Trust Public Board Meeting
TO BE HELD ON WEDNESDAY 28TH JUNE 2023
BOARD ROOM, 5TH FLOOR, WHISTON HOSPITAL

NHS
St Helens and Knowsley Teaching Hospitals
NHS Trust

		AGENDA		Paper	Purpose	Presenter
09.30	1.	Employee of the Month Film - June 2023		Verbal	Assurance	Chair
09.45	2.	Apologies for Absence		Verbal	Assurance	Chair
09.50	3.	Declaration of Interests		Verbal		
09.55	4.	Minutes of the Board Meeting held on 31st May 2023		Attached		
		4.1	Correct Record and Matters Arising	Verbal		
		4.2	Action log			
Performance Reports						
10.00	5.	Integrated Performance Report		NHST (23)50	Assurance	Gareth Lawrence
		5.1	Quality Indicators			Sue Redfern
		5.2	Operational Indicators			Rob Cooper
		5.3	Financial Indicators			Gareth Lawrence
		5.4	Workforce Indicators			Anne-Marie Stretch
Committee Assurance Reports						
10.20	6.	Committee Report – Executive		NHST (23)51	Assurance	Ann Marr
10.30	7.	Committee Report – Finance & Performance		NHST (23)52	Assurance	Jeff Kozer
10.40	8.	Committee Report – Quality		NHST (23)53	Assurance	Rani Thind
10.50	9.	Committee Report - Charitable Funds		NHST (23)54	Assurance	Paul Growney

11.00	10.	Committee Report – Strategic People	NHST (23)55	Assurance	Gill Brown
11.10	11.	Committee Report – Audit (Including approval of the Annual Report and Accounts	NHST (23)56	Assurance	Ian Clayton

AGENDA			Paper	Purpose	Presenter
Other Board Reports					
11.20	12.	Fit & Proper Person Annual Chair's Report	NHST (23)57	Assurance	Richard Fraser
Closing Business					
11.40	13.	Effectiveness of Meeting	Verbal	Assurance	Chair
	14.	Any Other Business		Information	
	15.	Date of Next Meeting – 26th July 2023		Information	

MINUTES OF THE TRUST BOARD PUBLIC MEETING
HELD ON WEDNESDAY 31ST MAY 2023
Boardroom, 5th Floor, Whiston Hospital

BOARD MEMBERS	
Richard Fraser (RF)	Chairman (Chair)
Anne-Marie Stretch (AMS)	Deputy Chief Executive & Director of Human Resources
Jeff Kozer (JK)	Non-Executive Director
Gill Brown (GB)	Non-Executive Director
Rani Thind (RT)	Associate Non-Executive Director
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
Gareth Lawrence (GL)	Director of Finance & Information
Sue Redfern (SR)	Director of Nursing, Midwifery & Governance
Paul Growney (PG)	Associate Non-Executive Director
IN ATTENDANCE	
Denise Baker (DB)	Executive Assistant (Minutes)
Yvonne Mahambrey (YM)	Matron – Quality Improvement and Clinical Audit (Item 2, via MS Teams)
Sue Orchard (SO)	Head of Midwifery (Item 2, via MS Teams)
APOLOGIES	
Rob Cooper (RC)	Managing Director
Ann Marr (AM)	Chief Executive
Lisa Knight (LK)	Non-Executive Director

	RF opened the meeting with welcome and introductions.		
1.	**Employee of the Month Film**		**RF**
	1.1.	The employee of the month for May 2023 was Sharon Monk, Finance Department.	
	1.2.	The Board watched the film of GL presenting the award to Sharon and shared their congratulations.	
2.	**Patient Story**		**RF**
	2.1.	RF introduced the patient story.	
	2.2.	Yvonne Mahambrey (YM) and Sue Orchard (SO) joined the meeting via MS Teams.	

	2.3. YM shared a presentation, produced in collaboration with the patient, which outlined the patient's experience of the Infant Feeding Team. 2.4. The Infant Feeding Team was established in 2008 to increase breastfeeding initiation rates and implement the UNICEF Baby Friendly Initiative care standards. The team hosts an infant feeding drop in clinic every Friday which is attended by 10-20 families per week and supports families regardless of their feeding choices. 2.5. The team had achieved its highest ever breastfeeding initiation in March 2023, 65.7% of births within the Trust, this is a 100% increase from when the team was first established. 2.6. The patient first accessed support from the team following the birth of her first child 4½ years ago and again following the birth of her second child in March 2023. The presentation gave an account of her experiences. 2.7. The patient had made suggestions as to how the service could be improved: 2.7.1. The re-provision of tea and coffee at the drop in clinics – YM advised that this had been suspended as a result of Covid-19 but had now been reinstated. 2.7.2. Mother and baby parking spaces – NB advised that the parent & child spaces had been removed during recent building work on ChOBs and the Paediatric Emergency Department, to create space for the contractor's compound but spaces would be re-provided once the building work is completed later in the year 2.8. GA queried whether the service could be extended to provide community support for new mothers. SO advised that expansion plans had been suspended due to Covid-19; but proposals to extend the service to the birthing hub once it is completed had been discussed; the possibility of basing the service in other local children's centres is also being investigated. NB agreed to discuss other estates options with SO outside of the meeting. SO advised that any service expansion would require investment. 2.9. AMS noted the Infant Feeding Team are available Monday to Friday and queried if support was offered out of hours. SO advised that all maternity staff, including support workers and HCAs attend infant feeding workshops with annual update training so can support and advise women and any complex cases are referred to the Infant Feeding Team.	

	2.10. RF asked that the Board's thanks be passed on to the patient for sharing her story. 2.11. **The patient story was noted**		
3.	**Apologies for Absence**		**RF**
	3.1. Apologies for absence were as noted above.		
4.	**Declarations of Interest**		**RF**
	4.1. There were no new declarations of interest.		

5.	**Minutes of the Board Meeting held on Wednesday 31st May 2023**
	
	Minutes of the Previous Meeting
	5.1. The minutes of the Board Meeting held on 31st May 2023 were reviewed.
	    5.1.1. IC requested an amendment to item 5.2.17 of the minutes which should read:
	
	        IC noted that E-Discharge had been included in the new top 30 IPR KPI's and queried if this was because more Board focus was required.
	
	    5.1.2. A spelling error was noted in item 5.2.16.5.
	
	5.2. With these amendments, the minutes were approved as a true record.
	
	Action Log
	5.3. Action 57 – Freedom to Speak Up (FTSU) - AMS advised that STHK and S&O have a slightly different approach to FTSU with lots to learn from one another. The single approach for the new trust is being developed for implementation post transaction. Action closed.
	
	5.4. Action 58 – Complaints process – Agenda item. Action closed.
			RF

	Performance Reports		

6.	**Integrated Performance Report – NHST (23)040**
	
	GL introduced the report.
	
	6.1. <u>Quality Indicators</u>
	    6.1.1. SR presented the report.
	    6.1.2. The family and friends test for April was 95% against a target of 90%.
			GL

6.1.3. 85.7% of complaints were responded to within the agreed timescales in March 2023.

6.1.4. No maternity diverts were reported, there were no Never Events and no cases of MRSA reported in April (YTD=0).

6.1.5. There were 5 C.Difficile positive cases reported in April (4 hospital onset and 1 community onset). The annual tolerance for C.Difficile positive cases has now been published and is 46 cases for 2023/24. This represents a 20% reduction in tolerance level from 2022/23 and would be challenging to achieve. An IPC summit was being arranged to develop an action plan to ensure best practice is consistently achieved. The tolerance for S&O for 2023/24 is 39 cases and for LUFHT it is139 cases. The calculation of tolerance levels was based on cases reported between November 2021 and November 2022.

6.1.6. Safe Staffing fill rate for May was 101.6% (YTD=100.69%). RN fill rate for April was 99.54%, partly attributable to the implementation of the new 12 hour shifts, which were popular with staff.

6.1.7. There were 5 falls in March, 3 moderate, and 2 severe (1 subdural haematoma and 1 fractured neck of femur).

6.1.8. There were no validated grade 3 pressure ulcers.

6.1.9. CW noted that not all of the metrics had benchmarking data: GL advised that benchmarking and targets will continue to be added as they are available or when they are agreed.

6.2. Operational Indicators

6.2.1. PW presented the report on behalf of RC.

6.2.2. 62-day performance for March was below the 85% target at 79.2% (YTD=80.9%).

6.2.3. 31-day performance for March was achieved at 98.5% against a target of 96% (YTD=97.5%).

6.2.4. 2 week rule targets for March were not achieved at 87.9% (YTD=78.9%) against a target of 93%. 2ww referrals have continued to increase since 2019 resulting in capacity challenges and interventions were introduced last month to remove some of the inappropriate 2ww referrals which should improve capacity going forward.

6.2.5. A&E Type 1 performance for April was 51.3%. All type mapped for STHK for April was 73.7% against the national target for 2023/24 of 76%.

6.2.6. Average daily Emergency Department attendances in April were 311, and total attendances for the month were 9,330.

6.2.7. The ambulance turnaround time target was not achieved, with the average time being 53 minutes. There were 2,291 ambulance conveyances in March.

6.2.8. RC continues to meet with Northwest Ambulance Service (NWAS) to agree ways to reduce ambulance turnaround times; joint recruitment and early interventions have been

developed to improve the situation.

6.2.9. The urgent treatment centre (UTC) saw 4,890 attendances in March, which is an increase from 3,716 in February. 97% of patients were seen and treated within 4 hours.

6.2.10. There were 127 super stranded patients in April. Work with system partners to facilitate earlier assessments in hospital and early transfer to nursing/domiciliary care continues.

6.2.11. The 18 week referral to treatment target (RTT) was not achieved in April with 62.4% compliance against a target of 93%.

6.2.12. There were 1,775 52+ week waiters, a high number of which are Plastics patients.

6.2.13. The 6 week diagnostic target was not achieved in April at 65% against a target of 99%; there are challenges in non-maternity ultrasound and ECG.

6.2.14. District Nurse and Community Matron referrals remain within planned limits. Work continues within PCNs to collaborate on patient care.

6.2.15. The pressures from the post-Covid backlog continue to be felt, this was further impacted by recent industrial action, however all patients continue to be clinically triaged to ensure urgent and cancer patients remain a priority.

6.2.16. GB queried whether the A&E department could refer patients to the UTC to maximise utilisation. It was confirmed that the A&E department can book appointments at the UTCs for appropriate patients.

6.2.17. PW noted that UTC services in Liverpool are managed by Mersey Care and there are plans to close the UTCs in the community and transfer the units to the Aintree and Royal Liverpool Hospital sites instead, so urgent care facilities are co-located.

6.2.18. IC noted that STHK regularly score poorly against A&E performance benchmarking and queried the cost implications of this. PW advised that, due to the number of super stranded patients (admissions of longer than 21 days) some patients have their entire hospital journey in the emergency department. PW outlined the quality and financial impact of delivering care in A&E, advising that patient assessment/review can take up 25 minutes in A&E compared to 15 minutes on a ward.

6.2.19. AMS discussed a recent news item which had reported the Metropolitan police were planning not to attend emergency mental health calls, as they felt these should be responded to by the NHS, and asked if this might result in more patients with a mental health crisis, ending up in the A&E department. SR and GL have recently held discussions regarding mental health patients attending STHK A&E; SR advised that young people attend STHK because Alder Hey do not treat acute CAMHS patients over the age of 14 and the Royal Liverpool do not treat CAMHS patients or those with eating disorders below the age of 17. This has put

added pressure on the paediatric wards as staff are not trained as mental health nurses; this has necessitated using specialist agency staff from Prometheus to provide the 1 to 1 care these patients often need. SR stated that these children often had no medical needs and that the paediatric ward of a busy acute hospital was not the right environment for them.

Patients on Section 136 and Section 52 are a big challenge for A&E. Staff from Mersey Care will attend and carry out patient assessments however there are limited facilities to discharge patients to once they are medically fit. Patients cannot simply be discharged as they are sectioned to Whiston Hospital. GA advised that the lack of crisis secure beds is a national issue, and many A&E Departments are used as a place of safety until a secure specialist placement can be found.

6.3.   Workforce Indicators
6.3.1.   AMS presented the report.
6.3.2.   Sickness absence decreased from 6.1% in March to 5.8% in April, there was also a reduction in Nursing and Midwifery sickness from 7.9% in March to 7.5%; this represents a 1% reduction in absence rates compared to April 2022.
6.3.3.   A deep dive into absences due to stress revealed that 85% of cases were reported as personal reasons outside of work. More staff awareness regarding access to counselling via Health Work and Wellbeing and the 24 hour helpline is being planned.
6.3.4.   Appraisal compliance had decreased to 83.9% but this had been expected due to the opening of the 2023/24 appraisal window.
6.3.5.   There had been a slight improvement in mandatory training compliance to 82.2%; the improvement amongst clinical staff was noted.

6.4.   Finance Indicators
6.4.1.   GL presented the report advising that external reporting is not required for month 1.
6.4.2.   The approved financial plan for 2023/24 is for a surplus of £5.6m. To achieve this the Trust will require full CQUIN delivery and a 5% CIP.
6.4.3.   Elective activity will be delivered on a PBR basis.
6.4.4.   Agency spend is being reviewed at care group level via the Care Group F&P meetings.
6.4.5.   £16m of CIP had already been transacted.
6.4.6.   The summary assumes that the activity plans can be achieved despite the on-going industrial action.

	6.5.	RF felt the new format IPR was easy to read but felt that more benchmarking data be added when available.	
	6.6.	**The IPR was noted.**	
**Committee Assurance Reports**		
7.		**Committee Report – Executive NHST (23)041**	**AMS**
	7.1.	AMS presented the Executive Committee Chair's Report on behalf of AM and highlighted the following items.	
	7.2.	There had been 3 Executive Committee meetings in April.	
	7.3.	The patient harm review of the impact of long waits and corridor nursing for Q3 (Jan-Feb) noted that there had been fewer complaints reported which suggested patients still had a positive experience despite the high occupancy.	
	7.4.	The lessons learnt regarding IT upgrades had been presented. This outlined the processes that would be followed for all future IT system upgrades.	
	7.5.	The final harm review report following the EDMS upgrade had been presented. Of the 108 patients identified as impacted by delays 104 were reported as no harm with 4 reported as slight delay to treatment with no physical detriment. It was noted that the EDMS issue had now been rectified and there should be no further impact to patients.	
		Delays to typing of outpatient letters was discussed. A business case for a replacement dictation solution will be presented to the Executive Committee in the near future.	
		RT noted STHK did not regularly report lost to follow up figures and asked for assurance about the STHK waiting list quality assurance process. It was agreed to ask RC to provide a summary of this at the next meeting. **Action**.	
	7.6.	**The report was noted.**	
8.		**Committee Report – Finance & Performance – NHST (23)042**	**JK**
	8.1.	JK presented the report.	
	8.2.	The Committee had noted that although 62-day cancer target had not been achieved, there had been improvement in the Trusts performance	
	8.3.	Urgent care attendances remained high, and the Type 1 performance had been reported as 51.3% for April.	
	8.4.	The ambulance turnaround target had not been achieved at 52 minutes; however, it was noted that STHK had been the busiest in A&E department in Cheshire & Merseyside (C&M) in April 2023.	
	8.5.	The cash balance at the end of month 11 (Feb 2023) had been reported at £40.8m.	
	8.6.	No impact from industrial action on PBR income had yet been included.	
	8.7.	The Medical Care Group had presented their CIP plans for 2023/24.	

	8.8. Progress continues to be made to achieve the 2023/24 elective recovery targets; this was also affected in April by junior doctor industrial action. 8.9. **The report was noted.**	
9.	**Committee Report – Quality – NHST (23)043**	**RT**
	9.1. RT presented the report and highlighted the following: 9.2. The Quality Account was discussed, RT congratulated the organisation for their achievements. 9.3. National issues relating to pathology staffing and the impact on targets had been noted. 9.4. The improvement in reported falls on Bevan 2 had been acknowledged. 9.5. The nursing fill rates had been noted; supplementary care remains challenging, and a mapping exercise is to be carried out to better understand demand. 9.6. HCA retention has shown improvement following establishment of the HCA academy. 9.7. 2 CQUINS had not been fully achieved in 2022/23 but no financial penalties had been imposed. 9.8. Cancer virtual wards are delivering acute clinical care at home; these are the first in C&M and will continue to be developed. 9.9. **The report was noted.**	
10.	**Committee Report – Strategic People – NHST (23)044**	**IC**
	10.1. IC presented the report on behalf of LK and highlighted the following: 10.2. Development of the workforce dashboard continues; this will need to be integrated into the new organisations IPR. 10.3. The Committee acknowledged that Lead Employer risks continued to be well managed. The report detailed Lead Employer performance. Commercial services expansion opportunities had been discussed. 10.4. **The report was noted.**	

	Other Board Reports	
11.	**Aggregated Incidents, Complaints and Claims Report – NHST (23)045**	**SR**
	11.1. SR presented 2022/23 Q4 report and highlighted the following: 11.2. There had been 4740 incidents reported in Q4, which was a 11.34% decrease compared to Q3. 3870 of the incidents were patient related. 11.3. The highest number of incidents reported related to pressure ulcers (752 including community). 11.4. There were 505 patient slips, trips, and falls during Q4 and work continues to reduce the risk of falls. 11.5. There had been 2 falls that resulted in a fractured neck of femur and 1 fall that caused a subdural haematoma. 11.6. There had been 16 StEIS reportable incidents in Q4.	

	11.7.	Benchmarking remains stable and the Trust is consistently below the national average for reportable incidents.	
	11.8.	There were 52 new fist stage complaints in Q4. There were 10 2nd stage complaints opened in this period, with the main reason for second stage complaints related to requesting further or follow up information.	
	11.9.	There were 61 first stage complaints closed in Q4.	
	11.10.	There were 1164 PALs contacts and . 95.91% of these contacts were resolved within 3 days; 34 contacts were converted to formal complaints.	
	11.11.	There were 6 new NHSR instructed claims and 10 pre-action claims. Failure/delay in diagnosis remains the highest reason for claims.	
	11.12.	24 inquest notifications were received in Q4, this is the highest quarter since Q2 2021/22.	
	11.13.	24 inquests were closed during Q4. There were no Prevention of Future Deaths (PFD) Orders.	
	11.14.	IC asked if the increase in pre-action claims was linked to potential COVID-19 claims. SR confirmed the number of pre-action claims seeking information about the treatment and care of patients who had COVID -19, was increasing.	
	11.15.	**The report was noted**	
12.	**Quality Account 2022/23 – NHST (23)046**		**SR**
	12.1.	SR presented the final draft of the 2022/23 Quality Account, which included feedback from the ICB and Healthwatch.	
	12.2.	Operational pressures continued throughout 2022/23; the Quality Account recognised the progress that had been made to achieve the quality improvement objectives despite the challenges.	
	12.3.	Of the objectives set for 2022/23, 6 were fully met and the rest were partially met.	
	12.4.	Patient hydration will continue to be an objective throughout 2023/24. 75% of fluid balance charts were completed and this will remain a focus for the coming year.	
	12.5.	The Trust scored very well regarding patient safety however, further work is required as there are still several actions outstanding.	
	12.6.	The implementation of Patient Safety Incident Response Framework (PSIRF) will replace the StEIS reporting system in 2023/24.	
	12.7.	The Quality Account had been presented to the Executive Committee and stakeholders and had received positive feedback.	
	12.8.	Both RF and GA acknowledged the achievements detailed in the 2022/23 in the Quality Account and passed on the Boards thanks to all those involved.	
	12.9.	**The Board approved the 2022/23 Quality Account.**	
13.	**2022/23 Trust Objectives Review – NHST (23)047**		

	13.1.	NB presented the report on behalf of AM, which summarised progress in delivering the 2022/23 Trust objectives.	**NB obo AM**
	13.2.	20 of the Trust objectives were fully achieved; the remaining 11 were partially achieved.	
	13.3.	RF reflected that the objectives had been ambitious and challenging and felt that to have made significant progress in all of the areas was very positive.	
	The report was noted.		
14.	**Learning from Deaths – NHST (23)048**		**PW**
	14.1.	PW presented the report.	
	14.2.	48 reviews had been completed since the last report.	
	14.3.	In Q4 there were 100 referred cases of which 37 had been reviewed and reported so far. Of these only 1 had been assessed as "red" and this was subject to further review at the Mortality Surveillance Group. NB queried the reconciliation of the figures in the report and PW agreed to review these and report back. **Action**.	
	14.4.	SJR (structured judgement review) audits were ongoing to provide assurance on the sensitivity of the new process to identify any concerns. PW confirmed that the learning from deaths process was embedded into the culture and processes of the Trust and provided useful learning for clinicians.	
	14.5.	The learning points for Q4 related to the accurate recording and reporting of NEWS2 data to ensure the early detection of deteriorating patients.	
	14.6.	**The report was noted**.	
15.	**Review of Complaints Process – NHST (23)049**		**SR**
	15.1.	SR presented the report.	
	15.2.	The complaints process has been working to a 100 day response target since the COVID-19 pandemic however, this will be reduced to 60 days from 1st July 2023.	
	15.3.	SR had called a complaints summit to discuss improving the quality and timeliness of complaint responses in order to reduce the number of second stage complaints. It was noted that processes will need to be aligned between STHK and S&O post transaction.	
	15.4.	Additional complaints training sessions will be arranged for ward managers and senior staff to try to improve the quality of complaint responses and internal turnaround times.	
	15.5.	Plans are in place to strengthen the complaints process from a staffing perspective within Community Services and Surgical Care, where the delays in response times had increased.	
	15.6.	Extensions to the 60-day time limit in future, will only be permitted in extreme circumstances and with Executive approval.	
	15.7.	Processes have been put in place within the care groups to ensure cross cover at all stages of a complaint, which will also help reduce delays.	

	15.8.	The complaints position will be reported weekly within care groups and response times will be included in the IPR each month.	
	15.9.	IC felt the report provided reassurance from a Trust and patient perspective however, questioned the 60-day response time as he felt that (60 working days was actually 3 months) was on the limit of what could be considered as acceptable for patients. SR acknowledged that it was still a long time for patients and their relatives waiting for answers, but some of the complaints were very complex and involved number services and sometimes multiple trusts. Once the 60 day target was being consistently achieved a further stretch target could be introduced.	
	15.10.	GB acknowledged the amount of work that had gone into the review and queried whether the complaints system at S&O was the same. SR advised that both trusts followed national guidance the 2 systems need to be aligned and standardised post transaction.	
	15.11.	RF queried whether the reduced timescales at S&O had impacted on quality. AMS had reviewed a 10% sample of responses and felt that they were appropriate, however, noted that the STHK responses often contained a lot more detail.	
	15.12.	RT noted that S&O have promoted PALs as an alternative to the formal complaints process and asked if STHK could do the same. AMS advised that the PALS service at S&O is relatively new and having a PALS officer based in A&E has reduced the number of formal complaints, whereas the service at STHK had been in place for much longer and was effective at responding to many issues informally. **The Board approved the reduction in the target complaint response time from 100 days to 60 days and the proposed actions to achieve this, delegating responsibility to the Executive Committee to oversee its delivery.**	
	Closing Business		
16.	**Effectiveness of Meeting**		**ALL**
	16.1.	RF asked RT for her feedback. RT felt it had been an informative meeting and there had been good discussion around key areas.	
17.	**Any Other Business**		**ALL**
	17.1.	RF recorded his thanks to GA for covering some meetings on his behalf over the past month.	

Date of Next Meeting: Wednesday 28th June 2023

Trust Board Attendance Record 2023/24

Member	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Total /10	%
Richard Fraser														
Gill Brown														
Jeff Kozer														
Ian Clayton														
Paul Growney														
Lisa Knight		x												
Rani Thind														
Geoffrey Appleton														
Ann Marr		x	x											
Anne-Marie Stretch	x													
Gareth Lawrence														
Peter Williams														
Sue Redfern														
Rob Cooper		x												
Christine Walters														
Nicola Bunce														

TRUST PUBLIC BOARD ACTION LOG – 31st May 2023

No	Date of Meeting (Minute)	Action	Lead	Date Due
P61	31.05.23 (7.5)	RT asked for further assurance about the STHK waiting list quality assurance process	RC	28.06.23

Integrated Performance Report

NHS St Helens and Knowsley Teaching Hospitals NHS Trust

IIIS Integrated Intelligence & Improvement Service

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	Feb-23	76.6	100		Top 30%
Friends and Family Test: % Recommended	May-23	94.8%	90.0%	94.9%	Top 50%
Nurse Fill Rates	May-23	101.6%		100.6%	
C.difficile	May-23	9		14	Bottom 50%
E.coli	May-23	3		12	Top 30%
Pressure Ulcers (Avoidable level 2+)	Mar-23	11		30	
Falls With Harm	Apr-23	3		3	
Stillbirths	May-23	0	0	0	
Never Events	May-23	0	0	0	
Complaints Responded In Agreed Timescale %	May-23	66.7%		70.3%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Apr-23	69.0%	75.0%	69.0%	Bottom 40%
Cancer 62 Days	Apr-23	82.3%	85.0%	82.3%	Top 10%
30 Minute Ambulance Breaches	May-23	565	0	939	
A&E Standard	May-23	27.9%	95.0%	27.9%	Bottom 20%
Average NEL LoS (excl Well Babies)	May-23	3.0		3.2	Top 20%
Average Number of Super Stranded Patients	May-23	142		134	
Discharges Before Noon	May-23	18.6%	33.0%	17.8%	
G&A Bed Occupancy	May-23	97.2%		97.1%	Bottom 10%
Patients Whose Operation Was Cancelled	May-23	0.9%	0.8%	1.0%	
RTT 18+	Apr-23	18,131	0	18,131	Top 50%
RTT 52+	Apr-23	1,775	0	1,775	Bottom 40%
% of E-discharge Summaries Sent Within 24 Hours	May-23	60.7%	90.0%	60.6%	
OP Letters to GP Within 7 Days	May-23	21.4%		21.2%	

Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	May-23	78.4%	85.0%	78.4%	
Mandatory Training	May-23	82.6%	85.0%	82.6%	
Sickness: All Staff Sickness Rate	May-23	5.6%	4.3%	5.7%	Top 10%
Staffing: Turnover rate	May-23	0.9%		0.9%	

Finance	Period	Score	Target	YTD	Benchmark
Capital Spend £ 000's	May-23	1,300	12,200	1,900	
Cash Balances - Days to Cover Operating Expenses	May-23	22	10	22	
Reported Surplus/Deficit (000's)	May-23	859	5,588	859	

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 May 2023. (YTD = 0).

There were no MRSA cases in May 2023. (YTD = 0).

There were 9 C. Difficile (CDI) positive cases reported in May 2023 (9 hospital onset and 0 community onset). (YTD = 14). The annual tolerance for CDI for 2023-24 is 46.

The overall registered nurse/midwife Safer Staffing fill rate (combined day and night) for May 2023 was 101.6%. YTD rate is 100.6%.
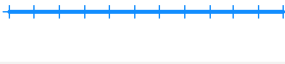
During the month of April 2023 there was 1 fall resulting in severe harm or death category. (YTD severe harm or above category falls = 1).

There was 1 validated grade 3 hospital acquired pressure ulcer with lapse in care in March 2023. (2022-23 YTD = 2).

Community incident reporting levels have increased to 140 in the month of April 2023 compared to 93 in the previous year of 2022. 72 incidents were reported to be due to pressure skin damage. All of these were classified as no harm.

YTD HSMR (April - February) for 2022-23 is 91.3

Integrated Performance Report

Board Summary - Quality

Quality	Period	Score	Target	YTD	Benchmark	Trend
Mortality - HSMR	Feb-23	76.6	100		Top 30%	
Friends and Family Test: % Recommended	May-23	94.8%	90.0%	94.9%	Top 50%	
Nurse Fill Rates	May-23	101.6%		100.6%		
C.difficile	May-23	9		14	Bottom 50%	
E.coli	May-23	3		12	Top 30%	
Pressure Ulcers (Avoidable level 2+)	Mar-23	11		27		
Falls With Harm	Apr-23	3		3		
Stillbirths	May-23	0	0	0		
Never Events	May-23	0	0	0		
Complaints Responded In Agreed Timescale %	May-23	66.7%		70.3%		

Integrated Performance Report

Integrated Intelligence & Improvement Service

NHS St Helens and Knowsley Teaching Hospitals NHS Trust

Board Summary - Operations

Operations

Performance against the 62 day cancer standard was below the target of 85.0% in month (April 2023) at 82.3%. YTD 82.3%. The 31 day target was achieved in April 2023 with 97.2% performance in month against a target of 96%, YTD 97.2%. The 2 week rule target was not achieved in April 2023 with 75.9% in month and 75.9% 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 May 2023 was 50.7% and YTD 52.0%. The all type mapped STHK Trust footprint performance for May 2023 was 72.1% and YTD 72.9%. The Trust saw average daily attendances of 333, which is up compared to April, at 311. Total attendances for May 2023 was 10,331.

Total ambulance turnaround time was not achieved in May 2023 with 56 mins on average. There were 2,422 ambulance conveyances (busiest Trust in C+M and 3rd in North West) compared with 2,291 in April 2023.

The UTC had 4,527 attendances in the month of April, compared to 4,890 in the month of March. Overall, 98% of patients were seen and treated within 4 hours.

The average daily number of super stranded patients in May 2023 was 142 compared with 127 in April. 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 April 2023 with 62.4% compliance and YTD 62.4% (Target 92%). Performance in March 2023 was 62.3%. There were (1,775) 52+ week waiters. The 6 week diagnostic target was not achieved in May 2023 with 65.3% compliance. (Target 99%). Performance in April 2023 was 65.0%.

The month of April has seen a slight decrease in referrals received within the District Nursing Service however, the levels are still within average range (421 for April compared to 495 in March). The overall caseload size has seen an increase to 1,139 in April compared to 1,084 in March. April saw a Community matron caseload of 157, compared to 148 in the month of March. 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. In addition, both nursing and medical trainee industrial action has resulted in cancellation of elective activity, particularly in medical specialties. All patients have been, and continue to be, clinically triaged to ensure urgent and cancer patients remain a priority for treatment.

Integrated Performance Report

Board Summary - Operations

Operations	Period	Score	Target	YTD	Benchmark	Trend
Cancer Faster Diagnosis Standard	Apr-23	69.0%	75.0%	69.0%	Bottom 40%	
Cancer 62 Days	Apr-23	82.3%	85.0%	82.3%	Top 10%	
30 Minute Ambulance Breaches	May-23	565	0	939		
A&E Standard	May-23	27.9%	95.0%	27.9%	Bottom 20%	
Average NEL LoS (excl Well Babies)	May-23	3.0		3.2	Top 20%	
Average Number of Super Stranded Patients	May-23	142		134		
Discharges Before Noon	May-23	18.6%	33.0%	17.8%		
G&A Bed Occupancy	May-23	97.2%		97.1%	Bottom 10%	
Patients Whose Operation Was Cancelled	May-23	0.9%	0.8%	1.0%		
RTT 18+	Apr-23	18,131	0	18,131	Top 50%	
RTT 52+	Apr-23	1,775	0	1,775	Bottom 40%	
% of E-discharge Summaries Sent Within 24 Hours	May-23	60.7%	90.0%	60.6%		
OP Letters to GP Within 7 Days	May-23	21.4%		21.2%		

Integrated Performance Report

Board Summary - Workforce

Workforce

There was a decrease in the rate of absence from 5.8% in April to 5.6%. The rate for all Nursing and Midwifery staff group decreased from 7.5% in April 2023 to 6.7%. N.B This includes normal sickness and COVID19 sickness reasons.
Appraisal compliance has dipped from April to 78.4% and is below target. Mandatory training compliance continues to improve at 82.6% in May compared to 82.2% in April.

Integrated Performance Report

St Helens and Knowsley Teaching Hospitals NHS Trust

Board Summary - Workforce

Workforce	Period	Score	Target	YTD	Benchmark	Trend
Appraisals	May-23	78.4%	85.0%	78.4%		
Mandatory Training	May-23	82.6%	85.0%	82.6%		
Sickness: All Staff Sickness Rate	May-23	5.6%	4.3%	5.7%	Top 10%	
Staffing: Turnover rate	May-23	0.9%		0.9%		

Board Summary - Finance

Finance

The Trust's Board approved 2023/24 financial plan was submitted to NHSE on 4th May, at a surplus of £5.6m. In order for the Trust to deliver this plan, it will need to achieve the elective recovery active target of 107%, Trust CQUIN target and a CIP target of £28.4m (c.5%), of which £7.0m (c.1%) is to be delivered non-recurrently.

Surplus/Deficit - At Month 2, the Trust is reporting a YTD surplus of £0.9m, in line with plan.CIP - The Trust's 2023/24 CIP target is £28.4m, of which £21.4m is to be delivered recurrently and £7.0m non-recurrently. As at Month 2, schemes delivered or at finalisation stage totalled £15.9m in year and £7.3m recurrently.
Cash - At the end of M2, the cash balance was £67.8m, with a planned reduction to £25.8m over the financial year.
Capital - Capital expenditure for the year to date (including PFI lifecycle maintenance) totals £1.9m. No PDC funding (provided by Department of Health & Social Care) has been used.

Integrated Performance Report

Integrated Intelligence & Improvement Service

NHS
St Helens and Knowsley Teaching Hospitals
NHS Trust

Board Summary - Finance

Finance	Period	Score	Target	YTD	Benchmark	Trend
Capital Spend £ 000's	May-23	1,300	12,200	1,900		
Cash Balances - Days to Cover Operating Expenses	May-23	22	10	22		
Reported Surplus/Deficit (000's)	May-23	859	5,588	859		

Integrated Performance Report

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)

Never Events (low is good)

The number of never events

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)

Mapped Footprint 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

Integrated Performance Report

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)

			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	2023-24 YTD	2023-24 Target	FOT	2022-23	Trend	Exec Lead
Cancer 62 day wait from urgent GP referral to first treatment by tumour site																					
Breast	% Within 62 days	▲ £	93.1%	83.3%	100.0%	100.0%	100.0%	88.0%	81.8%	100.0%	100.0%	100.0%	95.7%	93.1%	87.5%	87.5%	85.0%		94.2%		
	Total > 62 days		1.0	2.0	0.0	0.0	0.0	1.5	2.0	0.0	0.0	0.0	0.5	1.0	1.0	1.0			8.0		
	Total > 104 days		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			0.0		
Lower GI	% Within 62 days	▲ £	90.5%	76.5%	79.3%	65.2%	83.3%	42.9%	66.7%	66.7%	57.1%	44.4%	62.5%	78.9%	75.0%	75.0%	85.0%		69.2%		
	Total > 62 days		1.0	2.0	3.0	4.0	2.0	4.0	1.0	1.0	6.0	5.0	3.0	2.0	3.0	3.0			34.0		
	Total > 104 days		0.0	0.0	1.0	0.0	0.0	2.0	0.0	0.0	2.0	2.0	0.0	1.0	1.0	1.0			8.0		
Upper GI	% Within 62 days	▲ £	90.0%	84.6%	100.0%	85.7%	70.0%	75.0%	80.0%	93.8%	71.4%	83.3%	100.0%	72.7%	100.0%	100.0%	85.0%		83.5%		
	Total > 62 days		0.5	1.0	0.0	1.0	1.5	1.0	1.0	0.5	2.0	1.0	0.0	1.5	0.0	0.0			11.0		
	Total > 104 days		0.5	0.0	0.0	0.0	0.5	1.0	0.0	0.5	1.0	1.0	0.0	1.0	0.0	0.0			5.5		
Urological	% Within 62 days	▲ £	90.0%	81.0%	79.2%	78.1%	85.0%	73.1%	83.3%	78.2%	87.9%	75.6%	68.4%	78.0%	80.0%	80.0%	85.0%		78.2%		
	Total > 62 days		1.5	4.0	2.5	3.5	1.5	3.5	2.5	6.0	2.0	5.5	6.0	4.5	3.5	3.5			43.0		
	Total > 104 days		0.0	0.0	0.5	1.5	0.5	1.5	1.0	0.0	0.0	0.5	1.5	1.0	0.5	0.5			8.0		
Head & Neck	% Within 62 days	▲ £	16.7%	0.0%	44.4%	0.0%	25.0%	0.0%	0.0%	0.0%	66.7%	42.9%	16.7%	100.0%	100.0%	100.0%	85.0%		20.0%		
	Total > 62 days		2.5	3.5	2.5	1.5	1.5	1.5	4.5	3.5	0.5	2.0	2.5	0.0	0.0	0.0			26.0		
	Total > 104 days		0.0	2.0	0.5	0.0	0.5	1.0	2.0	1.5	0.5	1.0	1.5	0.0	0.0	0.0			10.5		
Sarcoma	% Within 62 days	▲ £	100.0%						100.0%	0.0%	100.0%	0.0%	100.0%				85.0%		66.7%		
	Total > 62 days		0.0						0.0	1.0	0.0	0.5	0.0						1.5		
	Total > 104 days		0.0						0.0	0.0	0.0	0.0	0.0						0.0		
Gynaecological	% Within 62 days	▲ £	75.0%	66.7%	100.0%	45.5%	25.0%	50.0%	75.0%	80.0%	0.0%	0.0%	50.0%	44.4%	0.0%	0.0%	85.0%		53.2%		
	Total > 62 days		1.0	2.0	0.0	3.0	4.5	1.0	1.0	0.5	1.0	1.0	1.0	2.5	2.5	2.5			18.5		
	Total > 104 days		1.0	0.0	0.0	2.0	0.0	0.0	0.0	0.5	0.0	0.0	0.5	0.5	1.0	1.0			4.5		
Lung	% Within 62 days	▲ £	50.0%	92.3%	69.6%	30.8%	64.7%	66.7%	85.7%	70.6%	36.4%	77.8%	46.2%	50.0%	50.0%	50.0%	85.0%		63.7%		
	Total > 62 days		1.5	0.5	3.5	4.5	3.0	1.5	1.5	2.5	3.5	1.0	3.5	4.0	3.5	3.5			30.5		
	Total > 104 days		0.0	0.0	0.0	1.0	0.0	0.5	0.0	0.0	1.5	1.0	1.5	0.0	0.0	0.0			5.5		
Haematological	% Within 62 days	▲ £	100.0%	100.0%	75.0%	75.0%	69.2%	0.0%	80.0%	75.0%	60.0%	60.0%	71.4%	25.0%			85.0%		65.6%		
	Total > 62 days		0.0	0.0	1.0	2.0	2.0	1.0	0.5	1.0	2.0	2.0	1.0	3.0					15.5		
	Total > 104 days		0.0	0.0	0.0	1.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0					2.0		
Skin	% Within 62 days	▲ £	97.7%	93.4%	95.5%	86.9%	79.7%	92.8%	90.3%	92.3%	86.7%	90.5%	94.1%	90.8%	89.9%	89.9%	85.0%		90.9%		
	Total > 62 days		1.0	2.5	1.5	5.5	7.5	2.5	5.5	3.0	5.0	3.5	2.0	4.0	4.5	4.5			43.5		
	Total > 104 days		0.0	1.0	1.0	2.0	0.0	0.0	0.5	1.0	1.5	2.0	0.0	2.0	1.0	1.0			11.0		
Unknown	% Within 62 days	▲ £	100.0%		100.0%	100.0%	100.0%	100.0%			100.0%		0.0%	50.0%	100.0%	100.0%	85.0%		82.6%		
	Total > 62 days		0.0		0.0	0.0	0.0	0.0			0.0		1.0	1.0	0.0	0.0			2.0		
	Total > 104 days		0.0		0.0	0.0	0.0	0.0			0.0		0.0	0.0	0.0	0.0			0.0		
All Tumour Sites	% Within 62 days	▲ £	90.3%	83.2%	85.4%	77.6%	76.0%	78.4%	82.6%	83.3%	76.9%	79.0%	77.8%	79.2%	82.3%	82.3%	85.0%		80.9%		
	Total > 62 days		10.0	17.5	14.0	25.0	23.5	17.5	19.5	18.0	23.0	21.0	21.0	23.5	18.0	18.0			233.5		
	Total > 104 days		1.5	3.0	3.0	7.5	2.5	6.0	3.5	3.5	6.5	7.5	5.0	5.5	3.5	3.5			55.0		
Cancer 31 day wait from urgent GP referral to first treatment by tumour site (rare cancers)																					
Testicular	% Within 31 days	▲ £	66.7%	100.0%	100.0%			0.0%	100.0%	100.0%			100.0%				85.0%		81.8%		
	Total > 31 days		1.0	0.0	0.0			1.0	0.0	0.0			0.0						2.0		
	Total > 104 days		0.0	0.0	0.0			0.0	0.0	0.0			0.0						0.0		
Acute Leukaemia	% Within 31 days	▲ £				100.0%				100.0%		0.0%					85.0%		80.0%		
	Total > 31 days					0.0				0.0		0.5							0.5		
	Total > 104 days					0.0				0.0		0.0							0.0		
Children's	% Within 31 days	▲ £															85.0%				
	Total > 31 days																				
	Total > 104 days																				

RC

Trust Board

Paper No: NHST (23)051
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 May 2023. There were four Executive Committee meetings held during this period. New investments approved were –   - Additional pharmacy staff to respond to increases in dispensing demand   - New Consultant Obstetric and Gynaecology posts to increase resident on-call cover and capacity to reduce the gynaecology waiting list   - Recruiting two Consultant Urologists, one as a joint post with S&O   - Backfill funding to support the Advanced Clinical Practitioner expansion programme   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: 28th June 2023

CHAIR'S REPORT FROM THE EXECUTIVE COMMITTEE

1. Introduction

There were four Executive Committee meetings held during May 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. 4th May 2023

2.1 Commitment to being an anti-racist organisation

The Trust Equality, Diversity and Inclusion lead and Deputy Director of Human Resources and Governance presented an overview of the trust's current plans to align to the anti-racist organisation charter which the North West BAME Assembly were asking all Trusts to commit to. The committee discussed the role of a board champion and how this aligned with the national guidance to streamline Board champions to only those statutory requirements that supported a unitary Board. It was noted that the North West BAME Assembly was due to produce further guidance for organisations to work to. The Committee agreed to support the anti-racist charter on the understanding that a detailed action plan would be developed when the additional guidance was published by the North West BAME Assembly, to demonstrate how the Trust could deliver this commitment.

2.2 Dying at work charter

The Trust Joint Negotiating Committee had requested that the Trust commit to the TUC charter for staff living and working with a terminal illness. Many of the principles of the charter are already embedded in existing Trust policies but it was agreed that a separate policy addressing these specific circumstances was needed to demonstrate the commitment to the charter.

2.3 May – Trust Board Agenda

The committee reviewed the draft Board agendas, action logs and employee of the month nominations for the May Trust Board meetings.

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

The Managing Director provided feedback from the S&O Executive Committee, which had discussed the part year audit that would be needed because of the transaction delay. There had also been an update on the CDC endoscopy building programme and the impact of inflation on the cost. Mitigating actions were being evaluated and a plan would be presented to a future meeting.

2.5 NHSE Digital Team visit

The Director of Informatics reported that the national IT lead and senior team were visiting the Trust on 17th May, as part of the review of how digital aspirant funds were being deployed.

2.6 Sexual Health Funding

The Director of Finance and Information reported that St Helens Place Public Health grant for pre-exposure prophylaxis (PREP) as part of sexual health services commissioned from the Trust was being withdrawn. A quality impact assessment for other services was being undertaken to evaluate the consequences of this decision, which would be presented at the Place Partnership Board.

2.7 Patient Booking Service funding

The Managing Director presented a proposal to make substantive the funding for the additional administrative staff in the Patient Booking Services, to increase continuity. When the new clinic configurations were implemented with IT, these permanent staff would be redeployed to other vacancies across the Trust. The proposal was approved.

3. 11th May 2023

3.1 Trust Policies Update

The Policy Review Group have provided a report on Trust policies which showed that 80.9% of the 723 procedural documents were in date and 19.1% were currently being reviewed and updated. There were a further 44 policies where the review date was due within 3 months. It was agreed that Directors should receive a monthly update on the policies where they were the lead, so they could oversee progress. In addition, each committee/council should review the policies it was responsible for approving, as a standard agenda item.

3.2 Risk Management Council (RMC) Chair's Assurance Report

The Director of Corporate Services presented the chair's assurance report from the May RMC meeting. There was a total of 820 risks on the trust wide risk register of which 30 were escalated to the Corporate Risk Register (CRR). No risks had been added or removed from the CRR during April. The RMC had received assurance reports from the Claims Governance Group, the CIP Council, the IG Steering Group and the EPRR Steering Group. The RMC had approved the Asbestos Policy.

3.3 Pharmacy Business Case

The Managing Director introduced a business case prepared by the Medicines Management service seeking approval to appoint additional pharmacy staff to respond to a 19% increase in dispensing activity since 2019/20, which was resulting in dispensing delays. The committee approved the increase in pharmacy and dispensing staff requested, but also asked for additional assurance in relation to the process for medications not collected by patients.

3.4 Cyber Security Dashboard

The Director of Informatics presented the cyber security dashboard for the period January – April 2023. Phishing emails remained the biggest threat to the trust and the report detailed the actions being taken to protect against this risk.

3.5 National Digital Maturity Assessment (DMA)

The Director of Informatics presented the DMA assessment for the Trust, against the 7 scoring domains. The results had been peer reviewed to ensure consistency and the STHK score was 3.5 (of a potential 5).

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

The Director of Corporate Services reported that the transaction risk rating decision had been received from the NHS England Strategy, Performance, and Investment Committee.

The S&O Executive Committee had discussed the future estate strategy and the options to create decant capacity to enable backlog maintenance to be undertaken. The committee had also received an update on the increased costs of the endoscopy and CT schemes and explored potential mitigations.

4. 18th May 2023

4.1 Safer Staffing Report - April

The Director of Nursing, Midwifery and Governance introduced the monthly safer staffing report. The report included the headline staffing fill rates for April and a deep dive into the impact of staffing levels in March 2023. The overall RN/RM full rate was over 99.5% and the HCA fill rate was 126.7% (including supplementary care) in April. This continued the improving trend since January. In March there had been 6 wards which had reported fill rates of less than 90%, but with no harms reported at these times.

The report also included an update on the nurse and HCA recruitment pipeline, turnover and time to hire, which showed an improving position.

There was concern that bank and agency requests remained high, despite the increased recruitment and further analysis of the drivers of this was requested.

4.2 Mandatory Training and Appraisal Compliance - April

The Deputy CEO/Director of HR presented the reports. Appraisal compliance had fallen slightly to 82% as the new appraisal window for 2023/24 had opened, and mandatory training compliance continued to gradually improve at 82%.

4.3 NHS Agenda for Change (AfC) Pay Award 2022/23 and 2023/24

The Deputy CEO/Director of HR introduced a briefing about the national AfC pay award. The award applied to staff directly employed by the Trust on AfC terms of service on 31st March 2023. The pay uplift would be paid in June and the non-consolidated lump sum could be taken as a single payment or spread across monthly instalments. Staff had to make the choice about how they wished to receive this payment by the end of May 2023, so these payments could also be made in June.

4.4   Locally Employed Doctors Terms and Conditions

The Deputy CEO/Director of HR presented the proposal to align the locally employed doctors' terms and conditions of service to the 2016 Medical and Dental conditions of service for Junior Doctors, with current employees having the choice of whether to transfer or remain on the current conditions of service. It was confirmed that all other Trusts in Cheshire and Merseyside were also aligning their local terms and conditions in this way and had been assessed as cost neutral overall. The proposal was approved

4.5   2022/23 Review of Trust Objectives

The Director of Corporate Services presented the end of year review of the 2022/23 objectives ahead of presentation to the May Trust Board. The committee reviewed the outcomes and agreed some minor changes to the summary position.

4.6   Integrated Performance Report (IPR)

The Director of Finance and Information presented the IPR for April and the committee agreed additional commentary.

The committee also discussed how the IPR would be presented post transaction, and the review of metrics that was being undertaken at both trusts.

5.   25th May 2023

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

Committee discussed the communications plan for the transaction, both internal and external and the remaining legal requirements to support ministerial approval.

The S&O Executive Committee had reviewed the delivery of the 2022/23 Trust Objectives, which would be reported to the next Strategy and Operations Committee. A pilot project to provide specific training for Healthcare Assistants providing enhanced/supplementary care had been supported to help reduce falls and other patient safety incidents.

The S&O Executive had also discussed preparations for the junior doctors' industrial action that had been announced for the 14th – 17th June.

5.2   Obstetrics and Gynaecology (O&G) Consultant Business Case

The Managing Director introduced the business case which set out proposals to recruit 4 additional O&G consultants to ensure out of hours safety for obstetric emergencies and to increase elective capacity to reduce the gynaecology waiting list. These new appointments would undertake resident on call, ensuring there would be always two senior decision makers available, which was in line with national recommendations for a maternity unit with circa 4,000 births. The business case was approved.

5.3   Discharge Lounge Utilisation

The Managing Director presented a report that gave an update on the utilisation of the discharge lounge. This included patients discharged from ED to reduce congestion in the department as well as patients discharged from wards. The unit provided 4 trolleys and up to 12 chairs. The average number of patients using the discharge lounge had increased from 14 to 19 each day, with a maximum of 32 during the reporting period (January – May 2023), with an average stay of 2 hours. Further improvements were planned to increase the utilisation further and increase the bed day savings and continue to relieve the pressure in the Emergency Department.

5.4   Urology Consultant Business Case

The Managing Director introduced the business case which sought approval to recruit 2 Consultant Urologists. One post was succession planning for a current member of staff who had given notice of his intention to retire and the other was a joint post with S&O to support the S&O service which had been classified as fragile. The funding for the posts was within existing budgets and the business case was approved.

5.5   Urgent Care Advanced Clinical Practitioners Business Case

The Managing Director introduced the business case seeking approval for the salary backfill costs to enable staff to be selected to attend Urgent Care Advanced Practitioner (ACP) course places funded by Health Education England, to increase the number of qualified ACPs in the emergency department, acute medical unit, and paediatric department. The funding was approved.

5.6   Junior Doctors' Industrial Action

The Medical Director provided an update on arrangements and negotiations with senior trust doctors to cover the duties of the junior doctors in essential and emergency services during the planned junior doctors' industrial action.

ENDS

TRUST BOARD

Paper No: NHST (23)052
Title of paper: Committee Report – Finance & Performance
Purpose: To report to the Trust Board on the Finance & Performance Committee, 22nd June 2023

Summary

Meeting attended by:

J Kozer – NED & Chair
P Growney – NED
I Clayton – NED
G Appleton – NED
A M Stretch – Deputy Chief Executive/Director of HR
R Cooper – Managing Director STHK
G Lawrence – Director of Finance & Information
N Bunce – Director of Corporate Services

J McCabe – Divisional Medical Director – Surgery
C Oakley – Deputy Director of Finance & Information
P Nee – Assistant Director of Operations – Surgical Care
K Lythgoe – Assistant Director of Finance – Surgery
A Matson – Assistant Director of Finance – Financial Management

Agenda Items

For Assurance

A) Integrated Performance Report
- 62 day performance was below the 85% target in April, at 82.3%.
- Target 31 day performance was met in April, at 97.2% against a target of 96.0%.
- Target 2 week wait cancer performance was not achieved in April, at 75.9% delivery against a target of 93.0% linked to a significant increase in referrals.
- Urgent care attendances remain high, with Accident & Emergency Type 1 performance at 50.7% in May. All type mapped STHK Trust footprint performance was 72.1% in May.
- The ambulance turnaround time target was not achieved in May, at 56 minutes on average. The Trust was the busiest in C&M and third busiest across the North West.
- In May, overall sickness had decreased to 5.6% from 5.8% in April.

B) Finance Report Month 2
- At Month 2, the Trust is reporting a year to date surplus of £0.9m which was in line with plan.
- Capital expenditure for May (including PFI lifecycle maintenance) totals £1.9m.
- At the end of Month 2, the Trust has a cash balance of £67.8m.
- Agency expenditure of £2.5m is included in the position. This exceeds the 3.7% target that has been set nationally. Work is ongoing within Care groups on reducing the agency bill.

- The financial position does not include any impact for PbR changes. The Trust awaits central guidance on how activity will be dealt with as a result of the impact industrial action.
- The financial position includes the expenditure impact of the industrial action which is currently being mitigated by items including overperformance of interest recievable.
- The Trust continues to see high levels of inflation on products which are currently being non recurrently mitigated

C) CIP Programme Update/Surgical Care Update
- The Trust continues to work towards the CIP target of £28.4m of which £21.4m to be delivered recurrently and £7m to be delivered non recurrently.
- Over £31m of ideas have been currently generated throughout the Trust
- The Trust has delivered/finalised £15.8m of schemes.
- ICS looking to share examples of best practice across the system and will be visiting the Trust.
- Surgical Care continue to have high level of engagement throughout the caregroup focussing on
  - Maximising productivity
    5% challenge through all specialities
  - Budget holder cost controls

D) Benchmarking
- Report shared on some of the current benchmarking tools in use across the Trust. Committee noted the approaches to benchmarking and discussed exploring international benchmarking.

E) Benefits realisation
- Updated received on review of benefits from business cases adopted in 22/23.
- 141 benefits currently being tracked and reviewed.
- Examples shared including OPAT service with 3 out of 5 benefits delivering and the remainder in progress.

For Information

- **Capital Council Update** – Update noted by the committee
- **CIP 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: J Kozer, Non-Executive Director
Date of meeting: 28th June 2023

Trust Board

Paper No: NHST (23)053
Reporting from: Quality Committee
Date of Committee Meeting: 20th June 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 Peter Williams, Medical Director Rob Cooper, Managing Director Nicola Bunce, Director of Corporate Services **In attendance:** Anne Rosbotham-Williams, Deputy Director of Governance Debbie Stanway, Head of Nursing and Quality, Medical Care Group Karen Barker, Associate Head of Nursing and Quality, Surgical Care Group Lynn Ashurst, Associate Head of Nursing and Quality, Quality and Risk Lynn Evans, Head of Nursing and Quality, Urgent and Emergency Care Group Nadine McStein, Matron Quality, Governance & Risk, Medical Care Group Rajesh Karimbath, Assistant Director of Patient Safety Sue Orchard, Head of Midwifery Teresa Keyes, Deputy Director of Nursing and Quality Tracy Greenwood, Head of Nursing and Quality, Community and Primary Care Services Care Group **In attendance to present specific reports or feedback:** Adam Rudduck, Assistant Director of Organisational Development

Matters Discussed

The action log was discussed with one action closed.

Integrated Performance Report (IPR)

The IPR was discussed by the Committee and the following points were highlighted:

- Two potential hospital acquired MRSA bacteraemia in June, pending outcome of investigation and panel in July, with assurance provided that immediate actions have been taken to reduce risk of further cases
- There were 9 C. Difficile (CDI) positive cases reported in May 2023, with 14 year-to-date against an annual tolerance of 46 for 2023-24. The Committee discussed the challenges of high bed occupancy and noted that deep cleaning was taking place, along with other preventative measures

- Two validated category 3 pressure ulcers were reported in 2022-23. The Committee noted the work being undertaken in relation to this year's CQuIN for assessing and documenting pressure ulcer risks
- Mandatory training compliance has continued to increase
- The Committee noted the recent increased staffing within cardiology and that this should help to improve performance within rapid access chest pain clinic

Patient Safety Council report
A number of papers were received, with the following highlighted:
- Update on the work being undertaken in the Surgical Care Group to increase recording of venous thromboembolism (VTE) risk assessments and to reduce delays in routine medication prescribing, with re-audit to be presented to the Council
- Obstetrics and Gynaecology, noting the decrease in possible delay or failure to monitor incidents and near misses in quarter 3
- Management of patient safety alerts
- Infection prevention report, noting the impact of operational pressures, as well as the lessons learned highlighted in the thematic review of notifiable incidents for 2022-23. The Committee discussed the actions being taken Trust-wide to reduce the risk of infection
- Patient safety report noted three incidents were reported to StEIS in April
- Patient falls report quarter 4 2022-23 highlighted key activities of falls team with continued reduction in rate of falls
- Primary and Community Care Group safety report Q4 highlighted ongoing work to improve patient safety, including actions taken following Tendable audits
- A number of standard operating procedures were approved

Freedom to Speak Up
The report noted that there had been a slight increase in concerns raised in 2022-23. The Trust benchmarked well in the national staff survey for staff being able to raise concerns and having confidence these would be addressed, with all four scores rated significantly better than the sector average.   The Committee were pleased to note the actions taken following the raising of concerns.

CQC Maternity Action Plan 2023
The Committee received the action plan for Maternity Services noting that 24 actions had been completed and 48 remain ongoing. It was noted that there is a separate action plan for the national maternity survey. The Committee reiterated the importance of staff engagement and sharing the positive changes that had been made recently.

Patient Experience Council Report
The Council received a number of reports, including patient story, end of life, bereavement, learning disability, Council effectiveness review, Quality Committee Assurance, complaints and PALS.

The following points were highlighted to the Committee:
- Positive patient comments about the urology hot clinic and the work to ensure direct access, avoiding the need to attend ED
- Establishment of patient participation forum for patients with learning disability and/or autism
- Positive national audit of care at end of life (NACEL) results

- Approval of terms of reference for groups that report into the Council
- Work required to reduce complaint response times from 100 to 60 days
- Ongoing review of the need for relatives accommodation and quiet areas to hold sensitive conversations

Complaints and PALS Annual Report 2022-23
The annual report was shared, noting the reduction in the number of first stage complaints to 211 in 2022-23, 35% less than in pre-pandemic year 2019-20. There was a significant reduction in ED related complaints, which was commended. Responding to complainants within the timescales agreed remains a significant challenge, with actions in place to improve. There remain a low level of complaints reviewed by the Parliamentary and Health Service Ombudsman, with no findings against the Trust.

PALS activity and themes remained consistent with previous year.

Patient Engagement and Inclusion Strategy
The report highlighted that there are 68 actions listed in the implementation plan, with 14 completed, 53 on track and 1 overdue, which related to a carers' survey. Work has commenced on this and it is anticipated that it will be completed by the end of quarter 2 2023-24.

Clinical Effectiveness Council report
The Council received a number of presentations and reports including, Medical Examiner Service/death certification process, diabetes service, use of international medical graduates and junior clinical fellows at St Helens Hospital, organ donation, cancer services SDEC, Council effectiveness report, quality improvement and clinical audit annual plans for 2022-23 and 2023-24 and NCEPOD report.

The following points were highlighted:
- Work to improve death certification process
- Significant increase in the number of out of area referrals to diabetes service
- Diabetes standard operating procedure to optimise diabetes prior to discharge
- High level of potential organ donation referrals made, with two proceeding
- Actions to be taken to make the Council meetings more effective

Mandatory Training Compliance Report
The report noted the current position with core and compulsory mandatory training, noting there had been an improvement in medical and dental compliance to 72%. A number of different ways of delivering face-to-face annual fire safety training are offered to increase compliance. It was also noted that it will take at least 12 months for compliance to be reached in relation to the newly introduced training for learning disability and autism.

Virtual Wards Presentation
The presentation outlined the background and criteria for virtual wards, noting the benefits for patients, as well as the resources required. The Trust has a longstanding virtual ward for chronic pulmonary disease and has now established a cancer SDEC and frailty virtual ward.

Assurance provided:

- Improved levels of sepsis screening in ED following the revision of some processes
- 10/11 scores in NACEL were above the national average
- Work of the Diabetes Team to provide continuous blood glucose monitoring and insulin pumps
- 95% of clinical audits were completed from the 2022-23 plan

Decisions taken:

- Complaints and PALS Annual Report was approved

Risks identified and action taken:

- Ongoing operational challenges with potential impact on infection prevention

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: 28th June 2023

Paper No: NHST (23)054
Title of paper: Committee Report – Charitable Funds Committee
Purpose: To brief the Board on the main issues discussed and decisions made at the Committee meeting on 21 June 2023

Meeting attended by:

P Growney – NED & Chair
G Lawrence – Director of Finance
D Harman – Assistant Director of Finance
K Hughes – Assistant Director of Communications
D Littler – Charity Fundraiser
J Turner – Charitable Funds Officer
D Pye – Financial Accountant
L Clarke – Bereavement Coordinator
V McKay – Health Work and Wellbeing

Apologies received from L Knight

Agenda items:

- **Action log update** – actions were reviewed, and updates were supplied.
- **Investment portfolio** - overview given; nothing of note to report.
- **Income & expenditure position** – overview given; nothing of note to report.
- **Fundraising update** – update received regarding various events taking place; the playground appeal is progressing well.
- **Any other business**
- ‘One Charity’ - Charity transition
  A comprehensive review of the Charity was received and discussed. Significant proposals discussed and approved by the Committee were as follows.
    o Southport and Ormskirk Hospital NHS Trust's charity should ‘close at nil balance’, by granting the entirety of its funds to our charity as at 30 June 2023.
    o A housekeeping exercise on the resultant 67 restricted funds held on 1 July, to support a highly performing new single charity.
    o Flagship funds in key speciality areas. Fundholders for these specialty flagship funds will include senior managers, clinicians and nursing staff relevant to that speciality, and financial limits will be reviewed.
    o Controls over the opening and closing of funds.
    o More comprehensive policy (and secondary guidance) development, with roll-out starting in this financial year.

- o The recruitment of a Head of Charity, after review and benchmarking across the North West.
- Proposal for funding of Butterfly (End of Life) Volunteer Co-ordinator
  It was decided that this will be presented to Execs, with a view to incorporating it within wider volunteer service discussions.

Corporate objective met or risk addressed: Contributes to the Trust's objectives regarding Finance, Performance, Efficiency and Productivity.

Financial implications: Minor, at the Trust scale.

Stakeholders: The Trust, its staff and all stakeholders.

Recommendation(s): The Board is asked to note the contents of the report.

Presenting officer: Paul Growney, Chair, Charitable Funds Committee

Date of meeting: 28th June 2023

Trust Board

Paper No: NHST (23)055
Reporting from: Strategic People Committee
Date of Committee Meeting: Monday:19th June 2023
Reporting to: Trust Board
Attendance: Gill Brown   (GB)   Non-Executive Director (Chair) Sue Redfern   (SR)   Director of Nursing, Midwifery &Governance Claire Scrafton   (CS)   Deputy Director of HR & Governance Malise Szpakowska   (MS)   Deputy Director of HR Ian Clayton   (IC)   Non-Executive Director Rob Cooper   (RC)   Managing Director **In attendance:** Konstantinos Chalkidis - Minutes   (KC)   Senior HR Administrator/PA Mr Michael Chadwick   (MC)   Guardian of Safe Working, LE Trusts Hayley Proudlove   (HP)   Head of Strategic Resourcing Team Dr Peter Arthur   PA)   Guardian of Safe Working, LE GP Vicki Lewis   (VL)   Recruitment and Retention Manager *Can we add the names of the 2 student nurses here please* **Apologies:** Anne-Marie Stretch   (AM)   Deputy CEO/Director of HR Gareth Lawrence   (GL)   Director of Finance Lisa Knight   (LK)   Non-Executive Director Nicola Bunce   (NB)   Director of Corporate Services Christine Oakley   (CO)   Deputy Director of Finance & Information

Agenda Items:
 	
• Feedback from Trust Board meeting – May 2023
• S&O TUPE Update
• Annual HR Governance Workplan
• Workforce Dashboard
• Recruitment & Retention Update
• Recruitment – Staff Story
• Guardian of Safe Working Annual Reports
     ➢ LE Annual Report Hospitals
     ➢ LE Annual Report GP/Hospices/Local authorities

Assurance Provided:

Trust Board Update

GB informed the Committee of the main agenda items relating to Workforce. In particular highlighting the Trust's 2022/23 Annual Quality Account adding that the Trust's staff form the 'golden thread' running throughout the report.

S&O TUPE Update
The committee noted that there are no further updates.

Annual Workplan
- The Annual HR Governance Workplan was presented in draft, and it was noted that the plan may need amendments during the year due to the S&O transaction and other ad-hoc matters that may require SPC consideration or approval throughout the year.
- Assurance was provided that agenda items related to documents that required external publication or submission to a regulator have been scheduled in advance to allow time for SPC and trust Board approval as appropriate.
- It was agreed that feedback on the plan would be noted, the plan updated, shared with the Chair and presented to the July meeting for approval.

Workforce Dashboard
The Workforce Dashboard was presented. The following metrics were highlighted and month on month improvements and those areas to be addressed were noted:
Absence
- All Trust Sickness while above target has seen a positive in month reduction from 5.82% to 5.75%. There has been a particular improvement within Nursing & AHP staff groups. Stress/Anxiety/ Depression remain the main reason for sickness absence.

Appraisals and Mandatory Training
- Mandatory training remains challenged at (83%) with improvements being made in MCG, Medirest and Non-Clinical Support. Appraisal performance has dropped to 78% in May. The biggest contributor to this being the Non-Clinical Support teams reporting 70% compliance.

Turnover rates
- It was noted that across all staff groups turnover remains stable in-month with the most significant improvement within the AHP workforce.

Time to hire
- Vacancy rates have increased from 7.11% to 7.85% in month however the increase in HCA vacancy rates is attributed to an increase in WTE. Time to Recruit has significantly reduced across both AFC & Medical recruitment.

HWWB – DNA Rates
- DNA rates for Occupational Health appointments have reduced by 2% since April but continue to negatively impact the departments performance. Management Referral days has risen in month, this is due to a 54% increase of activity.

Recruitment & Retention Update
The SPC received an update on the Recruitment & Retention Operational plan. Key points noted that have been achieved year to date were:
Retention
- Trust turnover has reduced by 2% in past 12 months.
- There has been a Task & Finish Group focussing on staff 'leaving well'.

- The successful HCA Academy has resulted in a reduction in turnover by 65% from implementation of the programme in August 2022.
- A Workforce Development Plan for AHP's has been developed focusing on these key areas of improvement over the next 18 months.

Recruitment
- An external review of the Recruitment Service has been undertaken which has resulted in recommendations being implemented to improve the service during 2022/23. This included a recommendation for robotic automation which will be implemented robotics within the recruitment process in 2023/24.
- A time to hire KPI of 40 days has been implemented. The Trust has achieved an average of 42.4 days in April and 40.9 days in May 2023.
- Customer satisfaction surveys are now sent out to all candidates and hiring managers. Candidate experience has been rated 4.75 / 5 and Recruiting manager experience has been rated 4.3 / 5.
- MIAA completed an audit of the recruitment service and awarded the highest level of assurance to the service.
- The Committee received assurance that the Recruitment team is working closely with the ED&I Team and Staff Networks to formulate an action plan to improve the inclusivity of the recruitment processes.

Routes into Healthcare
- It was noted that the assessment methods are under review including shortened application forms to make the process easier for both candidates/ volunteers and hiring managers.
- Through central recruitment events, 89 registered nurses, 139 HCAs and 15 AHPs have been recruited.
- Creation of a talent bank for year 2 to keep staff who might want a job with STHK and have been previously successful in the interview.

Attraction
- The Trust has been working on enhancing the design, development and implementation of the STHK employer brand with improved social media presence across current channels and new channels.
- Leaflets have been delivered across St Helens to 2,000 homes to advertise our RN and HCA Vacancies. The Trust is currently monitoring application rates to understand the return on investment.
- The Trust is implementing of a referral scheme for staff who refer new members of staff to the Trust and are subsequently recruited.

The Committee noted that The Recruitment and Retention service continues to be well managed. It was acknowledged that following the S&O transaction it will take time to embed the new brand. The committee asked it is possible to use digital screens across the Trust to advertise vacancies in public areas. It was confirmed that this could be explored.

<u>Quarterly Staff Story – Recruitment Experience</u>
Two newly qualified Registered Nurses attended committee to share experience of their journey through the recruitment process.
- The committee received positive feedback in terms of the recruitment journey.
- It was confirmed by the staff members that the recruitment process on TRAC and in STHK is smooth and has a positive impact.
- The Nurses confirmed that they made a very positive choice to come to work for STHK and they were really enjoying their roles

- It was noted that the recruitment team is data driven which make them more proactive and linking more with the departments where the new starters will be working.

Guardian of Safe Working Annual Reports – Lead Employer
The committee received the annual reports from the Guardian of Safe Working for trainees hosted in hospitals and also Guardian of Safe Working in for GP's and organisations with less than 10 trainees or those hosted in Hospices/Local authorities

The committee noted that there relatively small numbers of exceptions being reported and were assured that doctors and clinical education supervisors are operating in accordance with the 2016 contract of employment and there were no safety concerns identified for the doctors in training.

It was noted that there a number of Trusts who currently have vacancies for their local Guardian of Safe Working which they are endeavouring to fill. Compliance levels with hosts submitting exception report returns could be improved.

People Council
It was noted that the People Council meeting had been cancelled in June due to Industrial Action and that papers had been circulated to members for information. The Management Bank & Agency Staff Policy had been virtually approved.

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 are requested to note the report.

Committee Chair: Gill Brown, Non-Executive Director

Date of Meeting: 28h June 2023

TRUST BOARD

Paper No: NHST (23)056	
Title of paper: Committee Report – Audit	
Purpose: To report to the Trust Board on the Audit Committee, 21st June 2023	

Summary

Meeting attended by:

I Clayton – NED & Chair
J Kozer – NED
G Brown – NED
G Lawrence – Director of Finance & Information
N Bunce – Director of Corporate Services
C Oakley – Deputy Director of Finance & Information
M Derrick – Audit Manager, Grant Thornton UK LLP
A Lawrinson – Minuting Secretary

Agenda Items

A) Annual Report
- The Annual Report, including the Annual Governance Statement, was presented and accepted with minor adjustments.
- Final report to be circulated once Audit concluded.
- The committee discussed reviewing the format through the year in preparation for 23/24.

B) Adoption of the 22/23 accounts
- The Annual Accounts for 2022/23 were presented in draft form.
- The draft Audit Findings Report (ISA260) including Letter of Representation was presented and accepted with note that work is ongoing to resolve all outstanding queries (made up of 10 further lines of enquiry; 3 reviews to conclude, 4 tests to conclude and 6 ongoing enquiries of which one remains material.)
- The Value for Money Report was presented subject to final audit and the committee noted no significant areas of weakness have been identified.
- The committee approved the accounts subject to conclusion of the outstanding issues and delegated authority to the committee chair.
- All members of the committee thanked the respective teams for their hard work given the additional pressures the work with Southport & Ormskirk.

Risks noted/items to be raised at Board – None noted
Corporate objectives met or risks addressed: Finance and Performance
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: Ian Clayton, Non-Executive Director
Date of meeting: 28th June 2023

TRUST BOARD

Paper No: NHST (23)057
Title of paper: Fit and Proper Persons Regulations – Annual Declaration
Purpose: To provide assurance to the Trust Board that the Trust has met the requirements of the Care Quality Commission (CQC) Fit and Proper Persons Regulations (Regulation 5).
Summary: The Fit and Proper Persons Regulations (FPPR) have been in place since 2014, with additional guidance being issued by the CQC in January 2018. The Trust has a robust FPPR Policy that is reviewed annually. The regulations require that all providers of NHS services; "*are able to show evidence that appropriate systems and processes are in place to ensure that all new and existing directors are, and continue to be, fit and that no appointments meet any of the unfitness criteria*" In additional to undertaking checks on new Directors as part of the recruitment process, the Trust has also put in place a process whereby every Director makes an annual declaration of their fitness to be a Director. In addition annual checks are undertaken by the Human Resources Department, to ensure that no new information has come to light that could affect the Directors "fitness" for the role. The Chairman reviews the declarations and the results of the checks and provides assurance to the Board that the organisation continues to meet the requirements of CQC regulation 5. Appendix 1 – Fit and Proper Persons Regulations Annual Declaration 2023.
Trust objectives met or risks addressed: The Trust is compliant with all the CQC regulations and can maintain registration.
Financial implications: None arising directly from this report.
Stakeholders: Members of the public**,** Patients, Staff, Commissioners, Regulators
Recommendation(s): That the annual declaration be noted
Presenting officer: Richard Fraser, Chairman
Date of meeting: 28th June 2023

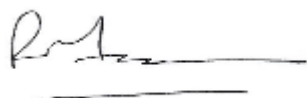## **Annual Fit and Proper Person Requirement Declaration 2022**

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

The DBS checks for all Board members are either in date (14) or in the process of being undertaken or renewed (2).

Board Member	Position	F&PPR Checks Completed	F&PPR Self-Declaration Reviewed	Meets Requirements /Comments
Richard Fraser	Chairman	31/05/23	31/05/23	✓ *
Geoffrey Appleton	Non-Executive Director	26/04/23	26/04/23	✓
Jeff Kozer	Non-Executive Director	19/04/23	18/04/23	✓
Paul Growney	Non-Executive Director	25/05/23	24/05/23	✓
Gill Brown	Non-Executive Director	04/05/23	20/04/23	✓
Ian Clayton	Non-Executive Director	03/05/23	30/04/23	✓
Lisa Knight	Non-Executive Director	27/04/23	26/04/23	✓
Rani Thind	Non-Executive Director	25/04/23	23/04/23	✓
Ann Marr	Chief Executive	20/04/23	18/04/23	✓
Anne-Marie Stretch	Deputy Chief Executive/Director of HR	25/05/23	24/05/23	✓
Peter Williams	Medical Director	26/04/23	26/04/23	✓
Sue Redfern	Director of Nursing, Midwifery and Governance	20/04/23	20/04/23	✓
Gareth Lawrence	Director of Finance and Information	25/04/23	24/04/23	✓
Rob Cooper	Director of Operations and Performance	10/05/23	05/05/23	✓
Christine Walters	Director of Informatics	20/04/23	18/04/23	✓
Nicola Bunce	Director of Corporate Services	19/04/23	18/04/23	✓

*Reviewed by the Deputy Chair

Chairman's Signature: Date: 8th June 2023