St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Public Board Meeting

TO BE HELD ON WEDNESDAY 25th JANUARY 2023
BOARDROOM, 5th FLOOR, WHISTON HOSPITAL

AGENDA				Paper	Purpose	Presenter
10.00	1.	Employee of the Month Film - December 2022 - January 2023		Verbal	Assurance	Chair
10.10	2.	Patient Story		Verbal	Assurance	Sue Redfern
10.20	3.	Apologies for Absence		Verbal	Assurance	Chair
	4.	Declaration of Interests		Verbal		
10.25	5.	Minutes of the Board Meeting held on 30th November 2022		Attached		
		5.1	Correct Record and Matters Arising	Verbal		
		5.2	Action log			
Performance Reports						
10.35	6.	Integrated Performance Report		NHST (23)002	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						
10.55	7.	Committee Report – Executive		NHST (23)003	Assurance	Ann Marr
11.05	8.	Committee Report – Quality		NHST (23)004	Assurance	Rani Thind
11.15	9.	Committee Report – Finance & Performance – Meeting stood down - verbal update only			Assurance	Jeff Kozer

11.25	10.	Committee Report – Strategic People	NHST (23)005	Assurance	Lisa Knight

AGENDA			Paper	Purpose	Presenter
Other Board Reports					
11.30	11.	Corporate Risk Register Quarterly Report	NHST (23)006	Assurance	Nicola Bunce
11.40	12.	Board Assurance Framework Quarterly Review	NHST (23)007	Approval	Nicola Bunce
11.50	13.	Learning from Deaths Quarterly Report	NHST (23)008	Assurance	Peter Williams
12.00	14.	Workforce Strategy and HR Indicators Report	NHST (23)009	Assurance	Anne-Marie Stretch
12.15	15	CNST Board Declaration	NHST (23)010	Approval	Sue Redfern
Closing Business					
12.25	16.	Effectiveness of Meeting	Verbal	Assurance	Chair
	17.	Any Other Business		Information	
	18.	Date of Next Meeting – 22nd February 2023		Information	

St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Board

Title of paper: Patient Story

Date of meeting: 25/01/2023

Background.

Spirituality is the understanding of ourselves, who we are, what gives us purpose and meaning, and our hopes and aspirations for the future. At times in life, including times of ill health, our spirituality may be challenged. During hospitalisation, patient's, their family and significant others may experience Spiritual distress. It is everyone's responsibility to identify spiritual distress and source spiritual care for our patients, families, and each other. This starts with kindness, one of our core values. It starts with the question "How are you today"?

Our Chaplaincy team here at the Trust provide a 24-hour spiritual care service for our patients, their visitors, and staff. The Chaplaincy team would like to present the recent experience of two patients that received Spiritual care. One experience was a very positive experience and described excellent practice from our healthcare staff. The second describes a negative experience of a parent following bereavement.

The patient/family experience.

The first experience that was shared was from a patient who was at the end of his life with a very short time to live. It describes how following training, one of the nurses as a "Spiritual Gatekeeper" was able to Identify the spiritual distress of a patient and quickly source spiritual care for him via our chaplaincy team. This patient faced communication barriers due to his illness but was able to make himself understood and receive the spiritual comfort that he needed before his death the following day.

The second experience of care was of the mum of a deceased baby who made a request for her son's details to be included in the Trust book of remembrance. Unfortunately, this was not completed and when mum visited the Sanctuary to view her son's entry in the book, it was discovered that the entry had not been made. This caused the parent further undue distress.

Lessons learned.

A review of the remembrance book process was undertaken as a result and the following improvements were made.

- Contact was made with the mum of the deceased baby to apologise for the missing entry and provide a copy of the entry.
- As a result of this feedback, the process was reviewed by the hospital Chaplaincy team, Trust bereavement co-ordinator and Quality matron, patient experience and the following improvements were made.
- The chaplaincy data base has been updated to reflect receipt of request form, action date and acknowledgement of completed entry.
- The parental request form was reviewed and updated to include additional details; ward stocks were exchanged with the updated forms.
- A letter of acknowledgment and entry of patient details into the remembrance book is now sent to the person that made the request.
- An Educational resource has been created in the form of a video presentation for staff to explain the importance of the spiritual assessment. The video has ben uploaded to the bereavement HUB on the Trust Intranet

Next steps.

The team are going to explore the provision of a remembrance book for deceased adults. The Chaplaincy team currently provide Education and training on the Trust preceptorship programme for trained nurses and AHP's, The Chaplaincy service are going to explore inclusion onto the Healthcare Assistant training Programme with the Educational lead.

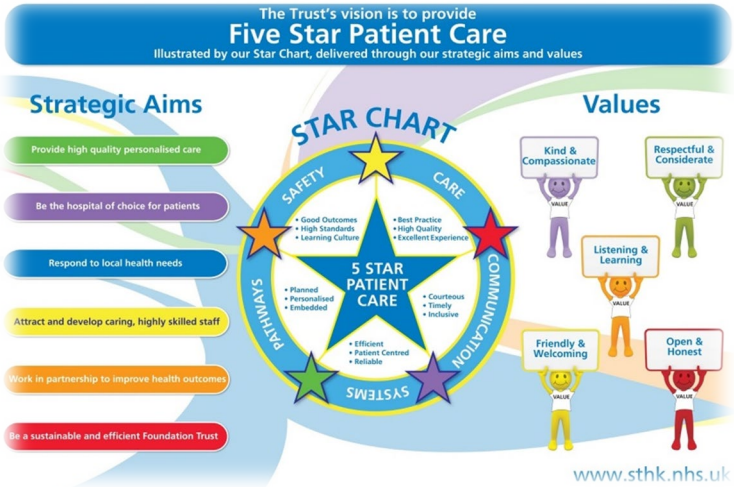
St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

Spirituality

Spiritual Care
& Chaplaincy Services

Spirituality

Trust's Spiritual Centre



Spiritual Distress

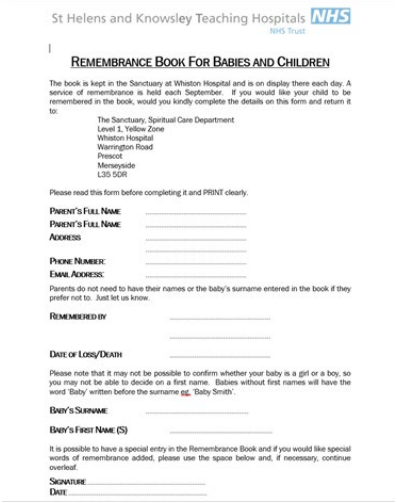
Spiritual Assessment

“How are you?”

Spiritual Support

Baby Remembrance Books

Recording and Informing Process



St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

REMEMBRANCE BOOK FOR BABIES AND CHILDREN

The book is kept in the Sanctuary at Whiston Hospital and is on display there each day. A service of remembrance is held each September. If you would like your child to be remembered in the book, would you kindly complete the details on this form and return it to:

The Sanctuary, Spiritual Care Department
Level 1, Yellow Zone
Whiston Hospital
Warrington Road
Prescot
Merseyside
L35 5DR

Please read this form before completing it and PRINT clearly.

PARENT'S FULL NAME: .....
PARENT'S FULL NAME: .....
ADDRESS: .....
.....
PHONE NUMBER: .....
EMAIL ADDRESS: .....

Parents do not need to have their names or the baby's surname entered in the book if they prefer not to. Just let us know.

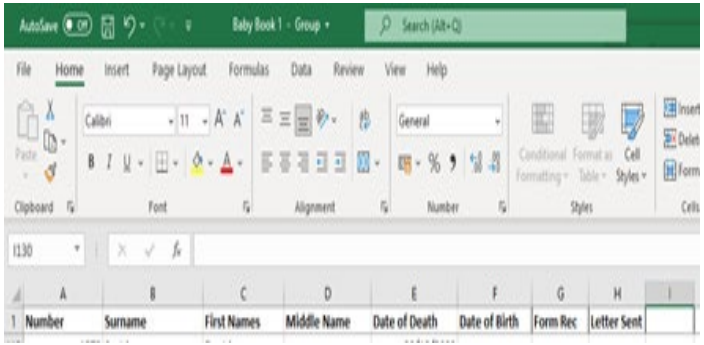
REMEMBERED BY: .....
.....
DATE OF LOSS/DEATH: .....

Please note that it may not be possible to confirm whether your baby is a girl or a boy, so you may not be able to decide on a first name. Babies without first names will have the word 'Baby' written before the surname eg. 'Baby Smith'.

BABY'S SURNAME: .....
BABY'S FIRST NAME (S): .....

It is possible to have a special entry in the Remembrance Book and if you would like special words of remembrance added, please use the space below and, if necessary, continue overleaf.

SIGNATURE: .....
DATE: .....



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	A	B	C	D	E	F	G	H	I
1	Number	Surname	First Names	Middle Name	Date of Death	Date of Birth	Form Rec	Letter Sent	

PHONE NUMBER: .....
EMAIL ADDRESS: .....

1578

NHS
St Helens and Knowsley Teaching Hospitals
NHS Trust

Whiston Hospital
Warrington Road
Prescot
Merseyside
L35 5DR

0151 426 1600
Website: www.sthk.nhs.uk

(Address)

Dear ..... and .....,

The Baby Remembrance Book in Whiston Hospital has now been updated with the information you provided.

.....'s page can be found in Book....., reference number ..... on the bottom left-hand side of the page, within the Sanctuary Level 1 Whiston Hospital.

The Sanctuary can be visited at any time. If you need any information or support when you visit, one of the Chaplains can be available upon request. If you require a Chaplain, please call the number above asking for the Spiritual Care Department, you will be put through to an answer phone, leave your contact details and a Chaplain will phone you back. If you need help while you are in the Hospital you can ask at Reception for the On Call Chaplain to be called on your behalf.

If you have any questions or any amendments or updates to .....'s page please contact us and we will arrange these on your behalf.

Yours Sincerely,

Chris Girvan
(Deputy Head of the Spiritual Care Department)

Spiritual Care & Chaplaincy Services

Call the Switch Board and ask the operator to contact the “On Call Chaplain.”

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

Spirituality

Spiritual Care
& Chaplaincy Services

INTEGRATED PERFORMANCE REPORT

St Helens and Knowsley Teaching Hospitals NHS Trust

Paper No: NHST(23)02
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 was 1 Never Event in December 2022. (YTD = 2).

There were no MRSA cases in December 2022. (YTD = 1).

There were 2 C. Difficile (CDI) positive cases reported in December 2022 (1 hospital onset and 1 community onset). (YTD = 39). Of the 39 cases, 33 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 November 2022 was 93.7%. 2022-23 YTD rate is 93.5%.

During the month of November 2022 there were 2 falls resulting in severe harm or death category . (YTD severe harm or above category falls = 19).

There were no validated grade 3 hospital acquired pressure ulcer with lapse in care in November 2022. (YTD = 1).

Community incident reporting levels have increased to 101 in the month of November 2022 compared to 93 in the previous year 2021. 87 incidents were related to pressure skin damage, all classified as no harm.

YTD HSMR (April - August) for 2022-23 is 90.5

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: 25th January 2023

Operational Performance

Performance against the 62 day cancer standard was below the target of 85.0% in month (November 2022) at 83.3%. YTD 82.2%. The 31 day target was achieved in November 2022 with 97.8% performance in month against a target of 96%, YTD 97.6%. The 2 week rule target was not achieved in November 2022 with 85.2% in month and 75.0% 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 December 2022 was 40.3% and YTD 46.1%. The all type mapped STHK Trust footprint performance for December 22 was 62.8% and YTD 70.4%**.** The Trust saw average daily attendances of 333, which is up compared to November, at 331. Total attendances for December 2022 was 10,337.

Total ambulance turnaround time was not achieved in December 2022 with 69 mins on average. There were 1,970 ambulance conveyances (2nd busiest Trust in C+M and 4th in North West) compared with 2,019 in November 2022.

The UTC had 5,004 attendances in the month of November, compared to 4,983 in month of October, an increase of 0.4%. Overall, 93% of patients were seen and treated within 4 hours.

The average daily number of super stranded patients in December 2022 was 119 compared with 131 in November. 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 November 2022 with 66.1% compliance and YTD 66.1% (Target 92%). Performance in October 2022 was 67.3%. There were (2,411) 52+ week waiters. The 6 week diagnostic target was not achieved in November 22 with 75.6% compliance. (Target 99%). Performance in October 2022 was 76.8%.

There was a slight increase in referrals received within the District Nursing Service in November however, the levels are still within average range (530 in November compared to 499 in October). The overall caseload size has slightly increased from previous months (1,305 in November compared to 1,261 in October). Community matron caseloads have reduced by 5 to 118 in the month of November, with a total of 16 new for referrals received compared to 23 in October. 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 9 (December), the Trust has overachieved against plan by £1.2m YTD, delivering a YTD deficit of £3.7m.

Surplus/Deficit - At the end of Month 9, the Trust is reporting a deficit position of £3.7m, with £400.5m income and £404.2m expenditure year to date. This represents an improvement of £1.2m against the planned YTD deficit of £4.9m, due to increased interest receivable. 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 £7.9m 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 9, low risk schemes either delivered or at finalisation stage total £28.1m in year and £19.7m recurrently.

Cash - At the end of M9, the cash balance was £20.5m.

Capital - Capital expenditure for the year to date (including PFI lifecycle maintenance) totals £6.8m. Internally generated depreciation exceeds the 2022/23 capex plan. The plan has been agreed at ICS/ICB level, and includes PDC funding (£15.8) which is not drawn down from DHSC.

Human Resources

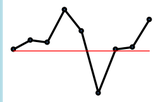
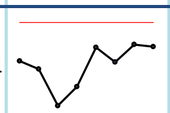
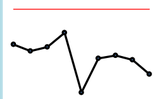
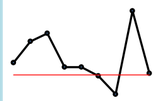
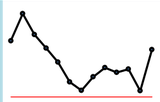
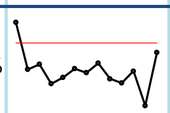
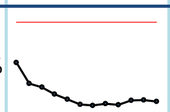
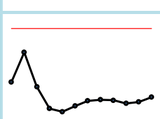
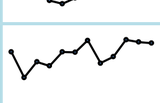
In December 2022, there was an increase in the absence rate (7.1%) from November's figure of 6.2%. The rate for all Nursing and Midwifery staff group is 9.4% which is an increase from 7.4% in November.

Appraisal compliance in December is 85.1% which is the same as compliance for November and remains on target. Mandatory training compliance is 80.4% which shows a small improvement from November (80.2%).

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

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	Dec-22	3.2%	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.	PW
Mortality: SHMI (Information Centre)	Q	▲	Aug-22	1.04		1.00						
Mortality: HSMR (HED)	Q	▲	Aug-22	92.1	90.5	100.0	96.9					
Mortality: HSMR Weekend Admissions (emergency) (HED)	Q	T	Aug-22	112.5	100.5	100.0	105.9					
Readmissions: 30 day Relative Risk Score (HED)	Q UOR	T	Jul-22	96.1	95.4	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	Aug-22	77.6	80.0	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	Aug-22	100.5	103.3	100.0	103.9					
% Medical Outliers	F&P	T	Dec-22	2.4%	1.7%	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	Dec-22	46.4%	32.0%	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	▲	Nov-22	62.8%	62.5%	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. Audit confirms >90% urgent letters sent in 7 days.		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 with IT licensing restricting typing capacity. Working ongoing with IT and Admin teams to find solution. Urgent letters are prioritised to be typed within 48h.	PW
E-Discharge: % of E-attendance letters sent within 14 days (Outpatients) - TOTAL	Q	▲	Nov-22	34.5%	29.9%	95.0%	65.2%					
E-Discharge: % of A&E E-attendance summaries sent within 24 hours (A&E) - TOTAL	Q	▲	Nov-22	98.3%	98.0%	95.0%	97.2%					

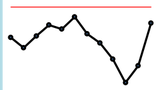
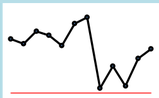
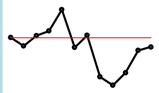
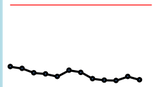
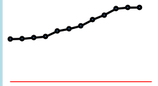
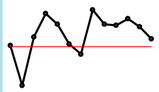
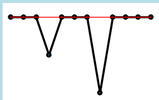
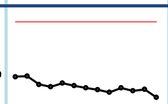
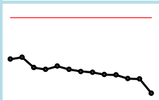
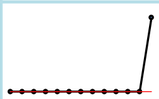
Dec-22

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	▲	Q2	87.4%	87.2%	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	▲ £	Dec-22	1	2	0	1		1 never event reported from interventional cardiology services	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	Dec-22	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	▲ £	Dec-22	0	1	0	2		There were no MRSA cases in December 2022. (YTD = 1). There were 2 C. Difficile (CDI) positive cases reported in December 2022 (1 hospital onset and 1 community onset). (YTD = 39). Of the 39 cases, 33 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	▲ £	Dec-22	2	39	56	32					
Number of hospital onset and community onset Methicillin Sensitive Staphylococcus Aureus (MSSA)	Q F&P		Dec-22	6	34	No Target	49					
Number of avoidable hospital acquired pressure ulcers (Grade 3 and 4)	Q	▲	Nov-22	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	▲	Nov-22	2	19	No Contract target	22		2 falls resulting in severe harm category in November 2022 (Ward 3D and 1B).	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	Dec-21			No Target	26			Quality and patient safety	We continue to emphasise the importance of thrombosis prevention. All cases reviewed. Appropriate prescribing and care identified. eVTE assessment tool currently now rolled out in ED as part of Electronic Medical Assessment Proforma.	PW
To achieve and maintain CQC registration	Q		Dec-22	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	Nov-22	93.7%	93.5%	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	Nov-22	1	13	No Target	30					

Dec-22

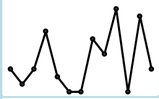
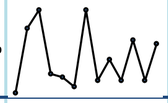
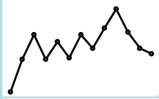
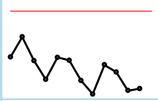
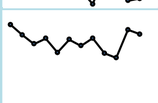
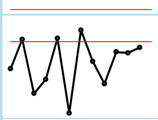
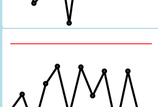
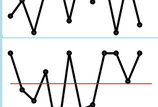
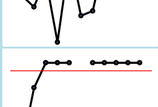
CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

	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	▲ £	Nov-22	85.2%	75.0%	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	▲ £	Nov-22	97.8%	97.6%	96.0%	98.3%					
Cancer: 62 day wait for first treatment from urgent GP referral to treatment	F&P	▲ ●	Nov-22	83.3%	82.2%	85.0%	85.2%					
18 weeks: % incomplete pathways waiting < 18 weeks at the end of the period	F&P	▲	Nov-22	66.1%	66.1%	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	▲	Nov-22	75.6%	79.2%	99.0%	78.4%					
18 weeks: Number of RTT waits over 52 weeks (incomplete pathways)	F&P	▲	Nov-22	2,411	2,411	0	1,461					
Cancelled operations: % of patients whose operation was cancelled	F&P	T	Dec-22	0.9%	1.0%	0.8%	0.82%		Underperformance in cancelled ops 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	▲ £	Nov-22	100.0%	99.4%	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	▲	Dec-22	40.3%	46.1%	95.0%	55.8%		Accident and Emergency Type 1 performance for December 2022 was 40.3% and YTD 46.1%. The all type mapped STHK Trust footprint performance for December 22 was 62.8% and YTD 70.4%. The Trust saw average daily attendances of 333, which is up compared to November, at 331. Total attendances for December 2022 was 10,337. Total ambulance turnaround time was not achieved in December 2022 with 69 mins on average. There were 1,970 ambulance conveyances (2nd busiest Trust in C+M and 4th in North West) compared with 2,019 in November 2022.	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	▲	Dec-22	62.8%	70.4%	95.0%	77.1%					
A&E: 12 hour trolley waits	F&P	▲	Dec-22	8	8	0	0					

Dec-22

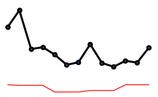
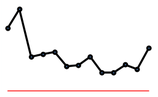
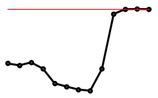
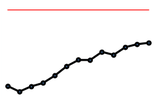
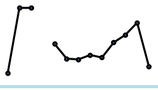
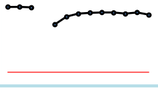
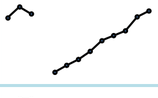
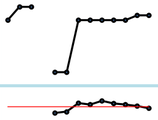
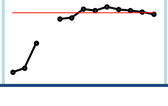
St Helens and Knowsley Teaching Hospitals NHS Trust

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	▲ £	Dec-22	0	0	0	0		Return commenced again from October 2021	Patient Experience		RC
Complaints: Number of New (Stage 1) complaints received	Q	T	Dec-22	16	155	No Target	254		Decrease in the number of new complaints received in December and % new (Stage 1) complaints resolved within agreed timescales remains challenging, however there was an improvement in month compared to the previous month.	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 30 and 60 day response times that were in place pre-pandemic. 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	Dec-22	25	163	No Target	268					
Complaints: % New (Stage 1) Complaints Resolved in month within agreed timescales	Q	T	Dec-22	84.0%	74.8%	No Target	79.5%					
DTOC: Average number of DTOCs per day (acute and non-acute)	Q	T	Feb-20			No Target			**March 20 to December 22 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	Dec-22	346	357		317					
Average number of Super Stranded patients per day (21+ days LoS)	Q	T	Dec-22	119	133		108					
Friends and Family Test: % recommended - A&E	Q	▲	Nov-22	76.9%	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	▲	Nov-22	95.8%	95.1%	90.0%	95.7%					
Friends and Family Test: % recommended - Maternity (Antenatal)	Q		Nov-22	97.1%	94.8%	98.1%	95.6%					
Friends and Family Test: % recommended - Maternity (Birth)	Q	▲	Nov-22	89.7%	92.6%	98.1%	93.3%					
Friends and Family Test: % recommended - Maternity (Postnatal Ward)	Q		Nov-22	100.0%	95.5%	95.1%	95.4%					
Friends and Family Test: % recommended - Maternity (Postnatal Community)	Q		Nov-22	100.0%	100.0%	98.6%	97.7%					
Friends and Family Test: % recommended - Outpatients	Q	▲	Nov-22	94.1%	93.9%	95.0%	93.8%					

Dec-22

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	▲	Dec-22	7.1%	6.4%	Q1 - 4.25% Q2 - 4.35% Q3 - 4.72% Q4 - 4.68%	7.0%		In December 2022, there was an increase in the absence rate (7.1%) from November's figure of 6.2%. The rate for all Nursing and Midwifery staff group is 9.4% which is an increase from 7.4% in November. 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.	We recognise the impact of cost of living and industrial action on staff absences. Therefore, additional support is being provided to staff and managers including monthly financial wellbeing sessions and mental wellbeing support through Rugby League Cares. 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. Employees who are absent from work due to sickness are contacted early to provide them with appropriate support and advice to aid their recovery and return to work. The support includes referral to occupational health and the implementation of reasonable adjustments, where applicable. 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.	AMS
Sickness: All Nursing and Midwifery (Qualified and HCAs) Sickness Ward Areas	Q F&P UOR	T	Dec-22	9.4%	8.0%	5.3%	9.6%					
Staffing: % Staff received appraisals	Q F&P	T	Dec-22	85.1%	85.1%	85.0%	65.9%		Appraisal compliance in December is 85.1% which is the same as compliance for November and remains on target. Mandatory training compliance is 80.4% which shows a small improvement from November (80.2%).	Quality and patient experience, Operational efficiency, Staff morale and engagement.	Appraisal compliance has remained steady in month following the closure of the Window and remains compliant. Mandatory training has further improved but remains just below the 85% target. Recovery plans and actions to meet compliance continue to be delivered and monitored through People Council with particular support offered to the Medical and Dental workforce.	AMS
Staffing: % Staff received mandatory training	Q F&P	T	Dec-22	80.4%	80.4%	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.	Actions associated with the responses to the Q2 survey now incorporated into the Staff Survey action plan for 2022. Q3 survey (Annual Staff Survey) closed on 25th November and results have been released under embargo. The Trust reports 40% response rate with 2961 respondents. The response rate is up by 3% on 2021. The Annual Staff Survey was also open to Bank staff for the first time.	AMS
NHS National Quarterly Pulse Survey : % recommended Work	Q	▲	Q2 2022-23	50.6%								
Staffing: Turnover rate	Q F&P UOR	T	Dec-22	1.1%		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	Dec-22	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	Dec-22	16,422	16,422	28,100						
Reported surplus/(deficit) to plan (000's)	F&P UOR	T	Dec-22	(3,706)	(3,706)	(4,949)						
Cash balances - Number of days to cover operating expenses	F&P	T	Dec-22	28	28	10						
Capital spend £ YTD (000's)	F&P	T	Dec-22	6,800	6,800	26,100						
Financial forecast outturn & performance against plan	F&P	T	Dec-22	(3,149)	(3,149)	(4,949)						
Better payment compliance non NHS YTD % (invoice numbers)	F&P	T	Dec-22	94.6%	94.6%	95.0%						

APPENDIX A

NHS St Helens and Knowsley Teaching Hospitals NHS Trust

			Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	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	▲ £	100.0%	95.0%	89.5%	100.0%	100.0%	93.1%	83.3%	100.0%	100.0%	100.0%	88.0%	81.8%	100.0%	92.9%	85.0%		96.0%		
	Total > 62 days		0.0	1.0	1.0	0.0	0.0	1.0	2.0	0.0	0.0	0.0	1.5	2.0	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	▲ £	60.0%	76.0%	81.0%	80.0%	86.7%	90.5%	76.5%	79.3%	65.2%	83.3%	42.9%	66.7%	66.7%	74.3%	85.0%		79.7%		
	Total > 62 days		4.0	3.0	2.0	1.0	1.0	1.0	2.0	3.0	4.0	2.0	4.0	1.0	1.0	18.0			24.5		
	Total > 104 days		1.5	1.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	2.0	0.0	0.0	3.0			4.0		
Upper GI	% Within 62 days	▲ £	100.0%	77.8%	100.0%	100.0%	36.4%	90.0%	84.6%	100.0%	85.7%	70.0%	75.0%	80.0%	93.8%	84.7%	85.0%		83.2%		
	Total > 62 days		0.0	1.0	0.0	0.0	3.5	0.5	1.0	0.0	1.0	1.5	1.0	1.0	0.5	6.5			9.5		
	Total > 104 days		0.0	0.0	0.0	0.0	1.0	0.5	0.0	0.0	0.0	0.5	1.0	0.0	0.5	2.5			3.0		
Urological	% Within 62 days	▲ £	69.6%	96.0%	65.3%	88.0%	93.9%	90.0%	81.0%	79.2%	78.1%	85.0%	73.1%	83.3%	78.2%	79.3%	85.0%		80.5%		
	Total > 62 days		3.5	0.5	8.5	1.5	1.0	1.5	4.0	2.5	3.5	1.5	3.5	2.5	6.0	25.0			32.5		
	Total > 104 days		0.5	0.5	0.0	0.5	0.0	0.0	0.0	0.5	1.5	0.5	1.5	1.0	0.0	5.0			4.0		
Head & Neck	% Within 62 days	▲ £	0.0%	0.0%	100.0%	0.0%	50.0%	16.7%	0.0%	44.4%	0.0%	25.0%	0.0%	0.0%	0.0%	12.5%	85.0%		24.4%		
	Total > 62 days		0.5	2.0	0.0	1.0	1.0	2.5	3.5	2.5	1.5	1.5	1.5	4.5	3.5	21.0			15.5		
	Total > 104 days		0.0	0.0	0.0	0.0	0.0	0.0	2.0	0.5	0.0	0.5	1.0	2.0	1.5	7.5			2.0		
Sarcoma	% Within 62 days	▲ £						100.0%							100.0%	100.0%	85.0%		100.0%		
	Total > 62 days							0.0							0.0	0.0			0.0		
	Total > 104 days							0.0							0.0	0.0			0.0		
Gynaecological	% Within 62 days	▲ £	80.0%	50.0%	100.0%	37.5%	60.0%	75.0%	66.7%	100.0%	45.5%	25.0%	50.0%	75.0%	80.0%	58.1%	85.0%		67.3%		
	Total > 62 days		0.5	3.0	0.0	5.0	2.0	1.0	2.0	0.0	3.0	4.5	1.0	1.0	0.5	13.0			17.0		
	Total > 104 days		0.0	0.0	0.0	1.5	1.0	1.0	0.0	0.0	2.0	0.0	0.0	0.0	0.5	3.5			2.5		
Lung	% Within 62 days	▲ £	76.9%	88.9%	64.3%	76.9%	55.6%	50.0%	92.3%	69.6%	30.8%	64.7%	66.7%	85.7%	70.6%	68.9%	85.0%		77.2%		RC
	Total > 62 days		1.5	1.0	2.5	1.5	2.0	1.5	0.5	3.5	4.5	3.0	1.5	1.5	2.5	18.5			18.0		
	Total > 104 days		0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.5	0.0	0.0	1.5			1.5		
Haematological	% Within 62 days	▲ £	50.0%	50.0%	100.0%	100.0%	0.0%	100.0%	100.0%	75.0%	75.0%	69.2%	0.0%	80.0%	75.0%	74.1%	85.0%		60.5%		
	Total > 62 days		1.0	1.0	0.0	0.0	2.0	0.0	0.0	1.0	2.0	2.0	1.0	0.5	1.0	7.5			17.0		
	Total > 104 days		0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0	0.0	2.0			5.0		
Skin	% Within 62 days	▲ £	89.0%	91.4%	92.9%	93.4%	100.0%	97.7%	93.4%	95.5%	86.9%	79.7%	92.8%	90.3%	92.3%	91.1%	85.0%		93.3%		
	Total > 62 days		4.5	3.0	3.0	2.0	0.0	1.0	2.5	1.5	5.5	7.5	2.5	5.5	3.0	29.0			29.5		
	Total > 104 days		0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	2.0	0.0	0.0	0.5	1.0	5.5			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	▲ £	82.9%	85.0%	83.4%	85.4%	86.3%	90.3%	83.2%	85.4%	77.6%	76.0%	78.4%	82.6%	83.3%	82.2%	85.0%		85.2%		
	Total > 62 days		15.5	15.5	17.0	12.0	12.5	10.0	17.5	14.0	25.0	23.5	17.5	19.5	18.0	145.0			170.5		
	Total > 104 days		2.0	1.5	0.5	2.0	3.0	1.5	3.0	3.0	7.5	2.5	6.0	3.5	3.5	30.5			24.0		
Cancer 31 day wait from urgent GP referral to first treatment by tumour site (rare cancers)																					
Testicular	% Within 31 days	▲ £		100.0%			100.0%	66.7%	100.0%	100.0%			0.0%		100.0%	77.8%	85.0%		100.0%		
	Total > 31 days			0.0			0.0	1.0	0.0	0.0			1.0		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	▲ £															85.0%				
	Total > 31 days																				
	Total > 104 days																				
Children's	% Within 31 days	▲ £															85.0%				
	Total > 31 days																				
	Total > 104 days																				

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	Aug-22	92.1	100	90.5	Top 20%
Friends and Family Test: % Recommended	Nov-22	95.8%	90.0%	95.1%	Bottom 50%
Nurse Fill Rates	Nov-22	93.7%		93.5%	
C.difficile	Dec-22	2	5	39	Bottom 50%
E.coli	Dec-22	12		67	Top 40%
Pressure Ulcers (Avoidable level 2+)	Nov-22	17		35	
Falls With Harm	Nov-22	4		39	
Stillbirths	Dec-22	0	0	0	
Hospital Associated Thrombosis (HAT)	Dec-21	3		3	
Complaints Responded In Agreed Timescale %	Dec-22	84.0%		74.8%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Nov-22	67.5%	75.0%	71.4%	Top 50%
Cancer 62 Days	Nov-22	83.3%	85.0%	82.2%	Top 10%
30 Minute Ambulance Breaches	Dec-22	723	0	3,689	
A&E Standard	Dec-22	40.3%	95.0%	46.1%	Bottom 30%
Average NEL LoS (excl Well Babies)	Dec-22	3.8		3.7	Top 20%
Average Number of Super Stranded Patients	Dec-22	119		133	
Discharges Before Noon	Dec-22	18.1%	33.0%	21.0%	
G&A Bed Occupancy	Dec-22	97.3%		97.4%	Bottom 10%
Patients Whose Operation Was Cancelled	Dec-22	0.9%	0.8%	1.0%	
RTT 18+	Dec-22	16,868	0	16,868	Top 50%
RTT 52+	Dec-22	2,525	0	2,525	Bottom 30%
% of E-discharge Summaries Sent Within 24 Hours	Dec-22	65.1%	90.0%	62.7%	
OP Letters to GP Within 7 Days	Dec-22	19.2%		19.9%	

Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	Dec-22	85.1%	85.0%	71.6%	
Mandatory Training	Dec-22	80.4%	85.0%	78.5%	
Sickness: All Staff Sickness Rate	Dec-22	7.1%	4.4%	6.4%	Top 10%
Staffing: Turnover rate	Dec-22	1.1%		1.1%	

Finance	Period	Score	Target	YTD	Benchmark
Capital Spend £ 000's	Dec-22	6,800	26,100	32,400	
Cash Balances - Days to Cover Operating Expenses	Dec-22	28	10	28	
Reported Surplus/Deficit (000's)	Dec-22	-3,706	-4,949	-3,706	

Integrated Performance Report

Integrated Intelligence & Improvement Service

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 was 1 Never Event in December 2022. (YTD = 2).
There were no MRSA cases in December 2022. (YTD = 1).
There were 2 C. Difficile (CDI) positive cases reported in December 2022 (1 hospital onset and 1 community onset). (YTD = 39). Of the 39 cases, 33 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 November 2022 was 93.7%. 2022-23 YTD rate is 93.5%.
During the month of November 2022 there were 2 falls resulting in severe harm or death category . (YTD severe harm or above category falls = 19).
There were no validated grade 3 hospital acquired pressure ulcer with lapse in care in November 2022. (YTD = 1).
Community incident reporting levels have increased to 101 in the month of November 2022 compared to 93 in the previous year 2021. 87 incidents were related to pressure skin damage, all classified as no harm.
YTD HSMR (April - August) for 2022-23 is 90.5

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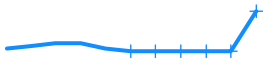
NHS St Helens and Knowsley Teaching Hospitals NHS Trust

Board Summary - Quality

Quality	Period	Score	Target	YTD	Benchmark	Trend
C.difficile	Dec-22	2	5	39	Bottom 50%	
Complaints Responded In Agreed Timescale %	Dec-22	84.0%		74.8%		
E.coli	Dec-22	12		67	Top 40%	
Falls With Harm	Nov-22	4		39		
Friends and Family Test: % Recommended	Nov-22	95.8%	90.0%	95.1%	Bottom 50%	
Hospital Associated Thrombosis (HAT)						
Mortality - HSMR	Aug-22	92.1	100	90.5	Top 20%	
Nurse Fill Rates	Nov-22	93.7%		93.5%		
Pressure Ulcers (Avoidable level 2+)	Nov-22	17		35		
Stillbirths	Dec-22	0	0	0		

Board Summary - Operations

Operations

Performance against the 62 day cancer standard was below the target of 85.0% in month (November 2022) at 83.3%. YTD 82.2%. The 31 day target was achieved in November 2022 with 97.8% performance in month against a target of 96%, YTD 97.6%. The 2 week rule target was not achieved in November 2022 with 85.2% in month and 75.0% 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 December 2022 was 40.3% and YTD 46.1%. The all type mapped STHK Trust footprint performance for December 22 was 62.8% and YTD 70.4%. The Trust saw average daily attendances of 333, which is up compared to November, at 331. Total attendances for December 2022 was 10,337.

Total ambulance turnaround time was not achieved in December 2022 with 69 mins on average. There were 1,970 ambulance conveyances (2nd busiest Trust in C+M and 4th in North West) compared with 2,019 in November 2022.

The UTC had 5,004 attendances in the month of November, compared to 4,983 in month of October, an increase of 0.4%. Overall, 93% of patients were seen and treated within 4 hours.

The average daily number of super stranded patients in December 2022 was 119 compared with 131 in November. 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 November 2022 with 66.1% compliance and YTD 66.1% (Target 92%). Performance in October 2022 was 67.3%. There were (2,411) 52+ week waiters. The 6 week diagnostic target was not achieved in November 22 with 75.6% compliance. (Target 99%). Performance in October 2022 was 76.8%.

There was a slight increase in referrals received within the District Nursing Service in November however, the levels are still within average range (530 in November compared to 499 in October). The overall caseload size has slightly increased from previous months (1,305 in November compared to 1,261 in October). Community matron caseloads have reduced by 5 to 118 in the month of November, with a total of 16 new for referrals received compared to 23 in October. 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.

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NHS St Helens and Knowsley Teaching Hospitals NHS Trust

Board Summary - Operations

Operations	Period	Score	Target	YTD	Benchmark	Trend
% of E-discharge Summaries Sent Within 24 Hours	Dec-22	65.1%	90.0%	62.7%		
30 Minute Ambulance Breaches	Dec-22	723	0	3,689		
A&E Standard	Dec-22	40.3%	95.0%	46.1%	Bottom 30%	
Average NEL LoS (excl Well Babies)	Dec-22	3.8		3.7	Top 20%	
Average Number of Super Stranded Patients	Dec-22	119		133		
Cancer 62 Days	Nov-22	83.3%	85.0%	82.2%	Top 10%	
Cancer Faster Diagnosis Standard	Nov-22	67.5%	75.0%	71.4%	Top 50%	
Discharges Before Noon	Dec-22	18.1%	33.0%	21.0%		
G&A Bed Occupancy	Dec-22	97.3%		97.4%	Bottom 10%	
OP Letters to GP Within 7 Days	Dec-22	19.2%		19.9%		
Patients Whose Operation Was Cancelled	Dec-22	0.9%	0.8%	1.0%		
RTT 18+	Dec-22	16,868	0	16,868	Top 50%	
RTT 52+	Dec-22	2,525	0	2,525	Bottom 30%	

Board Summary - Workforce

Workforce

In December 2022, there was an increase in the absence rate (7.1%) from November's figure of 6.2%. The rate for all Nursing and Midwifery staff group is 9.4% which is an increase from 7.4% in November.
Appraisal compliance in December is 85.1% which is the same as compliance for November and remains on target.
Mandatory training compliance is 80.4% which shows a small improvement from November (80.2%).

Integrated Performance Report

Integrated Intelligence & Improvement Service

St Helens and Knowsley Teaching Hospitals NHS Trust

Board Summary - Workforce

Workforce	Period	Score	Target	YTD	Benchmark	Trend
Appraisals	Dec-22	85.1%	85.0%	71.6%		
Mandatory Training	Dec-22	80.4%	85.0%	78.5%		
Sickness: All Staff Sickness Rate	Dec-22	7.1%	4.4%	6.4%	Top 10%	
Staffing: Turnover rate	Dec-22	1.1%		1.1%		

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 9 (December), the Trust has overachieved against plan by £1.2m YTD, delivering a YTD deficit of £3.7m.

Surplus/Deficit - At the end of Month 9, the Trust is reporting a deficit position of £3.7m, with £400.5m income and £404.2m expenditure year to date. This represents an improvement of £1.2m against the planned YTD deficit of £4.9m, due to increased interest receivable. 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 £7.9m 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 9, low risk schemes either delivered or at finalisation stage total £28.1m in year and £19.7m recurrently.

Cash - At the end of M9, the cash balance was £20.5m.

Capital - Capital expenditure for the year to date (including PFI lifecycle maintenance) totals £6.8m. Internally generated depreciation exceeds the 2022/23 capex plan. The plan has been agreed at ICS/ICB level, and includes PDC funding (£15.8) which is not 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	Dec-22	6,800	26,100	32,400		
Cash Balances - Days to Cover Operating Expenses	Dec-22	28	10	28		
Reported Surplus/Deficit (000's)	Dec-22	-3,706	-4,949	-3,706		

Integrated Performance Report

Integrated Intelligence & Improvement Service

NHS 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

MMDA - IPR Report – December 2022

Summary

- There were a total of 5,014 Incidents and Service Requests received in December
- 5,074 incidents and requests were resolved, achieving an overall resolution rate of 99.43% resolved within the SLA.
- There were no critical incidents logged during the month
- 9 high priority incidents were logged.
  - These were for the following issues - faulty and damaged Met bleeps, Omnicell (pharmacy) server, accidental patient discharge from EPR, EPMA performance, printer issue from PTS (pharmacy) server, Datix issue, urgent voicemail amendment.
  - 8 of the 9 high priority incidents logged were resolved within the SLA.
  - The remaining open incident relates to EPMA performance issues and will remain open until the issue is fully resolved.
- 350 user satisfaction surveys were returned, scoring an overall satisfaction of 98.18%

Director's Narrative

December saw a focus on the performance problems relating to EDMS and EPMA. Whilst there is still some work to do on both systems have seen great improvements in performance. Other work focussed on any efforts to support pressures at the hospital, supporting some moves. These will continue throughout January.

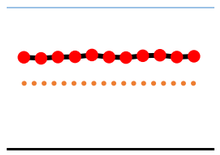
CORPORATE OBJECTIVES & OPERATIONAL STANDARDS - EXECUTIVE DASHBOARD

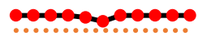
Operations

Service Desk Performance				Performance %	Target %	Trend	Issue / Comments
Calls Answered Rate				94.09%	85%		This figure is across all partners. We are unable to supply data for specific partners.

Incident Performance	Logged	Resolved	Resolved within SLA	Performance %	Target %		Issue / Comments
Priority 1 (Critical)	0	0	0	100%	90%		No critical Incidents were reported this month.
Priority 2 (High)	9	9	8	89%	90%		9 High priority incidents were logged this month. 8 of the 9 were resolved within the SLA. Please see summary above for details.
Priority 3 (Medium)	587	592	585	99%	90%		
Priority 4 (Low)	1,935	1,972	1,959	99%	90%		

Service Request Performance	Logged	Resolved	Resolved within SLA	Performance %	Target %		Issue / Comments
Service Request	2,482	2,501	4,293	99%	90%		99.68% of Service Requests were resolved within the SLA this month

Customer Satisfaction Surveys	Surveys Sent	Surveys Received		Performance %	Target %	Trend	Issue / Comments
Customer Satisfaction Surveys	4,331	350		98.18%	90%		8.1% of surveys sent were completed and returned. 95.6% of returned surveys recorded a satisfaction score of over 90% Overall satisfaction was 98.18%

Critical System Availability				
Infrastructure	Performance %	Target %	Trend	Issue / Comments
Core Network & HCSN (Cisco Switching)	100%	95%		No downtime
VPN (Cisco Anyconnect)	100%	95%		No downtime
Telephony & Pager Services (Cisco and Multitone)	100%	95%		No downtime
Domain services (Microsoft AD, DHCP,DNS)	100%	100%		No downtime
Print Services (Uniflow/Canon/Formscape)	100%	95%		No downtime
File Service (Isilon) - Dell EMC	100%	95%		No downtime
Email/Exchange	100%	99.99%		No downtime
Systems	Performance %	Target %		Issue / Comments
EDMS	99%	95%		the server was rebooted to improve performance.
Telepath	100%	95%		No downtime
Careflow Medicines Management	100%	95%		No downtime
Opera (Theatres)	100%	95%		No downtime
Trust Integration Engine (Mirth)	100%	95%		No downtime
Careflow EPR	100%	95%		No downtime
Careflow Vitals	100%	95%		No downtime
ICE	100%	95%		No downtime
Medway Maternity	100%	95%		No downtime
PACS	99.9%	95%		The PACS Radiology system was unavailable for approximately 30 minutes to enable essential maintenance to be completed.

St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Board

Paper No: NHST (23)003
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 November and December 2022. There were seven Executive Committee meetings held during this period and the following business cases were approved: 1. Consultant Gastroenterology Business Case 2. Additional Freedom to Speak Up Guardian Capacity Business Case 3. Blood Sciences Equipment Replacement Business Case 4. Picture Archiving Communication Software (PACS) Business Case 5. Histopathology 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: 25th January 2023

CHAIR'S REPORT FROM THE EXECUTIVE COMMITTEE

1. Introduction

There were seven Executive Committee meetings in November and December 2022. There was an executive team time out on 24th November and no meeting on 29th December.

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. 3rd November 2022

2.1 Energy Resilience Plans

The Director of Corporate Services presented the plans that had been developed to increase the Trust's energy resilience, in light of national concerns about energy supply over the winter period. Both Whiston and St Helens Hospitals have priority status for power supply, but back-up generator solutions are also in place. Committee approved proposals to increase the fuel stored on site to optimise the time that the hospitals could operate on generator power, with plans to prevent deterioration and wastage of diesel fuel. It was confirmed that gas heating boilers could also be maintained with electricity supplied by the generators. The estates team would work with the building owners at Newton Community Hospital and the Millennium Centre to agree the enhanced contingency plans for these sites. The committee also approved for submission the national EPRR energy resilience return, which reflected these measures.

2.2 Internal Audit Report – Quality Spot Checks

The Director of Nursing, Midwifery and Governance presented the report. Quality spot checks are part of the annual internal audit cycle and are targeted to specific areas, which this year were Ward 2B at Whiston and Duffy at St Helens and two of the community nursing teams. The audit had been given limited assurance for the wards and moderate assurance for the community nursing teams. The committee reviewed the recommendations and the management response, including the immediate actions that had been taken at the time and the subsequent monitoring that had taken place since. The report had been presented to the Audit Committee and was also on the Quality Committee agenda for the November meeting. The committee discussed the reasons for the lapses in some of the basic safety and quality checks and what would be done to support the wards going forward. A programme of additional audits had been initiated by the nursing and governance team to provide assurance that the improvements had been embedded and the results would be reported back in three months.

2.3 St Helens Place Transformation Team

The Director of Integration presented a proposal for the Trust to host the St Helens Place Transformation Team on behalf of the ICB. The team of 4 FTE reported to the Director of Integration in his Place role and were developing proposals for a Quality Improvement Academy. The proposal was approved if the contractual recharges were assured and there was no cost to the Trust.

2.5 Partnership Update

The Director of Integration presented a summary of the partnership updates and activities across the Place based partnerships, ICB and other Trusts.

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

The Deputy CEO/Director of HR reported that the S&O Board had approved the transaction strategic case with option 4 – supported transaction as the preferred option.

S&O had been included in the tier 2 support category because of historic performance against the cancer access metrics, despite recent improvements. This was being challenged.

There was a Local Maternity Neonates Services network visit on 4th November.

The Digital Maternity Strategy for S&O had been submitted to access the national funding to implement a digital maternity EPR.

The Director of Corporate Services reported that following the recent STHK and S&O Board meetings and the Transaction Board, work had already commenced to develop the Transaction Full Business Case, the Post Transaction Implementation planning and Patient Benefits Case for submission in December.

Committee discussed the risk of investing in single websites and email addresses for the new Trust ahead of approval of the Transaction Strategic Case, which was not expected until mid-December.

2.7 Additional Winter Bed Capacity

The Managing Director/Director of Operations and Performance provided an update on the additional community beds, which were being commissioned to support winter pressures. Options to increase internal medical bed capacity were also being developed to implement once the new paediatric emergency department and children's observation ward capital scheme was completed.

3. 10th November 2022

3.1 Risk Management Council Chairs Assurance Report

The Director of Corporate Services presented the chair's assurance report from the November Risk Management Council (RMC) meeting. 29 risks were escalated to the Corporate Risk Register (CRR), five had been de-escalated or closed since October and 2 new high risks had been escalated. One risk related to operational site management cover at times of escalated operational pressures and the other related to external reporting (but this required further investigation and had not yet been approved by the lead director as an escalated risk).

The RMC received chairs assurance reports from the Claims Governance Group, Information Governance Group and CIP Council.

3.2 Integrated Performance Report (IPR) – New format

The Director of Finance and Information introduced a presentation and virtual demonstration of the new format IPR. The benchmarks used were for acute trusts and year to date performance where this was available. It was agreed that the new format would run in parallel to the existing IPR for the remainder of 2022/23 to allow Board members to become familiar with how to use the format and interpret the SPC data.

3.3 Patient Access Policy

The Managing Director/Director of Operations and Performance presented the updated patient access policy and summarised the main changes to bring the policy up to date. The revised policy was approved.

3.4 Research Income Distribution Plan

The Medical Director presented the plan which aimed to provide a transparent and consistent approach to the distribution of income from research studies. The plan was overseen by the Research Development and Innovation Group (RDIG) that reported to the Clinical Effectiveness Council. The research income distribution plan was approved.

3.5 Industrial Action

The Managing Director/Director of Operations and Performance updated the committee that the results of the Royal College of Nursing (RCN) ballot were for industrial action at the Trust, the dates of the proposed strikes were to be announced but initial dates were expected before Christmas.

An operational planning group had been established with HR and the nursing team to plan the Trust response.

Unison and the BMA were also expected to ballot members for strike action.

3.6 Southport and Ormskirk Hospital NHST (S&O)

The Director of Corporate Services summarised the meetings that had taken place with NHSE Transformation Team and advised that the cultural assessment focus groups had started, and interviews arranged with external stakeholders.

There had been a meeting with the Chief Executive of Liverpool University Hospitals NHSFT, which had discussed some of the fragile services and historic SLAs with S&O, including ENT, vascular and ophthalmology.

4. 17th November 2022

4.1 Falls Review

The Director of Nursing, Midwifery and Governance introduced the report which detailed the progress made in delivery the 2022/23 quality priority to reduce the number of falls.

The falls per 1000 bed days from April to September was 7.4. 83% of falls were unwitnessed and occurred in side rooms, with the greatest number of falls occurring on acute medical

wards. Patients aged 71-80 years are most likely to fall, and those who do, are most likely to have been admitted from a home environment. The data also showed that falls are more likely to occur between 3.00pm – 9.00pm. Patients who were delayed discharges accounted for 25% of falls, as this group were generally more likely to self-mobilise.

Actions taken in ED, including early falls risk assessment and the introduction of low risk trolleys had reduced the number of falls.

For those falls that had resulted in serious harm 11 of 13 had a history of a previous fall. 9 of the 13 patients had some level of cognitive impairment at the time of the fall and 10 of the 13 had mobilised themselves without assistance.

The paper identified the further actions to embed good practice and continue the improvement journey for the remainder of the year, but the progress made to date was noted.

4.2 Appraisal and Mandatory Training Compliance

Appraisal compliance had achieved 85% in October. Mandatory training compliance was still below target at 80% but this was another small improvement. Medical staff continued to have the lowest levels of compliance and the Medical Director was working with the Clinical Directors to improve this position.

4.3 Frontline Digitisation Programme

The Director of informatics presented the Frontline Digitisation Programme investment agreement for 2023/24, which set out the objectives and deliverables the Trust would commit to delivering for the agreed levels of funding. The agreement was approved for submission.

4.4 Inpatient Survey Results

The Director of Nursing Midwifery and Governance introduced a report summarising the results of the 2021 inpatient survey. The Trust had scored better than expected for 10 questions, about the same as other Trusts for 36 questions and somewhat worse than expected in 1 area – waiting time for a bed. The Trust had achieved the best score for providing information to patients which had been an objective and area of quality improvement in 2021/22.

4.5 Careflow Clinic Reconfiguration

The Director of Informatics and Managing Director presented the recommendations of the review of clinical configuration in Careflow. The review had concluded that changes could be made which would reflect current best practice for outpatient waiting list management and improve patient safety. There was a request for an internal project team to be established for a fixed period to undertake the work. Committee queried whether the BI team could produce a script to check whether patients were duplicated on the waiting list and deferred a final decision on the proposal until this information was available.

4.6 Safer Staffing – Month 6

The Director of Nursing, Midwifery and Governance introduced the month 6 (September) safer staffing report. The overall RN/M fill rate was 92.26% and the HCA fill rate 112.58% (including supplementary care). The report identified the wards that had a fill rate below 90% and triangulated this bed occupancy and any patient safety incidents that had occurred. The report also included the regular report on bank request fill rates and the recruitment pipeline, including international nurses.

4.7 Integrated Performance Report (IPR)

The Director of Finance and Information presented the October IPR.

4.8 Southport and Ormskirk Hospital (S&O)

The Deputy CEO/Director of HR reported that the RCN had not received a mandate to strike at S&O. It was also reported that because of the improvement in cancer performance S&O had now been removed from tier 2 monitoring.

5. 1st December 2022

5.1 Lease Care VAT Overpayments

The Director of Corporate Services presented the report, which set out proposals to refund staff (current and former) the extra VAT that had been charged on lease cars since 2012. Following a Court of Appeal judgement in 2020 it had been agreed that the VAT should be refunded and HMRC had now given blanket approval to make the special payments and had released the funds. Committee approved the proposal to make the refund to current employees first and then try to contact ex members of staff at their last known address.

5.2 Southport and Ormskirk Hospital NHST – Transaction

The Director of Corporate Services reported on the transaction programme progress in developing the Full Business Case, Patient Benefits Case and Post Transaction Implementation plans. There had been discussion with NHSE about the timescales and scope of assessment work. The committee discussed the Transaction Board scheduled for 8th December.

The Director of Informatics provided an update on the IT due diligence and further risks that had emerged.

The Director of Finance and Information provided feedback on recent meetings with the ICB Director of Finance in relation to both revenue and capital support for the transaction.

5.3 Industrial Action

The Managing Director reported that the first RCN strike days had been announced for 15th and 20th December, but the Trust had not been included in this first round of action. However, further strike dates were expected to be announced for January.

5.4 Health Inequalities

The Director of Integration presented the report for the period April – October 2022, which reviewed the impact of age, gender, and deprivation on access to healthcare for the population of St Helens.

ED attendances are higher for the most deprived quintile of the population.

Non-elective admissions are greatest for the most deprived quintile. The conversion rate from ED attendance to non-elective admission increases with age. The highest rate of outpatient referrals is from the most deprived quintile of the population. The DNA rate for first outpatient appointments was lowest for the least deprived quintile who also had the highest take up for virtual appointments.

Overall, the results of the analysis were as predicted given the characteristics of the local population and it was agreed that further work was required to help understand why the differences occurred.

It was noted that the data had not been analysed by ethnicity, due to the small % of the local population recorded as BAME.

5.5 Gastroenterology Business Case

The Managing Director presented a business case to appoint an 11th Gastroenterology Consultant, to meet increased demand and achieve backlog recovery targets. An existing member of staff was also planning to go part time and the appointment would support a reduction in on call frequency. The business case was approved.

6. 8th December 2022

6.1 Clinic Letters

The Managing Director briefed the committee on actions being taken in response to an issue that had been identified with a backlog of clinic letters waiting to be typed, because of restrictions on the number of licenses for the specialist software. There was also a concern that actions included in the clinic letters were not being recorded in careflow unless a specific sequence of events was followed. Additional training was now being provided to ensure all medical secretaries were aware of the correct procedure. A harm review, led by the Medical Director had also been initiated on all patients where the letter process had not been completed correctly. A further report would be presented to the Executive Committee once the initial investigation had been completed.

6.2 London and the South East Lead Employer Contract

The Deputy CEO/Director of HR reported that the Palliative Medicine Lead Employer contract currently held by STHK had reached the end of its term and had been retendered. The financial envelop had been reviewed and this had now made it financially viable for the Trust to bid. The submission of a bid was supported.

6.3 Freedom to Speak Up Guardian (FTSU)

The Deputy CEO/Director of HR presented a proposal to strengthen the current FTSU guardian capacity by recruiting a dedicated FTSU Guardian role. The proposal was approved for a 12 month period and then would be formally evaluated.

6.4 Diagnostic Staff Bank – Expression of Interest

The Deputy CEO/Director of HR presented the proposal for the Trust to submit an expression of interest to the ICB to run a diagnostic staff bank for endoscopy services across Cheshire and Merseyside. The proposal was approved.

6.5 Southport and Ormskirk Hospital NHST – Transaction

The Director of Corporate Services presented the final draft Full Business Case and the quantified benefits and risks that had been incorporated into the financial model. The initial feedback on the draft Patient Benefits Case was also discussed, and the work programme for the final week before the extraordinary Committee and Board meetings presented.

At the Transaction Board it had been confirmed that the assessment of the FBC would be undertaken by the NHSE Transformation Team and the NHSE Northwest team jointly.

Discussions continued with NHSE and the ICB in relation to capital and revenue funding to support the transaction.

The communications and engagement plan had been further developed with a number of communications prepared for when the business case was approved.

The Deputy CEO/Director of HR also reported on the on-going discussions about how the Shaping Care Together Programme would be managed in the future, following the departure of the jointly funded programme team.

7. 15th December 2022

7.1 Blood Sciences Equipment Replacement Business Case

The Managing Director introduced the report which was seeking approval for a change contract notification with the existing Siemens Blood Sciences Managed Equipment Services to allow for the replacement of end of life equipment at the Southport Hospital laboratory. It was estimated that the new equipment would deliver efficiencies and there were advantages to being on the same equipment platform across the laboratory service. This provision was included in the existing contract and no new investment was required. The business case was approved.

7.2 Learning from Patient Safety Events (LPSE)

The Director of Corporate Services introduced a paper detailing the incident reporting systems that had been endorsed by NHSE as having the capability to meet the requirements of the new LPSE process when it went live in October 2023. All Trusts had to demonstrate that they were working towards implementing a compliant system by March 2023. Work had been undertaken with Southport and Ormskirk Hospital to ensure that both organisations were taking the same approach. The current contract for the existing incident management

system is due to expire and this version is not LPSE compliant. The committee reviewed the available systems and the costs associated with each.

Some systems were new to the market and not yet operational in any Trust. The committee agreed to the do minimum option - upgrade the existing system for a period of 6 months with support for a team to implement LPSE. When the new process was embedded it would be possible to evaluate all the systems available and undertake a single procurement for the new Trust.

7.3 COVID Staff Risk Assessments

NHS Employers had issued revised guidance for COVID risk assessment, advising that Trusts now only need to continue the staff risk assessments for people in high risk groups. The committee agreed that the Trust should transition to the new national guidance.

7.4 Patient Letters - Delays

On behalf of the Director of Informatics a paper was presented that detailed the investigation into the missed actions caused by delays in completing patient letters following outpatient appointments. The investigation had found that there were two issues which were causing the problem.

The first related to the functionality of Careflow, which had changed at the last upgrade. This change meant that when clinical letters were typed there was an additional step required for the actions in the letters to be transferred to the live action list in EPMA. The investigation had found that from January 2021, 955,000 letters had been generated, of which 414,000 made requests for follow up actions, of these 2,636 had not been transferred to the action list. All of these had now been reviewed and the actions picked up, with harm reviews being undertaken by the Medical Director where the omission had led to a delay in treatment or referral. The results of the harm reviews would be presented to the committee once completed. The issue had not been identified during live testing prior to the upgrade.

A series of remedial actions had been implemented, with all patients with a missed referral or follow up appointment being treated as urgent, and work was on going to see if changes could be made within the system to act as a failsafe.

The second issue was the capacity of the medical secretary team to complete the letters in a timely manner, due to limited access to the transcribing software because of the restricted number of licences. There was on-going dialogue with the company providing the current transcribing software to increase the number of user licences, but the version used by the Trust was no longer supported by the supplier. Operational actions such as staggering working times, moving to 7 day working and introducing an automatic log out, had now been put in place to optimise the capacity that was available.

7.5 Integrated Performance Report (IPR)

The Director of Finance and Information presented the November IPR and amendments to the supporting narrative were agreed. The IPR would be circulated to Board members because there was no routine committee or board meetings in December.

7.6 Picture Archiving Communication Software (PACS)

The Managing Director presented the business case prepared by the Cheshire and Merseyside Imaging Network for the collaborative procurement of PACS provided by Philips Health Systems UKI, with the contract to run for a period of 10 years from July 2023. LUHFT had led the procurement process on behalf of the 12 partner Trusts. There was a risk in relation to the VAT recovery assumptions which the committee agreed needed to be further tested to minimise any cost risks. The costs for the current PACS were already budgeted, so this was not a request for new investment. The business case was approved.

7.7 Southport and Ormskirk Hospital NHST

The Deputy CEO/Director of HR reported on the operational pressures at S&O and the increased in paediatric attendances at Ormskirk because of the Strep A concerns nationally.

The CT scanner at Southport Hospital had broken down, which had highlighted the vulnerability of only having the single scanner. This resulted in patients having to be transferred to Ormskirk Hospital.

The Director of Finance reported on further meetings with colleagues from NHSE North West and the ICB about financial support for the transaction. Committee discussed the potential impact on the transaction business case approval process if there was not clarity on the financial support before the extraordinary board meetings planned for both Trust Boards on 20th December.

8. 22nd December 2022

8.1 Safe Staffing – Month 7

The Director of Nursing, Midwifery and Governance introduced the October safer staffing report. The overall RN/M fill rate was 93.7% which was a small improvement on month 6. The overall CHPPD was 7.1 hours. There had been no maternity diverts during October. There had been a 53.5% fill rate for bank and agency requests for RN/Ms and 58.8% for HCAs. The report also included an update on nurse and HCA recruitment.

8.2 Appraisal and Mandatory Training Compliance

The Deputy CEO/Director of HR presented the compliance figures for November. Appraisal compliance continued to meet the 85% target. Mandatory Training compliance had remained stable at 80%, with Medical and Dental staff continuing to have the lowest levels of compliance (63%) and Allied Health Professionals and Administrative and Clerical Staff the highest (90%).

8.3 Obstetrics and Gynaecology Resident On-Call Consultant Business Case

The Managing Director presented the business case which outlined the additional consultant staff needed to meet RCOG guidance for a large maternity unit to be able to respond safely to multiple emergencies occurring out of hours. Committee agreed that more information was needed on the job plans to understand the non on-call PAs and how this could support elective recovery of the gynaecology waiting list.

8.4 Additional and Extra Activities Payment Policy

The Managing Director presented the revised policy that had been updated to reflect recent changes. The policy was approved.

8.5 Histopathology Staffing Business Case

The Managing Director introduced the business case for additional resources for the service. There were two key drivers, the first was the increased complexity of cases and need for MDT involvement and the second was because of the service now being provided to support Warrington and Halton NHSFT, which generated additional income. In total this had resulted in a 13% increase in activity since 2019/20 (pre-COVID). This activity was currently being covered via bank and overtime. An increase in establishment of 3FTE Medical Laboratory Assistants was approved.

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

The Deputy CEO/Director of HR reported that a mobile CT scanner had been leased to provide additional capacity in line with the Community Diagnostic Centre bid (as the permanent installation of the new scanner was dependant on building works and delivery timescales) and to support resilience for emergency patients.

S&O had declared Opel 4, because of extreme operational pressures and was in a similar situation to STHK and many other Trusts.

Committee discussed next steps following the extraordinary board meetings on 20th December, where the boards of both Trusts had approved the Transaction Full Business Case, subject to obtaining a guarantee of the capital and revenue support from NHSE and the ICB, with confirmation of this expected before the end of December.

ENDS

St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Board

Paper No: NHST(23)004
Reporting from: Quality Committee
Date of Committee Meeting: 17th January 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, Director of Operations Nicola Bunce, Director of Corporate Services Gareth Lawrence, Director of Finance **In attendance:** Teresa Keyes, Deputy Director of Nursing and Quality Rajesh Karimbath, Assistant Director of Patient Safety Anne Rosbotham-Williams, Deputy Director of Governance Julie Tunney, Deputy Director of Quality **In attendance to present specific reports or feedback:** Sue Orchard, Head of Midwifery Janine Pennington, Service Manager for Cellular Pathology Anne Monteith, Assistant Director of Safeguarding **Observing** Deborah Turner, Regional Director of Nursing, NHS England, North West Donna Winter, Deputy Regional Director of Nursing, NHS England, North West Beth Woolfson, Senior Manager National Provider Development Team Lorna Squires, Deputy Director, Quality, Governance and Freedom to Speak Up Champion, national NHS England
Matters Discussed The action log was discussed with updates provided in relation to ongoing work to strengthen staff development and safety culture within theatres, development of business case by Knowsley Place to provide temporary placements for Child and Adolescent Mental Health Services (CAMHS) patients and review of acute abdominal pathway to further improve National Emergency Laparotomy Audit (NELA) results. **Gaps in Histopathology Staffing** A detailed report was provided outlining the measures in place to increase capacity within the service and improve turnaround time for results. This included use of

digital pathology, use of locum staff and skill-mix, as well as longer term actions to improve staffing levels, for example through increased number of training places from 2 whole time equivalents to 7. In addition, the team are working with cancer services to prioritise the most urgent cases.

Integrated Performance Report (IPR) highlighted:

- 1 Never Event reported in December in relation to retained guidewire with immediate actions taken to prevent reoccurrence and full root cause analysis taking place
- No MRSA bacteraemia reported in December and no category 3 hospital acquired pressure ulcers reported in November
- 1 hospital onset and 1 community onset C difficile cases reported in December
- 2 falls resulting in severe harm or above reported in November, with summary of the findings of the falls thematic review outlined
- Safer staffing fill rate for registered nurses/midwives for November 2022 was 93.7% and year-to-date rate 93.5%
- HSMR for April – August 2022-23 was 90.5
- The Committee noted the increase in third and fourth degree tears and Caesarean sections in Maternity Services and were given assurance that detailed reviews are undertaken to identify if remedial actions are required
- Continued achievement of 31-day target in November; 62-day target was below the 85% target at 83.3% and remains below target year to date, however it has improved over previous months
- 2-week rule target was not achieved in November, with significant increase in demanded noted by the Committee
- Continued challenges in meeting emergency care access targets and 93% of patients seen and treated within 4 hours at the Urgent Treatment Centre
- Ambulance turnaround times were not achieved, noting the impact of high patient acuity and bed occupancy levels above 100% during December, which peaked at 108.8% on 29/12/2023
- Average daily number of super stranded patients (length of stay over 21 days) has continued to decrease at 119 in December compared to 131 in November
- 18-week referral to treatment and 6-week diagnostic targets were not achieved
- Sickness absence increased to 7.1%, appraisals remained at 85% and mandatory training increased to 80.4% in December
- District nursing referrals increased in November but remain in line with average figures
- Additional orthopaedic activity being provided by the Trust via Ormskirk Hospital
- Additional care home beds overseen by the Trust are fully occupied and being used effectively with good flow
- Community Diagnostic Hub at St Helens is supporting the recovery of the diagnostic targets, including non-obstetric ultrasound

Staff were praised for their ongoing commitment in facing the current high levels of demand for services and the Committee noted the positive feedback provided by the Deputy Chief Nurse of North West Ambulance Service following a recent walkabout in the Emergency Department. The Committee received assurance relating to the ongoing measures to keep patients safe and improve their overall experience within the ED, including intentional rounding, use of pressure relieving equipment, use of cubicle spaces to maintain privacy and dignity and provision of hot food. The need to continue to support staff was also noted.

The Committee sought assurance that there were plans in place to increase the number of patients seen within the rapid access chest pain clinic, which has seen a deterioration due to staff absence. It was noted that this is being addressed.

Patient Safety Council report

A number of papers were received, including:

- Update on compliance with NEWS2 in ED which confirmed good compliance
- Infection prevention report provided assurance of measures in place following MRSA bacteraemia
- Medical Devices report provided assurance relating to monitoring of medical devices related incidents and activities from oxygen steering group. An update was provided in relation to compliance with recent national patient safety alert regarding oxygen
- CAS alert report noted relevant actions taken in relation to latest alert received relating to Prenoxad pre-filled syringe
- Pressure ulcer Q2 report noted low levels of category 2 pressure ulcers where there were lapses in care
- Sepsis report highlighted areas for targeted work to increase training and compliance with previous CQuIN
- VTE report noted that 90% patients audited had eVTE assessment completed, with further work ongoing to achieve compliance with new NICE guidance

Safeguarding Q3 report

A comprehensive report was presented which highlighted the increased levels of activity within safeguarding and improved levels of compliance with training. It was noted that there had been no Trust delays in completing the initial health assessments for looked after children, but there had been some delays caused by external agencies. An increase in deprivation of liberty safeguard applications was noted and that the team were continuing to raise awareness of the requirements of the Mental Capacity Act as part of preparations for the launch of the Liberty Protection Safeguards code of practice, although it remains unclear when the final version will be released. Work continues in schools to support early intervention in CAMHS patients to prevent ED attendances.

Incidents, Serious Incidents and Never Events report

The report noted that there was a consistent level of reporting, with skin damage continuing to feature as the highest reported category, which included patients attending the Trust with pre-existing conditions. Detailed learning and actions were shared in relation to StEIS reported incidents. Additional assurance was required from the Committee relating to the actions taken to improve management of blood glucose, which was provided, including the targeted work by the Diabetes Specialist Nurses. It was also confirmed that the lecture on ten things not to miss for ED doctors is repeated regularly as part of the induction process. The Committee noted the positive outcome of the audit of all cervical cancers diagnosed since 2011.

Infection Prevention and Control Q2&3 report

The report provided the data for COVID and other respiratory viruses, noting that the rate of nosocomial infections had increased partly due to the changes in screening implemented in September when asymptomatic screening ended. It was noted that there had been one MRSA bacteraemia to date, but that screening compliance for MRSA remained high and levels of MSSA were lower than the same period last year. Lessons learned continue to be identified through the comprehensive root cause analysis reviews when infections are identified. The Committee sought additional

information relating to the VRE outbreak, noting that deep cleans had taken place and screening schedules were in place.

Nurse Safe Staffing report
The report provided high-level figures for November with more detailed information relating to October. The registered nurse/midwife (RN/M) overall fill rate for November was 93.7% and for HCAs was 114.80% with 12 out of 34 wards having a RN/M overall fill rate below 90% and 4 wards with an HCA overall fill rate below 90%. There were 6 wards below 85% for RN/M or HCA overall fill rate. The report highlighted that for the wards with a fill rate of 85% or below for RN/M or HCAs there were 2 no harm drug medication errors and 7 Datix reports highlighting staffing issues all with no harm reported. There were two infections noted and RCAs are underway to determine if there were any lapse in care. It was noted that there was a 53.5% fill rated for bank and agency requests for RN/M, excluding theatres and ED and 58.5% for HCAs.

Analysis highlighted that the HCA fill rate including all supplementary requests made was 112.58% compared to the requirement for 123.52%.

The report highlighted the recruitment activity occurring across the Trust, including international recruitment and newly qualified nurses. The positive feedback relating to the training programme for newly recruited HCAs was also noted.

Patient Experience Council report
The Council received a number of reports, including

- Complaints and PALS noting response times remain below the target of 90% responded to within the agreed timescale, with actions in place to address this
- Halton and Knowsley Healthwatch have resumed outreach visits from the main reception at Whiston Hospital, resulting in an increase in positive feedback
- Healthwatch Halton are restarting enter and view visits to care homes, which will provide information on discharges from the Trust
- Estates and Facilities noted in particular the installation of sky lights in critical care, which will reduce instances of delirium
- End of life team noted that 100% of referrals continue to be seen in 24 hours
- Chaplaincy team noted the increase in activity including emergency calls and staff interventions, as well as the training provided to the preceptees
- Update on the maternity survey 2021 action plan
- Dementia and Delirium Steering Group effectiveness review noted the actions to improve its effectiveness
- No procedural documents were overdue with five due in the next 90 days
- The patient story outlined the hugely positive impact the Trust's medical hair loss replacement service has on the lives of our patients

Complaints, PALS, Claims and Friends and Family Test Q3 report
The report noted that the number of open complaints was now broadly in line with pre-pandemic levels and that work is continuing to reduce the time taken to respond to complaints and achieve the 90% response target. There was a slight reduction in second stage complaints, which will continue to be closely monitored. It was noted that there were three complaints relating to ophthalmology clinics with two relating to delays and 3 for the UTC, reflective of the high volume of patients seen there. It was noted that the number of claims remains fairly consistent, with failure or delays in diagnosis remaining the main theme. The Coroner has continued to step down the

number of witnesses required for inquests due to the level and quality of information provided in statements and lessons learned reports.

PALS continue to experience high levels of demand, but have maintained a low conversion rate to formal complaints. FFT response rates and recommendation rates have remained consistent, noting the majority of feedback is positive. ED continues to have the lowest recommendation rate with waiting times featuring as a key negative theme. The Committee requested additional information relating to the themes from maternity services and work is to be undertaken to increase response rates.

Lessons learned for both complaints and claims were shared.

Clinical Effectiveness Council report
The report noted the following:

- Approval of:
    - Non-Specific Symptoms (NSS) Faster Diagnostic Cancer Pathway, Oral Chemotherapy Policy
    - Standard Operating Procedure for Resuscitation of Adults in Five Bedded Bays during Activation of the Full Capacity Protocol
    - Terms of Reference for Research, Development & Innovation Group, Resuscitation Group and Quality Improvement/Clinical Audit Facilitators Group

A number of reports were discussed including:

- IPR
- SMR/HSMR, noted that coding is based on primary diagnosis on patient admission and not updated following any potential changes in diagnosis during a patient's pathway and discharge; this requires further analysis
- Maternity KPIs noted ongoing work with stop smoking partners to help increase referrals
- Quality Improvement Clinical Audit action plan summary for Q1 & Q2 noted the current position in relation to action plans returned in Q1 & Q2 for MCG as 66%, SCG 67% and CSS 75%; activity included 147 new projects, 3 Trust-wide audit meetings held, 91 projects completed, 44 action plans received and 9 projects failed to complete
- NELA Monthly Update – information received for August 2022 noted there had been 8 laparotomies, 3 high risk, overall mortality 12.5%, relating to one patient

The Committee requested additional assurance relating to mortality following non-elective laparotomy, which was provided.

Quality Improvement-Clinical Audit Activity
Additional information provided, as summarised in the Clinical Effectiveness Council report above.

Assurance provided:

- Short and long term plans in place to increase histopathology staffing
- Additional 30 care home beds are being utilised effectively with good throughput of patients
- Positive audit results of NEWS in ED and VTE risk assessments

Decisions taken:

• No formal approvals required
Risks identified and action taken: The Committee requested the following actions: • Future staffing reports to include the impact on staff and quality of the recent move to 12 hour shifts • Further feedback on the work underway in theatres • Further review of Friends and Family Test in maternity to increase response and recommendation rates
Matters for escalation: • Continued challenges due to increased bed occupancy, high acuity of patients and ongoing demand for services • Appreciation of continued commitment of staff
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
25th January 2023

St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Board

Paper No: NHST (23)005

Reporting from: Strategic People Committee

Date of Committee Meeting: Monday 16th January 2023

Reporting to: Trust Board

Attendance:

Lisa Knight	(LK)	Non-Executive Director (Chair)
Gill Brown	(GB)	Non-Executive Director
Claire Scrafton	(CS)	Deputy Director of HR & Governance
Malise Szpakowska	(MS)	Deputy Director of HR
Christine Oakley	(CO)	Deputy Director of finance and information
Rob Cooper	(RC)	Managing Director
Teresa Keyes	(TK)	Deputy Director of Nursing & Midwifery

Apologies:

Anne-Marie Stretch	(AMS)	Director of Human Resources
Nicola Bunce	(NB)	Director of Corporate Services
Jacqui Bussin	(JB)	Responsible Officer and Consultant Physician
Ian Clayton	(IC)	Non-Executive Director
Sue Redfern	(SR)	Director of Nursing Midwifery & Governance
Gareth Lawrence	(GL)	Director of Finance and Information

In Attendance:

Darren Mooney	(DM)	Head of ED&I
Catherine Lothian	(CL)	Assistant Director of HR – Lead Employer
Paul Maskell	(PM)	Head of Learning and Development
Debbie Livesey	(DL)	Head of HR & Stakeholder Engagement, LE
Ngozi Anya	(NA)	Head of HR Operations, Trust
Samantha Ventre	(SV)	Learning & Organisational Development Facilitator
Stacey Burrows	(SB)	Haematology Operational Manager
Katie Williams	(KW)	Apprentice Personal Assistant to the Senior Finance Team
Hayley McCann	(HMcC)	Senior HR Administrator/PA

Matters Discussed:

S&O TUPE Update

LK gave an update regarding the future SOHT & STHK relationship, LK explained that STHK has submitted the full business case to NHS England on the 20th December 2022 following approval by both STHK & SOHT Trust Boards.

LK explained that NHS England are now undertaking an assessment of the business case. Within this assessment they will be visiting all sites across STHK & SOHT, they

will also be interviewing key contacts and observing a selection of committees and Trust Board meetings.

The proposed start date that everyone involved is working towards is 1st April 2023. There is lots of forward planning happening to make sure that once there is a go ahead from NHSE that STHK can commence the TUPE process.

ED&I Operational Plan & Action Plan

The ED&I Operational Plan was presented by DM and the following was outlined:

- Key objectives for the Trust
- Figures for the demographic for ethnicity, sexuality, and disability within STHK were presented with comparison to Liverpool region
- The key enablers for the Trust including EDS2, gender pay gap, WRES, MRES & WDES
- It was noted that following the introduction of the Reasonable Adjustments policy, there has been an increase of 50 staff identifying as having a disability on ESR since July 2022.
- CS noted that the managing disability with confidence training is still ongoing for managers and a new member of the ED&I team will be focussing on engaging with staff at a local level to understand how we can help staff and managers further to feel confident to talk about their disability in the workplace so that appropriate support can be provided

Staff Stories – Apprenticeships

There were two staff stories presented that outlined that positive impact that the Trusts apprenticeship scheme is having to support staff education and development. LK thanked the staff for sharing their experience and wished them well in their future careers at STHK. PM also advised that more apprenticeships are being considered alongside an apprenticeship role for HCA's that are currently being recruited within the Trust.

Employee Relations Trends Reports

The Heads of HR for the Trust and Lead Employer presented a new annual agenda item to provide the committee with an high level overview of the Employee Relations trends and actions being taken to improve the Trusts People Practices.

It was noted that the Lead Employer had seen an increase in:

- Employment Tribunals
- Discrimination cases
- Mental Wellbeing Cases

DL provided the committee with assurance that:

- The Respect and Dignity at Work policy is being reviewed to ensure it remains fit for purpose
- Further training is being offered to employees, educators and managers in employment matters
- A form has been introduced for trainees to show all informal options that have been completed before taking formal action
- There has been collaboration with the GMC about an investigator pool for GP trainees to speed up this process

- More mediation training has taken place and will continue to be offered
- Due to cases with 3rd party involvement taking longer to resolve, this process is also being reviewed to understand if things can be done differently

NA presented the key themes from Trust cases and the Committee noted that:

- HWWB are supporting staff going through informal and formal processes
- The number of mediators is being increased to support with dignity at work cases
- The HR team are engaging with Rugby Cares for their own wellbeing support
- There has been an increase in cases with IG breaches due to staff viewing their own or family members patient records, disability discrimination cases and cases related to flexible working requests
- A milestone document has been drafted to highlight any risks associated with cases not meeting timeframes for completion
- All cases are also being reviewed considering ED&I themes but there are no key themes currently

Trust Objectives and People Plan Update Q3

The Trust Objectives and People Plan Q3 performance update was presented and the committee noted that the Trust is on target with all the objectives. Q4 achievements will be presented at the next Committee for assurance that the full year action plan has been delivered.

Workforce Dashboard

MS presented the Workforce Dashboard which included KPI's including:

- Appraisals
- Absence by care groups
- Time to recruit
- Vacancy rates

This report will be presented at the next committee for the next reporting period.

Employee Relations Oversight Group

The minutes of the Employee Relations Oversight Group were noted. No further matters were presented discussed due to presentations already being received from NA and DL about LE and Trust case themes.

Meeting Effectiveness

LK asked for feedback about the effectiveness of the committee now it had been meeting for just over 12 months. Members agreed that having more time to discuss workforce matters in detail was really valuable and CS was asked to consider increasing frequency of meetings along with aligning with SOHT People Council/Committee and to discuss proposals and a revised terms of reference with LK outside of the meeting.

Assurance Given:

- S&O TUPE Update
- ED&I Operational Plan & Action Plan
- Staff Stories – Apprenticeships
- Employee Relations Trends Reports

- Trust Objectives and People Plan Update Q3
- Dashboard Review
- Employee Relations Scrutiny Group

Decisions Taken:

There were no decisions from Strategic People Committee

Risks identified and action taken:

There were no immediate risks identified, any future risks will be supported by risk mitigation and action plans.

Matters for escalation: None

Recommendation(s):

- The Trust Board are requested to note the content of the report, including assurances provided, risks and actions taken to address areas of concern.

Committee Chair: Lisa Knight, Non-Executive Director

Date of Meeting: 25th January 2023

St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Board

Paper No: NHST (23)006

Title of paper: Corporate Risk Register Report – January

Purpose: To inform the Board of the risks that have currently been escalated to the Corporate Risk Register (CRR) from the Care Groups via the Trust's risk management systems.

Summary:

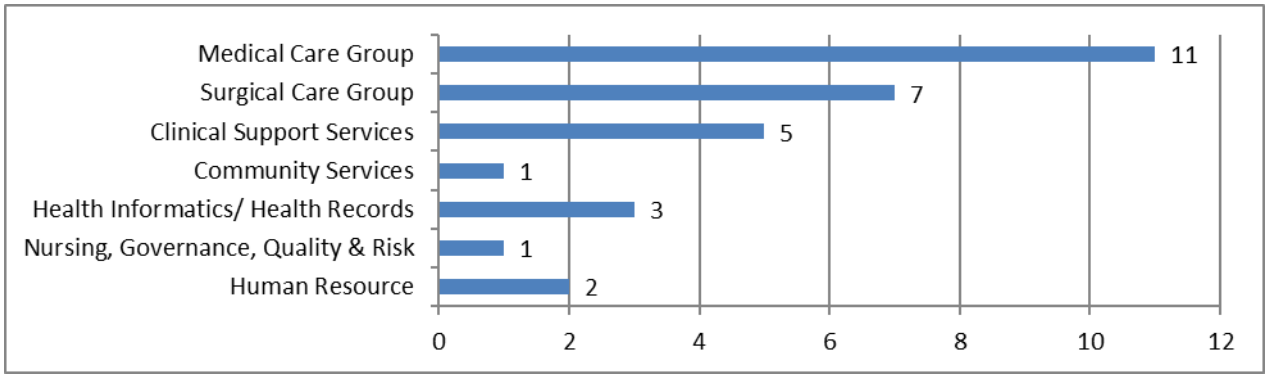
The CRR is reported to the Board four times a year to provide assurance that the Trust is operating an effective risk management system, and that risks identified and raised by front line services can be escalated to the Executive. The risk management process is overseen by the Risk Management Council (RMC), which reports to the Executive Committee providing assurance that all risks;

- Have been identified and reported
- Have been scored in accordance with the Trust risk grading matrix.
- Any risks initially rated as high or extreme have been reviewed by a Director
- Have an identified target risk score, which captures the level of risk appetite and has a mitigation plan that will realistically bring the risk to the target level.

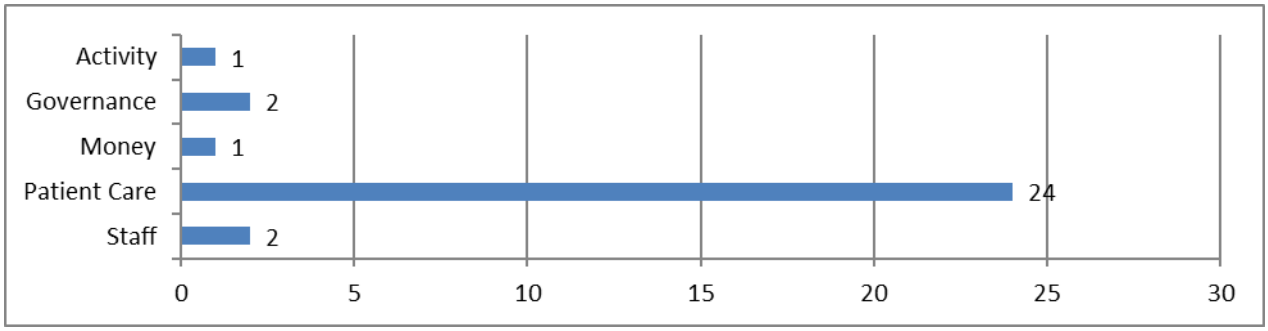
This report (appendix 1) is based on Datix information and covers the risks reported and reviewed during December 2023. The report shows,

- The total number of risks on the risk register was 861 compared to 831 in October
- 56.60% (480) of the Trust's reviewed risks are rated as Moderate or High compared to 55.55% (466) in October.
- There are 30 high/extreme risks that have been escalated to the CRR (appendix 2), compared to 32 in October.

The spread of high/extreme risks across the organisation is -



The risk categories of the CRR risks are -



The report also includes comparisons of the Trust risk profile with the previous quarterly report (October 2022) and against the same period last year – January 2022 (Appendix 3).

Corporate objectives met or risks addressed: The Trust has in place effective systems and processes to identify manage and escalate risks to the delivery of high quality patient care.

Financial implications: None directly from this report.

Stakeholders: Staff, Patients, Risk Management Council, Trust Board, Commissioners and Regulators.

Recommendation(s): The Trust Board notes the risk profile of the Trust and the risks that have been escalated to the CRR.

Presenting officer: Nicola Bunce, Director of Corporate Services.

Date of meeting: 25th January 2023

Appendix 1

CORPORATE RISK REGISTER REPORT – JANUARY 2023

1. Risk Register Summary for the Reporting Period

RISK REGISTER	Current Reporting Period 03/01/2023	Previous Reporting Period 01/12/2022	Previous Reporting Period 01/11/2022
Number of new risks reported	26	25	22
Number of risks closed or removed	8	23	18
Number of increased risk scores	8	3	5
Number of decreased risk scores	3	20	15
Number of risks overdue for review	73	38	47
Total Number of Datix risks	**861***	**837**	**840**

** Includes 13 risks that have been reported but not yet scored or approved in DATIX as it is a live system, remainder of the report is based on the 848 scored risks.*

The RMC periodically monitors how many risks have missed more than one planned review date and these are escalated to the Care Group Heads of Nursing and Quality.

2. Trust Risk Profile Trust Risk Profile

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
36	**35**	**16**	**87**	**9**	**185**	**72**	**170**	**33**	**175**	**9**	**10**	**11**	**0**
87 = 10.26%			**281 = 33.14%**			**450 = 53.07%**				**30 = 3.54%**			

The risk profiles for each of the Trust Care Groups and for the collective Corporate Services are:

2.1 Surgical Care Group – 202 risks reported 23.82% of the Trust total

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
5	**6**	**2**	**14**	**3**	**43**	**22**	**46**	**12**	**42**	**3**	**1**	**3**	**0**
13 = 6.44%			**60 = 29.70%**			**122 = 60.40%**				**7 = 3.47%**			

2.2 Medical Care Group – 127 risks reported 14.97% of the Trust total

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
12	**6**	**1**	**8**	**2**	**22**	**6**	**17**	**12**	**30**	**2**	**3**	**6**	**0**
19 = 14.96%			**32 = 25.20%**			**65 = 51.18%**				**11 = 8.66%**			

2.3 Clinical Support Care Group – 126 risks reported 14.85% of the Trust total

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
6	**5**	**0**	**15**	**0**	**25**	**11**	**24**	**5**	**31**	**3**	**1**	**1**	**0**
10 = 7.94%			**40 = 31.75%**			**71 = 56.35%**				**5 = 3.97%**			

2.4 Primary Care and Community Services Care Group – 59 risks reported 6.95% of the Trust total

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
4	**0**	**0**	**7**	**0**	**11**	**4**	**11**	**3**	**18**	**1**	**0**	**0**	**0**
4 = 6.78%			**18 = 30.51%**			**36 = 61.02%**				**1 = 1.69%**			

2.5 Corporate – 334 risks reported 39.38% of the Trust total

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
9	**19**	**13**	**43**	**4**	**84**	**29**	**72**	**1**	**54**	**0**	**5**	**1**	**0**
41 = 12.27%			**131 = 39.22%**			**156 = 46.70%**				**6 = 1.76%**			

The highest proportion of the Trust's risks continues to be identified in the Corporate Care Group. The split of the risks across the corporate departments is:

	High	Moderate	Low	Very low	**Total**
Health Informatics/ Health Records	3	18	13	4	**38**
Facilities (Medirest/TWFM)	0	11	15	7	**33**
Nursing, Governance, Quality & Risk	1	18	12	4	**35**
Finance	0	11	24	9	**44**
Medicines Management	0	24	30	4	**58**
Human Resource	2	74	37	13	**126**
Total	**6**	**156**	**131**	**41**	**334**

3. The Trusts Highest Scoring Risks – Corporate Risk Register (CRR)

Risks of 15 or above are escalated to the CRR (Appendix 2).

Appendix 2 - Summary of the Corporate Risk Register – January 2023

KEY	Medicine		Surgical		Clinical Support		Corporate		Community	

No	New Risk Category	Datix Ref	Risk	Initial Risk Score I x L	Current Risk Score I x L	Lead & date escalated to CRR	Date of last review	Target Risk Score I x L	Action plan in place	Governance and Assurance
1	Patient Care	762	**If** the Trust cannot recruit sufficient staff to fill approved vacancies, **then** there is a risk to being able to provide safe care and agreed of staffing	4 x 4 = 16	4 x 4 = 16	08/07/2015 Anne-Marie Stretch	31/10/2022	4 x 2 = 8	✓	Strategic People Committee
2	Operational Risk	767	**If** ED are unable to recruit to nursing vacancies and maintain nursing establishment **then** there is a risk to patient safety	4 x 5 = 20	4 x 5 = 20	26/01/2022 Sue Redfern	28/12/2022	4 x 2 = 8	✓	Strategic People Committee
3	Money	1152	**If** there is an increase in bank and agency, **then** there is a risk to the quality of patient care and ability to deliver financial targets	4 x 4 = 16	4 x 4 = 16	08/07/2015 Anne-Marie Stretch	23/09/2022	4 x 3 = 8	✓	Finance & Performance Committee
4	Patient Care	1263	**If** the Trust cannot achieve the required numbers of patient discharges and transfers, **then** there is a risk to operational performance	3 x 3 = 9	3 x 5 = 15	18/07/2022 Rob Cooper	28/12/2022	3 x 2 = 6	✓	Executive Committee
5	Governance	1772	**If** there is a malicious cyber-attack on the NHS **then** there is risk that patient information systems managed by the HIS will be compromised which could impact on patient care	3 x 4 = 12	4 x 4 = 16	09/11/2016 Christine Walters	21/12/2022	4 x 3 = 12	✓	Executive Committee
6	Activity	1874	**If** the Trust cannot maintain 92% RTT incomplete pathway compliance, **then** it will fail the national access standard	4 x 4 = 16	4 x 5 = 20	30/03/2020 Rob Cooper	08/12/2022	4 x 2 = 8	✓	Finance & Performance Committee
7	Patient Care	2080	**If** the Emergency department is congested with lack of flow, **then** there is an increased likelihood of patients being cared for on the corridors which will affect Patient privacy and dignity, safety, quality of care, Patient experience, Staff morale, and Ambulance Turnaround compliance	5 x 4 = 20	4 x 5 = 20	03/11/2021 Rob Cooper	13/12/2022	3 x 2 = 6	✓	Executive Committee
8	Patient Care	2082	**If** there is no robust established daily process for review of all medical patients who remain in the ED/EAU due to the lack of an available bed on the ward, **then** this can result in patient safety and experience issues	4 x = 12	3 x 5 =15	27/05/2022 Peter Williams	19/12/2022	3 x 2 = 6	✓	Quality Committee
9	Patient Care	2083	**If** Inpatient medical bed occupancy levels are over 95% **then** there is a risk this will adversely impact the ability to admit medical patients from the ED	3 x 5 = 15	3 x 5 = 15	28/04/2020 Rob Cooper	28/12/2022	2 x 2 = 4	✓	Quality Committee
10	Patient Care	2223	**If** A&E attendances and admissions increase beyond planned levels, **then** the trust may not have sufficient bed capacity or the staffing to accommodate patients	4 x 3 = 12	4 x 5 = 20	09/12/2021 Rob Cooper	17/11/2022	2 x 4 = 8	✓	Executive Committee
11	Patient Care	2545	**If** the maternity service cannot consistently allocate 2 midwives to complete the BSOTS triage system, **then** there is a risk that compliance with this standard may not be maintained	4 x 4 = 16	4 x 4 = 16	21/07/2021 Sue Redfern	06/01/2022	4 x 2 = 8	✓	Quality Committee

No	New Risk Category	Datix Ref	Risk	Initial Risk Score I x L	Current Risk Score I x L	Lead & date escalated to CRR	Date of last review	Target Risk Score I x L	Action plan in place	Governance and Assurance
12	Patient Care	2750	**If** the Trust cannot access the national PDS (spine) **then** there is an increased risk of not identifying the correct patient for diagnostic imaging results	5 x 3 = 15	5 x 3 = 15	04/09/2019 Rob Cooper	31/10/2022	5 x 2 = 10	✓	Quality Committee
13	Patient Care	2767	**If** inpatient maternity staffing shortfalls persist **then** there could be a negative impact on patient safety. It will also have an impact on patient experience. Inpatient maternity staffing shortfall	3 x 3 = 9	3 x 5 = 15	23/03/2022 Sue Redfern	21/12/2022	2 x 3 = 6	✓	Quality Committee
14	Patient Care	2963	**If** a patient does not receive a planned appointment following surgery or for histology results due to delayed treatment as a result of COVID-19 **then** the patient outcome could be worse.	5 x 4 = 20	5 x 4 = 20	21/10/2020 Rob Cooper	21/11/2022	5 x1= 5	✓	Quality Committee
15	Patient Care	2985	**If** there is increased absence of phlebotomy staff due to COVID **then** there is a risk to the continuity of service provision	3 x 3 = 9	3 x 5 = 15	01/07/2021 Rob Cooper	09/01/2023	3 x 2 = 6	✓	Executive Committee
16	Patient Care	2996	**If** MCG is unable to maintain safe staffing levels in adult inpatient areas, **then** there is a risk to patient safety, experience and quality of care	4 x 5 =20	4 x 5 =20	27/10/2020 Sue Redfern	20/12/2022	3 x 2 = 6	✓	Executive Committee
17	Staff	3178	**If** there are not sufficient staff in post in blood sciences, **then** there is a risk to service delivery	4 x 4 = 16	4 x 4 = 16	15/10/2021 Rob Cooper	14/12/2022	4 x 2 = 8	✓	Strategic People Committee
18	Patient Care	3180	**If** the Trust cannot secure sufficient staff to undertake supplementary care for the patients who need it, **then** there is a risk to the quality and safety of care	4 X 5 = 20	4 x 4 = 16	21/07/2021 Sue Redfern	10/11/2022	4 x 2 = 8	✓	Strategic People Committee
19	Patient Care	3199	**If** medical patients are to 'forward wait' on a medical ward **then** there is a risk to patient safety, dignity, and experience	4 x 4 = 16	4 x 4 = 16	02/11/2021 Sue Redfern	28/12/2022	4 x 1 = 4	✓	Executive Committee
20	Patient Care	3251	**If** the current end of life solution for outpatient letter printing fails before a replacement system is implemented, **then** there is a risk that letters will be delayed or could impact other EPR functionality	4 X 5 = 20	4 X 5 = 20	21/10/2021 Christine Walters	02/12/2022	1 x 1 = 2	✓	Executive Committee
21	Governance	3302	**If** the Trust does not centralise the Subject Access Request process and ensure Information Governance is part of this process, **then** there is a risk data breaches will continue to occur, and the Information Commissioner's Office (ICO) will issue further warnings. Centralising the Subject Access Request Process due to ICO Infringement Order	4 x 4 = 16	4 x 4 = 6	15/12/2021 Christine Walters	18/11/2022	2 x 2 = 4	✓	Executive Committee
22	Patient Care	3349	**If** the stock of Olympus scopes is not maintained, **then** there is a risk to business continuity for the endoscopy service	4 x 5 = 20	4 x 5 = 20	29/04/2022 Rob Cooper	10/01/2023	4 x 2 = 8	✓	Executive Committee
23	Patient Care	3371	**If** medical wards are to accommodate an additional patient due to insufficient medical beds, **then** there is a risk to patient safety, dignity and patient experience.	4 4 =16	4 x 4= 16	29/04/2022 Sue Redfern	02/12/2022	2 x 2 = 4	✓	Executive Committee
24	Patient Care	3475	**If** there is a delay in NWAS transferring patients who have had a stroke for neuro radiology intervention(thrombectomy), **then** this can make a significant difference to patient outcomes.	4 x 5 = 20	4 x 4 = 16	09/08/2022 Rob Cooper	24/11/2022	4 x 1 = 4	✓	Executive Committee

No	New Risk Category	Datix Ref	Risk	Initial Risk Score I x L	Current Risk Score I x L	Lead & date escalated to CRR	Date of last review	Target Risk Score I x L	Action plan in place	Governance and Assurance
25	Patient Care	3482	**If** the trust cannot offer attractive posts for junior Drs that meet the deanery requirements**, then** the number of trainees allocated to the Trust could be reduced.	3 x 5 = 15	3 x 5 = 15	10/11/2022 Peter Williams	06/12/2022	3 x 3 = 9	✓	Executive Committee
26	Patient Care	3496	**If** there are insufficient staff to provide effective Operational Site Management overnight, **then** there could be an impact on patient safety	3 x 3 = 9	3 x 5 = 15	27/10/2022 Sue Redfern	28/12/2022	3 x 1 = 3	✓	Executive Committee
27	Patient Care	3527	**If** there is not sufficient plastic surgery capacity commissioned **then** non urgent patients in North Wales may face extended waits to be seen, and there will be a reduction in follow up appointments for cancer patients	4 x 5 = 20	4 x 5 = 20	21/09/2022 Rob Cooper	21/11/2022	4 x 1 = 4	✓	Executive Committee
28	Patient Care	3532	**If** the ENT service does not have the appropriate equipment, **then** it will not be compliant with BAHNO recommendations for nasoendoscopy	3 x 5 = 15	3 x 5 = 15	30/11/2022 Rob Cooper	30/11/2022	3 x 2 = 6	✓	Executive Committee
29	Patient Care	3535	**If** operational pressures mean that a 5th surgical patient needs to be accommodated in the bays on surgical wards, **then** there is a requirement for additional staffing to provide the required level of care	5 x 4 = 20	5 x 4 = 20	15/11/2022 Sue Redfern	05/12/2022	5 x 2 = 10	✓	Executive Committee
30	Patient Care	3574	**If** Careflow does not allocate patients correctly **then** there is a risk that outpatient appointments will not be scheduled	3 x 5 = 15	3 x 5 = 15	09/11/2022 Rob Cooper	08/12/2022	3 x 3 = 9	✓	Executive Committee

**blue text denotes new risks escalated or re-escalated to the CRR since the October Trust Board report.*

Risks that have been de-escalated from the CRR or closed since October 2022 are

Risk Category	Datix Reference	Risk Description
Patient Care	1043	If there is a global pandemic then the trust will need to put in place business continuity, service escalation and recovery plans.
Patient Care	1896	If the AMU and SDEC assessment bay spaces on 1B are utilised for overnight patient stays then there is a risk to maintaining patient flow through ED and 1B, patient safety and experience
Staff	1944	If the Dermatology Consultant workforce is not sufficient then there is a risk to patient safety, care and experience.
Patient Care	3470	If there is reduced therapy capacity to support Bevan Court/Ambulatory Care/Frailty, then there will be more delayed discharges
Patient Care	3513	If there is insufficient capacity due to staff vacancies and sickness absence, then there is a risk of delay in booking appointment slots for urgent referrals
Patient Care	3514	If there are delays in actioning requests to change clinics (cancel or reduce capacity), due to lack of capacity to respond to the volume of requests then there is a risk that patients will not be seen in a timely manner

Patient Care	3525	If there is not sufficient capacity, then there is a risk that the target for 72 hour urgent ultrasound scans will not be performed within the recommended timescales

Appendix 3

Trust Risk Profile – October 2022

Comparison of the Trust risk profile in the last Board Report

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
33	**34**	**15**	**92**	**10**	**174**	**67**	**174**	**30**	**163**	**10**	**11**	**11**	**0**
82 = 9.95%			**276 = 33.50%**			**434 = 52.67%**				**32 = 3.88%**			

Trust Risk Profile – January 2022

Comparison of the Trust risk profile at the same point in the previous year

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
35	**26**	**14**	**88**	**8**	**147**	**67**	**163**	**36**	**147**	**6**	**13**	**9**	**1**
75 = 9.87%			**243 = 31.97%**			**413 = 54.34%**				**29 = 3.82%**			

ENDS

St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Board

Paper No: NHST (23) 007
Title of paper: Review of the Board Assurance Framework (BAF) – January 2023
Purpose: For the Board to review and agree any proposed changes to the BAF.
Summary: The BAF is the mechanism used by the Board to ensure it has sufficient controls in place and is receiving the appropriate level of assurance in relation to its statutory duties, strategic plans and long term objectives. In line with governance best practice the BAF is reviewed by the Board four times a year. The last review was in October 2022. The Executive Committee review the BAF in advance of its presentation to the Trust Board and propose changes to ensure that the BAF remains current, that the appropriate strategic risks are captured, and that the planned actions and additional controls are sufficient to mitigate the risks being managed by the Board, in accordance with the agreed risk appetite. **Key to proposed changes:** ~~Score through~~ = proposed deletions/completed Blue Text = proposed additions Red = overdue actions **Risk Scores - changes** There were no proposed changes to risk scores this quarter.
Corporate Objective met or risk addressed: To ensure that the Trust has put in place sufficient controls to assure the delivery of its strategic objectives.
Financial implications: None arising directly from this report.
Stakeholders: NHSE/I, CQC, ICB
Recommendation(s): To review the BAF and approve the changes.
Presenting officer: Nicola Bunce, Director of Corporate Services.
Date of meeting: 25th January 2023

Strategic Risks – Summary Matrix

Vision: 5 Star Patient Care

Mission: To provide high quality health services and an excellent patient experience

BAF Ref	Long term Strategic Risks	Strategic Aims					
		We will provide services that meet the highest quality and performance standards	We will work in partnership to improve health outcomes for the population	We will provide the services of choice for patients	We will respond to local health needs	We will attract and develop caring highly skilled staff	We will work in partnership to create sustainable and efficient health systems
1	Systemic failures in the quality of care	✓		✓	✓	✓	✓
2	Failure to develop or deliver long term financial sustainability plans for the Trust and with system partners	✓		✓		✓	✓
3	Sustained failure to maintain operational performance/deliver contracts	✓	✓		✓	✓	✓
4	Failure to protect the reputation of the Trust			✓			✓
5	Failure to work in partnership with stakeholders	✓	✓	✓	✓		✓
6	Failure to attract and retain staff with the skills required to deliver high quality services	✓				✓	✓
7	Major and sustained failure of essential assets, infrastructure	✓	✓	✓			✓
8	Major and sustained failure of essential IT systems	✓	✓	✓			✓

Alignment of Trust 2022/23 Objectives and Long Term Strategic Aims

2022/23 Trust Objectives	Strategic Aims					
	We will provide services that meet the highest quality and performance standards	We will work in partnership to improve health outcomes for the population	We will provide the services of choice for patients	We will respond to local health needs	We will attract and develop caring highly skilled staff	We will work in partnership to create sustainable and efficient health systems
Five star patient care – Care						
Five star patient care – Safety						
Five star patient care – Pathways						
Five star patient care – Communication						
Five star patient care – Systems						
Organisational culture and supporting our workforce						
Operational performance						
Financial performance, efficiency and productivity						
Strategic Plans						

Objective supports this aim		Change from previous year		New for this year	

Risk Scoring Matrix

Impact Score	Likelihood /probability				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible (very low)	1	2	3	4	5

Likelihood – Descriptor and definition
Almost certain - More likely to occur than not, possibly daily (>50%)
Likely - Likely to occur (21-50%)
Possible - Reasonable chance of occurring, perhaps monthly (6-20%)
Unlikely - Unlikely to occur, may occur annually (1-5%)
Rare - Will only occur in exceptional circumstances, perhaps not for years (<1%)
Impact - Descriptor and definition
Catastrophic – Serious trust wide failure possibly resulting in patient deaths / Loss of registration status/ External enquiry/ Reputation of the organisation seriously damaged- National media / Actual disruption to service delivery/ Removal of Board
Major – Significant negative change in Trust performance / Significant deterioration in financial position/ Serious reputation concerns / Potential disruption to service delivery/Conditional changes to registration status/ may be trust wide or restricted to one service
Moderate – Moderate change in Trust performance/ financial standing affected/ reputational damage likely to cause on-going concern/potential change in registration status
Minor – Small or short term performance issue/ no effect of registration status/ no persistent media interest/ transient and or slight reputational concern/little financial impact.
Negligible (very low) – No impact on Trust performance/ No financial impact/ No patient harm/ little or no media interest/ No lasting reputational damage.

Key to proposed changes:

~~Score through~~ = proposed deletions/completed

Blue Text = proposed additions

Red = overdue actions

Risk 1 – Systemic failures in the quality of care	Original Risk Score	Key Controls	Sources of Assurance	Current Risk Score	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score	Exec Lead
Cause: • Failure to deliver the Clinical and Quality standards and targets • Failure to deliver CQUIN element of contracts • Breach of CQC regulations • Unintended CIP impact on service quality • Availability of resources to deliver safe standards of care • Failure in operational or clinical leadership • Failure of systems or compliance with policies • Failure in the accuracy, completeness or timeliness of reporting • Failure in the supply of critical goods or services Effects: • Poor patient experience • Poor clinical outcomes • Increase in complaints • Negative media coverage Impact: • Harm to patients • Loss of reputation • Loss of contracts/market share	5 x 4= 20	• Clinical Quality Strategy • Quality metrics and clinical outcomes data • Complaints and claims • Incident reporting and investigation • Risk Assurance and Escalation policy • Contract monitoring • CQPG meetings with ICP/ICB • NHSE/I Single Oversight Framework • Staff appraisal and revalidation processes • Clinical policies and guidelines • Mandatory Training • Lessons Learnt reviews • Clinical Audit Plan • Quality Improvement Action Plan • Clinical Outcomes/Mortality Surveillance Group • Ward Quality Dashboards • CIP Quality Impact Assessment Process • IG monitoring and audit • CQC routine PIR return • Medicines Optimisation Strategy • Learning from deaths policy • Emergency Planning Resilience and Recovery • Ockenden Report action plan • CNST premium	To Board; • IPR • Patient Stories • Quality Ward Rounds and COVID staff reflections • Quality Committee and its Councils • Audit Committee • Finance and Performance Committee • Infection control, Safeguarding, H&S, complaints, claims and incidents annual reports • Staff Survey • Friends and Family scores • Nursing Strategy • Learning from Deaths Mortality Review Reports • Quality Account • Internal audit programme • National Patient Surveys Other; • National clinical audits • Annual CQUIN Delivery • External inspections and reviews • GIRFT Reviews • PLACE Inspections Reports • CQC Insight and Inspection Reports • Learning Lessons League & NSIB reports • IG Toolkit results • Model Hospital • COVID IPC Board Assurance Framework	5 x 4 = 20	Development of a revised Clinical Strategy (Post Transaction Clinical Strategy now being developed)	Routinely achieve 30% of discharges by midday 7 days a week ~~Delivery of the Falls Strategy Action plan to achieve a 10% reduction in falls resulting in moderate or severe harm.~~ Demonstrate a reduction in similar incidents as a result of sharing lessons learnt from incidents, never events, claims, inquests and mortality reviews (March 2023) Revise the maternity performance dashboard in line with Ockenden recommendations (Included in the shadow IPR which will be implemented in full in April)	Deteriorating patient improvement project (Project scope reviewed and refreshed revised to March 2023) Birth Rate Plus review of maternity staffing (report not yet finalised – rescheduled for January 2023) Improve mandatory and core skills training compliance (Revised to March 2023) Delivery of the 2022/23 CNST Maternity Safety Bundle (March 2023) Undertake a deep dive in to falls and the impact of the falls action plan (deferred to February 2023) Review ward quality audit programme and reporting (February 2023)	5 x 1 = 5	PW/ SR

Risk 2 – Failure to develop or deliver long term financial sustainability plans for the Trust and with system partners	Original Risk Score (IxP)	Key Controls	Sources of Assurance	Current Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
Cause; • Failure to achieve the Trusts statutory breakeven duty • Failure to develop a strategy for sustainable healthcare delivery with partners and stakeholders • Failure to deliver strategic financial plans • Failure to control costs or deliver CIP • Failure to implement transformational change at sufficient pace • Failure to continue to secure national PFI support • Failure to respond to commissioner requirements • Failure to respond to emerging market conditions • Failure to secure sufficient capital to support additional equipment/bed capacity Effects; • Failure to meet statutory duties • NHSE/I Single Oversight Framework rating Impact; • Unable to deliver viable services • Loss of market share • External intervention	4 x 5 = 20	• Operational Plan and STP financial modelling • Annual Business Planning • Annual budget setting • CIP plans and assurances processes • Monthly financial reporting • Service line reporting • 3 year capital programme • Productivity and efficiency benchmarking (ref costs, Carter Review, model hospital) • Contract monitoring and reporting • Activity planning and profiling • IPR • NHSI annual provider Licence Declarations • PMO capacity to support delivery of CIP and service transformation • Signed Contracts with all Commissioners • Premium/agency payments approval and monitoring processes • Internal audit programme • Compliance with contract T&Cs • Standards of business conduct • SFIs/SOs • Declaration of interests • Benchmarking and reference cost group	To Board; • Finance and Performance Committee • Annual financial plan • Monthly finance report • IPR • Statement of Internal Control • Annual Accounts • Audit Committee • External Audit Reports Inc. VFM assessment • SLM/R Reporting and commercial assessment matrix • Agency and locum spend approvals and reporting process • Benchmarking and market share reports (Inc. GIRFT) • Annual audit programme • CQUIN monitoring Other; • NHSE/I & ICB monthly reporting • Contract Monitoring Board • NHSE/I & ICB Review Meetings • Use of Resources reviews • Contract Review Boards • St Helens Place Based Partnership Board • ICB Reporting & Peer to Peer Reviews • Financial sustainability self-assessment	4 x 3 = 12	Continue collaboration across C&M to deliver transformational CIP contribution 2022/23 contracts remain unsigned for the C&M ICB (December 2022)	Develop capacity and demand modelling and a consistent approach to service development proposals approval Foster positive working relationships with health economy partners to help create a joint vision for the future of health services Ensure cash flow and prompt payment of invoices from other NHS providers e.g., as lead employer to maintain cash balances Reduction in bank and agency spend compared to 2021/22 (March 2023)	Seek all possible sources of capital funding including national bids to support capacity planning (Ongoing) Continue to monitor impact of COVID-19 on elective recovery plans and achievement of planned ERF income (March 2023) Delivery of the agreed 2022/23 financial plan (March 2023) ~~Complete financial modelling and scenario planning to support the S&O/STHK transaction business case (November 2022)~~ Develop financial and activity plans for 2023/24 based on national planning guidance – including baselining of activity values (March 2023)	4 x 2= 8	GL

Risk 3 - Sustained failure to maintain operational performance/deliver contracts	Original Risk Score (IxP)	Key Controls	Sources of Assurance	Current Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
Cause; • Failure to deliver against national performance targets (ED, RTT, and Cancer etc.) or PSF improvement trajectories • Failure to reduce LoS • Failure to meet activity targets • Failures in data recording or reporting • Failure to create sufficient capacity to meet the levels of demand Effects; • Reduced patient experience • Poor quality and timeliness of care leading to poorer outcomes • Failure of KPIs and self-certification returns • Increases in staff workload/stress Impact; • Potential patient harm • Loss of reputation • Loss of market share/contracts • External intervention • Loss of PSF funding • Increases in staff sickness rates	4 x 4 = 16	• NHS Constitutional Standards • Care group activity profiles and work plans • System Winter Plan • Care Group Performance Monitoring Meetings • Team to Team Meetings • ED RCA process for breaches • Exec Team weekly performance monitoring • Waiting list management and breach alert system • ECIP Improvement Events • A&E Recovery Plan • Capacity and Utilisation plans • CQUIN Delivery Plans • Capacity and demand modelling • System Urgent Care Delivery Board Membership • Internal Urgent Care Action Group (EOT) • Data Quality Policy • MADE events re DTOC patients • Bed occupancy rates • Number of super stranded patients	To Board; • Finance and Performance Committee • IPR • System winter Resilience Plan • Annual Operational Plan • Data Quality audits Other; • Contract review meetings/CQPG • Community services contract review meetings • NHSE/I & ICB monitoring and escalation returns/sit reps • ICB CEO Meetings • ~~CQC System Reviews e.g. Halton, Liverpool~~	4 x 5=20	Implementation of routine capacity and demand modelling	Sustain the changes to the discharge process achieved during COVID-19 to maintain effective patient flow COVID-19 and restoration escalation plan to release capacity and trigger mutual aid in place and operational. Assurance that there is sufficient system response to operational pressures and delayed discharges – additional community beds managed by the Trust are operational Phase 2 – Discharge Lounge improvement work to optimise capacity (audit of effectiveness taking place and will be reported February 2023)	Widnes UTC ICB Review (September 2022) Clinical triage and prioritisation of patient elective waiting lists where treatment was delayed due to COVID (ongoing) Deliver the 2022/23 waiting list reduction and recovery targets (March 2023) Maintain capability to respond to future waves of COVID and/or flu with minimum disruption to other services (March 2023) Assess the impact on activity of the opening of the new Royal Liverpool Hospital (formal evaluation planned after 6 months – April 2023)	4 x 3 = 12	RC

Risk 4 - Failure to protect the reputation of the Trust	Original Risk Score (IxP)	Key Controls	Sources of Assurance	Current Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
Cause; • Failure to respond to stakeholders e.g. Media • Single incident of poor care • Deteriorating operational performance • Failure to promote successes and achievements • Failure of staff/ public engagement and involvement • Failure to maintain CQC registration/Outstanding Rating • Failure to report correct or timely information Effect; • Loss of market share/contracts • Loss of income • Loss of patient/public confidence and community support • Inability to recruit skilled staff • Increased external scrutiny/review Impact; • Reduced financial viability and sustainability • Reduced service safety and sustainability • Reduced operational performance • Increased intervention	4 x 4 = 16	• Communication and Engagement Strategy & action plan • Workforce/ People Plan and action plan • Publicity and marketing activity/proactive annual programme • Patient Involvement Feedback • Patient Power Groups • Annual Board effectiveness assessment and action plan • Board development programme • Internal audit • Data Quality • Scheme of delegation for external reporting • Social Media Policy • Approval scheme for external communication/ reports and information submissions • Well Led framework self-assessment and action plan • NED internal and external engagement • Trust internet and social media monitoring and usage reports • Complaint response times monitoring and quarterly complaints reports • Compliance with GDPR	To Board; • Strategic People Committee • Quality Committee • Audit Committee • Charitable funds committee • IPR • Staff Survey • COVID pandemic reflections staff feedback • Complaints reports • Friends and Family Ratings • National Quarterly Pulse Surveys • PLACE Survey • National Cancer Survey • Referral Analysis Reports • Market Share Reports • CQC national patient surveys • CQC Inspection ratings • Annual assessment of compliance against the CQC fundamental standards • Compliance review against the NHS Constitution • ED&I Steering Group Other; • Health Watch • CQC • NHSE/I Segmentation Rating	4 x 3 = 12	Regular media activity reports, including social media, to the Executive Committee		Maintain COVID staff communications bulletin and pandemic staff engagement, support, and recovery initiatives (On-going) Work in partnership with S&O to send provide consistent messaging and communications channels for staff and stakeholders about the ALTC (April 2023) Continue to work with local media to spread NHS public health and safety messages relating to the pandemic and vaccination programme (On going) Deliver the 2021 Staff Survey action plan and improve results in the 2022 Staff Survey for areas identified (March 2023) Develop effective working relationships with new ICB and PBP leads (March 2023)	4 x 2 = 8	AMS

Risk 5 – Failure to work effectively with stakeholders	Original Risk Score (IxP)	Key Controls	Sources of Assurance	Current Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
Cause; • Different priorities and strategic agendas of multiple commissioners • Unable to create or sustain partnerships • Competition amongst providers • Complex health economy • Poor staff engagement • Poor community engagement • Poor patient and public involvement Effect; • Lack of whole system strategic planning • Loss of market share • Loss of public support and confidence • Loss of reputation • Inability to develop new ideas and respond to the needs of patients and staff Impact; • Unable to reach agreement on collaborations to secure sustainable services • Reduction in quality of care • Loss of referrals • Inability to attract and retain staff • Failure to win new contracts • Increase in complaints and claims	4 x 4 = 16	• Communications and Engagement Strategy • Membership of Health and Wellbeing Boards • Representation on Urgent Care Boards/System Resilience Groups • JNCG/LNG • Patient and Public Engagement and Involvement Strategy • Place Director Meetings • Staff engagement strategy and programme • Patient power groups • Involvement of Healthwatch • St Helens Cares Peoples Board • Involvement in Halton and Knowsley PBP development • Membership of specialist service networks and external working groups e.g. Stroke, Frailty, Cancer • Cheshire and Merseyside Integrated Care Board governance structure • Exec to Exec working • StHK Hospitals Charity annual objectives	To Board; • Quality Committee • Charitable Funds Committee • CEO Reports • HR Performance Dashboard • Board Member feedback and reports from external events • NHSE/I Review Meetings • Quality Account • Review of digital media trends • Monitoring of and responses to NHS Choices comments and ratings • Participation in the C&M ICB leadership and programme boards • Membership of the St Helens Peoples Board • Collaborative working with Halton and Knowsley Place Directors to develop plans for PBPs in these Boroughs • Annual staff engagement events programme • ED&I Steering Group • Member of CMAST Provider Collaborative	4 x 3 = 12	Effective working with the Shaping Care Together programme in Southport and Formby and West Lancashire	C&M Integrated Care System performance and accountability framework ratings and reports Development of good working relationships with the ~~new~~ Primary Care Networks ~~Understanding of the performance monitoring systems that will be established under the new NHS Bill.~~ (New NHS Operating framework in place with Hewitt review on going)	Continued engagement with C&M ICB and CMAST as part of the system response to COVID-19 and restoration and recovery. Continue as a full partner of St Helens Place Based Partnership, contributing to the delivery of the improvement objectives Work with NHSE and other Providers to provide management support for S&O fragile services (March 2023) Work with NHSE/ICB and national colleagues to progress the formal transaction with S&O (April 2023) Work with Place system partners to coordinate responses to UEC pressures and maintain patient flow (March 2023)	4 x 2 = 8	AMS/RC

Risk 6 – Failure to attract and retain staff with the skills required to deliver high quality services	Original Risk Score (IxP)	Key Controls	Sources of Assurance	Current Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
Cause; • Loss of good reputation as an employer • Doubt about future organisational form or service sustainability • Failure of recruitment processes • Inadequate training and support for staff to develop • High staff turnover • Unrecognised operational pressures leading to loss of morale and commitment • Reduction in the supply of suitably skilled and experienced staff Effect; • Increasing vacancy levels • Increased difficulty to provide safe staffing levels • Increase in absence rates caused by stress • Increased incidents and never events • Increased use of bank and agency staff Impact; • Reduced quality of care and patient experience • Increase in safety and quality incidents • Increased difficulty in maintaining operational performance • Loss of reputation • Loss of market share	5 x 4 = 20	• Team Brief • Staff Newsletter • Staff App • Mandatory training • Staff benefits package • H&WB Provision • Staff Survey action plan • JNCG/LNG • Education and Workforce Development Plan • People Policies • Exit interviews • Staff Engagement Programme – Listening events • Involvement in Academic Research Networks • Values based recruitment • Daily nurse staffing levels monitoring and escalation process • 6 monthly Nursing establishment reviews and workforce safeguards reports • Recruitment and Retention Strategy action plan • Career leadership & talent development programmes • Agency caps and usage reporting • Speak out safely policy • ACE Behavioural standards • Medical Workforce OD plan • Talent Management Strategy	To Board; • Strategic People Committee • People Council • Finance and Performance Committee • Premium Payments Scrutiny Council • IPR – Workforce Indicators • Staff Survey • Nurse safer staffing reports • Workforce operational plans • Monitoring of bank, agency and locum spending • Monthly monitoring of vacancy rates and staff turnover • National Quarterly Pulse Surveys • WRES, WDES, EDS3 pilot and Gender Pay Gap, reports and action plans • Quality Ward Rounds • FTSU Self-Assessment and action plan • Employee Relations Oversight Group Other • HR benchmarking • Nurse & Midwifery staffing benchmarking	5 x 4 = 20	Equality Delivery System 2 – action plan (February 2023)	Specific strategies and targeted campaigns to overcome recruitment hotspots e.g., international recruitment and working closely with HEE's Continue to expand the Nurse Associate Workforce by fully recruiting to cohort 2 and 3 Capacity to deliver the recovery and restoration plans for activities suspended due to COVID-19 Establish diagnostic collaborative bank (Revised to September 2023) Develop sustainable COVID vaccination programme staffing arrangements, retention, and reservist initiatives for C&M (Revised to March 2023) ~~Review of staff incident reporting and monitoring (March 2023)~~	Staff HWWB support during and post COVID-19 – including feedback from the Ward Check-ins (On going) Restoration of appraisal and mandatory training compliance with the 85% target (March 2023) ~~Refresh the ED&I operational plan and action plan (Revised to November 2022)~~ Deliver the staff survey action plan (March 2023) Refreshed People Strategy 2023 – 25 (Revised to February 2023) Completion of the TUPE transfer of S&O on 1st April (April 2023) Revise reporting (Datix) system to allow more robust recording of incidents relating to ED&I and Staff safety (March 2023)	5 x 2 = 10	AMS

Risk 7 – Major and sustained failure of essential assets or infrastructure	Original Risk Score (IxP)	Key Controls	Sources of Assurance	Current Risk Score (IxP)	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score (IxP)	Exec Lead
Cause; • Poor replacement or maintenance planning • Poor maintenance contract management • Major equipment or building failure • Failure in skills or capacity of staff or service providers • Major incident e.g. weather events/ fire • Insufficient investment in estates capacity to meet the demand for services Effect; • Loss of facilities that enable or support service delivery • Potential for harm as a result of defective building fabric o equipment • Increase in complaints Impact; • Inability to deliver services • Reduced quality or safety of services • Reduced patient experience • Failure to meet KPIs • Loss of reputation • Loss of market share/contracts	4 x 4 = 16	• New Hospitals / Vinci /Medirest Contract Monitoring • Equipment replacement programme • Equipment and Asset registers • 5 year Capital programme • PFI lifecycle programme • PPM schedules and reports • Procurement Policy • PFI contract performance reports • Regular accommodation and occupancy reviews • Estates and Accommodation Strategy • H&S Committee • Membership of system wide estates and facilities strategic groups • Membership of the C&M HCP Strategic Estates work programme • Access to national capital PDC allocations to deliver increased capacity • Compliance with national guidance in respect of waste management, ventilation, Oxygen supply, cleaning and social distancing (COVID-19) • Compliance with NHS Estates HTMs • Green Plan	To Board; • Finance and Performance Committee • Finance Report • Capital Council • Audit Committee • I.P.R. Other; • Major Incident Plan • Business Continuity Plans • ERIC Returns • PLACE Audits • Premises Assurance Model benchmarking • Model Hospital • Issues from meetings of the Liaison Committee escalated as necessary to Executive Committee, to capture: ▪ Strategic PFI Organisational changes ▪ Legal, Financial and Workforce issues ▪ Contract risk ▪ Design & construction ▪ FM performance ▪ MES performance	4 x 3 = 12	Maintain 10 year strategic estates development plan to support the Trusts service development and integration strategies.	Implementation of new National Standards of Cleaning (extension agreed by NHSE to February 2023) Implementation of the national Hospital Food Review recommendations and mandatory standards (Gap analysis being undertaken) Test compliance against HTM/HBN guidance revised as a result of COVID learning. Compliance with the new Protect legislation for premises security – Consultation closed in July and draft legislation not yet published ~~Develop energy security strategy (December 2022)~~	3 year capital programme to deliver the Same Day Ambulatory care capacity and UEC schemes (on going to 2023) Delivery of the Whiston Additional Theatres Scheme (2023/24) Delivery of the 2022/23 approved capital schemes Delivery of additional CDC and TIF capital schemes (Revised to March 2023)	4 x 2 = 8	NB

Risk 8 – Major and sustained failure of essential IT systems	Original Risk Score	Key Controls	Sources of Assurance	Current Risk Score	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)	Target Risk Score	Exec Lead
Cause; • Inadequate replacement or maintenance planning • Inadequate contract management • Failure in skills or capacity of staff or service providers • Major incident e.g. power outage or cyber attack • Lack of effective risk sharing with HIS shared service partners • Inadequate investment in systems and infrastructure. Effect; • Lack of appropriate or safe systems • Poor service provision with delays or low response rates • System availability resulting in delays to patient care or transfer of patient data • Lack of digital maturity. • Loss of data or patient related information Impact; • Reduced quality or safety of services • Financial penalties • Reduced patient experience • Failure to meet KPIs • Loss of reputation • Loss of market share/contracts	4 x 5= 20	• MMDA Management Board and Accountability Framework • Procurement Framework • MMDA Strategy • Performance framework and KPIs • Customer satisfaction surveys • Cyber Security Response Plan • Benchmarking • Workforce Development • Risk Register • Contract Management Framework • Major Incident Plans • Disaster Recovery Policy • Disaster Recovery Plan and restoration procedures • Engagement with C&M ICS Cyber group • Business Continuity Plans • Care Cert Response Process • Project Management Framework • Change Advisory Board • IT Cyber Controls Dashboard • Information asset owner/administrator register	To Board; • Board Reports • IM&T Strategy delivery and benefits realisation plan reports • Audit Committee • Executive committee • Risk Management Council • Information Security Assurance Group • MMDA Service Operations Board • MMDA Strategy Board • Programme/Project Boards • Information Governance Steering Group Other; • Annual financial plan agreed with partners • Internal/External Audit Programme • Data security protection Toolkit Submissions • Information asset owner framework • Information Security Dashboard • CareCert, Cyber Essentials, External Penetration Test • Careflow/DAP benefits realisation programme monitoring	4 x 4= 16	Annual Corporate Governance Structure review Technical Development	ISO27001 Service Improvement Plans IT Communications Strategy Digital Maturity Assessment ~~Development of management agreement for the leadership and management of S&O IT (November 2022)~~	Review benefits of ISO27001 – if not superseded plan for implementation July 2023 Achieve HIMMS Level 5 2022 standards (November 2025) Achieve minimum digital foundation standards (March 2025) Migration from end-of-life operating systems to include decommissioning of Microsoft 2012 (October 2023) Delivery of the EPR Digital Maturity Programme (March 2025) Delivery of Community EPR (Completion revised to March 2023) Respond to cyber threat alerts (including Log4J and the war in the Ukraine) and update systems as required (on going) Test major incident and data recovery plans (June 2023)	4 x 2 = 8	CW

St Helens and Knowsley Teaching Hospitals NHS Trust

TRUST BOARD

Paper No: NHS (23)008

Title of paper: Learning from Deaths Quarterly Report

Purpose: To describe mortality reviews that have taken place in both specified and non-specified groups; to provide assurance that all specified groups have been reviewed for deaths and key learning has been disseminated throughout the Trust.

Summary:

	No. of reviews	*Green*	*Green with Learning*	*Green with positive feedback*	*Amber*	*Red*
April	31	8	4	0	1	0
May	36	10	2	0	0	0
*June**	1	1	0	0	0	0
*July**	6	0	2	1	1	0
*August**	8	3	2	0	1	0
*September**	8	1	5	0	1	0
*October**	1	1	0	0	0	0
*November**	7	1	4	1	0	0
December	2	0	0	0	0	1

**delayed reporting and allocation from the Information Team - the few cases that have been done have come to us via Medical Examiner Referrals.*

Corporate objectives met or risks addressed: 5 Star patient care: Care, Safety, Communication

Financial implications: None arising from this report

Stakeholders: Trust patients and relatives, clinicians, Trust Board, Commissioners

Recommendation(s): To approve the report, policy and good practice guide

Presenting officer: Dr Peter Williams – Medical Director
Date of meeting: 25th January 2023

1 EXECUTIVE SUMMARY

"Learning from deaths of people in our care can help us improve the quality of the care we provide to patients and their families and identify where we could do more" NHSI 2017.

In Quarter 1 2022/23

April and May were fully reported. June has delayed reporting. To date there have been 68 cases reported, 19 have a green outcome, 6 have a green with learning outcome and 1 case has an amber outcome.

In Quarter 2 2022/23

This quarter is subject to delayed reporting. To date there have been 22 cases reported, 4 have a green outcome, 9 have a green with learning outcome, 1 has a green with positive feedback outcome and 3 have an amber outcome.

In Quarter 3 2022/23

This quarter is subject to delayed reporting. To date there have been 10 cases reported, 2 with a green outcome,

See **Appendix 1** for the case selection contributing to Mortality Surveillance Group MDT / Learning from Deaths Quarterly Report.

1.1. Shared learning

Availability of Hospital Post-Mortems	**Chronic Liver Disease Care Bundle**
A hospital post-mortem may be requested for any patient not requiring a coroner's post-mortem. Written consent must be obtained from the next of kin and STHK consent form 5 completed from the policy for Consent to examination or treatment (appendix11); also available from the Bereavement Office. A death certificate must be issued before the post-mortem is performed. Hospital doctors involved with the patient's care can attend the post-mortem and if requested, they will then be contacted by the mortuary staff.	Following a patient review, in line with Learning from Deaths, we would like to remind you of the Chronic Liver Disease Care Bundle and is available here: Chronic Liver Disease Care Bundle Also, please remember to use Careflow for an urgent gastro opinion / review.

Previous learning can be found in the “Learning into Action” section of the Trust Intranet

1.2 Sharing and embedding learning

This learning is shared & evidenced in meeting minutes as per matrix in appendix 2.

2. ANALYSIS

2.1. Total number of reviews completed for Q1 2022/23

	No. of reviews	Green	Green with Learning	Green with positive feedback	Amber	Red
April	31	8	4	0	1	0
May	36	10	2	0	0	0
*June**	1	1	0	0	0	0

2.1.1 Total number of reviews completed for Q2 2022/23

	No. of reviews	Green	Green with Learning	Green with positive feedback	Amber	Red
*July**	6	0	2	1	1	0
*August**	8	3	2	0	1	0
*September**	8	1	5	0	1	0

2.1.2 Total number of reviews completed for Q3 2022/23

	No. of reviews	Green	Green with Learning	Green with positive feedback	Amber	Red
*October**	1	1	0	0	0	0
*November**	7	1	4	1	0	0
December	2	0	0	0	0	1

2.2 Specified Groups breakdown for Q1 – Q3 2022/23

	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Total
Cardiac Arrest Death	4	3	0	0	0	0	0	0	1	8
Concern Death	2	0	0	0	0	0	0	0	0	2
CRAB Mortality Triggers	0	1	0	0	0	0	0	0	0	1
Diagnosis Group Death	1	2	0	0	0	0	0	0	0	3
Internal request (not inc. in any other category)	1	0	0	2	1	0	0	1	0	5
Learning Disabilities Death	3	1	0	0	1	0	0	0	0	5
Medical Examiner Referral	4	0	1	4	6	8	1	6	1	31
Post operative death	5	7	0	0	0	0	0	0	0	12
Random Selection Death	9	18	0	0	0	0	0	0	0	27
Severe Mental Illness Death	2	4	0	0	0	0	0	0	0	6
Total	31	36	1	6	8	8	1	7	2	100

2.4 Projected changes to Learning from Deaths process

The new SJR model focuses the reviewer towards recurrent themes from previous case reviews with drop down boxes but still supports free text in narrative around concerns when found. The trial has confirmed the improved efficiency of case reviews without concern, without losing the sensitivity in further interrogation when concern in care is seen.

The new SJR process is now fully rolled out to all reviewers. The table below shows a comparison with a three month period last year with initial SJR Ratings (rating given prior to discussion and further review). This comparison provides us with continued assurance on its sensitivity to identification of concern in addition to its improved efficiency; further assurance will be provided once we have 12 months of

cases with the new form. (Please bear in mind that for 2022 from June onwards, we have delayed reporting). The few more recent SJRs in the above tables have come via alternative routes i.e., Medical Examiner requests and internal requests.

	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Total
AMBER	1	4	2	3	1	2	2	2	1	18
RED	0	0	0	0	0	1	0	0	0	1
Total	1	4	2	3	1	3	2	2	1	19

	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Total
AMBER	2	0	0	1	1	1	0	0	0	5
RED	0	0	0	0	0	0	0	0	1	1
Total	2	0	0	1	1	1	0	0	1	6

2.5 Delayed reporting

Actions are to be undertaken to address the concerns raised with delayed reporting. Initially we will be capturing all the deaths with which we have immediate access, i.e. cardiac arrest deaths and concern deaths. The reminder of the deaths are currently advised to us via the Information Team, however, we are intending to work with them to be create a system and process that will allow us to be in control of monitoring the deaths and SJR allocations within our own team to improve more prompt reporting of cases.

3 CONCLUSION AND RECOMMENDATIONS

The Board is asked to note the contents of this report and receive assurance that:

- Learning from Deaths is now embedded within the organisation
- Lessons learned are shared widely in all care groups following Trust Board and care groups are expected to create action plans and evidence their completion to address any concerns / learning raised. (Appendix 2)
- Where concerns have been identified these have received further peer review and escalated as appropriate.
- After a 3-month trial the new SJR process has now been distributed to all reviewers, initial assurance has been provided that all nuances are detected and reported. We will continue to monitor its reliability and provide the appropriate assurance once we have 12 months of data (April 2024).

Appendix 1

Total Deaths in Scope[1]

Check against NWB downloaded LD List[2] **'Learning Disability Death'**	LeDeR Death Review
Check against MHA and DOLS list **'Severe Mental Illness Death'**	SJR[3]
Check if age < 18 yrs., but > 28 days **'Child Death'**	SIRI & Regional Child Death Overview Panel (CDOP)
Check if < 28 days and > 24 weeks gestation **'Neonatal death or Stillbirth'**	Joint Perinatal Audit Meeting (SJR), & C&M 'Each Baby Counts' Panel
Check if spell includes obstetric code (501) **'Maternal Death'**	STHK STEIS/SIRI & National EMBRACE system (also perinatal)
Check against current year 'Alert List'[5] **'Alert Death'**[5]	SJR
Check DATIX for SIRI Investigation **'SIRI Death'**	SIRI Investigation
Check DATIX for complaints/PALS/staff concerns **'Concern Death'**	SJR
Check against Surgical Procedures List **'Post-op Death'**	SJR
Random Sample, include all low risk deaths[6] **'Sample Deaths'**	SJR
Cardiac Arrests that result in death[7] **'Cardiac Arrest Deaths'**	SJR

1. All inpatient deaths at STHK, transfers to other hospitals or settings not included
2. LeDeR – nationally prescribed process for reviewing LD deaths
3. Structured judgement review, currently STHK tool
4. Low risk deaths as defined by Dr Foster/HED grouping
5. Alert deaths; include any CQC alerts or 12-month internal monitoring alerts from the previous financial year.
6. Random sample to ensure monthly we cover at n30 or 25% whichever is the greater
7. Cardiac Arrests calls that result in death

Appendix 2

Forum/Communication Channel	Chair	Support
Quality Committee	Rani Thind	Joanne Newton
Finance & Performance	Jeff Kozer	Laura Hart
Clinical Effectiveness Council	Peter Williams	Helen Burton
Patient Safety Council	Rajesh Karimbath	Jill Prescott
Patient Experience Council	Anne Rosbotham-Williams	Francine Daly
Team Brief	teambrief@sthk.nhs.uk	
Intranet Home Page	Lynsey Thomas	
Global Email	Elspeth Worthington	Jane Bennett
MCG Integrated Governance & Quality Meetings	Ash Bassi/Debbie Stanway	Joy Woosey
MCG Directorate Meetings	Debbie Stanway	Joy Woosey
SCG Governance Meetings	Tracy Greenwood/Wendy Harris	Gina Friar
SCG Directorate Meetings	Phil Nee	Julie Rigby
CSS Directorate Meetings	Caroline Dawn / Stephen Beckett	Sam Barr
ED Teaching	Ragit Varia/Sarah Langston/Clare O'Leary	Ann Thompson
FY Teaching	Brenda Longworth	
Grand Rounds	Brenda Longworth	

Paper No: NHST (23)009

Subject: Deep dive People Indicators Report for the period July – Dec 2022

Purpose: This paper provides Trust Board with details of achievement of the delivery of the Trusts Workforce Strategy over the period July 2022 – December 2022. In addition to the monthly Trust board workforce updates, the paper provides a comprehensive update on the management and delivery of workforce matters and provides assurance on areas of progress

Summary:

The Trust is committed to developing the organisational culture and supporting our workforce in line with our Trust objectives and in particular the commitments the Trust has made in terms of the NHS People Plan.

This paper provides a comprehensive update on workforce activity and summarises achievements and progress to date aligned with the four pillars of the NHS People Plan.

Corporate Objective met or risk addressed: Developing organisation culture and supporting our workforce

Financial Implications: None at this time

Stakeholders: Trust Board, Senior Management, all staff, staff side colleagues

Recommendation(s):

The Trust Board is requested to note the content of the paper and receive assurance that actions are in place to ensure continued delivery of the Trusts Workforce Strategy

Presenting Director: Anne-Marie Stretch, Deputy CEO/Director of HR

Trust Board: Wednesday 25th January 2023

People Indicators Summary

1. Looking after our people

This pillar focusses on looking after and supporting our people – with quality health and wellbeing support for everyone. Key highlights include:

- This has been a period of sustained health and wellbeing activity and demand in particular supporting staff with their winter wellbeing, and cost of living support. A cost of living handbook has been produced and distributed to signpost staff to services and offers cost of living tips.
- The HWWB service has seen more than a 100% increase in demand compared to the last reporting period and have offered an extensive programme of events – our winter wellbeing events have supported over 370 staff both virtually and in person.
- The Wellbeing Hub have delivered over 100 sessions/events with over 2,200 attendances over a variety of health and wellbeing sessions.
- Although our performance against the national average (50%) for flu vaccination of patient contact healthcare workers is above average at 58.42% this is still below the CQUIN target range of 70-90%. Vaccinators are targeting low uptake and high-risk areas and personalised communications have been sent to 1,700 staff offering them the opportunity to get vaccinated
- COVID-19 Autumn Booster Campaign - performance for patient contact healthcare workers is currently 40.98% National performance is 46% and for the NW 45.1% - with potential for a spring booster campaign for target population groups
- Improving attendance - sickness overall saw a reduction in this period, but as we entered November and December sickness began to increase again to 7.13% in December compared to 6.18% in July reflecting usual seasonal increase. STHK is benchmarking within the range for Cheshire & Mersey Acute Trusts, rates being between 4% and 9.5%. Stress (29%) and cough/cold/flu remains the main cause of sickness absence. The current economic climate, such as cost of living is impacting on personal lives and adding to existing workforce resilience pressures.
- The Absence Improvement Programme actively manages all sickness absence with bi-weekly meetings between HR and Health and well being to plan further support and interventions such as the the winter vaccination campaign and the wellbeing hub activity.

2. Belonging in the NHS

This pillar focusses on belonging in the NHS – with a particular focus on the discrimination that some staff face. Key highlights include:

- Apprenticeship activity, a key route into a variety of careers in the NHS, continues to be well received, ranging from entry-level jobs through to senior clinical, scientific, and managerial roles. We have had 53 employees undertake trainee Nurse Associates Apprenticeship Level 5 – 28 have completed and are now Nursing Associates, 24 of which are currently enrolled (“Trainee Nurse Associates”) and 1 paused for a break in learning due to maternity leave.

- Employee relations cases have seen an increase, though cases are now being closed quicker which is beneficial for all involved. The delivery of employment law sessions has increased confidence amongst line managers. There are weekly case reviews and lessons learned reviews for cases involving all staff groups meaning we can manage cases more effectively, applying the principles of a just culture, improve our people practices where appropriate.
- Updating the full suite of HR Policies continues with a plan to review, approve and publish all of them by the end of March 2023. However, it is possible that current operational pressures and the ability to impact the timelines to engage with all stakeholders on revised policies may impact achievement of this March 2023 deadline.
- The Trust has strengthened the ED&I Team focussing on governance and reporting through the Equality Delivery System, Public Sector Equality Duty, and Annual Gender Pay Gap Report. Work continues to focus on staff support & promotion, strengthening staff networks in particular the menopause network which now has over 300 members.
- Rainbow Badge – supporting LGBT inclusiveness for employees and patients. The Trust was awarded bronze status in September 2022.
- Through reviewing the WDES we know that the proportion of staff who have declared a disability has increased to 4.1%, previously at 3.5%. A new "Adjustment Passport" continues to be implemented to help facilitate conversations between managers and employees, and to create a record of the agreed reasonable adjustments and support.

3. New ways of working & delivering care

This pillar focusses on innovation and new ways of working and delivering care – key highlights are:

- STHK Health Care Academy has had huge success in recruiting and onboarding HCAs to the Trust and reducing turnover of those within the first year of service
- Band 2-6 Nursing Clinical Workforce Review Project – supporting corporate nursing to undertake a clinical model review. The Project will review staffing required across all clinical areas to ensure that the nursing establishments reflect the right skill mix aligned to patient acuity, activity, and speciality and will encourage the adoption of new roles where appropriate. This project will also support workforce development and skills escalation from bands 2 to 6.
- Advanced Clinical Practitioners – due to the success of the ACP workforce we are expanding the number of ACPs within the Trust. The funding window is currently open for bidding for new ACP course places for Summer 2023 and Spring 2024
- Preparation of a business case for cyclical funding of the Trainee Nurse Associates programme is underway
- Anaesthetic Associates – successful funding bid for two posts, recruitment is underway with the aim of commencing training in March 2023.
- Work underway to recruit to roles agreed as part of the successful Clinical Diagnostic Centres (CDC) business case as well as to look at wider role redesign, workforce planning and training roles which will support in the delivery of the CDC.

- Supporting mandatory training, e-learning materials are under review to increase flexibility of access and minimise time commitment for all staff groups and new subjects are under development such as safeguarding**.**

4. Growing for the future

This pillar focusses on growing our workforce for the future – including how we recruit, train and keep our people, and welcome back colleagues who want to return. Key highlights are:

- Retention of our existing workforce remains a number one priority:
    - Recruiting new to care HCAs, and focussing on band 5 clinical staff and international recruitment
    - Streamlining our recruitment processes ultimately to reduce our Time to Hire (TTH)
    - Band 5 Recruitment including the Transfer Scheme – 29 requests in 2021 (26 approved), nearly doubled in 2022 to 54 (30 confirmed, 9 pending) assisting us to retain staff where possible
- Vacancies – for HCA's this has reduced since the start of the financial year by 8 WTE. Budgeted establishment has however increased from 686.36 WTE to 707.53 at December 2022. 32 offers of employment were made from our HCA recruitment event in September 2022. The STHK Health Care Academy has resulted in a 44% reduction in the number of HCAs leaving within 6 months of starting. A shortened application form has been introduced for HCA recruitment reducing the potential for a barrier to recruitment.
- Supporting use of staff transfer scheme as a retention tool – 9 HCA's have transferred since the start of December when scheme opened for HCAs**.**
- Band 5 Recruitment – vacancy gap of 12.14% at end of December 2022 (129.66 WTE). This has risen from 122.55 WTE since the start of the financial year. Establishment has increased from 1043.63 in July 2022 to 1068.42 December 2022. Our recruitment is impacted by the turnover of nurses of approx. 10-12 per month which has remained similar compared to December 2021. Overall 72 student nurses were recruited in July – December 2022. Recruitment campaigns : July RN Event – 13 offers, September ED event – 4 offers, December RN Event – 33 offers. 100 international nurses have also joined STHK in 2022. 33 of these are on ED rotation and 7 on Theatre rotation due to join those wards in substantive numbers over the next 12 months. Retention and recruitment to specialist areas particularly the Emergency department remain a challenge.
- Work is underway with the objective of reducing RN vacancies by the end of March 2023. This will include the implementation of long day shifts which will impact on the number of Band 5RN vacancies in the Trust. The next steps will be to understand what the actual staffing gap will be following the amendment of the demand templates for wards.
- Preceptorship: recruitment of 7 WTE preceptorship champions, and a redesign of the preceptorship course has commenced in January 2023 to ensure robust and comprehensive support for new starters to the Trust.
- Delivery of pre- preceptorship course for third year nurse students to ensure newly qualified staff can be assured of good support.
- Overall turnover remains very similar to the last period at 15.4% with the most common reasons for leaving being resignation, retirement, and end of fixed term contract

- The Trust is seeing a high number of staff opting to retire and return, supporting the Trust retention plans
- Understanding reasons for leaving and opportunities for learning are key to improve retention rates.
- A new exit interview process was piloted in ED, Bevan and Frailty focussed on improving data quality and understanding reasons for leaving.
- Between July – December 2022 of 556 leavers 378 questionnaires were sent out. Those who did not receive one were due to sensitive cases e.g., palliative condition or they had not provided the Trust with a personal email address. For staff without an email address, they are contacted by phone to complete a questionnaire
- Exit interview data shows the majority would consider returning to the Trust. A lack of job satisfaction and feeling valued were the two reasons that influenced the individual's decision to leave which is very similar to the last period. Line manager development is key to improving both issues.

END

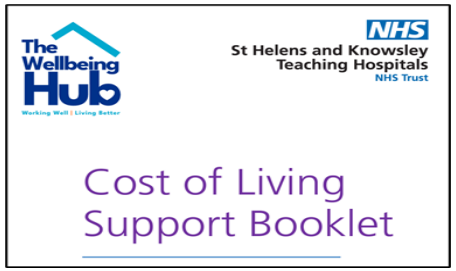
This report reflects the Trust Workforce Strategy and focusses on the four key pillars from the National NHS People Plan Priorities:

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

The Trust is committed to developing the organisational culture and supporting our workforce in line with our Trust objectives and in particular the commitments the Trust has made in terms of the NHS People Plan. This paper provides an update on workforce activity and achievements covering the period **July – December 2022.**

Summary – Strengths and Opportunities This Period

The Health & Wellbeing Teams have focussed on supporting our people with **Cost of Living Support** and Winter Wellbeing Events



We have been awarded Bronze accreditation for the Rainbow Badge, supporting inclusion for LGBT staff

- Our **staff networks** continue to grow, in particular the Menopause Network which now has over 300 members and has supported 430 employees at events since July 2022
- We continue to focus on **Employee Relations**, closing more cases quicker - 58 cases compared to 40 in the previous quarter. Legal update training to managers on dealing with ER cases has been completed and there are weekly case reviews and lessons learned reviews for cases involving medical and dental staff meaning we are able to manage cases quicker and more effectively – supporting our aims around Just Culture
- Listening and learning – our Staff Survey was distributed and staff were supported to complete the survey, we received a response rate of 40%. The 2022/23 action plan will be shared at April's Strategic People Committee.
- We achieved our 85% target for **staff appraisals**
- To support our staff to access their discretionary earnings quicker, in December we launched the **Wagestream** app which has been implemented across the Trust and has over 160 employees currently enrolled
- STHK **Health Care Academy** has had huge success in streamlining both recruiting and onboarding process - reducing turnover of those within the first year of service.

Summary – Areas for Improvement This Period

Sickness absence has seen the usual seasonal spike with cough, colds and flu being more prevalent. Stress and anxiety also remains a high reason for sickness absence. To support staff, bespoke and tailored support to teams and individuals is offered across the organisation which includes:

- Winter Wellbeing event, the Wellbeing Hub and support sessions delivered by Rugby League Cares
- Enhanced absence support programme and management - trends are analysed in order to provide targeted support. Absence management training is offered to new and existing managers.

Although our performance against the national average (50%) for **flu vaccination of** patient contact healthcare workers is above average at 58.42% this is still below the CQUIN target range of 70-90%. Vaccinators are targeting low uptake and high risk areas and personalised communications have been sent to 1,700 staff offering them the opportunity to get vaccinated

- **HWWB DNA performance** has declined by >5.20% compared to the last reporting period as operational pressures impact on the ability to release staff to attend their appointment. It is important that staff are supported by HWWB to stay in work and receive support for new and ongoing conditions to avoid future sickness absence. Where possible reasons for non-attendance are being captured and this is being followed up by managers.

- **Mandatory training** compliance continues to improve but is still below the 85% target. We continue to focus on professions with high levels of non compliance. Feedback from managers is the continuing challenge of accessing the 'face to face' subjects that cannot be delivered by e-learning such as moving and handling for clinical staff. Work with the Subject Matter Experts of these subjects is ongoing to look for alternative ways to further simplify access

Pillar 1 – Looking after our people

This pillar focusses on the action we will take to keep our people safe, health and well. The relevant People Indicators for this pillar are:

- Wellbeing Hub Activity
- Vaccination Data, including flu and Covid-19
- Sickness absence

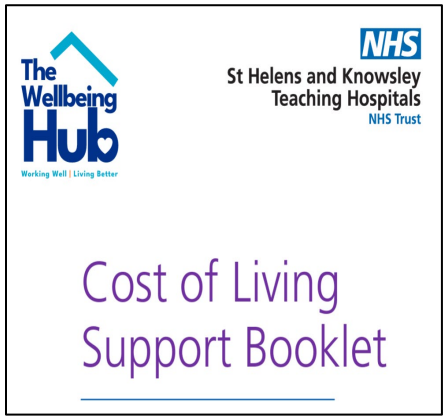
Pillar 1 – Looking after our people

PILLAR 1 IN ACTION…

Areas of focus

- **Supporting our people** continues to be an area of sustained activity and demand – the HWWB service has seen a >100% increase of demand compared to the last reporting period. Pre- employment checks (1,043), HWWB appointments (5,174) and Management referrals (629)
- **The Wellbeing Hub** have delivered 108 sessions/events with 2,239 people attending. Our counsellors/Mental Health Nurses and Psychologists have seen 651 staff.
- **Flu vaccination campaign 22/23** – focus on increasing uptake in particular in patient contact areas.
- **COVID-19 Autumn Booster Campaign 22/23** performance for patient contact healthcare workers is currently 40.98% (last reported 19/01/23). Hospital hub currently being reviewed by the COVID-19 national programme as to whether it will continue beyond January 2023, with potential for a spring booster campaign for target population groups
- **Withdrawal of staff terms and conditions section of COVID-19 workforce –** from 1st September 2022; normal contractual sick pay arrangements were reinstated for all staff regardless of sickness absence, covid-19 sick pay for covid-19 related absences and covid-19 special leave for self-isolation were also removed
- **Improving attendance** - sickness overall saw a reduction in this period, but as we entered November and December has begun to increase to 7.13% in December 2022 compared to 6.18% in July 2022 (as a comparator, sickness was at 5.71% in December 2019. STHK sickness is overall higher in December 2022 than it was in December 2019. In comparison to other Acute Trusts sickness is similar to other local acute hospitals, as at December 2022.
- Stress (29%) and cough/cold/flu remains the main cause of sickness absence. The current economic climate, and the cost of living is impacting personal lives and adding to existing workforce resilience pressures. Further support and interventions will continue to be monitored including the impact of the vaccination campaign and wellbeing hub activity.

Progress To date



Cost of Living Support

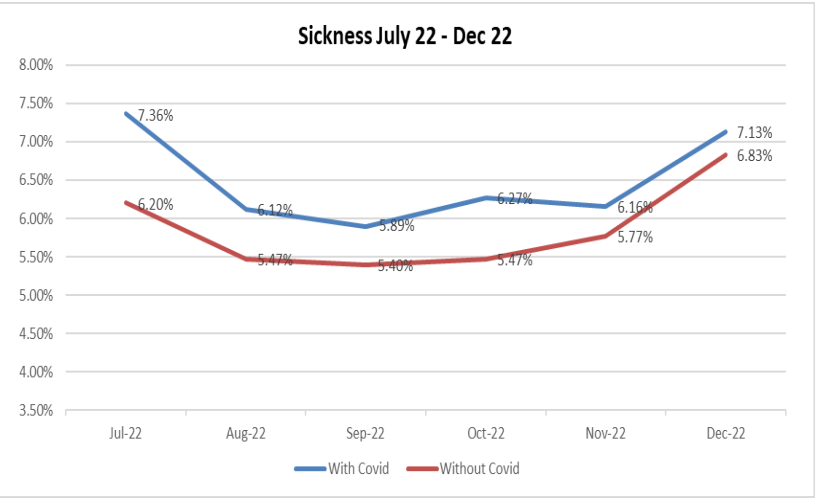
- Dedicated communication and support available through: staff extranet, engagement app, hard copy printed book and events/sessions designed to support staff with all aspects of important and relevant financial wellbeing advice.
- Winter wellbeing event held in November 2022, attended by over 370 staff, with 10 in-person sessions held, 24 exhibitors stalls and virtual sessions available on the day and post recordings created after to support those staff that could not attend.

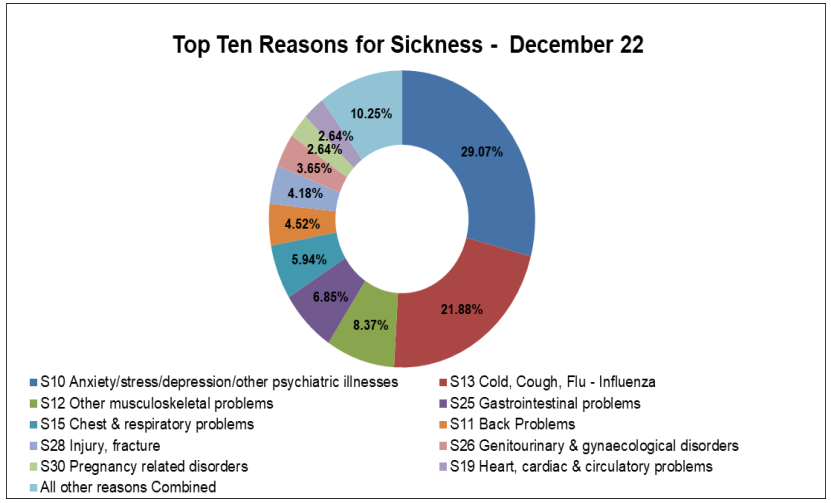
- **Wellbeing Dashboard** will be presented to Strategic People Committee in April 2023
- **Reducing DNA's in HWWB** is an ongoing particular area of focus. DNA performance has declined by >5.20%. Monthly DNA reports for each staff group are being shared with key stakeholders to help improve and have awareness of performance, reasons for DNA are being captured by the HWWB admin team to help understand for future service improvements. Appointment reminders are also sent, giving staff the opportunity to reschedule their appointment

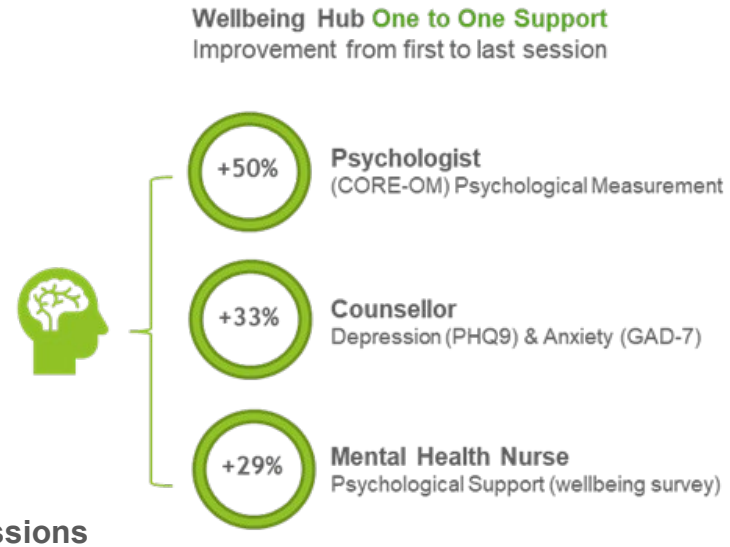
Areas of risk and mitigation

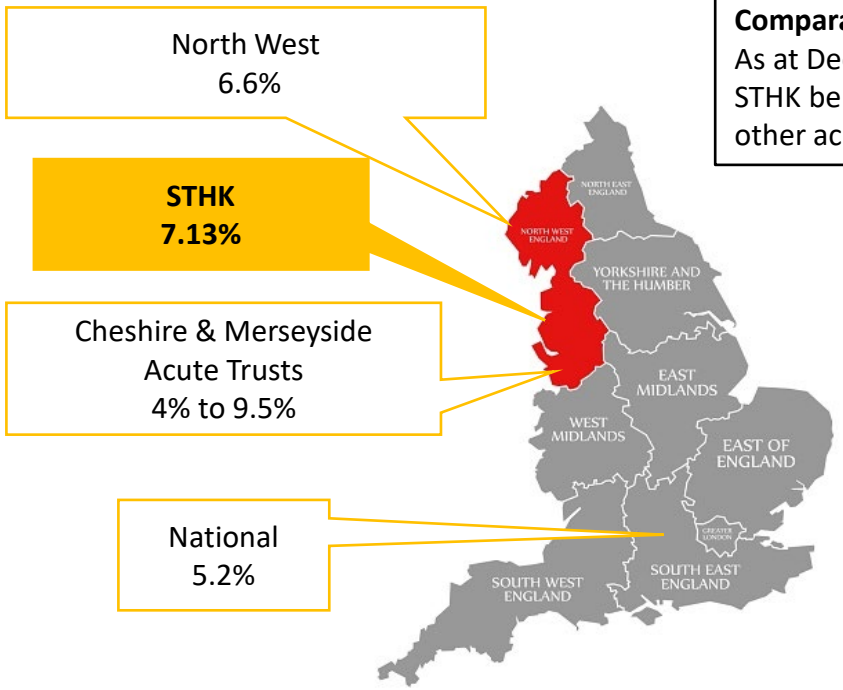
- **Flu campaign 22/23** - risk due to not meeting the CQUIN target for patient contact (PC) healthcare worker low uptake. To continue to encourage staff to have the flu vaccine, vaccinators are targeting low uptake and high risk PC areas. Unvaccinated engagement letters have been sent to 1,700 staff and 1,700 phone calls taking place throughout January 2023 to offer and support these staff. The outcome to these targeted actions will allow HWWB to capture the status of all staff and increase overall uptake.
- **Sickness.** HR and HWWB have created bespoke and tailored absence support to teams and individuals across the organisation in recent months. This includes the winter wellbeing event in November 2022, team de-brief and support sessions delivered by Rugby League Cares and The Wellbeing Hub, and the flu and covid-19 vaccine campaigns. There are also bespoke staff extranet landing pages tailored to topics such as cost of living support.
- Staff members who are absent due to sickness are being supported with welfare meetings and HWWB guidance. The Trust is working with others on the NW Attendance Management programme.

Pillar 1 – Looking after our people – Metrics and Activity









Comparator Sickness
As at December 2022
STHK benchmarking within the range for other acute Trusts: from 4% to 9.5%

Total Sessions Supporting Mental Health: 651

520 Pre-Employment Assessments

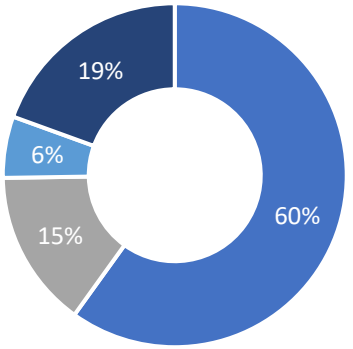
867 Appointments e.g. blood tests, dermatology, MMR vaccination

505 Management Referral Appointment

428 OH Advisor

77 OH Physician

Attendance Performance (STHK)



Pillar 2 – Belonging in the NHS

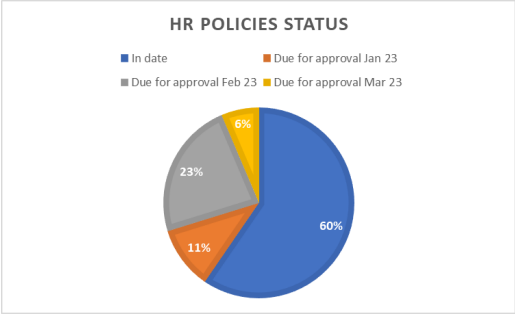
Belonging in the NHS highlights our delivery of actions to create an organisation whose culture makes our people feel they belong. The relevant People Indicators for this pillar are:

- Trust Workforce Profile
- Data on Employee Relations Cases
- WRES and WDES update

Pillar 2 – Belonging in the NHS

Areas of Focus

HR Policies continue to be reviewed:



Equality & Diversity –
Focus on **governance and reporting** in particular through the Equality Delivery System, Public Sector Equality Duty and Annual Gender Pay Gap Report
Focus continues on staff support & promotion, strengthening staff networks in particular the menopause network which now has over 300 members,.

- Conducted an extensive review of HR Policies and supporting information
- Staff survey had a 40% response rate. Results are currently being reviewed to identify key trends, improvements and risks and will be presented to the Trust Board and Strategic People Committee when national results are published.

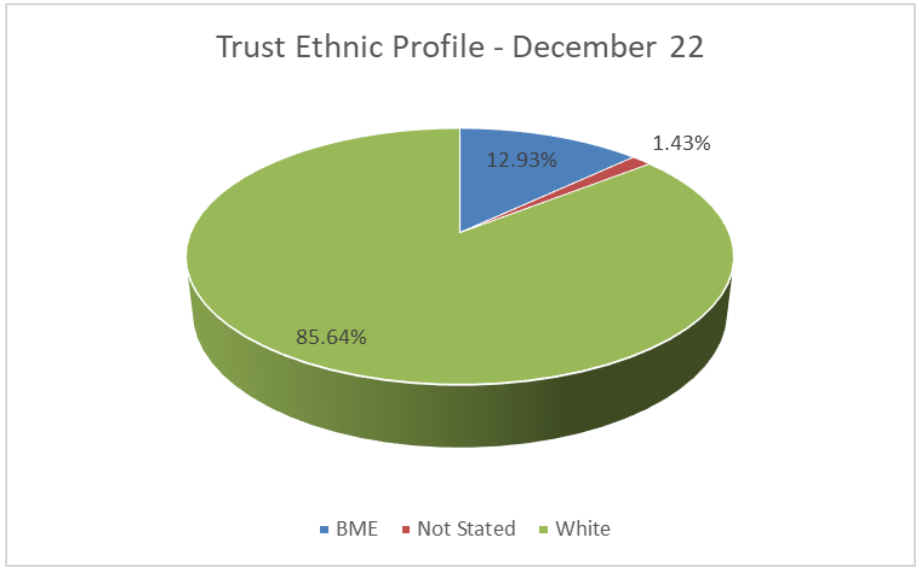
Areas of risk and mitigation

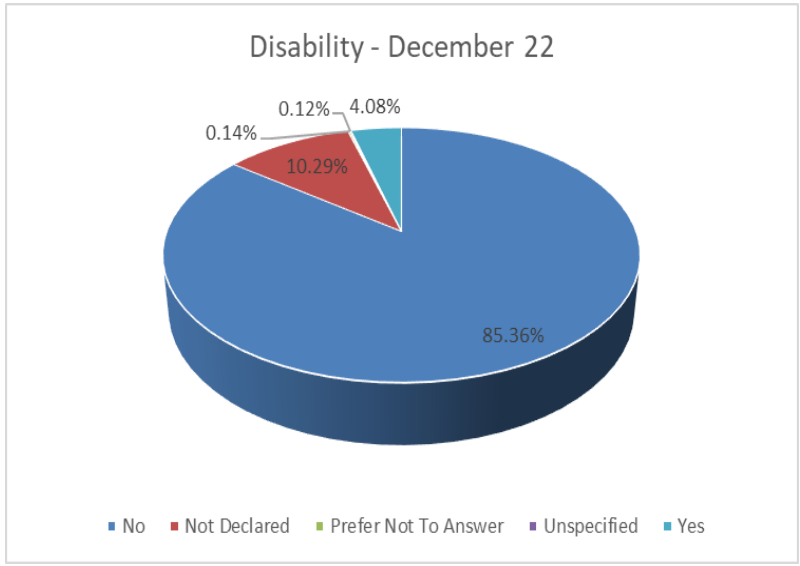
- **Employment relations** cases continue to increase. A suite of Employment Law training sessions are being delivered. So far ten session have been delivered to 186 staff, with a further seven sessions scheduled. Employment law and ED&I e-learning modules have also been developed for staff to access via the Trusts Extranet.

- **Staff ED&I Competency –** surveys and feedback indicate a need for additional ED&I competence training and development. A gap analysis is taking place to identify current ED&I training provision and to create a suite of training materials.

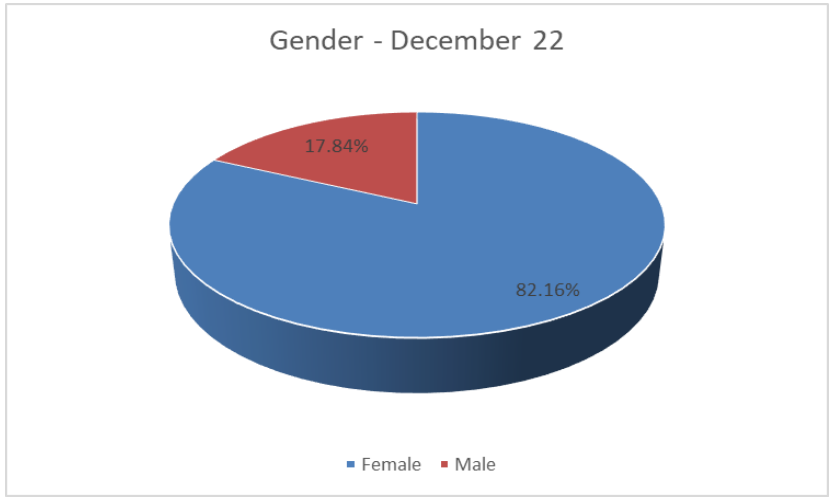
Progress to date

- **Strengthening our ED&I Team** to deliver an extensive programme of work enabling the Trust to continue to deliver on its strategic ambitions, ensuring it remains well-led and at pace with the equality, diversity and inclusion agenda.
- **ED&I Operational Plan –** The Trust has developed a new ED&I Operational Plan 2022-2025. The plan is based on 3 key areas of 1. Inclusive and Compassionate Leadership, 2. Culture of Inclusion, and 3. Diverse Workforce. Corresponding actions have been approved and are in progress for each key area
- **WDES** – the proportion of known disabled staff has increased to 4.1% (Dec 2022) compared to 3.5% (June 2022). A new "Adjustment Passport" continues to be implemented to help facilitate conversations between managers and employees, and to create a record of the agreed reasonable adjustments and support.
- The Trust has partnered with the Business Disability Forum (BDS) who delivered 10 "Managing Disability with Confidence" training sessions, attended to date by over 110 staff at a range of levels
- **Rainbow Badge** – The Trust was awarded a Bronze status in September 2022 for LGBT inclusiveness for employees and patients. Work continues on reviewing and addressing the recommendations from the assessment.
- Achieved the 85% target for staff appraisals
- We have had 53 employees undertake trainee Nurse Associates Apprenticeship Level 5 – 28 have completed and are new Nursing Associates, 24 of which are currently enrolled ("Trainee Nurse Associates") and 1 paused for a break in learning due to maternity leave. Preparation of a business case for cyclical funding of the TNA programme is underway

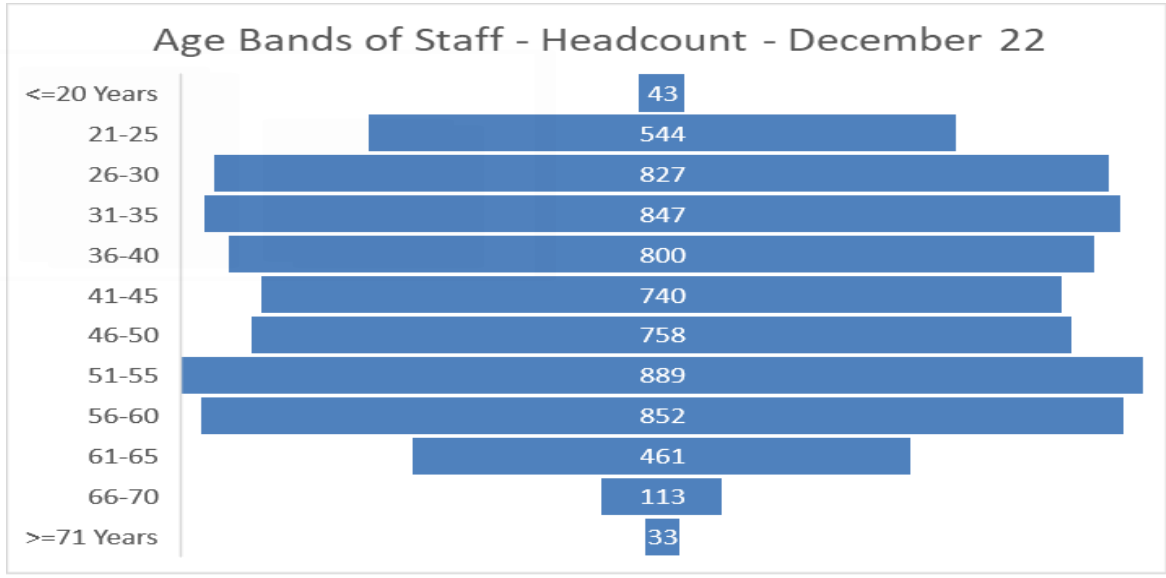




Disability	Headcount	%
No	5896	85.36%
Not Declared	711	10.29%
Prefer Not to Answer	10	0.14%
Unspecified	8	0.12%
Yes	282	4.08%
Grand Total	**6907**	**100.00%**



Gender	Headcount	%	FTE
Female	5675	82.16%	4904.64
Male	1232	17.84%	1166.31
Grand Total	**6907**	**100.00%**	**6070.95**



Pillar 2 – Belonging in the NHS – Employee Relations Metrics

Current Cases on 31st December 2023						
Case Category	Medical Care Group (FTE 1399)	Surgical Care Group (FTE 1319)	Clinical and Support Services (FTE 463)	Corp, (FTE 816) CSSG, (FTE 1046) Medirest ROE (FTE 237)	Medical (FTE 538)	Total
Disciplinary	3	0	0	0	1	4
Employment Tribunals	0	1	0	0	1	2
Fast Tracks	2	1	0	4	0	7
Grievances	2	2	3	7	2	16
Investigations	11	0	0	6	2	19
Respect and Dignity at Work	4	0	0	0	1	5
Overall Total	22	4	3	17	7	53

Case Categories: for the purpose of clarity:

- **Grievances** are the complaints which employees raise.
- **Disciplinaries** are mainly about conduct and when it has been decided that a hearing is required.
- Investigations do not include grievances - they vary and could be linked to potential conduct issues.

Just Culture: The Trust believes that most issues can be resolved through informal dialogue, and actively encourages all parties to engage with the informal methods to resolve issues first and will support colleagues to do so. Disciplinary policies are designed to ensure a fair, systematic and consistent approach when informal dialogue is not appropriate.

PILLAR 2 IN ACTION…

HR continue to focus on **timely investigations and closure of cases.** At December 2022 there were 58 closed cases compared to 40 in the previous quarter. Legal update training to managers on dealing with ER cases is ongoing. Nursing cases are discussed at the Professional Standards meetings
and there are weekly case reviews and lessons learned reviews for cases involving AFC, medical and dental staff meaning we are able to manage cases quicker and more effectively.

Closed Cases - July to December 2022	
Activity	Number
County Court Cases	0
Disciplinary	6
Employment Tribunals	0
Fast Tracks	9
Grievances	19
Investigations	16
Respect and Dignity at Work	8
Total	58

Pillar 2 – Belonging in the NHS

Apprenticeships

Top 8 most popular apprenticeships (live and completed) since the programme started in 2017

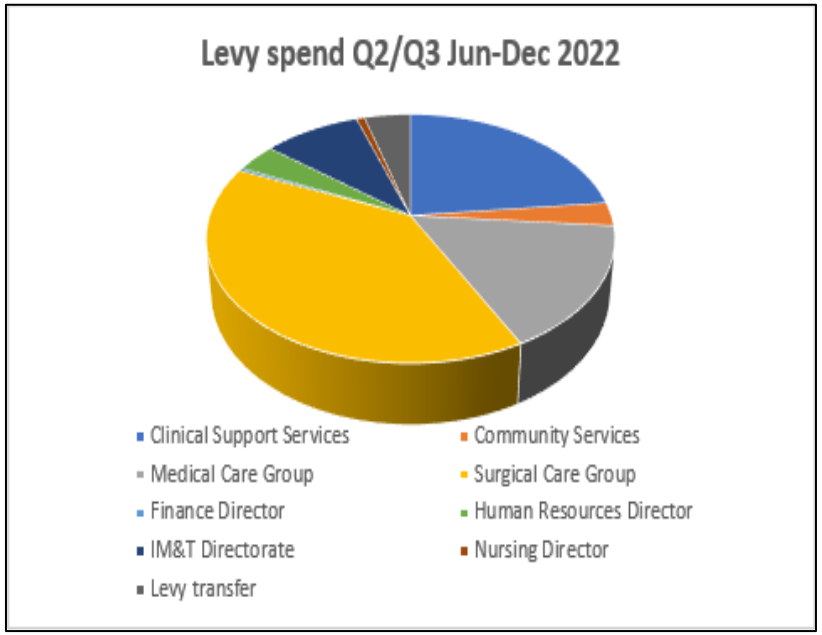
Most popular apprenticeships	Jun-22	Dec-22
Nursing Associate L5	44	53
Senior Healthcare Support Worker L3	33	30
Senior Leader L7	27	27
Healthcare Science Practitioner	23	26
Business Administration L3	19	20
Registered Nurse L6	17	18
Payroll Administration L3	11	11
Team Leader / Supervisor L3	10	12
Total	184	197

Growing apprenticeships: As set out in the NHS People Plan the Trust continues to offer more apprenticeships, ranging from entry-level jobs through to senior clinical, scientific and managerial roles. This is a key route into a variety of careers in the NHS, giving individuals the opportunity to earn and gain work experience while achieving nationally-recognised qualifications:

- Increase the range of apprenticeships available to our staff, working with staff and providers to identify and promote new courses.
- Utilising apprenticeships to support Advanced Clinical Practice places.
- Working with recruitment and corporate teams to introduce apprenticeships as an entry to the Trust, particularly in HCA and nursing roles, linking the nursing career progression to the apprenticeship offer
- Planning for National Apprenticeship Week in February 2023
- Apprenticeships are developing nationally and more providers are coming on stream with a wider range of courses, many now mapping to professional qualifications or NHS recognised qualifications

Levy Activity

- Apprenticeship activity at December 2022 shows an increase in the number of live apprenticeships across the trust
- Levy Spend in Q2/3 was £428,159 which is increased from £202,961 at the start of Q1 (total pot £1.18m)
- The groups with the highest level of apprenticeship activity this period are Clinical Support Services (£110k) and Surgical Care Group (£185k)



Pillar 3 – New ways of working and delivering care – making the most of the skills we have

New ways of working include innovation, change and our ability to make effective use of our people's skills. The relevant People Indicators for this pillar, whilst not data driven, focus on:

- Effective use of our workforce skills, learning and experiences, enabling us to work differently in the future
- Innovation and horizon scanning - planning for the future in our service areas
- Developing the skills and knowledge of our people for the future
- Ensuring our people practice safely

Pillar 3 – New ways of working and delivering care

Areas of Focus

- **Band 2-6 Nursing Clinical Workforce Review Project** – supporting corporate nursing to undertake a clinical model review of bands 2-6 nursing workforce in collaboration with Finance, Service Improvement and Information Teams.
- **Advanced Clinical Practitioners** – due to the success of the ACP workforce we are expanding the number of ACPs within the Trust. Funding window currently open for bidding for new ACP course places for Summer 2023 and Spring 2024
- **Trainee Nursing Associates (TNA's)** – two active cohorts of TNAs (19 total) with a further cohort of potentially six starting in March 2023. Preparation of a business case for cyclical funding of the TNA programme is underway
- **Anaesthetic Associates (AA's)–** funding bid for 2 x AAs was successful and recruitment is underway to appoint to the roles with training due to start in March 2023.
- **Widening Participation –** ICB, / Health & Social Care Project on Entry to Health Care Careers.
- **Workforce Planning** – Clinical Diagnostic Centre delivery against business case, international recruitment for midwifery and radiology.

Progress to date

- The **Wagestream Project** has been implemented across the Trust, allowing employees to draw down earned overtime in the current month. Currently 167 employees enrolled, 20 - employees opened a savings account and 27 employees accessed and drew down on their earned overtime last month
- STHK **Health Care Academy** has had huge success in recruiting and onboarding HCAs to the Trust and reducing turnover of those within the first year of service (more detail on slide 14)
- Focussing on a wider project for **HCA and entry level Admin & Clerical positions** to support local communities into careers in Health Care.
- Work underway to recruit to roles agreed as part of the successful **Clinical Diagnostics Centre (CDC) business case** as well as to look at wider role redesign, workforce planning and training roles which will support in the delivery of the CDC.
- **e learning materials** are under review to increase flexibility of access and minimise time commitment for all staff groups and new subjects are under development such as safeguarding.

Risk and Mitigation

- There is a risk that the Nursing Clinical Workforce Review Project is not completed in the timeframe allotted due to the extended breadth and scope of the project requirements following the creation of the Project Initiation Document (PID). Executive sponsors of the project are aware of the requirement for a revised timeline and are receiving updates on the progress of the project for review and decision making.
- Health Roster publication- is currently at 5.3 weeks which is behind the 8 week completion and publication target overall due to operational pressures causing delays in rosters being finalised by line managers. Performance is monitored at the Roster Oversight Group and the Workforce Utilisation Group. The roster team are working closely with managers to support effective rostering, ensuring patient safety as priority.

Pillar 3 – New ways of working

PILLAR 3 IN ACTION…

Feedback and Continuous Improvement of Healthcare Academy

8.6/10 rating for relevance of course to job role preparation

Candidates have increased confidence to start their new HCSW role

Early intervention from clinical support team to support retention in the first 12 weeks

Pastoral/Educational support offered for 12 weeks post course attendance

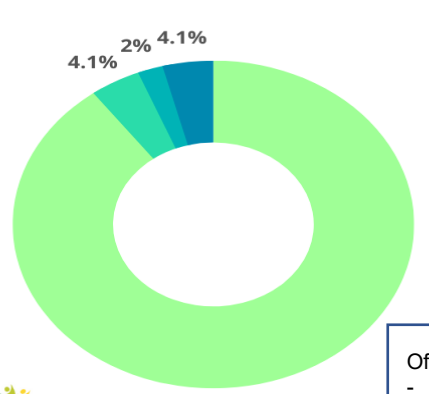
HEALTHCARE ACADEMY
PROVIDING OUR TEAM THE BEST START

Support offered when struggling to embed in to new work area - Internal Transfer Scheme.

Practical sessions preferred over 'Chalk & Talk'. Number of practical elements of the course have increased since August 2022

Future planning -
- Pastoral care and support beyond 12 weeks
- Development pipeline and support to further education/ talent management
- "Elevation or Escalation STHK Plan"

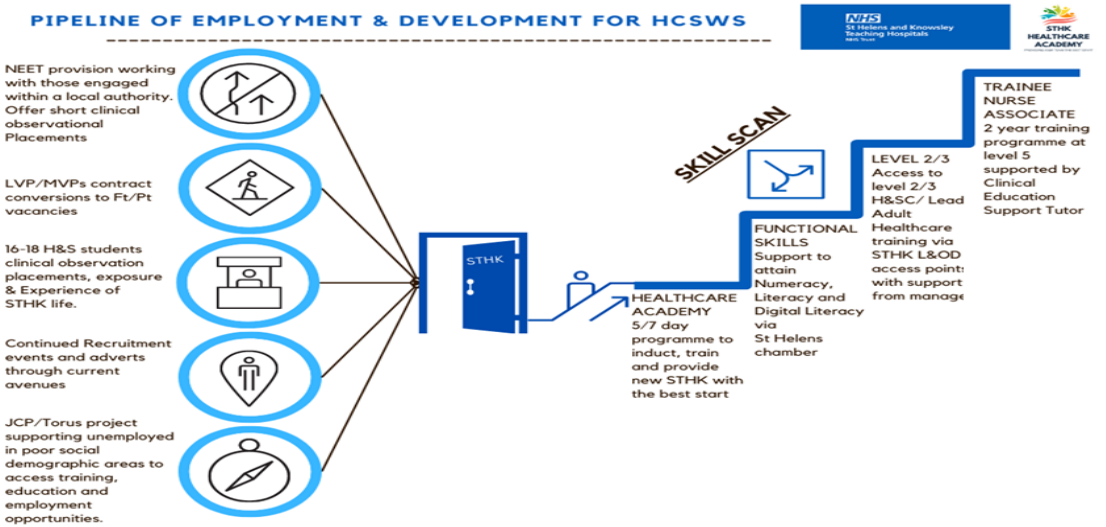
Healthcare Academy HCA In Post



- Remains in post
- Requested internal transfer
- Left Organisation
- Change from Substantive to Temporary Contract

Of the two employees who left reasons given include:
- Due to medical illness
- To commence nurse training programme
- Not enjoying working in a hospital environment

Future Planning for HCSW Development and Career Pathway



Pillar 4 – Growing for the future, recruiting, retaining and attracting people

The relevant People Indicators for this pillar focus on:

- Staff retention – including turnover, workforce stability and leavers
- Staff movement – including the Internal Transfer Scheme and planning for potential retirements
- Temporary workforce – including recruitment of bank staff
- Recruitment Activity – including international recruitment

Pillar 4 – Growing for the future, recruiting, retaining and attracting people

Areas of Focus

- **Recruiting new to care HCAs** – focussing on quarterly recruitment events, the Staff Transfer Scheme and the HCA Academy review – offering designated support during on-boarding, training and first 12 months. We also have a programme of work in reducing barriers to employment – such as flexible working requirements and mapping vacancies to those staff considering substantive roles and
- **Time to Hire (TTH) -** analysing the recruitment pathway and reducing barriers and delays, to enable people to be deployed safely and efficiently.
- **Band 5 recruitment and retention**– with a focus on enhanced preceptorship support, our offer of flexible working and using the exit interviews to obtain more informative data of reasons for leaving and using this to inform the work.
- **Understanding reasons for leaving** – (slide 18) a new exit interview was piloted in ED, Bevan and Frailty areas focussed on improving data quality and understanding reasons for leaving**.** We have made Improvements in "would you work for us again" from January 2022 to December 2022 (46% compared to 60%). Encountering violence and aggression in the workplace from patients does not feature in top 5 reasons for leaving now as it did in January 2022.

Risk and Mitigation

- The Trust continues to use bank and agency to fill **temporary workforce**. There is a high level of requests to fill shifts in ED and due to this typically filled by agency (Average July-Dec: 78% agency fill, 1.1% bank, 20% unfilled). Recruitment events and international nurses have filled a number of vacancies but turnover remains high in this area. Incentives for bank workers to undertake bank shifts is being reviewed at an ICB level.
- Awaiting confirmation of **international nursing recruitment numbers for 2023/24** – currently resources available for the Trust are unknown.

Progress to date

- **HCA Vacancy gap** at December 2022 9.33% for Band 2 HCAs (65.99WTE). This has reduced since the start of the financial year by 8WTE. Budgeted establishment has increased from 686.36 WTE to 707.53 at December 2022. 32 offers of employment were made from our HCA recruitment event in September 2022. The STHK **Health Care Academy** has resulted in a 44% reduction in the number of HCAs leaving within six months of starting. Only three out of 79 have left of those who have attended the course since September. A shortened application form has been introduced for HCA recruitment reducing the barriers to recruitment for this staff group.
- Supporting use of staff transfer scheme as a retention tool – 9 HCA's have transferred since December when the scheme opened for HCAs. Approx. turnover of 8 HCAs per month, expect to see reduction in 2023 based on above from Sept 22 onwards.
- **Band 5 Recruitment** – vacancy gap of 12.14% at end of Dec 2022 (129.66WTE). This has risen from 122.55WTE since the start of the financial year. Our recruitment is impacted by the turnover of nurses of approx. 10-12 per month which has remained similar compared to Dec 21. Overall 72 student nurses were recruited in July – Dec 22. Recruitment campaigns : July Registered Nurses Event – 13 offers, Sept ED event – 4 offers, December 2022 Registered Nurse Event – 33 offers. 100 international nurses have also joined STHK in 2022. 33 of these are on ED rotation and 7 on Theatre rotation (due to join those wards in substantive numbers over the next 12 months).
- Work is underway with the objective of reducing RN vacancies by the end of March 2023. This will include the implementation of long days which will impact on the number of Band 5RN vacancies in the Trust. The next steps will be to understand what the actual staffing gap will be following the amendment of the demand templates for wards
- **Band 5 Transfer Scheme (Retention)** – 29 requests in 2021 (26 approved), nearly doubled in 2022 to 54 (30 confirmed, 9 pending) assisting us to retain where possible.
- **Preceptorship recruitment & retention**
    - Recruitment of 7 WTE preceptorship Champions
    - Redesigned preceptorship course, commenced January 2023.
    - Delivery of Pre- Preceptorship course for third year nurse students
    - Target recruitment for newly registered Nurses & AHP workforce

Pillar 4 – Growing for the future

PILLAR 4 IN ACTION…

Focus on Time to Hire – recognising the dip this period against a KPI of 66 days. We have introduced KPIs for each set action within recruitment process which has enabled the team to understand where specific delays are and escalate as necessary

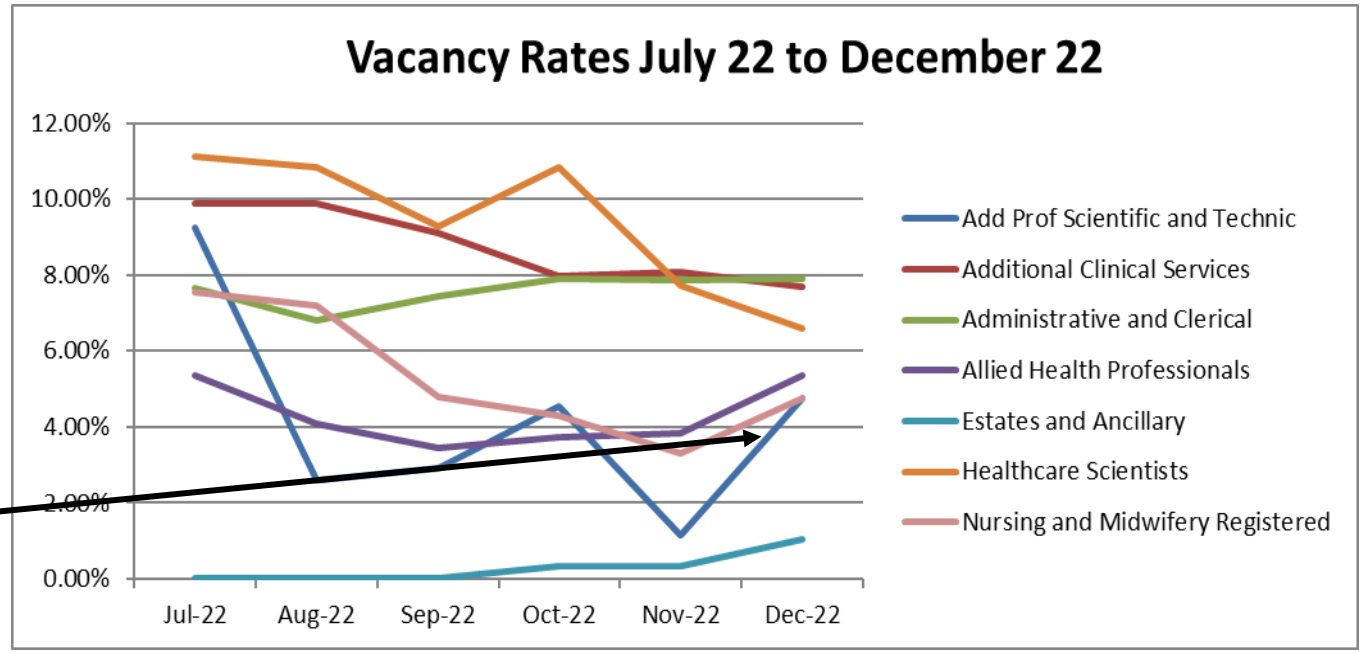
Benchmark: STHK ranked 51/177 for speed of completing employment checks and 46/177 for speed of shortlisting.

January – June 2022

July – December 2022

Band 2 HCA vacancies have reduced by 1.45% between April and December 2022. This is despite the budgeted establishment increasing by 3% from 686.36 WTE to 707.53 WTE between April and December 2022.

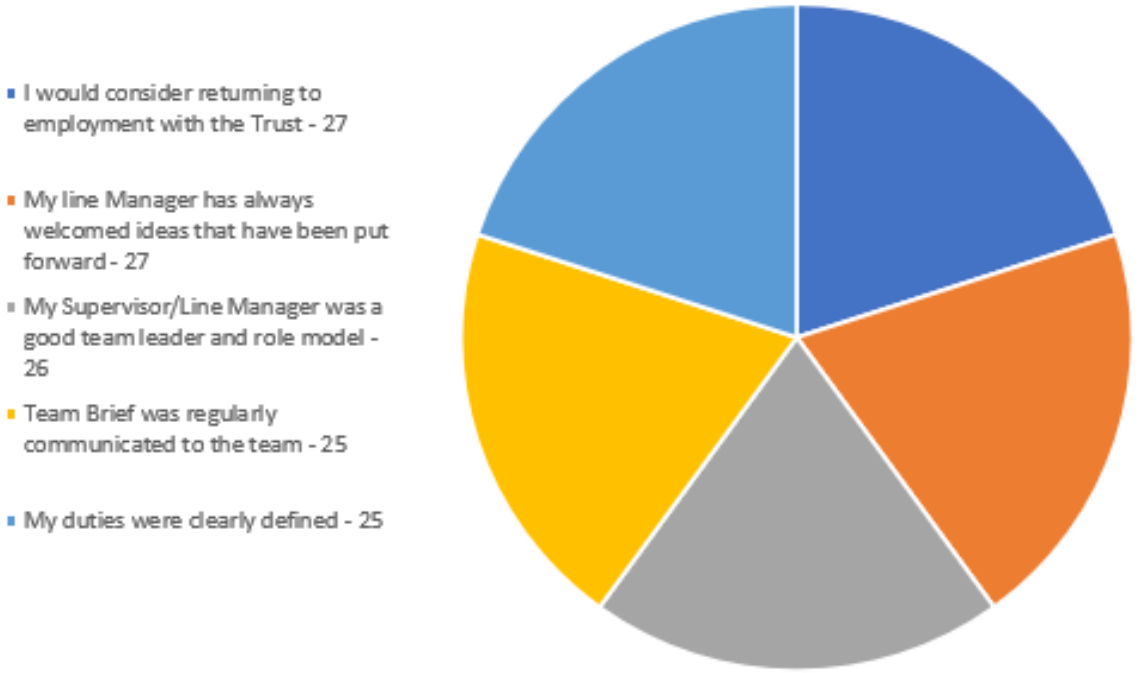
Increase in vacancy rates - due to budget establishment increase overall from July to December 2022: 5754.14 in July increased to 5877.70 in December 2022 - turnover remained similar 15.94% in July 2022 and 15.40% in December 2022



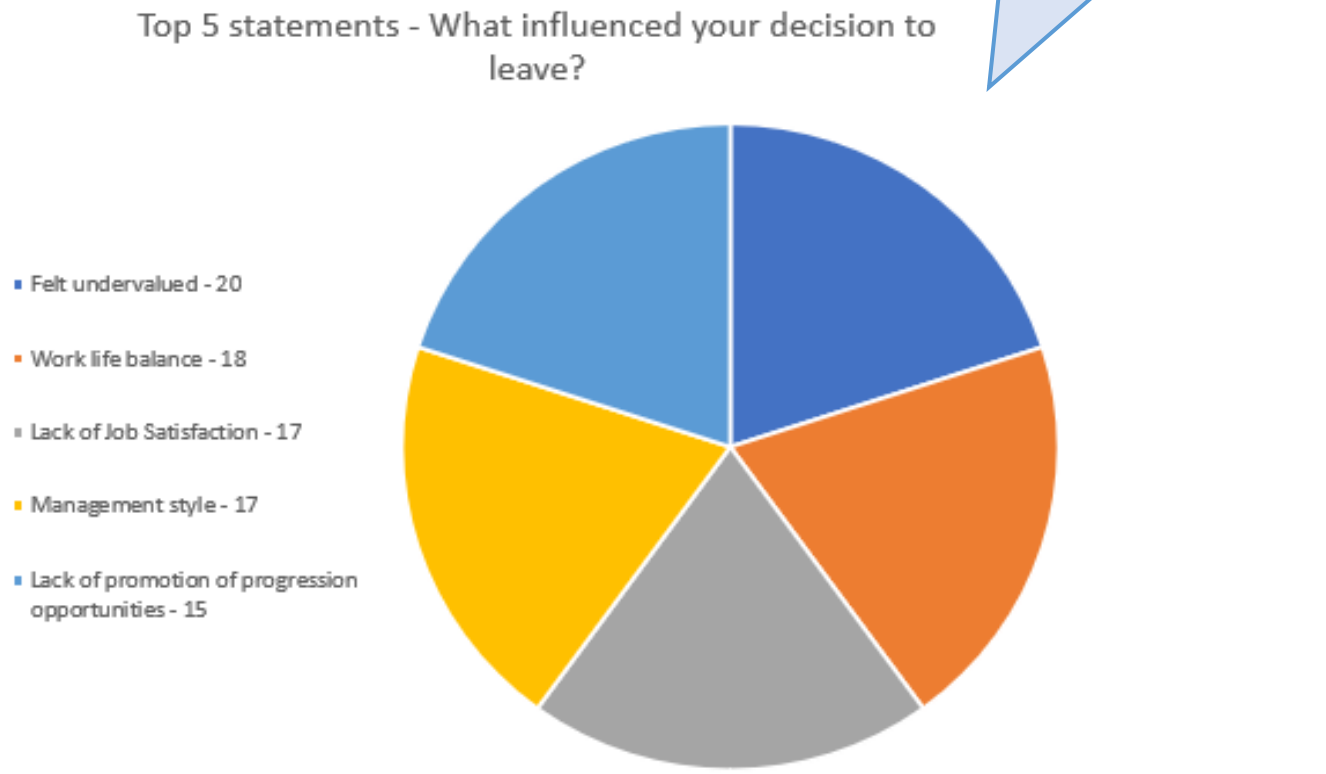
Pillar 4 – Growing for the future, recruiting, retaining and attracting people

62 Exit Questionnaires returned between July and December 2022

390 statements selected overall 130/390 – Top 5 statements



207 statements selected overall 87/207 – Top 5 Statements



Exit questionnaires – Between July – December 2022 of 556 leavers 378 questionnaires were sent out. Those who did not receive one were due to sensitive cases e.g. palliative condition or they had not provided the Trust with a personal email address. For staff without an email address they are contacted by phone to complete a questionnaire

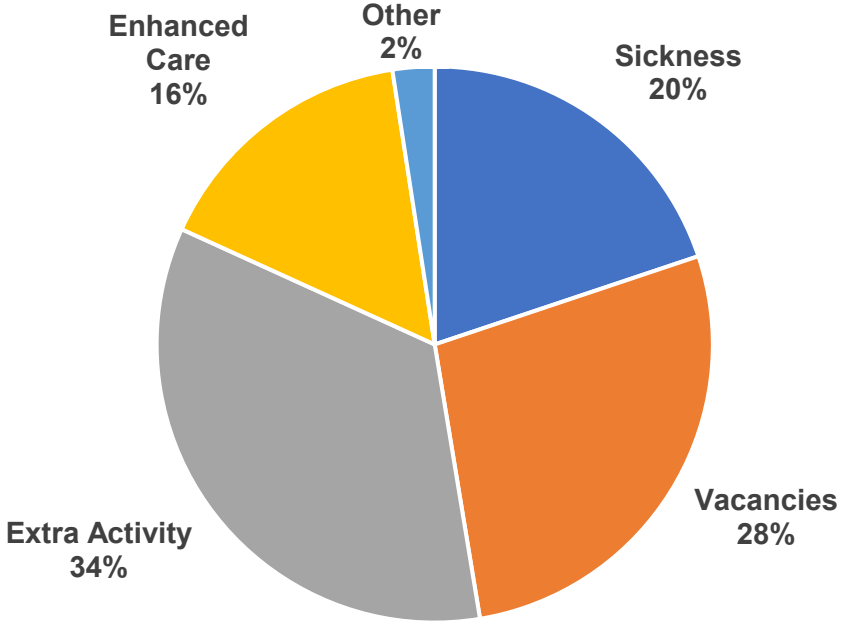
Pillar 4 – Growing for the future, recruiting, retaining and attracting people

Temporary Workforce Shift Data - July 2022-December 2022

Month	Shifts Requested	Shifts Filled	% Fill Rate	Filled By Bank	Filled By Agency	Unfilled
Jul-22	14351	9640	67%	7315	2325	4711
Aug-22	14221	10081	71%	7670	2411	4140
Sep-22	13189	9211	70%	6848	2363	3978
Oct-22	13729	9527	69%	6929	2598	4202
Nov-22	13124	9507	72%	7034	2473	3617
Dec-22	13371	8718	65%	6339	2379	4653

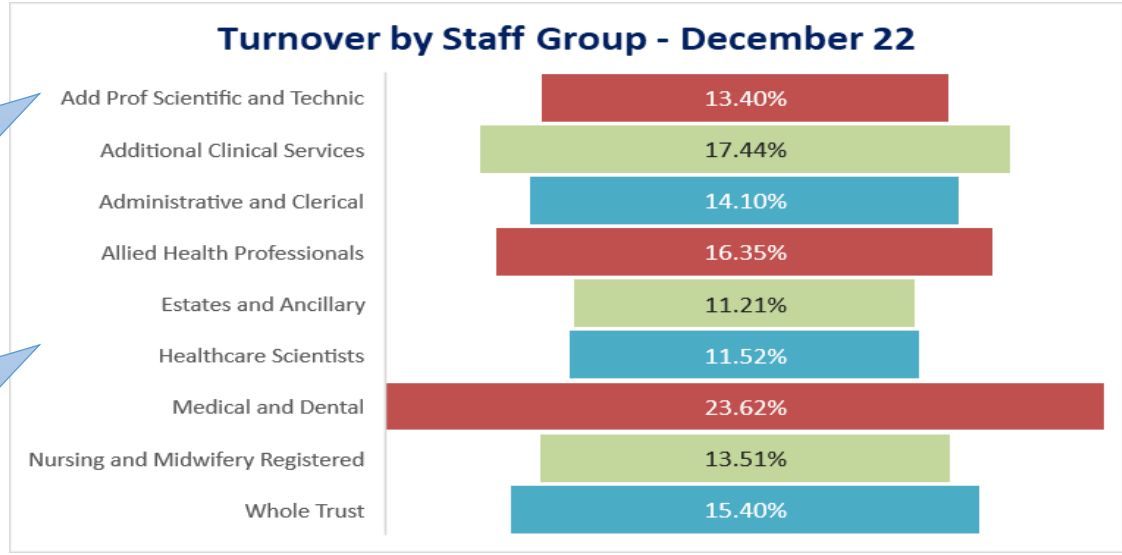
81,985 shifts were requested during the period with 74% of these being filled. Of those shifts filled the split between bank and agency was 74% (bank) and 26% (agency).

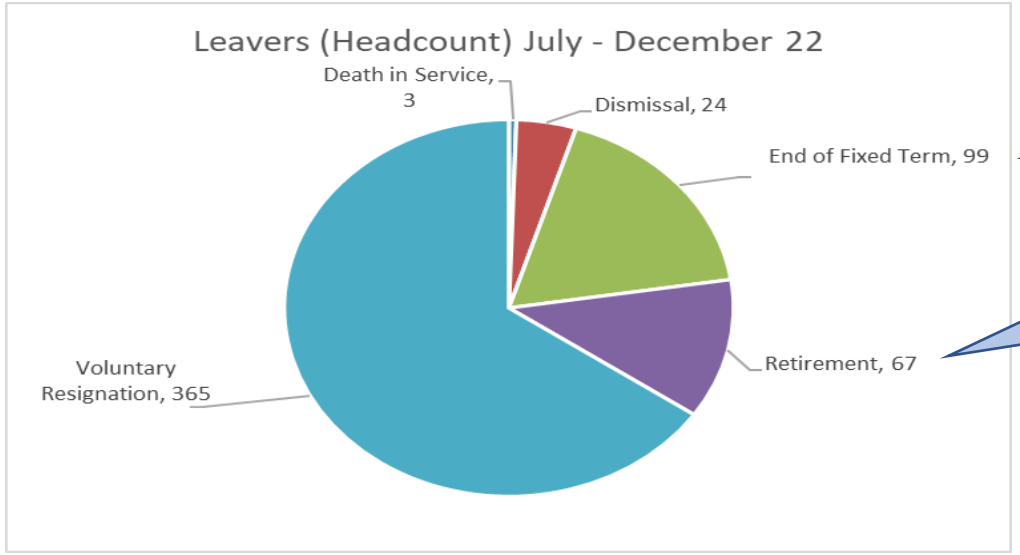
The request reasons for bank and agency during the period were as follows:



Turnover rates have remained similar to March - June 2022

Increase in turnover due to rotation





45 of these were FY2 Junior Drs who left to complete specialty training

12 of these returned to the Trust as Retire and Returns

St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Board

Paper No NHST (23)010
Title of paper: St Helens and Knowsley Teaching Hospital NHS Trust's position statement in relation to Clinical Negligence Scheme for Trusts (CNST) Maternity incentive Scheme Year 4 (2021/2022) safety actions.
Purpose: To provide the Trust Board with an update of the current position against the Clinical Negligence Scheme for Trusts (CNST) Maternity Services Incentive Scheme 10 safety actions and the Trust's plan to declare compliance against the scheme.
Summary: This paper provides an update on compliance with the fourth year of the Clinical Negligence Scheme for Trusts (CNST) Maternity Services Incentive Scheme. This scheme offers up to 10% rebate of the Maternity premium for trusts that are able to demonstrate compliance against 10 safety actions. This scheme supports the Safer Maternity Care Ambition by supporting the delivery of safer maternity care by rewarding trusts that meet ten safety actions which have been designed to improve the delivery of best practice in maternity and neonatal services. On review of the evidence for the CNST Safety Actions compliance against all 10 actions has been evidenced. The Trust declaration form is required to be signed by the Trust's CEO, on behalf of the Trust Board and by Accountable Officer (AO) for the Integrated Care System The Trust is required to submit the completed Board declaration form to NHS Resolution by Thursday 02 February 2023.
Corporate objectives met or risks addressed: Care; Safety; Pathways; Communication and Systems
Financial implications: Yes, 10% discount on the CNST maternity premium for 2021/22
Stakeholders: The Trust; staff; patients; commissioners
Recommendation(s): The Trust Board is asked to approve the CNST compliance declaration.
Presenting officer: Sue Redfern, Director of Nursing, Midwifery & Quality
Date of meeting: 25th January 2023

1. Introduction

NHS Resolution is operating year four of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care. As in previous years, members will contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity incentive fund.

The scheme incentivises ten maternity safety actions to Trusts that can demonstrate they have achieved all of the ten safety actions. These Trusts will recover the element of their contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds.

The Trust declaration form will be signed by the Trust's CEO, on behalf of the Trust Board who will ensure that the Accountable Officer (AO) for their Integrated Care System (ICB) is apprised of the MIS safety actions' evidence and declaration form. The CEO and AO must both sign the Board declaration form as evidence that they are both fully assured and in agreement with the compliance submission to NHS Resolution.

The Trust will submit the completed Board declaration form to NHS Resolution by Thursday 2nd February 2023 following a presentation detailing the position and progress of the 10 safety actions.

2. CNST Safety Actions

The ten safety actions are detailed below:

Maternity Incentive Scheme – Year 4 (Relaunched May 2022) Ten Safety Actions	
Safety Action 1	Are you using the National Perinatal Mortality Review tool to review perinatal deaths to the required standard
Safety Action 2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?
Safety Action 3	Can you demonstrate that you have transitional care services to minimise separation of mothers and their babies and support the recommendations made in the Avoiding Term Admissions into Neonatal Units Programme?
Safety Action 4	Can you demonstrate an effective system of clinical workforce planning to the required standard?
Safety Action 5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?
Safety Action 6	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version two?

Safety Action 7	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services?
Safety Action 8	Can you evidence that a local training plan is in place to ensure that all six core modules of the Core Competency Framework will be included in your unit training programme over the next 3 years starting from the launch of the MIS year 4? In addition, can you evidence that at least 90% of each relevant maternity unit staff group has attended an 'in house', one-day, multi-professional training day which includes a selection of maternity emergencies, antenatal and intrapartum fetal surveillance, and newborn life support, starting from the launch of MIS year 4?
Safety Action 9	Can you demonstrate that the trust safety champions (obstetrician, midwife and neonatologist) are meeting bimonthly with Board level champions to escalate locally identified issues?
Safety Action 10	Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) and to NHS Resolution's Early Notification scheme from 1st April 2021 to 5th December 2022?

3. Findings

The Trust has populated an evidence log for reference and a collated the associated evidence for each safety action and their respective elements to demonstrate compliance.

The evidence has been reviewed by maternity and Neonatal services and the Director of Nursing, Midwifery and Governance.
The evidence review has provided the overview of compliance below:

Safety Action 1 – COMPLIANT
The Trust is able to declare compliance against the 4 required standard elements of this Action relating to the use of the National perinatal Mortality review tool and notification to MBRRACEUK within the agreed timeframes alongside board reporting as indicated.

Safety Action 2– COMPLIANT
The Trust has evidence to support compliance to the 7 required standard elements including 3 further elements relating to Maternity Continuity of carer. An updated maternity digital strategy has been completed and submitted to the LMNS before the 31st October 2022. The Trust is now working collaboratively with Southport and Ormskirk IT colleagues on the procurement of a new maternity electronic clinical system which will ensure longer term compliance of production of data sets.
The Trust was able to provide assurance of compliance to 11/11 Clinical Quality Improvement Metrics (CQIMs) which passed the associated data quality criteria for the allocated timeframe in the "CNST Maternity Incentive Scheme Year 4 Specific Data Quality Criteria" data file.
The Maternity CNST scorecard received for July data that was published in October 2022 demonstrated full compliance to all 11 Clinical quality metrics

Safety Action 3– COMPLIANT
The Trust is able to demonstrate its compliance with Safety action 3 with evidence of a pathway of care for babies undergoing transitional care within the postnatal ward alongside the quarterly audits required for this standard and term admissions to the neonatal unit. The service has a recording process for capturing all term babies admitted to the neonatal unit regardless of length of stay and regularly updates the ATAIN action plan. A business case is in progress to further enhance and develop the Transitional care services

Safety Action 4– COMPLIANT
The Trust can demonstrate commitment to the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics' into our service alongside compliance confirmed by the monthly audits
The Anaesthetic medical workforce was compliant for Year 3 and Year 4 MIS.
The Neonatal medical workforce was not compliant with Year 3 MIS and an action plan was developed and presented to Board. T1 recruitment was

achieved and the service became compliant. A reduction in the in the T! doctors from the deanery was reduced resulting in a deficit and therefore a business case is under development to ensure BAPM compliance
Neonatal nursing workforce has undertaken a 6 monthly review for Year 3 and year 4 MIS

Safety Action 5– COMPLIANT

The Trust is able to demonstrate compliance to the 5 required standard elements of midwifery workforce planning including compliance to maintaining 1-1 care in labour and the presence of a supernummary Delivery Suite shift coordinator.

Safety Action 6– COMPLIANT

The Trust is able to demonstrate compliance against the 3 required standards of this safety action, including the 5 elements of the Saving babies lives care bundle V2 evidenced by data from the maternity information system and audits indicated as minimum evidential requirements. These elements include for Smoking in pregnancy which has an action plan as the process indicator score is less than 95%, fetal growth restriction, Reduced fetal movements, fetal monitoring in labour and preterm birth.

Safety Action 7– COMPLIANT

There is evidence of compliance against this safety action with current TOR for the MVP and meetings which demonstrate service user feedback, co-production between service users and staff. The MVP chair provides a work plan that has been accepted by the LMS and demonstrates prioritisation of ascertain0ing the experiences of Black, Asian and Minority Ethnic families in order to inform the shaping of services. The MVP chair attends the Trust Safety champion meetings, invited to Labour ward forum and attended as part of the maternity insight visit

Safety Action 8– COMPLIANT

The Trust has a local training plan in place ensuring that all six core modules of the Core Competency Framework are included in the training programme over the next 3 years starting from the launch of the MIS year 4

We can evidence compliance that at least 90% of each relevant staff group has attended an ‘in house’, one-day, multi-professional training day which includes a selection of maternity emergencies, newborn life support and antenatal and intrapartum fetal monitoring and surveillance.

Safety Action 9– COMPLIANT

The Trust is able to show compliance against the 4 sections of this safety action demonstrating how safety intelligence is shared form floor to Board in line with implementing the perinatal quality surveillance tool. The terms of reference and reporting schedule to the Monthly Safety Champions meetings has been reviewed to include all the required agenda items including Staff and MVP feedback, staffing, training, incidents and any items for escalation for locally or regionally identified issues or from regional meetings. There are regular Safety Champion walkabouts undertaken to identify and key safety issues for escalation.

Safety Action 10

The Trust is compliant with the 3 required standard elements of this safety action with all reportable cases being submitted to HSIB. There was one qualifying case that was reported to NHS Resolution's Early Notification (EN) Scheme from 1 April 2022 until 5 December 2022. All qualifying cases have evidence that the families received information on the role of HSIB and NHS Resolution's EN scheme and in respect of duty of candour. The Trust continues a monthly cross-check review to ensure that all eligible cases have been reported.

This paper provides an overview of the Trust's compliance with the 10 CNST Safety Actions and will be supported by a presentation at the Board meeting.

END