Non-Executive Director
Rob Cooper	Managing Director
Christine Oakley	Deputy Director of Finance & Information
Teresa Keyes	Deputy Director of Nursing + Midwifery

In attendance:

Adam Hodkinson	Assistant Director of Health Work and Wellbeing
Darren Mooney	Head of Equality, Diversity & Inclusion
Charlotte Preston	Personal Medical Secretary and Wellbeing Champion

Apologies:
Anne-Marie Stretch, Gareth Lawrence, Nicola Bunce, Sue Redfern

Agenda Items:

- Transaction - TUPE of S&O staff
- Health, Work & Well Being Update
- NHS People Plan Pillar – Looking After Our People
- Gender Pay Report
- Workforce Dashboard

Assurance Provided:

S&O TUPE Update

The committee received confirmed that the consultation period with S&O staff had ended but engagement meetings are still being held with colleagues from S&O.

Health, Work & Wellbeing (HWWB) Update

Staff story from a member of staff who worked on Intensive Care Unit (ICU) who had been supported by the HWWB service and had become the wellbeing champion for ICU. The committee were further assured by the HWWB support that had been provided for ICU staff during COVID-19 and after, including:-.

- Weekly wellbeing sessions with different topics

- Access to Clinical psychology support
- Wellbeing notice board with support information
- Quarterly face to face sessions with received great feedback

Days lost because of stress and depression had reduced and the 2022 staff survey results had also improved.

HWWB also offered a package of support for staff who work from home to keep them connected and supported.

NHS People Plan Pillar – Looking After Our People

The wellbeing dashboard April 2022 – September 2022 contained key metrics monitored by the team to measure its effectiveness, including:_

- Sickness absence
- People surveys
- Health, Work & Wellbeing services
- Occupational Health Outcomes
- People Protection & Incidents
- Wellbeing Framework Audit 2022
- Future Focus

Gender Pay Report

Committee received a report which explained the methodology for the gender pay report which be presented to the Trust Board in March.

Workforce Dashboard

The committee reviewed the workforce performance dashboard and actions being taken to address areas of challenge:-

- Vacancy rates and actions to support with these
- Reduction in absence levels
- Appraisals are above 85% target
- Reduction on time to hire
- Mandatory training challenges within medical workforce

Terms of Reference

The terms of reference for the committee were being reviewed ahead of the S&O transaction to provide an effective governance and assurance route to the Board.

Decisions Taken: There were no decisions taken.

Risks identified and action taken: There were no new risks identified.

Matters for escalation: None

Recommendation(s): The Trust Board note the report..

Committee Chair: Lisa Knight, Non-Executive Director

Date of Meeting: Wednesday 29th March 2023

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(23)025
Title of paper: 2023/24 Financial Plan
Purpose: To present the financial statements of the 2023/24 financial year

Summary:
 	
In line with national planning guidance the Trust must submit a draft one year financial and operational plan on the 27th March. The financial plans included are to be reviewed and approved by the Finance and Performance Committee and for their recommendation to the Trust Board as the plan for the financial year.
 	
The plans included within the paper assume the following:
- £2.7m deficit for the year
- CIP target of £28.6m (4.9%)
  o Of which £21.6m to be delivered recurrently
  o And £7m to be delivered non recurrently (in line with ICB)
- Activity increases in line with ICB targets
- Capital budget of
- Cash balances of £17.5m as at 31/03/2024
 	
The plans do not currently include:
 	
- Revenue income associated with the Community Diagnostic Centre
- Bariatric tender
 	
The Trust plans to conclude the contract sign of by the 31st March 2023.

Corporate objectives met or risks addressed: Financial Performance, Efficiency & Productivity.
Financial implications: N/A
Stakeholders: Trust Board, Cheshire & Merseyside ICB, NHSE NW
Recommendation(s): The Board to approve the final plan for submission on the 30th March, noting the risks on activity/finance. The Board approves the ongoing budgets based on this financial plan.
Presenting officer: Gareth Lawrence, Director of Finance & Information
Date of meeting: 29th March 2023

1. Executive Summary

1.1 The purpose of this paper is to provide an update to the Trust Board on the financial plans for St Helens and Knowsley Teaching Hospitals (STHK) for the 2023/24 financial year.

1.2 NHS England (NHSE) have published two-year revenue allocations for 2023/24 and 2024/25 – integrated care board (ICB) allocations are flat in real terms with additional funding available to expand capacity. Elective recovery funding has been allocated to systems on a fair share basis.

1.3 The Trust has produced a plan that will deliver a deficit of £2.7m in line with discussions and expectations of the ICB. For the Trust to deliver this plan it will need to deliver £28.6m of Cost Improvement Schemes (CIP) which equates to c4.9% of turnover and is broadly in line with the CIP delivered in 2022/23.

1.4 For the 2023/24 financial year there has been a reintroduction of Payment by Results (PbR) for certain elements of activity

- Elective
- Daycase
- Outpatient procedures
- Outpatient first appointments

Therefore, non-achievement of activity in these areas will result in reduced income. All other elements of income have been agreed on a block basis.

1.5 This paper sets out the high-level assumptions and risks included within the plan for 2023/24. There are elements of the plan that will need to be concluded in the new financial year:

- Potential funding for excess inflation
- Health Education England contracts have not yet been provided
- Agreement of contracts with Integrated Care Board/Place.
- The Trusts Capital Resource Limit (CRL), which supports the capital programme, will only be agreed after submission.
- The recently won bariatric tender
- Revenue and costs to support the Community Diagnostic Centre (CDC)

2. System Funding

2.1 The 2023/24 planning guidance emphasises the importance of delivering a balanced net system position for 2023/24 meeting the required efficiency target and improving productivity levels.

2.2 NHS have published two-year revenue allocations for 2023/24 and 2024/25 – integrated care board allocations are flat in real terms with additional funding available to extend capacity.

2.3 The capital envelope for 2023/24 has also been increased nationally by £300m. Access to this additional capacity will be dependent on system financial performance for 2022/23. As a result of C&M ICB forecasting to deliver their plans, their proportional element should be available in the new financial year.

2.4 Provider plans within the system should identify the sources of productivity loss and design actions to improve this. The planning guidance has set out the following initiatives to support productivity and efficiency delivery:

- *Reduce agency spend* – providers to reduce agency spend to a maximum of 3.7% of the pay bill.
- *Reduce corporate running costs* – a focus on consolidation, standardisation and automation.
- *Reduce procurement and supply chain costs* – utilising supply chain and the specialist services devices programme.
- Improve inventory management – create an inventory management and point of care solution
- *Purchase medicines at a cost-effective price* – through engagement with the commercial medicines unit and the national medicines value programme.

2.5 Within the funding allocations pay and prices are assumed to increase by 2.9% during 2023/24. This price increase includes the following assumptions

Cost	Estimate	Cost weight	Weighted estimate
Pay	2.1%	68.9%	1.5%
Drugs	1.3%	2.4%	0.0%
Capital	4.0%	7.1%	0.3%
Unallocated CNST	1.5%	2.2%	0.0%
Other	5.5%	19.3%	1.1%
Total			2.9%[8]

2.6 The average price increases have been reduced by 1.1% for national efficiency targets, meaning that tariff prices on average have increased by 1.8% to cover inflation for the forthcoming financial year.

2.7 System funding has been reduced by a further 0.7% for 'convergence'. This reduction moves the C&M ICB closer to its target allocation at pre-covid levels. This reduction has been applied to the majority of ICB income allocations given to providers.

2.8 Income has been further reduced by a reduction in the COVID allocation. This equates to a further 1.6% CIP for providers to deliver.

2.9 As a result of the deficit plan for 2022/23 a further 0.3% efficiency target has been applied to income allocations. This takes the total efficiency target set by the ICB to 3.7%.

3. Planning Assumptions and Key Deliverables

3.1 The Trust has planned for activity in 2022/23 based on trends and planned capacity within the respective care groups. The below table shows the specific acute percentage growth in activity assumed in the activity plans by point of delivery, compared to forecast outturn for this year and 2019/20.

POD Group	22/23 as % of 19/20	23/24 as % of 19/20
ED	89.4%	100.0%
Non Elective	105.1%	110.2%
Daycase	99.7%	109.8%
Elective	84.9%	100.0%
Outpatient First	106.4%	110.7%
Outpatient Follow up	102.5%	100.0%

3.2 Systems and organisations will be expected to demonstrate how they will deliver key requirements as highlighted set out in the operational planning guidance.

3.3 Emergency Care:

- Improve A&E waiting times so that at least 76% of patients wait no more than 4 hours by March 2024.
- Improve category 2 ambulance response times to an average of 30 minutes across 2023/24
- Reduce adult general and acute bed occupancy to 92% or below.

3.4 Community Health Services:

- Consistently meet or exceed the 70% 2-hour urgent community response standard.
- Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals.

3.5 Elective Care:

- Eliminate waits over 65 weeks for elective care by March 2024
- Deliver the system specific activity target (109% of 2019/20 activity levels)

3.6 Cancer:

- Continue to reduce the number of patients waiting over 62 days
- Meet the cancer faster diagnostic standard by March 2024, so that 75% of patients who have been urgently referred are diagnosed or have cancer ruled out within 28 days.
- Increase the % of cancer diagnosed at stages 1 and 2.

3.7 Diagnostics:

- Increase the % of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
- Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition.

3.8 Maternity:

- Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury.
- Increase fill rates against funded establishment for maternity staff.

4. Integrated System Planning/Contracting

4.1 To ensure that the Cheshire & Merseyside system is committed to evidence based and robust financial management arrangements a 'System collaboration and financial management agreement' (SCFMA) has been created for all partners.

4.2 The purpose of the agreement has been to establish a clear understanding for all system partners of how the 2023/24 NHS contracts will operate in year.

4.3 The key principles to the agreement are:

- Commitment to transparent and honest data and information sharing.
- Align decision making and accountability
- Develop risk and reward share agreements
- Each organisation to be held accountable to its financial plan whilst ensuring safe, high quality care is maintained.
- All partners committed to collaborate at scale where clear benefits are articulated.

4.4 Signed contracts between NHS providers and the ICS are required for 2023/24. No current issues have been identified that will prevent the contracts from being signed by the 31st March 2023.

4.5 CQUIN elements of the contract are still currently being finalised. It has been assumed within the plan that there will be no detrimental financial impact because of the CQUIN targets.

4.6 It has been confirmed that St Helens Place will continue to be the lead location for the StHK contract going forward.

4.7 The current financial plans/contracts do not include any allocations for:

- Community Diagnostic Centres (initially agreed c£7m)
- COVID costs outside of ICB envelopes (specific testing and vaccination costs)

Included in appendix F are the current provider positions within the ICS

5. Financial Planning Process

5.1 The Trust continues to engage with all budget holders and Senior Leaders through various forums, which include:

- Finance and Performance Committee
- Care Group Finance and Performance Committees
- Team to Team
- Capital Planning Council

- Executive Committee
- CIP Council
- Budget review meetings with key leads and heads of service within each care group/ division

All Care Groups and Corporate functions have been engaged by their respective financial lead to ensure that they are fully apprised of the current planning processes and have ample opportunity to engage within the process.

5.2 Financial budgets that have formed the building block of the financial plan have been developed on a detailed "bottom up approach" utilising the recurrent run-rate as the starting point.

5.3 The following assumptions have been made within the plan to continue the strong financial management that is already in place within the Trust:

- All vacant posts funded at the bottom of the scale
- No additional funding allocated for avoidable cost pressures
- Inflation and incremental increases have been calculated on their own specific rates

The above principles should help to ensure that the Trust has set a reasonable yet challenging budget to ensure the best possible value for money within the resources that are available.

6. Income and Expenditure plans

6.1 As at M9 (December) the Trust was forecasting a deficit of £3.1m which was, £1.8m better than plan because of interest receivable increasing throughout the year.

6.2 During 2022/23 the Trust utilised non-recurrent benefits (£15.3m) to deliver the forecast outturn. As these benefits are not available in 2023/24 the Trust has increased the expenditure outturn to reflect. All the non-recurrent benefits have been reported through to F&P committee and externally to the ICB/NHSE.

- Non recurrent CIP £6m (additional stretch asked for by ICB)
- 2022/23 Inflation pressures £4.9m
- Interest receivable £1.8m
- Non recurrent benefits included in plan £2.6m

6.3 The Trusts plan includes £17.4m inflation for 2023/24, this excludes any agreement on staffing pay deals in excess of that funded in tariff (2.1%). This is more than the national estimate predominantly because of the RPI increases on the PFI contract. The PFI inflation gives rise to a c£5.2m more than funded in tariffs.

6.4 Included within the Trusts expenditure plans is the continuation of the additional external beds that the Trust commissioned in late November. This increases the cost base by a further £4.4m.

6.5 A further £1.7m of costs have been included within the financial plan for the full year effect of schemes introduced in 2022/23.

6.6 The Income and expenditure plans include a CIP target of £28.6m (4.9%). Of this target the Trust has agreed to deliver 3.7% recurrently and 1.2% non-recurrently. The non-recurrent element relates to a further stretch that the Trust has been asked to deliver to support the underlying position of the C&M ICS. The various components of the CIP target are described below:

- 1.1% (6.4m) National efficiency target included in tariff
- 1.6% (9.4m) Covid income reductions
- 0.7% (4.1m) C&M ICB convergence reduction
- 0.3% (1.7m) Additional C&M ICB target allocated
- 1.2% (7m) Additional non recurrent stretch asked for by ICB

6.7 The table below shows the change in activity level between forecast outturn and the plan for 2023/24.

POD Group	Activity 19/20 Outturn	Activity 22/23 Forecast	Activity 23/24 Plan	22/23 as % of 19/20	23/24 as % of 19/20	Notes
ED	130,327	173,870	172,762	33%	33%	Part year change due to WIC
Non Elective	71,884	77,227	80,048	7%	11%	
Daycase	46,086	47,226	50,147	2%	9%	
Elective	6,200	5,605	6,200	-10%	0%	
Outpatient First	165,154	170,057	172,470	3%	4%	10% increase for core acute specialties
Outpatient Follow up	367,216	388,052	378,826	6%	3%	0% for core acute specialties
Direct Access	959,546	939,309	982,210	-2%	2%	
Diagnostic Imaging	60,911	66,425	69,012	9%	13%	

6.8 See appendix A for the I&E including forecast outturn and 2023/24 plan

7. Cost Improvement Plans (CIP)

8.1 The 2023/24 plans require the delivery of a £28.6m CIP, this represents c4.9% of the Trusts planned turnover for the year. This has increased from the draft plan as a result of the additional ask for further non recurrent savings from the ICB.

7.1 The Trust has made progress in identifying schemes to deliver this target with 40% RAG rated as green.

Risk rating	STHK CIP £'000
Green	11,419
Amber	1,762
Red	15,465
Total	**28,646**

7.2 As in previous years schemes are identified by the respective Care Groups and back office functions and then assessed to ensure that there are no patient safety or quality concerns via the quality impact assessment (QIA) process.

7.3 The cost improvement plans are embedded within the income and expenditure plans, therefore any non-delivery of the savings target will manifest itself within the I&E performance throughout the year.

7.4 There is no CIP mitigation reserve included within the plan. As a result the Trust will be looking to identify schemes in excess of the target. As in previous years any schemes that are not delivered will remain as potential opportunities for future years.

7.5 To support the delivery of the CIP the Trust will utilise the skills and expertise from the Care Group based Business Partners/Service Transformation team and the continued roll out and adaptation of the Model Hospital. This will be supplemented by the Getting it Right First Time (GIRFT) reports in year as well as any ICS wide initiatives.

8. Statement of Financial Position (SOFP)

8.1 As a result of the PFI transfer from UK GAAP principles to IFRS, the Trust will be required to deliver a £6.1m surplus to pay for elements of the PFI payment. As a result of the deficit plan (2.7m) this will mean that £8.8m of cash reserves will be utilised in year delivering the plan.

8.2 The Trust currently has no treasury borrowings such as DHSC loans. The Trust will continue to repay capital debt relating to the PFI scheme and will also make capital payments in relation to IFRS16 leases.

8.3 The impact of the new lease standard (IFRS16) is included within the 23/24 plan. This brings additional assets onto the SOFP, with corresponding adjustments that increase depreciation and lease borrowing. The IFRS16 impact on the PFI payment has not been included as discussion continue nationally on the respective impact.

8.4 The Trust is assuming no deterioration or improvement in the aged debt relating to Lead Employer contracts. This will continue to be managed separately in order to understand and respond to any changes within the working capital.

8.5 Trust's land and buildings are valued using the alternative single site methodology and VAT is excluded from PFI valuations. The Trust currently has no surplus estate and therefore does not anticipate any sales of surplus assets.

8.6 Trust's forecast cumulative breakeven position is £12m at 31 Mar 2024.

9. Interest, Tax, Depreciation and Amortisation (ITDA)

9.1 Depreciation has been based on the current profile of the Truss assets.

9.2 The current plans assume that no revenue loans will be required. Only the Trusts finance leases and PFI give rise to interest payments.

9.3 The current plans and forecasts assume payment from the ICB in line with contractual agreements which is one quarter in advance.

9.4 The Trust is assuming no deterioration or improvement in the aged debt relating to Lead Employer contracts. This will continue to be managed separately in order to understand and respond to any changes within the working capital.

9.5 The Trust is assuming no PDC payments within plan. However, the Trust is approaching the threshold for payments.

10. Capital

10.1 The capital plan is funded from internally generated depreciation, which has increased due to the impact of IFRS16. Within the capital programme, increased leased asset depreciation is offset by increased lease borrowing repayments.

10.2 The capital plan includes PFI lifecycle replacement costs paid for via the PFI unitary payment. It also supports the Informatics 5-year capital programme. An amount is set aside for other expenditure including new and replacement equipment and essential developments. PFI lifecycle costs are recognised as the actual replacement costs at the time of delivery; the figures below are PFI-modelled costs and are expected to change.

10.3 The Trust's capital budget must be agreed within the C&M ICS, and the overall ICS capital plan must be deemed affordable and approved, before the Trust's allocation of the capital budget is approved by the ICS. Due to the impact of PFI accounting, the Trust should run a surplus to cover part of the PFI deficit in the capital programme. This matter is subject to ongoing discussion with NHSE and the ICS

10.4 The indicative capital allocations are below.

Capital loan repayments	
CHP (Salix)	£0.4m
PFI	£12.1m
Draft IFRS16 lease impact	£4.6m
Capital expenditure	
PFI lifecycle maintenance	£6.6m *funded from 22/23 PFI UP*
Capital budget	£4.5m

These allocations are based on current expectations of available capital across the ICS. Any changes required following C&M ICS review of allocations will be managed via Capital Planning Council. Should a process of re-prioritisation be needed it will be reviewed by Executive Committee.

10.5 The approach for capital planning will be managed via Capital Planning Council, which will report back to F&P Committee and the Executive Committee.

11. Risks

11.1 There are a number of risks and outstanding issues that are articulated within the table overleaf:

Risk	Mitigations
PbR activity to be introduced in year resulting in reductions off income if activity not delivered	Monitoring via F&P Committee, Executive Committee and Care Group F&P meetings
NEL activity remains blocked so significant increase in activity will not be covered in year.	Monitoring via F&P Committee, Executive Committee and Care Group F&P meetings/ Continue to review and report pressures outside of Trust control
Risks to activity as a result of: - industrial action - COVID rates - Bed occupancy including delayed discharges	Continue to review and report pressures outside of Trust control
Plan includes a significant and material increase in activity compared to 19/20	Activity plans owned by care groups, based on 22/23 performance and monitored via care group F&Ps
Plans do not include Community Diagnostic or Bariatric Service contract income/expenditure	ICS reviewing national offers for schemes, continued discussions with ICS on Trust allocation
The income plan contains significant support that is not attached to delivering activity	Continue to work with ICS on system plans
Additional capacity funding not yet allocated to ICB but distributed in plans	Continue to work with ICS on system plans
Health Education England have yet to issue final contract offer	Continue to work with HEE to understand any changes
Contracts yet to be concluded including CQUIN targets	Continued contract meetings with St Helens Place to conclude
Capital allocations not confirmed by ICB	Capital planning council prioritising schemes
ICB currently showing a significant deficit which may cause protocol to be enacted	Continue to work with ICS on potential improvements to the Trust and system plans
Plan does not have a fully worked up CIP to underpin	CIP Council working up full plans, montiroing via F&P Committee
Current plan will reduce cash balances as a result of not achieving technical surplus	Cash monitored on an ongoing basis, liaising with ICS and NHSE if support needed
Inflation for PFI is running significantly higher than funding included in tariff	Liaise with ICS around additional income to support
New arrangements in place will take time to embed	Continued contract meetings with St Helens Place to support

12. Conclusion

12.1 The Trust has produced a financial plan that delivers a marginal deficit of £2.7m.

12.2 The plan is underpinned by delivery of the respective activity plans and a 4.8% CIP target.

12.3 The Trust will not require any cash support from the proposed plans.

13. Recommendations

13.1 The Board to approve the final plan for submission on the 30th March, noting the risks on activity/finance.

13.2 The Board approves the ongoing budgets based on this financial plan.

Appendix A – I&E Plan & Profile

	Plan 2022/23 £m	Forecast 2022/23 £m	Plan 2023/24 £m
Operating income from patient care activities	452.2	454.8	482.5
other Operating income	60.5	92.7	72.7
Total Income	**512.7**	**547.5**	**555.2**
Employee Expenses	-321.4	-341.1	-346.92
Operating Expenses	-177.4	-182.8	-189.69
Total Operating Expenses	**-498.8**	**-523.9**	**-536.60**
EBITDA	**13.9**	**23.6**	**18.58**
ITDA	-19.2	-16.9	-21.61
Impairments	0		
Surplus / Deficit	**-5.3**	**6.7**	**-3.03**
Technical Adjustments	0.4	0.3	0.34
Surplus / Deficit	**-4.9**	**7**	**-2.69**

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	TOTAL
Operating income from patient care activities	40.2	40.2	40.2	40.2	40.2	40.2	40.2	40.2	40.2	40.2	40.2	40.2	482.5
other Operating income	6.0	6.0	6.0	6.0	6.1	6.1	6.1	6.1	6.1	6.1	6.1	6.1	72.7
Total Income	**46.2**	**46.2**	**46.2**	**46.3**	**46.3**	**46.3**	**46.3**	**46.3**	**46.3**	**46.3**	**46.3**	**46.3**	**555.2**
Employee Expenses	- 28.9	- 28.9	- 28.9	- 28.9	- 28.9	- 28.9	- 28.9	- 28.9	- 28.9	- 28.9	- 28.9	- 28.9	- 346.9
Operating Expenses	- 15.8	- 15.8	- 15.8	- 15.8	- 15.8	- 15.8	- 15.8	- 15.8	- 15.8	- 15.8	- 15.8	- 15.8	- 189.7
Total Operating Expenses	**- 44.7**	**- 44.7**	**- 44.7**	**- 44.7**	**- 44.7**	**- 44.7**	**- 44.7**	**- 44.7**	**- 44.7**	**- 44.7**	**- 44.7**	**- 44.7**	**- 536.6**
EBITDA	**1.5**	**1.5**	**1.5**	**1.5**	**1.5**	**1.5**	**1.6**	**1.6**	**1.6**	**1.6**	**1.6**	**1.6**	**18.6**
ITDA	- 1.8	- 1.8	- 1.8	- 1.8	- 1.8	- 1.8	- 1.8	- 1.8	- 1.8	- 1.8	- 1.8	- 1.8	- 21.6
Surplus / Deficit	**- 0.3**	**- 0.3**	**- 0.3**	**- 0.3**	**- 0.3**	**- 0.3**	**- 0.2**	**- 0.2**	**- 0.2**	**- 0.2**	**- 0.2**	**- 0.2**	**- 3.0**
Technical Adjustments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3
Surplus / Deficit	**- 0.3**	**- 0.3**	**- 0.3**	**- 0.2**	**- 0.2**	**- 0.2**	**- 0.2**	**- 0.2**	**- 0.2**	**- 0.2**	**- 0.2**	**- 0.2**	**- 2.7**

Appendix B – Summarised Statement of Financial Position (Balance Sheet)

	2022/23 **Forecast** £m	2023/24 **Plan** £m
PPE and intangibles *(capital assets)*	317.3	314.3
Receivables	8.2	8.2
Non-current assets	**325.5**	**322.5**
Other working capital assets	49.5	49.5
Cash and cash equivalents	30.2	17.5
Current assets	**79.7**	**67.0**
Other working capital liabilities	(79.9)	(73.2)
Borrowings *(incl leases and PFI)*	(10.6)	(9.1)
Current liabilities	**(90.5)**	**(82.3)**
Provisions / Deferred income	(3.4)	(3.4)
Borrowings *(incl leases and PFI)*	(234.2)	(225.8)
Non-current liabilities	**(237.6)**	**(229.2)**
Total net assets employed	**77.1**	**78.0**
Public dividend capital	145.7	149.6
Revaluation reserve	11.1	11.1
I&E reserve	(79.7)	(82.8)
Total taxpayers' equity	**77.1**	**78.0**

Appendix C – Summarised Cash Flow

	2022/23 Forecast **£m**	**2023/24** Plan **£m**
OPENING CASH	54.2	30.2
EBITDA	36.2	38.0
Working capital movements	**(21.4)**	**(5.4)**
Capital expenditure-related net outflows	**(26.9)**	**(17.0)**
PDC received	**15.9**	**3.9**
Net finance costs (banking and loans)	**1.8**	**0.0**
PFI and lease charges	**(29.0)**	**(31.7)**
Loan drawdown	**0.0**	**0.0**
Loan repayment	**(0.4)**	**(0.4)**
CLOSING CASH	30.2	17.5

Appendix D – Outline Capital Programme

	2022/23 Forecast £m	2023/24 Plan £m
Depreciation (excluding donated asset depreciation)	22.2	19.0
PDC	15.9	3.9
Lease (IFRS16 adjustment)	0.0	0.7
Cash inflow (funding)	**38.0**	**23.7**
Capital expenditure (regional limit)	(4.5)	(4.5)
PFI lifecycle	(6.6)	(7.3)
PDC capital expenditure	(15.9)	(3.9)
Leased asset	0.0	(0.7)
Borrowing repayment		
Lease	(4.5)	(4.3)
PFI	(5.5)	(5.7)
Salix	(0.4)	(0.4)
Cash outflow (expenditure & repayments)	**(37.4)**	**(26.9)**
CASH FUNDING SURPLUS / (DEFICIT)	**0.6**	**(3.2)**

	2022/23 Forecast £m	2023/24 Plan £m
PFI depreciation	6.6	6.9
PFI borrowing repayment	(5.5)	(5.7)
PFI lifecycle capital expenditure	(6.6)	(7.3)
PFI capital programme funding deficit	**(5.4)**	**(6.1)**

NHS
St Helens and Knowsley Teaching Hospitals
NHS Trust

Final Plan 2023/24

Trust Board

29rd March 2023

System Revenue allocations

St Helens and Knowsley Teaching Hospitals NHS Trust

The national average funding allocation includes increases by 3.28% in 2023/24 and 2.14% in 2024/25. This is 3.13% and 1.77% respectively for Cheshire and Merseyside given our convergence towards target allocation.

This assumes efficiency of c3% nationally. However, C&M has been given additional efficiency requirement of 0.71% (£37m in 23/24) as part of its trajectory towards distance form target and therefore our system efficiency requirement will be higher.

	Allocation 22/23	Allocation 23/24	Movement	
Programme Recurrent Baseline	4,646,760	4,899,851	253,091	
Programme Growth	304,687	254,078	-50,609	
Programme Convergence	-51,596	-36,701	14,894	
Net Programme Uplift	**253,091**	**217,377**	**-35,715**	
Health Inequalities	11,537	11,537	0	
Ockenden	3,731	3,731	0	
COVID-19	108,915	21,763	-87,152	
Discharge	19,225	18,110	-1,115	
Capacity - Virtual	9,865	12,300	2,435	
Capacity - Physical	14,561	13,101	-1,460	
ERF	91,510	121,494	29,984	
Total Programme	**5,159,195**	**5,319,263**	**160,069**	3.1%
Primary Care	739,223	772,426	33,203	4.5%
Running Costs	48,138	48,138	0	0.0%
Total ICB Allocation	**5,946,556**	**6,139,828**	**193,272**	3.3%

22/23 Plan Re-Cap

St Helens and Knowsley Teaching Hospitals NHS Trust

Initial Draft plan excluding ERF	-47.6	Notes
ERF	13.5	Allocation made by ICS to deliver 104% of activity
National ERF Assumption	6.0	STHK plans demonstrated delivery of 107%
Non Recurrent	3.6	Non Recurrent benefits agreed with ICS
Second Draft Submission	**-24.5**	
Increase Recurrent CIP	3.6	This related to a share of the 40m deficit the ICS had held
Additional Inflation funding	3.0	Additional recurrent income
Share of ICS non recurrent income	3.0	Income distributed to providers in deficit
Non Rec NEL funding	1.9	Funding based on NEL bed days
Targeted funding to support plan	2.0	Given on delivery of plan
Additional Non-Recurrent CIP	6.0	Additional CIP for the Trust to deliver non recurrently
Final Plan	**-4.9**	

23/24 Draft Plan

St Helens and Knowsley Teaching Hospitals NHS Trust

	£m	Notes
M7 Forecast Outturn	**-4.9**	
Income		
Removal of COVID Income	-10.0	COVID income has significantly reduced
Removal of ICB Income	-6.9	Income given to Trust non-recurently after 2nd draft plan
Removal of ERF	-13.5	Activity targets not released to include
Removal of non recurrent benefits	-1.0	Income non recurrently used in 22/23 provided by ICS
Non achievement of National ERF	-6.0	StHK did not achieve the stretch target of £6m in 22/23
Total Income Pressures	**-37.4**	
National Pressures		
Inflation	-13.0	
PFI Inflation (over and above inflation funding)	-6.2	PFI costs have increased by c14% (December RPI rate)
Total National Pressures	**-19.2**	
System Pressures		
Non-Recurrent CIP	-6.0	As agreed with ICS before final plans submitted
22/23 Mitigated inflation	-5.0	Costs mitigated in 22/23
FYE of Winter bids	-5.0	Continued funding for whole year based on initial allocation
FYE Ockenden/Ageing Well etc	-1.0	FYE of SDF funding streams
Non-recurrent benefits	-2.6	Agreed with ICS to be utilised in draft plans
Total System Pressures	**-19.6**	
CIP		
National (1.1%)	6.4	As per National guidance
COVID (1.6%)	9.4	As per National guidance
Other (0.3%)	1.8	Additional CIP given by ICS
Convergence (0.7%)	4.1	As per C&M target
Total CIP	**21.6**	
23/24 Draft Plan	**-59.5**	

- Deficit is c11%
- Deficits in DGH range from 11% to 19%

CareQuality Commission Outstanding

23/24 Final Plan

St Helens and Knowsley Teaching Hospitals NHS Trust

	£m	Notes
23/24 Draft Plan	**-59.5**	
Income		
Activity related income	22.5	Still queries with contracting team to be discussed
Allocation of ERF funds	15.1	Only proportional elemet of risk
Capital charges funding	1.4	Nationally calculated
Virtual Wards	1.1	
Additional ICB Funding	4.7	
Additional Capacity funding	5.0	To support continuation of winter beds
Total Additional Income	**49.8**	
CIP		
Additional non-Reccurent stretch	7.0	
Total Additional CIP	**7.0**	
23/24 Final Plan	**-2.7**	

- Lowest DGH deficit within C&M (excluding S&O).
- Position of ICS may result in further submissions of plans into 2023/24 financial year.
- Undertake work to fully understand “underlying position”.
- Elective work will be on a PbR basis, other income streams will be blocked

CIP

St Helens and Knowsley Teaching Hospitals NHS Trust

Total 4.8% CIP (£28.6m) assumed in draft plan:

- 1.1% national efficiency assumption
- 0.7% C&M convergence adjustment
- 1.6% Covid top up reduction
- 0.3% Other
- 1.1% Non recurrent stretch agreed with ICB

Transaction savings included with S&O savings plan.

Important to note that discussions with ICB also included a delay on bridging the £15m gap within the business case.

- **c50%** of the CIP target identified as green/amber

CIP Target	£m
Recurrent	21.6
Non-Recurrent	7
	28.6

CIP RAG Rating	£m
Green	11.4
Amber	1.8
Red	15.4
	28.6

Capital/Cash

St Helens and Knowsley Teaching Hospitals NHS Trust

- Indicative capital allocations issued by ICS
- c4.5m allocated to StHK
- Additional capital to be received in year for Front Line Digital – not included in £4.5m
- Significantly reduced capital programme in year
- Cash balances to remain strong through 23/24 with a planned year end balance of £17.5m
- Cash will reduce as a result of:
  - Deficit position
  - Non recurrent savings to support CIP programme
  - Technical surplus not be achieved to fund PFI capital
- No anticipated working capital movements/deteriorations as a result of Lead Employer

Performance

St Helens and Knowsley Teaching Hospitals NHS Trust

Emergency Care
Improve A&E waiting times so that at least 76% of patients wait no more than 4 hours by March 2024.
Improve category 2 ambulance response times to an average of 30 minutes across 2023/24
Reduce adult general and acute bed occupancy to 92% or below.
Community
Consistently meet or exceed the 70% 2-hour urgent community response standard.
Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals.
Elective Care
Eliminate waits over 65 weeks for elective care by March 2024
Deliver the system specific activity target (109% of 2019/20 activity levels)

Performance

St Helens and Knowsley Teaching Hospitals NHS Trust

Cancer

Continue to reduce the number of patients waiting over 62 days

Meet the cancer faster diagnostic standard by March 2024, so that 75% of patients who have been urgently referred are diagnosed or have cancer ruled out within 28 days.

Increase the % of cancer diagnosed at stages 1 and 2.

Diagnostics

Increase the % of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%

Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition

Maternity

Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury.

Increase fill rates against funded establishment for maternity staff.

Risks

St Helens and Knowsley Teaching Hospitals NHS Trust

Risk	Mitigations
CQUIN schemes and targets not fully worked up	Continued contract meetings with St Helens Place to conclude
Contracts remained unsigned with ICB/PLACE	Regular meetings in place to conclude discussions
PBR activity to be introduced in year resulting in reductions of income if activity not delivered	Monitoring via F&P committee, Executive committee and Care Group F&P meetings
Reduced capital envelope compared to previous years	Work within system around potential for external capital bids
Risks to activity as a result of: -Industrial Action -COVID rates -Bed occupancy including delayed discharges	Continue to review and report pressures outside of Trust control
Technical surplus will not be achieved in year	Cash reserves will be utilised in year
New arrangements in "PLACE" may take time to fully embed	Increase meeting schedule in short term to support system working and understanding of position
Inflation for PFI is running significantly higher than funding included in tariff	Liaise with ICS around additional income to support via regional returns
ICS plans currently showing deficit	Continue to work with ICS on potential improvements to the Trusts and system plans.

Next Steps

St Helens and Knowsley Teaching Hospitals NHS Trust

- Conclude contract sign off with ICB/PLACE
- Monitor performance around risk on elective activity
- *Potential* excess inflation funding to be distributed. Additional returns being sent regionally to understand impact. Potential £5.5m opportunity for StHK
- Work still ongoing to confirm recurrent and non recurrent allocations within ICB offer. This will allow the Trust to fully understand the **underlying position**.
- Conclude discussions with ICB on additional contracts:
  - Community Diagnostic Centres
  - Bariatric Surgery

St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Board

Paper No: NHST(23)026
Title of paper: Care Quality Commission (CQC) compliance and registration
Purpose: This paper provides a summary of policies, process and practices across the Trust to demonstrate how on-going compliance is maintained with the fundamental standards required by the CQC (Appendix 1) to provide assurance to the Board.
Summary: The Trust is required to register with the CQC and has a legal duty to be compliant with the fundamental standards set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). The Trust's last full inspection took place in July/August 2018 and covered the following areas: • Use of resources • Surgery • Urgent and emergency care • Maternity • Community services • Marshalls Cross Medical Centre • Well-led domain The final report was published on 20th March 2019 and the overall Trust rating was outstanding. This rating remains in place. Marshalls Cross Medical Centre was reinspected in October 2022 and was rated as good for each domain and overall. The final report was published on 10th January 2023. The CQC's transitional regulatory approach to monitoring implemented in 2020-21 was maintained during 2022-23, including regular contact with the Trust's relationship managers. There have been no enforcement actions taken during 2022-23. Appendix 1 provides an updated summary of compliance against each of the relevant standards. The Trust is currently in the process of registering the new locations of Southport and Formby District General Hospital and Ormskirk District General Hospital in preparation for the proposed transaction on 1st April 2023.

Corporate objectives met or risks addressed:

Care, safety, and communication

Financial implications:

The CQC charges all providers an annual registration fee to cover its regulatory activities based on a % of the patient care income from the most recent annual accounts.

2019-20 fee = £238,394

2020-21 fee = £249,293

2021-22 fee = £281,838

2022-23 fee = £305,715

Stakeholders: Trust Board, patients, carers, staff, regulators, including the CQC and commissioners

Recommendation(s):

For the Trust Board to:

- Review the information provided to confirm compliance with the fundamental standards and on-going CQC registration requirements and to determine if further information or evidence is required.

Presenting officer: Sue Redfern, Director of Nursing, Midwifery and Governance

Date of meeting: 29th March 2023

Appendix 1

St Helens and Knowsley Teaching Hospitals NHS Trust

Compliance with CQC Regulations and Fundamental Standards

Key	This paper was updated on 14th March 2022
	Full assurance in place in STHK
	Process in place, further work required until full assurance can be given
	No assurance in place
	Position not yet assessed and, therefore, not known
	Not applicable

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
No FS maps to this regulation	5 - Fit and proper persons: directors	People with director-level responsibility for meeting the standards are fit to carry out this role.	**Well-led**	Remuneration	DoHR		Process in place for confirming all current Directors including Non-Executive Directors meet the required standard, which is applied to all new appointments and renewed annually. All records available for review by CQC if required.
No FS maps to this regulation	6 - Requirement where the service provider is a body other than a partnership	Provider is represented by an appropriate person nominated by the organisation who is responsible for the management of regulated activity.	**Well-led**	Executive	DoNMG		Director of Nursing, Midwifery and Governance is the Accountable Person registered with the CQC. Director of Nursing, Midwifery and Governance registered with the CQC as responsible officer and confirmed in the latest certificate received dated 02/12/2019.

Appendix 1

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
No FSs map to this regulation	8 - General	Registered person must comply with regulations 9 to 19 in carrying on a regulated activity	**Well-led**	Quality	DoNMG		See information below for compliance
1	9 - Person-centred care	Providers must do everything reasonably practicable to put patients at the centre and to reflect personal preferences, taking account of people's capacity and ability to consent.	Safe, **Caring,** Responsive	Quality	DoNMG		All patients are assessed on admission or when commenced on caseload and have comprehensive treatment/care plans in place. Trust has examples of adjustments made to meet individual needs, including electronic alerts, health passports, side-rooms, additional staffing where needed, promotion of John's Campaign to support carers who wish to stay with patients/carer beds (which remained in place during the pandemic as a valid exemption to the visiting restrictions), hearing loops & communication aids. In addition, the Trust has carer passports in place to support those closest to patients. In outpatients, double, early and late appointments are used along with desensitising visits to clinics. Specialities have developed their own pathway supporting people with additional needs and include imaging, endoscopy and pre-operative assessment. For complex patients, best interest decision-making and journey planning involving multi-disciplinary teams are routine. Mental Capacity Act included in mandatory training. Up-to-date Consent Policy in place and available on the Trust's intranet with quarterly consent training provided by the clinical lead for consent. Compliance with nursing care indicators is regularly audited and reported to each ward using the audit app, Tendable. All wards have completed a self-assessment against the Quality Care Accreditation Tool, which includes key questions relating to person-centred care. The Trust received an overall rating of outstanding for the caring domain, with examples of compliance sited in the CQC inspection report, including the fact there were sufficient numbers of trained nursing and support staff with an appropriate skill mix to ensure that patients' needs were met appropriately and promptly. The CQC observed positive interactions when staff were seeking consent. Positive comments continue to be received via our local Healthwatch partners, NHS website and Friends and Family Test feedback, including via the newly introduced Trust website feedback form. These are shared with the relevant teams to boost morale and to continue to support high quality care.

Appendix 1

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
2	10 - Dignity and respect	Have due regard to the Equality Act 2010 protected characteristic – staff demonstrating compassion and respect. Maintain privacy **at all times**, including when sleeping, toileting and conversing.	Safe, **Caring,** Responsive	Quality	DoNMG		The Trust's values include respectful and considerate and these are reiterated at interview, on induction and during appraisals. Values based recruitment is in place for all staff. Privacy and dignity is assessed as part of the CQC inspection, external PLACE assessments (which have recently been reintroduced following a pause during the pandemic) and comprehensive internal audits (which have continued during 2022-23). The Trust was rated best nationally in last PLACE assessment for third year running (2019). 2021 inpatient survey (reported in 2022) results state 9.6/10 of patients reported that they were given enough privacy when being examined or treated, compared to the average score of 9.4 and 7.3/10 for being able to discuss their condition or treatment with hospital staff without being overhead, which was well above the national average of 6.3. Privacy and dignity consistently score highly in the Nursing Care Indicators. Any areas of concern highlighted through the complaints process are responded to and actions taken to address shortfalls. Provision of Single Sex Accommodation Policy in place, which requires any breaches to be reported via the Datix system. Annual mixed sex declaration submitted to the Board each March with no unjustified breaches reported in 2022-23, 2021-22 and 2020-21.

Appendix 1

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
3	11 - Need for consent	All people using the service or those acting lawfully on their behalf give consent. (Meeting this regulation may mean not meeting other regulations eg this might apply in regard to nutrition and person centred care. However, providers must not provide unsafe or inappropriate care just because someone has consented.)	**Safe,** Responsive	Quality	MD		Up-to-date Consent Policy in place and patients are consented using standard Trust forms for all procedures. Annual consent audit undertaken as part of the clinical audit programme which is reported to the Clinical Effectiveness Council. CQC observed positive interactions when staff were seeking consent. Consent training provided quarterly, with additional sessions provided by Hill Dickinson. Any incidents where consent issues are identified, including through claims and complaints, are investigated and actions taken to deliver improvements. Consent is included in Mental Capacity Act training regarding patients who lack capacity to consent and the need for best interest decisions.

Appendix 1

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
4	12 - Safe care and treatment	Assessing risks against health and safety standards, mitigating risks, staff providing care have relevant qualifications, competence, skills and experience, ensure premises and equipment used are safe for intended purpose. Ensure sufficient quantities of medicines/equipment to remain safe. Proper oversight of safe management of medicines. Infection prevention and control (IPC).	**Safe**	Quality; Workforce Council; Executive	DoHR, DoNMG, DoCS,		Health and safety (H&S) risk assessments in place and outlined in H&S Policy & supporting documents. Workplace inspections reported to Health and Safety Group which reports to People Council and programme of environmental checks in place, with actions taken to address any issues identified. All staff were risk assessed as part of the pandemic response, with appropriate redeployment put in place depending on the outcome of the risk assessment. Staff reported positively on the availability of personal protective equipment during the pandemic and Health and Safety Executive review in December 2020 found no cause for concern. Relevant checks against job description/person specification undertaken as part of recruitment process for all staff. Annual appraisals confirm staff have maintained knowledge and expertise to undertake roles and responsibilities. Missed doses of medication are recorded in electronic prescribing and medicines administration (ePMA). Pharmacy staff undertake audits of missed doses and medicines security, providing feedback to individual wards for improvement. Ongoing improvements noted in the latest medicines security audits reported to the Quality Committee in November 2022. Programme of medical device maintenance in place, with regular reports provided to the Patient Safety Council, which reports to the Board's Quality Committee. Compliance with infection prevention is regularly audited and root cause analysis undertaken on any serious incidents, including CDiff/MRSA cases. One MRSA bacteraemia reported year to date in 2022-23 and CDiff cases remain below threshold set for 2022-23.

Appendix 1

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
5	13 - Safeguarding service users from abuse and improper treatment	Zero tolerance approach to abuse and unlawful discrimination and restraint, including neglect, degrading treatment, unnecessary restraint, deprivation of liberty. All staff to be aware of local safeguarding policy and procedure and actions needed if suspicion of abuse.	**Safe**	Quality, Workforce Council	DoNMG, DoHR		The Trust has a zero tolerance approach to abuse, discrimination and unlawful restraint. The Trust has a Raising Concerns Policy and also Disciplinary Policy and Procedure in place for any staff who fail to meet the Trust's values and ACE behavioural standards. Each clinical area has a Safeguarding file with key information to ensure all suspicions are reported appropriately, with ongoing training provided at ward level by the Safeguarding Team. Safeguarding level 1 is the minimum mandatory requirement for all staff, with level 2&3 targeted at those who require it, ie those working with children and young people and those in decision-making roles respectively. Compliance with training is reported to the Quality Committee. In addition, staff are required to complete training for Prevent. Awareness of Deprivation of Liberty Safeguards (DoLS) is included in induction and mandatory training, with increase in referrals maintained in 2021-22 and in 2022-23. The Trust provides training in conflict resolution and has a Clinical Holding Policy in place covering use of restraint. CQC inspection report highlighted that the relevant policies and procedures were in place, with robust training and support from the Safeguarding Team to ensure patients receive appropriate care.

Appendix 1

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
6	14 - Meeting nutritional and hydration needs	People who use services have adequate nutrition and hydration to maintain life and good health.	**Effective**	Quality	DoNMG		Trust rolled out the Malnutrition Universal Screening Tool (MUST) for adults to ensure compliance with NICE guidance in 2015 which is now included in the electronic risk assessments. Patients are required to have a MUST risk assessment within 24 hours of admission, which is repeated every 7 days. Patients identified as at risk of malnutrition have food charts and appropriate care plans in place. There is a red tray and red jug system in place for patients who require additional support with eating and drinking. All general wards are required to operate protected mealtimes, which was reviewed and relaunched in 2021-22. Patients are regularly assessed to note any changes in nutrition and hydration status. Regular audits are conducted to maintain focus on high standards of hydration and nutrition throughout the Trust. In addition, electronic fluid balance charts to support appropriate recording of hydration are now in place and moved to Careflow vitals in March 2021, which will further aid compliance due to reduction in need to use different systems/devices. Ongoing actions are in place to continue to improve hydration, including regular reminders via the safety huddles and weekly quality engagement events during 2022-23. Completion of fluid balance charts is a component of the Nursing Care Indicators which are reported monthly, with outcomes fed back to individual areas and the Heads of Nursing and Quality to address any areas requiring improvement. The volunteer service had increased the number of trained dining companions to further support patients during meal times, which were reintroduced in 2021-22 following suspension due to volunteers not attending wards in the pandemic.

Appendix 1

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
7	15 - Premises and equipment	Premises and equipment are clean, secure, suitable, properly used/maintained, appropriately located and able to maintain standards of hygiene. Management of hazardous/clinical waste within current legislation. Security arrangements in place to ensure staff are safe.	**Safe**	Quality	DoCS		The Trust was rated best acute Trust for Patient Led Assessments of the Care Environment (PLACE) programme in 2017, 2018 and 2019 (the latest inspection). The Trust achieved 100% for; • cleanliness • condition, appearance and maintenance of the hospital buildings A comprehensive internal environmental audit is undertaken to maintain these exceptionally high standards. Cleaning standards are monitored closely to ensure high standards are maintained and the Trust receives high scores in patient surveys in relation to the cleanliness, including 9.5/10 compared to the national average of 9.1 for cleanliness of hospital room/ward in the latest inpatient survey. Workplace inspections and COSHH risk assessments in place. Waste Management Policy in place with regular awareness raising and training provided for staff. Security service provided 24 hours per day and Lone Worker Policy in place.

Appendix 1

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
8	16 - Receiving and acting on complaints	All staff to know how to respond when receiving a complaint. Effective and accessible system for identifying, receiving, handling and responding to complaints, with full investigation and actions taken. Providers must monitor complaints over time looking for trends and areas of risk.	**Responsive**	Quality	DoNMG		Staff aware of how to manage complaints at a local level, including local resolution where possible, with involvement of PALS. Work remains ongoing to increase the response times for complaints, with effective system in place via Datix for recording and monitoring each complaint. Themes and actions taken identified and reported to Patient Experience Council, the Quality Committee and the Board, to support Trust-wide lessons learned. Mersey Internal Audit Agency provided a significant assurance rating on the process for learning lessons from complaints and incidents in 2020-21, with evidence provided in 2021-22 to close outstanding recommendations. A current audit as part of the 2022-23 audit cycle is underway on the overall management of complaints, with MIAA's report due in the next few weeks.

Appendix 1

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
9	17 - Good governance	Robust assurance and auditing processes in place to drive improvement in quality and safety, health, safety and welfare of patients and staff. Effective communication system for users/staff/ regulatory bodies/ stakeholders so they know the results of reviews about the quality and safety of services and actions required.	**Well-led,** Responsive	Board	CEO		An annual Board effectiveness review is undertaken, including a review of the Board Committees and the outcomes are considered by the whole Board. Progress in delivering the Trust's objectives is reported to the Board annually and these are then refreshed for the next year. The Board and its committees review key performance indicators via the integrated performance report (IPR) monthly, identifying areas where compliance could be improved to target actions appropriately. MIAA review the governance arrangements within the Trust, including compliance with the CQC processes. External Audit review the annual governance statement. The Trust complies with the NHS Publication scheme, with an internal team briefing system in place to ensure staff are aware of the results of external reviews. Ward accreditation scheme in place (Quality Care Assessment Tool – QCAT) that is aligned to CQC standards, which has continued in 2022-23 with a programme of self-audits that are then peer reviewed. CQC noted that there was effective staff engagement in the development of the Trust's vision and values, which were widely understood across the organisation. The comprehensive ward to Board review of each clinical area through the annual Quality Ward Round was successfully relaunched in 2022-23 and a weekly quality engagement programme led by the senior nursing team was reintroduced in 2022, which enables regular visits to clinical areas to discuss a range of topics, including consent/mental capacity, dress code, sepsis, nutrition and hydration and behavioural standards.

Appendix 1

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
10	18 - Staffing	**Sufficient numbers** of suitably qualified, competent, skilled and experienced persons deployed to meet CQC requirements.	**Safe, Effective**	Workforce Council	DoHR		Comprehensive workforce strategy in place supported by Recruitment and Retention Strategy, including targeting workforce hotspots and proactive international recruitment for both medical and nursing staff. The Trust has an ongoing collaboration with Masaryk University, Brno, Czech Republic to recruit newly qualified doctors who trained using the English syllabus. There is an active recruitment programme for the nursing and midwifery workforce, on-going throughout the year. The Trust continues to explore all possible opportunities to attract and retain nurses, midwives, operating department practitioners (ODPs) and allied health professionals: • An active recruitment programme for the nursing and midwifery workforce, ongoing throughout the year, both locally and internationally. This includes the reintroduction of both face to face and virtual open events • Delivering apprenticeship programmes, from local health care cadets at further education colleges through to part-time registered nurse degrees and ODP apprenticeships • Implementation of the nursing associate role – with 28 having completed the Nursing Associates Apprenticeship Level 5 and 24 are currently enrolled • Implementation of e-rostering, which has been implemented in 99% of the organisation. E-job planning is being taken forward for other staff groups to include medics • Launch of a new online appraisal and personal development plan system which includes an enhanced focus on health, wellbeing and staff support, achieving the 85% target this year • Equality, Diversity & Inclusion champions appointed to lead new staff networks created: Carers, Building a Multi-Cultural Environment, Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ+), Menopause, Armed Forces and supporting a healthy workforce There is a comprehensive workforce performance dashboard, which enables detailed monitoring/oversight. A safer staffing report is presented to the Quality Committee, with detailed staffing review reported to the Board twice yearly including nurse establishment and patient acuity.

Appendix 1

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
11	19 - Fit and proper persons employed	Staff to be of good character with appropriate qualifications, competence, skills and experience ie all staff are fit and proper – honest, trustworthy, reliable and respectful	**Well-led**	Workforce Council	DoHR		Effective procedures in place for pre-employment and on-going revalidation of relevant staff. The Trust has range of HR policies and procedures in place. Staff are aware of the requirement to raise any concerns about patient care and anything that may affect them personally in fulfilling their duties. Staff are required to provide examples of how they have demonstrated a positive commitment to the Trust's shared values and behaviours and to equality, diversity and inclusion. MIAA review recruitment as part of ongoing audit cycle to provide external assurance on compliance with policy and procedure.
No FS maps to this regulation	20 - Duty of candour	Open and transparent with people who use services/people acting lawfully on their behalf. Promote culture of openness, transparency at all levels, with focus on safety to support organisational and personal learning. Actions taken to ensure bullying and harassment is tackled in relation to duty of candour.	**Safe**	Quality Committee	DoNMG		Electronic reporting system, Datix, includes mandatory field to confirm compliance with Duty of Candour. Compliance included in serious incident Board report. Training is provided to staff within the following training programmes: • Trust's induction. • Mandatory training • Root cause analysis training There are a number of routes for raising concerns across the Trust, including speak in confidence electronic system launched in 2016-17 as a route for staff to report concerns anonymously and telephone hotline. Assistant Director of Patient Safety appointed as Freedom to Speak Up Guardian, with 4 additional guardians to ensure staff have wide access. Regular reports in relation to Freedom to Speak Up are presented to the Quality Committee to provide assurance that issues raised are addressed. CQC confirmed in their inspection report that the Trust has good systems in place to fulfil its obligations in relation to the Duty of Candour Regulations.

Appendix 1

Funda-mental Standard (FS) number	Regulation	Summary	Domain	Committee	Exec Lead	RAG status	Current position
No FS maps to this regulation	20A - Requirement as to display of performance assessments	Notify via all websites and in each premise where services are provided the latest CQC rating, including principal premises. The information is to include the CQC's website address and where the rating is to be found and for each service/premise the rating for that service/premise.	**Responsive,** Well-led	Executive	DoCS		Ratings available on internet with links to the full reports using the CQC widget. Full list of clinics and sites where services provided collated for staff to display ratings in individual clinics.

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(23)027
Title of paper: Elimination of Mixed Sex Accommodation - Declaration
Purpose: To provide assurance to the Trust Board that the Trust has complied with the national guidance to eliminate mixed sex accommodation.
Summary: All trusts are required to make an annual declaration confirming compliance with the guidance in relation to elimination of mixed sex accommodation and the provision of appropriate single-sex facilities. Failure to comply with the guidance could result in significant financial penalties for breach of contractual standards, unless it would be in the overall best interests of the patient or is their personal choice. The annual declaration must be published on the Trust website. No breaches were declared in 2022-23 and the Trust continues to implement the Provision of Same Sex Accommodation Policy in order to prevent any breaches.
Corporate objectives met or risks addressed: Safe and effective care
Financial implications: Financial penalties can apply if breaches occur
Stakeholders: All staff and external partners
Recommendation(s): The Board approves the declaration in relation to the elimination of mixed sex accommodation
Presenting officer: Sue Redfern, Director of Nursing, Midwifery & Governance
Date of meeting: 29th March 2023

Eliminating Mixed Sex Accommodation Declaration

1. Background

1.1 In November 2010, the Chief Nursing Officer (CNO) and Deputy NHS Chief Executive wrote to all NHS Trusts. The letter (PL/CNO/2010/3) set out the expectations that all NHS organisations 'are expected to eliminate mixed sex accommodation, except where it is in the overall best interests of the patient, or their personal choice'. The CNO letter included detailed guidance on what was meant by 'overall best interests', including situations, for example, when a patient is admitted in a life threatening emergency.

1.2 This was followed by another letter from the Chief Nursing Officer and Deputy NHS Chief Executive in February 2011 (Gateway ref 15552) setting out expectations regarding annual declarations of compliance.

1.3 Further guidance, ‘Delivering same-sex accommodation’ was issued by NHS England and NHS Improvement in September 2019 which provided clarification about what constitutes a breach.

1.4 Covid-19 Response, a letter dated 28 March 2020 from NHSE/I provided the trust with guidance relating to reducing burden and releasing capacity for staff so that emergency planning can be undertaken as part of the local NHS response to the Covid-19 pandemic. The letter stipulated that MSA breaches did not need to be returned to NHS Digital from 1 April 2020 to 30 June 2020.

1.5 Trust Boards are required to declare compliance annually and if they are not able to do so, they may declare non-compliance however significant financial penalties may apply under such a circumstance.

2. Declaration of Compliance

2.1 The Trust Board of St Helens and Knowsley Teaching Hospitals NHS Trust confirms that mixed sex accommodation has been virtually eliminated within all its hospitals, except where it is in the overall best interest of the patient or reflects their personal choice.

2.2 We have the necessary facilities, resources, and culture to ensure that patients who are admitted to our hospitals will only share the room where they sleep with members of the same sex, and same sex toilets and bathrooms will be close to their bed area. Sharing with members of the opposite sex will only happen by exception based on clinical need, for example, where patients need specialist equipment such as in critical care areas.

2.3 Sleeping accommodation does not include areas where patients have not been admitted, such as cubicles in the Emergency Department or assessment areas.

2.4 If our care should fall short of the required standard, the Trust will report it. St Helens and Knowsley Teaching Hospitals NHS Trust have assurance mechanisms in place to monitor compliance, the management structure to

manage any breaches and the desire to ensure we are communicating to patients and the public that we are continuing to meet our commitment to providing same-sex accommodation.

2.5 The Trust board monitors compliance with mixed sex accommodation compliance monthly as reported in the integrated performance report (IPR).

3. Data collection and performance

3.1 There were no reportable breaches in 2022-23.

4. Current Situation

4.1 Gender mixing only occurs within critical care units and the emergency department. This is in line with the overall best interests' criteria stated by the CNO.

4.2 All adult in-patient wards are either single sex, or where they are mixed sex, areas within the ward are designated as male or female, with separate designated toilets and bathrooms. Where admissions and transfers may potentially cause a mixed sex breach ward teams are able to move patients to prevent this.

4.3 Children, young people, and their parents will be asked at time of admission if they wish to be cared for with others of a similar age in a single sex bay or in a single room. This preference is used to determine where to place a child or young person in our children's wards.

4.4 Any changes proposed to the ward environment include a risk assessment to ensure that the requirements for single sex accommodation can continue to be met.

4.5 The Trust's Provision of Same Sex Accommodation Policy was updated in 2020 and is available for staff on the Trust's intranet.

5. Patient experience

5.1 Year-to-date there has been no PALS or formals concerns raised regarding privacy and dignity in relation to mixed sex accommodation.

6. Recommendation

6.1 The Trust Board are asked to approve the he annual statement of compliance This will then be published on Trust website and submitted to NHS England.

Ends

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD PAPER

Paper No: NHST(23)028
Title of paper: NHS Staff Survey 2022 performance and response
Purpose: For assurance
Summary: To provide the Trust Board with an overview of the results of the Staff Survey for 2022 and areas of focus which will form the basis of the 2023 action plan.
Corporate objectives met or risks addressed: Developing Organisational Culture and supporting our workforce, Safety, Communication
Financial implications: No new financial requirements directly from this paper
Stakeholders: Staff, Staff Side colleagues, Service users, Line Managers, CCG, CQC.
Recommendation(s): Members are asked to note the outcomes and accept for progression into a detailed milestone plan with interventions to address the areas of concern.
Presenting officer: Anne-Marie Stretch, Director of HR & Deputy CEO
Date of meeting: 29th March 2023

St Helens and Knowsley Teaching Hospitals NHS Trust

2022 NHS Staff Survey Report

1. INTRODUCTION

During October and November 2022, 228 NHS organisations in England took part in the NHS Staff Survey, of which 124 were included in our benchmarking group.

The 2022 NHS Staff Survey has undergone some minor changes to the content of the questionnaire since the 2021 iteration and also some to the reporting:

• Trend data is presented for the People Promise elements.

• The benchmark reports now include trend data for Theme sub-scores.

A new, separate survey was also introduced for bank workers. This survey was delivered and reported separately to the substantive staff survey and will be subject to a separate report and potential action plan.

For the main survey, full-time, part-time staff were invited to participate, with over 2,800 responses received. The data generated is used for the purposes of the Care Quality Commission (CQC) monitoring assessments and by other NHS bodies such as the Department of Health.

This is just the second year all staff employed by St Helens and Knowsley Teaching Hospitals NHS Trust (STHK/ the Trust) in the last week of September, were invited to take part. The survey was administered on our behalf by AQvia (AQ), who replaced Quality Health this year.

Staff were either invited to complete on-line or via postal questionnaires which were distributed to staff by hand through the Trusts' network of Staff Survey Champions. Those staff provided a postal questionnaire could respond either by post, using a pre-paid envelope provided by QH, or online using the web link included in the invite letter. Two reminders were sent; a first reminder letter or email and a further mailing which included a repeat full questionnaire or electronic link to it.

The results were published nationally on 9th March 2023.

Detailed results are available on the Trust Intranet Staff Survey pages

STHK Intranet - Have Your Say - Annual NHS Staff Survey Results

A breakdown of the responses to each question available from the following site:

http://www.nhsstaffsurveyresults.com/

2. QUESTIONNAIRE CONTENT

2022 saw some minor changes to the questionnaire content, the details of which can be found in Appendix 1.

Results are reported both as individual question responses and against the People Promise themes. The People Promise from part of the NHS People Plan and sets out, in the words of NHS staff, the things that would most improve their working experience and is made up of seven elements:

The themes are scored on a 0 to 10-point scale. A higher score indicating a more positive (better) result. The list of questions feeding into each theme and its sub themes are presented in Appendix 2.

Two additional themes are also included.

- Staff Engagement
- Morale

This year the People Promise elements, themes, and sub-scores are reported with two years of trend data.

In addition to the themes, question-level data is presented in the updated benchmark reports for all questions included in the core questionnaire. The question-level results are reported as percentages.

As part of the survey staff are given the opportunity to provide free text responses to two additional questions.

3. RESPONSE RATE

3.1 STHK

2,691 completed questionnaires were returned from a workforce of **6,687**. A response rate of **40.2%.** This was a **3.2%** increase since last year and represents a significantly larger number of overall responses.

3.2 National

When looking at the national picture, the mean average national response rate for Acute and Acute & Community Trusts in England was 46% a reduction of 150,944 responses when compared to the 2021 survey.

3.3 Respondent Demographics

The 2691 respondents comprised the following groups:

Gender	%
Male	16.4
Female	81.7
Non -binary	0.1
Prefer to self-describe	0.1

Age	%
66+	1.7
51-65	34.8
41-50	24.8
31-40	22.6

Ethnicity	%
White	90.1
Mixed/Multiple ethnic background	0.6
Arab	0.4
Asian/Asian British	1.5

Sexual orientation	%
Heterosexual or straight	92.0
Gay or lesbian	2.3
Bisexual	1.2
Other	0.4

Prefer not to say	1.8

21-30	15.8
16-20	0.3

Black/African/Caribbean/Black British	7.0
Other ethnic groups	0.5

Prefer not to say	4.0

Care Group/ Directorate	Staff Headcount	Respondents	%
Clinical Support Services	1258	599	48
Community Services	550	264	48
Finance & Information Director	188	90	48
Human Resources Director	387	290	74
IM+T Director	191	103	53
Medical Care Group	1849	598	32
Medirest	349	56	16
Surgical Care Group	1778	582	32

Occupational Group	%
Registered Nurses and Midwives	29.3%
Nursing or Healthcare assistants	9.8%
Medical and Dental	6.0%
Allied Health Professionals	11.0%
Scientific and Technical	8.4%
Social Care	0.1%
Public Health	0.3%
Commissioning	0.0%
Admin and Clerical	17.6%
Central Functions	7.8%
Maintenance	2.3%
General Management	1.6%
Other	5.9%

Religion	%
No religion	30.1
Christian	61.
Buddhist	0.3
Hindu	1.6
Jewish	0.1
Muslim	1.2
Sikh	0.1
Other	1.0
Prefer not to say	4.2

Physical or mental health conditions	%
Yes	26.1
No	73.9

When you joined this organisation, were you recruited from outside of the UK?	%
Yes	3.9
No	95.
Prefer not to say	0.9

Care Group/ Directorate	Staff Headcount	Respondents	%
Clinical Support Services	1258	599	48
Community Services	550	264	48
Finance & Information Director	188	90	48
Human Resources Director	387	290	74
IM+T Director	191	103	53
Medical Care Group	1849	598	32
Medirest	349	56	16
Surgical Care Group	1778	582	32

4.0 RESULTS

To support benchmarking of performance, the results for all organisations are presented within one of the following 10 national benchmarking groups:

- Acute and Acute & Community
- Acute Specialist
- Mental Health & Learning Disability and Mental Health Learning disability & Community
- Community
- Ambulance
- CCG
- CSU's
- Social enterprises-mental Health
- Social enterprises-Community
- Community Surgical Services

Each group comprises the data for 'like' organisations, weighted to account for variations in individual organisational structure. STHK are in the group Acute/ Acute & Community trusts.

The number of organisations in this group has decreased from 126 in 2021 to 124 in 2022, due to merging of trusts removing Salford Royal NHS Foundation Trust & The Mid Yorkshire Hospitals NHS Trust.

4.1 Workforce Equality Standards

The staff survey also provides data used by the Trusts ED&I lead to support delivery of the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) and their associated action plans.

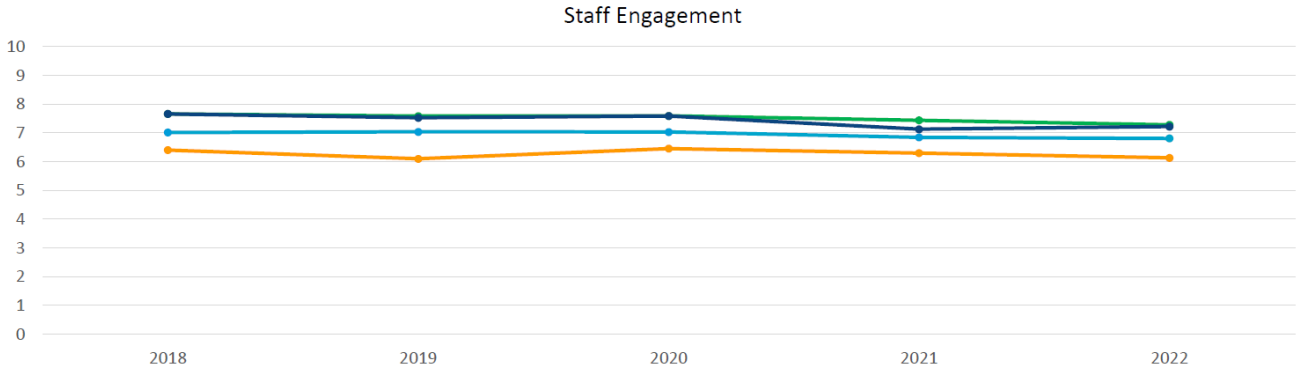
4.2 Themes.

Performance of the Trust against its benchmark group for all themes is shown in Appendix 4.

A comparison of performance from 2021 to 2022 is shown in Appendix 4. This shows 6 out of the 9 themes improved since 2021 and the balance remained unchanged.

4.2.1 Staff Engagement & Morale

Staff Engagement theme 2018-2022



	2018	2019	2020	2021	2022
Your org	7.7	7.5	7.6	7.1	7.2
Best	7.7	7.6	7.6	7.4	7.3
Average	7.0	7.0	7.0	6.8	6.8
Worst	6.4	6.1	6.5	6.3	6.1
Responses	619	564	508	2381	2677

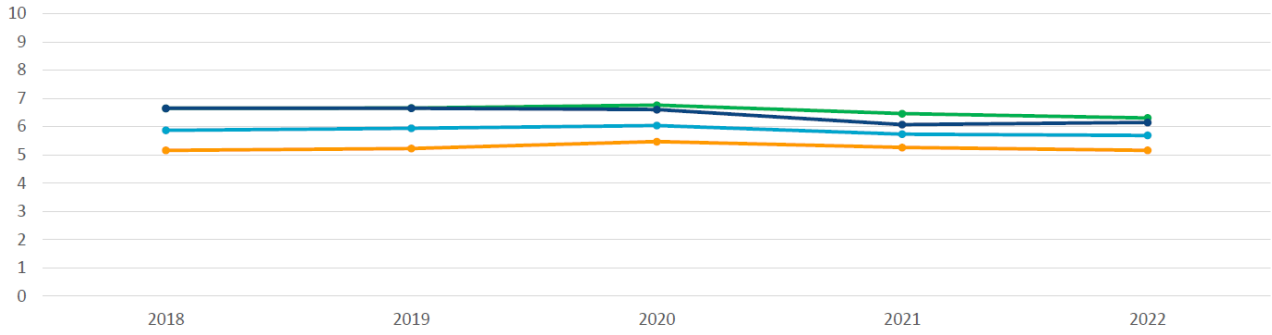
Following a general decrease in all scores across the benchmark in 2021, STHK performance 2022 has seen an increase, which is in contrast the best and worst performing Trusts which saw a further decrease.

Staff Engagement is calculated as an average from the scores of the following three sub-themes:

Motivation Q2a, Q2b, Q2c	STHK is performing above the national average and saw an increase in positive responses when compared to the best and average scores which remained unchanged. Areas of lowest performance or that saw a decrease in positive scores include Theatres + Anaesthesia St Helens, Obstetrics, Pathology Emergency access Nursing and Community Services. Areas that showed the highest increase in or most positive scores in this area include Urology nursing and AMU.
Involvement Q3c, Q3d, Q3f	All questions in this sub theme improved, leading to the Trust seeing the greatest improvement in its benchmarking group and continuing to be significantly better than the benchmark average. Areas that have seen an improvement since 2021 include Orthopaedic Nursing and Pathology Biochemistry. Areas with the least positive scores in this area include Medirest, Theatres and Anaesthesia, Medical Secretaries, Pathology, Obstetrics.
Advocacy Q23a, Q23c, Q23d	Score for this sub-theme have declined consistently across the Benchmark group. For STHK the reduction in positive responses for this theme was significantly less than for the best and average scores in the group. Although Question 23a Care of patients / service users are my organisation's top priority saw a slight decline in positive scores, further analysis showed a higher proportion of staff answered Neither agree nor disagree, The % of staff that disagree with this statement remained the same as 2021 Similarly the % of staff reporting that they are happy with the standard of care should their friends or family require treatment has dropped very

slightly, The % of staff responding they Neither agree nor disagree has increased
Further analysis is required to understand why staff responded in this way.
Areas of lowest performance or that saw a decrease in positive scores in 2022 include Theatres and Anaesthesia, Therapy Services, Operational Services, Pathology, Obstetrics and Paediatrics
Orthopaedic Nursing and Pathology Biochemistry saw an increase in positive scores.

Moral theme 2018-2022



	2018	2019	2020	2021	2022
Your org	6.6	6.7	6.6	6.1	6.1
Best	6.6	6.7	6.8	6.5	6.3
Average	5.9	5.9	6.0	5.7	5.7
Worst	5.2	5.2	5.5	5.3	5.2
Responses	619	565	508	2383	2677

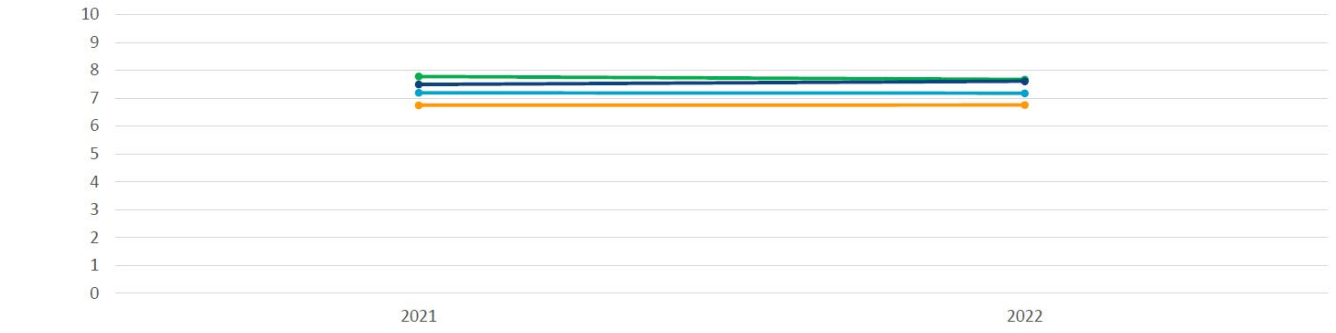
Moral theme score has maintained a level in 2022 following a decrease in 2021. The best score has continued to decline.

Morale is calculated as an average from the scores of the following three sub-sections:

Thinking about leaving Q24a, Q24b, Q24c	STHK recorded an increase in 2022 which compares favourably with the best, average and worst score which either reduced or stayed the same. STHK remains better than the average scores Areas that reported less positively for this theme include Phlebotomy, Theatres, A&E, SCG Mgmt & Planning Areas that have showed improvements In positive scores since 2021 include B &P medical. Pathology Biochemistry and Urology Nursing
Work pressure Q3g, Q3h, Q3i	STHK Maintained the score for this sub theme since 2021 in contrast the best score and worst score which recorded a decrease. Areas reporting a less favourable score include Diabetes Nursing A&E Admin, Obstetrics, Paediatrics, B &P medical
Stressors Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a	STHK recorded an increase in scores in this sub theme, whilst the best, Average and worst scores all maintained the same score from 2021. STHK remain above the average score and reside just 1 point behind the best performing trust. Areas that reported less favourably for this sub theme include Medirest, Obstetrics, Theatres, Operational Services, A&E Admin

Areas that have seen an improvement since 2021 include Pathology general, General Surgery and Orthopaedic Nursing

4.2.2 Promise element 1: We are compassionate and inclusive



	2021	2022
Your org	7.5	7.6
Best	7.8	7.7
Average	7.2	7.2
Worst	6.7	6.8
Responses	2379	2673

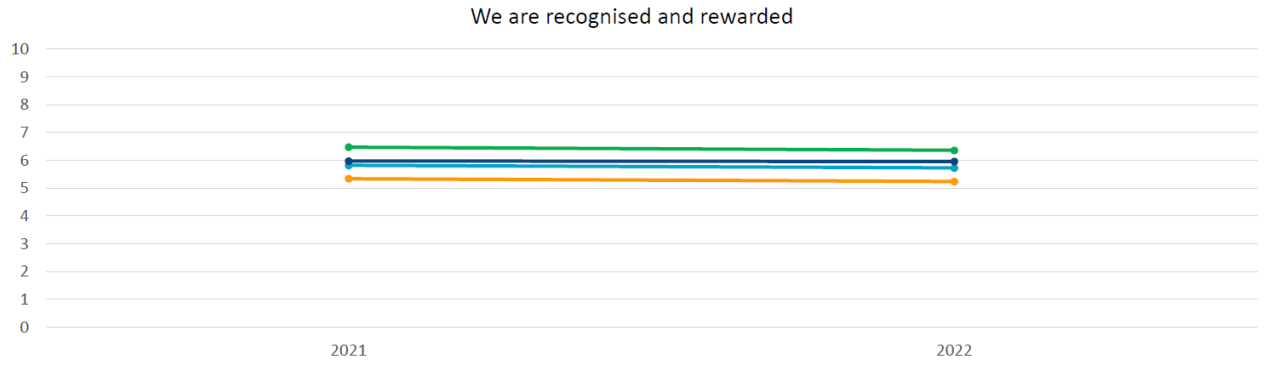
STHK Recorded an increase in scores for this people promise theme. The best Scoring organisation reported a drop since 2021

Compassionate culture Q6a, Q23a, Q23b,Q23c. Q23d	STHK recorded a reduction in performance which was in line with of best, average and worse who also recorded a reduction. STHK performance continues to be above the average performance for the benchmarking group. Areas that require improvement in this area include Theatres and Anaesthesia St Helens, A&E Admin, Obstetrics and Medirest Pathology Biochemistry, ICU and Oncology saw the highest improvements in this sub theme
Compassionate leadership Q9f, Q9g, Q9h, Q9i	STHK recorded an improvement for this sub theme for 2022. In 2021 STHK was performing in line with the average for the benchmarking group, STHK is now preforming above the national average. The Best score recorded a decline in 2022 Initial indications identify performance is worse in Medirest, Obstetrics, Theatres, A&E Admin, Burns nursing ICU, Pathology Biochemistry and Oncology saw improvements in this sub theme.
Diversity and equality Q15, Q16a, Q16b, Q20	Compared to 2021, STHK staff reported that they have experienced less occasions of discrimination from managers. Furthermore, an increased number of staff reported that STHK respects individual differenced and acts fairly with regards to career progression. The best and Average scores remain unchanged since 2021 A deep dive into the ED&I data is being led by the Head of Equality, Diversity & Inclusion and will form a separate paper.

Inclusion Q7h, Q7i, Q8b, Q8c	STHK Scores have improved since 2021 and continues to perform above the average across all questions in this subgroup. The Average and Best scores remained unchanged since 2021

4.2.3 Promise element 2: We are recognised and rewarded

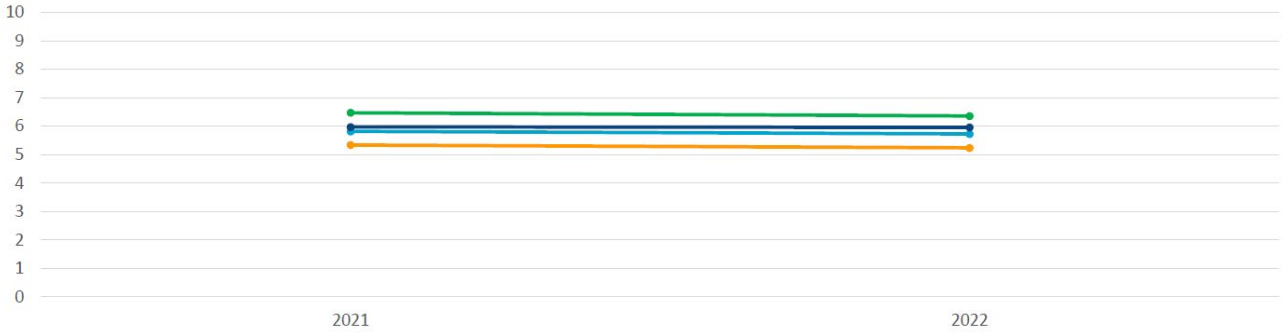
Promise element 2: We are recognised and rewarded



	2021	2022
Your org	6.0	6.0
Best	6.5	6.4
Average	5.8	5.7
Worst	5.3	5.2
Responses	2363	2660

STHK have maintained scores for this theme since 2021. In comparison the best, Average and worst scores have recorded a decline. Performance is worse in Medirest, Theatres, paediatrics, ICU, A&E Admin and Obstetrics

4.2.4 Promise element 3: We each have a voice that counts



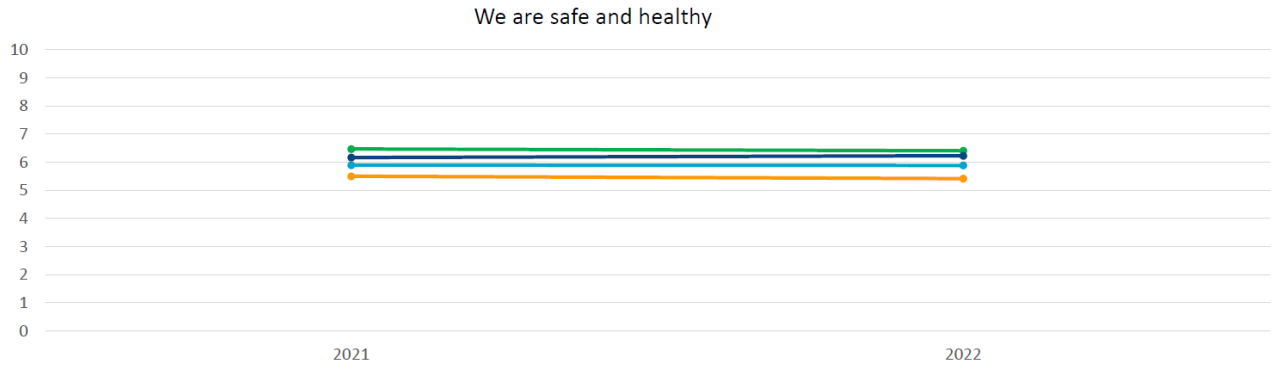
	2021	2022
Your org	6.0	6.0
Best	6.5	6.4
Average	5.8	5.7
Worst	5.3	5.2
Responses	2363	2660

STHK maintained the score retained the score from 2021. The Best, Average and Worse scores recorded a decrease.

Autonomy and control Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b	STHK recorded an increase in scores for this sub theme, in contrast the Best, Average and Worst maintained the same score as 2021. All questions in this sub theme saw an increase in positive responses. Services having the biggest negative impact on this theme include Medirest, SCG Admin, paediatrics and Obstetrics.

Raising concerns Q19a, Q19b, Q23e, Q23f	STHK has recorded an improvement for this score and continues to perform better than the Benchmark group average. In contrast the best score recorded a decrease Scores indicate that staff are feel increasingly confident about raising concerns regarding unsafe clinical practice and are progressively more confident that their concerns are addressed by this organisation. Further analysis showed that finance/HR/IM&T Areas didn't respond positively about feeling secure raising concerns, however a large % of those staff selected that they Neither agree nor disagree to this question. Clinical areas such as Community Midwifery and ward 2E require further focus.

4.2.5 Promise element 4: We are safe and healthy

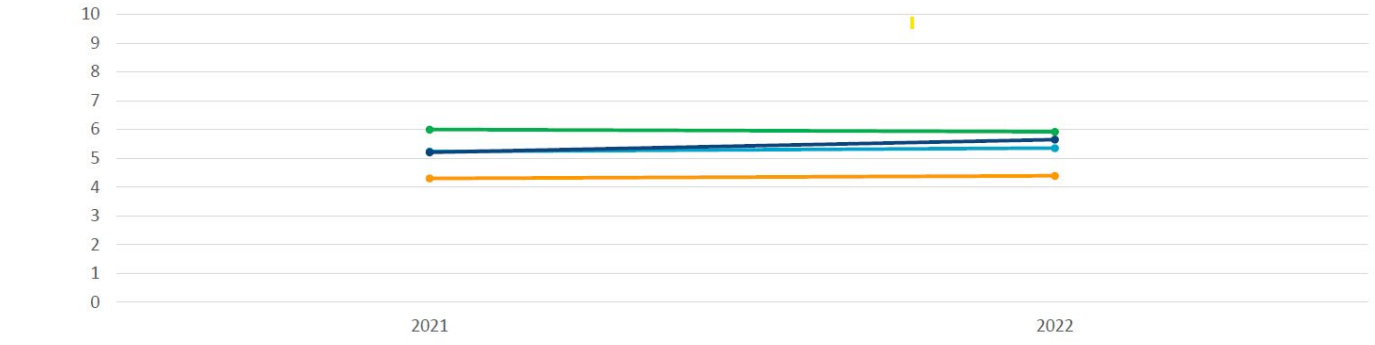


	2021	2022
Your org	6.2	6.2
Best	6.5	6.4
Average	5.9	5.9
Worst	5.5	5.4
Responses	2347	2630

Health and safety climate Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d	STHK maintained the score for this sub theme which remains higher than the average. STHK saw an increase in staff reporting experiences of physical violence, harassment, bullying or abuse at work at. This seems to be in line with the national trend. Staff reporting that they feel that this organisation takes positive action on health and wellbeing has also seen a significant increase. Further analysis is required in Emergency Access Nursing, AMU, obstetrics, Theatres, district nursing and phlebotomy to understand the decrease in staff having unrealistic time pressures. There has been a slight decline in staff If I have adequate materials, supplies and equipment to do my work. This is in line with the national trend. To understand responses, a further bespoke question was added to the 2022 staff survey. The question asked what form of Materials, supplies and equipment is required. The data form this has been shared with IT, supplies and any areas.
Burnout	STHK Maintained that same score for 2022 which is in line with the benchmarking group.

Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g	Data indications identify performance is worse in-patient facing areas including Medical Care and Surgical Care, Midwifery, Theatres, Emergency access nursing, ICU with Corporate areas and Medirest are less impacted.
Negative experiences Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c	This group are personal health and wellbeing questions. STHK has seen an increase in performance for this area, where as the benchmarking group has remained unchanged. Staff reporting that they had MSK problems and work-related stress has decreased since 2021, however there does seem to be some concerns in areas including Community Intermediate care, COE nursing, Emergency access nursing, Paediatrics and Theatres We have seen a small increase in violence and aggression of patients/service users on staff in comparison this is in line with the benchmarking trend. Areas of concern include Emergency Access Nursing, Pathology Phlebotomy & Respiratory Nursing

4.3.3 Promise element 5: We are always learning

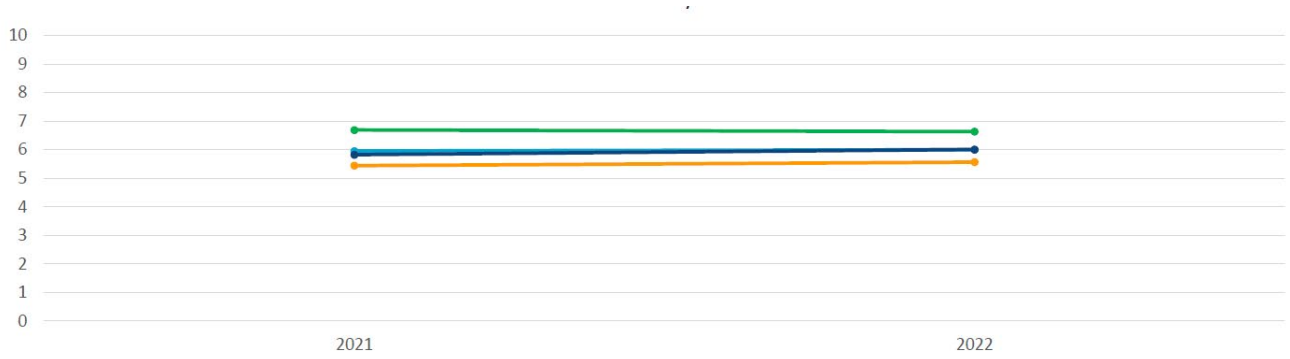


	2021	2022
Your org	5.2	5.6
Best	6.0	5.9
Average	5.2	5.4
Worst	4.3	4.4
Responses	2201	2541

Development Q22a, Q22b, Q22c, Q22d, Q22e	STHK reported an increase in this area whilst the Best scoring organisation saw a reduction and the average remained unchanged. Furthermore STHK saw a significant increase in positive answers for questions in this area and we continue to perform about the average. An increase % of staff felt that they have opportunities for career development, the opportunities to improve knowledge and skills and the feel supported to develop potential. However, there are some areas that require further investigation, These include Medirest, theatres and Paediatrics Areas that have seen an increase in positive scores since 2021 include Biochemistry, Oncology and district nursing
Appraisals Q21b, Q21c, Q21d,	This sub theme saw a significant improvement since 2021 and remains higher than the benchmark average. Staff recording that they have had an appraisal in the last 12 months has increased by 10% since 2021. An increased number of staff reported that they felt that the appraisals made them feel valued, helped them set clear objectives and helped them do their job.

Further work is required in some areas to around the quality of appraisal conversations to ensure that they help staff do their job. This is required in most directorates.

4.3.4 Promise element 6: We work flexibly

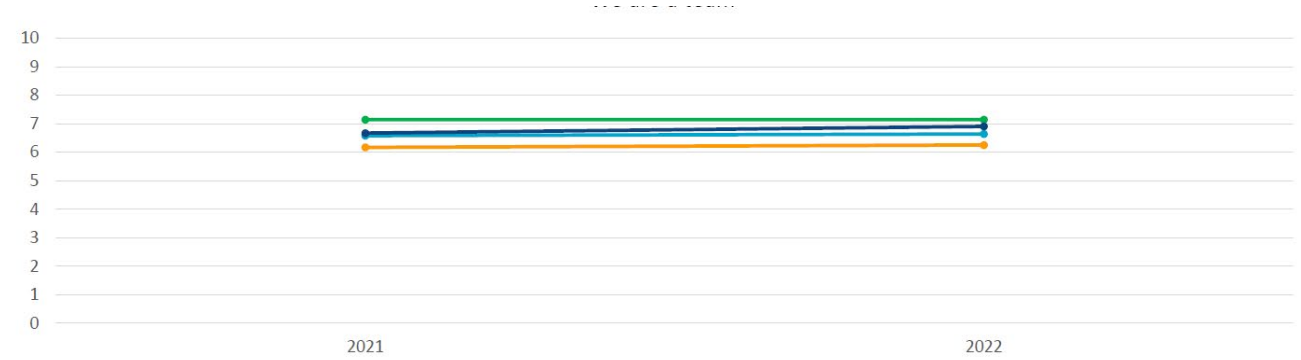


	2021	2022
Your org	5.8	6.0
Best	6.7	6.6
Average	6.0	6.0
Worst	5.4	5.6
Responses	2340	2642

STHK recorded an increase in this sub theme

Support for work-life balance Q6b, Q6c, Q6d	STHK performance saw an increase in staff reporting that this organisation and immediate managers committed and are approachable to discuss flexibility.
Flexible working Q4d	Although there was an increase in those suggesting that there are opportunities for flexible working compared to 2021 this remains below the sector average and will require further work. Initial analysis is showing that Add Prof Scientific and Technic and Estates and Ancillary are reporting particularly negative for this area.

4.3.5 Promise element 7: We are a team



	2021	2022
Your org	6.7	6.9
Best	7.1	7.1
Average	6.6	6.6
Worst	6.2	6.3
Responses	2374	2665

This sub theme saw an improvement in 2022 for STHK, which is contrast to the best and average whose scores remained unchanged.

Team working Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a	All questions in this sub theme saw an improvement other than staff understanding each other's roles which saw a minor reduction. STHK remains above the average sector score trust score and achieved the highest national score for stay saying that they enjoy working with their team. Areas that require further focus include Medirest, theatres St Helens and some specific areas in MCG
Line management Q9a, Q9b, Q9c, Q9d	All questions in this sub theme saw an improvement in 2022 and remain better than the average sector score. Staff reported that they feel more encouraged and involved by immediate managers. Areas that require further focus include medirest, Pathology and obstetrics.

5.0 CONCLUSIONS AND RECOMMENDATIONS

The Trust has worked hard over the last 12 months in the delivery of the Staff Survey action plan and to engage with, support and develop its workforce and would like to recognise what continues to be an extremely challenging operational environment and is apparent from the analysis of the results above, that there are some areas of concern that will need action to address.

A deep dive analysis and presentation of findings will be presented to Strategic People Committee and Trust Board.

The Staff Survey Operational Group, formed in Autumn 2022, brings together representatives from all Directorates to oversee the promotion, implementation and continued action planning of the annual NHS Staff Survey and Pulse Check Surveys results.

Initial analysis- Data example in the Appendix

Action plans are to be agreed and submitted to L&OD team for central coordination by the 31st of March. Standardised templates will be used.

The actions can be broadly broken down into 3 main areas of focus:

1. **Corporate/ Strategic –** Addressing issues of safety including concerns raised over sufficient staffing, Dissatisfaction with levels of pay, acting on staff and patient feedback, career progression, development, appraisal.
2. **Equality, Diversity & Inclusion –** Addressing concerns raised over access to flexible working opportunities, discrimination from patients.
3. **Service specific** – Work pressures, opportunity to contribute to improvements, changes and challenges plus, the delivery of focussed OD work with specific services/departments that have consistently flagged low scores across a range of themes/questions i.e. Maternity, St Helens Theatres and Pathology.

Initial actions, ownership and timescales are included at Appendix 6. Those individuals or nominated deputies for Care Groups/Directorates owning specific actions, will attend the monthly Staff Survey Operations Group chaired by the Head of Learning OD and Learning and OD Manager. Progress will be monitored monthly as part of the combined workforce report through the People Council and reported to the Trust Executive Committee.

6.0 Publicising the results

Evidence shows that where staff are aware of the outcomes of the survey and what has been/ is going to be done about key issues arising from it, has a positive impact on response rates at the next survey and significantly improves the credibility of the process.

In support of this, a range of activities will be undertaken over the coming weeks to support raising staff awareness of what their colleagues are saying about working in the Trust, that it is committed to action and they see the benefits of participating in this and future surveys.

The started with presentation of the results to staff and managers by IQvia on 10th March 2023 virtually via MS teams, to be supported by;

- Organisation level posters showing our top results based by theme and the strategic focus for the next 12 months.
- Posters for each directorate and area of concern, showing their top results by theme and areas on which they need to take an immediate focus.
- The management and full reports uploaded and available on the Intranet.
- Access to an easy to use, Interactive dashboard available to all staff and managers allowing interrogation of data.
- Summary of findings and suggested areas of focus at Team Brief.
- Summary with links to staff survey pages on intranet on Global emails.
- Copies of reports and actions to the local Staff Side representatives.
- Circulation to the People Council.
- Publication in News ’n Views.
- Promotion and access to results and dashboard through the Staff Engagement App

7.0 Action required by the Committee

The Committee are asked to note the content of this report and to approve and support the recommendations. Actions to address the areas of concern will be incorporated into the Staff Survey Action Plan which is monitored by the People Council and as part of the Board Governance Assurance Framework.

Appendix. 1 Changes to the 2022 NHS Staff Survey questionnaire

This document summarises the changes made to the 2022 NHS Staff Survey questionnaire from the previous year (2021).

New questions for 2022:

Section	Question
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	
17. In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users	

Questions that have been reintroduced from 2020:

Section	Question (2022):
YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	
18. To what extent do you agree or disagree with the following?	
18a. My organisation, treats staff who are involved in an error, near miss or incident fairly.	
18b. My organisation encourages us to report errors, near misses or incidents.	
18c. When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	
18d. We are given feedback about changes made in response to reported errors, near misses and incidents.	

Section:	Question (2021):	Change made in 2022:
BACKGROUND INFORMATION		
	28b. Has your employer made adequate adjustment(s) to enable you to carry out your work?	Wording updated. 30b. Has your employer made reasonable adjustment(s) to enable you to carry out your work?
	31. What is your occupation group? (14) Medical / Dental – Other (e.g., Staff and Associate Specialists / Non-consultant career grade)	Example wording updated. 33. What is your occupation group? (14) Medical / Dental – Other (e.g., Staff, Associate Specialist and Specialty (SAS))

Appendix. 2

People Promise elements, themes and sub-scores

Survey Coordination Centre NHS

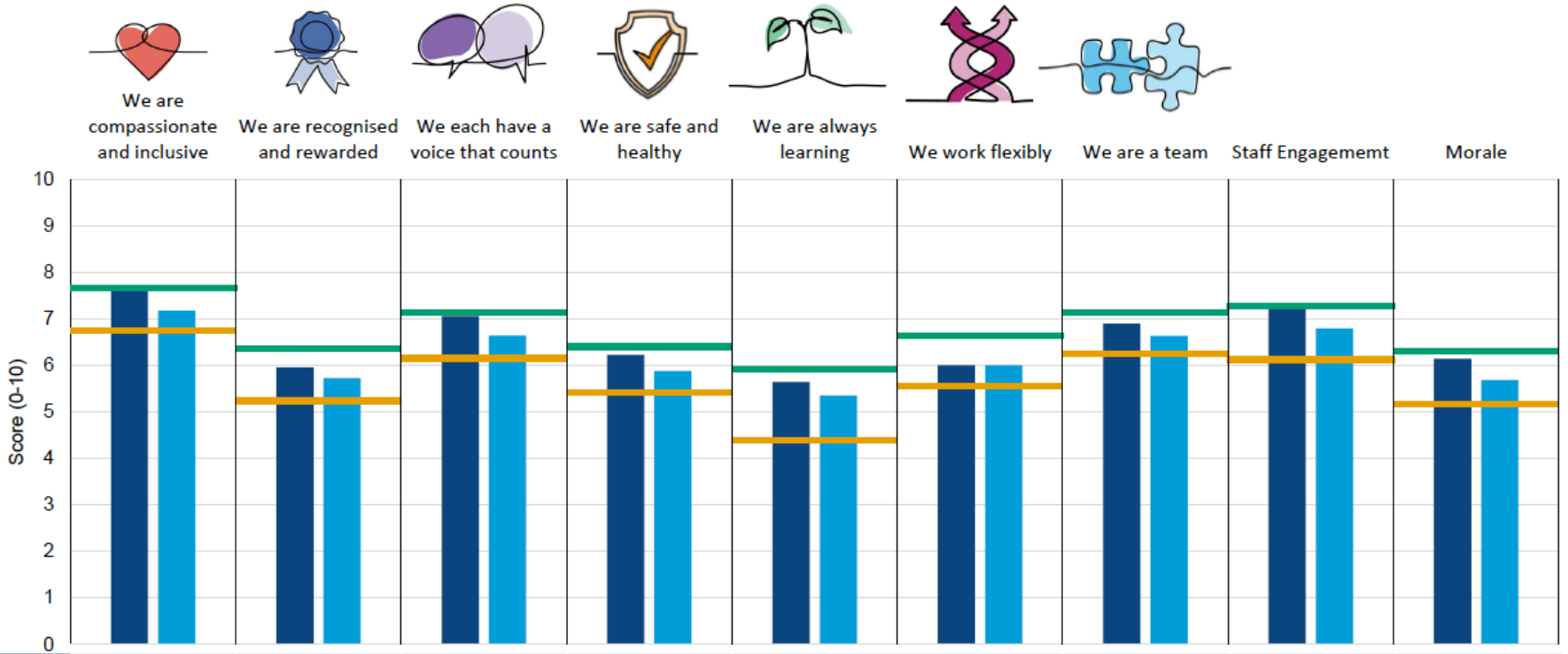
People Promise elements	Sub-scores	Questions
We are compassionate and inclusive	Compassionate culture	Q6a, Q23a, Q23b, Q23c, Q23d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15, Q16a, Q16b, Q20
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	No sub-score	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
	Raising concerns	Q19a, Q19b, Q23e, Q23f
We are safe and healthy	Health and safety climate	Q3g, Q3h, Q3i, Q5a Q11a, Q13d, Q14d
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
	Negative experiences	Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
We are always learning	Development	Q22a, Q22b, Q22c, Q22d, Q22e
	Appraisals	Q21a*, Q21b, Q21c, Q21d *Q21a is a filter question and therefore influences the sub-score without being a directly scored question.
We work flexibly	Support for work-life balance	Q6b, Q6c, Q6d
	Flexible working	Q4d
We are a team	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
	Line management	Q9a, Q9b, Q9c, Q9d
Themes	**Sub-scores**	**Questions**
Staff Engagement	Motivation	Q2a, Q2b, Q2c
	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q23a, Q23c, Q23d
Morale	Thinking about leaving	Q24a, Q24b, Q24c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a
Questions not linked to the People Promise elements or themes		

Appendix 3. STHK/National Theme benchmarking

People Promise Elements and Themes: Overview

Survey Coordination Centre NHS

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Your org	7.6	6.0	7.1	6.2	5.6	6.0	6.9	7.2	6.1
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	2673	2660	2632	2630	2541	2642	2665	2677	2677

Appendix 4. 2021/2022 Theme comparison

	2021	2022	Change since last year
We are compassionate and inclusive	7.5	7.6	↑
We are recognised and rewarded	6	6	→
We each have a voice that counts	6.9	7.1	↑
We are safe and healthy	6.2	6.2	→
We are always learning	5.2	5.6	↑
We work flexibly	5.8	6	↑
We are a team	6.7	6.9	↑
Staff Engagement	7.1	7.2	↑
Morale	6.1	6.1	→

Appendix 4. Theme performance at National, Regional and ICB level.

PP Element / Theme	Nationally	North West	C&M
We are compassionate and inclusive	2nd best with 3 other Trusts	Best	Best
We are recognised and rewarded	4th best with 9 other Trusts	Best Joint with Bolton NHS Foundation Trust Blackpool Teaching Hospitals NHS Foundation Trust	Best
We each have a voice that counts	Best (Joint with Northumbria Healthcare NHS Foundation Trust Yeovil District Hospital NHS Foundation Trust Sherwood Forest Hospitals NHS Foundation Trust)	Best	Best
We are safe and healthy	3rd best with 7 other Trusts	Best Joint with East Lancashire Hospitals NHS Trust	Best
We are always learning	4th best with 16 other Trusts	Best Joint with Bolton NHS Foundation Trust	Best
We work flexibly	7th best with 20 other Trust	4th best	Alder Hey/ East Cheshire 3rd best
We are a team	3rd best with 12 other Trusts	Best	Best
Staff engagement	2nd best with 5 other Trusts	Best	Best
Morale	3rd Best with 5 other Trusts	Best	Best

Appendix 5- Example comms to Care groups.

NHS National Staff Survey 2022
Medical Care Group - Initial Areas of Focus

St Helens and Knowsley Teaching Hospitals NHS Trust

Managers Guide: Along with the STHK Staff Survey National Dashboard - Internal Results (tab 2) please consider the below areas to support your insights into the results and as an aid when developing your 2022 Staff Survey Actions

Questionnaires were sent to 1849 staff and of these 598 responses were returned. Yielding a response rate of 32%

People Promise

Most Improved Scores		**% Increase**	**People Promise element**
	In the last 12 months I have had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review	14%	We are always learning
	My immediate manager takes effective action to help me with any problems I face.	6%	We are compassionate and inclusive
	I am able to access the right learning and development opportunities when I need to	6%	We are always learning

Most declined Scores	**Question**	**% Decrease**	**People Promise element**
	I am satisfied/very satisfied extent to which my organisation values my work	7%	We are recognised and rewarded
	I have adequate materials, supplies and equipment to do my work	7%	We are safe and healthy
	I am satisfied/very satisfied with the opportunities for flexible working patterns	6%	We work flexibly

Our top scoring questions	**Question**	**%**	**People Promise element**
	I am trusted to do my job	94%	We each have a voice that counts
	I feel that my role makes a difference to patients / service users.	91%	We are compassionate and inclusive
	I always know what my work responsibilities are	90%	We each have a voice that counts

Where we need to improve	**Question**	**%**	**People Promise element**
	I never/rarely find my work emotionally exhausting .	14%	We are safe and healthy
	I never/rarely feel worn out at the end of my working day/shift	14%	We are safe and healthy
	I Never/rarely have unrealistic time pressures.	17%	We are safe and healthy

Our Views	**Question**	**2021**	**2022**	**Staff Engageme**
	Care of patients / service users is my organisation's top priority	82%	82%	Advocacy

Appendix 6 – Next Steps

Action	By Whom	By When	Status/RAG/Comments
Complete deep dive analysis of STHK raw data under embargo	Assistant Director of OD	13/12/2022	Complete
Share with HRD/CEO Initial STHK Headline Unweighted Results. Including IQVIA Report, a 4 year analysis and People Promise Themes.	Assistant Director of OD	13/12/2022	Complete
Share initial E, D & I data shared with Assistant Director of E, D& I for purposes of WDES /WRES	Assistant Director of OD	13/12/2022	Complete
Share outcomes of initial data review with ADOs/DDs Cc HRBPs FIO for their areas of responsibility	Assistant Director of OD	10/02/2023	Complete
• Share data analysis findings with Staff Survey Ops Group • Access to the Internal Results Dashboard • Trust wide analyses • Update following ADOs/DDs reporting 10/02/23 • Brief overview of Bank Survey and initial results.	Head of L and OD	14/02/2023	Complete
Presentation of findings to: • Workforce Council • Strategic People Committee • Trust Board.	Assistant Director of OD	30/04/2023	In progress
Publicise survey results to staff • IQvia presentation • Reports uploaded to the Intranet. • Staff Survey dashboard • Team Brief. • Copies to the local Staff Side representatives. • Circulation to the Valuing Our People Steering Group • Global emails.	Assistant Director of OD	31/03/2023	Complete
Provide Survey results for publication in the Quality Account	Assistant Director of OD	13/03/2023	Complete
L&OD team meetings with senior leadership teams of each Care group/ Directorate to share the results for their teams. Incorporating E&D data and identifying actions to be taken at a directorate/care group level.	Assistant Director of OD	13/03/2023	Complete
1-2-1 meeting with Maternity senior leadership team to establish initial actions	Assistant Director of OD	31/03/2023	In progress
1-2-1 meeting with St Helens Theatres senior leadership team to establish initial actions	Assistant Director of OD	31/03/2023	In progress
1-2-1 meeting with Pathology senior leadership team to establish initial actions	Assistant Director of OD	31/03/2023	In progress
1-2-1 meeting with Medirest senior leadership team to establish initial actions	Assistant Director of OD	31/03/2023	In progress
Development of detailed action plan by ADOs/DDs Cc HRBPs FIO for their areas of responsibility supported by the Staff Survey Ops group.	ADOs and their exec Directors.	31/03/2023	In progress
Publication of detailed Trust wide Staff Survey Action Plan	Assistant Director of OD	30/04/2023	In progress
Review current recruitment, retention and staffing levels to identify opportunities for improvement where appropriate.	Deputy Director of Nursing/Assistant Director of	31/05/2023	In progress

	Workforce Development & Resourcing		
Review current ways to increase opportunities and availability for flexible working	Assistant Director of HR/ ADOs	30/06/2023	
Review opportunities for career progression	Assistant Director of Workforce Development & Resourcing	30/06/2023	
Identify methods to increase access development opportunities	Assistant Director of OD	31/05/2023	In progress
Review how it might be possible to link Appraisal to delivery of an individuals role	Assistant Director of OD	31/05/2023	In progress
Identify ways to addressing concerns raised over discrimination from patients.	Assistant Director of ED&I	30/06/2023	
Targeted focus groups facilitated by L&OD for each of Maternity, St Helens Theatres, Medirest to validate staff feedback and determine specific actions	Assistant Director of OD	31/05/2023	
Focus Group Feedback to Care group/ Directorate - Focus group themes, findings and action plan will be fed back to the DM/CD	Assistant Director of OD	30/06/2023	
Review of processes to allow staff to clearly see action results from patient and staff feedback	Deputy Director of Nursing	31/05/2023	
Establishment of a periodic programme of focus groups to provide a 'temperature check' and early indicator of potential issues.	Assistant Director of OD	30/06/2023	
Publication of 'you said, together we did'	Assistant Director of Comms Assistant Director of OD	31/08/2023	

ENDS

St Helens and Knowsley Teaching Hospitals NHS Trust

2022 Staff Survey

Introduction

During October and November 2022, 208 NHS organisations in England took part in the NHS Staff Survey. All full-time, part-time and bank staff were invited to participate.

The results were published on 9th March 2023.

St Helens and Knowsley Teaching Hospitals NHS Trust

Acute and Acute & Community Trusts

Survey mode	Mixed
Completed questionnaires	2691
2022 response rate	40%

2022 benchmarking group details

Organisations in group: 124

Median response rate: 44%

No. of completed questionnaires: 431292

Respondent data

Gender	%
Male	16.4
Female	81.7
Non -binary	0.1
Prefer to self-describe	0.1
Prefer not to say	1.8

Age	%
66+	1.7
51-65	34.8
41-50	24.8
31-40	22.6
21-30	15.8
16-20	0.3

Ethnicity	%
White	90.1
Mixed/Multiple ethnic background	0.6
Arab	0.4
Asian/Asian British	1.5
Black/African/Caribbean/ Black British	7.0
Other ethnic groups	0.5

Sexual orientation	%
Heterosexual or straight	92.0
Gay or lesbian	2.3
Bisexual	1.2
Other	0.4
Prefer not to say	4.0

Care Group/ Directorate	Staff Headcount	Respondents	%
Clinical Support Services	1258	599	48
Community Services	550	264	48
Finance & Information Director	188	90	48
Human Resources Director	387	290	74
IM+T Director	191	103	53
Medical Care Group	1849	598	32
Medirest	349	56	16
Surgical Care Group	1778	582	32

Occupational Group	%
Registered Nurses and Midwives	29.3%
Nursing or Healthcare assistants	9.8%
Medical and Dental	6.0%
Allied Health Professionals	11.0%
Scientific and Technical	8.4%
Social Care	0.1%
Public Health	0.3%
Commissioning	0.0%
Admin and Clerical	17.6%
Central Functions	7.8%

Significant changes to questionnaire content & reporting

Question changes

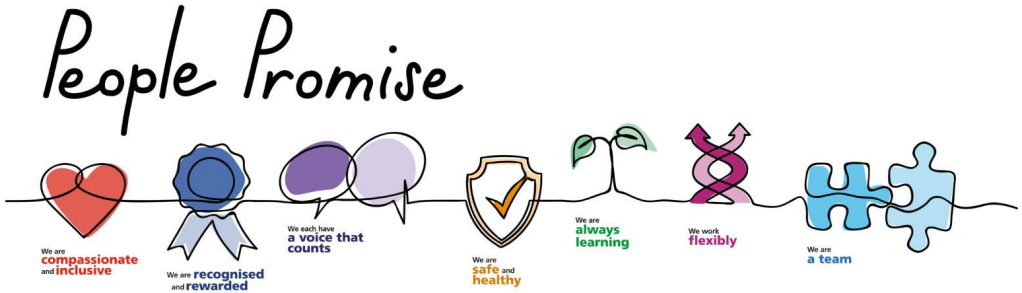
- 1 new question
- 5 questions have been reintroduced from 2020
- 2 questions have been modified

Reporting

- trend data is now presented for the People Promise elements that were introduced in 2021 and now includes trends for sub-scores in addition to theme and question scores.

Themes

- Themes continue to align to the People Promise
- The sub themes continue to be:-
    - ✓ Staff Engagement
    - ✓ Morale



Theme performance at National, Regional and at ICB level

PP +B2:E11ElB2:E11ement / Theme	Nationally	North West	ICB
We are compassionate and inclusive	2nd best with 3 other Trusts	Best	Best
We are recognised and rewarded	4th best with 9 other Trusts	Best Joint with Bolton NHS Foundation Trust Blackpool Teaching Hospitals NHS Foundation Trust	Best
We each have a voice that counts	Best (Joint with Northumbria Healthcare NHS Foundation Trust Yeovil District Hospital NHS Foundation Trust Sherwood Forest Hospitals NHS Foundation Trust)	Best	Best
We are safe and healthy	3rd best with 7 other Trusts	Best Joint with East Lancashire Hospitals NHS Trust	Best
We are always learning	4th best with 16 other Trusts	Best Joint with Bolton NHS Foundation Trust	Best
We work flexibly	7th bestWith 20 other Trust	4th best	Alder Hey/ East Cheshire 3rd best
We are a team	3rd best with 12 other Trusts	Best	Best

Question performance against the national best score

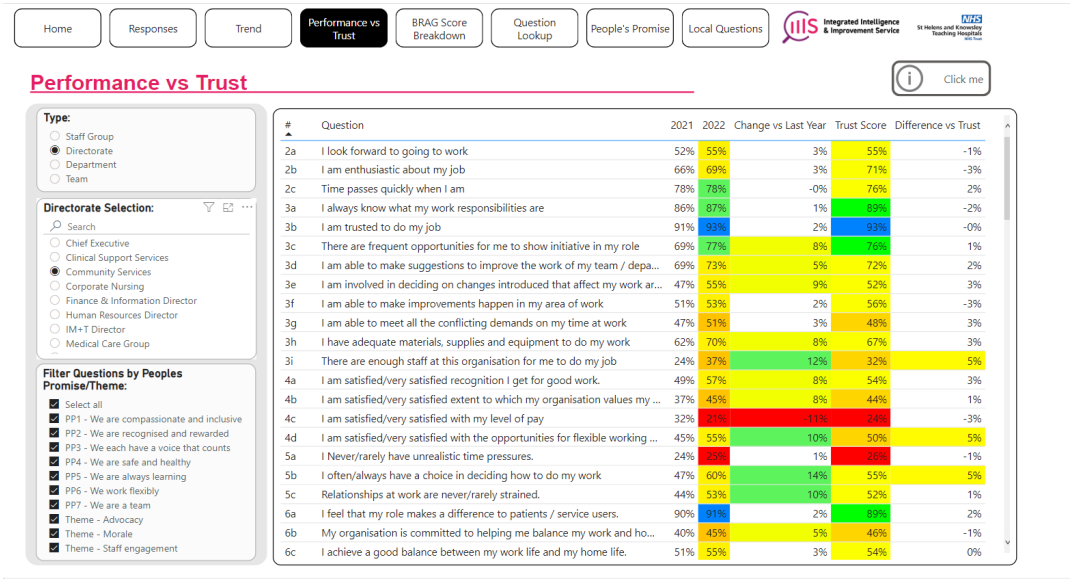
Team working	N/A	7e	I enjoy working with the colleagues in my team.(% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	84.6	88.3
Negative experiences	N/A	13b	Q13b In the last 12 months how many times have you personally experienced physical violence at work from...? Managers. (% of staff saying they experienced at least one incident of violence out of those who answered the question)	0.3	0.6
Autonomy and control	N/A	3b	I am trusted to do my job (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the quesiton)	92.4	93.0
Negative experiences	N/A	13c	Q13c In the last 12 months how many times have you personally experienced physaical violence at work from...? Other colleagues..(% of staff saying they experienced at least one incident of violence out of those who answered the question)	1.2	1.5
Team working	N/A	7d	Team members understand each other's roles.(% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	75.8	75.7
Diversity and equality	N/A	16b	In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues? (% of staff selecting 'Yes' out of those who answered the question) Lower score better	6.8	5.3
Compassionate culture	N/A	6a	I feel that my role makes a difference to patients / service users.(% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question, but excluding those who selected 'Not applicable to me')	89.1	89.8
N/A	N/A	18c	When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again. (% of staff selecting 'Agree/Strongly Agree' out of those who answered the question excluding those who selected 'Don't know')		74.8
Negative experiences	N/A	14b	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers. (% of staff saying they experienced at least one incident of bullying,harassment or abuse out of those who answered the question) Lower score better	10.5	7.9
N/A	N/A	18d	We are given feedback about changes made in response to reported errors, near misses and incidents. (% of staff selecting 'Agree/Strongly Agree' out of those who answered the question excluding those who selected 'Don't know)		67.5
Inclusion	N/A	7i	I feel a strong personal attachment to my team.(% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	66.3	68.4
Burnout	N/A	12e	How often, if at all, do you feel worn out at the end of your working day/shift? (Lower score better) (% of staff selecting 'Often'/'Always' out of those who answered the question)	42.4	41.1
N/A	Morale Stressors	5c	Relationships at work are never/rarely strained.(% of staff selecting 'Never'/'Rarely' out of those who answered the question)	46.0	51.7
Compassionate culture	N/A	23b	My organisation acts on concerns raised by patients / service users (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	79.7	78.6
Negative experiences	N/A	11c	During the last 12 months have you felt unwell as a result of work related stress? Yes Answers- Lower score better (% of staff selecting 'Yes' out of those who answered the question)	44.1	38.8
Burnout	N/A	12d	How often, if at all, are you exhausted at the thought of another day/shift at work? (Lower score better) (% of staff selecting 'Often'/'Always' out of those who answered the question)	29.1	27.4
Diversity and equality	N/A	16a	In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public? (% of staff selecting 'Yes' out of those who answered the question) Lower score better	4.8	4.8
Burnout	N/A	12a	How often, if at all, do you find your work emotionally exhausting? Often/ always Answers- Lower score better (% of staff selecting 'Often'/'Always' out of those who answered the question)	35.1	33.1
Raising concerns	N/A	19a	I would feel secure raising concerns about unsafe clinical practice. (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	77.2	77.2
Autonomy and control	Morale Stressors	3a	I always know what my work responsibilities are (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	88.0	88.5
N/A	N/A	17	In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users? (% of staff saying they have seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users in the last month). Lower score better	N/A	29.0
Burnout	N/A	12c	How often, if at all, does your work frustrate you? Lower score better (% of staff selecting 'Often'/'Always' out of those who answered the question)	36.3	34.6
Burnout	N/A	12f	How often, if at all, do you feel that every working hour is tiring for you?(% of staff selecting 'Often'/'Always' out of those who answered the question) Lower score better	19.6	18.9
N/A	Staff engagement Motivation	2c	Time passes quickly when I am (% of staff selecting 'Often'/'Always' out of those who answered the question)	74.7	76.5
Team working	N/A	7a	The team I work in has a set of shared objectives.(% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	75.3	77.3
Health and safety climate	Morale Work pressure	3h	I have adequate materials, supplies and equipment to do my work (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	67.5	67.0
N/A	N/A	18b	My organisation encourages us to report errors, near misses or incidents. (% of staff selecting 'Agree/Strongly Agree' out of those who answered the question excluding those who selected 'Don't know')		88.1
Raising concerns	N/A	19b	I am confident that my organisation would address my concern. (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	66.1	66.3
N/A	N/A	14c	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues. (% of staff saying they experienced at least one incident of bullying, harassment or abuse out of those who answered the question) Lower score better	15.1	15.1
N/A	Morale Thinking about leaving	24b	I will probably look for a job at a new organisation in the next 12 months. (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question) Lower score better	19.9	19.1
Inclusion	N/A	8c	The people I work with are polite and treat each other with respect.(% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	75.2	76.0
Team working	Morale Stressors	7c	I receive the respect I deserve from my colleagues at work.(% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	72.8	75.1
Team working	N/A	8a	Teams within this organisation work well together to achieve their objectives(% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	60.1	61.9

Negative experiences	N/A	11b	In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? Yes Answers-Lower score better (% of staff selecting 'Yes' out of those who answered the question)	27.9	25.2
N/A	N/A	8d	The people I work with show appreciation to one another. (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	70.7	71.3
Burnout	N/A	12g	How often, if at all, do you not have enough energy for family and friends during leisure time? Often/ always Answers- (Lower score better) (% of staff selecting 'Often'/'Always' out of those who answered the question)	30.8	29.9
Team working	N/A	7g	In my team disagreements are dealt with constructively.(% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	58.3	60.0
N/A	Morale Thinking about leaving	24a	I often think about leaving this organisation. (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question) Lower score better	27.9	26.5
N/A	Staff engagement Motivation	2b	I am enthusiastic about my job (% of staff selecting 'Often'/'Always' out of those who answered the question)	69.0	71.7
Health and safety climate	Morale Work pressure	3i	There are enough staff at this organisation for me to do my job (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	29.6	31.3
N/A	Morale Thinking about leaving	24c	As soon as I can find an other job, I will leave this organisation.(% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question) Lower score better	14.4	13.7
N/A	N/A	16c04	If answered YES to either 16a or 16b On what grounds have you experienced discrimination? Sexual orientation. (% of staff saying they have experienced discrimination on each basis)	4.4	4.9
Autonomy and control	Staff engagement Involvement	3c	There are frequent opportunities for me to show initiative in my role (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	73.9	76.3
Team working	N/A	7f	My team has enough freedom in how to do its work .(% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	57.7	61.3
N/A	N/A	16c03	If answered YES to either 16a or 16b On what grounds have you experienced discrimination? Religion .(% of staff saying they have experienced discrimination on each basis)	4.0	4.5
Raising concerns	N/A	23f	If I spoke up about something that concerned me I am confident my organisation would address my concern (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	58.6	60.1
N/A	N/A	11e	Have you felt pressure from your manager to come to work? (Only asked to those who responded yes to 11d) Lower score better (% of staff selecting 'Yes' out of those who answered the question)	26.5	20.7
Inclusion	N/A	8b	The people I work with are understanding and kind to one another.(% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	74.4	74.3
Inclusion	N/A	7h	I feel valued by my team.(% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	70.8	72.7
Raising concerns	N/A	23e	I feel safe to speak up about anything that concerns me in this organisation (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	67.6	69.3
Compassionate culture	Staff engagement Advocacy	23a	Care of patients / service users is my organisation's top priority (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	84.7	82.2
Appraisals	N/A	21a	In the last 12 months I have had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review (% of staff selecting 'Yes' out of those who answered the question)	77.9	87.1
N/A	N/A	18a	My organisation treats staff who are involved in an error, near miss or incident fairly. (% of staff selecting 'Agree/Strongly Agree' out of those who answered the question excluding those who selected 'Don't know')		63.3
Health and safety climate	Morale Stressors	5a	I Never/rarely have unrealistic time pressures.(% of staff selecting 'Never'/'Rarely' out of those who answered the question)	25.5	25.0
N/A	N/A	16c05	If answered YES to either 16a or 16b On what grounds have you experienced discrimination? Disability .(% of staff saying they have experienced discrimination on each basis)	16.0	8.5
Burnout	N/A	12b	How often, if at all, do you feel burnt out because of your work? - Lower score better (% of staff selecting 'Often'/'Always' out of those who answered the question)	34.6	32.8
Compassionate culture	Staff engagement Advocacy	23c	I would recommend my organisation as a place to work (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	68.5	70.1
Health and safety climate	N/A	14d	The last time I experienced **harassment, bullying or abuse** at work, Myself or a colleague report it (Yes). (Only asked to those who responded yes to 14a-c)	49.9	51.7
N/A	N/A	9e	My immediate manager values my work. (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	68.8	73.1
Development	N/A	22b	There are opportunities for me to develop my career in this organisation. (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	52.6	58.2
Autonomy and control	Morale Stressors	3e	I am involved in deciding on changes introduced that affect my work area / team / department (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	48.6	52.3
Compassionate leadership	N/A	9g	My immediate manager is interested in listening to me when I describe challenges I face.(% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	66.5	72.5
Compassionate leadership	N/A	9i	My immediate manager takes effective action to help me with any problems I face. (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	64.0	68.5

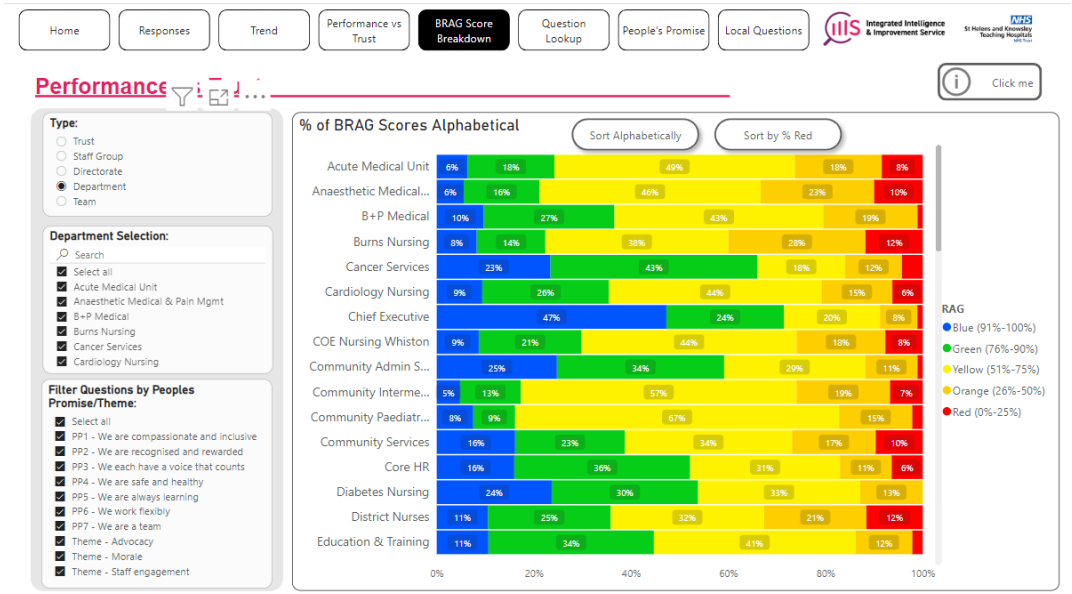
Autonomy and control	Staff engagement Involvement	3f	I am able to make improvements happen in my area of work (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	52.6	56.0
Diversity and equality	N/A	15	My organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age (% of staff selecting 'Yes' out of those who answered the question)	62.5	63.5
Health and safety climate	Morale Work pressure	3g	I am able to meet all the conflicting demands on my time at work (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	49.0	47.3
Development	N/A	22d	I feel supported to develop my potential. (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	51.5	57.9
Negative experiences	N/A	11d	In the last three months, I haven't once come to work despite not feeling well enough to perform my duties- Lower score better (% of staff selecting 'Yes' out of those who answered the question)	54.7	54.9
Negative experiences	N/A	14a	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public. (% of staff saying they experienced at least one incident of bullying, harassment or abuse out of those who answered the question)(Lower score better)	26.8	26.8
Line management	N/A	9b	My immediate manager gives me clear feedback on my work. (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	60.8	65.1
Autonomy and control	Morale Stressors	5b	I often/always have a choice in deciding how to do my work(% of staff selecting 'Often'/'Always' out of those who answered the question)	51.4	54.7
Compassionate leadership	N/A	9f	My immediate manager works together with me to come to an understanding of problems. (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	64.5	69.8
N/A	N/A	20	I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc). (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	71.9	75.1
N/A	N/A	16c06	If answered YES to either 16a or 16b On what grounds have you experienced discrimination? Age .(% of staff saying they have experienced discrimination on each basis)	23.2	19.5
Development	N/A	22c	I have opportunities to improve my knowledge and skills (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	65.9	69.8
Team working	N/A	7b	The team I work in often meets to discuss the team's effectiveness. (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	53.4	60.2
Line management	N/A	9c	My immediate manager asks for my opinion before making decisions that affect my work. (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	54.5	58.4
N/A	N/A	11a	My organisation takes positive action on health and well-being. (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	59.9	64.5
N/A	Staff engagement Motivation	2a	I look forward to going to work (% of staff selecting 'Often'/'Always' out of those who answered the question)	53.4	55.8
Negative experiences	N/A	13a	Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public. (% of staff saying they experienced at least one incident of violence out of those who answered the question)	14.1	14.8
Compassionate leadership	N/A	9h	My immediate manager cares about my concerns.(% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	66.1	70.3
N/A	N/A	4a	I am satisfied/very satisfied recognition I get for good work. (% of staff selecting 'Satisfied'/'Very Satisfied' out of those who answered the question)	52.0	54.1
Line management	Morale Stressors	9a	My immediate manager encourages me at work. (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	67.4	71.7
Support for work-life balance	N/A	6c	I achieve a good balance between my work life and my home life.(% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	53.0	53.6
Line management	N/A	9d	My immediate manager takes a positive interest in my health and well-being. (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	67.0	70.2
Autonomy and control	Staff engagement Involvement	3d	I am able to make suggestions to improve the work of my team / department (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	69.2	71.8
Appraisals	N/A	21d	My appraisal left me feeling that my work is valued by my organisation. (Only asked to those who responded yes to Q 21a) (% of staff selecting 'Yes, definitely' out of those who answered the question)	29.2	32.3

N/A	N/A	4c	I am satisfied/very satisfied with my level of pay (% of staff selecting 'Satisfied'/'Very Satisfied' out of those who answered the question)	34.4	24.5
Support for work-life balance	N/A	6d	I can approach my immediate manager to talk openly about flexible working.(% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	62.6	68.5
Support for work-life balance	N/A	6b	My organisation is committed to helping me balance my work and home life.(% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	41.6	45.1
Development	N/A	22e	I am able to access the right learning and development opportunities when I need to (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	54.7	60.4
Appraisals	N/A	21c	My appraisal helped me agree clear objectives for my work. (Only asked to those who responded yes to Q 21a) (% of staff selecting 'Yes, definitely' out of those who answered the question)	30.3	34.3
Health and safety climate	N/A	13d	The last time you experienced harassment, bullying or abuse at work, myself or a colleague report it. (Only asked to those who responded yes to Q 13 a-c) (% of staff saying they, or a colleague, reported it, out of those who answered the question excluding those who selected 'DK' or 'NA)	66.2	70.3
Compassionate culture	Staff engagement Advocacy	23d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	79.4	77.6
N/A	N/A	10c	On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours? (% of staff working additional paid hours out of those who answered the question) Lower score better	54.1	53.7
Development	N/A	22a	This organisation offers me challenging work . (% of staff selecting 'Agree'/'Strongly Agree' out of those who answered the question)	68.3	70.3
N/A	N/A	4b	I am satisfied/very satisfied extent to which my organisation values my work (% of staff selecting 'Satisfied'/'Very Satisfied' out of those who answered the question)	44.7	44.0
N/A	N/A	16c02	If answered YES to either 16a or 16b On what grounds have you experienced discrimination? Gender .(% of staff saying they have experienced discrimination on each basis)	20.0	21.7
Flexible working	N/A	4d	I am satisfied/very satisfied with the opportunities for flexible working patterns (% of staff selecting 'Satisfied'/'Very Satisfied' out of those who answered the question)	47.7	50.1
Appraisals	N/A	21b	My appraisal helped me to improve how I do my job. (Only asked to those who responded yes to Q 21a) (% of staff selecting 'Yes, definitely' out of those who answered the question)	20.9	23.0
N/A	N/A	30b	My employer has made reasonable adjustment(s) to enable you to carry out your work (Yes).(Only answered by those who answered yes to 30a. Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?) (% of staff selecting 'Yes' out of those who answered the question excluding those who select 'No adjustment required')		70.3
N/A	N/A	16c07	If answered YES to either 16a or 16b On what grounds have you experienced discrimination? Other .(% of staff saying they have experienced discrimination on each basis)	30.3	30.9
N/A	N/A	10b	On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours? (% of staff working additional paid hours out of those who answered the question) Lower score better	41.0	42.1
N/A	N/A	16c01	If answered YES to either 16a or 16b On what grounds have you experienced discrimination ? Ethnic background . (% of staff saying they have experienced discrimination on each basis)	30.3	36.9

Data analysis and Interactive dashboard

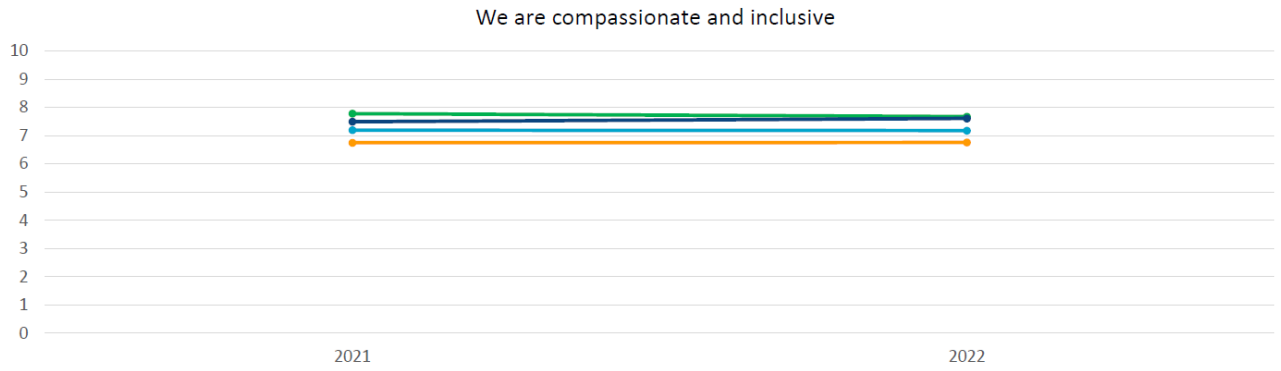


#	Question	2021	2022	Change vs Last Year	Trust Score	Difference vs Trust
2a	I look forward to going to work	52%	55%	3%	55%	-1%
2b	I am enthusiastic about my job	66%	69%	3%	71%	-3%
2c	Time passes quickly when I am	78%	78%	-0%	76%	2%
3a	I always know what my work responsibilities are	86%	87%	1%	89%	-2%
3b	I am trusted to do my job	91%	93%	2%	93%	-0%
3c	There are frequent opportunities for me to show initiative in my role	69%	77%	8%	76%	1%
3d	I am able to make suggestions to improve the work of my team / depa...	69%	73%	5%	72%	2%
3e	I am involved in deciding on changes introduced that affect my work ar...	47%	55%	9%	52%	3%
3f	I am able to make improvements happen in my area of work	51%	53%	2%	56%	-3%
3g	I am able to meet all the conflicting demands on my time at work	47%	51%	3%	48%	3%
3h	I have adequate materials, supplies and equipment to do my work	62%	70%	8%	67%	3%
3i	There are enough staff at this organisation for me to do my job	24%	37%	12%	32%	5%
4a	I am satisfied/very satisfied recognition I get for good work.	49%	57%	8%	54%	3%
4b	I am satisfied/very satisfied extent to which my organisation values my ...	37%	45%	8%	44%	1%
4c	I am satisfied/very satisfied with my level of pay	32%	21%	-11%	24%	-3%
4d	I am satisfied/very satisfied with the opportunities for flexible working ...	45%	55%	10%	50%	5%
5a	I Never/rarely have unrealistic time pressures.	24%	25%	1%	26%	-1%
5b	I often/always have a choice in deciding how to do my work	47%	60%	14%	55%	5%
5c	Relationships at work are never/rarely strained.	44%	53%	10%	52%	1%
6a	I feel that my role makes a difference to patients / service users.	90%	91%	2%	89%	2%
6b	My organisation is committed to helping me balance my work and ho...	40%	45%	5%	46%	-1%
6c	I achieve a good balance between my work life and my home life.	51%	55%	3%	54%	0%



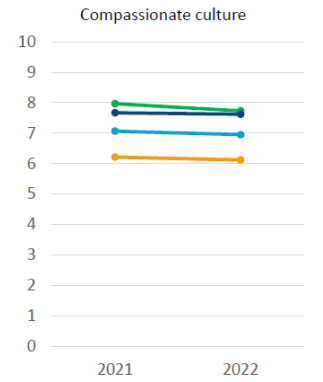
We are compassionate and inclusive

Promise element 1: We are compassionate and inclusive

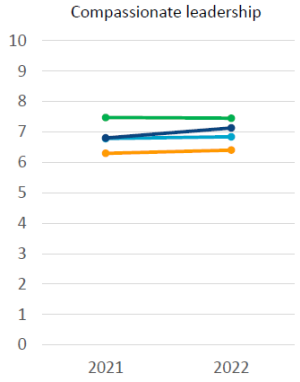


	2021	2022
Your org	7.5	7.6
Best	7.8	7.7
Average	7.2	7.2
Worst	6.7	6.8
Responses	2379	2673

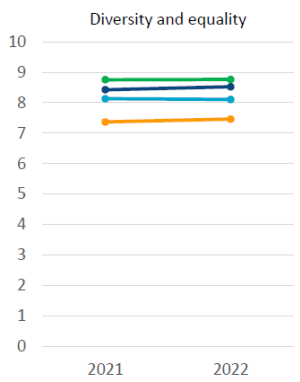
Sub- themes



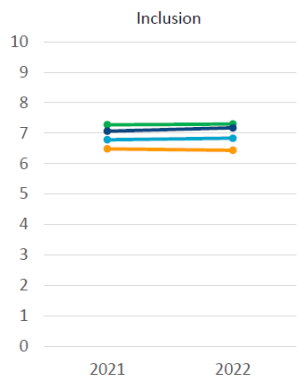
	2021	2022
Your org	7.7	7.6
Best	8.0	7.7
Average	7.1	7.0
Worst	6.2	6.1
Responses	2369	2679



	2021	2022
Your org	6.8	7.1
Best	7.5	7.4
Average	6.8	6.8
Worst	6.3	6.4
Responses	2384	2670



	2021	2022
Your org	8.4	8.5
Best	8.8	8.8
Average	8.1	8.1
Worst	7.4	7.5
Responses	2377	2658



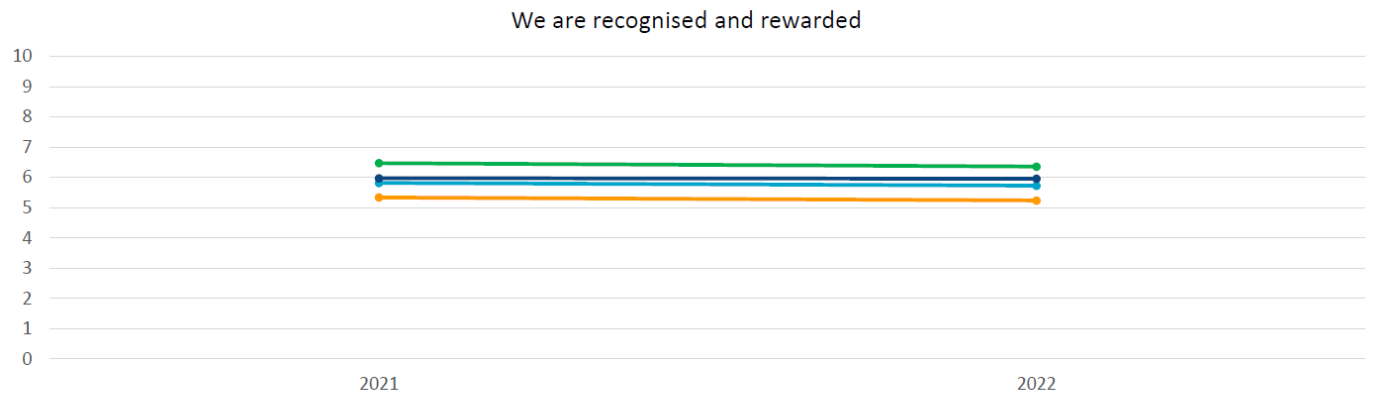
	2021	2022
Your org	7.1	7.2
Best	7.3	7.3
Average	6.8	6.8
Worst	6.5	6.4
Responses	2345	2657

Areas of focus

Medirest
Obstetrics
St Helens Theatres
A&E Admin
Burns nursing

We are recognised and rewarded

Promise element 2: We are recognised and rewarded



	2021	2022
Your org	6.0	6.0
Best	6.5	6.4
Average	5.8	5.7
Worst	5.3	5.2
Responses	2363	2660

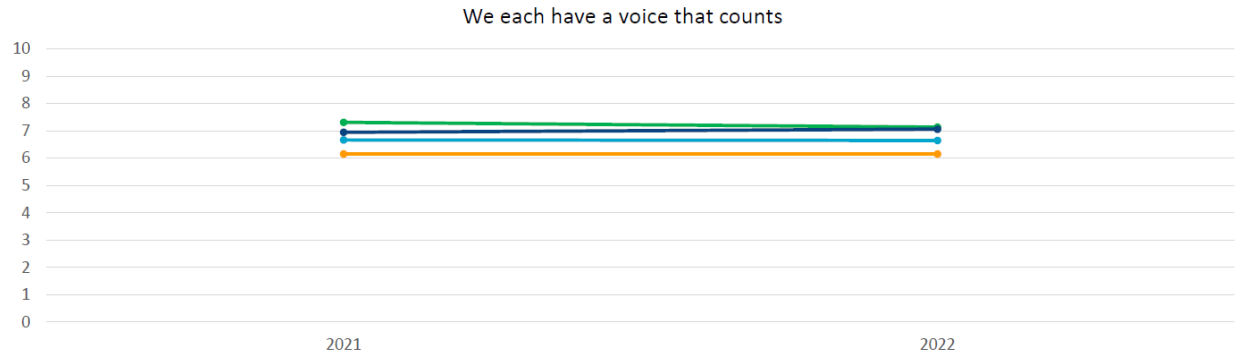
No Sub- themes for this section

Areas of focus

Medirest
SCG Admin
Paediatrics
Obstetrics.

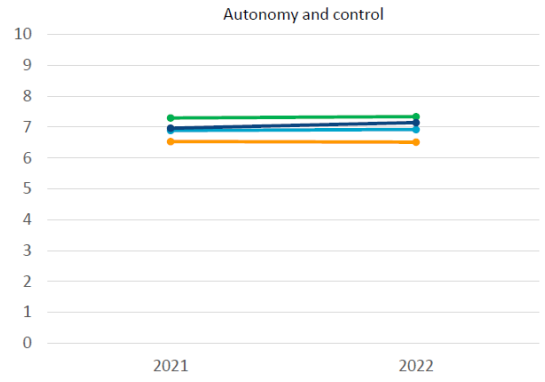
We each have
a voice that
counts

Promise element 3: We each have a voice that counts

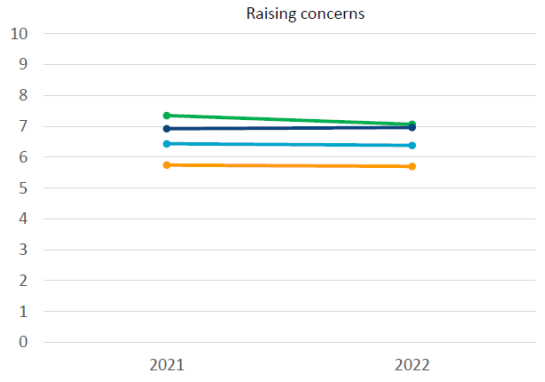


	2021	2022
Your org	6.9	7.1
Best	7.3	7.1
Average	6.7	6.6
Worst	6.2	6.2
Responses	2352	2632

Sub- themes



	2021	2022
Your org	7.0	7.1
Best	7.3	7.3
Average	6.9	6.9
Worst	6.5	6.5
Responses	2380	2676



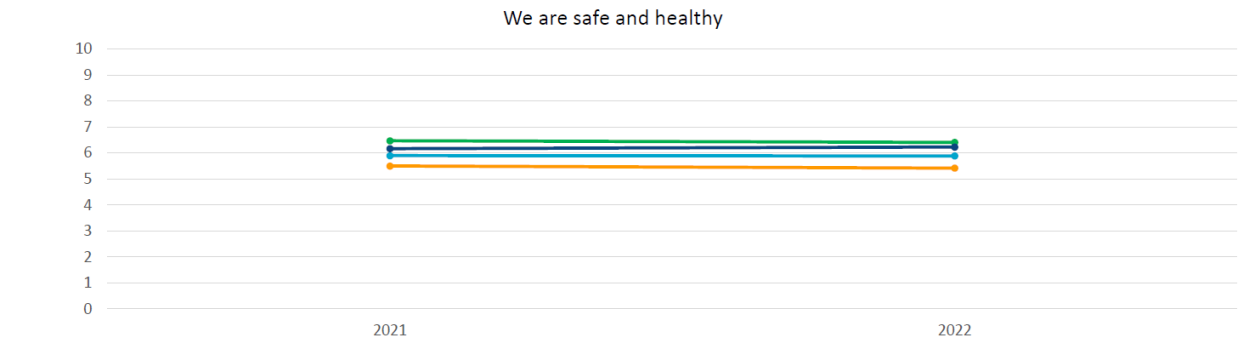
	2021	2022
Your org	6.9	7.0
Best	7.4	7.1
Average	6.4	6.4
Worst	5.7	5.7
Responses	2356	2645

Areas of focus

Medirest
SCG Admin
Paediatrics
Obstetrics.
Anny non clinical areas responding ‘Neither agree nor disagree’ to questions around raising concerns.

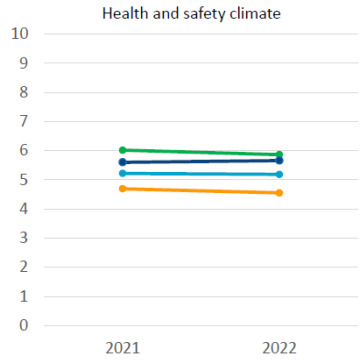
We are safe and healthy

Promise element 4: We are safe and healthy

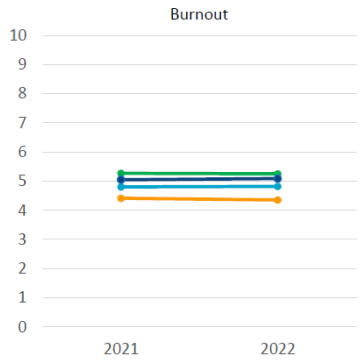


	2021	2022
Your org	6.2	6.2
Best	6.5	6.4
Average	5.9	5.9
Worst	5.5	5.4
Responses	2347	2630

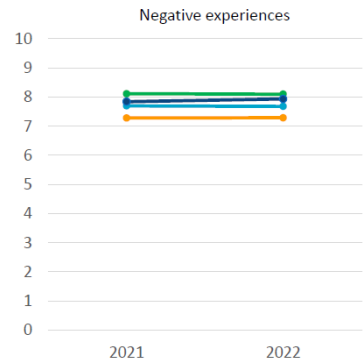
Sub- themes



	2021	2022
Your org	5.6	5.7
Best	6.0	5.9
Average	5.2	5.2
Worst	4.7	4.6
Responses	2380	2676



	2021	2022
Your org	5.1	5.1
Best	5.3	5.3
Average	4.8	4.8
Worst	4.4	4.4
Responses	2372	2650

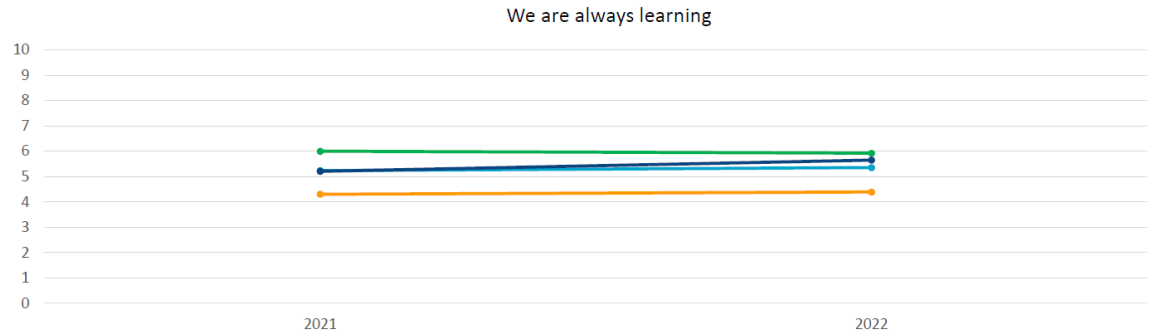


	2021	2022
Your org	7.8	7.9
Best	8.1	8.1
Average	7.7	7.7
Worst	7.3	7.3
Responses	2361	2655

Areas of focus.

ED nursing
ICU
AMU
Obstetrics
St Helens Theatres
District nursing
Phlebotomy

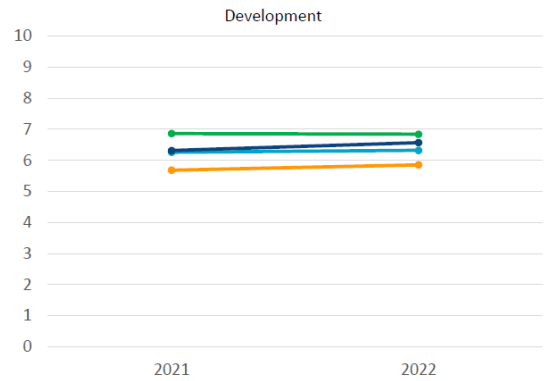
Promise element 5: We are always learning



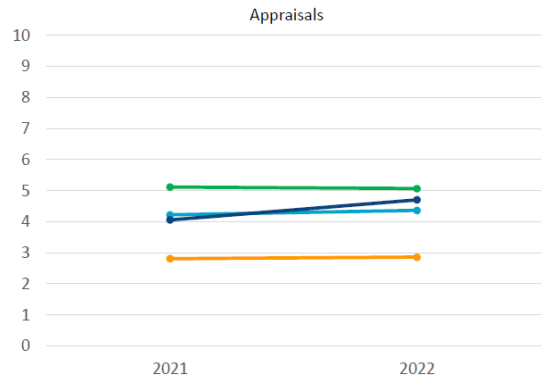
	2021	2022
Your org	5.2	5.6
Best	6.0	5.9
Average	5.2	5.4
Worst	4.3	4.4
Responses	2201	2541

Sub- themes

Promise element 5: We are always learning



	2021	2022
Your org	6.3	6.6
Best	6.9	6.8
Average	6.3	6.3
Worst	5.7	5.9
Responses	2364	2673



	2021	2022
Your org	4.1	4.7
Best	5.1	5.1
Average	4.2	4.4
Worst	2.8	2.9
Responses	2211	2550

Areas of focus

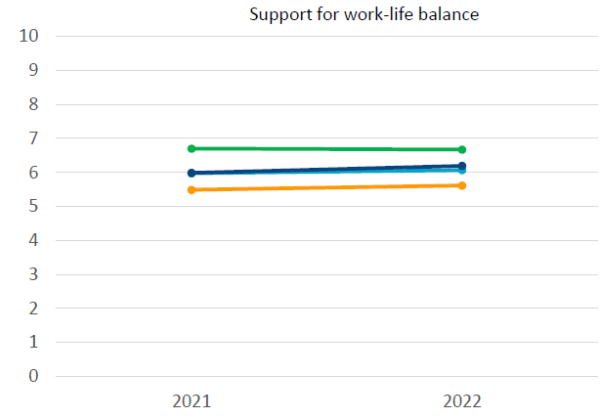
Medirest
St Helens theatres
Paediatrics
All directorates for appraisals

We work flexibly

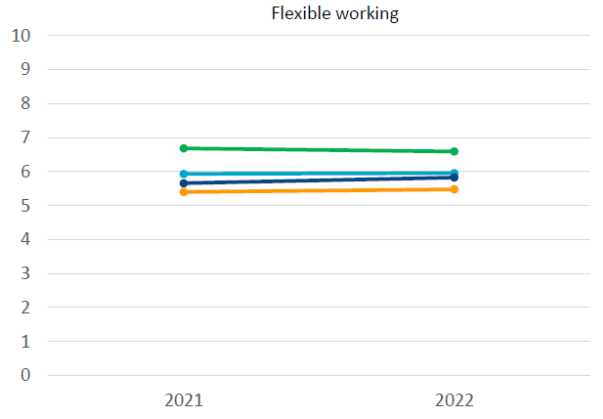
Promise element 6: We work flexibly

	2021	2022
Your org	5.8	6.0
Best	6.7	6.6
Average	6.0	6.0
Worst	5.4	5.6
Responses	2340	2642

Sub- themes



	2021	2022
Your org	6.0	6.2
Best	6.7	6.7
Average	6.0	6.1
Worst	5.5	5.6
Responses	2374	2672

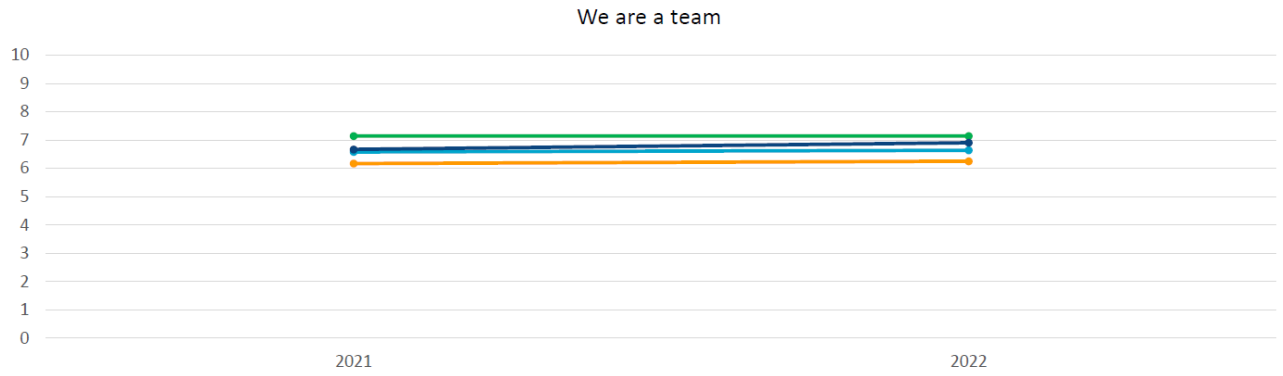


	2021	2022
Your org	5.7	5.8
Best	6.7	6.6
Average	5.9	6.0
Worst	5.4	5.5
Responses	2351	2647

Areas of focus

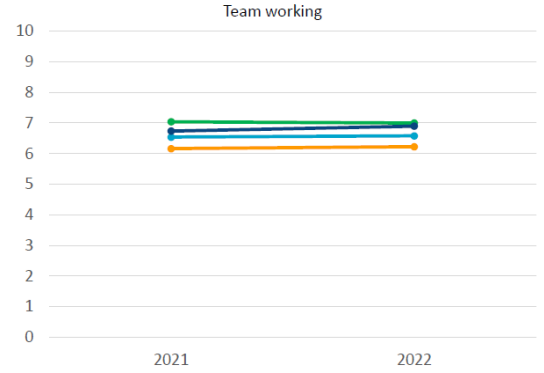
All directorates.
Add Prof Scientific and Technical staff
Estates and Ancillary staff

Promise element 7: We are a team

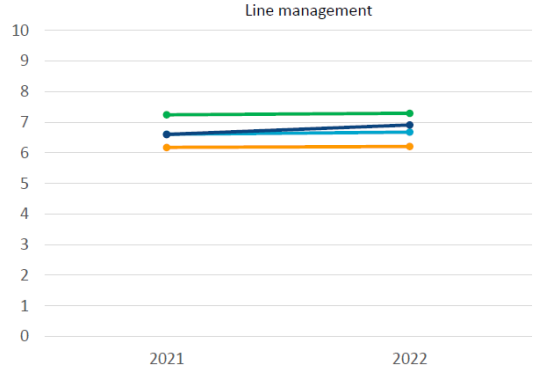


	2021	2022
Your org	6.7	6.9
Best	7.1	7.1
Average	6.6	6.6
Worst	6.2	6.3
Responses	2374	2665

Sub- themes



	2021	2022
Your org	6.7	6.9
Best	7.0	7.0
Average	6.5	6.6
Worst	6.2	6.2
Responses	2374	2669

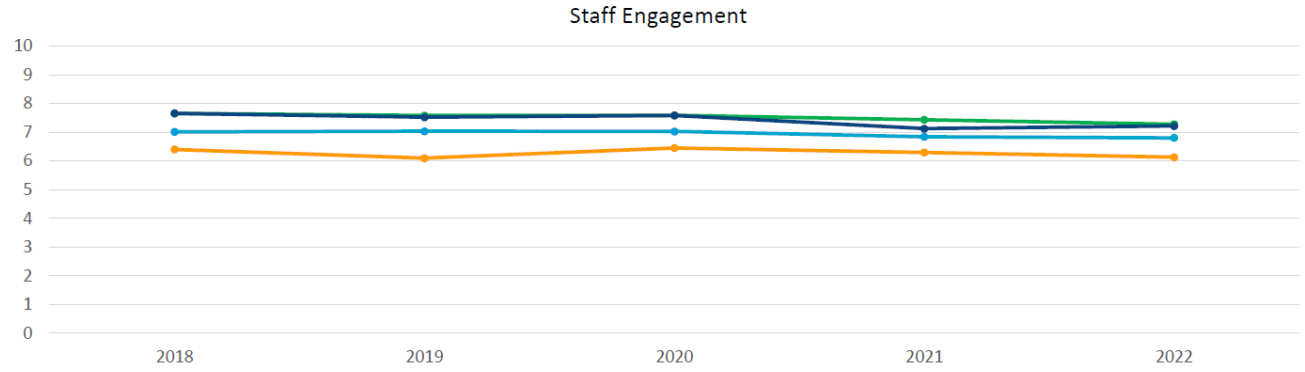


	2021	2022
Your org	6.6	6.9
Best	7.2	7.3
Average	6.6	6.7
Worst	6.2	6.2
Responses	2384	2671

Areas of focus

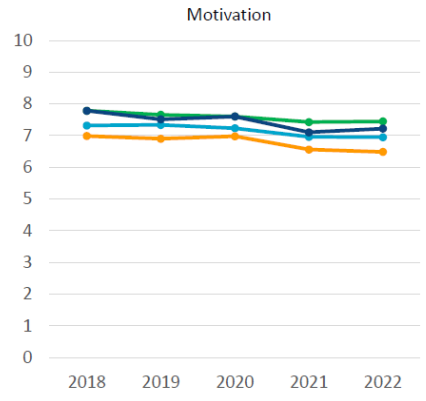
Medirest
Obstetrics
Theatres St Helens

Theme: Staff Engagement

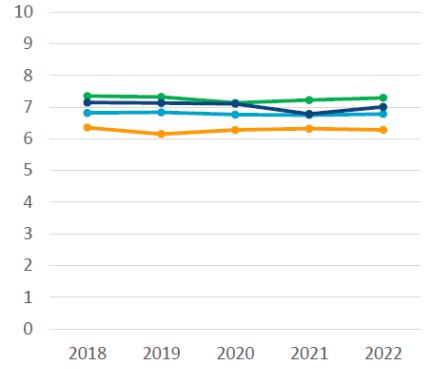


	2018	2019	2020	2021	2022
Your org	7.7	7.5	7.6	7.1	7.2
Best	7.7	7.6	7.6	7.4	7.3
Average	7.0	7.0	7.0	6.8	6.8
Worst	6.4	6.1	6.5	6.3	6.1
Responses	619	564	508	2381	2677

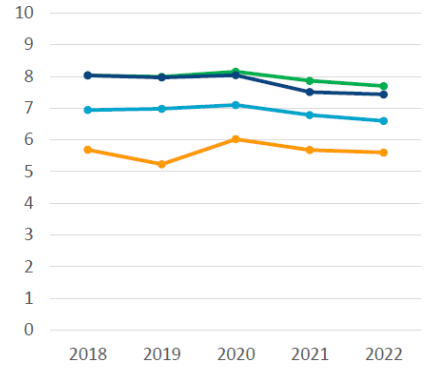
Sub- themes



	2018	2019	2020	2021	2022
Your org	7.8	7.5	7.6	7.1	7.2
Best	7.8	7.7	7.6	7.4	7.4
Average	7.3	7.3	7.2	7.0	7.0
Worst	7.0	6.9	7.0	6.6	6.5
Responses	610	559	504	2349	2644



	2018	2019	2020	2021	2022
Your org	7.1	7.1	7.1	6.8	7.0
Best	7.3	7.3	7.1	7.2	7.3
Average	6.8	6.8	6.8	6.7	6.8
Worst	6.4	6.2	6.3	6.3	6.3
Responses	619	564	508	2380	2676

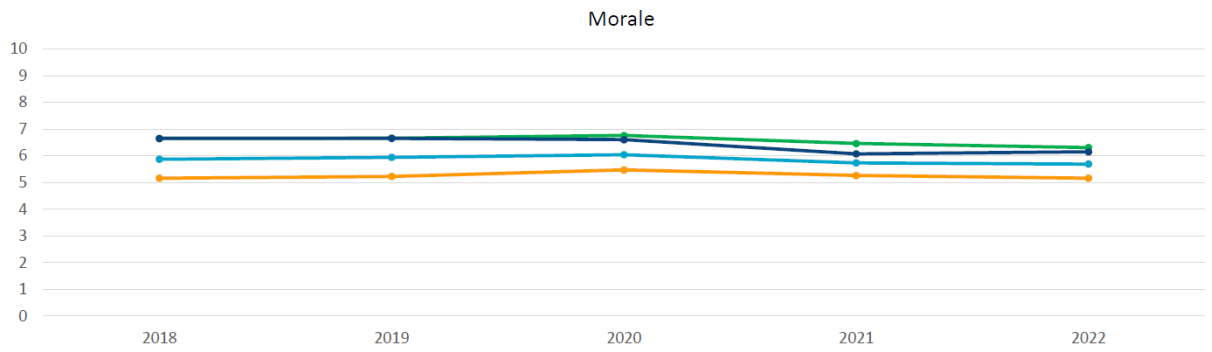


	2018	2019	2020	2021	2022
Your org	8.0	8.0	8.0	7.5	7.4
Best	8.0	8.0	8.2	7.9	7.7
Average	6.9	7.0	7.1	6.8	6.6
Worst	5.7	5.2	6.0	5.7	5.6
Responses	610	562	506	2367	2678

Areas of focus

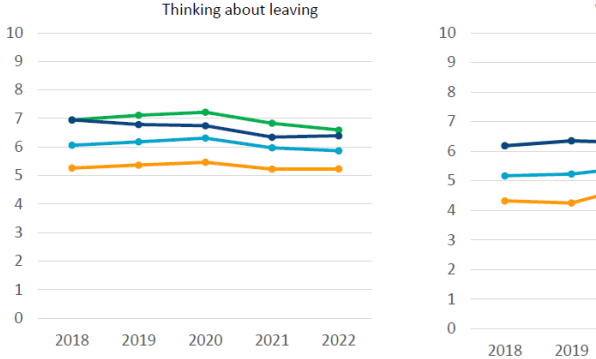
Theatres St Helens Obstetrics, Pathology ED Nursing and community Services, Gastrology Medical.

Theme: Morale

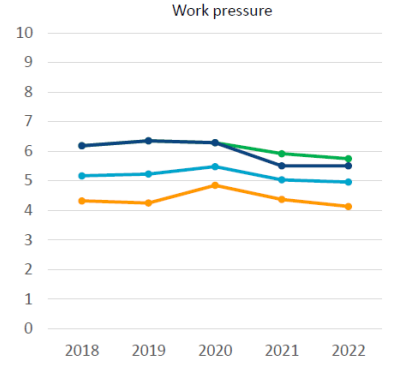


	2018	2019	2020	2021	2022
Your org	6.6	6.7	6.6	6.1	6.1
Best	6.6	6.7	6.8	6.5	6.3
Average	5.9	5.9	6.0	5.7	5.7
Worst	5.2	5.2	5.5	5.3	5.2
Responses	619	565	508	2383	2677

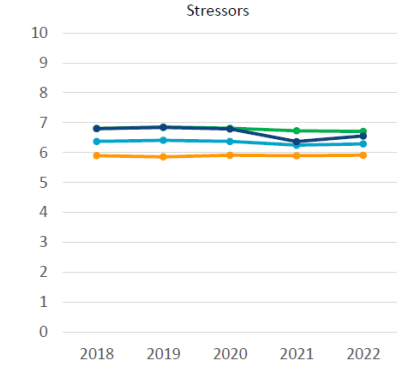
Sub- themes



	2018	2019	2020	2021	2022
Your org	6.9	6.8	6.7	6.3	6.4
Best	6.9	7.1	7.2	6.8	6.6
Average	6.1	6.2	6.3	6.0	5.9
Worst	5.3	5.4	5.5	5.2	5.2
Responses	604	563	508	2372	2681



	2018	2019	2020	2021	2022
Your org	6.2	6.4	6.3	5.5	5.5
Best	6.2	6.4	6.3	5.9	5.7
Average	5.2	5.2	5.5	5.0	5.0
Worst	4.3	4.2	4.8	4.4	4.1
Responses	618	564	508	2377	2676



	2018	2019	2020	2021	2022
Your org	6.8	6.8	6.8	6.4	6.6
Best	6.8	6.9	6.8	6.7	6.7
Average	6.4	6.4	6.4	6.3	6.3
Worst	5.9	5.9	5.9	5.9	5.9
Responses	619	565	507	2369	2669

Areas of focus

Phlebotomy
Theatres
A&E
SCG Mgmt
Diabetes Nursing
Obstetrics
Paediatrics
B &P medical

Areas of focus for 2023 onward identified from the 'deep dive' analysis;

1. **Corporate/ Strategic –** Addressing issues of safety including concerns raised over sufficient staffing, Dissatisfaction with levels of pay, acting on staff and patient feedback, career progression, development, appraisal.
2. **Equality, Diversity & Inclusion –** Addressing concerns raised over access to flexible working opportunities, discrimination from patients.
3. **Service specific –** Work pressures, opportunity to contribute to improvements, changes and challenges plus, the delivery of focussed OD work with specific services/departments that have consistently flagged low scores across a range of themes/questions i.e. Maternity, St Helens Theatres and Pathology.

Next Steps

Action	By Whom	By When	Status/RAG/Comments
Complete deep dive analysis of STHK raw data under embargo	Assistant Director of OD	13/12/2022	Complete
Share with HRD/CEO Initial STHK Headline Unweighted Results. Including IQVIA Report, a 4 year analysis and People Promise Themes.	Assistant Director of OD	13/12/2022	Complete
Share initial E, D & I data shared with Assistant Director of E, D& I for purposes of WDES /WRES	Assistant Director of OD	13/12/2022	Complete
Share outcomes of initial data review with ADOs/DDs Cc HRBPs FIO for their areas of responsibility	Assistant Director of OD	10/02/2023	Complete
• Share data analysis findings with Staff Survey Ops Group • Access to the Internal Results Dashboard • Trust wide analyses • Update following ADOs/DDs reporting 10/02/23 • Brief overview of Bank Survey and initial results.	Head of L and OD	14/02/2023	Complete
Presentation of findings to: • Workforce Council • Strategic People Committee • Trust Board.	Assistant Director of OD	30/04/2023	In progress
Publicise survey results to staff • IQvia presentation • Reports uploaded to the Intranet. • Staff Survey dashboard • Team Brief. • Copies to the local Staff Side representatives. • Circulation to the Valuing Our People Steering Group • Global emails.	Assistant Director of OD	31/03/2023	Complete
Provide Survey results for publication in the Quality Account	Assistant Director of OD	13/03/2023	Complete
L&OD team meetings with senior leadership teams of each Care group/ Directorate to share the results for their teams. Incorporating E&D data and identifying actions to be taken at a directorate/care group level.	Assistant Director of OD	13/03/2023	Complete
1-2-1 meeting with Maternity senior leadership team to establish initial actions	Assistant Director of OD	31/03/2023	In progress

1-2-1 meeting with St Helens Theatres senior leadership team to establish initial actions	Assistant Director of OD	31/03/2023	In progress
1-2-1 meeting with Pathology senior leadership team to establish initial actions	Assistant Director of OD	31/03/2023	In progress
1-2-1 meeting with Medirest senior leadership team to establish initial actions	Assistant Director of OD	31/03/2023	In progress
Development of detailed action plan by ADOs/DDs Cc HRBPs FIO for their areas of responsibility supported by the Staff Survey Ops group.	ADOs and their exec Directors.	31/03/2023	In progress
Publication of detailed Trust wide Staff Survey Action Plan	Assistant Director of OD	30/04/2023	In progress
Review current recruitment, retention and staffing levels to identify opportunities for improvement where appropriate.	Deputy Director of Nursing/Assistant Director of Workforce Development & Resourcing	31/05/2023	In progress
Review current ways to increase opportunities and availability for flexible working	Assistant Director of HR/ ADOs	30/06/2023	
Review opportunities for career progression	Assistant Director of Workforce Development & Resourcing	30/06/2023	
Identify methods to increase access development opportunities	Assistant Director of OD	31/05/2023	In progress
Review how it might be possible to link Appraisal to delivery of an individuals role	Assistant Director of OD	31/05/2023	In progress
Identify ways to addressing concerns raised over discrimination from patients.	Assistant Director of ED&I	30/06/2023	
Targeted focus groups facilitated by L&OD for each of Maternity, St Helens Theatres, Medirest to validate staff feedback and determine specific actions	Assistant Director of OD	31/05/2023	
Focus Group Feedback to Care group/ Directorate - Focus group themes, findings and action plan will be fed back to the DM/CD	Assistant Director of OD	30/06/2023	
Review of processes to allow staff to clearly see action results from patient and staff feedback	Deputy Director of Nursing	31/05/2023	
Establishment of a periodic programme of focus groups to provide a ‘temperature check’ and early indicator of potential issues.	Assistant Director of OD	30/06/2023	
Publication of ‘you said, together we did’	Assistant Director of Comms Assistant Director of OD	31/08/2023	

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(23)029
Title of paper: Nurse Staffing Establishment Review
Purpose: To present to Trust Board, the latest findings of the inpatient nursing workforce "light touch" ward establishment review which was undertaken January - March 2023. Nurse establishment reviews must be undertaken by Trusts twice a year (one light touch review, one full review) and the findings reported to Board annually to comply with the National Institute for Clinical Excellence (NICE) Safe Staffing, National Quality Board (NQB) Standards and the RCN Nursing Workforce Standards. The provides assurance that the Trust has a funded nursing workforce with appropriately planned safe staffing resources to meet the patient care requirements.
Summary: The paper covers: • Background to the nationally mandated review and latest staffing guidance for inpatient adult wards from NICE guidance, NHSI guidance (Developing Workforce Safeguards 2018) and the RCN Nursing Workforce Standards (2021). • Establishment and Shelford key findings summarised in Appendix 1 • Clarification that the ward nurse establishments are aligned to E-roster, ESR and the financial ledger. This is monitored monthly and is reported in the monthly Safe Staffing reports to Executive Committee. • The staffing establishment reviews were undertaken in March 2023 and all data analysed to provide the assurance of the staffing levels in place meet the national recommendations. **Review key findings include**: • 28 of the 33 wards nursing workforce establishments meet the nurse, patient, and skill mix requirements. • 4 wards are staffed above their funded establishments - wards 3A, 4A, 3E gynae and 4D. This is an agreed variance that will remain until further analysis of the establishment is completed and if necessary, businesses cases developed. This work is scheduled to be completed by May 2023 • 2 wards - 2B and 2C, were identified during the last review as requiring additional HCAs at night due to the dependency and acuity of patients. Additional auditing and monitoring have been conducted to evidence this requirement and business cases developed which will also be presented to the Executive Committee in May 2023.

• Ward 1B/1C have been requested to produce evidence to support a request for additional resources (An additional senior nurse coordinator and HCAs on nights) • A skill mix review of the RCN and BAPM standards for the neonatal unit is ongoing. The Operational Delivery Network (ODN) has proposed there should be a full-time supervisory ward manager. Currently no paediatric units in District General hospitals meet this standard and this has been discussed with the ODN. • ICU, Burns, Community Nursing, Maternity and Paediatrics are subject to separate emergent guidance either from NICE or NHS England about safe staffing levels and are not included in this report. • Since the Covid -19 pandemic, we continue to see an increase in the complexity of patients particularly in relation to mental health needs including dementia and patients remaining in the acute settings for prolonged lengths of time whilst awaiting appropriate placements. The Shelford establishment review process does not consider supplementary care requirements in its multipliers, and a separate supplementary care review is being completed outside of this establishment review which may lead to the development of a further business case for additional or different resources to best meet these needs.
Corporate objectives met or risks addressed: Care, Safety, Systems
Financial implications N/A at present time
Stakeholders: Patients, public, staff, commissioners, regulators
Recommendation(s): The Trust board are asked to note findings of the establishment review
Presenting officer: Sue Redfern, Director of Nursing, Midwifery and Governance
Date of meeting: 29th March 2023

Introduction

1.0 Background

The purpose of this report is to inform the Trust board of the outcomes of the January to March 2023, assessment of staffing levels using the Safer Nursing Care Tool (SNCT, Shelford Group 2013) and professional judgement. The Developing Workforce Safeguards, published by NHS improvement in 2018, builds on various publications by the National Quality Board (2018) and Lord Carter of Coles review (February 2016) providing guidance and recommendations in relation to the reporting of safe staffing to Trust Boards.

Nationally, nursing and midwifery workforce supply remains challenging with the shortfall in registered nurses being well documented as the biggest and most urgent need to address for all NHS providers. The NHS People Plan 2020-21 compliments the NHS Long Term Plan (2019) identifying recruitment and retention as a key priority for nursing and midwifery workforce.

In May 2021 the Royal College of Nursing published their Nursing Workforce Standards developed as part of their safe staffing campaigns. The standards summarise the expectations in other national guidance and reiterates the importance of the Chief Nurse being responsible for setting nurse staffing levels based on service demand and user needs and the requirement to report directly to the Trust board. STHK is compliant with these standards

The paper focuses specifically on a review of nursing levels for acute in-patient ward areas. Areas such as critical care, theatres and ED are not included as the original tool was not designed to be used in these areas, a tool specifically for the Emergency Department has been developed and a single data cycle has been undertaken with a second planned for later this year which will be included in the comprehensive nurse staffing establishment review (September 2023).

The impact of Covid-19 resulted in 'light touch; staffing reviews during 2020 and 2021.The impact of the pandemic has resulted in all ward establishments and ward staffing levels flexing in terms of ward function, speciality, and acuity/ dependency levels in relation to patient care needs, which still continues to be necessary at the present time.

The Developing Workforce Safeguards (NHSI 2018) reinforces the requirement for Trusts to adopt a triangulated approach in relation to the use of evidence-based tools, professional judgement, and patient outcomes to provide assurance of safe, sustainable, and effective staffing. Compliance with the principles outlined in the document is to be assessed annually. In relation to workforce planning, the guidance recommends that establishment setting must be undertaken annually, with a mid-year review and this process should consider the following:

- Patient acuity and dependency using Shelford Safer Nursing Care Tool
- Activity levels
- Professional Judgement
- Service developments/changes and commissioning
- recruitment and retention, and the use of temporary staffing above the set establishment.

2. Methodology

The Trust has undertaken a formal evaluation of the care group establishments led by the Deputy Director of Nursing and Quality, Heads of Nursing and quality, Directorate managers, Matrons, finance colleagues and the eroster team during the period between January and March 2023 to ensure that any amendments to rota templates and establishments are agreed prior to the new financial year. This has provided assurance that the ward funded establishments correlate with Eroster and the financial ledger. A mid-year review is planned for September 2023 following the dependency data collection and review of nurse establishments between June and August. 2023. Additionally, comprehensive quality impact assessments are recommended when new roles are introduced, a workforce redesign or a change in skill mix is considered.

It should be noted that over a period of the last 18 months a number of beds on the inpatient wards have been flexed and increased to meet the demand. In periods of escalation, following comprehensive risk assessments, this has resulted in additional patients being allocated to a ward (from 32-35 patients). The resulting change in patient care requirements on these wards has resulted in changes to expected acuity and dependency which is why it is necessary to take a triangulated view with professional judgement and quality indicators.

Twice a year a formal review of patient acuity and dependency is undertaken Trust wide. During these months (usually January - March and June - August) daily assessments of patients are undertaken using the Safer Nursing Care Tool (SNCT). The SNCT is a NICE endorsed evidence-based tool which uses acuity and dependency to support workforce planning. It is endorsed by the Shelford Group and the tool of choice by the NHS Improvement (now NHS England). The tool uses a system of identifying patients according to acuity (how ill the patient is) or dependency (how dependent the patient is on nursing staff). This tool aide's development of future workforce requirements based on the results and produces an average recommended WTE staffing figure.

The ward based nurse establishments include an uplift of 22% for RN and 20% for HCA which encompasses annual leave, sickness, and study leave. In addition, ward managers are allocated 15 hours per week supervisory status to undertake their management duties.

3. Skill mix

The Royal College of Nursing and NICE published guidance for safe staffing in general and elderly wards in 2021. The RCN guidance continues to recommend a 1:8 ratio of registered nursing staff to patients on days, 1:11 ratio of registered nursing staff to patients on nights, and a 60/40 skill mix for Registered Nurses (RN) and Health Care Assistants (HCA).

The Trust inpatient ward nurse establishments remain compliant with this. However, it is important to note different specialisms of nursing require differing bespoke skill sets to meet the core care needs of their patients. This must, therefore, be reviewed and agreed when local templates for each ward staffing establishment is agreed and follows the recent advice from the CQC which suggest that when looking at staffing levels, there is no prescribed level and the correct staffing numbers for the ward consider the knowledge of the service you are providing focusing on the quality of care, patient safety and efficiency

rather than just numbers and ratios of staff. Over the past 3 years the Trust have supported the training of 55 Registered Nursing Associates of which 27 are currently in post and 22 in training.

4. Care Hours Per Patient Day (CHPPD) guidance explained

CHPPD data has been collected for acute and acute specialist providers since April 2016 and for community and mental health trusts since April 2018, following publication of Lord Carter's report on their productivity. As a result of this all trusts must submit CHPPD data via the Strategic Data Collection Service (SDCS). CHPPD is a measure of workforce deployment that can be used at ward level and service level or aggregated to trust level.

CHPPD is calculated by adding the hours of registered nurses and the hours of healthcare support workers and dividing the total by every 24 hours of inpatient admissions (or approximating 24 patient hours by counts of patients at midnight). CHPPD is reported as a total and split by registered nurses and healthcare support workers to provide a complete picture of care and skill mix.

Care hours per patient day =	Hours of registered nurses and midwives alongside hours of healthcare support workers
	Total number of inpatients

CHPPD metrics are compared monthly against national peers on a ward-by-ward basis; this is reflected within the monthly Safe Staffing Assurance Report.

The average overall Trust CHPPD for the January period during the review was 7 which has remained consistent over the past 12 months, this is comparative with the national benchmark of 7.

A full breakdown of RN and HCA CHPPD per ward can be seen in **appendix 2**: January safer staffing data. This was taken into consideration for each ward, during the establishment review process.

5. Safer Staffing Submission

It is a national requirement of all Trusts to publish their monthly nursing and midwifery staffing levels to the NHS website. Safer staffing levels are the total planned number of hours worked by registered and care staff measured against the total number of actual hours worked to produce a monthly fill rate calculated as a percentage for nights and days on each ward. A deep dive is conducted monthly into wards below 85% compliant, which provides triangulation of the staffing fill rate against quality metrics for the area. This is reported to the Executive Committee, Quality Committee and Trust board via the Integrated performance report.

6. STHK Nursing and Midwifery establishment methodology

The Trust has established a systematic, evidence based and triangulated methodological approach to reviewing ward staffing levels on an annual basis linked to budget setting and

to staffing requirements. This is to provide safe, competent, and fit for purpose staffing to deliver efficient, effective, and high-quality care and has resulted in consistent year on year review of the nursing workforce matched by increased investment where required.

Following the National Quality Board expectations in 2014 and the refresh in 2016, a full review is now undertaken annually (with a light touch review at 6 months to ensure ongoing quality).

Completing the Trusts bi-annual light touch establishment review has included the following tools to ensure compliance with national guidance is adhered to.

- Use of national SNCT
- Care Hours Per Patient Day
- Professional Judgement
- Peer group validation (Daily Staffing Meeting)
- Review of E-Rostering data
- Review of ward quality metrics: Nurse to bed ratio and red flag indicators including pressure ulcers, falls and medication errors.

7. Nursing/Midwifery establishment review process January - March 2023

This 6-month light touch review was carried out from January- March 23. As part of the review all wards across all hospital sites for adult and children inpatients were reviewed.

Following the establishment review meeting the information from Shelford, red flags and professional discussion information was collated into a detailed spreadsheet to evidence rationale for any uplift in budgets required. This has formed the basis of the recommendations. This can be seen in **appendix 1.**

Separate corporate reviews are undertaken in Intensive Care, Emergency Admission areas, Paediatrics and Maternity. Some of these are also subject to separate emergent guidance either from NICE or NHS Improvement in relation to safe staffing levels and any specific recommendations will be highlighted separately through the budget setting process.

It should be noted that as part of the establishment review this included a review of ward rostering templates to ensure compliance with the required key performance indicators. This is now being monitored via the Workforce Utilisation Groups at care group and corporate level.

8. Findings from the Establishment review.

- 28 of the 33 wards nursing establishments currently meet the nurse, patient, and skill mix requirements. This has been agreed by the review team and the ward matrons as part of the process
- 4 wards remain staffed above their funded establishment, wards 3A, 4A, 3E gynae and 4D. It was agreed to remain in place until analysis of the establishment had been completed by the care groups and confirmed with finance to determine if

future business cases are required to seek approval for funding. These will be presented to Executive Committee before 1st May 2023

- 2 wards, 2B and 2C, were identified during the last review (Oct 2022) as requiring additional HCAs on the night shift due to the dependency and acuity of their patients. This was approved on a fixed term basis, to enable additional auditing to be conducted to provide evidence of this requirement. A business cases for the proposed increase in HCA staff will be presented to Executive Committee by MCG before 1st May 2023.
- Ward 1B / 1C due to the increase in activity have indicated the need to increase by 1 HCA per ward at night to support the numbers of patients requiring supplementary care and transfers to other wards. The Urgent Care Directorate are auditing this to provide further evidence to support their recommendation in preparation for the next establishment review.

9. Emergency Department Review / Analysis

A specific ED Shelford tool has been developed by Shelford and was used during this establishment review following a previous trial. The acuity tool output is still not considered to be accurate and further discussion with NHSE is underway. An accurate ED review requires staffing levels and designations, operational flow, and consideration of additional corridor patients.

The ED has reconfigured its estate a number of times since the last establishment review due to the increase in demand at the front door and the lack of flow out to inpatient beds. This includes the introduction of the ambulance assessment area to support patients being assessed in an area where privacy and dignity can be provided and stop patients needing to be assessed on the front corridor.

At times of extreme pressure patients have remained in the ED for prolonged periods of time. This is additional pressure on teams trying to provide basic care needs of admitted patients as well as attending to the new patients who present to the department. To address this, temporary staffing arrangements were initailly in place. In 2022, it was agreed to substantively fund these additional posts, based on the prolonged period of requirement, the low fill rates through bank and agencies,

Posts approved on a recurent basis:

	WTE	Band	Total Cost	
Corridor	11.97	5	543,768	Conversion of temporary funding
Zones	11.67	2	337,298	Conversion of temporary funding
SDEC Co-ordinators	5.98	6	323,415	Newly requested funding
Total	**35.60**		**1,431,696**	

Including the newly approved funding for additaional staff (35.60 WTE) this results in ED current staffing establishment, including vacancies as:

Staffing Establishment	Funded WTE (including posts approved above)
Nurse band 2	43.77
Nurse band 4	0.8
Nurse band 5	108.77
Nurse band 6	21.50
Nurse band 7	10.34
Grand Total	**185.18**

There are currently 27 OSCE nurses rotating through ward areas to gain experience, prior to commencing permanent positions in ED, all of whom will be in post by August 2023.

10. Paediatrics and Special Care Baby Unit.

A review of the RCN and BAPM standards for neonatal units has identified the need for a review of skill mix. The ODN has proposed that in addition there should be a full time supervisory ward manager who currently works 0.6 WTE clinically. We do not meet this standard; this is consistent across other paediatric units in District General hospitals and has been discussed with the ODN.

11. Maternity staffing review.

Maternity services in the NHS have seen significant change and development in the last decade, driven by an ambition and vision to deliver the best care to women, babies and families. Central to the development of safe maternity staffing has been the overarching policy publications; ‘Safe Midwifery Staffing for Maternity Settings’ (NICE 2019) and ‘Better Births’ (NHS England 2016).

The Maternity service is required to undertake a 6 monthly staffing review or more regularly if required to determine safe and appropriate midwifery staffing establishment and to ensure it meets CNST’s minimal evidential requirement relating to Safety Action 5 regarding effective midwifery workforce planning. The latest staffing report was presented in November 2022

Birth-rate Plus® has developed a method of assessing and analysing the required numbers of Midwives in relation to activity and acuity utilising a well-established workforce planning methodology and is the only nationally endorsed tool for calculating maternity staffing levels. The Birth-rate Plus® methodology is based on an assessment of clinical

risk, acuity and the needs of women and their babies during the antenatal period, labour, birth, the immediate post-delivery period, and the postpartum period within the hospital and in the community setting whilst utilising the accepted standard of 1 midwife to 1 woman in labour.

The maternity service has completed a full Birth-rate plus assessment with the report summary presented to Executive Committee in February 2023. A business case in now under development and due to be presented to executive committee in March 2023 outlining the deficits in direct maternity care and WTE establishment required to achieve the BR+ recommendations.

12. Trust wide risks and issues considered in the review

a. Increasing patient acuity/dependency

Since the Covid -19 pandemic, it has been noted that Trust wide we continue to see an increase in the complexity of patients particularly in relation to mental health needs including dementia, CAHMS and patients remaining in the acute settings for prolonged lengths of time whilst awaiting appropriate placements.
Information on the acuity and dependency of the patients, including any enhanced care needs is available via the 'Safe Care' functionality in health roster and is used in real time as part of our daily staffing meetings. The information is also used at the 6 monthly reviews as part of the professional judgment assessment.
A local pool of staff is used to deploy to support enhanced care needs as the numbers remain unpredictable and are therefore currently managed in real-time as part of overall considerations around safe staffing.

The Shelford establishment review process does not consider supplementary care requirements in its multiplier. A supplementary care review audit has been completed outside of this establishment review; the findings will be presented to Executive Committee when the analysis has been completed.

b. 12-hour shift rollout

The roll out of 12-hour shift patterns commenced in September, this will be completed in all inpatient wards by the end of March 2023. The first changes to ward budgets commenced December 2022 and will be completed by 1st April 2023. Any changes to fill rate is being closely monitored via the monthly safer staffing submission to the Executive Committee. Initial results show an improvement in fill rates for both RN and HCA (Feb 2023 data RN fill rate 97.53% and HCA 124.39% compared to RN 92.34 % and HCA 112.17% for February 2022)

Any proposed changes to nurse staffing establishment must be agreed by Director of Nursing, and finance lead for the care group.

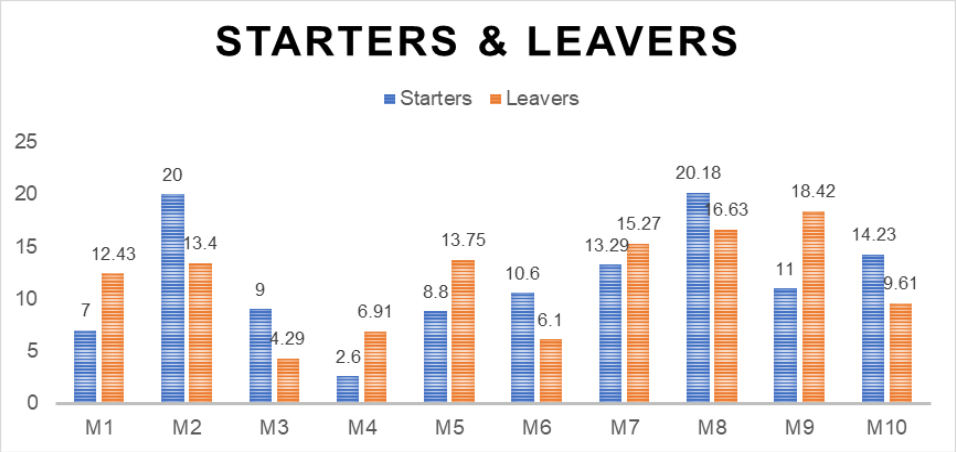
c. Vacancy position

Vacancy figures for each ward were included in the metrics reviewed during the establishment process and can be seen in appendix 1.

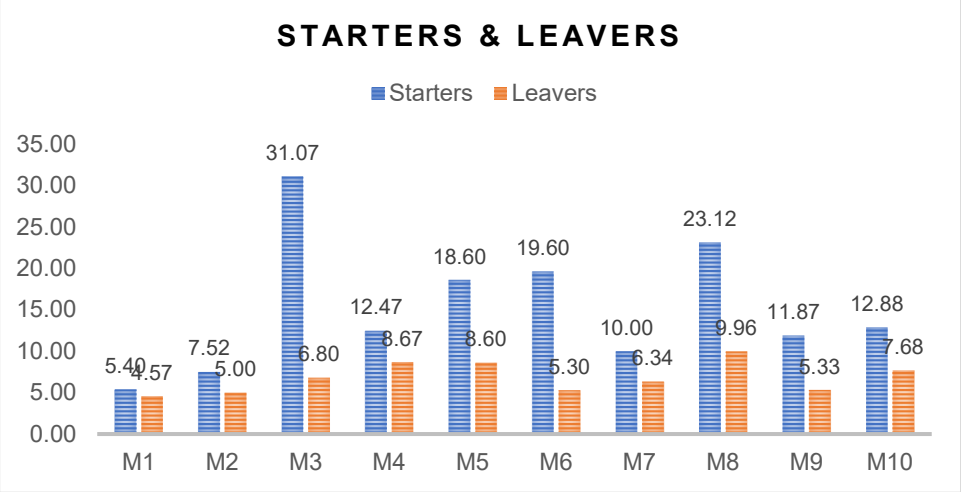
d. Recruitment and Retention

Focussed work is being undertaken to target recruitment and retention at STHK and continue to concentrate efforts to fill vacancies.
Starter and leaver information can be seen for RN's and HCAs for the financial year in tables below:

RN starters and leavers



HCA starters and leavers



This data indicates that the number of RN starters (116.7) and leavers (116.81) from April to January and for HCA's starters (152.53) and leavers (68.25)

International RN recruitment has continued with 100 international nurses appointed. A bid has been submitted for 50 international nurses for 2023/24 recruitment with first interviews having taken place in March. The first cohort of 12 are expected to arrive in May 2023
The Trust has recently received a letter from Ruth May CNO commending the successful international nurse recruitment in 2022.

Team members within the recruitment team have been assigned to focus on retention specifically in relation to increasing uptake of exit questionnaires, contacting those who are upcoming leavers to identify reasons for leaving and confirm if any other options are available to retain staff members e.g., staff transfer scheme, flexible working options, other opportunities within the Trust.
A task and finish group has also been set to review current leaver and retention mechanisms

An HCA New to Care programme was launched in August 2022 for all health care support workers appointed to the Trust. To date 280 staff members have attended. A recent audit has been carried out to examine the retention of these staff, with initial findings demonstrating an improvement in staff retention.

e. Nurse Sickness

Sickness figures for all nursing, midwifery and support staff is recorded and monitored monthly in the Safe Staffing Report.
Sickness is monitored through roster key performance indicators which are reviewed monthly at care group and corporate level. These were also included in the metrics reviewed during the establishment process and can be seen in appendix 1.

month	RN sickness	HCA sickness
September	6.38%	10.02%
October	7.33%	9.28%
November	6.46%	10.34%
December	8.07%	11.64%
January	7.08%	10.81%

f. Bank and agency usage

Bank and agency figures are reported monthly in the Safe Staffing report. Bank and agency usage for each ward were included in the metrics reviewed during the establishment process and can be seen in appendix 1.
Bank / agency requests and filled shifts for RN's and HCAs has remained stable for the previous 7 months.

13. Development of the Workforce - Band 2/3 review

A comprehensive review of the band 2/3 workforce and future requirements is currently being undertaken. This included group discussion and professional judgement from HON's and Matrons individualised for each area. Findings and recommendations will be presented to Executives separately from this establishment review when prepared.

14. Ongoing Developments

STHK are committed to providing safe, sustainable, and productive staffing to meet the ever-growing needs of our local population. In response to national guidance cited throughout the report there are a number of internal initiatives to support safer staffing, these include:

- Support for staff through health work and wellbeing services

- Development of an internal staff transfer process
- Flexible working/retire and return scheme
- Promoting listening events and engagement sessions to listen to and address staff concerns
- Increase availability of apprenticeship courses available to invest in and upskill existing workforce
- In house education and training programmes available for nursing and midwifery workforce to support succession planning into senior roles within the organisation
- Speciality specific preceptorship programmes for staff working in Maternity, ICU and the Emergency Department
- Development of Ward Managers to manage the demands of daily staffing work pressures
- Staffing review to be undertaken for Band 2-6 to ensure staff are delivering care compliant with their job descriptions and competence

The senior nursing team have identified ares of improvement related to the tools available to support safe staffing. A review group has been identified with a number of key stakeholders and lead by Head of Nursing and Quality for Urgent care. They have identified a number of workstreams -

- Full Education and training programme for all ward managers / Matrons and senior nurses
- Relaunch of SafeCare
- Roster compliance with KPIs monitoring through robust roster challenge meetings
- Review of the ability to add additional duties
- Cleansing of all current rosters reviewing skills / rules already in system and demand in each area
- Process for bank v agency (timescales)
- Review of sign off of rosters
- Review of policy

These will be reported through the Corporate Workforce Utilistaion Group

15. Conclusion

A robust ward staffing establishment review was undertaken using a mixed methodology of approaches and in line with recommendations from the National Quality Board, NICE guidance and the RCN Nursing Workforce Standards

Overall, the staffing establishments remain appropriate and within recommended guidelines. There are some key exceptions where acuity and dependency levels and growing demand continue to challenge the nursing ratios – recommendations for uplifts in these areas will be put forward by the Divisions through the business case process.

The next full staffing review to be presented to Trust Board in September 2023.

Appendix 1. Establishment review findings and professional judgement recommendations

master spreadsheet quality metrics final.

Appendix 2. Safe Staffing and CHPPD fill rates January 2

		Day		Night		CHPPD			Overall Fill rate %'s	
		RN fill rate	HCA fill rate	RN fill rate	HCA fill rate	RN	HCA	Overall	RN fill rate	HCA fill rate
Wards with an overall fill rate above 90% fill rate for RN or HCA	1ANew	96.10%	135.70%	96.70%	221.60%	2.6	3.4	6	96.30%	164.50%
	Bevan Court 1	104.50%	130.00%	117.00%	152.00%	5	7	11.9	107.50%	137.30%
	Bevan Court 2	82.60%	114.20%	105.20%	204.70%	2.6	4.9	7.5	90.60%	140.00%
	1C	90.40%	104.00%	99.10%	124.00%	5.1	2.7	7.9	93.40%	109.00%
	1D	85.60%	116.70%	102.30%	185.20%	2.6	2.8	5.4	90.60%	135.60%
	2A	102.30%	100.70%	97.00%	170.90%	3.7	2.2	5.9	100.00%	121.50%
	2B	81.30%	106.20%	115.20%	183.50%	2.7	2.7	5.4	91.50%	127.60%
	2C	82.70%	100.00%	133.90%	175.00%	3.8	2.6	6.4	98.80%	120.70%
	2D	108.50%	122.80%	110.60%	209.50%	3.2	3.4	6.5	109.30%	149.50%
	3Alpha	88.30%	110.90%	100.00%	135.50%	2.7	3.2	5.8	92.50%	120.80%
	3C	100.20%	146.80%	108.70%	169.90%	2.7	3.4	6.1	103.50%	157.20%
	3D	88.90%	110.90%	96.80%	131.80%	2.4	2.3	4.7	91.90%	117.90%
	3E	96.50%	171.90%	93.70%	113.70%	2.8	2.3	5.1	95.60%	154.50%
	3F	88.10%	100.60%	96.50%	103.20%	6.5	1.6	8.1	91.00%	101.70%
	4A	83.60%	82.00%	115.20%	194.60%	2.9	2.4	5.3	93.10%	116.70%
	4B	108.50%	97.70%	99.70%	102.10%	3.2	1.9	5	104.80%	98.90%
	4C	91.30%	91.30%	100.00%	92.20%	2.9	2.1	5	94.40%	91.70%
	4D	89.00%	73.40%	100.00%		7.1	3.7	10.7	91.90%	118.50%
	5A	80.80%	117.30%	113.00%	223.40%	2.4	4.8	7.3	92.20%	147.60%
	5B	87.70%	112.20%	100.70%	188.60%	2.4	4.4	6.8	92.30%	134.00%
	5C	94.90%	115.80%	87.30%	99.90%	4.6	3.3	7.9	91.50%	108.10%
	5D	81.20%	84.10%	107.40%	126.10%	3.1	4.3	7.4	90.50%	95.30%
	Duffy Ward	100.60%	125.80%	100.10%	120.90%	2.3	3.4	5.6	100.40%	123.60%
	Seddon	102.40%	108.00%	100.10%	68.80%	3.5	3.9	7.4	101.70%	93.70%
	Newton Ward	90.60%	80.90%	100.50%	138.00%	2.5	3.2	5.7	93.30%	97.20%
Wards with an overall fill rate below 90% fill rate for RN or HCA	3E Ortho	73.00%	89.10%	115.00%	133.50%	3.6	3.1	6.7	89.10%	100.20%
	3B	82.00%	105.70%	96.90%	128.00%	2.6	2.8	5.4	87.50%	115.80%
	4E	81.60%	112.90%	102.10%	114.70%	19.5	4.1	23.5	89.70%	113.60%
Wards with an overall fill rate of 85% or less for HCA or RN	1B	75.70%	115.50%	92.80%	129.80%	4.1	3	7.1	81.50%	120.40%
	1E	72.00%	86.30%	106.50%		5.7	1.7	7.4	83.80%	98.10%
	2E	105.40%	50.20%	101.20%	83.20%	4.4	1.2	5.6	104.20%	60.40%
	3A	78.20%	114.10%	88.40%	114.00%	4.1	3.8	7.9	81.00%	114.10%
	4F	74.30%	100.20%	68.80%	140.10%	7.5	2.8	10.3	72.80%	116.20%
	SCBU	88.20%	99.30%	77.60%	80.60%	7	1.8	8.8	83.20%	90.00%
	Delivery Suite	100.30%	81.10%	137.70%	90.10%	32.2	6.2	38.4	113.90%	84.70%

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHST(23)030
Title of paper: Gender Pay Gap Report 2022
Purpose: To update the Trust Board on the Gender Pay Report 2022 to be published by the 30th March 2023 following approval.
Summary: In accordance with *The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017* this report details the Trusts Gender Pay Gap for the March 2022 snapshot date. The report includes the separate analysis for the substantive Trust workforce, and for the Lead Employer function. STHK key headlines are: • The Mean Gender Pay Gap has decreased from **32.48%** to **31.43%** • The Median Gender Pay Gap has decreased from **16.59%** to **14.46%** • The Mean Bonus Pay Gap has decreased from **40.33% to 27.36%** • The Median Bonus Pay Gap has decreased from **61.91%** at **0.00%** The Lead Employer key headlines are: • The Mean Gender Pay Gap has increased from **-0.04%** to **0.37%** • The Median Gender Pay Gap has increased from **1.92%** to **2.18%** • The Mean Bonus Pay Gap has increased slightly from **0.00%** to **-0.96%** • The Median Bonus Pay Gap has remained at **0.00%**
Corporate objective met or risk addressed: Compliance with Trust's Public Sector Equality Duty under the Equality Act 2010.
Financial implications: N/A
Stakeholders: Trust Board, Management, Staff, Patients, NHS England, Commissioners, Staff-Side
Recommendation(s): To note the March 2022 Gender Pay Gap report for publication on the Trusts website, and submissions of the data to the government portal.
Presenting officer: Anne-Marie Stretch, Deputy CEO/ Director of HR
Meeting date: 29th March 2023

St Helens and Knowsley Teaching Hospitals NHS Trust

Gender Pay Gap Report 2022

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1.1. Introduction

In accordance with, St Helens and Knowsley Teaching Hospital NHS Trust is pleased to report its annual Gender Pay Gap for March 2022.

The Mean and Median Gender Pay Gaps are calculated from the **Hourly Rate of Pay** of the **Full Pay Relevant Employee (FPRE)** population as of the 31st March 2022. Please see Appendix 1: Methodology and Data Definitions for the full explanation of the calculation.

The Bonus Mean and Median Gender Pay Gaps are calculated from the total bonus pay received from the 1st April 2021 to 31st March 2022 by the Pay Relevant Population. Please see Appendix 1: Methodology and Data Definitions for the full explanation of the calculation.

1.2. About St Helens and Knowsley Teaching Hospitals NHS Trust

St Helens and Knowsley Teaching Hospitals NHS Trust (The Trust) provides acute and community healthcare services at St Helens and Whiston Hospitals, Community Intermediate Care services at Newton Community Hospital in Newton-le-Willows, and an Urgent Treatment Centre, operating from the Millennium Centre, in the centre of St Helens.

The Trust provides care to approximately 360,000 people, principally from St Helens, Knowsley, Halton, and Liverpool, but also from other neighbouring areas including Warrington, Ormskirk and Wigan. In addition, the Mersey Regional Burns and Plastic Surgery Unit provides treatment for patients across Merseyside, Cheshire, North Wales, the Isle of Man and other parts of the Northwest, serving a population of over 4 million.

In March 2022, 6,668 staff were employed by the Trust substantively, and a further 5,568 workers were registered on the Bank.

1.3. Lead Employer

St Helens and Knowsley Teaching Hospitals NHS Trust is the Lead Employer for over 13,000 medical and dental professionals. The service supports doctors and dentist-in-training throughout the full length of their training, overseeing all employment matters across six Health Education England regions (North West, West Midlands, East of England, East Midlands, Thames Valley, London and the South East).

The Lead Employer model is focused on improving the working lives of colleagues in speciality training, helping them to succeed in their chosen career paths and this is carried out through their five primary work areas of Employment Services, Case Management, Workforce Information, Payroll Services and Health Work and Wellbeing.

For the purposes of this report, the Lead Employer Gender Pay Gap data is reported separately to reflect the unique employment relationship this group has with the Trust.

1.4. Key Terms

- **Full Pay Relevant Employee (FPRE):** The population used to calculate the mean and median pay gap. To be considered a Full Pay Relevant Employee, the worker must not be receiving less than 100% of their hourly rate of pay. This will occur when a worker is receiving the lower-level statutory maternity pay, adoption pay, sick pay, or no pay (unpaid career break etc). The FPRE is based on **all posts** that received pay on the 31st March, not individual people.

- **Hourly Rate of Pay:** The calculation of a worker's total pay (before tax) which includes basic pay, shift pay and allowances, but after salary sacrifice deductions including pension and childcare vouchers. The Hourly Rate of Pay is used to calculate the mean and median gender pay gaps.

- **Bonus Pay:** Any form of money, vouchers, securities, security options or interest received by the worker which is awarded as a result of profit-sharing arrangements, productivity, performance, incentives or commission. For the purposes of this report, this includes Clinical Excellence Awards and the Targeted Enhanced Recruitment Scheme.

- **Bonus Pay Population:** To be counted within the bonus pay population, the worker must be a Pay Relevant Employee, have received a bonus payment between the 1st April – 31st March, and be employed by the Trust on the 31st March snapshot date.

- **Pay Relevant Employee:** The total population of the Trust on the snapshot date. Used to identify the bonus pay population and calculate the proportion of workers in receipt of bonus pay.

- **Worker:** The population used to calculate the gender pay gap includes all employees, workers and apprentices including Bank staff. The population is based on posts filled, and not people, meaning that an individual can hold multiple posts, and will be counted within the population for each one.

Please see Appendix 1: Methodology and Data Definitions for a full explanation of the methodology and meaning of key terms.

1.5. Meaning of colour coding and arrows

Please familiarise yourself with the following meaning used by colour coding and arrows:

- **+Black Number**: means that the gender pay gap is in favour of men
- **-Red** Number: means that the gender pay gap is in favour of women
- **Green Arrows** ↑↓: denote a change that is positive, either an increase or decrease in a population, or a positive change in the gender pay gap e.g. decreasing.
- **Red Arrows** ↑↓: denote a change that is negative, either an increase or decrease in a population, or a negative change in the gender pay gap e.g. increasing.
- **Black Arrows** ↑↓: denote a change, either an increase or decrease in a population.
- **Side Arrows** ↔: denote that the data has not change from the previous year.

2. Gender Pay Gap

2.1 Summary

On the 31st March 2022 there were 7,109 **Full Pay Relevant Employees (FPRE)** within the snapshot data, of which 82% were female and 18% male.

Table 1 below outlines the Gender Pay Gap data for March 2021 and 2022:

Table 1: Gender Pay Gap Summary 2021-2022

	March 2021	March 2022	Trend
Population Size			
Total FPRE	7,027	7,109	↑
# Female (FPRE)	5,781	5,820	↑
# Male (FPRE)	1,246	1,289	↑
% Female (FPRE)	82.27%	81.86%	↓
% Male (FPRE)	17.73%	18.14%	↑
Gender Pay Gap Figures %			
Mean Pay Gap %	32.48%	31.43%	↓
Median Pay Gap %	16.59%	14.46%	↓
Bonus Mean Pay Gap %	40.33%	27.36%	↓
Bonus Median Pay Gap %	61.91%	0.00%	↓
Bonus Pay Population Size			
% of F who received a Bonus	1.08%	1.48%	↑
% of M who received a Bonus	8.68%	9.45%	↑
% of Bonus Recipients F	35.96%	41.91%	↑
% of Bonus Recipients M	64.04%	58.09%	↓
Total Population size in 4 equal quartiles (1 = lowest, 4 = highest)			
% Q1 Female (Lowest)	87.48%	86.45%	↓
% Q1 Male (Lowest)	12.52%	13.55%	↑
% Q2 Female	84.69%	84.37%	↓
% Q2 Male	15.31%	15.63%	↑
% Q3 Female	85.71%	85.10%	↓
% Q3 Male	14.29%	14.90%	↑
% Q4 Female (Highest)	71.18%	71.53%	↓
% Q4 Male (Highest)	28.82%	28.47%	↑

2.2 Mean Pay Gap

The mean pay gap is a comparison between the average hourly income of the whole male population, and the average hourly income of the whole female population expressed as a percentage. Table 2 outlines the Hourly Rate of Pay for 2021 and 2022, and the difference between men and women.

Table 2: Mean Hourly Rate of Pay

Sex	2021	2022
Female	£16.06	£16.67
Male	£23.79	£24.31
Difference	£7.73	£7.64
% Pay Gap	**32.48**	**31.43**

The Mean Gender Pay Gap has decreased by 1.05% from 2021 to 2022, from 32.48% to 31.43%.

2.3 Median Pay Gap

The median pay gap is a comparison between the middle value hourly income of the whole male population, and the middle value hourly income of the whole female population when arranged from lowest to highest, expressed as a percentage.

The median pay gap is generally considered to be the measure that is representative of the gender pay gap across the whole workforce and is the figure that is reported and compared nationally.

Table 3: Median Hourly Rate of Pay

Sex	2021	2022
Female	£13.63	£14.21
Male	£16.34	£16.61
Difference	£2.71	£2.40
% Pay Gap	**16.59%**	**14.46%**

The Median Gender Pay Gap has decreased by 2.08% from 2021 to 2022, from 16.59% to 14.51%.

Cause of the Trust Gender Pay Gap

There is no single cause for the gender pay gap for the Trust. A combination of the following factors will be impacting on the overall hourly rate of pay:

- The type of roles that male workers occupy compared to female workers (horizontal segregation), with men more likely to occupy medical and dental roles, and women more likely to occupy nursing & midwifery roles.
- 4.6% of female Full Pay Relevant Employees (FPRE) are in a Medical & Dental role, compared to 26% of male FPRE.
- The location of male FPRE compared to female FPRE within the Agenda for Change pay bands, and seniority within medical and dental roles (vertical segregation); with a higher proportion of male FPRE occupying higher pay levels.
- 0.23% of AfC FPRE have an hourly rate of pay of £50+, compared to 29.6% of Medial & Dental FPRE.

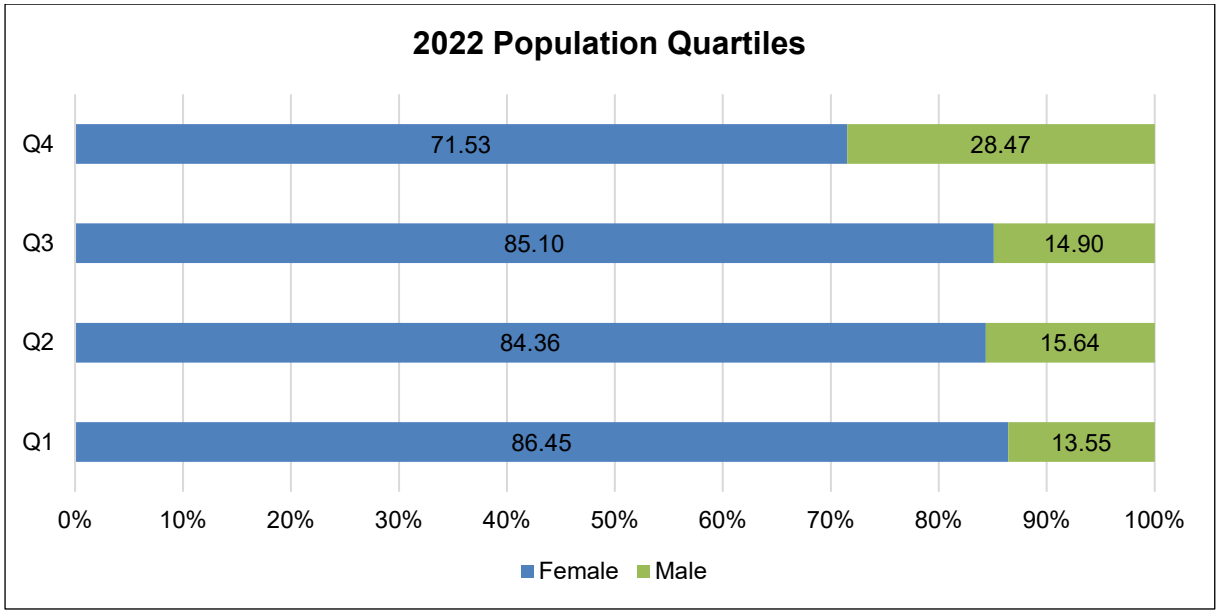
Section 2.4 outlines the overall population distribution by hourly rate of pay from lowest to highest. Section 3 expands on the gender pay gap and causes for Medical & Dental roles, and Agenda for Change roles providing context for the causes of the Trust pay gap.

2.4 Population Quartiles

The hourly rate of pay for all Full Pay Relevant Employees is ranked from lowest to highest. The population is then divided equally into 4 parts to create the 4 population quartiles, with 1 being lowest and 4 being highest. In each quartile the proportion of men and women is calculated.

Table 4: Population Pay Quartile 2021 and 2022

	2021				2022			
Quartile	**Female #**	**Male #**	**Female %**	**Male %**	**Female #**	**Male #**	**Female %**	**Male %**
1	1,537	220	87.48	12.52	1,537	241	86.45	13.55
2	1,488	269	84.69	15.31	1,500	278	84.37	15.63
3	1,506	251	85.71	14.29	1,513	265	85.10	14.90
4	1,250	506	71.18	28.82	1,270	505	71.53	28.47
Overall	**5,781**	**1,246**	**82.27**	**17.73**	**5,820**	**1,289**	**81.56**	**18.14**



Graph 1: 2022 Population by Quartiles

To be representative of the demography of the current workforce, each quartile would have to have a 82% female and 18% male split. There is an over representation of female posts and under representation of male posts in quartile 1, 2 and 3 and an over representation of men and under representation of women in the highest paying quartile 4.

3. Medical & Dental and Agenda for Change

Medical and Dental is a Staff Group comprised on doctors at all levels of training and seniority. This includes Foundation Level (F1/F2), Registrars, Consultants, Locum Consultants and Bank Medical workers. Pay levels for medical and dental staff is determined by the relevant NHS Terms and Conditions for doctors and dentists depending on their grade/role.

Agenda for Change is the NHS's terms and conditions for non-medical NHS staff with a 9 point pay scale. Agenda for change pay scales encompasses all other staff groups including nurses and midwifes, clerical and admin, estates, laboratory technicians, and health care assistants,

On the 31st March 2022 there were:

- 602 Full Pay Relevant Employees (FPRE) **Medical & Dental** workers within the snapshot data, of which 44% were female and 55.6% were male.
- 6507 Full Pay Relevant Employees (FPRE) **Agenda for Change** workers within the snapshot data, of which 85.3% were female and 14.7% were male.

3.1. M&D/AfC Mean and Median Pay Gap

Table 5 details the Mean and Median Hourly Rates of Pay for both Male and Female Medical and Dental (M&D) Full Pay Relevant Employees.

Table 5: Medical and Dental Mean and Median Hourly Rate of Pay

	Medical and Dental			
	Mean		Median	
	2021	2022	2021	2022
% Pay Gap	6.03%	18.71%	7.52%	11.89%
# % Female	243 (44.3%)	267 (44.4%)	243 (44.3%)	267 (44.4%)
# % Male	318 (56.7%)	335 (55.6%)	318 (56.7%)	335 (55.6%)
£ Female	£43.78	£37.85	£41.81	£41.81
£ Male	£46.59	£46.56	£45.21	£47.45
£ Difference	£2.81	£8.11	£3.40	£5.64

The mean hourly pay gap has increased for medical and dental FPRE by 12.68 percentage points to 18.71% in the last year.

The median hourly pay gap has increased for medical and dental FPRE by 4.37 percentage points from 7.52% to 11.89%.

There is no single cause for the increase in the mean and median gender pay gaps for medical and dental FPRE. A combination of the following changes to the population is impacting the hourly rate of pay:

- 20% of female FPRE earn £50+ more per hour, compared to 37% of male FPRE.
- The lower paid Foundation 1, Foundation 2, Clinical Fellow 1 and Clinical Fellow 2 roles account for 25% of female medical and dental FPRE, but only 13% of male FPRE.
- Although the number of women on consultant posts increased between 2021 and 2022 by 4%, the number of men increased by 7% slightly reducing the proportion of women from 41.5% to 40.9%.
- Changes to the number of female and male consultants, including the recruitment of new consultations has had the effect of decreasing the female consultant mean hourly rate of pay, whereas the mean male hourly rate of pay has increased.
- A larger proportion of male consultants have been in post longer, where pay is linked to length of service.
- In 2021 there was a F48%/M52% split in the number and proportion of Medical Bank workers. In 2022 both the number of women and men increased but the proportion changed to F35%/M67%. The mean hourly rate

of pay also increased significantly between 2021 and 2022. Combined, this will have had a greater effect of pulling up the male hourly rates of pay compared to women.

See Graph 2: 2022 Medicine & Dentistry Population by Quartiles

Table 5 details the Mean and Median Hourly Rates of Pay for both Male and Female staff categorised as Agenda for Change (AfC).

Table 6: Agenda for Change (AfC) Mean and Median Hourly Rate of Pay

	Agenda for Change (AfC)			
	Mean		Median	
	2021	2022	2021	2022
% Pay Gap	7.07%	5.15%	2.29%	1.62%
# % Female	5538 (85.7%)	5553 (85.3%)	5538 (85.7%)	5553 (85.3%)
# % Male	928 (14.3%	954 (14.7%)	928 (14.3%	954 (14.7%)
£ Female	£14.85	£15.65	£13.19	£13.95
£ Male	£15.98	£16.50	£13.50	£14.19
£ Difference	£1.13	£0.85	£0.31	£0.24

The mean hourly pay gap has decreased for agenda for change staff by 1.92 percentage points from 7.07% to 5.15% in the last year.

The median hourly pay gap has decreased for agenda for change staff by 0.67 percentage points from 2.29% to 1.62%. The AfC median pay gap is less than 3% and is statistically insignificant and no further action is required.

There is no single cause for the mean gender pay gap for Agenda for Change workers. A combination of the following factors will be impacting on the overall mean hourly rate of pay:

- Only 14.7% of AfC workers are male, small changes in the number of male workers, and their location within the pay band, will have a larger effect on the mean hourly rate of pay, than similar changes within the larger female population.
- Between 2021 and 2022, the proportion of male workers has increased on Band 2, 3, 5, 7, 9 (mostly lower bands); whereas the proportion of female workers has increased on Band 4, 6, 8a, 8b, 8c, 8d (mostly higher bands)
- The proportion of female workers on Band 8a+ has increased from 4.1% (2021) to 4.9% (2022). The proportion of male workers on Band 8a+ has remained the same at 9.8%.

- With a larger proportion of male workers on higher pay bands will have the effect of pulling up the male hourly rate of pay, compared to women. However, the increase in the proportion of male workers on lower bands, and the increase of female workers on higher bands from 2021 to 2022 will have contributed to increasing the female hourly rate of pay, and therefore reducing the mean gender pay gap.

See Graph 2: 2022 Agenda for Change Population by Quartiles

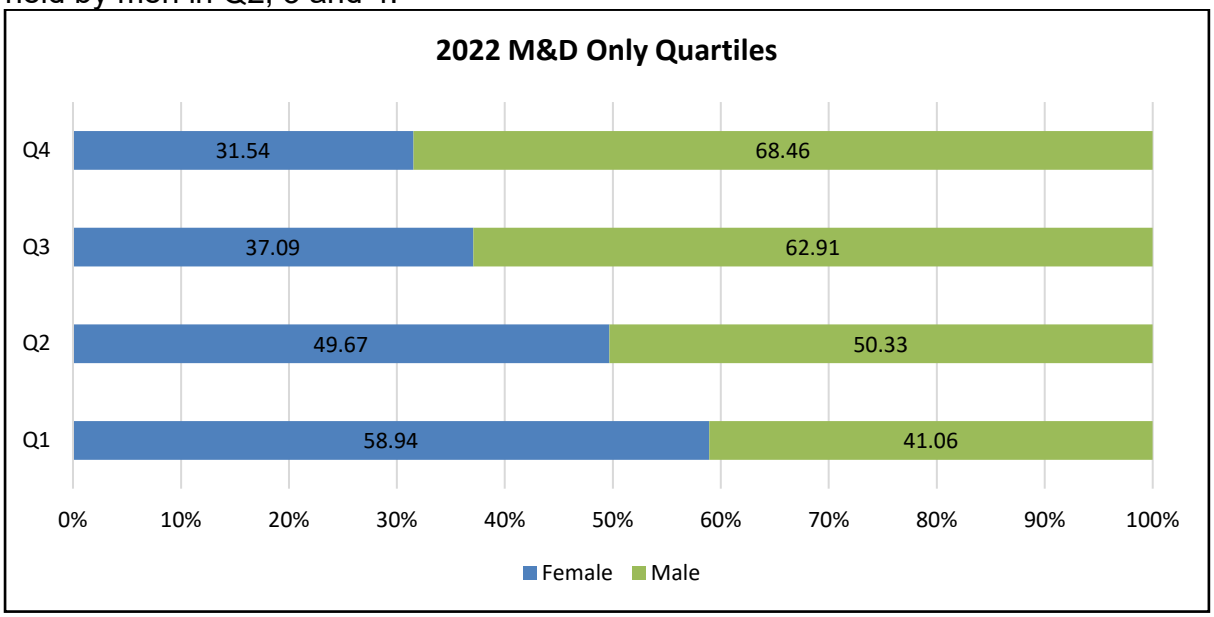
3.2. M&D/AfC Population Quartiles

The hourly rate of pay for all Full Pay Relevant Employees is ranked from lowest to highest. The population is then divided equally into 4 parts to create the 4 population quartiles, with 1 being lowest and 4 being highest. In each quartile the proportion of men and women is calculated.

Table 7: M&D/AfC Population Pay Quartile 2022

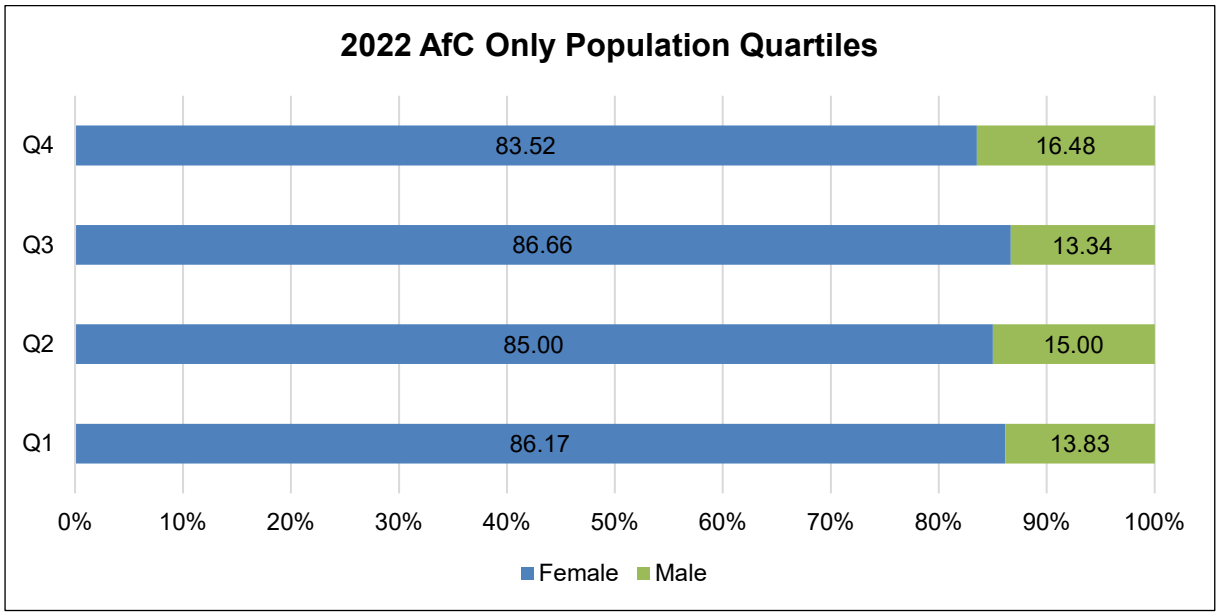
	M&D 2022				AfC 2022			
Quartile	**Female #**	**Male #**	**Female %**	**Male %**	**Female #**	**Male #**	**Female %**	**Male %**
1	89	62	58.94	41.06	1402	225	86.17	13.83
2	75	76	49.67	50.33	1383	244	85.00	15.00
3	56	95	37.09	62.91	1410	217	86.66	13.34
4	47	102	31.54	68.46	1358	268	83.52	16.48
Overall	267	335	44.35	55.65	5553	954	85.34	14.66

For Medical and Dental posts only, there is a significant overrepresentation of men in all quartiles when compared to the Trust population; with the majority of posts being held by men in Q2, 3 and 4.



Graph 3: 2022 Medicine & Dentistry Population by Quartiles

For Agenda for Change (AfC) posts only, there is a underrepresentation of men in all quartiles compared to the Trust population. However, there is a larger proportion of men in the higher Quartile 4 than in the other quartiles.



Graph 4: 2022 Agenda for Change Population by Quartiles

4. Bonus Pay Gap

4.1. Meaning of Bonus Pay

Bonus Pay is defined as any form of money, vouchers, securities, security options or interest received by the worker which is awarded as a result of profit-sharing arrangements, productivity, performance, incentives or commission. For the purpose of this report, this means the Clinical Excellence Awards (Trust), and the Targeted Enhanced Recruitment Scheme (Lead Employer)

Bonus Pay is the total amount of pay received from the 1st April to the 31st March of the respective year, and where the worker is still engaged by the Trust on the 31st March snapshot date.

The eligible Bonus Pay Population is called the "**Pay Relevant Employee"** population and is the total number of workers at the Trust on the 31st March and includes those classed as Full Pay Relevant Employees as well as those that are not.

4.2. What are Clinical Excellence Awards?

Local Clinical Excellence Awards (2018-2021)

The Local Clinical Excellence Awards (LCEA) are awarded by the Trust to qualifying employees on an annual basis. To qualify an employee must be:

- A Consultant employed on the 2003 Terms and Conditions
- Have held a substantive Consultant post for at least 12 months

Prior to COVID-19, the Local Clinical Excellence Awards were awarded based on a competitive application process. In 2020 (The 2019 LCEA Round) a national decision was taken to distribute the LCEA equally amongst the eligible population, which has continued into this year's reporting.

The value of the total award pot is fixed with the individual award value shared amongst the qualifying population which varies each year. The methodology used to award the LCEA changes on a regular basis and may impact the year-on-year comparison.

National Clinical Excellence Awards

The National Clinical Excellence Awards (NCEA) are awarded by the NHS to qualifying medical and dental practitioners on the General Dental Council (GDC) specialist list or General Medical Council (GMC) specialist list, or GP register.

To be considered for a NCEA, an applicant needs to show that they have an impact at a national level in developing and delivering high quality service, improving NHS leadership, education and training, and innovation and research

The value of the NCEA is up to a maximum value of £77,000 (Platinum) and was historically issued for a period of 5 years. At the end of the 5-year period, the award

holder was required to reapply. As a result of the length of award period, in any given year, employees could be in receipt of a NCEA which was awarded in the current year, or in the previous 5 years.

The Trust has no direct involvement in the assessment or awarding of NCEA however, the payment of these awards is through the Trust payroll and therefore is included in the Gender Pay Gap calculation.

4.3. Mean and Median Bonus Pay Gap

For the purposes of the Trust Bonus Pay, this is a combination of the Local Clinical Excellence Awards, and the National Clinical Excellence Awards. An individual may receive multiple payments in a year depending on which award they are receiving, or because the award has been paid in the following financial year to the year it was awarded e.g. 2020-2021 round, paid in 2021-2022 gender pay gap data.

Please see Appendix 1: Methodology and Data Definitions for further details.

The mean and median bonus gender pay gaps were as follows:

Table 8: Mean Bonus Pay

Sex	2021	2022
Female	£4,279.78	£5,809.76
Male	£7,171.83	£7,997.98
Difference	£2,892.05	£2,188.22
% Pay Gap	**40.33**	**27.36**

Table 9: Median Bonus Pay

Sex	2021	2022
Female	£1,855.20	£5,270.71
Male	£4,871.16	£5,270.71
Difference	£3015.96	£0.00
% Pay Gap	**61.91**	**0.00**

4.4 Proportion of males and females receiving bonus payment

The proportion of males and females receiving bonus payments is calculated from the “pay relevant” population and therefore includes all posts at the Trust. A individual may hold multiple posts, and will be counted in the data for each post. Therefore the “population” numbers within this report are not comparable to the Trust standard headcount.

With the current “bonus scheme” being limited to Clinical Excellence Awards it should be noted that the population figures are not based on the eligible consultant population, but the whole “pay relevant” population, even though most of them are not eligible for the award.

Table 10: Number of Bonus Pay recipients

Sex		Employees Paid Bonus	Total "Pay Relevant" Employees	% Pay Relevant Employees Receive Bonus	% Bonus Recipients
2021	Female	73	6,743	1.08	35.96
	Male	130	1,497	8.68	64.04
2022	Female	101	6,827	1.48	41.91
	Male	140	1,482	9.45	58.09

There are more men in consultant positions, meaning that a higher proportion of men are eligible for the Local Clinical Excellence Awards, and the National Clinical Excellence Awards. Even though the pay practices relating to the Local Clinical Excellence Awards are such that the same value is now awarded, how those have been paid, and the addition of the NCEA is continuing to cause a pay gap in favour of men.

Impact of Local Clinical Excellence Awards (2021 / 2022)

The Local Clinical Excellence Award rounds do not directly map onto the Bonus Gender Pay Gap period. The value of the LCEA varies each round as this is linked to the size of the funding pot and the eligible population it is shared with, which will vary. The current pay practices for these awards means that some are paid in March and some in April, splitting them across the bonus pay period. This can result in a individual receiving one or two payments within the data, or moving to the next report period. This makes the year on year comparison of the pay gap difficult because the award levels and population are not stable.

Table 11 outlines the LCEA pay dates and values that correspond with the Gender Pay Gap snapshot periods.

Table 11: Local Clinical Excellence Award values and pay dates

	LCEA Pay Date	Value	Pro Rata
2021 GPG	**April 2020**	£3480	Yes
	August 2020	£1,855.20	Yes
2022 GPG	**April 2021**	£1,341	Yes
	March 2022	£3,930	No
2023 GPG	**April 2022**	£3,930	No

Local Clinical Excellence Awards (2018-2022) and National Clinical Excellence Awards 2021

In 2021 there was 84 recipients of a Pre-2018 Local Clinical Excellence Awards (Level 1-8) and the National Clinical Excellence Award (Bronze – Platinum) of which 22.6% were female, and 77.4% were male. 17% of Male Consultants achieved a Level 6 or above, compared to 5.3% of Female Consultants

Table 12: National Clinical Excellence Awards 2021

	NCEA	Value	% Female ↔	% Male ↔	% Female ↕	% Male ↕
LCEA (pre-2018)	**Level 1**	£3,016	16.1	83.9	26.3	40.0
	Level 2	£6,032	25.0	75.0	26.3	23.1
	Level 3	£9,048	50.0	50.0	26.3	7.7
	Level 4	£12,064	20.0	80.0	5.3	6.2
	Level 5	£15,080	33.3	66.7	10.5	6.2
	Level 6	£18,096	-	100.0	-	4.6
	Level 7	£24,128	-	100.0	-	4.6
	Level 8	£30,160	-	100.0	-	4.6
NCEA	**Level Bronze**	£36,192	33.3	66.7	5.3	3.1
	Level Silver	£47,582	-	-	-	-
	Level Gold	£59,477	-	-	-	-
	Level Platinum	£77,320	-	-	-	-

National Clinical Excellence Awards 2022

In 2022 there was 80 recipients of a of a Pre-2018 Local Clinical Excellence Awards (Level 1-8) and the National Clinical Excellence Award (Bronze – Platinum) of which 22.5% were female, and 77.5% were male. 16.1% of Male Consultants achieved a Level 6 or above, compared to 5.3% of Female Consultants.

Table 13: National Clinical Excellence Awards 2022

	NCEA	Value	% Female ↔	% Male ↔	% Female ↕	% Male ↕
LCEA (Pre-2018)	**Level 1**	£3,016	16.7	83.3	27.8	40.3
	Level 2	£6,032	25.0	75.0	27.8	24.2
	Level 3	£9,048	44.4	55.6	22.2	8.1
	Level 4	£12,064	20.0	80.0	5.6	6.5
	Level 5	£15,080	40.0	60.0	11.1	4.8
	Level 6	£18,096	-	100.0	-	4.8
	Level 7	£24,128	-	100.0	-	3.2
	Level 8	£30,160	-	100.0	-	3.2
NCEA	**Level Bronze**	£36,192	33.3	66.7	5.6	3.2
	Level Silver	£47,582	-	100.0	-	1.6
	Level Gold	£59,477	-	-	-	-
	Level Platinum	£77,320	-	-	-	-

Causes of the Bonus Pay Gap

The Median Bonus Gender Pay Gap has reduced to 0%.

The Mean Bonus Pay Gap is being caused by a combination of the following:

- The total bonus pay of an employee is a combination of any Local Clinical Excellence Awards (New, 2018-2021), Local Clinical Excellence Awards (Old, Pre-2018) and National Clinical Excellence Awards.
- The total value of the LCEA (New) is not comparable across the population because of the ability of the employee to choose payment in March or April, where April has moved the payment into the following Gender Pay Gap Period.
- The value of the LCEA (New) changes each year making the movement of the payment between GPG years and contributing factor in the variation of the bonus pay levels.
- For 2022, the LCEA (New) value is no longer pro-rata, meaning the same value is awarded to all recipients which will help reduce the pay gap.
- Where an employee had deferred the payment into the following GPG period, and has subsequently left the Trust, the bonus payment is not being included in the current or previous calculation. This means that the bonus pay is not a direct reflection of actual number of LCEA (New) recipients.
- Overall a higher proportion of men receive LCEA and NCEA, and a larger proportion of men receive higher value NCEA.

7. NHS Comparators

When comparing with other organisations, even within the NHS, there are several caveats that need to be taken into consideration:

- The sizes and type of organisation may impact on the number of men and women in the workforce, and their distribution in the pay bands and staff groups,
- Whether key services are inhouse or have been outsourced such as maintenance, cleaners, catering, which may remove high numbers of specific staff groups and pay bands from the population.
- Whether the Trust is a provider of, or has outsourced, key services to other organisations, such as their HR, Payroll or other services. This will impact on the overall headcount.
- Whether key functions have been structured as subsidiaries of the organisation, and therefore possibly removing those staff from the population.
- Local employment and industrial relations during the snapshot month, including staffing levels and the use of Bank staff; strike action or other similar workforce decisions that impact on staff numbers and pay distribution.
- Whether the Trust has local bonus schemes in addition to CEA. This would include performance relates schemes for senior leaders, or the lack of these schemes.
- How Local Clinical Excellence Awards are awarded, such as whether it is a competitive process or not
- The size of the eligible population for National Clinical Excellence Awards, and the proportion of men and women who receive them, and their value.

Therefore, due to this combination of factors, benchmarking should be viewed as a indicator of gender pay gap performance, but not a like-for-like comparison of pay or workforce practices.

All employers have until the 30th of March 2023 to report their gender pay gap information. The Trust position in relation to other NHS organisations is as follows:

Table 14: Gender Pay Gap NHS Trust benchmarking

	Mean GPG	Median GPG
2020 STHK	29.2%	16.3%
2020 Ranking out of 235	**166 / 198**	**152 / 198**
2021 STHK	32.5%	16.6%
2021 Ranking out of 131	**187 / 200**	**159 / 200**
2022 STHK	32.9%	14.5%
2022 Ranking	**TBC when ranking is listed**	**TBC when ranking is listed**

8. Lead Employer Gender Pay Gap Summary

On the 31st March 2022 there was 10,551 **Full Pay Relevant Employees (FPRE)** within the Lead Employer snapshot data, of which 55% were female and 45% male.

Table 12 below outlines the Lead Employer Gender Pay Gap data for March 2021 and 2022:

Table 15: Lead Employer Gender Pay Gap Summary 2020-2022

	March 2021	March 2022	Trend
Population Size			
Total FPRE	9756	10551	↑
# Female (FPRE)	5406	5805	↑
# Male (FPRE)	4350	4746	↑
% Female (FPRE)	55.4	55.0	↓
% Male (FPRE)	44.6	45.0	↑
Gender Pay Gap Figures %			
Mean Pay Gap %	-0.04	0.37	↑
Median Pay Gap %	1.92	2.18	↑
Bonus Mean Pay Gap %	0.00	-0.96	↑
Bonus Median Pay Gap %	0.00	0.00	↔
Bonus Pay Population Size			
% of F who received a Bonus	0.90	1.63	↑
% of M who received a Bonus	1.50	2.82	↑
% of Bonus Recipients F	45.00	44.07	↓
% of Bonus Recipients M	55.00	55.93	↑
Total Population size in 4 equal quartiles (1 = lowest, 4 = highest)			
% Q1 Female (Lowest)	55.68	53.94	↓
% Q1 Male (Lowest)	44.32	46.06	↓
% Q2 Female	56.58	57.58	↑
% Q2 Male	43.42	42.42	↓
% Q3 Female	49.41	48.48	↓
% Q3 Male	50.59	51.51	↑
% Q4 Female (Highest)	59.98	60.07	↑
% Q4 Male (Highest)	40.02	39.93	↓

Both the Mean and Median Gender Pay Gap is less than 3% and therefore require no further analysis or commentary. The Mean and Median Bonus Pay Gap is a result of the very small number of recipients (0.02% and 0.04% respectively) and the value of the Clinical Excellence Awards received.

8.1. Lead Employer Bonus Pay

GP's in Training are not eligible for Clinical Excellence Awards, but are eligible to apply for the Targeted Enhanced Recruitment Scheme.

The **Targeted Enhanced Recruitment Scheme** is a Health Education England (HEE) initiative as part of the national recruitment and retention strategy offering one off payments of £20,000 to GP Specialty Trainees committed to working in a select number of training locations in England that either have a past history of under-recruitment or are in under-doctored or deprived areas.

Those interested in the scheme apply directly to Health Education England as part of the placement preference process.

The incentive payment is paid upon starting the training post and is administered by the Trust as the GP Trainees employer (Lead Employer), and as such is a form of bonus payment for the purposes of the Gender Pay Gap calculation.

9. Conclusion and Actions

The analysis of the 2022 data indicates that there remain some differences in pay between the men and women at STHK. The following actions were identified in 2020/2021 with progress noted and additional actions listed for 2022.

Table 16: Actions from 2020-2022 analysis

Action 2020-2022 Gender Pay Report	Progress
Analysis of flexible working requests to identify the working patterns of males and females (by department) and any barriers that females may face when pursuing career opportunities.	Review has taken place. New Flexible Working Policy launched March 2022
E8ducate and support employees to be aware of the inclusive people practices they can access and utilise including reasonable adjustments, flexible working, carers' passport and HWWB services.	New Reasonable Adjustments Policy and disability passport was been developed and launched in 2022.
Ongoing work to identify flexible working options to be included on job adverts in order to promote the Trust as a supportive employer.	Workforce team reviewing approach to attraction and recruitment using outcomes from

Action 2020-2022 Gender Pay Report	Progress
Review of how we welcome back and support staff that may have had a significant amount of time away from work (i.e., maternity or adoption leave) and analysis of what the barriers are to further career progression when returning to work.	an external review and service user feedback with a focus on Refreshed Recruitment and Retention Strategy for March 2022
Undertake a review of recruitment processes to remove any gender bias. i.e., at the shortlisting stage or during interviews.	

The following new actions are proposed for 2023/24:

Table 17: New action from 2022 analysis

Action
1. Deep dive into drivers and consequences of part time working in the Trust on career progression.
2. To disaggregate the data to assess the Gender Pay Gap for the substantive workforce only, and the Bank staff separately, to determine if there are any gender based issues.
3. Review approaches to the recruitment and retention of men in lower pay bands, in particular Admin and Clerical; Nursing and Midwifery with the aim to improve the recruitment and retention of men in lower pay bands.
4. Review promotion/progression process and support for women into higher pay bands.
5. Review support for female medical and dental staff on achieving higher level clinical excellence awards.
6. Review how flexible working and family friendly policies, guidance, advice and support can improve retention, progression, and childcaring stereotypes.

Appendix 1: Methodology and Data Definitions

In accordance with *The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017* the Trust Gender Pay Gap has been calculated in accordance with the following methodology.

Mean and Median Pay

The **Mean Gender Pay Gap** is a comparison between the average hourly rate of pay of the whole male population compared to the whole female population. The difference between the average male and female hourly rate of pay is the Mean Gender Pay Gap and is expressed as a percentage.

The **Median Gender Pay Gap** is a comparison between the median or middle hourly rate of pay when all pay is ranked from smallest to largest, for the whole male population, compared to the whole female population. The difference between the median hourly rates of pay is the Median Gender Pay Gap and is expressed as a percentage.

Hourly Rate of Pay: For each pay record, an hourly rate of pay is calculated. This is a combination of a workers "**Ordinary Pay**", which includes their basic pay, allowances, shift premium pay, any pay for piecework, and paid leave (at full pay) (excluding overtime), plus any **bonus pay** received. From this any salary sacrifice deductions (such as Pension) are removed and the total is divided by the number of hours worked. This provides an hourly rate of pay for each pay record before tax.

Only workers who are in receipt of their full rate of pay are included within the Mean and Median calculation. These are called the **Full Pay Relevant Population**.

Full Pay Relevant Population means the employee has not received a reduction to their pay below 100% of their hourly rate. If they has received a reduction, then they are not Full Pay Relevant and are excluded from the population. Examples of this include when an employee on maternity leave is only receiving the lower statutory maternity pay, or an employee is on a unpaid career break. The exception to this rule is when an employee has pay deducted for strike action, they are still included within the data sample.

It is important to note, that due to the methodology outlined, the Gender Pay Gap calculation is not a direct comparison of employees contracted pay or is directly comparable with an Equal Pay Audit.

Bonus Pay

Bonus Pay is any form of money, vouchers, securities, security options or interest received by the worker which is awarded as a result of profit-sharing arrangements, productivity, performance, incentives or commission.

The **Bonus Pay Gap** is the difference between the total bonus pay received by the whole male population, compared to the whole female population, within a 12 month period from the 1st April to the 31st March before the snapshot date.

The mean and median bonus pay is then calculated the same way as the mean and median pay gap.

The bonus pay population comes from the **Pay Relevant Population**. This is the total number of workers in the Trust on the 31st March snapshot date. This includes all Full Pay Relevant Employees, and all workers who are not classed as Full Pay Relevant Employees. This population is used to calculate the proportion of workers who receive a bonus payment.

To be included in the Bonus Pay calculation, the worker must:

- Be employed on the 31st March,
- Have received a bonus payment from the 1st April to the 31st March
- Be a Pay Relevant Employee

Population

The 31st March 2022 is the snapshot date used to compile the data for the calculation. It includes all contracted employees, workers (Bank Staff) and apprentices; but does not include agency workers which are employed by their own organisation.

An individual person will be counted for **each post** (otherwise known as assignment within NHS data) that they have received payment for, this means that a person with 2 posts will be counted in the population twice. Population numbers within the Gender Pay Gap do not match the workforce headcount that is reported in other equality monitoring reports.

Changes in the year-on-year population numbers will be a combination of increases/decreases in the number of employees, changes in individual full pay relevant status because of leave pay levels, the number of bank staff paid in March each year, and the variations in the number of posts individuals hold at the same time.

How the pay gap is reported

Where a pay gap number is a positive figure and coloured black, this means that the pay gap is in favour of men, and where it is a negative figure and coloured red, it is in favour of women.

The Gender Pay Gap categories that are reported are:

- the mean (average) gender pay gap using hourly pay;

- the median gender pay gap using hourly pay;
- the percentage of men and women in 4 equal population quarters based on hourly pay;
- the mean (average) bonus gender pay gap,
- the median bonus gender pay gap,
- the percentage of men and women receiving bonus pay;

Using Sex v Gender

The Equality Act 2010 defines that the protected characteristic of “sex” to mean being male or female. With reference to the term “gender” within ***Schedule 1. Gender Pay Gap Reporting*** of the regulations, it is a reference to a comparison between the male and female sex groups only. Where a data record has recorded non-binary or another gender marker or missing, this data is omitted from the sample

Gender Pay Gap v Equal Pay

The Gender Pay Gap should not be confused with an Equal Pay Audit. The Gender Pay Gap is an assessment of the difference between the average and median income between the whole male and female population, which is usually a reflection of the vertical segregation of men and women within pay bands, and the horizontal segregation of men and women within professions.

Where women are more likely to occupy lower pay bands than men, this will be reflected as a pay gap in favour of men. Even where there are more women within the workforce, such as in the NHS, it is the distribution and number of those women relative to men that is important.

This does not mean a woman is being paid less than man for doing the same or equivalent roles. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is direct discrimination and unlawful to pay people unequally based on their sex.

Equal pay has been a statutory entitlement since 1970, when the Equal Pay Act came into force, and the agenda for change pay system was introduced in October 2004 to ensure that pay in the NHS was consistent with legal requirements.

Gender Pay Gap reports are an effective tool to highlight continued systemic gender inequality within an organisation. If a workforce has a particularly high Gender Pay Gap, this can indicate there are underlying issues to address, and that the organisation needs to take action to address them.

Appendix 2 - Acronyms and Key Terms

Table 18: Acronyms and Key Terms

Term	Explanation
Agenda for Change (AfC)	Name given to the NHS Terms and Conditions of Service, and the respective pay rates / pay bands for non-medical staff. AfC Pay Bands go from 1 to 9. See.
Bonus Pay	Any form of money, vouchers, securities, security options or interest received by the worker which is awarded as a result of profit sharing arrangements, productivity, performance, incentives or commission.
Clinical Excellence Awards (CEA)	Bonus Scheme aimed at rewarding consultants who contribute the most to the delivery of a safe and high quality care, and the improvement of NHS services. See.
Full Pay Relevant Employee (FPRE)	All employees/workers who are receiving 100% of their hourly rate of pay, that being they have not received any deductions for leave or are receiving nil. Used to calculate the Mean and Median Gender Pay Gap
Gender	For the purpose of the Gender Pay Gap, it means the protected characteristic of sex, that being male and female, as defined by the Equality Act 2010.
Hourly Rate of Pay	Calculation of the hourly income of a employee/worker based on their Ordinary Pay, Bonus Pay, and hours worked within the relevant pay period. Used to calculate the Mean and Median Pay Gaps.
Lead Employer	Employment function provided by STHK to 13,000+ doctors in training who are based across the UK, but employed via Lead Employer with STHK.
Ordinary Pay	The calculation of the income of a employee/worker composed of their basic pay, allowances, shift premium pay, and any pay for piecework. Ordinary pay does not include overtime payments and is calculated after salary sacrifice deductions have been made, such as pension contributions, but before tax. Used to calculate the mean and median pay gap,
Pay Relevant Employee	All employees/workers will in the population, whether 100% pay, reduced pay or nil. Used to calculate the proportion of staff who received a Bonus Payment.