

## Trust Board Meeting (Public)

To be held at 10.00 on Wednesday 29 November 2023  
Boardroom, Level 5, Whiston Hospital / MS Teams Meeting

Time	Reference No	Agenda Item	Paper	Presenter
<b>Preliminary Business</b>				
10.00	1.	<b>Employee of the Month Film (November 2023)</b>  <i>Purpose: To <b>note</b> the Employee of the Month film for November 2023</i>	Verbal	Chair (10 mins)
10.10	2.	<b>Patient Story</b>  <i>Purpose: To <b>note</b> the Patient Story</i>	Verbal	Chair (10 mins)
10.20	3.	<b>Chair's Welcome and Note of Apologies</b>  <i>Purpose: To record apologies for absence and confirm the meeting is quorate</i>	Verbal	Chair (10 mins)
	4.	<b>Declaration of Interests</b>  <i>Purpose: To record any Declarations of Interest relating to items on the agenda</i>	Verbal	
	5.	<b>MWL TB23/053 Minutes of the previous meeting</b>  <i>Purpose: To <b>approve</b> the minutes of the meeting held on 25 October 2023</i>	Report	
	6.	<b>MWL TB23/054 Matters Arising and Action Logs</b>  <i>Purpose: To consider any matters arising not included anywhere on agenda, review outstanding and <b>approve</b> completed actions</i>	Report	
<b>Performance Reports</b>				
10.30	7.	<b>MWL TB23/055 Integrated Performance Report</b> 7.1. Quality Indicators 7.2. Operational Indicators 7.3. Workforce Indicators 7.4. Financial Indicators	Report	S Redfern L Neary A-M Stretch G Lawrence (30 mins)

*Purpose: To note the Integrated Performance Report for assurance*

### Committee Assurance Report

11:00	8.	<b>MLW TB23/056 – Committee Assurance Reports</b>	Report	
	8.1.	Executive Committee		A Marr
	8.2.	Audit Committee		I Clayton
	8.3.	Quality Committee		G Brown
	8.4.	Strategic People Committee		L Knight
	8.5.	Finance and Performance Committee		J Kozar (30 mins)

*Purpose: To note the Committee Assurance Reports for assurance*

### Other Board Reports

11.30	9.	<b>MWL TB23/057 2022/23 Trust Objectives Mid-Year Review</b>	Report	A Marr (20 mins)
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*Purpose: To note the 2022/23 Trust Objectives Mid-Year Review*

11.50	10.	<b>MWL TB23/058 Digital Strategy Review of Progress for STHK sites</b>	Report	C Walters (15 mins)
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*Purpose: To note the Digital Strategy Review of Progress for STHK sites*

12.05	11.	<b>MWL TB23/059 Research and Development Annual Report and Capability Statement</b>	Report	P Williams (15 mins)
	11.1.	STHK Annual Report 2022/23		
	11.2.	S&O Annual Report 2022/23		
	11.3.	MWL Research Capability Statement		

*Purpose: To note the 2022/23 Research and Development Annual Reports and to approve the MWL Research Capability Statement*

12.20	12.	<b>MWL TB23/060 Trust Board Meeting Arrangements</b>	Report	N Bunce (5 mins)
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*Purpose: To approve the Trust Board Meeting Arrangements for 2024/25*

### Concluding Business

12.25	13.	<b>Effectiveness of Meeting</b>	Report	Chair (5 mins)
12.30	14.	<b>Any Other Business</b>	Verbal	Chair (5 mins)

*Purpose: To **note** any urgent business not included on  
the agenda*

**Date and time of next meeting:**

**12.45 close**

Wednesday 31 January 2024 at 09:30

15 minutes lunch break

**Chair:** Richard Fraser

<b>Title of Meeting</b>	Trust Board	<b>Date</b>	29 November 2023
<b>Agenda Item</b>	MWL TB23/000		
<b>Report Title</b>	One Opportunity to get End of Life Care Right		
<b>Executive Lead</b>	Sue Redfern, Director of Nursing, Midwifery & Governance.		
<b>Presenting Officer</b>	Yvonne Mahambrey, Quality Matron Patient Experience.		
<b>Action Required</b>		<b>To Approve</b>	X <b>To Note</b>
<b>Purpose</b>			
To present Ian and Sue's story regarding the End-of-life care that they received on an in-patient ward within the Medical Care Group, at Whiston Hospital, the learning that was highlighted and the forward action taken as a result.			
<b>Executive Summary</b>			
<p>In the acute setting on average 30% of all current hospital in-patients are in the last year of life. The legacy STHK Bereavement Guiding Principles and Palliative and End-of-Life Care Strategy advocates that bereavement support and end-of-life care is everyone's responsibility. Healthcare professionals have one chance to provide excellent care for the dying, the deceased and those who are grieving. Grief and loss do not start at the time of death.</p> <ul style="list-style-type: none"> <li>Sue recounts in her own words through a digital story, the End of Life Care received by her and her late husband during an in-Patient stay within the Medical Care Group, at Whiston Hospital. On occasion, their experience fell short of the 5 Star patient care vision and Trust values, in particular communication and care and compassion.</li> <li>Listening to and working with Sue following Ian's death, we can demonstrate actions that have been taken, they include a patient experience focussed re-launch of Trust bereavement champions, dissemination of their story Trust wide, the purchase of thirty-fold up beds, reconfiguration of our existing overnight accommodation, extended invitation to a complaints team representative at the Bereavement Steering Group and not least the restoration of trust in our Organisation by the family.</li> <li>The butterfly champions are being implemented across all the MWL sites where end of life care is delivered.</li> </ul>			
<b>Financial Implications</b>			
None as a direct result of this paper			
<b>Quality and/or Equality Impact</b>			
Not applicable			
<b>Recommendations</b>			
The Trust Board is asked to note the power and impact that this patient and his family experience has helped influence change and ensure best practice.			
<b>Strategic Objectives</b>			
X	SO1 5 Star Patient Care – Care		
	SO2 5 Star Patient Care - Safety		

X	<b>SO3</b> 5 Star Patient Care - Pathways
	<b>SO4</b> 5 Star Patient Care – Communication
	<b>SO5</b> 5 Star Patient Care - Systems
X	<b>SO6</b> Developing Organisation Culture and Supporting our Workforce
	<b>SO7</b> Operational Performance
	<b>SO8</b> Financial Performance, Efficiency and Productivity
	<b>SO9</b> Strategic Plans

## Minutes of the Trust Board Meeting

Held at Boardroom, Level 5, Whiston Hospital / on Microsoft Teams

Wednesday 25 October 2023

(Approved by the Trust Board on Wednesday 29 November 2023)

Name	Initials	Title
Richard Fraser	RF	Chair
Ann Marr	AM	Chief Executive Officer (via MS Teams)
Anne-Marie Stretch	AMS	Deputy Chief Executive Officer & Director of Human Resources
Geoffrey Appleton	GA	Non-Executive Director & Deputy Chair
Gill Brown	GB	Non-Executive Director
Nicola Bunce	NB	Director of Corporate Services (via MS Teams)
Ian Clayton	IC	Non-Executive Director (via MS Teams)
Paul Growney	PG	Associate Non-Executive Director
Lisa Knight	LK	Non-Executive Director
Jeff Kozer	JK	Non-Executive Director
Gareth Lawrence	GL	Director of Finance and Information
Lesley Neary	LN	Chief Operating Officer
Sue Redfern	SR	Director of Nursing, Midwifery and Governance
Rani Thind	RT	Associate Non-Executive Director
Christine Walters	CW	Director of Informatics
Peter Williams	PW	Medical Director

### In Attendance

Name	Initials	Title
Angela Ball	AB	Halton Council Representative (Stakeholder Representative) (via MS Teams)
Hazel Scott	HS	University Non-Executive Director Designate (Observer)
Juanita Wallace	JW	Executive Assistant (Minute Taker via MS Teams)
Richard Weeks	RW	Corporate Governance Manager

### Apologies

Name	Initials	Title
Rob Cooper	RC	Managing Director

### Agenda Description Item

#### Preliminary Business

#### 1. Employee of the Month

- 1.1. The Employees of the Month for October 2023 were Gillian Treadell and Paula Edwards, Health Care Assistants (HCAs), from Burney Breast Unit (St Helens) and the Board watched the film of NB reading the citation and presenting the award to Gillian and Paula as the first ever joint recipients.

**RESOLVED:**

The Board **noted** Employee of the Month film for October 2023 and congratulated the winners.

**2. Chair's Welcome and Note of Apologies**

- 2.1. RF welcomed all to the meeting and in particular welcomed HS who would be joining the Trust as the University Non-Executive Director with effect from 01 November 2023.
- 2.2. RF acknowledged the following Awards and Recognition that the Trust had recently received:
  - 2.2.1. Ann Marr, OBE, Chief Executive, was presented with the Companionship of the Institute of Health and Social Care Management.
  - 2.2.2. Helen Day, Paediatric Diabetes Nurse, won a full all expenses paid scholarship at the International Society for Paediatric and Adolescent Diabetes (ISPAD) Diabetes School for Allied Health Professionals in Rotterdam, Netherlands in October 2023. She was one of 15 candidates chosen world-wide to attend.

Apologies for absence were **noted** as detailed above

**3. Declaration of Interests**

- 3.1. There were no declarations of interests in relation to the agenda items.

**4. MWL TB23/041 Minutes of the previous meeting**

- 4.1. The meeting reviewed the minutes of the meeting held on 27 September 2023 and approved them as a correct and accurate record of proceedings subject to the following amendments:
  - 4.1.1. The Chair's initials to be amended from 'RN' to 'RF'.
  - 4.1.2. 7.3.1.3 to be amended to read as '*Overall sickness was at 5.6% with stress and anxiety remained the highest cause for sickness. AMS noted that a MWL Trust sickness target of 5% had been agreed following a national, North West and C&M region benchmarking exercise.*'
  - 4.1.3. 13.3 to be amended to read as '*GA commented on the complexity and asked how the different systems of the various trusts involved in the bid would tie in and whether the ICB would select the system that met most of the requirements. CW advised that MWL would be the first trust to transition to the new system and noted that the supplier for the current MWL system had given notice that the system was to be sunset. Additionally, CW advised that she was a member of the Executive Directors project board which would oversee the procurement and implementation of the new system at all five sites.*'
  - 4.1.4. 13.4 to be amended to read as '*IC asked whether patients outside of the area who received treatment in the C&M area would have the same access to their records. CW advised that currently out of area patients did not automatically have visibility of their hospital patient records, however C&M did have a*

*shared care record and information is shared with Lancashire and South Cumbria GPs.*

**RESOLVED:**

The Board **approved** the minutes from the meeting held on 27 September 2023 subject to the amendments detailed

**5. MWL TB23/042 Action Log and Matters Arising**

5.1. The meeting considered the updates to the Action Log, which reflected the progress made in discharging outstanding and agreed actions. It was noted that all open actions had been completed.

**RESOLVED:**

The Board **approved** the action log.

## Performance Reports

**6. MWL TB23/043 Integrated Performance Reports**

GL introduced the Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL) Integrated Performance Report (IPR) for September 2023.

**6.1. Quality Indicators**

6.1.1. SR presented the Quality Indicators and advised that the Care Quality Commission (CQC) rating for MWL continued to be Outstanding following the completion of the transaction between St Helens and Knowsley Teaching Hospitals NHST and Southport and Ormskirk Hospital NHST on 01 July 2023. SR advised that maternity services across all sites were preparing for an imminent CQC inspection, as part of the inspection programme of all maternity units following the Ockenden report and noted that the focus would be on the safety and well led domains. Additionally, SR advised that work was ongoing to harmonise the maternity policies for MWL. The Trust was working closely with the Local Maternity and Neonatal System (LMNS) in respect of the Saving Babies Lives and the Clinical Negligence Scheme for Trusts (CNST).

6.1.2. SR highlighted the following from the report:

6.1.2.1. There had been no never events recorded year to date (YTD)

6.1.2.2. There was one grade 3 or above validated pressure ulcer with lapses in care reported in October 2023, however, there was still some data to be validated for the STHK sites as this was usually reported a month behind. SR noted that, going forward, the most update to date validated information would be included in the IPR. There was a robust action plan in place and a point prevalence exercise had been undertaken to ensure that all patients received risk assessments in a timely manner and that these were recorded in the records. Good compliance levels had been found.



- 6.1.2.3. There were four patient falls with moderate to severe harm, including two fractured neck of femurs. The Falls Improvement team were providing education, training, and awareness as well as bespoke interventions for each ward area. There were Falls Champions for each ward to ensure that assessments were completed in a timely manner. SR advised that fractured neck of femur falls were currently recorded on STEIS, however, this would change with the introduction of the Patient Safety Incident Response Framework (PSIRF) and such incidents would be subject to a rapid review and a level one investigation at ward level.
- 6.1.2.4. The staffing fill rate for the Southport and Ormskirk hospital sites for September 2023 was 99.4% and the biggest challenge was Health Care Assistants (HCAs) staffing. The staffing fill rate for STHK hospital sites it was 96.6%.
- 6.1.2.5. A piece of work has been undertaken around supplementary care and the requirements of the patients (for example bay tagging or one to one care) and this was a staffing requirement in addition to the planned nurse staffing for each ward.
- 6.1.2.6. Serious Untoward Incidents (SUI) - the Southport and Ormskirk hospital sites reported three incidents to STEIS and the STHK sites reported four incidents and it was noted that the Trust remained 100% compliant with the 60-day timeframe for reporting these incidents, however, this would also change following the introduction of the PSIRF.
- 6.1.2.7. There had been 49 Clostridium difficile (C.Diff) infections reported YTD, against the MWL target of 85. SR noted that Root Cause Analysis (RCA) panels were held twice weekly, to identify any improvements needed.
- 6.1.2.8. There were no mixed sex breaches on the STHK sites, however, 18 breaches were recorded on the S&O sites and these mainly related to the Intensive Care Unit (ICU) at Southport site due to environmental challenges.
- 6.1.2.9. There had been a focus on complaints and compliance with the 60-day turnaround time target. Compliance for quarter one was 76.9% against the target of 90%.
- 6.1.2.10. The Family and Friends Test inpatient score was 94.1% against a target of 90%, however, this was below the national average of 95% and work was ongoing to improve this. The overall scored for the Accident & Emergency (A&E) was 86.2% which was higher than the national average of 80% in September 2023. The maternity unit achieved 94.4% for the birth element and work continued with the Maternity Voice Partners (MVP).
- 6.1.2.11. The Trust achieved one of the best results in the country for the 2022 National Inpatients Survey, however, there were still some areas that required improvement.
- 6.1.2.12. The Hospital Standardised Mortality Ratio (HSMR) rate for April to May 2023 was 90.4.
- 6.1.3. LK asked about the role of the volunteers and how they were utilised in A&E. SR advised that the volunteers at the Southport site assisted the Patient Advise and Liaison Service (PALS) in A&E with concerns raised by patients whilst at the STHK sites the volunteers assisted mainly with supporting

patients on the wards e.g., at meal times, but the two teams were learning from each other and exchanging ideas. Additionally, SR advised that she was advocating the use of volunteers in the Maternity unit to assist with the distribution of the Family and Friends Test. LK noted that she had received positive feedback from the volunteers who had expressed an interest in being more involved.

- 6.1.4. AM commented on a discussion at Executive Committee about the use of rates per 1,000 bed days rather than absolute numbers and felt that both metrics should be reported.
- 6.1.5. GB agreed with AM's comment that actual numbers were more useful and expressed her concern about the E.coli score of 16 in September with a target of 121 for the year. If the Trust continued on the current trajectory; it would be above target. Additionally, the YTD figure was reported as green in the IPR which was confusing as the Trust was in the Top 40% benchmark (amber). GL agreed to review this. SR advised that there was an area of focus across the Cheshire and Merseyside (C&M) ICB and was part of the ongoing collaborative work on hydration and nutrition and the management of urinary tract infections (UTI).
- 6.1.6. AM noted that the Trust's position on the league table for Clostridium difficile (C.Diff) had deteriorated and asked what the reason for this was. SR advised that she had received feedback via the Infection Prevention and Control (IPC) network that other trusts were also struggling to achieve the C.Diff target and would request additional data from the C&M ICB and would provide an update at the next meeting.
- 6.1.7. **Action**  
SR to provide an update on C-Diff benchmarking across the ICB
- 6.1.8. GB asked what action was being taken to address the HCA establishment gaps at the Southport and Ormskirk sites. SR advised that there was now a single MWL recruitment drive taking place and NHS Professionals continued to supply "bank" staff to backfill shifts. Additionally, a cohort of HCAs were being trained to provide support to patients with cognitive issues as part of the new Enhanced Level of Care (ELOC) project.
- 6.1.9. GB asked if the preceptorship programme for HCAs was continuing, and AMS advised that the Health Care Academy initiative was ongoing as this had proved successful in increasing retention.
- 6.1.10. RF reflected on the progress made in combining of the STHK and S&O performance reports and the importance of comparing 'like for like' data.

## **6.2. Operational Indicators**

- 6.2.1. LN presented the Operational Indicators and provided an update on the actions taken to mitigate some of the performance risks. LN highlighted the following:
- 6.2.1.1. The A&E mapped performance was 74.7% against the 2023/24 target of 76%. MWL was the best performing acute Trust in the C&M region, however, LN noted that both A&E departments remained challenged.
  - 6.2.1.2. Bed occupancy remained an issue and MWL averaged 104.3% in September 2023 (102.6% in August) (the equivalent of 48 additional patients) and this included patients in general and acute beds, escalation areas, holding of ambulances and those waiting for admission from A&E.
  - 6.2.1.3. There was a focus on winter preparedness and a letter would be drafted to invite PLACE Directors to a summit to discuss winter plans. Additionally, there was a focus on internal actions and the final schemes would be presented at Executive Committee for approval.
  - 6.2.1.4. Elective Activity and Long Waits had been impacted by increased demand. The 52-week waiters had increased from 3.4% of the waiting list for MWL (2,480 patients) and to 5.31% for the C&M ICB. LN advised that a winter plan had been developed to ensure the elective recovery plan would continue to be delivered in the second half of the year.
  - 6.2.1.5. Performance against the two-week Cancer standards was 74.4% against a target of 93% (nationally performance was 74.8%) with S&O sites at 90.8% and STHK sites at 61.7%.
  - 6.2.1.6. Performance against the 62-day Cancer standard was 69.6% against a target of 85% (nationally performance was 62.8%) with S&O sites at 55% and STHK sites at 78.4%. LN advised that there had been 57 breaches of the 62-day pathway and the main reasons for this was the complexity of patients that required treatment across multiple tumour sites and challenges from a diagnostics perspective. LN noted that MWL was the third best acute performer against the 62-day standard and had seen the second highest number of patients on the 62-day pathway.
- 6.2.2. RT commented that the two-week Cancer standard performance at the STHK sites was the lowest that it had been for a while and asked if there were any reasons for this. LN advised that this reflected the continued increase in referrals to the two-week pathway and the impact of industrial action. AM commented that the STHK sites had prioritised the 62-day diagnosis to treatment pathway, rather than the two-week referral pathway. It was agreed that the Executive Committee review the current allocation of resources to determine if the two-week performance could be improved.
- 6.2.3. **Action**  
Executive Committee to review cancer two-week referral target performance and potential improvements. (LN).
- 6.2.4. PG reflected on a discussion at the Board Away Day about ovarian cancer and the pathway and asked if there had been any further discussions on how to improve this. LN advised that there were workforce challenges within the service for the STHK hospital sites and that the new consultant posts

would be going out to recruitment again. LN noted that there had been some improvement on the S&O hospital sites. AM commented that there were various challenges in the gynaecological pathway including workforce challenges and the increase in referrals and this was a priority for CMAST.

- 6.2.5. RT reflected on the 2% conversion rate for gynaecological cancer referrals and asked if there was any national benchmarking data available, and if the right referrals were being made. Additionally, RT commented on the increase in awareness and advertising around certain cancers but not necessarily ovarian cancer. AM commented that the 2% conversion rate was similar across the country, but Cheshire and Merseyside had the worst ovarian cancer mortality rate nationally as people either presented late or did not present at all and agreed that more could be done to raise awareness.
- 6.2.6. SR reflected on the achievements of the Clinical Nurse Specialists who had been invited by the National MacMillian team to present at their Board. Additionally, the Skin Cancer Team had been awarded first place for a poster at the national Melanoma Focus Conference.
- 6.2.7. LN provided an update on Discharge Letters response times and noted that there had been a slight improvement from 39.7% in August to 40.4% in September and the teams from the legacy organisations were looking at ways to support each other. LN noted that the turnaround time for routine letters had now decreased from three weeks to two weeks two days. A Recruitment Open Day was being arranged and there were also apprenticeship posts available in the team, to ensure the team was fully resourced.

### **6.3. Workforce Indicators**

- 6.3.1. AMs presented the Workforce Indicators and highlighted the following:
  - 6.3.1.1. The appraisal compliance rate was 81.4% against a target of 85% and it was noted that there were different appraisals processes in place for legacy STHK and S&O staff, with STHK operating an appraisal window between April and September and S&O using the annual anniversary as the target date for appraisals. The team was working with managers to ensure that all staff were given time to complete their appraisal.
  - 6.3.1.2. Core Mandatory training was 86% against a target of 85%. It was noted that the legacy S&O mandatory training was at 91% and the STHK sites compliance was 84%.
  - 6.3.1.3. Overall sickness absence was at 5.6% with stress, anxiety and depression remaining the highest causes for sickness. It was noted that there was an automatic referral to Health and Wellbeing (HWB) on the first day of absence to ensure that early interventions were put in place. Staff groups in clinical areas had the highest rate of sickness.
- 6.3.2. LK advised that MWL was one of the five trusts being showcased by NHS Providers for their work around health and wellbeing.

- 6.3.3. PG asked if there had been a change in the demographics of people looking for employment in the Health and Social Care sectors and referenced a recent BBC programme that had highlighted that people were being brought over by Care Companies for work and, once in England, there were disagreements about hours and pay. Although the Trust had not experienced this, AM commented that sometimes sham agencies used the Trust and her name to help them recruit people from overseas (e.g., Nigeria).

#### 6.4. Financial Indicators

- 6.4.1. GL presented the Financial Indicators and highlighted the following:
- 6.4.1.1. The Trust was reporting a YTD surplus of £0.6m in line with plan at month 6, however, this included the assumption that the industrial action costs of £3.7m would be fully funded. It was noted that the ongoing financial pressures were being mitigated internally and this included the £4.0m of non-pay inflation above plan as well as £1.9m YTD pay award pressures.
- 6.4.1.2. The Trust remained on plan to deliver £31.8m recurrent and £7.0m non-recurrent Cost Improvement Programme (CIP) schemes.
- 6.4.1.3. The cash balance at the end of month 6 was £3m and the Trust had submitted the formal application to access £10m revenue cash and £14m capital cash which was in line with the transaction support agreement with NHSE and the C&M ICB.
- 6.4.2. RF reflected on a recent C&M Chairs meeting, where the financial position of the ICB had been discussed, which had been concerning, even though it had been reported that the position was better than other ICBs in the North West.

#### RESOLVED:

The Board **noted** the Integrated Performance Report.

### Committee Assurance Reports

#### 7. MWL TB23/044 Committee Assurance Reports

##### 7.1. Executive Committee

- 7.1.1. AM presented the Executive Committee Assurance report for September 2023 and highlighted the following:
- 7.1.1.1. The Committee approved the business case for the Netcall Patient Hub system which would allow patients to view their hospital records, update their health information and amend appointments and it was noted that the system would be funded by NHSE.
- 7.1.1.2. The Committee approved the Staff Seasonal Vaccination Campaign 2023/24 business case, and it was noted that the rollout of the programme had been successful.

7.1.1.3. GB commented on the increase in medication errors noted on the neonatal ward and requested an update at a future Quality Committee.

7.1.2. **Action:**

SR to present an update on medication errors on the neonatal ward to a future Quality Committee

7.1.3. The remainder of the report was noted.

## 7.2. Quality Committee

7.2.1. GB presented the Quality Committee Assurance report and highlighted the following:

7.2.1.1. The Committee had received the new Committee Performance Review (CPR) and discussed the maternity metrics, in preparation for the imminent CQC inspection of the maternity units, as well as the essential role of the Maternity Voices Partnership (MVP).

7.2.1.2. The Committee had requested a detailed report on the latest national maternity survey results for the Whiston and Ormskirk units, once the national data was published.

7.2.1.3. The Committee had received the Patient Safety Council report for October 2023 and requested additional information regarding compliance with Anti-D at Ormskirk Maternity Unit, following a recent audit.

7.2.1.4. The Committee received the Quarter 2 Safeguarding Reports and noted that the Safeguarding Teams had already harmonised several policies and were aligning ways of working across all MWL sites.

7.2.1.5. The Committee received the Maternity Services Update for Whiston, and it was noted that the Maternity Incentive Scheme year 4 had been achieved.

7.2.1.6. The Committee received the Patient Experience Council report and the ongoing invaluable contribution of the volunteer service, including new initiatives of the butterfly champions for palliative care patients and support for the international nurses, were recognised.

7.2.1.7. The Committee had discussed the quarter 2 report for Complaints, PALs, Claims and Friends and Family Test and a slight increase in the overall number of complaints were noted. The decrease in the number of PALS contacts was also noted.

7.2.1.8. The Learning from Deaths report had highlighted the different processes on the hospital sites; however, the Committee had been assured that both processes would identify and escalate any concerns.

7.2.2. RT commented that there were still two separate maternity champion meetings and SR advised that work was underway to combine the meetings.

7.2.3. The report was noted.

## 7.3. Strategic People Committee

7.3.1. LK presented the Strategic People Committee Assurance report and highlighted the following:



- 7.3.1.1. The Workforce Dashboard provided a detailed analysis into the sickness/absence rates for Allied Health Professionals (AHPs) and the Committee was assured by the actions taken to reduce this.
  - 7.3.1.2. It was noted that a new stretch target of 5% for sickness/ absence has been set by the Executive Committee following a benchmarking exercise.
  - 7.3.1.3. The Committee received the Staff Story in which a colleague who had recently joined the Trust after working in the NHS for 25 years had shared her story and positive experience of joining the organisation. There was points of good practice for induction and orientation of new staff that could be shared across the organisation.
  - 7.3.1.4. The Committee had received an update on the Staff Survey action plan and the actions being taken to encourage staff from across MWL to feedback their views via the 2023 staff survey.
  - 7.3.1.5. An update from the culture and engagement programme had provided assurance on the wide range of activities being delivered to develop MWL staff communications and engage with a wide range of staff to input into the development of the MWL values. .
  - 7.3.1.6. The Workforce Race Equality Standard Report (WRES) and Workforce Disability Equality Standard Report (WDES) reports and proposed action plans were reviewed by the Committee.
- 7.3.2. The report was noted.

#### **7.4. Finance and Performance Committee**

- 7.4.1. JK presented the Committee assurance report and alerted to the meeting that the financial position included £3m costs which related to industrial action in months three to six and that this remained a risk to the planned position if national funding was not received. It was noted that industrial action in months one and two had previously been funded.
- 7.4.2. JK highlighted the following points:
  - 7.4.2.1. The Committee had reviewed the Finance and Operational Committee Performance reports, noting the financial position at month 6 and the risks to the delivery of the 2023/24 financial plan.
  - 7.4.2.2. Capital expenditure YTD was £6.3m and a significant amount of capital was due to be spent in the second half of the financial year.
  - 7.4.2.3. The Better Payment Practice Code (BPPC) compliance had reduced in line with expectations following the ledger merge and an action plan was in place to recover the target.
  - 7.4.2.4. The Trust's performance against the national six-week diagnostics target of 80% was 67.9% and there were currently 222 patients waiting more than 26 weeks against a zero target.
- 7.4.3. JK advised that IC had raised a question about the types of questions that the NEDs should be asking about performance for MWL and following a discussion it was agreed that RC and GL would provide information around the areas of focus to enable the NEDs to challenge where necessary.

- 7.4.4. RT commented that the Board performance report only included high level metrics for diagnostic performance. LN advised that the detailed figures were included in the F&P committee performance report, and only the key metrics were included in the performance report to Board as the detailed scrutiny occurred at the committees. The new IPR had been developed with input from the NEDs but would inevitably develop and evolve as the Board gained understanding of the performance challenges for MWL.
- 7.4.5. The report was noted.

**RESOLVED:**

The Board **noted** the Committee Assurance Reports

## Other Board Reports

### 8. MWL TB23/045 Clinical Strategy

- 8.1. PW presented the final draft of the Trust's initial post transaction Clinical Strategy and noted that this had been drafted to align with the principles outlined in the Post Transaction Implementation Plan, along with Local, National and Regional priorities. The Strategy was developed in consultation with members of the medical leadership, nursing, and executive teams. PW advised that the final draft had also been shared with the ICB leaders for comment and several events had taken place with Patient Engagement Groups across the Trust. The strategy was interim because it was acknowledged that as the options for service reconfiguration between the Southport and Ormskirk were developed and agreed with stakeholders, this would lead to a longer-term strategy.
- 8.2. The following clinical objectives had been outlined in the strategy:
- 8.2.1. To ensure that the clinical governance structures were in place to continue to deliver safe and effective clinical care across the Trust.
  - 8.2.2. To achieve the national, regional, and local NHS priorities.
  - 8.2.3. To review and align pathways to enable integration of clinical services across the Trust.
  - 8.2.4. To complete the stabilisation of fragile clinical services and address any inequalities and barriers to delivery of high quality and effective care to patients.
- 8.3. HS commented on the two points included under Clinical Leadership, Education and Research and asked who would be evaluating the research, development, and innovation and whether this would be an integral or embedded part of the work. PW agreed to update these points with additional detail, and it was agreed that the Chair would approve the changes and because they were minor the document would not need to be re-submitted to Board.
- 8.4. **Action:**  
PW to update the document to include additional information under the Clinical Leadership, Education and Research section.



**RESOLVED:**

The Board **approved** the Clinical Strategy pending the amendments to be agreed with the Chair.

**9. MWL TB23/046 Corporate Risk Register**

9.1. NB presented the Corporate Risk Register which provided an overview of the risks that had been escalated to the MWL Corporate Risk Registers (CRR) and noted that the two legacy trusts both utilised DATIX to capture and report risks and whilst, the two risk management frameworks embedded the same best practice principles, the reporting was aligned to the former organisational structures.

STHK

9.2. The number of risks on the STHK risk register was 795 compared to 796 in July 2023 and 791 of these risks had been scored at the time of the report.

9.3. 58.15% of the reviewed risks were rated as moderate or high compared to 56.7% in July 2023.

9.4. 39 risks had been escalated to the CRR compared to 30 risks in July, however four risks had not followed the correct escalation process and had not been approved by a director.

9.5. Two risks had been removed or de-escalated from the CRR since July.

S&O

9.6. There were 225 risks open on the S&O sites risk register at the end of September 2023 and 12 on the tolerated risk register. It was noted that 34 of these risks were not approved and were being reviewed via the Clinical Business Units (CBU) governance process.

9.7. Ten risks had been escalated to the S&O sites CRR, with three further potential CRR risks awaiting approval.

9.8. One risk has been removed from the S&O sites CRR since July

9.9. RT reflected on a recent quality ward round and reported that staff had been concerned about the pre and post operative care of elderly patients and the lack of care of the elderly physicians and physiotherapists. RT asked whether this risk has been assessed and if it would be considered as a significant risk. NB advised that this had not been recently raised by the Care Groups but noted that there had been a risk around elderly care physicians, however, as the roles had been recruited to it had been removed. NB advised that if this was raised at future quality ward rounds staff should be asked to raise it with the managers so that the risk can be reported and scored through the normal process.

9.10. AM noted that there had been a focus on the recruitment of ortho geriatricians and suggested that it would be prudent for the other surgical specialities to be reviewed. PW advised that best practice tariff for emergency laparotomy had changed recently to incorporate a review by a care of the elderly physician

and this would need to be incorporated into Trust pathways. Additionally, PW advised that there was currently sickness in the Care of the Elderly workforce, which had temporarily reduced capacity and that this was also a difficult speciality to recruit to because of national shortages. The Trust was currently able to provide the ortho-geriatric service, however, it could not yet routinely provide reviews of non-ortho-geriatric patients.

9.11. LN commented that Medicine for Older People was one of the fragile services at S&O, so there was currently a difference in provision between sites, with plans for improvement being developed.

**RESOLVED:**

The Board **noted** the quarterly Corporate Risk Register report.

**10. MWL TB23/047 Board Assurance Framework**

10.1. NB presented the Board Assurance Framework (BAF) and noted that this was the first MWL BAF which had been developed using the revised format agreed by the Board in June 2023 and populated with the information from the legacy St Helens and Knowsley Teaching Hospitals NHS Trust (STHK) and Southport and Ormskirk (S&O) Hospital NHS Trust (S&O) BAFs. Additionally, NB noted that the legacy BAFs were updated for the final time and presented to Board in July 2023 and then reviewed by the Executive Committee.

10.2. NB proposed the following amendments to the risk scores:

10.2.1. Risk 1 (Systemic failures in quality of care) to be revised from 20 to 15 as the mitigations had been reviewed and assurances were in place.

10.2.2. Risk 2 (Failure to develop or deliver long term financial sustainability plans for the Trust and with system partners) to be increased to 15 due to the increased financial uncertainty arising from the continued impact of industrial action on the elective activity targets.

10.2.3. Risk 3 (Sustained failure to maintain operational performance/deliver contracts) to be increased to 20 due to the impact of industrial action and system pressures impacting both elective and non-elective activity plans and performance.

10.3. CW noted that the Executive Lead for Risk 8 (Major and sustained failure of essential IT systems) be amended from the Director of Corporate Services to the Director of Informatics.

**RESOLVED:**

The Board **approved** the new MWL Board Assurance Framework and the recommended change to risk scores.

**11. MWL TB23/048 Aggregated Incidents, Complains and Concerns Report**

**11.1. STHK**

11.1.1. SR presented the Aggregated Incidents, Claims and Concerns Report for the first quarter of 2023/24 and noted that this would be the final legacy STHK report.

11.1.2. SR highlighted the following:

#### Incidents

11.1.3. 5,023 incidents were reported in quarter one and this was an increase of 4.15% on quarter four of 2022/23.

11.1.4. 3,825 patient incidents were reported which was a decrease of 2.99% compared to quarter 4 of 2022/23.

11.1.5. 21 patient incidents were graded as moderate or above

11.1.6. The highest number of incidents reported related to:

11.1.7. Pressure ulcers = 677 (which include pressure ulcers acquired prior to admission to Trust services)

11.1.8. Patient slips, trips or falls = 532

11.1.9. SR noted that there were three Category 3 pressure ulcers with severe harm as well as three deaths reported, and these had all been investigated as part of the STEIS process and the lessons learnt were shared both internally and with system partners.

11.1.10. Duty of Candour was completed for all cases reported to STEIS for all patient safety incidents graded as moderate or above harm. Moderate harm and Level 1 incidents were monitored within the Care Groups.

#### Complaints

11.1.11. The Trust had acknowledged 100% of all complaints received within three working days and this was in line with NHS legislation. The Trust had responded to 72.9% of complaints within the agreed timescale and it was noted that as at 03 July 2023 there were 78 open first stage complaints and the Trust had moved to a target response time of 60 working days for all complaints with effect 01 July 2023.

11.1.12. 54 first stage complaints (and 65 complaints of all stages) were received in quarter one and clinical treatment was the main reason for complaints, and this was in line with previous quarters.

11.1.13. The Emergency Department (ED) received the highest number of complaints (eight) of which four related to clinical treatment, two to waiting times and one each for values and behaviours and admission and discharges.

11.1.14. The Trust closed 59 first stage complaints in the quarter and 77 complaints in total.

11.1.15. There were no new referrals to the Parliamentary and Health Service Ombudsman (PHSO) in the quarter.

#### Patient Advise and Liaison Service (PALS)

11.1.16. 1,150 contacts were received in first quarter, and this was a decrease of 1.8% from the fourth quarter 2022/23. However, SR noted that there had been an increase of 31% since the first quarter of 2019/20.

11.1.17. It was noted that 35 of the first stage complaints opened in quarter one had had previous contact with PALS.

11.1.18. The main reasons for PALS concerns was communication (288).

#### Clinical Negligence

11.1.19. The Trust received 11 new NHSR instructed claims and 30 pre-action claims and SR noted that 11 previous pre-action claims had converted to NHSR instructed claims in the quarter one.

#### Inquests

11.1.20. The Trust had received 15 inquest notifications in the quarter. There had been no Prevention of Future Deaths (PFD) orders and the Trust had not been asked to provide any further evidence by the Coroner on any of the cases considered.

11.1.21. AM commented that the narrative in the report seemed overly complex and could be simplified, so it was more accessible to the reader.

11.1.22. AM also reflected on the high number of complaints (35 of 54) that had contacted PALS before becoming a formal complaint and asked what was being done to ensure that as many issues as possible were resolved by PALs, so that patients didn't need to progress to a formal complaint. SR responded that it was not usual to see so many PALS contacts becoming formal complaints and had discussed this with the Deputy Director of Governance, acknowledging there had been workforce challenges in the PALs team that had extended the usual response times, which could be the reason why more patients had chosen to pursue a formal complaint. SR agreed to undertake a deep dive and would provide feedback in the next quarterly report in January 2024.

11.1.23. AM commented on the number of complaints in general surgery and asked if these were related to pain management. SR undertook to review this and provide analysis in the next quarterly report.

#### 11.1.24. **ACTION**

SR to include additional detail in the next report on PALs contacts converted to formal complaints and a deep dive into the increase in complaints received about general surgery.

## 11.2. **S&O**

11.2.1. SR presented the Aggregated Incidents, Claims and Concerns Report for the first quarter of 2023/24 and noted that this was the final legacy S&O report.

11.2.2. SR highlighted the following:

#### Complaints

11.2.3. 52 formal complaints were received in the first quarter.

11.2.4. There has been a focus on the Trust's complaint response time and the number of open complaints. The number of open complaints has reduced

by 71.4% and the number of overdue complaints has reduced by 87.3%.

- 11.2.5. Reopened complaints have reduced from 2.6 to an average of 1.3 per month, demonstrating improvements in the quality of the Trusts formal responses.
- 11.2.6. There were no complaints that had been open for over 100 days.
- 11.2.7. The number of new complaints averaged 23 per month in the previous year and this has reduced to an average of 13 per month in the first quarter of 2023/24. It was noted that the reduction was mainly due to early intervention to prevent patient concerns escalating into formal complaints.

#### Claims

- 11.2.8. There were 16 new claims received in the first quarter, compared to 41 and 15 in the previous two quarters.
- 11.2.9. All of the 16 claims in Q1 were pre-action claims and it was not yet known whether these would convert into 'confirmed' claims.
- 11.2.10. Four inquests were notified by the Coroner in Q1 compared to five in Q4 of 2022/23 and nine in Q3.

#### PALS

- 11.2.11. 503 contacts were received in quarter one and this generated 1,653 forms of communication made by the team.
- 11.2.12. In 2022/23 there has been a 20% decrease in PALS contacts in comparison to the previous year.

#### Friends and Family Test

- 11.2.13. Inpatients, outpatients, antenatal community, birth and delivery as well as the postnatal service were all at or above the recommendation target for the first quarter.
- 11.2.14. ED recommendation rates remained below the Trust's target.
- 11.2.15. The overall Trust score average for 2022/23 was 88.64%, however, the Trust had sustained a score of over 90% since January 2023.
- 11.2.16. AM reflected on the pros and cons of the different systems used by the legacy trusts and asked what could be learnt from this. SR advised that legacy S&O had a more proactive response to complaints and the PALS service was integrated into the Care Groups and ED and this seemed to result in more issues being resolved before they turned into formal complaints. Additionally, responses to complaints were written in a different style. The two clinical governance teams were working together to review the legacy processes and create a new MWL process utilising the best of both. SR advised that the way in which lessons learnt were shared was also being reviewed.

#### **RESOLVED:**

The Board **noted** the quarter one Aggregated Incidents, Complains and Claims Reports

## 12. MWL TB23/049 Learning from Deaths Quarter 1 Reports

PW presented the Learning from Deaths Quarter 1 reports and noted that there were different systems in place at the legacy STHK and S&O trusts. Specifically, PW noted that at legacy STHK the learning from deaths and medical examiners structures were separate, whilst at legacy S&O there was a single structure, and the Medical Examiner completed the initial investigation and only escalated incidents were subject to a Structured Judgement Review (SJR). PW had reviewed the different systems and was assured that the appropriate number of deaths were reviewed and this included deaths in the mandatory reporting areas.

### 12.1. STHK

12.1.1. PW presented the report and noted that the cases for April and May had been fully allocated to reviewers, whilst the cases for June and July cases were due to be allocated shortly.

12.1.2. PW highlighted the following:

12.1.2.1. Quarter 1 had been impacted by annual and sick leave within the workforce. 37 cases had been reported of which 21 were rated green, six were green with learning, nine green with positive feedback and one was rated amber.

12.1.2.2. The key learning points from the completed SJRs had been discussed at the Mortality Surveillance Group and lessons learnt were shared Trust wide as well as the Post Graduate and Junior doctor training sessions.

12.1.2.3. There had been an improvement in the recognition of patients that required end of life care and communicating the benefits of a 'comfort first' approach to the patients and their relatives.

12.1.2.4. The management of delirious patients remained difficult to diagnose and this was a significant issue in the ED.

12.1.3. RT reflected on the key learning points from learning from deaths which were presented at Quality Committee, and asked if a similar process had been adopted at S&O. PW advised that the lessons learnt at S&O had been widely shared and that going forward there would be combined lessons for MWL as a whole.

### 12.2. S&O

12.2.1. PW presented the report and highlighted the following:

12.2.1.1. There were five investigations fully concluded in Quarter 1

12.2.1.2. None of these deaths were considered to have resulted in problems with the treatment or care provided by the Trust.

12.2.1.3. 227 Medical Examiner reviews had taken place with 15 Structured Judgement Reviews. The reasons for the SJR's were cardiac arrest reviews (13 cases) and death of patients with Learning Disability Reviews (two cases). The outcome was that there had been no problems with the standard of care identified for any of the cases.

12.2.1.4. The overall Care Rating for six of the cases was excellent, seven were good and two were adequate.



- 12.2.2. PW advised that the following themes were identified:
- 12.2.2.1. The risks of shared care within and between organisations and the IT systems used to facilitate them.
  - 12.2.2.2. Giving complex information to patients in a way that can be understood and recalled as best as possible including the use of written information.
  - 12.2.2.3. Being aware of the risks inherent with a process for clinical records that relies on the digitisation of loose sheets of paper.
  - 12.2.2.4. Understanding the benefits to patients with appropriate use of Do not attempt cardiopulmonary resuscitation (DNACPR) orders.
  - 12.2.2.5. Improving end of life care, primarily by developing processes and tools to put the wishes of patients at the centre of this.

**RESOLVED:**

The Board **noted** the Learning from Deaths Quarter 1 Reports

**13. MWL TB23/050 Infection Prevention and Control 2022/23 Annual Reports**

**13.1. STHK**

- 13.1.1. SR presented the STHK 2022/23 Infection Prevention and Control Annual Report which provided assurance that the Trust was taking the necessary action to monitor and prevent hospital acquired infections. SR highlighted the following:
- 13.1.1.1. The Trust reported 57 positive samples of Clostridioides difficile infection (CDI) against an objective for 2022/23 of no more than 56 cases and it was noted that 29 of these cases were unavoidable after a root cause analysis (RCA) review and this was based on there being no lapses in care.
  - 13.1.1.2. One case of Methicillin Resistant Staphylococcus Aureus (MRSA) had been reported as hospital onset.
  - 13.1.1.3. There were six cases of hospital acquired Carbapenemase Producing Enterobacterales (CPE) colonization and it was noted that if these were hospital onset all patients would need to be swabbed.
  - 13.1.1.4. There were 135 outbreaks of infection which were mainly due to Covid-19 and Norovirus.
  - 13.1.1.5. The Surgical site infection (SSI) surveillance in orthopaedics remained below the national rate.
- 13.1.2. SR advised that work was ongoing with Estates regarding the new cleaning requirements and the completion of audits.

**13.2. S&O**

- 13.2.1. SR presented the S&O 2022/23 Infection Prevention and Control Annual Report which provided assurance that the Trust was taking the necessary action to monitor and prevent hospital acquired infections. SR highlighted the following:
- 13.2.1.1. 48 cases of Clostridium difficile infection (CDI) were reported against an objective of less than 49 cases.

- 13.2.1.2. Zero cases of Methicillin Resistant Staphylococcus Aureus (MRSA) were reported.
- 13.2.1.3. 33 Methicillin Staph aureus bacteraemia cases were reported of which 28 were hospital onset healthcare associated and five were community onset healthcare associated.
- 13.2.1.4. 49 E. coli bacteraemia cases were reported of which 31 were hospital onset healthcare associated and 18 were community onset healthcare associated.
- 13.2.1.5. There were no cases of hospital acquired Carbapenemase Producing Enterobacterales (CPE) reported.
  
- 13.2.2. GB commented, that prior to the completion of the transaction there had been a discussion about the cleaning standards and the work that was being undertaken by Estates to identify the areas that did not meet the new requirements and asked when this would be completed. NB advised that the functional requirements across the two sites had been assessed differently and this could be as a result of a difference of opinion between the different IPC teams about what was required. NB noted that this was being aligned to achieve a MWL view of what was required, and this would feed into a business case if additional resources were required. GB asked when the work would be concluded, and NB advised that there was a push to complete this work as soon as possible as there was now a substantive IPC team in place at the Southport and Ormskirk sites.
  
- 13.2.3. GB asked about the hospital ventilation survey that had been undertaken in 2022/23 and asked when the formal review of the ventilation system would take place. NB advised that the surveys had been completed and there was clarity around which standards were met or not met and the next step would be to determine what could be upgraded and this was included in the high-risk maintenance backlog programme. Additionally, NB advised that there were some areas where the ventilation could not be changed. SR advised that the IPC reports covered the year 2022/23 and any improvement works completed after this would be included in the 2023/24 Annual Report.
  
- 13.2.4. GB referred to the audits undertaken during 2022/23 and in particular the ward kitchens and mattresses audits and asked where these audit reports had been presented. SR advised that the reports would have been presented at the Patient Safety Council and advised that a piece of work had been undertaken at S&O around mattress cleaning as well as changes to the area in which beds and mattresses were cleaned. Additionally, SR advised that a piece of work had also been undertaken with the Spinal Unit in which all equipment and wheelchairs had been decontaminated. SR agreed to update the chart to note this.
  
- 13.2.5. CW noted that no reference had been made to technology improvements and IT on the forward work programme for 2023/24, despite there being several initiatives planned and requested that the forward plan be updated.



**RESOLVED:**

The Board **approved** the 2022/2023 Infection Control Annual Reports for STHK and S&O

**14. MWL TB23/051 Safeguarding Annual Report 2022/23 (Adults and Children)**

**14.1. STHK**

14.1.1. SR presented the STHK Safeguarding Annual Report 2022/23 which provided an overview of safeguarding activity across the Trust, and assurance that the Trust fulfilled the statutory requirements.

14.1.2. SR highlighted the following:

14.1.2.1. Achievement of the 2021/22 Annual Safeguarding forward plan with four of the seven key objectives achieved and two on track. It was noted that the seventh objective related to the implementation of the Liberty Protection Safeguards (LPS) has been delayed nationally.

14.1.2.2. Safeguarding activity continued to increase year on year for both adults and children's referrals.

14.1.2.3. Compliance with Safeguarding Training has continued to improve over the preceding 12 months.

14.1.2.4. The number of Deprivation of Liberty Safeguards (DoLS) applications continued to increase year on year and there has been a significant increase over the preceding four years.

14.1.2.5. There had been a decrease in the number of adult patients detained to the Trust during 2022/23, however, the complexities and issues related to delayed discharge due to unavailability of mental health beds continued to prove challenging. The CAMHS attendance for 2022/23 has increased related to children and young people under the age of 18 seeking help for mental health with a total of 675 referrals.

14.1.2.6. The Safeguarding Team completed five rapid reviews chronologies for the Local Safeguarding Children Partnerships to inform the decision-making process in relation to completion of a Safeguarding Children Practice Review. It was noted that no cases progressed to formal multi agency reviews.

14.1.3. SR outlined the Safeguarding improvement activity planned for 2023/24 and the following was noted:

14.1.3.1. Continue to improve training compliance with a view to achieve 90% across all areas.

14.1.3.2. Continue to improve compliance with the Mental Capacity Act which included best interest decision making and recording and implementation of DoLS.

14.1.3.3. To review and harmonise the Safeguarding policies and processes for MWL, following the transaction.

14.1.3.4. To improve the implementation of learning from Safeguarding Adult Incidents investigated by the Local Authority.

14.1.3.5. To utilise digital technology within the current IT systems to streamline and improve referral processes to the Safeguarding Teams.

## 14.2. S&O

14.2.1. SR presented the S&O Safeguarding Annual Report 2022/23 which provided an overview of safeguarding activity across the Trust and provided assurance that the Trust fulfilled its statutory obligations.

14.2.2. SR highlighted the following:

14.2.2.1. Compliance with mandatory training of greater than 90% was achieved throughout the year other than in Level 2 Adult training which maintained an average of 89.3%. There had been a decrease in compliance for Children's Level 3 mandatory training in the fourth quarter.

14.2.2.2. Safeguarding activity had continued to increase year on year for both adults and children's referrals. In 2022/2023 there had been 1,034 safeguarding concerns, including 174 for domestic abuse and 213 for sexual abuse, this was a 22% increase from 2021/22.

14.2.2.3. The number of DoLS applications continued to increase year on year and there had been an 8.4% increase in the number of referrals for a DoLS authorisation to 1,857.

14.2.2.4. In 2022/2023 the children's team were involved with 1,208 referrals which included Children's Social Care (CSC), early help, information sharing and courtesy calls.

14.2.2.5. There has been an increased focus on the Learning disability, autism and the Leder reviews to support patients with additional needs.

14.2.2.6. The CAMHS attendance for 2022/23 relating to children and young adults under the age of 18 seeking help for mental health had increased.

14.2.2.7. The S&O sites had a Health Independent Sexual Advisor based within the safeguarding team and this role continued to be funded externally.

14.2.2.8. The Trust was involved in five domestic homicide reviews (DHR's) and there was no learning around the documentation provided.

14.2.3. SR advised that the S&O sites did not currently have a clinical photography service and as a result, photographic evidence of harm was inadequate. GB commented that this had been discussed at the S&O Quality and Safety Committee and it had been noted that this was recognised as a cost pressure and would be considered under the new organisation. GB asked when this would be considered, and SR advised that this was one of the priorities for the team to review and progress would be reported via the next combined Safeguarding Assurance report.

### RESOLVED:

The Board **approved** the STHK 2022/23 Safeguarding Annual Report (Adults and Children) and the S&O 2022/23 Safeguarding Annual Report (Adults and Children).

## 15. MWL TB23/052 Workforce Reports

## **15.1. STHK Workforce Race Equality Standard Report (WRES)**

- 15.1.1. AMS presented the STHK Workforce Race Equality Standard Report (WRES) for the period ending 31 March 2023 as well as the MWL action plan for 2023/24. It was noted that the data had been submitted to NHSE on 31 May 2023. Additionally, AMS advised that this report was for the legacy STHK, and the legacy S&O report had been presented at the Strategy and Operations Committee in June 2023 prior to the completion of the transaction.
- 15.1.2. AMS advised that, whilst there had been an improvement in several of the indicators, there was still more work to be done and this included:
  - 15.1.2.1. The development of leadership development programmes for Black, Asian and Minority Ethnic (BME) staff with various options being identified.
  - 15.1.2.2. A deep dive to be completed to gain an understanding of the causes of the reported race disparity in the recruitment process.
  - 15.1.2.3. Provide additional support to staff who experience incidents of bullying and harassment by developing and launching a bullying and harassment reporting tool using DATIX. AMS noted that a higher number of BME staff reported experiencing harassment, bullying or abuse from patients, relatives, and the public than white staff, however, this was lower than the national average.
- 15.1.3. AMS advised that regular Equality, Diversity, and Inclusion (EDI) action plan updates would be presented to the Strategic People Committee and would be reported to Board via the Chair's Assurance Report.
- 15.1.4. PG commented on the staff survey data and that 48.3% of BME staff do not believe that the Trust provided equal opportunities for career progression or promotion compared to 65.5% of white staff and asked if this was correct. GB commented that she thought that it should read that the Trust do provide equal opportunities and AMS agreed that this was an error and would amend the report.
- 15.1.5. RT commented about the metric indicating patients responsible for staff discrimination/bullying/harassment and that it was not addressed in the action plan. Additionally, RT asked about the appointment of an ED&I Clinical Quality Specialist that was included in the action plan and what structure would be used and how information would be shared following the ward visits. RT reflected on unconscious bias and was not sure if any of the actions would address this as managers continued to be unaware of how their behaviour could be perceived by different staff groups. AMS responded that a number of the themes included in the action plan would require long term plans and having a consistent action plan would help. The ED&I Clinical Quality Specialist was a BME member of staff who engaged with staff and managers on the wards on a personal level as well as about the ED&I agenda and information reported back to the ED&I team was used to shape interventions for the different areas. AMS noted that unconscious

bias training was constantly evolving and that there was an action in place to provide training for managers.

- 15.1.6. PG commented about staff experiencing bullying and harassment and noted that the difference between staff groups was very slight, however this highlighted the issue of abuse from patients and that this would probably get worse. AMS advised that the Trust had a zero-tolerance policy and that every reported incident of abuse was addressed, and staff supported. SR commented that, especially for incidents that involved patients who had capacity, work was ongoing with staff and included conflict resolution and de-escalating training.
- 15.1.7. GA commented that he had asked at the SPC meeting about the number of prosecutions that had happened and that it was important to support staff with the 'soft' strategies first and then, where necessary, taking a hard line. AMS advised that there were strategies in place like the 'red card' system. NB responded that as part of the prevention and response, the security staff as well as key staff members in ED now wore body cameras to gather evidence and the Trust worked closely with the police. Staff members who were physically or racially abused were supported if they wanted to go ahead with prosecution. In response to AM's question, NB confirmed that there were prominently displayed notices in all departments warning the violence and aggression towards staff would not be tolerated.

## **RESOLVED**

The Board **noted** the STHK WRES report and **approved** the 2023/24 action plan.

## **15.2. STHK Workforce Disability Equality Standard Report (WDES)**

- 15.2.1. AMS presented the STHK Workforce Disability Equality Standard Report (WDES) for the period ending 31 March 2023 as well as the MWL action plan for 2023/24. It was noted that the data had been submitted to NHSE on 31 May 2023. Additionally, AMS advised that this report was for the legacy STHK, and the legacy S&O report had been presented at the Strategy and Operations Committee in June 2023 prior to the completion of the transaction.
- 15.2.2. AMS advised that there had been an improvement in the number of staff disclosing a disability and a lot of work had been undertaken to encourage staff to do this. Additionally, work had been undertaken to ensure that line managers understood disability and worked with staff to ensure that reasonable adjustments were made when necessary. AMS advised that one of the initiatives included a disability passport which outlined the staff member's disability and the reasonable adjustments in place which was used when staff moved around the organisation. AMS noted that this pilot had won an award and would now be rolled out across the Trust.

**RESOLVED:**

The Board **noted** the STHK WDES report and **approved** the 2023/24 action plan.

## Concluding Business

### 16. Effectiveness of Meeting

16.1. In response to RF's question about the effectiveness of the meeting, HS commented on the length of the open discussions as well as the willingness of all members to listen to the points raised. Additionally, HS commented on the length of the agenda and RF advised that this was partly due to the legacy reports being presented with historic data, and once single MWL reports could be presented the agenda would reduce.

### 17. Any Other Business

17.1. GB provided an update on the Patient Story that was presented at Board in September and advised that things were going well, and that Rhys had had the surgery which had gone well and had now started college.

17.2. RF reflected on the S&O Time to Shine Awards and the Breast Unit Dinner that he had attended recently and thanked the Assistant Director of Communications and her team for their hard work in making these such successful events.

17.3. There being no other business the meeting closed at 13.35.

The next Board meeting would be held on **Wednesday 29 November 2023 at 09.30**

Meeting Attendance 2023/24												
Members	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Richard Fraser (Chair)				✓		✓	✓					
Ann Marr				✓		✓	✓					
Anne-Marie Stretch				✓		✓	✓					
Geoffrey Appleton				✓		✓	✓					
Gill Brown				✓		✓	✓					
Nicola Bunce				✓		✓	✓					
Ian Clayton				✓		✓	✓					
Rob Cooper				✓		✓	A					
Paul Growney				A		✓	✓					
Lisa Knight				✓		✓	✓					
Jeff Kozer				✓		✓	✓					
Gareth Lawrence				✓		✓	✓					
Lesley Neary				✓		✓	✓					
Sue Redfern				✓		A	✓					
Rani Thind				✓		✓	✓					
Christine Walters				✓		✓	✓					
Peter Williams				✓		✓	✓					
In Attendance	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Angela Ball				✓		A	✓					
Richard Weeks				✓		✓	✓					
✓ = In attendance      A = Apologies												

**Trust Board (Public)**  
**Matters Arising Action Log**  
**Action Log updated 24 November 2023**

Status	
Yellow	On Agenda for this Meeting
Red	Overdue
Green	Not yet due
Blue	Completed

Agenda Ref	Meeting Date	Agenda Item	Action	Lead	Deadline	Forecast Completion <i>(for overdue actions)</i>	Status
6	25/10/2023	<b>MWL TB23/043 Integrated Performance Report</b> 6.1 Quality Indicators	AM noted that the Trust's position on the league table for Clostridium difficile (C.Diff) had deteriorated and asked what the reason for this was. SR advised that she had received feedback via the Infection Prevention and Control (IPC) network that other Trusts were also struggling to achieve the C.Diff target and would request additional data from the C&M ICB and would provide an update at the next meeting  <u>Update</u> SR to provide verbal update at meeting	SR	Nov-23		
6	25/10/2023	<b>MWL TB23/043 Integrated Performance Report</b> 6.2 Operational Indicators	AM commented that the STHK sites had prioritised the 62 day diagnosis to treatment pathway, rather than the two week referral pathway. It was agreed that the Executive Committee would review the cancer two-week referral target performance and potential improvements.	LN	Jan-24		
7	25/10/2023	<b>MWL TB23/044 Committee Assurance Reports</b> 7.1 Executive Committee	Safe Staffing report - GB commented on the increase in medication errors noted on the neonatal ward and requested an update at the Quality Committee.	SR	Jan-24		Delegated to the Quality Committee

Agenda Ref	Meeting Date	Agenda Item	Action	Lead	Deadline	Forecast Completion <i>(for overdue actions)</i>	Status
8	25/10/2023	<b>MWL TB23/045 Clinical Strategy</b>	PW to update the document to include additional information under the Clinical Leadership, Education and Research section and the Chair to approve the amendments.	PW	Nov-23		<b>Completed</b>
11	25/10/2023	<b>MWL TB23/048 Aggregated Incidents, Complaints and Claims Report</b> 11.1 STHK	SR to include additional detail in the next report on PALs contacts converted to formal complaints and a deep dive into the increase in complaints received about general surgery	SR	Jan-24		



<b>Title of Meeting</b>	Trust Board	<b>Date</b>	29 November 2023
<b>Agenda Item</b>	MWL TB23/055		
<b>Report Title</b>	Integrated Performance Report		
<b>Executive Lead</b>	Gareth Lawrence, Director of Finance and Information		
<b>Presenting Officer</b>	Gareth Lawrence, Director of Finance and Information		
<b>Action Required</b>		To Approve	X To Note
<b>Purpose</b>			
<p>The Integrated Performance Report provides an overview of performance for MWL across four key areas:</p> <ol style="list-style-type: none"> <li>1. Quality</li> <li>2. Operations</li> <li>3. Workforce</li> <li>4. Finance</li> </ol>			
<b>Executive Summary</b>			
Performance for MWL is summarised across 30 key metrics. Quality has 10 metrics, Operations 13 metrics, Workforce 4 metrics and Finance 3 metrics.			
<b>Financial Implications</b>			
The forecast for 2023/24 financial outturn will have implications for the finances of the Trust.			
<b>Quality and/or Equality Impact</b>			
The 10 metrics for Quality provide an overview for summary across MWL.			
<b>Recommendations</b>			
The Trust Board is asked to note the Integrated Performance Report for assurance.			
<b>Strategic Objectives</b>			
X	SO1 5 Star Patient Care – Care		
X	SO2 5 Star Patient Care – Safety		
X	SO3 5 Star Patient Care – Pathways		
X	SO4 5 Star Patient Care – Communication		
X	SO5 5 Star Patient Care – Systems		
X	SO6 Developing Organisation Culture and Supporting our Workforce		
X	SO7 Operational Performance		
X	SO8 Financial Performance, Efficiency and Productivity		
X	SO9 Strategic Plans		

## Board Summary

### Overview

Mersey and West Lancashire 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	Jun-23	86.9	100	89.6	Best 30%
FFT - Inpatients % recommended	Oct-23	94.7%	90.0%	95.0%	Worst 50%
Nurse Fill Rates	Oct-23	97.5%	90.0%	97.2%	
C.difficile	Oct-23	12	85	61	Best 50%
E.coli	Oct-23	7	121	100	Best 40%
Hospital Acq Pressure Ulcers per 1000 bed days	Apr-23	0.1	0.0	0.1	
Falls ≥ moderate harm per 1000 bed days	Sep-23	0.3	0.0	0.2	
Stillbirths (intrapartum)	Oct-23	0	0	0	
Neonatal Deaths	Oct-23	0	0	4	
Never Events	Oct-23	0	0	0	
Complaints Responded In Agreed Timescale %	Oct-23	61.8%	90.0%	68.5%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Sep-23	66.4%	75.0%	68.9%	Worst 30%
Cancer 62 Days	Sep-23	73.3%	85.0%	71.1%	Best 30%
% Ambulance Handovers within 30 minutes	Oct-23	60.6%	95.0%	67.8%	
A&E Standard (Mapped)	Oct-23	73.9%	76.0%	75.7%	Best 30%
Average NEL LoS (excl Well Babies)	Oct-23	4.0	4.0	4.1	Best 30%
% of Patients With No Criteria to Reside	Oct-23	27.0%	10.0%	26.5%	
Discharges Before Noon	Oct-23	16.7%	20.0%	17.6%	
G&A Bed Occupancy	Oct-23	91.5%	92.0%	89.7%	Worst 50%
Patients Whose Operation Was Cancelled	Oct-23	1.1%	0.8%	0.9%	
RTT % less than 18 weeks	Oct-23	60.4%	92.0%	60.4%	Best 40%
RTT 65+	Oct-23	545	0	545	Best 30%
% of E-discharge Summaries Sent Within 24 Hours	Oct-23	65.6%	90.0%	63.7%	
OP Letters to GP Within 7 Days	Sep-23	39.0%	90.0%	39.8%	

Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	Oct-23	82.4%	85.0%	82.4%	
Mandatory Training	Oct-23	86.4%	85.0%	86.4%	
Sickness: All Staff Sickness Rate	Oct-23	6.2%	5.0%	5.8%	
Staffing: Turnover rate	Oct-23	0.8%	1.1%	1.1%	

Finance	Period	Score	Target	YTD	Benchmark
Capital Spend £ 000's	Oct-23		10,883	8,500	
Cash Balances - Days to Cover Operating Expenses	Oct-23	1.3	10		
Reported Surplus/Deficit (000's)	Oct-23		1,767	1,767	

## Board Summary - Quality

### Quality

Pressure Ulcers - Improvement and awareness work in progress. The MWL TVN Teams have agreed a process for agreeing categorisation of pressure ulcers. The incidents of HAPU are currently going through a robust investigation process and we will report the findings of this in December to ensure improved timeliness of reporting.

Patient Falls - The Trust reported 12 moderate and above harm falls in September. Lessons identified have been disseminated and Trust wide action plan is in place.

MRSA - The Trust reported 1 case in October. The case was an avoidable infection and lessons learned have been identified. The investigation also identified several areas of good practice in relation to MRSA screening, timely blood cultures, patient observations, documentation of urinary catheter care, antibiotic use and patient isolation.

C.Difficile - The Trust is over trajectory for c.difficile. with October incidences driven by outbreaks on 2 wards. Deep cleans have been undertaken, and early identification of lessons learnt has recognised the need for obtaining and testing timely samples and timely isolation of patients. RCA panels are scheduled for early Dec to review all the cases.

E coli - The Trust is over trajectory for E.Coli. An action plan has been developed.

Complaints Closed in Agreed Timescales - An action plan in place to achieve 85% by quarter 4 and to improve quality of complaint responses.

Mortality - The Trust continues to perform well with less observed deaths than expected. Ongoing analysis by diagnosis group continues to monitor and investigate any diagnosis group that exceeds 100. The SHMI remains within expected levels.

Rapid Reviews into the perinatal and neonatal deaths has been undertaken. Care to be reviewed as part of the PMRT process.

## Board Summary - Quality

Quality	Period	Score	Target	YTD	Benchmark	Trend
Mortality - HSMR	Jun-23	86.9	100	89.6	Best 30%	
FFT - Inpatients % recommended	Oct-23	94.7%	90.0%	95.0%	Worst 50%	
Nurse Fill Rates	Oct-23	97.5%	90.0%	97.2%		
C.difficile	Oct-23	12	85	61	Best 50%	
E.coli	Oct-23	7	121	100	Best 40%	
Hospital Acq Pressure Ulcers per 1000 bed days	Apr-23	0.1	0.0	0.1		
Falls ≥ moderate harm per 1000 bed days	Sep-23	0.3	0.0	0.2		
Stillbirths (intrapartum)	Oct-23	0	0	0		
Neonatal Deaths	Oct-23	0	0	4		
Never Events	Oct-23	0	0	0		
Complaints Responded In Agreed Timescale %	Oct-23	61.8%	90.0%	68.5%		

## Board Summary - Operations

### Operations

Bed occupancy across MWL averaged 106.4% in October equating to an additional 72 patients - an increase from 104.3% in September. There was a peak of 126 patients (58 at S&O, 68 at StHK), which includes patients in G&A beds, escalation areas and those waiting for admission in ED. There is an increased number of admissions sustaining this high occupancy level, with admissions 14% higher than last October driven mainly by a 32% increase in 0-day LOS activity. Average length of stay for emergency admissions is similar across both main sites with an overall average of 8.1 days, the impact of non CTR patients being 27% at Organisation level, 3% lower than September - (32% StHK and 18% S&O). 4-Hour performance deteriorated slightly in October achieving 68.7% (all types), national performance 70.2% and Cheshire & Merseyside 69.7%. The CEO has called a winter summit with PLACE directors in November to address the ongoing challenges with bed occupancy and specifically delayed discharges.

The Trust had 2,420 52-week waiters at the end of October (220 S&O and 2,200 StHK) with 4 x 78+ week waiters (StHK - 1 x Gen Sur, 1 x Vascular, 1 x T&O, 1 x Ophthalmology). The Trust remains below the current planned levels of 65+ week waiters but this has been impacted as a result of industrial action.

The 52 week position is a decrease of 60 from September despite Industrial action in the month. In the week ending 5th November C&M had 5.06% (20,953) of open pathways waiting 52 weeks or longer, for MWL this is 3.2%. MWL represents 11.5% of C&M long waiters.


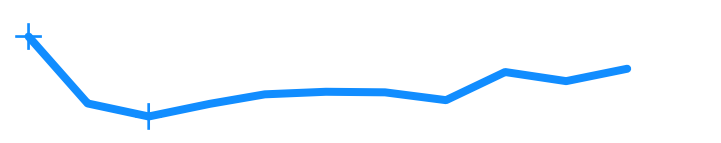
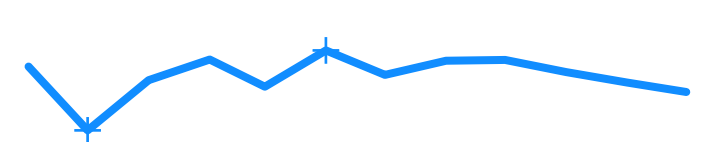
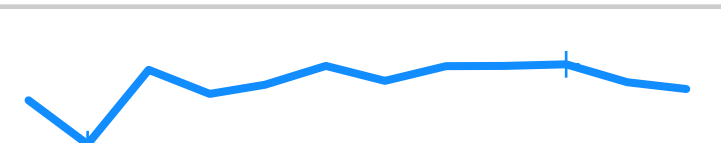






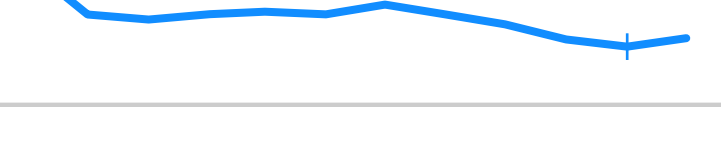
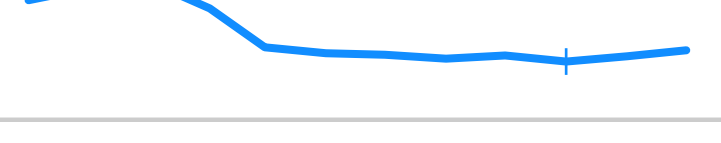
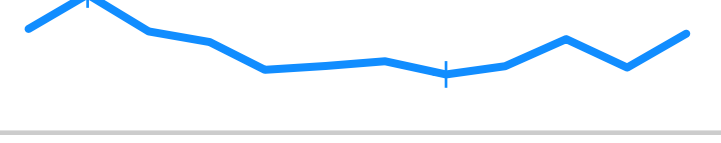
Cancer performance for MWL in September was 75.8% for the 14-day standard (target 93%) and 73.3% for the 62-Day standard (target 85%). St Helens performance being 62.8% for 14-day and 72.3% for 62 Day. Southport achieved 93.3% for the 14 -day standard and 74.7% 62-day, both an improvement on last month.

Challenges continue with the production of letters following an outpatient appointment. However, urgent letters are being produced within 48 hours of appointment and routine within 14 days, which is line with internal targets. An interim solution has been approved for letter production, whilst the strategic voice recognition solution is developed.

There were 3 days of industrial action in October for Junior Doctors and Consultants, with 1 day for Radiographers during this same period. MWL declaring 84 cancellations of elective or day case admissions and 611 outpatient appointments on national returns (S&O 13 inpatients and 202 outpatients, 71 inpatients and 409 outpatients for StHK). On average over the strike period 86 out of 343 consultant shifts (25.2%), 184 out of 505 Junior Doctors shifts (36.3%) and 93 out of 150 Radiographers shifts (62%) chose to strike when due on.



## Board Summary - Operations

Operations	Period	Score	Target	YTD	Benchmark	Trend
Cancer Faster Diagnosis Standard	Sep-23	66.4%	75.0%	68.9%	Worst 30%	
Cancer 62 Days	Sep-23	73.3%	85.0%	71.1%	Best 30%	
% Ambulance Handovers within 30 minutes	Oct-23	60.6%	95.0%	67.8%		
A&E Standard (Mapped)	Oct-23	73.9%	76.0%	75.7%	Best 30%	
Average NEL LoS (excl Well Babies)	Oct-23	4.0	4.0	4.1	Best 30%	
% of Patients With No Criteria to Reside	Oct-23	27.0%	10.0%	26.5%		
Discharges Before Noon	Oct-23	16.7%	20.0%	17.6%		
G&A Bed Occupancy	Oct-23	91.5%	92.0%	89.7%	Worst 50%	
Patients Whose Operation Was Cancelled	Oct-23	1.1%	0.8%	0.9%		
RTT % less than 18 weeks	Oct-23	60.4%	92.0%	60.4%	Best 40%	
RTT 65+	Oct-23	545	0	545	Best 30%	
% of E-discharge Summaries Sent Within 24 Hours	Oct-23	65.6%	90.0%	63.7%		
OP Letters to GP Within 7 Days	Sep-23	39.0%	90.0%	39.8%		

## Board Summary - Workforce

### Workforce

Appraisals - The Trust has not achieved the appraisal target, achieving 82.4% against a target of 85%, a 1% increase on the previous month. The lower compliance on the legacy S&O sites has been impacted by lengthy appraisal paperwork. Going forward, S&O will transition to the STHK paperwork which will make the appraisal process easier.

Mandatory Training - The Trust is exceeding its mandatory target at 86.4% against a target of 85%.

In-month sickness remains above target, at 6.21% against the 5% target.

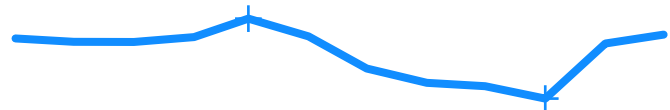



The top reason for absence is Anxiety, Stress and Depression. This is consistent with the top reason for absence across the NHS. The Trust continues to focus

supporting all employees who are absent due to Anxiety/Stress/Depression by ensuring that all supportive actions have been undertaken. Further targeted work

has also been undertaken as part of our overall absence management approach:

- Ensuring that welcome-back conversations (renamed from return to work), welfare meetings and trigger meetings are being undertaken
- Carrying out internal audits of areas to ensure the processes are being followed and providing support and training to line managers
- Delivering Attendance Management training sessions to new and existing managers.
- Holding bi-weekly review of Trust absences by HR Operations Team and HWWB Team.
- Facilitating early engagement of all employees who are absent due to musculoskeletal problems.

## Board Summary - Workforce

Workforce	Period	Score	Target	YTD	Benchmark	Trend
Appraisals	Oct-23	82.4%	85.0%	82.4%		
Mandatory Training	Oct-23	86.4%	85.0%	86.4%		
Sickness: All Staff Sickness Rate	Oct-23	6.2%	5.0%	5.8%		
Staffing: Turnover rate	Oct-23	0.8%	1.1%	1.1%		



## Board Summary - Finance

### Finance

The final approved MWL financial plan for 23/24 (combining agreed STHK and S&O plans) gives a surplus of £7.6m, which assumes:

- Full achievement of CQUINs
- Delivery of £31.8m recurrent CIP
- Delivery of £7.0m non-recurrent CIP
- Delivery of the 23/24 activity plan, in order to achieve planned levels of income including ERF/API variable funding



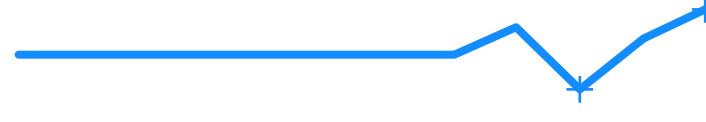
Surplus/Deficit – At Month 7, the Trust is reporting a year to date surplus of £1.8m, in line with plan. This position includes YTD industrial action costs of £4.0m which are assumed to be fully funded. The position also includes ongoing pressures currently being mitigated internally, including £4.8m non pay inflation above plan and a £2.4m YTD pay award pressure.

CIP - The Trust's 2023/24 CIP target is £38.8m, of which £31.8m is to be delivered recurrently and £7.0m non-recurrently. As at Month 7, schemes delivered or at finalisation stage totalled £30.2m in year (78%) and £19.8m (62%) recurrently.

Cash - At the end of M7, the cash balance was £2.5m, with a forecast of £2.5m at the end of the financial year. The Trust has received £9m of £10m revenue cash in line with the transaction support agreed with NHS England and C&M ICS. The year end forecast assumes this application is successful.

Capital - Capital expenditure for the year to date (including PFI lifecycle maintenance) totals £8.5m. No PDC funding (provided by Department of Health & Social Care) has been used but £14m capital transaction support has been agreed.

## Board Summary - Finance

Finance	Period	Score	Target	YTD	Benchmark	Trend
Capital Spend £ 000's	Oct-23		10,883	8,500		
Cash Balances - Days to Cover Operating Expenses	Oct-23	1.3	10			
Reported Surplus/Deficit (000's)	Oct-23		1,767	1,767		

## Board Summary

### Southport & Ormskirk

Quality	Period	Score	Target	YTD	Benchmark
Mortality - HSMR	Jun-23	83.3	100	94.7	
FFT - Inpatients % recommended	Oct-23	95.0%	90.0%	94.9%	
Nurse Fill Rates	Oct-23	96.7%	90.0%	96.0%	
C.difficile	Oct-23	6	39	24	
E.coli	Oct-23	3	48	37	
Hospital Acq Pressure Ulcers per 1000 bed days	Apr-23	0.1	0.0	0.1	
Falls ≥ moderate harm per 1000 bed days	Sep-23	0.3	0.0	0.1	
Stillbirths (intrapartum)	Oct-23	0	0	0	
Neonatal Deaths	Oct-23	0	0	1	
Never Events	Oct-23	0	0	0	
Complaints Responded In Agreed Timescale %	Oct-23	75.0%	90.0%	71.1%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Sep-23	71.2%	75.0%	69.3%	
Cancer 62 Days	Sep-23	74.7%	85.0%	60.9%	
% Ambulance Handovers within 30 minutes	Oct-23	62.1%	95.0%	74.6%	
A&E Standard (Mapped)	Oct-23				
Average NEL LoS (excl Well Babies)	Oct-23	5.4	4.0	5.1	
% of Patients With No Criteria to Reside	Oct-23	17.7%	10.0%	17.7%	
Discharges Before Noon	Oct-23	18.8%	20.0%	19.4%	
G&A Bed Occupancy	Oct-23	82.8%	92.0%	80.0%	
Patients Whose Operation Was Cancelled	Oct-23	0.7%	0.8%	0.6%	
RTT % less than 18 weeks	Oct-23	62.8%	92.0%	62.8%	
RTT 65+	Oct-23	18	0	18	
% of E-discharge Summaries Sent Within 24 Hours	Oct-23	85.1%	90.0%	79.0%	
OP Letters to GP Within 7 Days	Sep-23	66.3%	90.0%	69.2%	

Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	Oct-23	73.9%	85.0%	73.9%	
Mandatory Training	Oct-23	91.0%	85.0%	91.0%	
Sickness: All Staff Sickness Rate	Oct-23	5.6%	6.0%	5.6%	
Staffing: Turnover rate	Oct-23	0.9%	1.1%	1.0%	

Finance	Period	Score	Target	YTD	Benchmark
Capital Spend £ 000's	Oct-23				
Cash Balances - Days to Cover Operating Expenses	Oct-23				
Reported Surplus/Deficit (000's)	Oct-23				

## Board Summary

### St Helens & Knowsley

Quality	Period	Score	Target	YTD	Benchmark
Mortality - HSMR	Jun-23	88.3	100	87.4	
FFT - Inpatients % recommended	Oct-23	94.6%	90.0%	95.0%	
Nurse Fill Rates	Oct-23	98.5%	90.0%	98.5%	
C.difficile	Oct-23	6	46	37	
E.coli	Oct-23	4	73	63	
Hospital Acq Pressure Ulcers per 1000 bed days	Apr-23	0.2	0.0	0.2	
Falls ≥ moderate harm per 1000 bed days	Sep-23	0.4	0.0	0.2	
Stillbirths (intrapartum)	Oct-23	0	0	0	
Neonatal Deaths	Oct-23	0	0	3	
Never Events	Oct-23	0	0	0	
Complaints Responded In Agreed Timescale %	Oct-23	54.5%	90.0%	66.9%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Sep-23	62.8%	75.0%	68.6%	
Cancer 62 Days	Sep-23	72.3%	85.0%	77.6%	
% Ambulance Handovers within 30 minutes	Oct-23	59.6%	95.0%	62.4%	
A&E Standard (Mapped)	Oct-23				
Average NEL LoS (excl Well Babies)	Oct-23	3.6	4.0	3.7	
% of Patients With No Criteria to Reside	Oct-23	32.1%	10.0%	31.3%	
Discharges Before Noon	Oct-23	14.5%	20.0%	16.0%	
G&A Bed Occupancy	Oct-23	97.9%	92.0%	96.9%	
Patients Whose Operation Was Cancelled	Oct-23	1.3%	0.8%	1.1%	
RTT % less than 18 weeks	Oct-23	59.5%	92.0%	59.5%	
RTT 65+	Oct-23	527	0	527	
% of E-discharge Summaries Sent Within 24 Hours	Oct-23	61.4%	90.0%	60.3%	
OP Letters to GP Within 7 Days	Sep-23	23.4%	90.0%	22.6%	

Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	Oct-23	87.3%	85.0%	87.3%	
Mandatory Training	Oct-23	84.6%	85.0%	84.6%	
Sickness: All Staff Sickness Rate	Oct-23	6.5%	5.0%	5.9%	
Staffing: Turnover rate	Oct-23	0.8%	1.1%	1.1%	

Finance	Period	Score	Target	YTD	Benchmark
Capital Spend £ 000's	Oct-23				
Cash Balances - Days to Cover Operating Expenses	Oct-23				
Reported Surplus/Deficit (000's)	Oct-23				

Committee Assurance Report		
<b>Title of Meeting</b>	<b>Trust Board</b>	<b>Date</b> 29 November 2023
<b>Agenda Item</b>	<b>MWL TB23/056 (8.1)</b>	
<b>Committee being reported</b>	Executive Committee	
<b>Date of Meeting</b>	This report covers the four Executive Committee meetings held in October 2023	
<b>Committee Chair</b>	Ann Marr, Chief Executive Officer	
<b>Was the meeting quorate?</b>	Yes	
Agenda items		
Title	Description	Purpose
<p>There were four Executive Committee meetings held during October 2023.</p> <p>At every meeting bank or agency staff requests that breach the NHSE cost thresholds were reviewed, and the Chief Executive's authorisation recorded.</p>		
05 October 2023		
October Trust Board Agendas	<ul style="list-style-type: none"> <li>The Director of Corporate Services presented the draft Trust Board agendas for October for review.</li> <li>The nominations for the Employee of the Month received in September were discussed.</li> </ul>	Assurance
Voice Recognition Solution	<ul style="list-style-type: none"> <li>The Director of Informatics and the Managing Director provided an update on the procurement of a replacement voice recognition solution and requested the Committee's approval to implement an immediate tactical solution whilst a long-term strategic solution was developed. This was because the current dictation system used at the STHK sites is no longer supported by the supplier.</li> <li>The Committee agreed an alternative dictation solution was required in the short term for the STHK sites to maintain service delivery, whilst an MWL voice recognition business case was developed.</li> <li>The existing current S&amp;O system provider was able to offer a cloud-based version of their dictation solution, and this would require minimal training for new users.</li> <li>The Committee approved the progressing of a short term tactical solution to replace the current system used at STHK sites, whilst the tactical voice recognition solution was developed.</li> </ul>	Approval

Electronic Patients Records (EPR) Outline Business Case (OBC)	<ul style="list-style-type: none"> <li>The Director of Informatics presented the updated EPR OBC report which included the changes requested by the Cheshire and Merseyside Integrated Care Board (ICB).</li> <li>The Committee approved the revised EPR OBC noting the changes to the cost modelling, which did not impact the overall cost for the new EPR.</li> </ul>	Approval
<b>12 October 2023</b>		
Corporate Performance Report - September	<ul style="list-style-type: none"> <li>The Director of Finance and Information presented the Corporate Performance Report (CPR) for September 2023.</li> <li>Committee agreed some of the outstanding targets for MWL performance for 2023/24</li> <li>It was agreed that considering the Lucy Letby case and early lessons learnt, some of the maternity metrics should be presented as absolute numbers as well as rates.</li> <li>With these changes the September CPR was approved for release</li> </ul>	Assurance
STHK WRES and WDES reports	<ul style="list-style-type: none"> <li>The Director of HR/Deputy CEO introduced the historic WRES and WDES reports for review by the Executive ahead of presentation at the Strategic People Committee and Board.</li> <li>Committee also commented on the comparisons with the historic S&amp;O data and the proposed action plans.</li> </ul>	Assurance
S&O sites specialist mattress contract	<ul style="list-style-type: none"> <li>The Director of Corporate Services reported that the current S&amp;O specialist mattress contract had expired, and the current stock was being supported on a rolling basis, but this stock was now obsolete so as the mattresses failed, they could not be replaced.</li> <li>In addition, the demand for mattresses had increased, and there was a risk that patients needing pressure relieving mattresses could not be supplied from the current stock.</li> <li>Committee agreed that a short term solution was needed to supplement the mattress stocks whilst proposals for a single mattress and potentially bed management contract were developed, because the mattresses and beds at the STHK sites were also reaching end of life.</li> <li>It was agreed that a cross site working group would be established.</li> </ul>	Approval

Risk Management Council Assurance Report	<ul style="list-style-type: none"> <li>• The Director of Corporate Services presented the Risk Management Council (RMC) assurance report and a summary of the risks escalated to the corporate risk registers (CRR).</li> <li>• It was noted that risks continued to be reported via the legacy Trust Datix systems, which would continue until the new MWL operating model was implemented.</li> </ul>	Assurance
EPR Procurement Contract	<ul style="list-style-type: none"> <li>• The Director of Informatics presented a recommendation to appoint Apero Ltd as the procurement manager for the EPR procurement, following a competitive exercise to choose the preferred bidder. Funding was from the Technical Funds allocation to support the replacement EPR.</li> <li>• The recommendation was approved.</li> </ul>	Approval
Careflow contact extension	<ul style="list-style-type: none"> <li>• The Director of Informatics presented a proposal for the extension of the S&amp;O careflow system for two years, whilst the new EPR for MWL was procured.</li> <li>• An initial extension of 12 months had been approved by the S&amp;O executive in March 2023, but due the delay of the transaction by three months and the national EPR replacement programme timetable, this now needed to be extended to two years.</li> <li>• The committee agreed that the contract should be extended to maintain the current EPR at the S&amp;O sites, until a replacement could be implemented.</li> </ul>	Approval
Winter Planning	<ul style="list-style-type: none"> <li>• The Chief Operating Officer presented the outcome of the winter planning meetings both internally and with system partners.</li> <li>• 31 potential schemes had been identified to release bed capacity and improve patient flow.</li> <li>• It was agreed that there needed to be regular monitoring of the PLACE/Local Authority schemes to reduce bed occupancy, to evidence if there were being effective.</li> <li>• The winter plans would continue to be developed to balance the risk of increased demand and lower than needed discharge of patients, across the organisation.</li> </ul>	Assurance
Institute of Health and Social Care	<ul style="list-style-type: none"> <li>• Committee approved the annual membership of the IHSCM for MWL.</li> </ul>	Approval



Management Membership		
<b>19 October 2023</b>		
Appraisal and Mandatory Training Compliance – Month 6	<ul style="list-style-type: none"> <li>Appraisal compliance for MWL was 82% (STHK sites were 86%, reflecting the six month appraisal window and S&amp;O sites were 73%)</li> <li>Mandatory training compliance for MWL was 86% (STHK sites were 84% and S&amp;O sites 91%)</li> <li>Medical and Dental staff across all sites, continued to have the lowest compliance rates.</li> </ul>	Assurance
Quarterly Procedural Documents Report	<ul style="list-style-type: none"> <li>The Director of Nursing, Midwifery and Governance presented the report.</li> <li>84% of STHK legacy procedural documents were in date.</li> <li>66% of S&amp;O legacy procedural documents were in date (including some HR policies suspended because of the TUPE measures)</li> <li>The Policy Alignment Group has now been established and is overseeing the prioritisation and harmonisation of policies for MWL. The initial priority being for key clinical safety policies.</li> </ul>	Assurance
Monthly safer staffing report	<ul style="list-style-type: none"> <li>The Director of Nursing, Midwifery and Governance introduced the report.</li> <li>STHK sites the overall RN fill rate was 97.57% in August and the HCA overall fill rate 123.56%</li> <li>There were three wards with an RN fill rate below 90% and three wards with an HCA fill rate below 90%.</li> <li>At the S&amp;O sites the RN overall fill rate was 96.98% and the HCA overall fill rate 93.55%</li> <li>There was one ward with an RN fill rate below 90% and six wards with an HCA fill rate below 90%.</li> <li>The report also provided an update on recruitment and absence levels.</li> <li>Committee discussed the process for assessing and requesting supplementary care and how this could be standardised across all the MWL sites.</li> </ul>	Assurance
Updates from Place Partners	<ul style="list-style-type: none"> <li>The Director of Integration presented the regular review of partnership working.</li> <li>It was noted at every Place is having its financial plans reviewed, because of the overspends year</li> </ul>	Assurance

	<p>to date mainly because of pressures on the continuing healthcare and prescribing budgets.</p> <ul style="list-style-type: none"> <li>• Winter plan investment proposals had been submitted against the discharge fund.</li> <li>• It was reported that a new Director of Adult Social Care had been appointed by St Helens Council.</li> <li>• The shared care record was being rolled out to Knowsley.</li> </ul>	
Board Assurance Framework (BAF)	<ul style="list-style-type: none"> <li>• The Director of Corporate Services presented the draft BAF. This was an integrated MWL BAF updated for changes in quarter 2.</li> <li>• Committee reviewed the scoring of some of the strategic risks, which had been impacted by the completion of the transaction and agreed recommendations for the Trust Board to consider.</li> </ul>	Assurance
CRAB data and Fluid Balance Monitoring	<ul style="list-style-type: none"> <li>• The Director of Informatics provided feedback from a recent meeting with the CEO of CRAB in relation to utilising the data to help monitor fluid balance and to share his family's recent experience.</li> <li>• Further work was needed to understand how the data could be used to evidence the actions that needed to be taken.</li> </ul>	Assurance
Flexible Working Requests	<ul style="list-style-type: none"> <li>• The Director of Nursing, Midwifery and Governance presented requests received from senior nursing staff to adopt a flexible working pattern.</li> <li>• It was agreed that there needed to be assurance that clinical leadership cover would be available and further work was required to agree the parameters.</li> </ul>	Assurance
<b>26 October 2023</b>		
MWL Smoke Free Policy	<ul style="list-style-type: none"> <li>• The Director of Nursing, Midwifery and Governance presented the proposed single Smoke Free policy for all MWL sites.</li> <li>• Committee asked that the evidence for vaping being banned on the hospital site be reviewed, noting that the former S&amp;O Trust had taken a different approach to this.</li> <li>• Committee reviewed the enforcement powers in relation to smoke free sites and noted there were no legal powers to enforce no smoking for patients and visitors in hospital grounds.</li> </ul>	Approval

	<ul style="list-style-type: none"> <li>A decision on approving the policy was deferred until a consistent position about vaping could be agreed.</li> </ul>	
EPR OBC Approval	<ul style="list-style-type: none"> <li>The Director of Informatics reported that the Trust had received notification that the EPR OBC had been approved by Cheshire and Merseyside ICB and could now be submitted to NHS England.</li> </ul>	Assurance
<b>Alerts:</b>		
None		
<b>Decisions and Recommendation(s):</b>		
<b><u>New investment decisions taken by the Committee during October were:</u></b>		
1. IHSCM membership for MWL		

Committee Assurance Report			
<b>Title of Meeting</b>	<b>Trust Board</b>	<b>Date</b>	29 November 2023
<b>Agenda Item</b>	<b>MWL TB23/056 (8.2)</b>		
<b>Committee being reported</b>	Audit Committee		
<b>Date of Meeting</b>	15 November 2023		
<b>Committee Chair</b>	Ian Clayton, Non-Executive Director		
<b>Was the meeting quorate?</b>	Yes		
Agenda items			
<b>Title</b>	<b>Description</b>	<b>Purpose</b>	
<b>GT - External Audit Reports</b>	GT provided an update on the 2022/23 StHK audit.  GT presented an unqualified audit report on the financial statements; however, work is ongoing to finalise the Value for Money report with discussions ongoing with GT and the national team.	<b>Assurance</b>	
<b>MIAA - Internal Audit Reports</b>	All reports are progressing in accordance with the internal audit plan, with work being weighted more towards Q3 & Q4 23/24.	<b>Assurance</b>	
<b>MWL Audit Action Logs</b>	There were two new Internal Audit reports and two new External Audit reports added to the Log on this occasion. The report included the legacy S&O external audit recommendations but not the legacy StHK recommendations as these have yet to be finalised.  Eight reports have been finalised and signed off since the last Audit Committee, with a further three completed by the Trust and waiting on sign off. This leaves nine in progress reports, of which five are internal audit and four are external audit.  Of the five remaining internal audit reports to be finalised, four have substantial assurance and one has high assurance.	<b>Assurance</b>	
<b>MIAA - Local Counter Fraud Progress Report</b>	There were four referrals to counter fraud brought forward from the previous period with six new referrals this month, three have been closed in the reporting period, and three moved to investigation stage, leaving four to carry forward. The AFS has issued 13 Fraud Prevention Checks to the Trust for intelligence and preventative purposes. These were mainly in relation to active mandate frauds and	<b>Assurance</b>	

	sophisticated phishing emails in operation across the NHS. No local concerns were noted.	
<b>Conflict of Interest Update</b>	MIAA work in this area is completed. The internal processes across both of the original organisations are being aligned, with the revised MWL process being produced which includes both ESR and manual reminders to staff on a regular basis, as well as the annual reminders.	<b>Assurance</b>
<b>Financial Reports - Losses and Special Payments</b>	For the financial year to date, £246k losses and special payments have been registered, compared to £222k for STHL for 2022/23 and £390k for S&O for 2022/23.	<b>Assurance</b>
<b>Financial Reports - Aged Debt Analysis</b>	For the period to 31 October 2023, total invoiced debt is £36m of which £10m has been due for more than 90 days. Of this £10m, £6m is NHS debt and £3m is non-NHS debt.	<b>Assurance</b>
<b>Financial Reports - Tenders and Quotation Waivers</b>	Eight MWL waivers have been registered for the period since the last Audit Committee with a value £432k.	<b>Assurance</b>
<b>NHS Electronic Staff Records (ESR)</b>	PWC have issued their Audit Report on the ESR programme for the year to 31 March 2023 which included a qualified audit opinion. There were three areas highlighted in the report that led to PWC providing a qualified opinion. The Trust's view of the impact of these areas was reviewed alongside the mitigation of these risks. The area will remain on the action log so that it is reviewed each Audit Committee meeting until the matter is resolved.	<b>Assurance</b>
<b>Any other business</b>		<b>Assurance</b>
<b>Alerts:</b>		
None noted, other than the ongoing audit report sign off issues as noted above.		
<b>Decisions and Recommendation(s):</b>		
None noted		

Committee Assurance Report			
<b>Title of Meeting</b>	<b>Trust Board</b>	<b>Date</b>	29 November 2023
<b>Agenda Item</b>	<b>MWL TB23/056 (8.3)</b>		
<b>Committee being reported</b>	Quality Committee		
<b>Date of Meeting</b>	21 November 2023		
<b>Committee Chair</b>	Gill Brown, Non-Executive Director		
<b>Was the meeting quorate?</b>	Yes		
Agenda items			
<b>Title</b>	<b>Description</b>	<b>Purpose</b>	
Minutes of the previous meeting	Minutes of the meeting held on 17 October were approved as a correct and accurate record of proceedings, following a minor correction.	Approve	
Matters arising/action log	Seven actions were discussed with updates provided for each one.	Approve	
Corporate Performance Report (CPR)	<p>The quality metrics were discussed. Measures in place to reduce the risk of pressure ulcers were highlighted and data was reviewed in relation to falls, nurse/midwife fill rates, serious incidents, nutrition, infections, complaints, friends and family test, mortality ratio, e-discharges, Safeguarding and maternity indicators.</p> <p>The Committee noted the actions being taken to improve cannula care following an MRSA bacteraemia.</p> <p>The Committee queried the lower rate of care plans and referrals to dieticians at S&amp;O sites with further information to be presented to the next meeting.</p> <p>It was noted that work continues on the new CPR, following its recent launch. The Committee requested the inclusion of incidents being investigated using Patient Incident Response Framework (PSIRF).</p>	Note	
November Patient Experience Council	<p>The Council approved The Policy for Care of People with a Learning Disability and/or Autism and confirmation was provided to the Committee that ongoing review of complaints/concerns, LD patient participation group feedback and the work of the Safeguarding Team will provide evidence of the effectiveness of the Policy.</p> <p>The patient story highlighted the excellent care provided by the Dementia and Delirium Team at Southport, particularly in maintaining contact with the patient's daughter who lived abroad and in supporting the patient to ensure a safe discharge.</p>	Note	

	<p>The Council received the action plans for both StHK and S&amp;O sites inpatient surveys and Whiston's urgent and emergency care survey.</p> <p>Updates were provided in relation to accreditation programmes, Bereavement Steering Group, Estates and Facilities, discharge planning, Planned Care Clinical Business Unit (CBU), Patient Experience and Inclusion Team and Nursing Care Indicators from all sites.</p> <p>It was positive to note actions being taken by Cancer Speciality Teams following patient surveys and the overall positive feedback from Healthwatch Knowsley.</p>	
Inpatient Survey – S&O	<p>The Committee noted the results of the 2022 inpatient survey for legacy S&amp;O, with 44 questions rated similar to other trusts and one in the worse category in relation to information provided on discharge.</p> <p>Six out of the seven areas targeted for improvement last year showed increased scores and the detailed action plan was approved subject to amending the action in relation to patient leaflets. The action plan will be monitored by the Patient Experience Council going forward.</p> <p>The Committee requested that consideration be given to how patients are asked to provide feedback about their care in order to improve the score achieved for whether the patient had been asked about the quality of their care in hospital, noting that there are a number of ways feedback is sought and that this scores low nationally.</p>	Note Approval
November Clinical Effectiveness Council	<p>The Council approved two policies and received a number of reports from:</p> <ul style="list-style-type: none"> <li>• Medical and Emergency Care CBU (S&amp;O)</li> <li>• Specialist Services CBU (S&amp;O)</li> <li>• Planned Care (S&amp;O): National Joint Registry Annual Report</li> <li>• Pharmacy Governance &amp; Performance AAA Exception Report &amp; Medicines Safety Committee AAA Exception report (S&amp;O)</li> <li>• Maternity KPIs: Whiston</li> <li>• Advancing Quality (MWL).</li> </ul> <p>The following were highlighted:</p> <ul style="list-style-type: none"> <li>• Pressures in Paediatrics due to increased volume of admissions</li> </ul>	Note



	<ul style="list-style-type: none"> <li>• Significant risk relating to patients bedded in ED due to limited bed capacity</li> <li>• Plans for updating pharmacy robots at Southport and Ormskirk hospitals</li> <li>• Outsourcing of Histology to address delays</li> <li>• S&amp;O was noted as not an outlier for knee or hip replacements</li> <li>• Interfacing of Telepath and Careflow plans have been paused due to identified risks, with the Committee seeking assurance that the transcribing risks are being mitigated in the intervening time</li> </ul> <p>The Committee also received assurance that appropriate actions were taking place to reduce the long waiters for Gynaecology and that patients on the waiting list are reviewed and triaged to reduce risk of missed cancer patients.</p> <p>It was noted that Whiston Pharmacy are to provide safe prescribing training for undergraduates at S&amp;O.</p>	
NICE Compliance Report 2022-23	<p>Report noted that 92% of guidance issued had been assessed by relevant service for compliance, with 61% fully and 21% partially compliant.</p> <p>Outstanding returns are being followed up.</p> <p>The next report will provide details for areas of non-compliance, identifying any risks and mitigations in place to ensure services are as effective as possible.</p> <p>A detailed report will also be presented to the Executive Committee going forward.</p>	Note
Core Mandatory & Compulsory/Essential Skills Training Update	<p>The report noted plans to review training across the Trust and to align reporting from 2024/25. Areas of concern remain with face-to-face Fire Safety training and Immediate Life Support training due to difficulties in releasing clinical staff, which will be reviewed by Executive Committee.</p> <p>In addition, in future the Executive Committee are to review both compulsory and essential skills training compliance to further drive improvements.</p>	Note
November Patient Safety Council report	<p>The Committee received an assurance report from November's Patient Safety Council which received safety reports from StHK and S&amp;O sites, highlighting the ongoing impact of operational pressure on patients.</p> <p>Results of latest nursing care indicators identified issues with fluid balance recording, visual infusion</p>	Note

	<p>phlebitis scores and Bristol Stool Chart recording, with work being undertaken to identify barriers to compliance.</p> <p>Work is continuing to increase the number of electronic requests to improve patient safety.</p> <p>Controlled drugs compliance was noted to have increased from 81% to 88% and St Helens site noted to have over 90% positive audit for medicines storage.</p> <p>A number of policies and procedures were approved.</p>	
<p>Maternity Services Update Report Whiston Q2 (2023-24)</p>	<p>A detailed Q2 report was reviewed, including:</p> <ul style="list-style-type: none"> <li>• Detailed reports regarding ongoing work to meet 10 safety actions required for the latest Maternity Incentive Scheme (MIS) -Year 5.</li> </ul> <p>The majority of 10 areas are compliant, where applicable, other than:</p> <ul style="list-style-type: none"> <li>• Elements of transitional service, with discussions being held with specialist commissioners and an action plan in place <ul style="list-style-type: none"> <li>○ Employment of short-term obstetric locums on tier 2 and 3, with action plan to ensure future compliance</li> </ul> </li> <li>• Tier 1 for Medical Neonatal Workforce not fully compliant. However, Tier 2 and 3 are compliant with mitigations and action plan in place to address future T1 compliance.</li> <li>• Also, work ongoing to meet the requirements of Saving Babies Lives Bundle (Version 3) was detailed. Most areas are compliant. However, Element 1: <i>Reducing Smoking in Pregnancy</i> is challenging. In-house practitioners / advisors being recruited to improve compliance. In addition, Element 6: <i>Management of Pre Existing Diabetes</i> is new to Version 3 with the need to update guidance, completion of further audits and collation of evidence. Ongoing actions in place to address compliance with this element of Safety Action 6.</li> </ul> <p>Appointment of Maternity Voices Partnership Chair will support Safety Action 7.</p> <p>Quality &amp; Safety:</p> <ul style="list-style-type: none"> <li>• Two reportable deaths in Q2 (1 in August &amp; 1 in September). Both awaiting Perinatal Mortality Review Tool (PMRT) panel reviews, with delays due to receipt of post-mortem and placental pathology findings</li> </ul>	<p>Note</p>

	<ul style="list-style-type: none"> <li>• Two serious incidents were reported in Q2, with Investigations commenced</li> <li>• One final HSIB report received since the previous reporting period, with lessons learned disseminated across the service via safety huddles and at the foetal surveillance study day</li> <li>• Report highlighted staffing position, including number of new starters in October 23</li> <li>• 100% compliance for the provision of 1-1 care in labour and the availability of a supernumerary delivery suite shift coordinator for this reporting period and for the preceding 12 months</li> <li>• Four Red Flag Events reported which is a decrease of 13 from 17 reported in Q1, three related to triage breaches due to a high acuity and capacity within triage and one related to a delay in progression with an induction of labour due to increased acuity on delivery suite</li> </ul>	
Maternity Services Update Report Ormskirk Q2 2023-24	<p>Q2 Report was presented highlighting the following:</p> <ul style="list-style-type: none"> <li>• Following initial submission of evidence for Maternity Incentive Scheme made on 30/10/23 additional evidence requested by LMNS. Ongoing collation of evidence is being undertaken</li> <li>• 3 perinatal mortality incidents in August 2023 with commencement of PNRT reviews</li> <li>• Midwifery Staffing: 11.7% (13.36WTE) vacancies with gaps covered by redeployment of specialist midwives and increased payment for bank shifts. Sickness levels have been challenging</li> <li>• 100% compliance for the provision of 1-1 care in labour and the availability of a supernumerary delivery suite shift coordinator for this reporting period and for the preceding 12 months</li> </ul> <p>The Committee sought more detailed assurance, evidence and confirmation of comprehensive plans in place to ensure both the Committee and the Board will have the relevant information to enable sign-off of the Maternity Incentive Scheme (MIS) in February 2024 as well as current compliance with Ockenden requirements and ongoing inclusion in the CPR of perinatal mortality incidents to ensure timely reporting.</p>	Note
Freedom to Speak Up Report Q1 - StHK	Detailed report noting that 18 concerns were raised in Q1, with a number relating to concerns raised due to lack of inclusion of bank staff in national pay award. It was confirmed that actions were taken to address concerns where possible.	Note
Freedom to Speak Up Report Q1 – S&O	Detailed report noting 17 concerns were raised, with 7 requiring input from Human Resources and the	

	ongoing work to develop the F2SU local champion model.	
Medicine Storage and Security Audit Quarter 1 2023 – StHK	Report noted ongoing compliance with medicines storage and security audits, with some areas required to focus on fridge and room temperature recording. All areas not audited in Q1 will be completed in Q2.	Note
<b>Alerts:</b>		
Maternity Incentive Scheme : Deadline for evidence submission and CEO sign-off is February 2024.		
<b>Decisions and Recommendation(s):</b>		
Not applicable		

Committee Assurance Report			
<b>Title of Meeting</b>	<b>Trust Board</b>	<b>Date</b>	29 November 2023
<b>Agenda Item</b>	<b>MWL TB23/056 (8.4)</b>		
<b>Committee being reported</b>	Strategic People Committee		
<b>Date of Meeting</b>	22 November 2023		
<b>Committee Chair</b>	Lisa Knight, Non-Executive Director		
<b>Was the meeting quorate?</b>	Yes		
Agenda items			
<b>Title</b>	<b>Description</b>	<b>Purpose</b>	
<b>Minutes of the previous meeting</b>	The Committee reviewed the minutes of the meeting held on 16 October 2023 and approved them as a correct and accurate record of proceedings.	Decision	
<b>Action Log and Matters Arising</b>	<ul style="list-style-type: none"> <li>• RC followed up after the staff story to identify learning from the Planned Care Department structure about what tips there are to create a positive staff experience to share across the Trust.</li> <li>• MS confirmed that actions to improve time to hire had been discussed at the PPC with reference to the completion of the international medics' recruitment process.</li> <li>• MS updated that work was ongoing to reduce HWWB DNA rates.</li> <li>• DM shared the WRES and WDES presentation with the Senior Operations Management team.</li> </ul>	Assurance	
<b>Workforce Dashboard</b>	<ul style="list-style-type: none"> <li>• The Corporate Performance Report (CPR) dashboard was presented focusing on the key indicators for the SPC. It was noted that work was taking place to improve the legacy S&amp;O appraisal rates by moving staff onto the more simplified MWL e-documentation. A deep dive into HCA sickness absence is underway. While the HCA and AHP vacancy rate is above target there is a strong pipeline of HCA applicants and that there are 16 new starters due to join the Trust to fill AHP vacancies. It was noted that HWWB DNA rates are impacting on time to hire when staff miss appointments that could be filled by other staff/new starters.</li> <li>• It was noted that a report had been presented to the Quality Committee about Mandatory training</li> </ul>	Assurance	

	compliance and that a paper would be taken to the Executive Committee specifically detailing Fire Training level 1 and Resuscitation level 3 split by both department and staff group to enable targeted action to improve compliance.	
<b>HR Trust Objectives Update</b>	It was noted that the objectives are progressing to plan to date. The Trust now has 150 wellbeing champions/ ambassadors of hope, and it was suggested that a future topic of the Big Conversations could be with our well being champions. Also discussed was MWL Leadership Programme, "Leading through Change" which offered 200 places to managers in the first cohort	Assurance
<b>Workforce Development Assurance Plan Update</b>	The Committee received a presentation on the Workforce Development Operational Plan which has been reviewed and revised taking account of our new footprint and workforce. It was noted that the plan has been approved by the Valuing our People Council and that the Trust continues to focus on growing our own future talent with the expansion of e.g., the Healthcare Academy and how we support the growth of our medical and dental workforce. MWL as an anchor institution, creating social value and supporting population health through employment was noted as being very important along with the Widening participation agenda. It was noted that this is something the Trust can do more on to improve different approaches to providing work experience to young people making career choices.	Assurance
<b>Workforce Development Staff story</b>	The Committee welcomed an Advanced Clinical Practitioner (ACP) who works in the Emergency Department and heard about her career path from a Band 5 Registered Nurse to Band 8a ACP. It was noted how challenging it can be to balance studying, working in ED, undertaking on the job clinical training, and looking after a young family and also heard how rewarding the role that works alongside both nursing and medical colleagues to provide an integrated service to patients. It was recognised that there is scope for the expansion of ACP's into other clinical areas. The Committee thanked her for a very passionate and patient centered presentation.	Assurance
<b>Looking after our People</b>	It was noted that a literature search has been carried out to look at exemplar practice external to the Trust and NHS as to how other organisations look after	Assurance

	their people and that this would be presented at a future meeting	
<b>Employment Services/ Payroll Annual Assurance Update</b>	The Committee received an overview of Employment Services and the Payroll and Pension services provided to 12 NHS organisations and were provided with assurance that the Trust continues to meet its contractual and legal obligations. It was noted that a comprehensive review of current contracts and organisational growth during 2023/24 had taken place along with the development of business development plans. Key achievements and challenges were discussed along with robotic process automation progress and potential opportunities to support the Cheshire and Mersey by working collaboratively to support the scaling of people services.	Assurance
<b>HR/Workforce Risk Management report</b>	The risk management report provided an update on the review of the risk registers of legacy organisations including emerging areas of risk in relation to the creation of the new organisation. The review provided assurance that risks have been scrutinised and that any gaps in control or actions plans are being monitored with risk owners to ensure that risks are being effectively managed on an ongoing basis.	Assurance
<b>Assurance Reports from Subgroup</b>	The Strategic People Committee noted the Assurance Reports from the People Performance Council, Valuing our People Council, and the HR Commercial Services Council.	Assurance
<b>HR Commercial Services Council – Terms of Reference</b>	The Strategic People Committee approved the HR Commercial Services Council terms of reference.	Decision
<b>Valuing our People Council – Terms of Reference</b>	The Strategic People Committee approved the Valuing our People Council terms of reference.	Decision
<b>Items for Escalation to Trust Board</b>	No items to be escalated via the Assurance Report	
<b>Alerts:</b>		
Not applicable		
<b>Decisions and Recommendation(s):</b>		
<ul style="list-style-type: none"> <li>• Approval of the previous minutes</li> <li>• Approval of the Valuing our People Council terms of reference.</li> <li>• Approval of the HR Commercial Services Council terms of reference</li> </ul>		



Committee Assurance Report			
<b>Title of Meeting</b>	<b>Trust Board</b>	<b>Date</b>	29 November 2023
<b>Agenda Item</b>	<b>MWL TB23/056 (8.5)</b>		
<b>Committee being reported</b>	Finance and Performance Committee		
<b>Date of Meeting</b>	23 November 2023		
<b>Committee Chair</b>	Jeff Kozer, Non-Executive Director		
<b>Was the meeting quorate?</b>	<b>Yes</b>		
Agenda items			
<b>Title</b>	<b>Description</b>	<b>Purpose</b>	
Integrated Performance Report Month 7 2023/24	<ul style="list-style-type: none"> <li>• Bed occupancy across MWL averaged 106.4% in October 2023. Admissions are 14% higher than October 2022 driven by an increase in zero day LoS.</li> <li>• Average length of stay for emergency admissions is an average of 8.1 days, the impact of non-Criteria to reside (NC2R) patients being 26.5% at overall trust level.</li> <li>• 4-hour A&amp;E performance improved over the summer with October 2023 achieving 68.7% (all types). National performance is at 70.2% and Cheshire &amp; Merseyside overall position at 69.7%.</li> <li>• Winter summit held with Place partners to discuss challenges and identify opportunities.</li> <li>• The Trust had 2,420 x 52+ week waiters at the end of October 2023 with 4 x 78+ week waiters. The 52-week position is a decrease of 60 from September.</li> <li>• Cancer performance for MWL in September 2023 was 75.8% for the 14-day standard (target 93%) and 73.3% for the 62-Day standard (target 85%).</li> <li>• Industrial action has impacted activity in month.</li> <li>• Focus on Endoscopy improvement plan and actions to increase capacity, reduce demand, increase workforce, improve productivity, and seek alternatives working across all sites.</li> </ul>	Assurance	
Finance Report Month 7 2023/24	<ul style="list-style-type: none"> <li>• At the end of Month 7, the Trust is reporting a year to date surplus of £1.8m (in line with plan).</li> <li>• Forecast outturn for 23/24 remains in line with plan at £7.6m surplus</li> </ul>	Assurance	

	<ul style="list-style-type: none"> <li>• This position includes £3.7m of income relating to Industrial action and £0.7m API overperformance which are awaiting formal commissioner written agreement and until provided remains a risk to the planned position.</li> <li>• The forecast position is being supported by in year non recurrent mitigations of c12m. This non recurrent pressure will add on to the agreed/identified income streams within the original plan. The committee will review the underlying position throughout the remainder of the financial year, and this will then triangulate within plans.</li> <li>• Agency costs £11.4m year to date. This equates to 4.0% of total pay spend, against a target of 3.7%. Mitigating actions are being taken to address this.</li> <li>• CIP is on track to be delivered in line with target by the end of the year.</li> <li>• Capital expenditure for the year to date (including PFI lifecycle maintenance) totals £8.5m, significant amount of capital to be spent in the latter part of the year.</li> <li>• At the end of M6, the cash balance was £2.5m, with a forecast of £2.5m at the end of the financial year. The Trust has submitted requests for cash in line with the transaction support and these have been approved.</li> </ul>	
<p>Month 7 2023/24 CIP Programme Update</p> <p>Alongside:</p> <p>Surgical Care (STHK) CIP Presentation</p> <p>Planned Care (S&amp;O) CIP Presentation</p>	<ul style="list-style-type: none"> <li>• Total targets for 23/24 (including £2.8m recurrent CIP delivered by S&amp;O during M1-M3) are £41.6m in year and £34.6m recurrently.</li> <li>• Schemes identified totalling £52.8m in year and £35.7m recurrently,</li> <li>• Delivered/low risk schemes currently total £33m in year (79% of target) and £22.6m recurrently (65% of target)</li> <li>• Trust remains on track to deliver full CIP target by end of year.</li> <li>• Committee noted the update and was assured by the report and presentations.</li> </ul>	Assurance
2024/25 Planning & Budget Setting Process	<ul style="list-style-type: none"> <li>• Summary provided on the Trusts 2024/25 budget setting cycle including timetable, draft budget holder guidance and NHSE NW region planning letter.</li> <li>• Trust plans and timetable incorporate all aspects of NHE NW request including Non-Executive Director involvement.</li> </ul>	Assurance

Urgent Care Update	<ul style="list-style-type: none"> <li>• ED performance improved on last year, targets mapped by each area within departments.</li> <li>• Focussed workstreams to improve performance, including sharing of best practice across sites.</li> <li>• Learning from other Trusts incorporated into plans.</li> </ul>	Assurance
Corporate Benchmarking Update	<ul style="list-style-type: none"> <li>• Update following the release of the results of the annual national corporate services data collection for the year 2022/23.</li> <li>• Absolute opportunity to national median - £0.07m.</li> <li>• Results used to benchmark future MWL structures and support future CIP plans.</li> <li>• Further work to be undertaken at system level to ensure data collection is consistent.</li> </ul>	Assurance
Commercial Finance Reports	<ul style="list-style-type: none"> <li>• Forecast contribution from HR Commercial services of £1.5m for 23/24</li> <li>• RPA offers significant opportunities for expansion across all services.</li> <li>• Number of contracts expiring in the next 12 months, work ongoing to retain these.</li> </ul>	Assurance
Trust Response to NHSE Letter: Addressing the significant financial challenges created by industrial action in 2023/24	<ul style="list-style-type: none"> <li>• Significant pressures in the North West financial position.</li> <li>• Funding arrangements outlined for the remainder of the year along with requirement to achieve financial balance.</li> <li>• MWL forecast to deliver planned surplus pending confirmation of industrial action funding.</li> <li>• MWL operational forecast not changed since September Board.</li> </ul>	Assurance
Assurance Reports from Subgroups:	<ul style="list-style-type: none"> <li>• CIP Council</li> <li>• Capital Planning Council</li> <li>• Procurement Steering Council</li> <li>• IM&amp;T Council Update</li> <li>• Estates &amp; Facilities Management Council</li> </ul>	Assurance/ Approval

### Alerts:

#### Finance Report Month 7 2023/24

The financial position includes £3.7m of income relating to Industrial Action and £0.7m API overperformance which are both awaiting formal commissioner written agreement and until provided remain a risk to the planned position.

Underlying financial position includes significant pressures relating to pay award and inflation above funded levels, these are mitigated non recurrently in year.

#### Trust Response to NHSE Letter: Addressing the significant financial challenges created by industrial action in 2023/24

System looking to providers to improve the position before year end.  
Part of the National funding has been top sliced from technology funds, this could impact on the funding the Trust is expecting to receive for the new EPR.

**Decisions and Recommendation(s):**

**Estates & Facilities Management Council**

The Committee approved the Estates & Facilities Management Council Terms of Reference

<b>Title of Meeting</b>	Trust Board	<b>Date</b>	29 November 2023
<b>Agenda Item</b>	MWL TB23/057		
<b>Report Title</b>	Trust Objectives 2023/24 – Mid Year Review		
<b>Executive Lead</b>	Ann Marr, Chief Executive		
<b>Presenting Officer</b>	Nicola Bunce, Director of Corporate Services		
<b>Action Required</b>		<b>To Approve</b>	X <b>To Note</b>
<b>Purpose</b>			
To review progress in delivering the 2023/24 Trust Objectives.			
<b>Executive Summary</b>			
<p>At the start of 2023/24 the STHK Trust Board and S&amp;O Strategy and Operations Committee approved parallel objectives for the two Trusts in anticipation of the transaction to create Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL) being completed early in the financial year.</p> <p>Following the completion of the transaction on 1<sup>st</sup> July 2023, these have been combined into a single set of MWL Trust objectives which were formally launched with staff at this point.</p> <p>The lead directors for each objective and the governance arrangements have been aligned with the new leadership team.</p> <p>The 31 objectives are 5 split into 9 categories: 5 representing the Trust’s Five Star Patient Care criteria of care, safety, pathways, communication, and systems. A further 4 categories covering; organisational culture and support for the workforce; operational performance; financial performance, efficiency, and productivity; and strategic planning are also included.</p> <p>Progress at the end of October has been rated in the following categories:</p>			
	Objective fully delivered by 31/10/2023		
	Objective on track for full delivery by 31/3/2024		
	Objective behind schedule and at risk of not being fully delivered by 31/3/2024		
<p>The review shows that 1 objective is assessed as being delivered (green), 28 are assessed as being on track and are expected to be delivered by the end of the financial year (amber) and 2 are assessed as being behind plan and at risk of not being fully delivered (red).</p>			
<b>Financial Implications</b>			
None as a direct result of this paper			
<b>Quality and/or Equality Impact</b>			
Not applicable			
<b>Recommendations</b>			
The Trust Board is asked to note the progress in delivering the 2023/24 Trust Objectives.			

<b>Strategic Objectives</b>	
X	<b>SO1</b> 5 Star Patient Care – Care
X	<b>SO2</b> 5 Star Patient Care - Safety
X	<b>SO3</b> 5 Star Patient Care - Pathways
X	<b>SO4</b> 5 Star Patient Care – Communication
X	<b>SO5</b> 5 Star Patient Care - Systems
X	<b>SO6</b> Developing Organisation Culture and Supporting our Workforce
X	<b>SO7</b> Operational Performance
X	<b>SO8</b> Financial Performance, Efficiency and Productivity
X	<b>SO9</b> Strategic Plans

## 2023/4 Trust Objectives – Mid-Year Review

### Key

	Objective fully delivered by 31/10/2023		Objective on track for full delivery by 31/3/2024		Objective behind schedule and at risk of not being fully delivered by 31/3/2024
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Objective	Lead Director	Measurement	Governance Route	Mid-Year Progress Review and RAG Rating
<b>1. 5 STAR PATIENT CARE – Care</b> <b>We will deliver care that is consistently high quality, well organised, meets best practice standards and provides the best possible experience of healthcare for our patients and their families</b>				
1.1 Ensure patients in hospital remain hydrated, to improve recovery times and reduce the risk of deterioration, kidney injury, delirium or falls (QA)	DoN	<ul style="list-style-type: none"> <li>Quarterly audits to ensure all patients identified as requiring assistance with hydration have red jugs in place.</li> <li>Quarterly audits to ensure fluid balance charts are up-to-date and completed accurately.</li> <li>Quarterly audit of most dehydrated patients to ensure appropriate treatment in place, including IV fluids/fluid balance</li> </ul>	Quality Committee	<p><b>StHK</b></p> <ul style="list-style-type: none"> <li>The score for the Nursing Care Indicator, Nutrition and Hydration was 95.72% in Quarter 2.</li> <li>The audit question – Is a red jug in place scored 93.71% in Q2.</li> <li>The score for the Nursing Care Indicator, Fluid balance was 83.87% in Q2.</li> <li>The audit question – are all sections of the fluid balance chart complete, including all appropriate input and output scored 66.0% in Q2.</li> <li>87% of patients audited by the AKI team in quarters 1 &amp; 2 had treatment commenced to prevent dehydration.</li> </ul> <p><b>S&amp;O</b></p> <ul style="list-style-type: none"> <li>Red jugs have not previously been used Trust-Wide, following introduction in July and August, there has been an increase in use from 55.36% in August to 80.56% in September 23</li> <li>Completion of fluid balance charts                             <ul style="list-style-type: none"> <li>July 2023 – 94.1%</li> </ul> </li> </ul>

Objective	Lead Director	Measurement	Governance Route	Mid-Year Progress Review and RAG Rating
				<ul style="list-style-type: none"> <li>○ August 2023 – 94.43%</li> <li>○ September 2023 – 86.92</li> </ul> <p>The Quality Matrons and Critical Care Outreach Team (CCOT) are targeting support and training to wards and clinical areas needing improvement. Both teams are members of the MWL task and finish group. A recent documentation audit by MIAA on wards 11B and G Ward did not identify any issues with the completion of fluid balance forms.</p>
1.2 Continue to ensure the timely and effective assessment and care of patients in the emergency department (QA)	COO	<ul style="list-style-type: none"> <li>● % of patients with triage &gt;15 minutes who have observations undertaken prior to triage</li> <li>● First clinical assessment median time of &lt;2 hours over each 24-hour period</li> <li>● Compliance with the Trusts Policy for National Early Warning Score (NEWS), with appropriate escalation of patients who trigger confirmed via regular audits.</li> <li>● Compliance with sepsis screening and treatment guidance confirmed via ongoing monitoring.</li> </ul>	Quality Committee	<p><b>StHK</b></p> <p><u>15 Min Triage:</u> Q1&amp;2 <b>35%</b> of patients were triaged within 15 minutes. Improvement action has achieved a reduction in the average triage time from 32 minutes to 17 minutes but staffing/skill mix challenges mean this is not yet adopted consistently.</p> <p><u>First Clinical Assessment</u> The median time to first clinical assessment in 2022/23 was 145 minutes. Q1&amp;2 2023/24, the median wait time now 108 minutes, a 37-minute reduction. In the same period type 1 attendances have increased by 1% comparative and departmental congestion has increased, actions at triage, estate changes to increase the size of the Ambulance Assessment Area and creation of a rapid majors assessment bay, and MDT Hub have contributed to reduced waits.</p> <p>National Early Warning Score (NEWS) escalation improved to 80% of patients.</p> <p>Sepsis screening compliance improved to 90%.</p>



Objective	Lead Director	Measurement	Governance Route	Mid-Year Progress Review and RAG Rating
				<p>Timely <b>identification</b> of sepsis in emergency departments and acute inpatient settings = 84.2%</p> <p>Timely <b>treatment</b> for sepsis in emergency departments and acute inpatient settings = 87.8%</p> <p><b>S&amp;O</b> Southport – 54% of patients were triaged within 15 minutes of arrival.</p> <p>100% of all patients waiting longer than 15 mins were monitored at the correct observation level.</p> <p>Timely <b>identification</b> of sepsis in emergency departments and acute inpatient settings: 97.2%</p> <p>Timely <b>treatment</b> for sepsis in emergency departments and acute inpatient settings: 79.2%</p> <ul style="list-style-type: none"> <li>• Increased the number of nurses who have completed the Manchester triage training.</li> <li>• HCA to be recruited improve sight in the waiting room.</li> </ul> <p>National Early Warning Score (NEWS), <b>compliance = 69.5%</b></p> <p>Data taken from patient notes audit against NEWS / Track &amp; Trigger Policy.</p>

Objective	Lead Director	Measurement	Governance Route	Mid-Year Progress Review and RAG Rating												
				<p>Southport Vital Pac deployed to ambulance triage areas and Resus.</p> <table border="1" data-bbox="1563 323 2112 512"> <thead> <tr> <th></th> <th>July 23 (25 Sets Notes)</th> <th>Aug 23 (25 Sets Notes)</th> <th>Sept 23 (25 sets of notes)</th> </tr> </thead> <tbody> <tr> <td>Frequency of Obs</td> <td>96%</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Medical Review</td> <td>52%</td> <td>79%</td> <td>88%</td> </tr> </tbody> </table> <p>NEWS 2 training being rolled out.</p> <p>ED matrons will conduct audits in real time to ensure compliance.</p>		July 23 (25 Sets Notes)	Aug 23 (25 Sets Notes)	Sept 23 (25 sets of notes)	Frequency of Obs	96%	100%	100%	Medical Review	52%	79%	88%
	July 23 (25 Sets Notes)	Aug 23 (25 Sets Notes)	Sept 23 (25 sets of notes)													
Frequency of Obs	96%	100%	100%													
Medical Review	52%	79%	88%													
1.3. Recognise our deteriorating patients, providing individualised patient-centred care to achieve the right outcome for the patient	MedD/DoN	<ul style="list-style-type: none"> <li>• Provide education and training for staff to understand how to identify and respond to patient deterioration.</li> <li>• Timeliness of NEWS observations</li> <li>• Completion of deteriorating patient proformas for all patients a NEWS of 5 or above.</li> </ul>	Quality Committee	<p>STHK Initiatives implemented to provide education and training for different staff groups include:</p> <ul style="list-style-type: none"> <li>• Health Care Support Worker (HCSW) Academy which incorporates training on the deteriorating patient including, taking patient observations, interpretation &amp; appropriate escalation. (335 HCSW trained since August 2022)</li> <li>• Ward 1A education pilot: Bedside Emergency Assessment Course for Healthcare staff (BEACH) for legacy HCSW &amp; Intermediate Life Support Course (ILS) for trained staff. Results will be reviewed with a view to rollout.</li> <li>• Preceptor training on adult deteriorating patients provided by Resus Services &amp; Deteriorating Patient Quality Lead (DPQL)</li> <li>• IT training for nursing staff now incorporates deteriorating patient education and escalation.</li> </ul>												

Objective	Lead Director	Measurement	Governance Route	Mid-Year Progress Review and RAG Rating
				<ul style="list-style-type: none"> <li>Deteriorating Patient intranet resource pages provide information and education materials for staff.</li> </ul> <p>The % NEWS observations breaching the standard outlined in the Trust Policy improved from 24.9% in December 2022 to 14.6% in October 2023, achieving the target of 15%.</p> <p>Action plans are in place for wards which remain above the 20% of breaches, to ensure all areas reach the 15% target.</p> <p>The new Adult Deteriorating Patient Proforma was rolled out across Whiston inpatients areas in September 2023.</p> <p>NEWS2 escalation criteria have been simplified in line with national guidance and these will be rolled out across MWL in January 2024.</p> <p>Monitoring of compliance with proforma will continue throughout Q3 and Q4.</p> <p><b>S&amp;O</b>  CCOT provide training on deteriorating patients as part of nurse induction sessions. They also have deteriorating patient sessions for HCAs and RAMEDP for qualified nurses as well as ad hoc training. They currently provide in house training for HCAs as 3 hour session covering track and trigger, A to E assessment, escalation, AKI, sepsis and fluid balance. For qualified nurses they run RAMEDP (recognising, assessing, managing and escalating the deteriorating patient) in house full day training in conjunction with the</p>

Objective	Lead Director	Measurement	Governance Route	Mid-Year Progress Review and RAG Rating
				<p>resuscitation team. Future plans are to move to BEACH/ALERT training.</p> <p><b>Timeliness of NEWS observations</b>            July 2023– 73.33%            August 2023– 76%            September 2023 - 81.33%</p> <p>There are plans in place to introduce the Deteriorating Patient Proforma on S&amp;O Sites once fully embedded at Whiston &amp; St Helens. Pilot expected to commence in Quarter 4</p>
<p><b>2. 5 STAR PATIENT CARE – Safety</b>  <b>We will embed a culture of safety improvement that reduces harm, improves outcomes, and enhances patient experience. We will learn from mistakes and near-misses and use patient feedback to enhance delivery of care</b></p>				
2.1 Implement and embed the national Patient Safety Incident Response Framework (PSIRF) (QA)	DoN	<ul style="list-style-type: none"> <li>Approval of business case for required staffing to implement and maintain PSIRF</li> <li>Development of Trust-wide education plan</li> <li>Launch and implementation of PSIRF in line with national requirements.</li> </ul>	Executive Committee	<p>PSIRF implemented in October 2023. PSIRF Plan approved by the Trust Board.</p> <p>Trained temporary resource and allocated to undertake Patient Safety Incident Investigation (PSII). Substantive staff to be identified as part of integration process.</p> <p>Trust systems and procedures developed e.g. Exec Led weekly safety panel meeting introduced as part of PSIRF implementation process.</p> <p>Incident Management Governance framework for new Trust structure in draft.</p> <p>Training and introduction of PSIRF with key stakeholders across services.</p>
2.2 Create a unified safety culture for the new Trust.	DoN	<ul style="list-style-type: none"> <li>Align the Incident reporting, risk, and incident management, FTSU, safeguarding and IPC frameworks across the new Trust</li> </ul>	Executive Committee	<p>Key clinical governance policies and processes being reviewed and aligned for MWL. Safeguarding and EPRR completed. Incident and risk frameworks being developed and FTSU policy based on the national</p>

Objective	Lead Director	Measurement	Governance Route	Mid-Year Progress Review and RAG Rating
		<ul style="list-style-type: none"> <li>Provide clear guidance and appropriate training/guidance for staff where the existing reporting systems need to change.</li> <li>Agree year 1 quality improvement objectives for each service as part of integration planning</li> </ul>		<p>template being presented to Quality Committee.</p> <p>EPRR, Incident management and risk management training have commenced.</p> <p>Work with AQUA and Service Improvement team commenced to develop and implement an MWL Safety Strategy supported by education training aligning to the deterioration patient objectives and PSIRF.</p>
2.3 Improve the overall experience for women using the Trust's Maternity Services (QA)	DoN	<p>Demonstrable improvements in the key areas from previous national surveys shown through regular inhouse surveys of women receiving maternity care;</p> <ul style="list-style-type: none"> <li>Increasing involvement of women and their partners in their care</li> <li>Increased access to medical history of the mother and baby</li> <li>Increased information about induction and labour</li> <li>Increased information about physical recovery after birth</li> <li>Support for infant feeding</li> <li>Increasing involvement of women and their partners in their care</li> <li>Timely discharge</li> <li>Increased access to medical history of the mother and baby</li> </ul> <p>Develop an action plan to deliver the National Maternity Strategy (March 2023) recommendations and deliver the year one objectives.</p>	Quality Committee	<p>The IQVIA Maternity patient experience reports (2023) indicated areas for improvement and action plans developed the delivery of which is monitored via maternity champions meeting and maternity governance meetings. Cross site collaboration is progress with the following common responses.</p> <ul style="list-style-type: none"> <li>more than 1 birth support partner reintroduced.</li> <li>a support partner able to stay ante-natal and post-natal 8am – 9pm</li> <li>Individualised plans of care for extended support introduced.</li> <li>All medical history available on maternity Medway and all staff have access to the electronic health record.</li> <li>Full digitalisation plan commenced including the transfer to Badgernet.</li> <li>Revised leaflet for IOL co-produced by MVP chair.</li> <li>New MVP champion appointed for Whiston unit</li> <li>Weekly Infant feeding postnatal and antenatal drop in clinics reinstated.</li> <li>Practical skills training to improve feeding available for staff who require it.</li> </ul>

Objective	Lead Director	Measurement	Governance Route	Mid-Year Progress Review and RAG Rating
				<p>Discharge:</p> <ul style="list-style-type: none"> <li>• Daily reviews by pharmacist.</li> <li>• TTO process reviewed for Women undergoing an elective CS.</li> <li>• Escalation procedures implemented to ensure NIPE examinations completed without delay.</li> <li>• Monthly local surveys to obtain service users views, id feedback to staff.</li> <li>• Daily bleep holder walkabout to speak to all women to ascertain their feedback and address any areas for concern or improvement.</li> </ul> <p>An MWL action plan to deliver the National maternity strategy has been developed.</p>
<p><b>3. 5 STAR PATIENT CARE – Pathways</b>  <b>As far as is practical and appropriate, we will reduce variations in care pathways to improve outcome, whilst recognising the specific individual needs of every patient</b></p>				
<p>3.1 Improve the effectiveness of the discharge process for patients and carers (QA)</p>	<p>COO</p>	<ul style="list-style-type: none"> <li>• Improved Inpatient Survey satisfaction rates for receiving discharge information.</li> <li>• Improved audit results (minimum 75%) for the number of patients who have received the discharge from hospital booklet.</li> <li>• Achievement of 20% target for patients discharged before noon during the week.</li> <li>• Baseline audit of sample of delayed discharges to identify if delay in receiving take home medications and other hospital processes were the primary factors in the delay, with target to reduce this in subsequent quarterly audits.</li> </ul>	<p>Quality Committee</p>	<p><b>StHK</b>  Audit of patients receiving discharge booklet undertaken in October. Completed across 12 wards - overall compliance was 69.83%. 7 of the wards achieved 100% compliance and 8 wards achieved over the expected 75% compliance. This audit will be repeated at the end of November and monthly to support increased awareness and compliance.</p> <p><b>Discharges before noon</b></p> <p>Monitoring of discharge before noon is supported by weekly and monthly data from service improvement team. Overall percentage is still below target of 20%:</p> <p>July 2023 – 16%</p>

Objective	Lead Director	Measurement	Governance Route	Mid-Year Progress Review and RAG Rating
				<p>August 2023 -15% September 2023 – 15% October 2023 – 14%</p> <p><b>S&amp;O</b></p> <p>The Quality Matrons are working with A&amp;E and Discharge Co-ordinators to raise awareness of providing the discharge booklet following admission.</p> <p>Audit is based on list of patients admitted on a nominated day with focus on admissions wards.</p> <p>August 2023 – 31.82% September 2023 – 31.82% October 2023 – 91.30%</p> <p><b>Discharges before noon</b></p> <p>July 2023 – 19.66% August 2023 – 18.43% September 2023 – 18.87%</p>
3.2 Improve access to the Urgent Community Response Team	MD	<ul style="list-style-type: none"> <li>Respond to 70% of calls within 2 hours.</li> <li>Increase the number of local pathways for direct access to services and making these more accessible to patients.</li> <li>Reduce unnecessary GP appointments.</li> </ul>	Finance and Performance Committee	<p>Urgent Crisis Response (UCR) has had over 1000 referrals and 82% were responded to within 2 hours. Only 14% resulted in an attendance at A&amp;E.</p> <p>Knowsley Social Care Team now providing in reach to Bevan Court to identify patients who meet the criteria for direct access services.</p> <p>The MDT Hub Model is supporting the UCR take up rates with redirection of patients, where appropriate.</p>

Objective	Lead Director	Measurement	Governance Route	Mid-Year Progress Review and RAG Rating
3.3 Cancer – Early Diagnosis Ambition	COO/ MedD	<ul style="list-style-type: none"> <li>Increase the % of cancer’s diagnosed at stage 1 and 2 in line with the 75% early diagnosis ambition by 2028.</li> <li>Achieve the NHS Faster Diagnosis Standard (FDS) for Cancer to ensure that 75% of patients referred with a suspicion of cancer have a this diagnosed or ruled out within 21 days of referral.</li> <li>Ensure that local pathways support the delivery of the FDS through the FDS Prioritisation Group.</li> </ul>	Finance and Performance Committee	<p>FIT performance in September 23 was 70.3%</p> <p>Improvements in progress for specialties not meeting the trajectory include:</p> <p>Skin – increasing telederm advice and guidance up take, working with Primary Care teams and commissioners. Live now in Sefton.</p> <p>Gynae – Piloting accenda system with pathway checker to improve referral quality and best practice HRT pilot pathway with Liverpool.</p> <p>UGI/LGI – diagnostic recovery plan will create capacity for improved access and turnaround times of scopes.</p>
<b>4. 5 STAR PATIENT CARE – Communication</b> <b>We will respect the privacy, dignity and individuality of every patient. We will be open and inclusive with patients and provide them with more information about their care. We will seek the views of patients, relatives and visitors, and use this feedback to help us improve services</b>				
4.1 Implement a new speech recognition system to improve the turnaround times for clinic letters	DoI/MD/ MedD	<ul style="list-style-type: none"> <li>Implement the new system and train staff in its use</li> <li>Achieve a 48 hour (working week) turnaround target by June 2024</li> </ul>	Finance & Performance Committee	<p>Speech Recognition System procurement deferred pending site alignment. Bridging IM&amp;T solution procured that will align to S&amp;O. Joint Speech Recognition Planning will progress alongside Admin integration.</p> <p>Cross site correspondence turnaround time improvement plans in progress that will form the baseline metrics for the new Speech Recognition System benefits realisation plan.</p>
4.2 Improve complaints response times	DoN	<ul style="list-style-type: none"> <li>80% of first stage complaints to have a formal response within 60 working days by Q4.</li> <li>% of complaints resolved with the first response to increase to 85%</li> </ul>	Executive Committee	<p>Q2 performance for 1<sup>st</sup> stage complaints responses within 60 days was 49%. There is an action plan in place to improve performance to 80% by the end of 2023/24.</p>



Objective	Lead Director	Measurement	Governance Route	Mid-Year Progress Review and RAG Rating
				91% of complaints in quarters 1 and 2 were resolved at the first stage, to date. 18 of 205 first stage complaints closed in quarters 1 & 2 were reopened and became second stage.
4.3 Create new staff communication and engagement processes that reflect the enlarged organisation, are accessible for all staff, irrespective of where they work and promote a single culture and values.	DoHR	<ul style="list-style-type: none"> <li>• Achieve a higher level of participation in the new trust communications systems e.g., Trust Brief Live</li> <li>• Create a range of communication channels to suit staff in different roles and locations</li> <li>• Create two way communications mechanisms</li> <li>• Evaluate the success/impact of Trust wide communications in the first year of the new Trust</li> </ul>	Strategic People Committee	<p>Weekly team brief live via Teams, with @ 200 attending each week. The TBL is recorded and then uploaded to the MWL You Tube channel which is accessible via the staff intranet or MWL news. Circa 100 staff are viewing on demand, each week.</p> <p>MWL news is issued each Friday, via email and uploaded to the staff Facebook page.</p> <p>The new MWL closed staff Facebook group 'Team MWL' was launched in September 2023. 1,400 members of staff from across all areas of the Trust have joined and engagement is increasing daily.</p> <p>Other communication channels include -</p> <p><b>Digital</b>  staff intranet  Staff microsites such as the MWL Winter Website (3000 views)  18,230 intranet views in October.  All Staff emails  Digital screens</p> <p><b>Social</b>  Facebook (17,000 followers)  Twitter (7,300 followers)</p> <p><b>Print</b>  News n Views (also available online)  Posters</p>

Objective	Lead Director	Measurement	Governance Route	Mid-Year Progress Review and RAG Rating
				'The Communications Satisfaction Survey' audit will be undertaken in January 2024 to ensure communications offering meet the diverse needs of our workforce.
<b>5. 5 STAR PATIENT CARE – Systems</b> <b>We will improve Trust arrangements and processes, drawing upon best practice to deliver systems that are efficient, patient-centred, reliable and fit for their purposes</b>				
5.1 Deliver the 2023/24 Frontline Digitisation Programme Milestones	Dol	<ul style="list-style-type: none"> <li>Achieve minimal digital foundation standards as part of the “What good looks like” framework</li> <li>Produce the EPR replacement Outline Business Case and achieve NHSE/Treasury approval.</li> <li>Secure the 2023/24 element of the technology funds award</li> </ul>	Executive Committee	<p>On track, awaiting new milestone signoff as part of the Frontline Digitisation Programme.</p> <p>On track. Approval secured from the ICS, currently with NW Region.</p> <p>Investment paper with NHSE Frontline Digitisation Programme Team for approval. There is a risk that the funds may not be received in this year due to national reprioritisation as a result of the Industrial action funding gap.</p>
5.2 Convergence of the digital agenda between the STHK and S&O legacy systems to optimise performance and develop a single IT strategy for the new organisation.	Dol	<ul style="list-style-type: none"> <li>Create a single digital services team to provide a standardised response across all Trust sites and maintain system access</li> <li>Create a single EPR team to maximise the potential to improve patient care</li> <li>Improve the reliance and resilience of technology platforms at the Southport and Ormskirk Hospital sites, so that clinicians have access to the systems they need to provide high quality patient care</li> <li>Develop a new IT performance dashboard to ensure a consistent service is provided across the Trust as quickly as possible</li> </ul>	Executive Committee	<p>Some teams have integrated i.e. IT Security and IG.</p> <p>A business case is being developed to create EPR team.</p> <p>Network remediation completed. End user devices are now proactively monitored. Annual EOL device replacement programme scheduled for Q1 2024/25. Printer replacement under way. Wireless remediation to commence Jan 2024.</p> <p>Integrated Performance Dashboard in development</p>

Objective	Lead Director	Measurement	Governance Route	Mid-Year Progress Review and RAG Rating
5.3 Improve access to patient information via the implementation of Narrative Digital Clinical Documentation.	Dol	<ul style="list-style-type: none"> <li>Clinicians can access the patient information they need</li> <li>Patient information entered electronically only has to be entered once.</li> </ul>	Executive Committee	Narrative scheduled to go live at St Helens, Whiston and Newton sites w/c 4 <sup>th</sup> December. Southport and Ormskirk go live dates to be confirmed.
<b>6 DEVELOPING ORGANISATIONAL CULTURE AND SUPPORTING OUR WORKFORCE</b>				
<b>We will use an open management style that encourages staff to speak up, in an environment that values, recognises and nurtures talent through learning and development. We will maintain a committed workforce where our people feel valued and supported to care for our patients.</b>				
<b>People Plan Pillars – Looking After our People</b>				
6.1 Align HR policies for the new Trust, ensuring that all staff have access to the same levels of support wherever they work	DoHR	<ul style="list-style-type: none"> <li>Harmonise HR policies where appropriate, as they become due for review</li> <li>Provide a consistent range of support services to improve the health, well-being, and resilience of staff</li> <li>Develop standardised inclusive leadership training and guidance for managers to implement the new Trust policies.</li> </ul>	Strategic People Committee	<p>Continuing partnership working with staff side colleagues to ensure policies are reviewed in line with the policy review timetable.</p> <p>The Wellbeing Network now has over 150+ champions/ ambassadors.</p> <p>The health and wellbeing offer is being continually monitored and reviewed to ensure the support on offer is effective, current and meets the needs of the organisation.</p> <p>The two legacy HWWB departments have successfully been working to ensure consistent standards in place for occupational health services.</p> <p>Bitesize training sessions delivered for managers on: wellbeing interventions, management of sickness absence and recruitment.</p>
<b>People Plan Pillars - Belonging to the NHS</b>				

6.2 Support the integration of the two trusts teams into to a single organisational structure	DoHR	<ul style="list-style-type: none"> <li>• Agree the priority actions from the two trust 2022 staff surveys to improve staff experience and engagement and deliver them in 2023/24</li> <li>• Provide a wide ranging package of support for services/staff groups that are integrating to deliver the new trust operating model, including HR, OD and wellbeing</li> <li>• Provide bespoke change management support/training aligned to the Organisational Change Policy as the new management and leadership structure is created.</li> </ul>	Strategic People Committee	<p>Staff survey action plans developed and monitored through the Staff Survey Operations Group. Additional local questions added to the 2023 staff survey to provide further feedback on some areas of previously highlighted as concern; materials, sickness, culture.</p> <p>Training to support managers through the change process commissioned from external provider and available to support up to 200 managers.</p> <p>Resilience training provided by Rugby League Care on resilience through change.</p>
6.3. Improve mandatory training compliance, so that all staff across the Trust are equipped with the core skills and knowledge they need to perform effectively.	DoHR	<ul style="list-style-type: none"> <li>• Achieve 85% compliance with mandatory training collectively and for all staff groups</li> <li>• Align the mandatory training requirements and TNAs across the new Trust, so that all staff are clear on what is expected.</li> <li>• Review delivery models for mandatory training with subject matter experts, to ensure this is fit for purpose for the new organisation</li> </ul>	Strategic People Committee	<p>L&amp;OD continually working with leads to increase compliance. 85% compliance achieved for most staff groups.</p> <p>Monthly reports on compliance circulated to Directors and Managers for their teams.</p> <p>Appointing a new role to focus on alignment of the MT subjects including the who, when and what, to provide a standardised approach for MWL from FY 2024/25.</p>
6.4 Embed a standardised approach to annual appraisals for the new Trust to support staff to deliver high quality patient care.	DoHR	<ul style="list-style-type: none"> <li>• Working with subject matter experts create a single approach to high quality and effective appraisals for all staff, based on good practice and acting on feedback from the two former Trust's Staff Surveys.</li> <li>• Achieve 85% compliance with staff appraisals collectively and across all staff groups</li> </ul>	Strategic People Committee	<p>82.4% compliance reported in October (87.3% for the STHK sites operating the April – September appraisal window). Working towards adoption of the appraisal window across MWL from 2024/25.</p>
<b>People Plan Pillar – New Ways of Working</b>				
6.5 Optimise time to care by implementing a single approach to e-rostering, activity manager and e-job planning systems to	DoHR	<ul style="list-style-type: none"> <li>• Standardise the application of e-rostering and e-job planning across all sites</li> </ul>	Executive Committee	<p>Planning to pilot team based rostering for ED nursing.</p>

<p>ensure the optimal deployment of the workforce to achieve the right number and skill mix of staff</p>		<ul style="list-style-type: none"> <li>• Monitor and evaluate the efficacy of the e-rostering and e-job planning applications to support workforce deployment requirements to achieve safe patient care and enable flexible working</li> </ul>		<p>Discussions taken/ taking place with Northumbria NHS Trust and Guys &amp; St Thomas who have successfully implemented team based rostering within their ED unit.</p> <p>Deployment of the app Loop so staff can request and view their personal schedule requests and annual leave requests, logging call-outs and requesting bank duties.</p> <p>Safecare e-learning training is live.</p>
<p><b>People Plan Pillar – Growing for the Future</b></p>				
<p>6.6 Make the Trust the best place to work by increasing opportunities for new staff to join the organisation and existing staff to fulfil their ambitions for career development and progression within our organisation.</p>	<p>DoHR</p>	<ul style="list-style-type: none"> <li>• Recruit additional nurses and medical and dental staff via international recruitment programmes</li> <li>• In partnership with the Medical Director and Director of Nursing, Midwifery &amp; Governance continue to create a strong pipeline of new clinical roles including Trainee Nurse Associates, Advanced Clinical Practitioners and Physician Assistants</li> <li>• Support flexible approaches to working, maximising the new pensions flexibilities and retire and return options</li> <li>• Expand the internal transfer scheme to all areas of the Trust to improve retention rates</li> <li>• Continue to create diverse and innovative offerings to aid recruitment and retention in staff groups with a traditionally high turnover</li> <li>• Maximise the use of the apprenticeship levy to support more staff to undertake further training in Advanced Clinical Practice and Leadership Development</li> </ul>	<p>Strategic People Committee</p>	<p>STHK International Nurse recruitment target met with 37 nurses arrived and a further 13 arriving in November 2023. An additional 30 international medics staff also have been recruited this year.</p> <p>S&amp;O International Nurse recruitment target met with 7 arrivals to date with a further 8 arriving in November 2023</p> <p>2 Locum Consultant radiologists posts under offer with interviews arranged for another following NHSE supported recruitment scheme.</p> <p>Plans being developed with the Corporate Nursing team for annual growth programme for TNAs.</p> <p>14 Trainee ACPs have commenced training.</p> <p>Recruited one PA in endoscopy and 2 trainee AAs.</p> <p>Retirement policies for currently being reviewed for MWL.</p> <p>Promotion of partial retirement/ flexible retirement schemes, and flexible working</p>

				<p>opportunities available to staff. Review of opportunities in perceived 'hard to flex' areas being undertaken.</p> <p>Internal transfer scheme being extended across MWL.</p> <p>17 new staff recruited in to Whiston &amp; St Helens Theatres and further #TeamMWL social media campaign planned for January 2024.</p> <p>Recruitment events for AHP staff scheduled for Q4 of 2023/24.</p> <p>Continued development of the Healthcare Academy for Healthcare Assistants across all sites – turnover reduced by 30% in first 12 months. Leaver e-form due to be introduced in Q3/4 of 2023/24</p> <p>Increased numbers of staff accessing leadership development funded via an apprenticeship route from new programmes developed by the NHS Leadership Academy and local HEIs</p>												
<b>7 OPERATIONAL PERFORMANCE</b>																
<b>We will meet and sustain national and local performance standards</b>																
7.1 Elective Care Recovery	COO	<ul style="list-style-type: none"> <li>Eliminate waits of over 65 weeks for elective care by March 2024(except where the patient chooses to wait longer)</li> <li>Deliver the system specific activity targets assigned to the Trust</li> <li>Maximise the capacity and efficiency of the Trusts resources to reduce long waiting times.</li> </ul>	Finance and Performance Committee	<p>S&amp;O (Oct) 18 over 65 week waiters against target of 20.</p> <p>StHK (Oct) 453 over 65 week waiters and on track to clear by March 2024.</p> <p>System Recovery performance (Oct) -</p> <table> <tr> <td><b>S&amp;O:</b></td> <td><b>StHK:</b></td> </tr> <tr> <td>DC 103%</td> <td>DC 104%</td> </tr> <tr> <td>EL 88%</td> <td>EL 90%</td> </tr> <tr> <td>OPFA 101%</td> <td>OPFA 113%</td> </tr> <tr> <td>OPFUP 106%</td> <td>OPFU 105%</td> </tr> <tr> <td>Diagnostics 88%</td> <td>Diagnostics 103%</td> </tr> </table>	<b>S&amp;O:</b>	<b>StHK:</b>	DC 103%	DC 104%	EL 88%	EL 90%	OPFA 101%	OPFA 113%	OPFUP 106%	OPFU 105%	Diagnostics 88%	Diagnostics 103%
<b>S&amp;O:</b>	<b>StHK:</b>															
DC 103%	DC 104%															
EL 88%	EL 90%															
OPFA 101%	OPFA 113%															
OPFUP 106%	OPFU 105%															
Diagnostics 88%	Diagnostics 103%															

		<ul style="list-style-type: none"> <li>• Provide mutual aid in specific specialities to support the delivery of system recovery targets</li> </ul>		<p>S&amp;O: 52+ week waits 220, with zero 78+ week waits.</p> <p>StHK: 52+ week waits is 1,826. With 4 78+ waiters. x3 are patient choice and one patient breach is due to a national shortage of a required drug to complete the procedure. MWL track to clear +52 week patients by March 2025.</p> <p>Mutual aid between MWL sites includes Endoscopy, T&amp;O, Dexa Scans, PIDMAS (on a case by case basis).</p>
7.2 Urgent and emergency care	COO	<ul style="list-style-type: none"> <li>• Improve A&amp;E waiting times so that no less than 76% of patient are seen within 4 hours by March 2024</li> <li>• Achieve year 1 planned progress in achieving the 95% target for diagnostic tests to be completed within 6 weeks by March 2025</li> <li>• Consistently achieve ambulance handover times of less than 30 minutes</li> <li>• Increase the number of direct access pathways for assessment/speciality review</li> </ul>	Finance and Performance Committee	<p>All types A&amp;E performance = 76.2%</p> <p>Diagnostic 6 weeks target performance = 66.4%. Recovery plans in place for UGI/LGI, NOUS &amp; Cardiac CT.</p> <p>S&amp;O - Radiology have completed project to improve direct GP access. Awaiting final ICB approval before further rollout.</p> <p>Ambulance handover within 30 mins currently 69%. Targeted improvement plans for Q3&amp;4 following completion of capital works in A&amp;E at Whiston.</p> <p>Working with PLACE leads and ICB to improve See and Treat and Hear and Treat rates within local boroughs. St Helens and Knowsley have the lowest rate in C&amp;M.</p> <p>Introduced direct to specialty pathways and MDT Hub to direct ambulances away from ED if appropriate.</p>

				Trust wide actions plans addressing bed occupancy, and impact of delayed flow, on congestion in ED.  Increase the number of direct access pathways for assessment/speciality review.  Gynae, Orthopaedic and Ophthalmology pathways to be addressed in Q3&4.
7.3 Maximise the productivity and effectiveness of clinical services using benchmarking and comparative data e.g GiRFT to ensure that all services meet best practice standards	MD	<ul style="list-style-type: none"> <li>Continued participation in national programme of GiRFT and other reviews and delivery of the resulting action plans and use these to inform the new organisations Clinical Strategy</li> <li>Previous review action plans monitored at committee level to provide assurance that change has resulted in improved metrics</li> <li>Complete the integration of services across the new Trust and optimise service delivery utilising the available estate and facilities to address the fragile services at Southport and Ormskirk</li> </ul>	Finance and Performance Committee	The transition and transformation council was formed in September to coordinate and govern service developments, integration and change. Several services have started work to explore future delivery models, most notably Rheumatology and Urology. There are also plans to move some T&O elective activity from Whiston to Ormskirk to make efficient use of available estate and protect the elective programme throughout winter. A broader piece of work to review theatre capacity, productivity and standards will commence in Q3.
<b>8 FINANCIAL PERFORMANCE, EFFICIENCY AND PRODUCTIVITY</b>				
<b>We will achieve statutory and other financial duties set by regulators within a robust financial governance framework, delivering improved productivity and value for money</b>				
8.1 Continue working with partner organisations in the Cheshire and Merseyside Integrated Care System to develop and deliver opportunities for collaboration at scale to increase efficiency.	DoF	<ul style="list-style-type: none"> <li>Deliver services at scale where this supports the strategic direction of the Trust and the wider system</li> <li>Drive forward other opportunities for collaboration with system partners</li> </ul>	Executive Committee	The Trust continues to work with all system partners and the re-started ICB collaboration at Scale Group to maximise productivity.
8.2 Delivery of the agreed 2023/24 Trust financial targets: outturn, cash balances and revised capital resource limits.	DoF	<ul style="list-style-type: none"> <li>Achieve the approved financial plan for 2023/24</li> <li>Delivery of the agreed Cost Improvement Programme and transaction business case benefits</li> </ul>	Finance and Performance Committee	The Trust remains on plan to deliver the agreed 23/24 financial plan including: <ul style="list-style-type: none"> <li>- Delivery of the agreed CIP</li> <li>- Delivering cash flow balances of 1.5 and debt at less than 1.5%</li> </ul>



		<ul style="list-style-type: none"> <li>• Minimum cash balance of 1.5 working days with aged debt below 1.5% of cash income</li> <li>• Deliver the approved capital programme, to progress the strategic estates delivery plans</li> </ul>		Fully revised capital plan remains on track to be delivered
8.3 Deliver the agreed capital schemes	DoCS	<ul style="list-style-type: none"> <li>• Progress the strategic site development plans, including additional theatre, bed, and diagnostic capacity</li> <li>• Reduce the high risk back log maintenance at the Southport and Ormskirk Hospital sites and improve facilities for patients and staff.</li> </ul>	Finance and Performance Committee	<p>On track for delivering agreed progress on 2023/24 capital schemes.</p> <p>Whiston ChObs/Paeds ED scheme completed and commissioned.</p> <p>Whiston additional theatres scheme on track (following enabling office moves)</p> <p>St Helens Decontamination Scheme completed.</p> <p>Southport &amp; Ormskirk CDC schemes now progressing following issues on cost and planning permissions.</p> <p>Southport and Ormskirk backlog maintenance and refurbishment programme on track.</p>
<b>9 STRATEGIC PLANS</b> <b>We will work closely with NHS Improvement, and commissioning, local authority, and provider partners to develop proposals to improve the clinical and financial sustainability of services</b>				
9.1 Continue to meet all regulatory and accountability requirements, including post transaction conditions whilst working collaboratively to achieve system success.	DoCS	<ul style="list-style-type: none"> <li>• Meet statutory and regulatory responsibilities/requirements, including for unified reporting for the new Trust both internally and externally.</li> <li>• Meet the post transaction integration, performance and delivery plans including the agreed transaction benefits.</li> </ul>	Trust Board	<p>MWL performance report in place and most other reports will be fully integrated by Q3.</p> <p>Single BAF, CRR, Ledger, email, and IP address.</p> <p>ESR merger scheduled for February 2024, with all other external data reporting sources to be combined by the end of 2023/24.</p>

				<p>No current regulatory action.</p> <p>Post transaction monitoring by NHSE has raised no concerns about progress in delivering transaction benefits.</p>
<p>9.2 Work with each of the Place Based Partnerships where the Trust provides services to improve the health of the local population.</p>	<p>DoInt/ MD</p>	<ul style="list-style-type: none"> <li>Position the Trust as a key partner in each Place Based Partnership</li> <li>Maximise the potential of the Trust as an anchor institution in our communities to improve health, education, and employment.</li> <li>Work in partnership to achieve the 92% acute bed occupancy ambition to improve patient flow in hospital and ensure medically optimised patients are discharged at the right time, to an appropriate care setting to meet the patients' individual needs.</li> </ul>	<p>Trust Board</p>	<p>The Trust is represented at 5 Place Partnership and HWB Boards and is an active partner – leading on workstreams and programmes.</p> <p>Trust signed the NHS Prevention Pledge, recognised as a contributor to Social Value. Leading the development of a skills academy for Mid Mersey.</p> <p>Each Place Director has bed occupancy as a key appraisal outcome, but performance varies across boroughs, overall significant improvements are still required. As it stands this is unlikely to be achieved based on current performance: plans were developed, challenged, and reviewed with each PLACE. The Operations and Planning trajectory submitted b MWL did not indicate delivery of the 92% aim (as this is based on a full system response) but did note an improved proposed position. The themed areas of focus centre on care home support, respiratory pathways, virtual wards and urgent care in the community. These are being monitored within MWL and reflected to PLACE to support their onward monitoring of their internal projects.</p>
<p>9.3 Ensure the Trust continues to influence and fully participate in the Integrated Care System to achieve a clinically and financially</p>	<p>CEO</p>	<ul style="list-style-type: none"> <li>Develop areas for collaboration that bring benefits for patients and partner organisations.</li> </ul>	<p>Trust Board</p>	<p>CEO continues to lead the Acute Services Provider Collaborative and develop and deliver programmes of work to reduce elective waiting times, improve patient experience, reduce</p>

sustainable acute provider services.		<ul style="list-style-type: none"> <li>Continue the development of effective Provider Collaboratives that enhance collaboration and integration of services and coordinate delivery of the elective activity targets by maximising system capacity</li> </ul>		health inequalities across the ICB and respond to unplanned and emergency care pressures. CMAST awarded Provider Collaborative of the year at the HSJ awards.
9.4 Take forward the Shaping Care Together Programme to identify the options to achieve a safe and sustainable service configuration between Southport and Ormskirk Hospital Sites for agreement with the Cheshire and Merseyside and Lancashire and South Cumbria ICBs, to be put forward for public consultation.	MD/DoCS	<ul style="list-style-type: none"> <li>Continue to develop plans to address the fragile clinical services at the Southport and Ormskirk sites, working with clinicians across the new Trust and other providers as necessary.</li> <li>Develop a plan, with the Shaping Care Together programme that will deliver sustainable clinical services</li> </ul>	Trust Board	<ul style="list-style-type: none"> <li>Transaction completed 1<sup>st</sup> July 2023</li> <li>Leadership models development for the MWL integrated structure. organisation. These will be implemented throughout the remainder of 2023/24.</li> <li>Work has continued with some of the fragile services in line with appropriate local or regional strategies.</li> <li>In Q3&amp;4 profiling of services will identify the priority areas for early transformation.</li> <li>The Shaping Care Together programme has re-started.</li> </ul>

<b>Title of Meeting</b>	Executive Committee		<b>Date</b>	29 November 2023
<b>Agenda Item</b>	MWL TB23/058			
<b>Report Title</b>	IT Strategy Update			
<b>Executive Lead</b>	Christine Walters, Director of Informatics			
<b>Presenting Officer</b>	Christine Walters, Director of Informatics			
<b>Action Required</b>		<b>To Approve</b>	X	<b>To Note</b>
<b>Purpose</b>				
This paper provides an update on progress made on the St Helens & Knowsley Digital Strategy since the last Trust Board update in November 2022.				
<b>Executive Summary</b>				
<p>This update is accompanied by:</p> <ul style="list-style-type: none"> <li>A short presentation by the Director of Informatics.</li> </ul> <p>This year is the last of the STHK strategy in which we have continued to deliver digital developments for our clinicians and patients. In the What Good Looks Like (WGLL) digital maturity ratings STHK achieved a 3.3 rating out of 5, placing us in the top 20% of provider organisations nationally and the highest rated acute provider in the Northwest Region. We have secured £2.6M of national Frontline Digitisation funds for developments that will enable the St Helens, Whiston and Newton sites to achieve the national Digital Capability Framework (DCF) Core Standard by March 2025.</p> <p>A new digital strategy for MWL is under development, setting out the strategic direction for the next three years. This will be presented to the Trust Board in February 2024 for approval.</p> <p>Alongside continuing to deliver our STHK digital strategy, we provided active support to Southport and Ormskirk Hospital NHS Trust (S&amp;O) prior to the creation of MWL and have undertaken major infrastructure developments to provide a solid foundation for delivery of the new digital strategy. Also, looking to the future, we have progressed the Outline Business Case work to secure further national Frontline Digitisation funds of £22.6m for the procurement and implementation for a single EPR for MWL and expect to launch procurement in early 2024.</p> <p><b>Achievements over the last 12 months:</b></p> <ul style="list-style-type: none"> <li>The CareFlow <b>Workspace</b> solution has been deployed allowing clinicians to launch other clinical systems including the St Helens Care record in patient context from within the EPR, saving clinical time and improving patient safety.</li> <li><b>Electronic ordering</b> for diagnostic tests has been further rolled out, removing paper from the care process, and reducing the risk of delays.</li> <li>We have continued to work on improving <b>discharge summaries</b> and have a system upgrade planned for June 2024 which will deliver functions to streamline production of these.</li> <li><b>Electronic Prescribing and Medicines Administration (EPMA)</b> has been implemented in the Emergency Department at Whiston Hospital, removing the paper prescriptions and further work is underway for a single EPMA with Southport and Ormskirk sites and for the digitisation of discharge prescriptions.</li> <li>We have secured £1.3m of national funding for a <b>Patient Portal</b>, which is now live for Southport and Ormskirk sites for patients waiting for in-patient treatment. This will be rolled out to all Trust</li> </ul>				

sites allowing patients to view their hospital appointments and letters, receive reminders and easily contact the Trust.

- An investment case for **Voice Recognition** will shortly be presented to the Executive Committee for a solution to replace Digital Dictation, however, due to time factors an interim **Digital Dictation** solution has been procured to support business continuity whilst allowing time for the implementation of an integrated trust wide voice recognition solution.
- The **Clinical Narrative** project has progressed and will go live in December 2023, providing the functionality to create tailored electronic clinical data collection and remove more paper from the care delivery process.
- We have progressed a package of optimisation and additional EPR functions to achieve the **national DCF standard**, this is part funded by the national Frontline Digitisation Programme and will enable a range of developments including the digitisation of care and treatment plans and the integration of diagnostic orders and requests into clinical workflow, making it easier for our clinicians to follow up actions and track patients' progress.
- We have procured the Badgernet **Maternity** solution as a replacement for the current CareFlow solution. The solution will be live in mid-2024 and will enable us to meet maternity digital record standards and clinical safety actions, as well as aligning with the expected Integrated Care Board (ICB) digital maternity strategy.
- We have continued to expand record sharing for **Digital Shared Care**, including developments to support more multi-disciplinary teams, community teams and voluntary sector organisation to deliver out of hospital care. This in turn supports greater insights to support the long-term health planning for our population.
- **Optimisation of Clinic Structures** has not progressed as much as we would like, we are working with our operational colleagues to redesign workflows and test these. Alongside this we are planning a system upgrade to deliver new outpatient letter functions. Together these will support clinical services in the efficient administration of outpatient services.
- We have continued to **optimise our clinical systems** to deliver numerous small changes and improvements that make life easier for our clinical and administration teams.
- We are consulting widely with colleagues across the organisation to develop our new **digital strategy** setting out our digital transformation journey for the next three years, we will be finalising this in early 2024.

In addition to these achievements, we have also undertaken major projects to lay the foundation for digital developments for the next three years including:

- We are in the final stages of approval of the **Business Case** to provide a **single EPR** for our new organisation. This will be part funded by the national Frontline Digitisation programme and will provide an EPR that meets the national DCF standard, brings all our sites up to the same level of EPR maturity and ensures we have a single care record to support all our staff in continuing to deliver high quality services.
- We have undertaken major **technical infrastructure** upgrades in the last year to provide the foundation on which we will move forward as a new single organisation and implement our new digital strategy. These include a network refresh and the implementation of robust cyber security processes on our Ormskirk and Southport sites, the joining together of the STHK and S&O networks, a major laptop/desktop replacement programme and cyber security improvements on the S&O sites. All this has resulted in a 33% reduction in service calls at the S&O sites.
- We have also successfully migrated email addresses so that all our staff, wherever they work, can share calendars and address books providing a new Mersey and West Lancashire email address.

- Other replacement and upgrade programmes, for example replacing the technology underpinning the crash bleep system on Whiston and St Helens sites.

**Digital Priorities for 2024**

Our new digital strategy will be submitted to the Trust Board for approval in February 2024 and will set our digital priorities for 2024 and beyond. In the meantime, we will continue with the developments set out above including:

- Optimising and maximising the Careflow EPR and EPMA solutions and waiting list validation.
- Implementing CareFlow Narrative.
- Implementing the Badgernet Maternity solution.
- Rolling out the Patient Portal.
- Digital dictation and speech recognition.
- Infrastructure developments to continue to build the foundation for delivery of our new strategy.
- Procurement of a single EPR.

**Financial Implications**

Additional investment is expected from the NHS England to assist the Trust in achieving many of the DCF and single EPR requirements.

**Quality and/or Equality Impact**

Not applicable

**Recommendations**

The Trust Board is asked to note the update to the Informatics Strategy.

**Strategic Objectives**

X	<b>SO1</b> 5 Star Patient Care – Care
X	<b>SO2</b> 5 Star Patient Care - Safety
X	<b>SO3</b> 5 Star Patient Care - Pathways
X	<b>SO4</b> 5 Star Patient Care – Communication
X	<b>SO5</b> 5 Star Patient Care - Systems
X	<b>SO6</b> Developing Organisation Culture and Supporting our Workforce
	<b>SO7</b> Operational Performance
X	<b>SO8</b> Financial Performance, Efficiency and Productivity
X	<b>SO9</b> Strategic Plans

A blue banner with a white arrow pointing right on the left side. The text 'DIGITAL EXCELLENCE' is in white, bold, uppercase letters. To its right, the text 'at the heart of 5 star patient care' is in white, lowercase letters, with '5 star' in a larger font size.

**DIGITAL EXCELLENCE** at the heart of **5 star**  
patient care

**Presenting the past 12 months review  
of the  
Digital Strategy 2020 – 2023**

**Christine Walters  
Director of Informatics  
November 2023**

# Highlights

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- 1 EPR Programme** **We have continued to develop our EPR and other clinical system developments**
- 2 Digital Maturity** **WGLL rating: The highest acute provider in the North West and in the top 20% nationally**
- 3 A new Digital Strategy** **We are developing a new Digital Strategy for 2024 and beyond to support the ambitions of MWL**
- 4 Foundations** **We have supported S&O and undertaken major infrastructure programmes providing a solid foundation for the future**



# The EPR Programme

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- **Careflow Workspace** providing ease of access to other clinical systems and patient information, saving clinical time and improving patient safety.
- **Electronic Ordering** for diagnostic tests further rolled out, removing paper from the care process.
- **EPMA** in the ED department, implementation of a single EPMA and preparing for electronic discharge prescriptions.
- **Patient Portal** – secured £1.3m technology funds. Waiting list validation now live and functionality allowing patients to view their appointments, receive reminders and contact the Trust will be live by the end of this financial year.
- **Clinical Narrative** due to go live December 2023 , allowing us to tailor electronic clinical data collection and remove paper from the care delivery process.
- **Careflow Optimisation** part funded from national Frontline Digitisation Programme funds, enabling us to achieve the national Digital Capability Framework Core Standard by March 2025.

# The EPR Programme

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- New **Maternity** solution implementation underway to enable us to meet digital maternity record and safety standards.
- **Voice Recognition** plans developed to replace digital dictation and reduce the clinical administration burden.
- **Digital Dictation** - an interim solution for business continuity whilst we develop voice recognition business case.
- **Optimisation of clinic structures** working with operational colleagues to redesign workflows and deliver new outpatient letter functions.
- **Digital Shared Care** – continued development of shared care records to support more teams in the delivery of out of hospital care.
- **Ongoing Optimisation** of clinical systems, delivering numerous small changes and improvements to support clinical and administration teams.

# Building Foundations for the Future

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We have also undertaken work to build the foundations for our new digital strategy:

- Major **technical infrastructure** developments including:
  - Network refresh and cyber security improvements on Southport and Ormskirk sites.
  - Joining together the StHK and S&O networks.
  - Laptop and desktop replacement programme to maintain standard.
  - Email migration and the creation of a new MWL address.
- **Single EPR** business case in the final stage of approval, to secure national funding for delivery of a Trust wide EPR.

# Our Digital Maturity

## The What Good Looks Like (WGLL) Digital Maturity Framework



## Our Scores Out of 5:

Well lead	5
Ensure Smart Foundations	3.9
Safe practice	3.7
Support People	3.7
Empower Citizens	1.7
Improve Care	3.5
Healthy Populations	2.8
<b>Total</b>	<b>3.3</b>

**3.3** Our Score

**3.3** Top 20% nationally

**2.7** National average for acute providers

**2.7** Average provider score in region

# Priorities for 2024

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Our **new digital strategy will set the priorities for 2024** and beyond.

This is due for approval in February 2024.

In the meantime we will continue:

- Optimising and maximising the Careflow EPR and EPMA solutions.
- Implementing CareFlow Narrative.
- Implementing the new Maternity solution.
- Rolling out the Patient Portal.
- Moving forward with Digital dictation and voice recognition.
- Infrastructure developments to continue to build the foundations upon which our new digital strategy will be delivered.
- Developing plans for a single EPR.



Mersey and West Lancashire  
Teaching Hospitals  
NHS Trust

**Thankyou**  
**Any Questions?**







<b>Title of Meeting</b>	<b>Trust Board</b>	<b>Date</b>	29 November 2023
<b>Agenda Item</b>	<b>MWL TB23/059 (11.1)</b>		
<b>Report Title</b>	Research Development and Innovation (RDI) Annual Report 2022/2023 – Whiston sites		
<b>Executive Lead</b>	Dr Peter Williams, Medical Director		
<b>Presenting Officer</b>	Dr Peter Williams, Medical Director		
<b>Action Required</b>		<b>To Approve</b>	X <b>To Note</b>
<b>Purpose</b>			
To brief the Trust Board on the RDI Annual report which provides an overview of reported RDI activity in the Trust: 2022-23.			
<b>Executive Summary</b>			
<p>The Research Team at STHK have had a successful year and have worked hard to get back on track following the unprecedented challenges of COVID-19.</p> <p>The RDI Team are extremely proud of the following:</p> <ul style="list-style-type: none"> <li>• Winning the COVID-19 Research and Innovation award alongside the Liverpool School of Tropical Medicine. STHK have continued to support the Liverpool School of Tropical Medicine by following up participants on the Oxford Vaccine Study. We are proud to have played our part in this important study as it has led the way in fighting the battle against COVID-19.</li> <li>• Opening two new dedicated Research Clinics, this facility has allowed us to offer more patients a safe and friendly environment to take part in essential research.</li> <li>• Increasing our commercial activity and recruiting the first patient in Europe and the UK to two important studies.</li> <li>• Being ranked first, by some distance, on the CRN NWC dashboard for the number of responses to the Patient Research Experience Survey. Patient feedback is extremely important. This was an outstanding achievement and demonstrates our commitment to offering patients and the public the opportunity to feedback their views and experiences of taking part in research.</li> <li>• Being the top recruiters to several studies throughout the year, in particular the Huawei watch study “Evaluation of Huawei Smartwear for Detection of Atrial Fibrillation in a Post-Stroke Population”</li> </ul>			
<b>Financial Implications</b>			
<p>The National Institute for Health Research (NIHR) funding envelope doesn’t take into consideration the increase in annual pay increments and pay awards. Therefore, we are unable to expand and grow the number of NIHR funded staff.</p> <p>In line with the Government and the NIHR guidance, our aim is to increase the amount of commercial research to allow us to re-invest funding back into research and expand in both terms of staff and facilities.</p>			
<b>Quality and/or Equality Impact</b>			
The report contributes towards good governance arrangements, providing assurance on the quality of research conducted at the Whiston sites the Trust Board			
<b>Recommendations</b>			
The Trust Board is asked to note the 2022/23 Research Development and Innovation Annual Report			
<b>Strategic Objectives</b>			



X	<b>SO1</b> 5 Star Patient Care – Care
X	<b>SO2</b> 5 Star Patient Care - Safety
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St Helens and Knowsley  
Teaching Hospitals  
NHS Trust

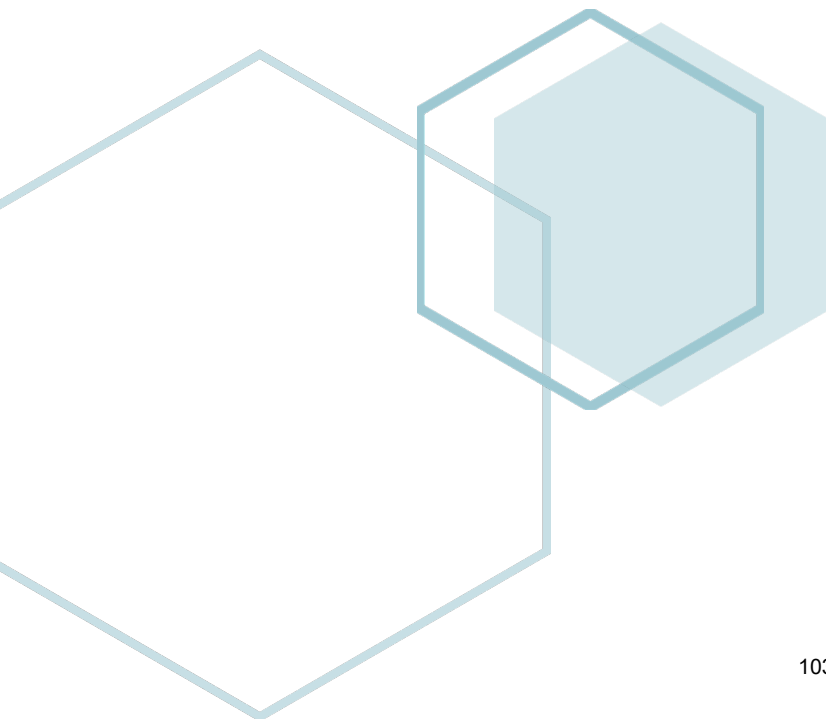


# Research Development & Innovation Department

## Annual Report 2022/2023

Lead Author – Mrs. Jeanette Anders

Produced – May 2023  
Published - June 2023



## FOREWORDS

The purpose of this Research, Development and Innovation (RDI) Annual Report is to present information to the Trust Board on the full year RDI activity for 2022/23. The report provides the evidence that St Helens and Knowsley Teaching Hospitals (STHK) maintains and develops their statutory duty to “Promote Research, Innovation and the use of research evidence (Health and Social Care Act, 2012)<sup>1</sup>”. It provides an update on the key aspects of progress, performance and financial management. It also includes an overview of achievements in relation to research activity at STHK.

Clinical research is the single most important way in which we improve our healthcare – by identifying the best means to prevent, diagnose and treat conditions<sup>2</sup>. The research conducted at STHK is critical to drive future medical advances, with patients benefitting from prevention of ill-health, earlier diagnosis, more effective treatments, and better outcomes and faster recovery.

As we move forward there are several important factors that will influence our direction of travel for research at STHK the planned merger with Southport and Ormskirk NHS trust, and the merging of Clinical Research Networks. Negotiations have been taking place throughout 2022/23 and we expect further details in 2023/24. These changes should be embraced and seen as an opportunity to grow and develop our services which will ultimately benefit our patients by offering them even more access to cutting edge research.

In February 2023, Lord James O’Shaughnessy was appointed to conduct an independent review into the UK commercial clinical trials landscape. The review will offer recommendations on how commercial clinical trials can help the life sciences sector unlock UK growth and investment opportunities. This will also advise on how to resolve key challenges in conducting commercial clinical trials in the UK. George Freeman, Minister for State at the new Department for Science, Innovation and Technology, said: “Commercial clinical trials are absolutely vital to both our UK life sciences sector and widening NHS patient access to innovative medicines all across the UK.”<sup>3</sup> Therefore our vision at STHK will align with the review to allow the growth of our commercial portfolio.

In June 2022 the Department of Health (DOH) released phase 2 of the document: The Future of Clinical Research Delivery: 2022 to 2025 implementation plan. The plan summarises the progress that has been made so far and the actions that will be taken over the next 3 years<sup>4</sup>

The plan is centered around the 5 overarching themes identified in the vision:

1. A sustainable and supported research workforce to ensure that healthcare staff of all backgrounds and roles are given the right support to deliver clinical research as an essential part of care
2. Clinical research embedded in the NHS so that research is increasingly seen as an essential part of healthcare to generate evidence about effective diagnosis, treatment and prevention
3. People-centred research to make it easier for patients, service users and members of the public across the UK to access research and be involved in the design of research, and to have the opportunity to participate
4. Streamlined, efficient and innovative research so that the UK is seen as one of the best places in the world to conduct cutting-edge clinical research, driving innovation in healthcare
5. Research enabled by data and digital tools to ensure the best use of resources, leveraging the strength of UK health data assets to allow for more high-quality research to be delivered

Here at STHK clinical research is of strategic and reputational importance, and our aim is to align with the regional and national agendas to deliver evidence-based medicine. We also know that NHS organisations that participate in research have better performance outcomes, better patient outcomes and higher CQC ratings<sup>5</sup>. The Care Quality Commission (CQC) now requires NHS organisations to play an active part in research and innovation,

assessed through its well-led inspection framework. It recognises that research involves all departments, teams, staff and management functions across an organisation.

#### **Dr Peter Williams, Medical Director**

The Research Development & Innovation team have worked tirelessly during 2022/23 and continue to support a diverse range of studies as well as initiating new commercial research projects. As the team continues to grow, we will maximise the impact of our RDI activity by ensuring that we focus on priority areas for new research while expanding our portfolio. I would like to thank everyone involved in research at STHK for their continued support and dedication and ensuring that we offer as many of our patients as possible the opportunity to take part in research.

#### **Dr Ascanio Tridente, Clinical Director of RDI**

The year 2022/23 has been extremely successful for research at STHK. The Trust has seen an expansion in portfolio commercial and non-commercial research activity, with several outstanding results (one first recruit in Europe, one in UK, with the Trust being among the top recruiting sites in many studies, and also exceptional performance in the Patient Research Experience Survey). Such results would have not been possible without the hard work, dedication, and commitment of our extremely skilled and devoted workforce. I would like to highlight how important this is for the continued success of the RDI department and the Organisation as a whole, and I would like to thank all involved for their contribution and support.

#### **Mrs. J Anders, RDI Manager**

I would like to take this opportunity to express appreciation for the work of all those who have contributed to the Trust research agenda, our Principal Investigators, Research Nurses/Midwives, RDI staff, Nurse Support, and administrative staff, without whose commitment this report would not have been possible. At the heart of all the research undertaken at STHK is our desire to do better for our patients – to develop better understanding, better drugs, better ways of delivering care, better patient experience and better health outcomes.

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## SECTION ONE: BACKGROUND

The UK government has stated its firm commitment to promote research throughout the NHS, which it sees as essential to continually improve effectiveness of health services and patient outcomes. Several current policy documents have placed a strong emphasis on research activity in the NHS:

- 1.1 As referred to earlier, The Future of UK Clinical Research Delivery report 2002 to 2025 implementation plan was updated in June 2022. The phase 2 plan is aligned with funding confirmed through the government spending review for April 2022 to March 2025 and includes up to £150 million of additional funding from the National Institute for Health and Care Research (NIHR) and £25 million additional funding from Recovery, Resilience and Growth (RRG) partners across the UK, complementing up to £200 million in England for the data for research and development programme announced in March 2022 and demonstrating the government's ongoing commitment to delivering on the UK's potential as a global life sciences superpower. This funding will enable RRG partners to:
  - Recover the UK's capacity to deliver research through Department of Health and Social Care (DHSC) and NHS England's Research Reset programme, and aligned work in the devolved administrations, aiming for 80% of all open studies on the NIHR Clinical Research Network (CRN) portfolio to be delivering to time and target by July 2023
  - Ensure we can recognise and support our expert workforce, and develop robust workforce plans, providing the basis for strategic investment in capacity development to support achievement of our vision in full
  - Broaden responsibility and accountability for research across the NHS, and improve measurement, visibility and recognition of those supporting the delivery of clinical research studies
  - Achieve a sector-wide sustained shift in how studies are designed and delivered so that inclusive, practicable and accessible research is delivered with and for the people with the greatest need and in ways that enable us to tackle the greatest challenges facing the NHS
  - Streamline processes, strengthen our regulatory environment and ensure faster approval, set-up and delivery of studies with more predictability and less variation, as well as make it easier to understand and access the UK's clinical research offer, thereby utilising the unique opportunity to develop a more flexible and improved regulatory model for clinical research outside the EU and improving our attractiveness as a leading destination to conduct cutting edge and global multi-centre clinical studies
  - Invest in the infrastructure and tools needed to implement people-centred, innovative data and digitally-enabled methods and increase partnership working across the health data ecosystem to ensure people across the whole of the UK can benefit from these approaches
- 1.2 The Government's budget review (2021) has also recognised the contribution research makes to improving health care outcomes and will invest the "largest ever cash uplift for health R&D" (over the next 5 years). This new funding, of which a minimum of £30m has been committed by the National Institute for Health Research (NIHR) between 2021 and 2026, is targeting infrastructure and capacity building and has a strategic focus on reducing health inequalities and patient-centred research. A large share of this investment will be in underserved areas, particularly in the north of England<sup>6</sup>.
- 1.3 In November 2022, NHS England invested £1.6 million to support integrated care systems (ICSs) and their project partners to increase diversity in research participation across their geographies. The funding will

support the development of new or expansion of existing research networks that reach out to local stakeholders, especially the local voluntary, community and social enterprise (VCSE) sector, and engage communities in local research priorities<sup>7</sup>.

- 1.4 Health research plays an integral part in how the NHS develops services and continues to provide high quality healthcare for our population. However, National Institute for Health and Care Research (NIHR) data has revealed that UK geographies that experience high rates of disease also have the lowest number of patients taking part in research. The areas where there are the lowest levels of participation also align closely to areas where incomes are lowest, and indices of deprivation are highest. This means that research is often conducted with individuals who are healthier and wealthier and lacks representation from our diverse society.

Treatments need to meet the needs of all groups that make up our society. NHS England has committed to increasing participation in the research it conducts, focusing great effort into engaging those groups and communities who have historically had lower levels of participation, to ensure the needs of all are reflected in the way the NHS develops its services and treatments.

NHS England published ‘Increasing Diversity in Research Participation: A good practice guide for engaging with underrepresented groups’, which involved six underrepresented communities between March and July 2022 and provides practical insights for researchers on how to engage more diverse participants in health research. More diverse participation will help ensure that the health service continues to serve and be available to all<sup>8</sup>.

- 1.5 The Health Research Authority (HRA) is one of a number of organisations that work together in the UK to regulate different aspects of health and social care research. Their vision is for high-quality health and social care research that improves people’s health and wellbeing, and the core purpose is to protect and promote the interests of patients and the public in health and social care research. All research conducted at STHK must have HRA approval, Confirmation of Capacity and Capability (CCC) issued by the RDI Department, and where necessary, Research Ethics approval.

- 1.6 The National Institute for Health Research (NIHR) Clinical Research Network is made up of 15 Local Clinical Research Networks across England. These local Networks coordinate and support the delivery of high quality research taking place in the NHS and across the wider health and social care environment. The local Networks help to increase the opportunities for participants to take part in clinical research, ensure that studies are carried out efficiently, and support the Government’s Strategy for UK Life Sciences by improving the environment for commercial contract clinical research. The Clinical Research Network receives funding from the Department of Health and Social Care (DHSC) which it uses to allocate funding to the local Networks. STHK is a member organisation of the Clinical Research Network North West Coast (CRN NWC). From April 2024, the current NIHR Clinical Research Network will be changing to become the NIHR Research Delivery Network. The NIHR Research Delivery Network (RDN) will continue to support the effective and efficient initiation and delivery of funded research across the health and care system in England for the benefit of patients, the health and care system and the economy, with a name that better reflects the scope and purpose of the network to support:

- Clinical trials and other well-designed health and social care research studies (including studies that are delivered outside of an NHS setting);
- Public health studies that require the recruitment of individuals within an NHS setting (i.e. acute, ambulance, mental health, community or primary care) or an episode of care which involves contact with the NHS.

The whole of England will be supported through 12 NIHR Regional Research Delivery Networks (RRDNs). These will work with the National Coordinating Centre to provide a joint RDN leadership function so that the NIHR RDN functions as a single organisation with a shared vision and purpose across England<sup>9</sup>.

- 1.7 The Innovation Agency, North West Coast Academic Health Science Network (AHSNs) is one of 15 AHSNs working together in the AHSN Network and is the innovation arm of the NHS. The AHSNs work collaboratively, identifying and supporting the successful development of innovations in our local regional healthcare communities, and helping to spread these across our national Network. They support the discovery, development and deployment of innovative solutions through the North West Coast Innovation Pipeline.
- 1.8 The following tables display the research delivery staff funding arrangements during 2022/23.

**Table 1 - RDI Department Staff**

Funded by STHK		
Title	Area	WTE Funded
Data Manager	RDI	1.00
RDI Manager	RDI	1.00
RDI Co-ordinator	RDI	1.00
Research Nurse	Cross Specialty	1.00
Senior Research Nurse	Cross Specialty	0.80
Project Support Officer	Cross Specialty	0.25
Associate Research Practitioner	Cross Specialty	1.0

Funded by CRN		
Title	Area	WTE Funded
Senior Research Nurse	Cancer	0.8
Research Nurse	Cancer	1.00
Research Nurse	Rheumatology/Cross Specialty	1.00
Research Nurse	Paediatrics	0.60
Research Midwife	Maternity	0.60
Research Nurse	Cross Specialty	4.00
Research Nurse	Gastro	1.00
Data Manager	Cancer	1.50
Project Support Officer	Cross Specialty	1.35
Senior Research Nurse	Cross Specialty	0.20

- 1.9 In January 2022, the Trust employed a dedicated Commercial Research Nurse, for 12 months, to expand and increase the number of new commercial studies. The purpose of the post was to provide Leadership to the Research Nurses and Research Nurse Support staff and to improve the set-up, quality, and integration of commercial research at STHK. This has proved to be extremely successful and in December 2022 the post was made permanent. In addition, we have introduced a new role to our Research Team, the Associate Clinical Research Practitioner, which is an essential post that works alongside Principal Investigators, Research Nurses, and the wider Research Teams to assist in the delivery of high-quality research.
- 1.10 Commercial research is defined as research that is funded and sponsored by a commercial organisation. A study is defined as industry sponsored and funded if a commercial company has developed the study



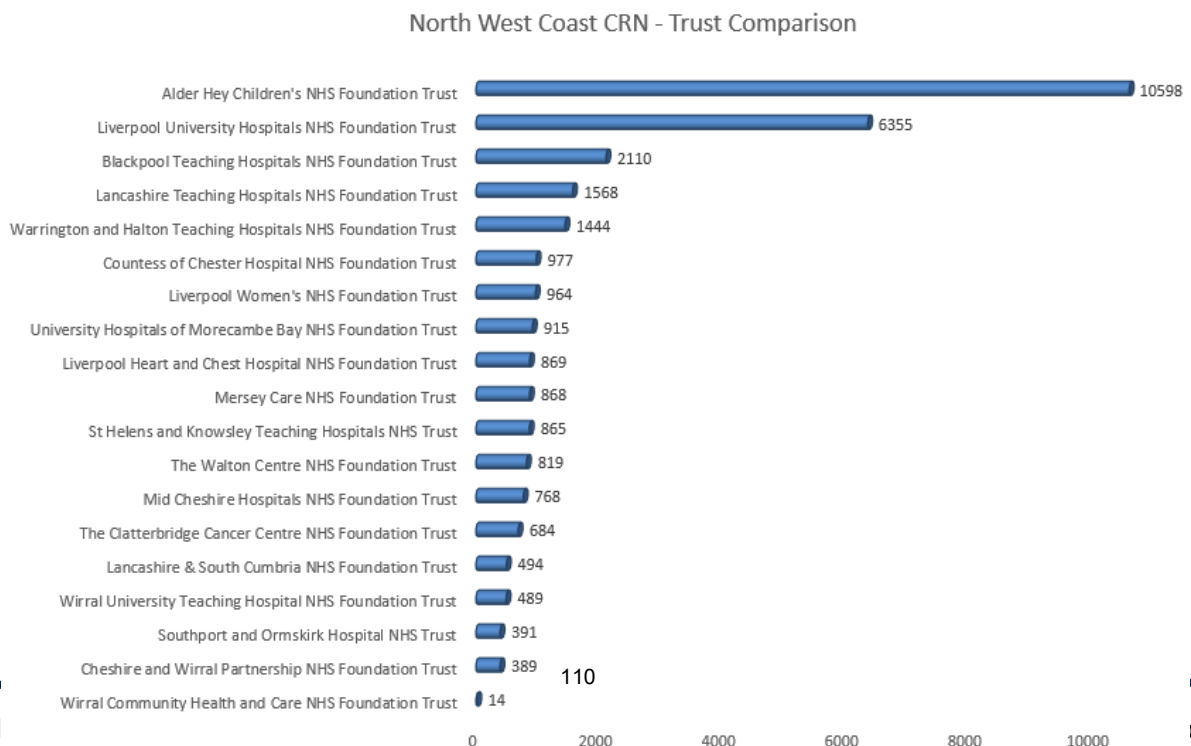
protocol and is fully funding the additional costs of hosting the trial within the NHS. STHK receives income from industry-sponsored research, this income covers all costs for the study as well as overheads and capacity building. At STHK the overheads are distributed in accordance with the Trust approved Income Distribution Plan. All research income is managed centrally within RDI, with support from the Finance Department, to ensure consistency, accountability and transparency of research income and expenditure. As part of the plan to grow research, in November 2022 a review of the Trust’s RDI Income Distribution Plan (IDP) was conducted. The IDP was updated to cover both commercial and non-commercial research and included guidance around the spending of funds after a study has closed. It states that any study funds not utilised within 12 months of the study closure or without a set plan for expenditure will be allocated to the RDI Department and reinvested in research. The IDP was produced to provide a transparent and consistent approach to the utilisation of income from research studies. The IDP was updated to allow and encourage the flow of research income to be reinvested back into research in a timely manner, thus enabling growth and expansion.

- 1.11 The RDI 3-year Strategy outlines our vision as a fully research active organisation. The strategy reflects the change in policies and the direction of travel with regards to Research and Innovation at STHK. The RDI Strategy document is due to be reviewed in 2023; however as the merger with Southport and Ormskirk Hospital Trust is pending, the decision was taken to update this once the transaction has completed.

## SECTION TWO: OVERVIEW / SUMMARY OF RESEARCH ACTIVITY

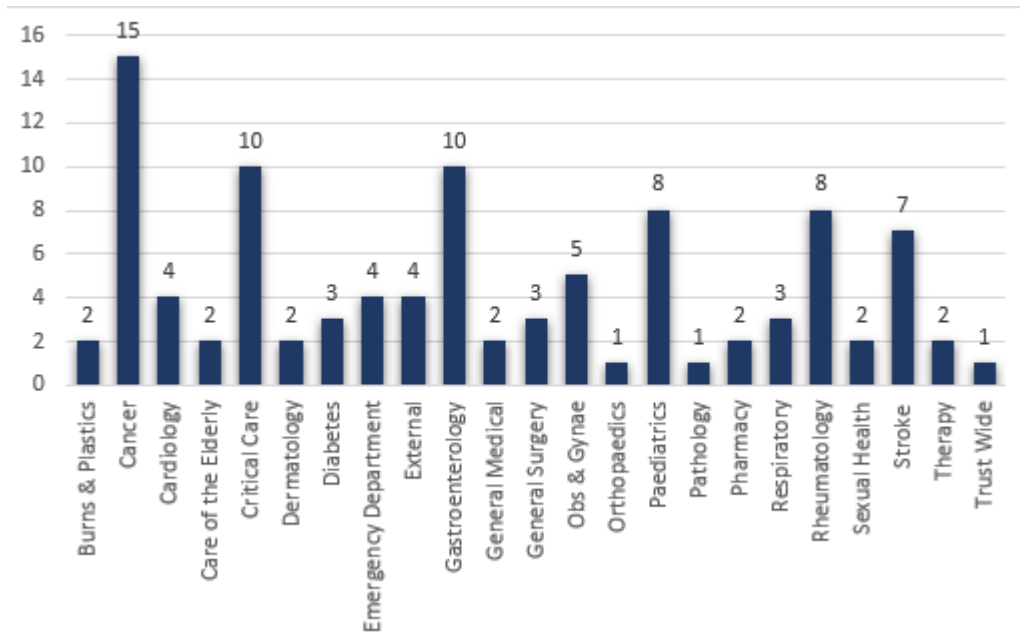
- 2.1 STHK recruited a total of 865 participants against a target of 1000, which ranks STHK 11th out of 19 Trusts across the CRN NWC. Although the overall number is lower than last year (1308 in 2021/22) STHK increased the proportion of commercial studies in 2022/23 and therefore the number of patients who have been offered the opportunity to take part in commercially sponsored studies, which generally recruit lower numbers of patients due to the complexity of the condition and tend to be more resource intensive. Also, in 2021/22 STHK conducted the high recruiting COVID 19 study “ISARIC”, which contributed 608 to the overall number of recruits (the last patient was recruited to this study in February 2022). As the aim is to increase the amount of commercial research, this may be reflected in a slight reduction in non-commercial research.

**Chart 1 - Trust Comparison**

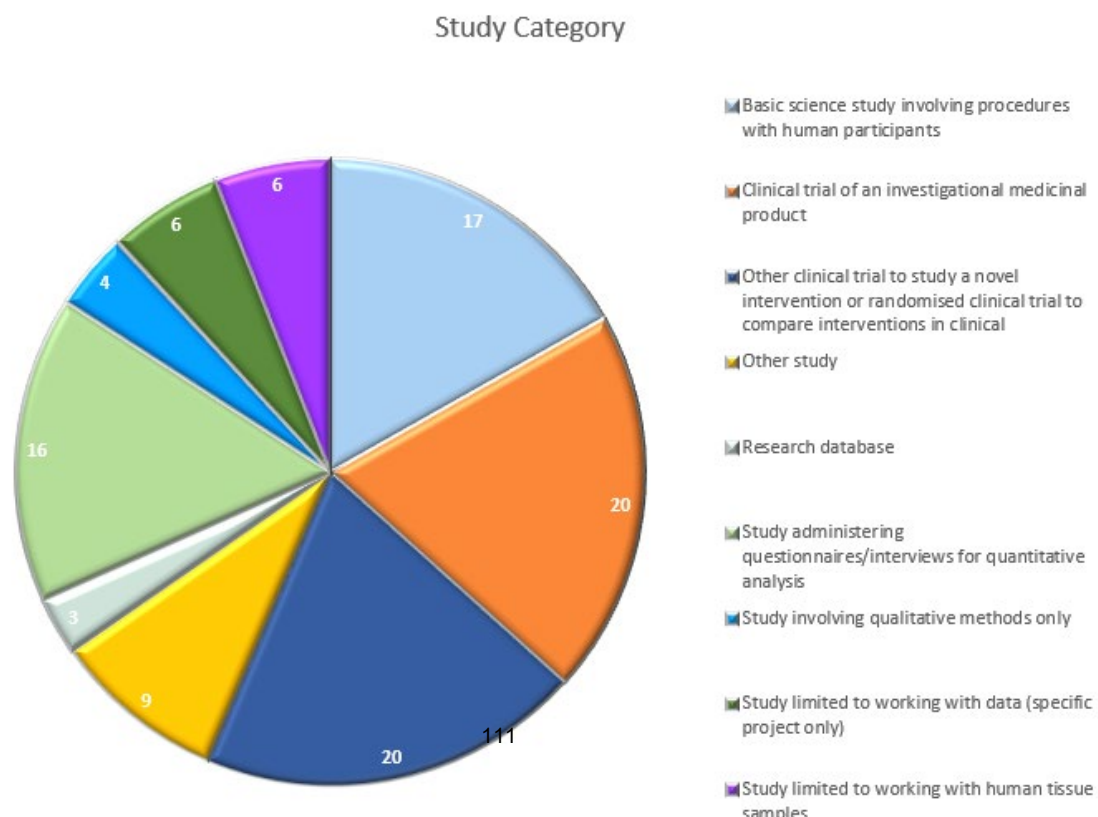


2.2 The number of research studies open to recruitment at the Trust during 2022/23 was 101, compared to 99 in 2021/22, of which 15 were non-portfolio and 86 NIHR portfolio studies. Our studies range from observational to complex interventional studies; the following table demonstrates the types of studies conducted at STHK during 2022/23.

**Chart 2 - Studies Open to Recruitment by Specialty (N101)**



**Chart 3 - Study Categories (N101)**



- 2.3 In some cases the Trust takes on the role of Sponsor. The Sponsor is the individual, company, institution or organisation that takes on the ultimate responsibility for the initiation, management (or arranging the initiation and management) and/or financing (or arranging the financing) for that research. The sponsor takes primary responsibility for ensuring that the design of the study meets appropriate standards, and that arrangements are in place to ensure appropriate conduct and reporting.

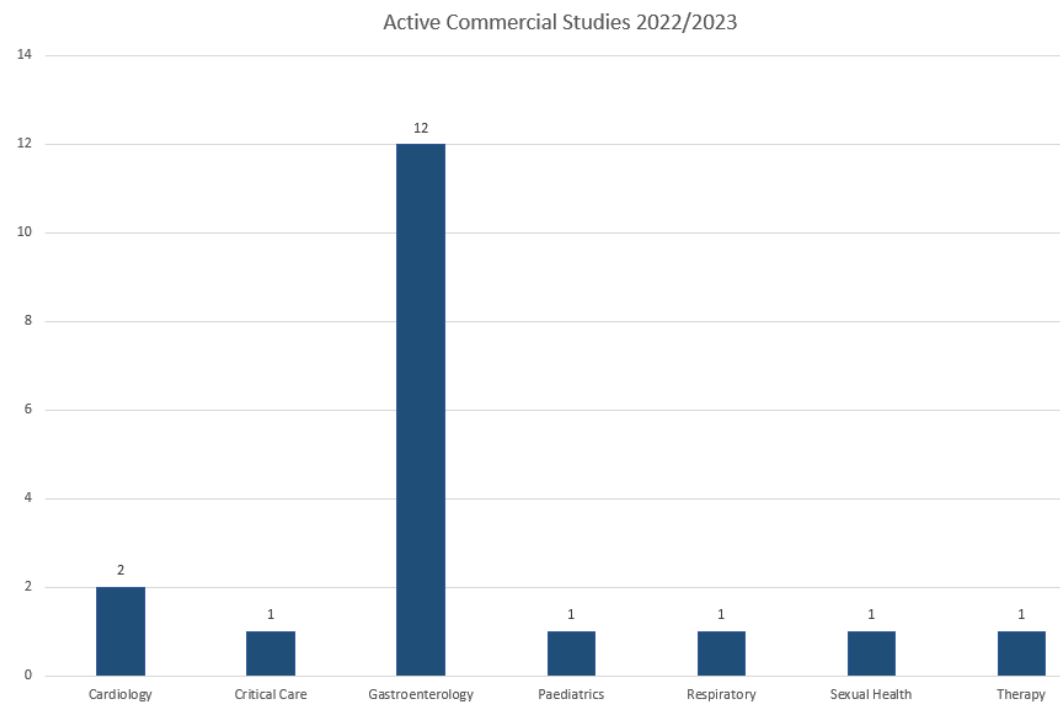
There was no change to the number of sponsored studies, there were 7 in both 2021/22 and 2022/23, none of these were CTIMPs (Clinical Trial of an Investigational Medicinal Product).

**Table 2 - Studies Sponsored by STHK**

Name	Type	Specialty
Clyz Cancertain - An observational study to assess the potential of the Clyz CanCertain™ Assay to predict patients' drug response from stage III/IV Lung Carcinoma biopsy samples in vitro	Single Centre Observational study, NIHR Portfolio adopted.	Cancer
Does early burn excision improve outcomes with patients with major burns	Single Centre	Burns
The multi morbidity socioeconomics on health service utilisation during and before the COVID 19 pandemic	Single Centre	Trust wide
Chronologically multi morbidity clustering and its effect on treatment burden - Effects on health service use	Single Centre	Trust wide
Chronologically multi morbidity clustering and its effect on treatment burden - Experiences of patients	Single Centre	Trust wide
The appropriateness of call to an on-call pharmacy service	Single Centre	Pharmacy
COVID-19 prognostic study on ICU	Single Centre	Critical Care

- 2.4 A key priority for the Department of Health is for the Trust and Research Networks to engage with Industry. During 2022/23 we had 19 active commercial studies, compared to 14 during 2021/22. It is recognised that there is a huge potential in the Trust to increase commercial activity, therefore our Clinical Director for Research reached out to highly reputable commercial companies to put STHK on the international and national map. The majority of these were Gastroenterology studies (n12), which demonstrates that the team have built up an excellent reputation and are recognised as a site that exceeds in this speciality.

**Chart 4 - Active Commercial Studies 2022/2023**



2.5 The Trust also leads or collaborates on a range of studies across the health care priorities for research identified by the Department of Health. A total of 30 new studies were assessed for capacity and capability (approval) in 2022/23. This is a decrease since the previous year, when 39 studies were reviewed.

**Table 3 - Studies assessed for Capacity and Capability during 2022/23 at STHK (n30):**

Specialty	No. of Studies	CTIMP	Commercial
Burns and Plastics	1		
Cancer Services	4		
Cardiology (Community)	1		
Critical Care	2	1	1
Dermatology	1		
Diabetes	1		
Emergency Dept	1		
External	1		
Gastroenterology	2	1	1
General Surgery	1		
Obs & Gynae	3		
Paediatrics	4	1	1
Pharmacy	2		
Respiratory	2	1	1
Rheumatology	1		
Stroke	2		

Therapy	1	1	1
<b>Total:</b>	<b>30</b>	<b>5</b>	<b>5</b>

2.6 The follow up of patients recruited to research studies can be very time consuming for Research Nurses and Nurse Support Admin Staff. This can impact on the resources allocated by the CRN NWC for recruitment to active studies. Follow up of patients includes scheduling research visits according to trial protocols, collecting data for the Case Report Forms (CRFs) and answering data queries. Follow up can range from weeks to years, and in some cases it can be for life. During 2022/23 we have had 74 studies in follow up. Responding to data queries can be time consuming and in some cases the Research Nurse may receive requests from Sponsors of studies that are closed to recruitment.

2.7 The NIHR Clinical Research Network (NIHR CRN) provides funding for service infrastructure, including pharmacy, pathology, and radiology services, to support clinical research in the NHS in England. We have a dedicated research pharmacist who supports the delivery of Clinical Trials of Investigational Medicinal Products (CTIMPs).

The Medicines and Healthcare Products Regulatory Agency (MHRA) is required under European law to inspect Clinical Trials of Investigational Medicinal Products (CTIMPs) conducted by both commercial and non-commercial organisations. GCP Inspectors assess compliance with all relevant legislation and guidance. In particular, the MHRA assesses whether organisations sponsoring and/or conducting CTIMPs have systems in place to meet the requirements of the Clinical Trials Regulations (this includes The Medicines for Human Use (Clinical Trials) (Amendment) (EU Exit) Regulations 2019). In order to address the pharmacy requirements of the MHRA a full suite of pharmacy Standard Operating Procedures are in place.

2.8 The Trauma Audit and Research Network (TARN) is a national quality accounts audit that collects and processes data on moderately and severely injured patients in England and Wales. STHK is a Trauma Receiving Unit (TU) within the Cheshire & Mersey Major Trauma Network (CMMTN) and submits data on all TARN-reportable patients to TARN. TARN reports and comparison data is used by the Trust and Network to allow for benchmarking and as a driver to facilitate local and regional audit and quality improvement initiatives to continue to improve quality of patient care for trauma patients.

2.9 ICNARC (Intensive Care National Research & Audit Centre) was set up in 1994 to provide a national resource for the monitoring and evaluation of intensive care (ICNARC, 1994). ICNARC manages a Case Mix Programme as follows:

- Case Mix Programme (CMP) is an audit of patient outcomes from adult, general critical care units (intensive care and combined intensive care/high dependency units) covering England, Wales and Northern Ireland. The CMP is listed in the Department of Health's 'Quality Accounts' as a recognised national audit by the National Advisory Group on Clinical Audit & Enquiries (NAGCAE) for 'Acute' care.
- Currently 100% of adult, general critical care units participate in the CMP. Other specialist units, including neurosciences, cardiac and high dependency units, also participate.
- ICNARC compares the data from these patients with the outcomes from other similar patients, other similar units and all the units in the CMP. Units receive a Quarterly Quality Report which identifies trends over time showing how the unit compares with others and helps us understand more about the care we deliver. It aims to assist in decision-making, resource allocation and local quality improvement.
- With over 1.8 million patients in the database, the CMP provides the backbone for several important research studies and is a useful resource for many types of data analysis. ICNARC publish the CMP Annual Quality Report. This publicly available report compares the risk-adjusted mortality and key quality

indicators at various levels (for critical care units, hospitals and trusts), for the period 1 April to 31 March annually.

## SECTION THREE: RESEARCH CONDUCT, GOVERNANCE AND FINANCE

- 3.1 The Trust is committed to the promotion of good research practice, ensuring that research is conducted according to appropriate ethical, legal and professional frameworks, obligations and standards. Research should be undertaken in accordance with commonly agreed standards of good practice. Good Clinical Practice (GCP) is a set of internationally recognised ethical and scientific quality requirements which must be observed for designing, conducting, recording and reporting clinical trials that involve the participation of humans. An understanding of GCP is a prerequisite for anyone carrying out, or involved in, clinical research and clinical trials. The RDI Department ensures that information and support is available to researchers, and that GCP training is made available to all staff involved in research. The RDI Department has a set of instructions which act as a guide to researchers and assists them in accessing and setting up NIHR online GCP training.
- 3.2 The RDI Manager is a GCP Facilitator, and delivers courses across the North West Coast. In 2022/23 she delivered a new course “Becoming a Principal Investigator”. The aim of the course was to introduce potential PI’S to the role and prepare them for their future duties as PI.
- 3.3 The 19 principles in the UK Policy Framework for Health and Social Care Research (2017) serve as a benchmark for the conduct of research. Adhering to these standards is a must and ensures the health and safety of research staff and participants.
- 3.4 The RDI Department has a suite of Standard Operating Procedures (SOPs). The SOPs cover all aspects of the set up and conduct of a research project. In 2022 the majority of these SOPs were reviewed and amended to reflect changes in the regulations.
- 3.5 In order to maintain the highest standards of rigour and integrity at all times, Principal Investigators are expected to sign an Investigator Declaration form prior to commencing any new research study. The declaration form very clearly outlines the Investigators’ responsibilities when undertaking research at STHK.
- 3.6 An audit of Compliance with Good Clinical Practice re Consent, Record Keeping and Storage of Documents was undertaken on n10 research studies and where possible any identified issues were immediately addressed. The consent forms and patient information leaflets were present in 100% of cases. However, there was slight reduction in the documentation of the consent-taking process, eligibility criteria and the use of the consent checklist. These were very slight decreases and do not raise major concerns.
- 3.7 It is good practice for the PI to be involved with, or at least be aware of all aspects of the research study, particularly regarding Clinical Trials of an Investigational Medicinal Product (CTIMP). The research Nurses meet regularly with the PI to complete a review, which is documented in a specific form, which demonstrates PI oversight of the study.
- 3.8 Anyone connected with research which involves NHS patients, samples, information, facilities, staff or services is expected to conduct research to the appropriate standards. This includes staff with letters of access, students and part-time staff, or those on short term attachments. The RDI Department works with Human Resources department to ensure that the correct employments checks are in place prior to issuing research approval.

- 3.9 The RDI Department is accountable through its Medical Director to the Trust Board sequentially through the Research Development and Innovation Group (RDIG), Clinical Effectiveness Committee and the Quality & Safety Committee. The RDIG meet quarterly; membership includes key local research stakeholders to ensure the Trust meets strategic objectives in relation to Research Development & Innovation. Members are selected for their specific role or because they are a representative of a professional group/speciality/directorate or division.
- 3.10 The Research Development and Innovation Group promotes, oversees and fosters clinical Research Development and Innovation within St Helens & Knowsley Teaching Hospitals NHS Trust. The RDI Group meets quarterly and is chaired by Dr Ascanio Tridente, Clinical Director for Research. The RDI Group Terms of Reference were reviewed in November 2022 and included changes to the core membership and their authority to oversee the reinvestment (in research) of the commercial and non-commercial funding and the income distribution plan.
- 3.11 The Research Practitioner Group (RPG) at STHK meets twice a year and plays an important role in the delivery of good quality research at STHK. NIHR recruitment is a standing item on the agenda, and updates on performance are discussed and plans put in place to achieve compliance.
- 3.12 The NIHR Clinical Research Network is responsible for the provision of the NHS Support resources to enable studies to be conducted in the local NHS regions they are responsible for. Within many Trusts this funding covers a number of different areas as follows:
- Research Nurses - feasibility support, and to recruit and manage patients in research studies
  - Non clinical research support staff – administrative staff who assist with study feasibility along with record keeping and data collection as part of research studies
  - Service Support departments – Pharmacy, Radiology and Pathology (where this service is provided by organisations as an NHS support activity in the delivery of clinical research).
- 3.13 Core funding is allocated from the CRN NWC to support the RDI Department and Support Services. The total amount of core funding allocated to STHK in 2022/23 was £494860 with an additional £2917 for Dr Prakash Narayanan – CRN Speciality Lead for Metabolic and Endocrine. During 2022/23 STHK submitted 4 applications for non-recurrent additional funding to support Cost Pressures, Capital Funds (equipment), Strategic Funds (staff) and Contingency Funding. 2 of these were successful, and these accounted for an additional £25921. This resulted in an overall funding allocation of £523698. This is a decrease of £59254 compared to the funding allocated in 2021/22.
- 3.14 In 2022-2023 the CRN NWC funding model allocates 80% core funding to all partner organisations and the remaining 20% based on the following criteria:
- 10% Agile working - The overall aim of this approach is to develop a flexible workforce that utilises the skill and experience of research delivery staff to support regional health priorities as a collective and collaborative endeavour across the region.
  - 5% Collaboration – In essence to develop new research partnerships with other NWC organisations including primary care.
  - 5% Conducting studies in strategic disease areas (Cancer, Cardiovascular Disease, COPD and Mental Health).

This model is still subject to change and is being reviewed and discussed with all the CRN NWC partner organisations to determine the final model.



- 3.15 STHK also qualified for £20k Research Capability Funding (RCF), allocated by the Department of Health, for recruiting 500 or more participants to non-commercial research. This will be reinvested back into the department to help with capacity building.

We were notified in March 2023 by the NIHR Central Commissioning Facility (CCF) of a significant change to the RCF funding for 2023/ 2024. Previously organisations have been eligible for recruitment based RCF where they have recruited at least 500 participants to non-commercial studies conducted through the NIHR-Clinical Research Network during the previous reporting period of 1 October - 30 September. Improvements have been made to recruitment based RCF as follows:

- The eligibility target for RCF has been lowered from 500 participants recruited to 100 participants.
- NIHR funding and policies support equal prioritisation of commercial and non-commercial research in the NHS. Therefore, going forward, commercial recruitment will count towards organisations meeting the threshold of 100 participants.
- There has also been an increase in the recruitment-based allocation from £20k to £25k.
- There will be an additional payment for NHS organisations that achieve the target of 80% of commercial contract studies on the NIHR CRN portfolio delivering to time and target (the target for all portfolio studies by June 2023).

- 3.16 All Trusts were encouraged by the CRN to produce an Income Distribution Plan. This provides a transparent and consistent approach to the distribution of income from commercial research studies. Commercial research is defined as research that is sponsored and funded by commercial companies, usually pharmaceutical or device manufacturers, and is directed towards product licensing and commercial development. It is a key strategic goal within the Trust RDI Strategy to increase commercial research contracts. This will only be achieved if clinicians are supported to do this research and are incentivised to do so in the form of income generation for their teams and departments. The money generated from commercially-sponsored studies is a valuable source of income for NHS Trusts. This income can be used to encourage key stakeholders to develop capacity for new research within the Trust and increase the volume, and therefore future income generation.

The principles of commercial income distribution are:

- Departments and individuals are recognised for their contribution to commercial research within the Trust and are incentivised fairly
- All costs incurred by the Trust are fully recovered
- Commercial research continues to afford both investigators and the Trust the opportunity to fund additional research related activities.

- 3.17 The RDI Department also supports smaller studies, including individual research undertaken as part of higher qualifications, such as MSc or PhD. This involves guidance through the RDI approval process and ethics review, and the provision of advice and training. As part of their continuing professional development, many staff aim to progress through higher qualifications and/or research work.



## SECTION FOUR: KEY ACHIEVEMENTS

The following are examples of how STHK continuously drives to improve the quality of service provided through research:

- 4.1 The past year has seen several exciting changes/additions to our Research Development and Innovation (RDI) Department. In July 2022 we welcomed Dr Peter Williams as the new Medical Director, and at the same time Dr Ascanio Tridente was appointed as our first ever Clinical Director of Research. Their aims for the RDI Department are to build upon and expand our existing clinical research strengths, and to attract, promote and deliver commercial research.
- 4.2 In July 2022, we opened two dedicated Research Clinics, this facility has allowed us to offer more patients a safe and friendly environment to take part in essential research. Participants are seen for screening, randomisation, study procedures and follow-up visits. Altogether, this enhances the patients research journey, ensuring that our participants have the best experience possible, and this is something that we are extremely passionate about.



- 4.3 The North West Coast Research and Innovation awards took place on the 23rd June 2022 at Edge Hill University. Hosted by the Innovation Agency, the NIHR Clinical Research Network North West Coast (CRN NWC) and Applied Research Collaboration North West Coast (ARC NWC), the awards were an opportunity to celebrate success and the excellent work being undertaken in health and care across the region during an unprecedented time. We are extremely proud to announce that the Liverpool School of Tropical Medicine Plus Partners (St Helens and Knowsley Teaching Hospitals Research Team) won the COVID 19 Research and Innovation award. STHK have continued to support the Liverpool School of Tropical Medicine by following up participants on the Oxford Vaccine Study. We are proud to have played our part in this important study as it has led the way in fighting the battle against COVID 19.



- 4.4 In 2022-2023 one of the main priorities for STHK was to increase the amount of commercial research. Dr Ascanio Tridente forged links with commercial companies which has led to an increase in the number commercial studies open to recruitment. The whole research team opened commercial studies swiftly and efficiently and received praise from the sponsors.
- 4.5 We were proud to announce that STHK recruited the first patient in Europe, and the first patient in the UK to the following commercial research studies:
- in January 2023, Dr Jennifer Marlow along with our Research Nurses, recruited the first patient in Europe (out of 34 sites) to the Connect 3 trial. The Connect 3 compares the use of a Digi haler Digital System in getting better control of asthma compared to usual treatment. This is an outstanding achievement and something we are extremely proud of.
  - In February 2023, Dr Ascanio Tridente recruited the first patient in the UK to the TILIA trial. The purpose of this international clinical study is to evaluate the effect of tozorakimab as an add-on to standard of care treatments in patients with viral lung infection requiring supplemental oxygen on the prevention of death or progression to IMV/ECMO.

The following feedback was received from the Sponsors of the TILIA study:

“I want to congratulate you on randomising your first TILIA patient – and the first patient in UK! The whole TILIA team also wants to thank you for your commitment and preparedness to have potential patients selected”.

Both studies were supported by our outstanding Research Nurses and Support staff. This is a huge achievement for the research staff at STHK and puts us on the map both in the UK and Internationally as a site with an excellent reputation for setting up and delivering commercial research.

- 4.6 We worked especially hard to open the “Aymes Bowie study”. This study is being carried out to test whether a new high energy plant-based style oral nutritional supplement is acceptable to people who need extra help to meet their nutrition needs. Feedback from the sponsor was extremely positive:

“Working with St Helens and Knowsley Teaching Hospitals NHS Trust has been a breath of fresh air. Since receiving the EOI form, everyone involved. The set-up time has easily been one of the fastest and seamless I have been involved with recently which has made it a pleasure and therefore a site we would approach to do further studies in the future”.

- 4.7 The Endonet study was opened in March 2023 and is looking to determine if the timing and order of breast surgery and hormone treatment affect the quality of life and the amount of surgery required in post-menopausal women with breast cancer. Again we received positive feedback from the sponsors:

“We’ve been really impressed with how quickly you’ve picked up screening and approached patients. We’re looking forward to working with you over the coming months.”

- 4.8 Throughout 2022/23 we have worked hard to open as many studies as possible and are proud to report that STHK were at some point throughout the year the top recruiters for a number of NIHR studies, ie the “Harmonie study”. This was an important commercial vaccine study of nirsevimab (versus no intervention) in preventing hospitalisations due to respiratory syncytial virus in infants.
- 4.9 In 2022/23 87% of research studies (closed to recruitment) met the Recruiting to Time and Target (RTT), compared to 85% in the previous year. RTT and recruiting the first patient to a trial within the specified time frame are priorities for the NIHR: We are expected to meet the following targets:
- First recruit - for Commercial studies, meet the target of 80 days from date site selected (receipt of Information Pack) to first patient recruited
  - First recruit - for Non -Commercial studies, meet the target of 62 days from date site selected (receipt of Information Pack) to first patient recruited
- 4.10 The Cancer Research team is the only Research Team to be Macmillan adopted. Macmillan adoption comes with many benefits, it allows our team to take advantage of learning and development events, networking events, grants for learning and development, free coaching services etc, This is an exceptional achievement and demonstrates our commitment to delivering the best support and treatment for our cancer patients.
- 4.11 Our Burns and Plastics team have successfully recruited to The ELABS Study, this is a study assessing Early Laser for Burn Scars. The team also submitted 23 presentations to the British Burn Association meeting, held in Bristol in early May 2022, and won 2 out of the 3 poster prizes.
- 4.12 The Stroke department have invested in research by funding their own Research Nurse (0.6WTE) who works on both NIHR portfolio and non-portfolio studies. This has led to an increase in the amount of stroke studies being conducted on the stroke unit. They have a diverse portfolio of studies with the aim of offering every stroke patient the opportunity to take part in research. The team have been praised for being the top recruiter to the Huawei study –“Evaluation of Huawei Smartwear for Detection of Atrial Fibrillation in a Post-Stroke Population” There has also been a rise in the amount of academic research being undertaken, including sub-studies of Huawei watch study.
- 4.13 Other areas across the Trust are research active and committed to conducting research, i.e. Intensive Care, Rheumatology, Diabetes, Cardiology, Sexual Health, Dermatology. Without the continued support of the doctors and nurses involved we would not be in the position to offer our patients the opportunity to take part in research. A full list of all the active studies being undertaken at STHK during 2022/23 can be found in Appendix 1.
- 4.14 We have continued to support the Liverpool School of Tropical Medicine by following up participants on the Oxford Vaccine Study; we have also supported recruitment to the Moderna Vaccine Study at the Halton Research Unit. These vaccines have helped to save lives and are the best way to protect people and prevent the emergence of new variant.
- 4.15 In February 2018 the Trust sponsored a non-portfolio study called VOCS. Dr Seamus Coyle a Consultant in Palliative Care, who worked at STHK but subsequently moved to Clatterbridge Cancer Centre, opened the study which included patients from STHK and Willowbrook Hospice. The study looked at predicting when a patient with advanced cancer is dying. There was no prognostic test available, and the study hypothesised that a dying process from cancer is associated with metabolic changes and specifically with changes in Volatile Organic Compounds (VOCs). The study concluded that there are potential biomarkers of dying in

lung cancer that could be used as a tool to provide additional prognostic information to inform expert clinician judgement and subsequent decision making. The study was published in the International Journal of Molecular Sciences<sup>11</sup>. January 2022 Dr Coyle went on to secure £100K funding from the UoL Innovation fund to commission a Diagnostics R&D company to develop a hospital-based test. This is an incredible breakthrough, helping clinicians to support people and their families in their last few days of life.

- 4.16 The cancer portfolio at STHK has remained stable, with 14 cancer studies open to recruitment and 24 studies in follow up. There was an increase in the number of cancer patients recruited to research studies, from 99 in 2021/22 to 126 in 2022/23. This is an excellent achievement from the team that comprises of 1.8WTE Research Nurses and 1.5WTE Data Managers.

The following graph demonstrates the number of patients recruited to the various tumor groups:

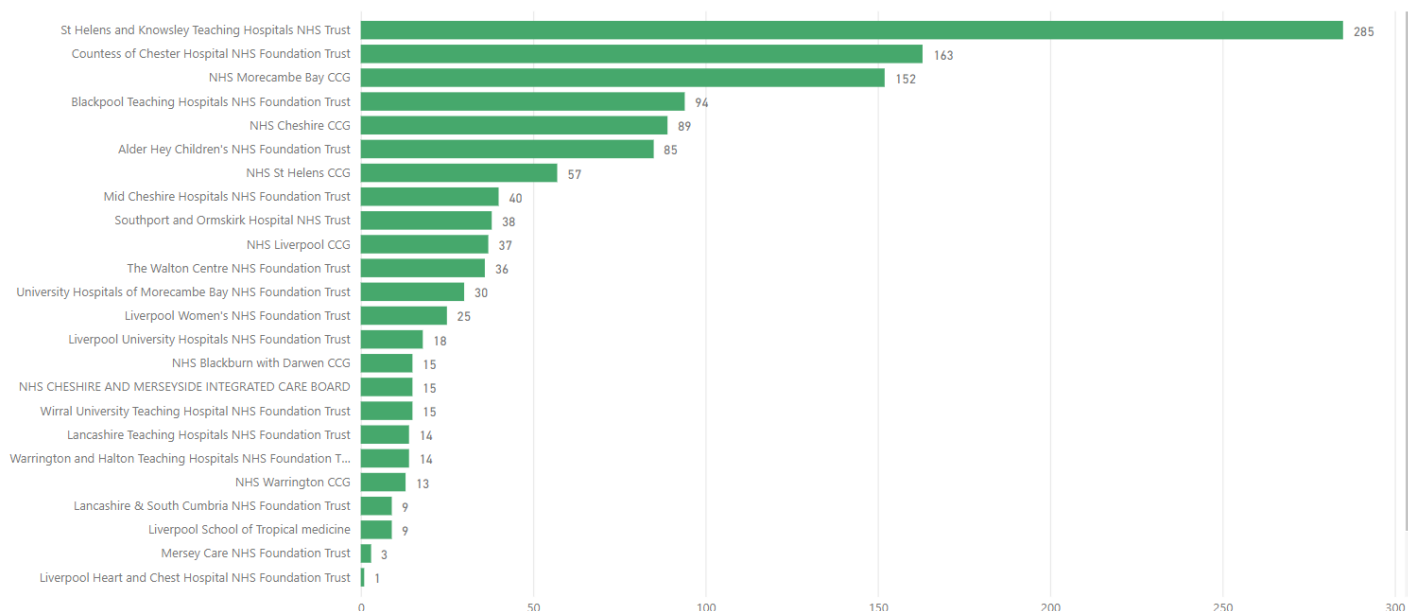
Tumor Group	No. of Recruits
Breast	21
Colorectal	1
Haematology	7
Lung	35
Skin	48
Urology	14
<b>Total:</b>	<b>126</b>

- 4.17 On the theme of collaboration, we have also forged links with the Primary Care sector and are still supporting two PhD students conducting research that cuts across Primary and Secondary Care; this research is exploring valuable questions that will help shape how we manage patients' treatment, journey and experience in the future.
- 4.18 We are extremely pleased that the CRN NWC successfully appointed Dr Prakash Narayanan, one of STHK Diabetes Consultants, as CRN Speciality Lead for Metabolic and Endocrine. This is a key role that works in partnership with the research network locally and nationally (UK) level, providing a forum to share good practice, successes, opportunities, and challenges, and helping influence and shape the clinical research environment.
- 4.19 Two of our research nurses are members of the Trust's Digitalisation Group. We are keen to ensure that our research staff are kept up to date with any new developments and have the opportunity to provide input that will result in more effective data sharing across the health and care system and digital transformation of care pathways.
- 4.20 The Participant in Research Experience Survey (PRES) is conducted annually by the National Institute for Health Research (NIHR) Clinical Research Network (CRN). The PRES is a priority for STHK as participant experience is at the heart of research delivery by providing an opportunity for as many research participants as possible to share their experience of taking part in research. In 2022/23 STHK received the most responses to the PRES across the North West Coast. In 2021/22 one recurring theme that emerged from the findings of the PRES was the uncertainty of clinic appointments, often moved at the last minute due to outpatient capacity and lack of dedicated research clinic space. In response the Trust Board supported a move towards a dedicated research space with 2 clinic rooms/treatment areas. The new unit, opened in

July 2022 and supported by the CRN NWC. The clinic room allows a number of participants to be seen at any one time for screening, randomisation, study visits and procedures and follow-up visits.

The Research Team introduced several methods for obtaining feedback and valued the patients’ views on taking part in research, including face to face conversations, implementing QR code and sending out postal questions. Please see below how STHK compared to other sites across the region in obtaining patient feedback. Again, this is a significant achievement and shows our commitment to understanding more about patients’ experience of clinical research. We are proud that there were no negative responses, and all the feedback was positive.

**Chart 5 - Participant in Research Experience Survey (PRES)**



Some examples of the responses include:

"All the staff involved were very positive, friendly, and professional. I really felt I was doing something worthwhile and useful"

"During the initial meeting, I had ample time to ask lots of questions and was never rushed. Answers were provided so that I truly understood. The care and the treatment I received and continue to receive is exceptional. For me personally the thoroughness of the care gave me confidence that I was being looked after and made me less anxious about my cancer diagnosis as I felt any further tumours would have been picked up".

" I am positive about being involved with the research, I have children and want to help them in the future and if this research helps then that's the positive for me".

4.21 In addition, the results from The National Cancer Patient Experience Survey (2021), published in July 2022, placed STHK in first position across all the Cheshire Merseyside Acute Trusts for discussing cancer research opportunities with our patients.

4.22 International Clinical Trials Day (iCTD) is an annual event that takes place on 20th May, where we raise awareness of clinical trials to encourage patients, carers and the public to get involved in research. We also celebrate our achievements and take time to be grateful for the improvements made to public health.

4.23 STHK have continued to promote Research and Innovation to staff and patients via:

- Social media, regularly posting good new stories on the STHK Facebook and Twitter
- Communications Team at both STHK and the CRN NWC
- Library Services
- Training and education

4.24 Staff publications (research and academic) have been recorded by the library and knowledge services at STHK, which shows our commitment to transparency, and our desire to improve patient outcomes and experience across the NHS.

These achievements have only been made possible by the continued support from all staff within the RDI Department, the committed Consultants, who take the role of Chief and Principal Investigators, Research Teams, support services and, most importantly, the patients, who give up their time to take part in clinical trials.

4.25 At the end of March 2023, we opened a large clinical trial in the maternity department “iGBS3” Development of a serocorrelate of protection against invasive Group B Streptococcus disease (the iGBS3 study). The iGBS3 trial is collecting comprehensive information about the amount of antibody that protects babies from GBS infection, so that the researchers can establish what the components of a GBS vaccine need to be to reduce GBS infection in babies. The Research midwife worked hard with staff from the maternity department to ensure the smooth opening and running of the trial. The trial is supported by all the research team at STHK, and by the end of March 117 recruits were recorded. This an exceptional achievement and demonstrates excellent collaboration between the maternity and research department.

## **SECTION FIVE: EDUCATION AND TRAINING**

5.1 It is a legal requirement that all staff involved in clinical trials complete Good Clinical Practice (GCP) training, and the Trust has facilitated this for staff by signposting them to the online course. Commercial companies also regularly run refresher GCP courses for staff involved in the clinical trials.

5.2 The RDI Manager is a Good Clinical Practice Facilitator and facilitates these courses across the North West Coast Clinical Research Network. She has also delivered the NIHR Principal Investigator (PI) Essentials Course, which covers the understanding of the responsibilities of the PI role in research.

5.3 The NIHR offer career development opportunities, including training programmes and fellowships based in the NIHR research infrastructure. Training and career development awards are available at different levels and accessible by different professional backgrounds. These awards are all managed by the NIHR Trainees Coordinating Centre and comprise both personal awards, which can be applied for directly, and institutional awards, which should be applied for through the host institution. They also develop and support the people who conduct and contribute to the NIHR CRN Portfolio of studies. This is done by providing training opportunities via the NIHR Learning Management System, which includes a variety of online and taught courses. The RDI Department also signpost staff to these resources and participation.

5.4 In collaboration with Edge Hill University, Professor Rowan Pritchard-Jones is still supervising three PhD students. Two are PhD studentships whose work spans across primary and secondary care. The third is a clinical scientist, who is investigating “The Impact of the COVID-19 Pandemic in the UK on Breast Cancer Patients”. Dr Ascanio Trident is also supervising a PhD student from Manchester Metropolitan University



evaluating trends across multiple markers of inflammation and their influence on organ viability in the context of organ donation and transplantation. The NIHR Doctoral Fellowship is a three-year full-time award that supports individuals to undertake a PhD in an area of NIHR research; these fellowships have been designed to support individuals at various points of their development in becoming leading researchers. We also have Research Fellows based at STHK in Burns and Plastics and Cardiology.

- 5.5 The NIHR introduced an Associate Principal Investigator (PI) Scheme which aims to develop junior doctors, nurses and allied health professionals to become the PIs of the future and provides formal recognition of a trainee's engagement in NIHR portfolio research. The Trust is committed to developing future PIs, therefore we have engaged with this initiative.
- 5.6 We were pleased that in February 2023 one of our Dieticians, Catherine Gallagher was notified that she had been successful in her application for an NIHR Applied Research Collaboration NW Coast (ARC NWC) Research Internship.
- 5.7 The RDI dept supported Trahan Malhotra (Lead Specialist Maxillofacial Prosthetist ) with a Pre-doctoral Clinical and Practitioner Academic Fellowship (PCAF) application, which offers nurses, midwives and other allied health professionals a fully funded fellowship during which they can gain the research skills and undertake preliminary work needed to apply for a funded PhD. Trahan was notified by Health Education England of the successful application in June 2022.
- 5.8 In October 2022 our Cancer Research Nurses attended a Regional Champions meeting for the ATNEC study, a randomised trial investigating whether armpit (axilla) treatment and associated side effects can be avoided in patients with no residual cancer in the lymph glands after chemotherapy). The meeting was very productive with topics including, identifying gaps, sharing best practice, and bridging the gap between Sponsor and hospital sites.
- 5.9 One of our Cancer Research Nurses also presented at the Annual Breast Protocol meeting. The meeting took place in June 2023 where all the cancer research studies were presented to the audience in an attempt to raise awareness of the studies and encourage research participation.
- 5.10 In May 2022 our Gastroenterology team were invited to attend an Irritable Bowel Disease (IBD) meeting and given the opportunity to talk about all the IBD research studies that are taking place at STHK.
- 5.11 Our Musculoskeletal (MSK) Research Nurse attended the CRN NWC MSK Community of Practice Meeting on the 18<sup>th</sup> October 2023 and the Rheumatology Research Meeting on the 19<sup>th</sup> October. The main focus of the presentations referred to strategies to enhance recruitment to current Rheumatology research studies. An overview of all the studies currently open to recruitment was also included.
- 5.12 Research Design Service - The NIHR Research Design Service provides a very good service in supporting staff in Research for Patient Benefit (RfPB) grant applications on a one-to-one basis. Interested members of staff are signposted to this service when required.
- 5.13 There was evidence that all staff had annual PDRs and appraisals, and evidence that staff had the opportunity to set objectives.
- 5.14 All of the RDI Department staff were issued with the research SOPs. They were asked to sign the training and reading log declaring that they had read and understood all of the SOPs.

- 5.15 RDI Department staff also attended various training sessions, seminars, to maintain knowledge and expertise in order to provide a good service, with appropriate advice and signposting to researchers, as well as ensuring quality data management and timely returns of performance data to the CRN, DOH and Trust Board as required.

## **SECTION SIX: LINKS WITH OTHER GROUPS / PARTNERS**

- 6.1 The Trust has links with key external stakeholders such as the CRN NWC, who provide funding from the National Institute of Health Research (NIHR), the research arm of the Department of Health. Regular business planning meetings with the Delivery Managers enable us to scope the NIHR portfolio and identify any potential new studies.
- 6.2 We have strengthened links with the Primary Care sector, in particular Marshall Cross GP surgery that is based within St Helens Hospital. It is recognised that integrating primary and secondary healthcare has the potential to enhance communication, access to care and sharing of information, thus promoting health, and improving patient satisfaction and participation. We are working collaboratively with them and are supporting them with the management of the study and network finances as well as reviewing studies for capacity and capability. In primary care, funding and infrastructure are often insurmountable barriers to engaging in research<sup>10</sup>.
- 6.3 We have developed partnerships with other local academic organisations, including Manchester Metropolitan University (MMU). Our RDI Clinical Director, Dr Ascanio Tridente, has been working on various research projects with MMU, and is named as a co-applicant on a number of grant applications.
- 6.4 The Trust has links with LHP (Liverpool Health Partners). The LHP R&D Directors Group is attended by the Chair of STHK RDI.
- 6.5 The Trust is a partner in the Innovation Agency Northwest Coast Academic Health Science Network (NWC AHSN) which aims to:
- Transform and improve patient outcomes
  - Improve quality and productivity
  - Drive economic growth and wealth creation
- 6.6 Within the organisation, RDI is linked with the Quality Improvement and Clinical Audit Department as part of the Trust governance requirements.
- 6.7 The RDI Manager is a member of the CRN NWC Research and Development Managers' Group. The purposes of the meetings are to share best practice, provide peer to peer support and to keep up to date with current development in the R&D community.
- 6.8 The RDI Department now has links with Library and Knowledge Service and has a specific section on their website where staff can now access information about research services and resources. The Research Twitter account is now well established.

## **SECTION SEVEN: INNOVATION AT STHK**

- 7.1 All members of staff are encouraged to solve clinical and service problems and to develop new ways of working which benefit patients and improve their care. Many innovations will not be patentable or copyrightable, but nevertheless have enormous potential benefits if successfully implemented. At STHK we are keen to provide staff with opportunities to pursue their ideas. Therefore, the Trust's RDI Department



has responsibility for disseminating information on Intellectual Property (IP) rights, promoting awareness of those rights across the Trust, and offering advice as required to ensure activities are managed appropriately. The IP policy sets out the rules of ownership, protection and exploitation of IP arising from an employee's work. It aims to maintain a balance between the legitimate needs of the Trust to protect its interests and the provision of a creative, innovative working environment. The IP policy was updated in early 2023 following a review by the Trust's external IP advisor.

- 7.2 We received several enquires that have required the services of our independent IP Advisor. However, none of these have yet gone onto the development stage.
- 7.3 UK Research and Innovation works in partnership with universities, research organisations, businesses, charities, and government to create the best possible environment for research and innovation to flourish. We are working collectively with universities to submit grant applications to enable individuals and groups to pursue world-class research and innovation.

## SECTION EIGHT: CONCLUSIONS

- 8.1 In conclusion, there have been changes to the RDI Leadership structure, and we welcomed Dr Peter Williams, Medical Director, as our Research Development and Innovation Lead for the Trust, and Dr Ascanio Tridente as the Clinical Director for RDI.
- 8.2 Due to the success and achievements of the research department it was recognised that to expand and develop further addition research space would be required. Therefore, in July 2022 the new Research Hub was opened with 2 clinic rooms dedicated for research purposes. This has been a great success and has made us more attractive to commercial companies who visit the sites research facilities (site selection visit) prior to confirming if the Trust has been chosen to take part in the study.
- 8.3 There has been an increase in the number of commercial studies showing activity at STHK (this includes studies in follow up). We had 19 studies with activity in 2022/23 compared to 14 during 2021/22.
- 8.4 We are extremely proud of being the first Trust in Europe to recruit the first patient the Respiratory trial "Connect 3" and the first in the UK to recruit to the "TILIA" study.
- 8.5 There was a slight increase in the number of research studies open to recruitment at the Trust, 101 in 2022/23 compared to 99 in 2021/22.
- 8.6 Having a varied portfolio of studies is of vital importance to the development of better health and care for our patients at STHK. During 2022/2023 STHK were top recruiters in a number of specialties across the NWC CRN. This demonstrates our commitment and hard work to ensure our patients are offered the opportunity to take part in cutting edge research.
- 8.7 It is reassuring to know that 85% (86) of research studies taking place at STHK are high quality NIHR portfolio studies. These studies have been adopted onto the NIHR portfolio, have a clear value to the NHS and have undergone the rigorous protocol peer review required before they can be considered for NIHR CRN support.
- 8.8 The number of new studies registered and assessed for Capacity and Capability (C&C) decreased from n39 in 2021/22 to n30 in 2022/23. However, this should not be perceived as a negative as the increase in 2021/22 was extremely high at 85% due to the re-opening of studies following COVID. This would be difficult to repeat year on year.

- 8.9 There was no increase in the number of sponsored studies during 2022/23, 7 studies were sponsored by STHK.
- 8.10 This year we have engaged with the Dietetics team who supported the “Aymes Bowie” commercial study, this was a success and recruited to time and target.
- 8.11 The Stroke department have invested in research, which has yielded real benefits for both our patients and the department. They are fully on board with research and plan to grow even more in the future.
- 8.12 Partnerships with Edge Hill and Manchester Metropolitan Universities were strengthened during 2022/23 with Professor Rowan Pritchard Jones, Dr Ascanio Tridente and Professor Kayvan Shokrollahi supporting PhD students on various research projects. We have also supported two Research Fellows from Liverpool University who are working on stroke projects as part of their PhDs.
- 8.13 A major achievement was being ranked first on the CRN NWC dashboard for the number of responses to the Patient Research Experience Survey. Again, this shows our commitment to gaining important feedback that will allow us to improve our service and make taking part in research a positive experience
- 8.14 During 2022/23 STHK secured an additional £25,921.00 of on-recurrent strategic NIHR funding. However, the amount of NIHR funding decreased in 2022/23 and we received £59,254.00 less funding than the previous year. The funding from the NIHR CRN NWC doesn’t take into account the incremental pay rises or any cost-of-living rises, therefore the funding envelope doesn’t allow for growth. The solution to this is to increase the amount of commercial research that we conduct which will allow us to generate more income to reinvest back into the RDI department and promote growth.
- 8.15 The Trust’s Income Distribution Plan was updated and includes guidance on the spending of both non-commercial and commercial income within a specified time period or having a definitive spending plan in place.
- 8.16 The RDI Group Terms of Reference were also reviewed in November 2022 and included changes to the core membership. It was felt that it was important to have finance representation as the core membership of the group oversee the reinvestment of funds (in research) for both the commercial and non-commercial research. They also have input into the income distribution plan and any amendments to this have to be approved by the core members.
- 8.17 We also qualified for STHK also qualified for £20k Research Capability Funding, allocated by the Department of Health, for recruiting 500 or more participants to non-commercial research.
- 8.18 Negotiations through a series of workshops took place with the CRN NWC and its partner organisation to discuss a new funding model. The start of the transition will take place from April 2022 with full implementation by March 2024.
- 8.19 Regular business planning meetings have taken place with the CRN to discuss our performance and to identify new studies in the pipeline.
- 8.20 To ensure best practice most of the Research Standard Operating Procedures were reviewed and updated in 2022.

## SECTION NINE: RECOMMENDATIONS FOR 2022/2023

Our aims for 2023-2024 are to:

- 9.1 Work towards a merger with Southport and Ormskirk NHS Hospital Trust (SOHT). It is expected that this will take place in July 2023. We aim to work together to reduce duplication, share good practice, and increase our ability to deliver more research opportunities to our patients. STHK have previously managed the research department at SOHT, under a service level agreement, and feel that the transition for the research departments will be smoother than with some other department within the organisation.
- 9.2 Update the Research Development and Innovation (RDI) Strategy. This will take place once the merger with SOHT has taken place. The strategy will set clear goals and objectives that will enable us to promote a culture where RDI drives better patient care and improves the Trust's capacity, capability and delivery of clinical research. This will include an ambitious vision to expand our existing facilities and staff.
- 9.3 Increase the number of commercially sponsored studies as these are valuable source of support for NHS trusts. This income can be used to encourage key stakeholders to develop capacity for new research within the Trust and increase the volume, and, therefore, future income generation. In the long term we aim to increase the amount of Commercial Research conducted at STHK (50% of portfolio studies will be commercial – over the next 3-5 years). This is in line with Government mandate, and the recommendations from the independent review into UK clinical trials led by Lord O'Shaughnessy
- 9.4 Work with the Integrated Care Systems (ICSs). In England, the Integrated Care Systems (ICSs) are partnerships between organisations to coordinate services and deliver healthcare in a way that improves population health and reduces inequalities between different groups within their region. Research and innovation should be considered as key contributors to this planning and coordination of services, ensuring equal access to research across an ICS footprint. In preparation for this we will update the Strategy in line with ICS and CRN NWC strategies.
- 9.5 Ensure that we have robust monitoring systems in place to facilitate our ability to meet our NIHR RTT obligations. The CD of Research and the RDI Manager will meet regularly (twice a year) with the research workforce to allow us to be responsive to the organisation and NIHR objectives. This will be in a supportive manner, allowing the staff to discuss any challenges, and an opportunity to look at how we can improve our service.
- 9.6 Continue to strive to qualify for £25K Department of Health Research Capability Funding (recruiting 100 or more participants to non-commercial research). This number has been reduced to 100 participants for 2023/24, the aim of this is to allow smaller organisations an opportunity to access funding.
- 9.7 Encourage engagement with the NIHR in accordance with the Department of Health strategic direction for Research, Development & Innovation.
- 9.8 Raise the clinical and academic profile of the Trust, by encouraging collaborations with other NHS organisations and Universities.
- 9.9 Develop of our social media and website platforms to help promote research and reach out to people in an increasingly virtual world. In addition to this we will explore new ways of promoting and increasing engagement in Trust research.
- 9.10 Ensure that the NIHR PRES is embedded into patients' research journeys and that both positive and negative feedback is considered.

- 9.11 Ensure that research becomes a routine consideration by clinicians, so that any patient is offered the opportunity to participate and benefit from the research conducted at the Trust.

## SECTION TEN: REFERENCES

1. Health and Social Care Act, 2012  
<https://www.legislation.gov.uk/ukpga/2012/7/section/23/enacted>
2. The Saving and Improving Lives – The Future of UK Clinical Research Delivery 2021  
<https://www.gov.uk/government/publications/the-future-of-uk-clinical-research-delivery/saving-and-improving-lives-the-future-of-uk-clinical-research-delivery>
3. Office for Life Sciences - Lord James O’Shaughnessy, report  
<https://www.gov.uk/government/news/lord-oshaghnessy-to-lead-independent-review-into-uk-clinical-trials>
4. The Saving and Improving Lives - The Future of UK Clinical Research Delivery 2022 to 2025 implementation plan  
<https://www.gov.uk/government/publications/the-future-of-uk-clinical-research-delivery-2022-to-2025-implementation-plan/the-future-of-clinical-research-delivery-2022-to-2025-implementation-plan>
5. Changing World-Health-Social Care- CQC strategy 2021  
<https://www.cqc.org.uk/about-us/our-strategy-plans/new-strategy-changing-world-health-social-care-cqcs-strategy-2021>
6. UK Government Autumn Budget and Spending Review Autumn. House of Commons. Oct 2021  
<https://www.gov.uk/government/publications/autumn-budget-and-spending-review-2021-documentsGovernment%20budget%20review%2021>
7. Embedding Research in the NHS  
<https://www.england.nhs.uk/aac/what-we-do/embedding-research-in-the-nhs/>
8. NHS England published ‘Increasing Diversity in Research Participation  
<https://www.england.nhs.uk/aac/publication/increasing-diversity-in-research-participation/>
9. NIHR Regional Networks  
<https://www.nihr.ac.uk/news/organisations-invited-to-host-the-nihr-regional-research-delivery-network/31445>
10. Understanding the Primary Care Research Landscape  
<https://www.nhsconfed.org/publications/understanding-primary-care-research-landscape-directory>
11. Journal of Molecular Sciences  
[IJMS | Free Full-Text | GC-MS Techniques Investigating Potential Biomarkers of Dying in the Last Weeks with Lung Cancer \(mdpi.com\)](https://www.mdpi.com/1422-0067/24/1/123)

## APPENDIX 1 - List of Research Studies with recruitment 22/23

Short Title	Managing Specialty	Recruitment 22-23
Huawei Stroke Study	Stroke	143
iGBS3	Obs & Gynae	117
Molecular Genetics of Adverse Drug Reactions (MOLGEN)	Cancer	50
IBD Bioresource	Gastroenterology	49
UKIVAS	Rheumatology	41
UK-ROX	Critical Care	40
Melanoma Wide Excision Trial - MelMarT-II	Cancer	38
ORION-4	Diabetes	36
HARMONIE	Paediatrics	36
Toxicity from biologic therapy (BSRBR)	Rheumatology	31
IMID BioResource	Rheumatology	24
GCA Consortium	Rheumatology	23
CHOSEN	Stroke	21
SHED - Subarachnoid Haemorrhage in the Emergency Department	Emergency Department	19
ROSSINI 2 - Reduction Of Surgical Site Infection using several Novel Interventions	General Surgery	14
UK Genetic Prostate Cancer Study	Cancer	12
The ROSETA Pilot Trial	Cancer	11
IBD-BOOST: SURVEY	Gastroenterology	11
Hand-2: RCT of treatments for Dupuytren's contractures	Orthopaedics	11
NAFLD BioResource	Gastroenterology	10
SHOCC study	Cardiology	9
IBD-BOOST OPTIMISE	Gastroenterology	9
Early Laser for Burn Scars (EL4BS)	Burns & Plastics	8
GenOMICC	Critical Care	8
Febrile Infants - Diagnostic assessment and Outcome (FIDO)	Paediatrics	8
BSR-PsA	Rheumatology	8
Cardiovascular and Renal Treatment Implementation in Heart Failure	Cardiology	7
OPTIMAS Trial	Stroke	7
ATNEC	Cancer	4
GONDOMAR Version 1.0, Dated 18.05.2021	Gastroenterology	4
IBD-BOOST TRIAL	Gastroenterology	4
TTTS Registry	Obs & Gynae	4
Metoclopramide for Avoiding Pneumonia after Stroke (MAPS-2) Trial	Stroke	4
Myeloma XIV (FITNEss)	Cancer	3
RADAR (UK-MRA Myeloma XV)	Cancer	3
The ANTHEM Feasibility Study	Cancer	3

Short Title	Managing Specialty	Recruitment 22-23
Evaluation of the Organ Donation	Critical Care	3
HYST	Dermatology	3
SINEPOST study	Paediatrics	3
Positive Voices - Development and validation of a national survey of people with HIV	Sexual Health	3
SEARCH - Visual scanning training for hemianopia	Stroke	3
PATHWAY Beacons	Cardiology	2
BLING III	Critical Care	2
SIGNET	Critical Care	2
Tozorakimab in patients hospitalized for pneumonia with hypoxemia at risk of respiratory failure	Critical Care	2
CONNECT 3	Respiratory	2
IVIS II - Impact of Visual Impairment after Stroke II	Stroke	2
Acceptability and Tolerance of AYMES Bowie	Therapy	2
PREPARE: imPRoving End of life care Practice in stroke cARE.	Therapy	2
EndoNET	Cancer	1
Myeloma XII (ACCoRd trial) Version 1.0	Cancer	1
CAPYBARA Galapagos NV – GLPG0634	Gastroenterology	1
Fluids Exclusively Enteral from Day 1 (FEED1)	Paediatrics	1

## APPENDIX 2 - Terms of Reference – RDI Group

### Core Membership

No	Title	Named Deputy (if app)
1	Clinical Director of Research	Chair
2	RDI Manager (Vice Chair)	Vice Chair
3	Medical Director or Nominated Responsible Person	
4	Deputy Director of Finance	
5	Senior Research Nurse	
6	RDI Co-ordinator	

### Non-core membership

No	Title
1	Research Pharmacist
2	Lay Member
3.	Cancer Services Manager
4	Education Facilitator
5.	Radiologist
6.	Management Accountant
7.	Stroke Consultant
8.	Anaesthetics Consultant
9.	General Surgery Consultant
10.	Obstetrics & Gynaecology Consultant
11.	Paediatrics Consultant
12.	Plastic Surgery Consultant
13.	Rheumatology Consultant
14.	Sexual Health Consultant
15.	Librarian
16.	Clinical Research Network – Northwest Coast
17.	R&D Manager – Merseycare

In addition to the above, the group shall be able to require the attendance of any staff as required (Co-opted).

#### Objectives

- Review and approval of the RDI strategy consistent and compliant with contemporary (inter)national guidance.
- Review and approval of the Annual RDI Report (written by the RDI Manager)
- Review and approval of the Research Capacity and Capability Statement
- Review and approval of the Research Standard Operating Procedures.
- Oversee operational delivery of the RDI strategy via updates received from the RDI Manager.
- Review of research studies. Any deemed high risk or with identified issues/concerns will be referred to RDIG for consideration (by the RDI Manager).
- Any risk or safety issues relating to research activity will be reported to the RDI Group for discussion and action Plan

## APPENDIX 3 - Staff Publications – 2022-2023

Aarvold, A; Perry, DC; Mavrotas, J; Theologis, T; Katchburian, M. (2023). <b>The management of developmental dysplasia of the hip in children aged under three months : a consensus study from the British Society for Children's Orthopaedic Surgery.</b> <i>The Bone &amp; Joint Journal.</i> 105-B(2), pp.209-214. [Online]. Available at: <a href="https://doi.org/10.1302/0301-620X.105B2.BJJ-2022-0893.R1">https://doi.org/10.1302/0301-620X.105B2.BJJ-2022-0893.R1</a> [Accessed 23 February 2023]
Adams, ST; Harrington M. (2022). <b>Subspecialist abdominal wall reconstruction services in Canada.</b> <i>Canadian Journal of Surgery.</i> 65 (2), E264-265
Adams, ST; Scott, M; West, C; Walsh, CJ. (2022). <b>Separating the components of an abdominal wall fellowship.</b> <i>Annals of the Royal College of Surgeons England.</i> epub 14 Nov(.), p... [Online]. Available at: <a href="https://doi.org/10.1308/rcsann.2022.0058">https://doi.org/10.1308/rcsann.2022.0058</a> [Accessed 3 February 2023]
Agarwal, K; McCabe, J. (2022). <b>P10-9 Correlation of Hounsfield units and stone volume with LASER time in stone surgery.</b> <i>Journal of Clinical Urology.</i> 15(Suppl 1), pp.59-60
Ahmad, A; Hamed, Z; Vataha, K; Abdelaziz, M. (2022). <b>945 Usefulness of Skull X-Ray in diagnosis and management of craniosynostosis and suspected NAI in children less than 4 years, results of three years retrospective observational study.</b> <i>Archives of Disease in Childhood.</i> 107(Suppl 2), pp.A465-A466. [Online]. Available at: <a href="https://adc.bmj.com/content/107/Suppl_2/A465">https://adc.bmj.com/content/107/Suppl_2/A465</a> [Accessed 22 December 2022]
Ahmad, F; Khan, S et al. (2022). <b>Retrospective Review of Arthroplasty Radiographs: How to Define an Adequate Radiograph.</b> <i>Cureus.</i> 14(7), p.e26697
Akgul, AK; Adali, E et al. (2022). <b>Do preoperative leukocyte and neutrophil levels have a predictive value on the complications of hypospadias repair in children.</b> <i>Archivio Italiano di Urologia e Andrologia.</i> 94(4), pp.459-463. [Online]. Available at: <a href="https://doi.org/10.4081/aiua.2022.4.459">https://doi.org/10.4081/aiua.2022.4.459</a> [Accessed 21 February 2023]
Akhtar, KJ; Maheswaran, T; Watters, C. (2023). <b>Heart was the key to the diagnosis.</b> <i>Frontline Gastroenterology.</i> epub 28 Feb., [Online]. Available at: <a href="http://dx.doi.org/10.1136/flgastro-2022-102349">http://dx.doi.org/10.1136/flgastro-2022-102349</a> [Accessed 20 March 2023]
Alexopoulou, V; Green, J; Garr, R. (2022). <b>1224 Audit of neonatal hypoglycaemia in Whiston Hospital and study of incidental hypoglycaemia during sepsis screen.</b> <i>Archives of Disease in Childhood.</i> 107(Suppl 2), p.A477. [Online]. Available at: <a href="https://adc.bmj.com/content/107/Suppl_2/A477.1">https://adc.bmj.com/content/107/Suppl_2/A477.1</a> [Accessed 22 December 2022]
Alfred, J; Santoro, G; Beggs, R; Brookes, J; Rajaganeshan, R. (2022). <b>P014 Video assisted anal fistula treatment (VAAFT): A 5 year review.</b> <i>Colorectal Disease.</i> 24(Suppl 3), p.53. [Online]. Available at: <a href="https://onlinelibrary.wiley.com/doi/10.1111/codi.16276">https://onlinelibrary.wiley.com/doi/10.1111/codi.16276</a> [Accessed 6 January 2023]
Alobaida, M; Hill, A et al. (2022). <b>Outcomes in patients with ischaemic stroke undergoing endovascular thrombectomy: Impact of atrial fibrillation.</b> <i>Journal of Stroke and Cerebrovascular Diseases.</i> 32(2), 106917. [Online]. Available at: <a href="https://www.sciencedirect.com/science/article/pii/S1052305722006097">https://www.sciencedirect.com/science/article/pii/S1052305722006097</a> [Accessed 5 December 2022].



<p>Alobaida, M; Hill, A et al. (2023). <b>Endovascular treatment for ischemic stroke patients with and without atrial fibrillation, and the effects of adjunctive pharmacotherapy: a narrative review.</b> <i>Expert Opinion on Pharmacotherapy</i>. epub 1 Jan. [Online]. Available at: <a href="https://doi.org/10.1080/14656566.2022.2161362">https://doi.org/10.1080/14656566.2022.2161362</a> [Accessed 20 February 2023]</p>
<p>Archer, N; Westall, SJ; Cardwell, J; McNulty, S; Furlong, N; Narayanan, RP; Bujawansa, S; Balafshan, T; Hardy, KJ. (2022). P124 Covid-19 pandemic associated with three-fold increase in demand for diabetes specialist advice. <i>Diabetic Medicine</i>. 39 (Suppl 1), 78</p>
<p>Baillie, S; Bassi, A et al. (2022). <b>P0490 Opioid exposure in IBD and associated factors: a UK prospective multicentre audit of 1362 patients.</b> <i>United European Gastroenterology Journal</i>. 10(Suppl 8), pp.788-789. [Online]. Available at: <a href="https://onlinelibrary.wiley.com/doi/10.1002/ueg2.12295">https://onlinelibrary.wiley.com/doi/10.1002/ueg2.12295</a> [Accessed 3 February 2023]</p>
<p>Baker, B; Kiernan, T; Clifford, R; Chagla, L; Iqbal, A et al. (2022). <b>Implant-Based Reconstruction following Mastectomy in Patients Who Have Had a Previous Breast Augmentation: Lessons from the National Multicenter Implant Breast Reconstruction Evaluation Study.</b> <i>Plastic and Reconstructive Surgery</i>. 149(2), pp.324-337. [Online]. Available at: <a href="https://doi.org/10.1097/PRS.00000000000008713">10.1097/PRS.00000000000008713</a> [Accessed 22 September 2022]</p>
<p>Banks, J; Macadam, R. (2022). TU8.10 <b>Should patients with a predicted NELA mortality of 5–10% be managed on ICU? An audit of the management of high-risk laparotomies as per NELA Guidelines.</b> <i>British Journal of Surgery</i>. 109(Suppl 5), pp.59-60. [Online]. Available at: <a href="https://doi.org/10.1093/bjs/znac248.083">https://doi.org/10.1093/bjs/znac248.083</a> [Accessed 20 February 2023]</p>
<p>Bertino, G; Pritchard-Jones, R; et al. (2022). <b>Electrochemotherapy for the treatment of cutaneous squamous cell carcinoma: The INSPECT experience (2008-2020).</b> <i>Frontiers in Oncology</i>. (12), p.951662. [Online]. Available at: <a href="https://www.frontiersin.org/articles/10.3389/fonc.2022.951662/full">https://www.frontiersin.org/articles/10.3389/fonc.2022.951662/full</a> [Accessed 22 December 2022]</p>
<p>Botzenhardt E; Clifford, R; Rajaganeshan, R. (2022). <b>P066 Incisional hernia rate following laparoscopic anterior resection. Does extraction site matter?.</b> <i>Colorectal Disease</i>. 24(Suppl 3), p.75. [Online]. Available at: <a href="https://onlinelibrary.wiley.com/doi/10.1111/codi.16276">https://onlinelibrary.wiley.com/doi/10.1111/codi.16276</a> [Accessed 6 January 2023]</p>
<p>Bruce, C; Lipscombe, S et al. (2022). <b>The British Orthopaedic Surgery Surveillance study: Perthes' disease: the epidemiology and two-year outcomes from a prospective cohort in Great Britain.</b> <i>The Bone &amp; Joint Journal</i>. 104-B (4), 510-518</p>
<p>Cairns, JA; Lee, C; Pendlebury, H; Sullivan, H; Furlong, NJ. (2022). <b>P181 Diabetes nurse specialist-led glucose balance telephone support clinic associated with improved HbA1c in insulin-treated patients with diabetic foot ulceration.</b> <i>Diabetic Medicine</i>. 39 (Supp 1), p101</p>
<p>Callery, EL; Morais, CL; Nugent, L; Rowbottom, AW. (2022). <b>Classification of Systemic Lupus Erythematosus Using Raman Spectroscopy of Blood and Automated Computational Detection Methods: A Novel Tool for Future Diagnostic Testing.</b> <i>Diagnostics</i>. 12(12), 3158. [Online]. Available at: <a href="https://doi.org/10.3390/diagnostics12123158">https://doi.org/10.3390/diagnostics12123158</a> [Accessed 21 February 2023]</p>
<p>Cappuyns, L; Gurusinghe, D; Bell, D; Shokrollahi, K. (2022). <b>The Peroneus Brevis muscle flap for distal third tibia reconstruction in burns and trauma – a non-microsurgical and expeditious technique offering rapid wound healing of a complex wound.</b> <i>Conference poster from British Burns Association Annual Meeting, 4th-6th May 2022.</i></p>

<p>Cappuyns, L; Holme, H; McCrossan, S; Booth, S; Nicole Lee, Mandal, A; Gurusinghe, D; O'Boyle, C; Ralston, D; Anwar, M; Nugent, N; Dheansa, B; Shokrollahi, K. (2022). <b>Developing a burn-specific peri-operative checklist: Version zero, a starting point.</b> <i>Conference poster from British Burns Association Annual Meeting, 4th-6th May 2022.</i></p>
<p>Cappuyns, L; Khaw, R; Shokrollahi, K. (2022). <b>Aesthetic tattoos as a treatment adjunct for scars from burns &amp; trauma: A literature review and treatment approach.</b> <i>Conference poster from British Burns Association Annual Meeting, 4th-6th May 2022.</i></p>
<p>Cappuyns, L; Murray, E; Gurusinghe, D; Deshpande, M; New, M; Shokrollahi, K. (2022). <b>Overcoming challenges around wounds and wound dressings in burn patients requiring nerve conduction studies.</b> <i>Conference poster from British Burns Association Annual Meeting, 4th-6th May 2022.</i></p>
<p>Cappuyns, L; Philip, L; Ramadan, S; Ebbs, S; Dempsey, N; Gurusinghe, D; Kayvan Shokrollahi, K. (2022). <b>Hypothermia in severe burns presenting at a regional burns centre.</b> <i>Conference poster from British Burns Association Annual Meeting, 4th-6th May 2022.</i></p>
<p>Cappuyns, L; Tridente, A; Stubbington, Y; Dempsey, NC; Shokrollahi, K. (2022). <b>Burn fluid resuscitation using plasmalyte®: Is it a safe replacement for ringers lactate and what is the potential cost saving?</b> <i>Conference poster from British Burns Association Annual Meeting, 4th-6th May 2022.</i></p>
<p>Cappuyns, L; Tridente, A; Stubbington, Y; Dempsey-Hibbert, NC; Shokrollahi, K. (2022). Review of Burn Resuscitation: is Plasmalyte® <b>A Comparable Alternative to Ringer's Lactate?</b>. <i>Journal of Burn Care &amp; Research.</i> epub 02 August</p>
<p>Cardwell, J; Edon, E; Westall, SJ; McNulty, S; Furlong, N; Narayanan, RP; Bujawansa, S; Balafshan, T; Hardy, KJ. (2022). <b>P193 Therapeutic inertia: Do patients get to target dose after glucagon-like peptide-1 receptor agonist (GLP-1-RA) initiation.</b> <i>Diabetic Medicine.</i> 39 (Suppl 1), 106-107</p>
<p>Cardwell, J; Mitchell, L; Westall, SJ; McNulty, S; Furlong, N; Narayanan, RP; Bujawansa, S; Balafshan, T; Hardy, KJ. (2022). <b>P143 Non-attendance at structured type 2 diabetes education increases with deprivation.</b> <i>Diabetic Medicine.</i> 39 (Suppl 1), 85-86</p>
<p>Chanchlani, N; Chandy, R; Jagdish, R, Baig, D et al. (Epub 29 August 2022). <b>Implications for sequencing of biologic therapy and choice of second anti-TNF in patients with inflammatory bowel disease: Results from the IMMunogenicity to Second Anti-TNF therapy (IMSAT) therapeutic drug monitoring study.</b> <i>Alimentary Pharmacology and Therapeutics.</i> [Online]. Available at: <a href="https://doi.org/10.1111/apt.17170">https://doi.org/10.1111/apt.17170</a> [Accessed 16 September 2022]</p>
<p>Chang, R; Abdelaziz, M; Thong, S; Barrow, A. (2022). <b>677 GP with Extended Remit (GPwER) in Paediatrics-Ensuring children and young people are seen in the right place, at the right time, by the right person.</b> <i>Archives of Disease in Childhood.</i> 107(Suppl 2), p.A345. [Online]. Available at: <a href="https://adc.bmj.com/content/107/Suppl_2/A345.1">https://adc.bmj.com/content/107/Suppl_2/A345.1</a> [Accessed 22 December 2022]</p>
<p>Chilukuri, L; Choaudary, D; Krishnamurthy, V; Maddipati, T; Macgallard, R. (2022). <b>E 389 - Survey of Bronchopulmonary Dysplasia (BPD) Services in Twenty Hospitals in the North West Region of England.</b> <i>Pediatric Pulmonology.</i> 57(Suppl 2), p.S107</p>

<p>Chilukuri, L; Humphreys, S; Lisboa, L; Maddipati, T. (2022). <b>A 390 - Prospective Audit on the Usage of Oral Dexamethasone in Acute Asthma and Comparison with Retrospective Audit on Use of Oral Prednisolone in Asthma.</b> <i>Pediatric Pulmonology</i>. 57(Suppl 2), p.S98-S99</p>
<p>Chit Su, HM; Putchakayala, K. (2022). <b>A Mystery of Joint Pain: Is It Rheumatoid Arthritis (RA) or Hereditary Hemochromatosis (HH)?</b>. <i>Cureus</i>. 14(12), p.e33037. [Online]. Available at: <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9881094/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9881094/</a> [Accessed 23 February 2023]</p>
<p>Choi, S.E; Lip, GYH; Abdul-Rahim; AH. (2023). <b>Long-term Management Considerations for Retinal Artery Occlusion and Cardiovascular and Cerebrovascular Mortality.</b> <i>JAMA Network Open</i>. 6(3), p.e233076. [Online]. Available at: <a href="https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2802259">https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2802259</a> [Accessed 13 March 2023]</p>
<p>Choi, SE; Sagris, D; Hill, A; Lip, GYH; Abdul-Rahim, AH. (2023). <b>Atrial fibrillation and stroke.</b> <i>Expert Review of Cardiovascular Therapy</i>. 21(1), pp.35-56. [Online]. Available at: <a href="https://doi.org/10.1080/14779072.2023.2160319">https://doi.org/10.1080/14779072.2023.2160319</a> [Accessed 17 February 2023]</p>
<p>Clynch, A; Keshwara, S et al. (2022). <b>BSH22-PO108 Tranexamic Acid use to improve outcomes in Meningioma Surgery.</b> <i>British Journal of Haematology</i>. 197 (Suppl 1), 151</p>
<p>Clynch, AL; Keshwara, SM et al. (2023). <b>Tranexamic acid use in meningioma surgery – A systematic review and meta-analysis.</b> <i>Journal of Clinical Neuroscience</i>. 110(April), pp.53-60. [Online]. Available at: <a href="https://doi.org/10.1016/j.jocn.2023.01.012">https://doi.org/10.1016/j.jocn.2023.01.012</a> [Accessed 23 February 2023]</p>
<p>Cocks, Z; O'Connor, M; Barrett, C; Kamarova, H. (2022). <b>853 Disseminating new clinical guidance during a pandemic.</b> <i>Archives of Disease in Childhood</i>. 107(Suppl 2), pp.A115-A116. [Online]. Available at: <a href="https://adc.bmj.com/content/107/Suppl_2/A115">https://adc.bmj.com/content/107/Suppl_2/A115</a> [Accessed 22 December 2022]</p>
<p>Craciunas, L; Vinayagam, S et al. (2022). <b>Hormone therapy for uterine and endometrial development in women with premature ovarian insufficiency.</b> <i>Cochrane Database of Systematic Reviews</i>. .(10), p.CD008209. [Online]. Available at: <a href="https://doi.org/10.1002/14651858.CD008209.pub2">https://doi.org/10.1002/14651858.CD008209.pub2</a> [Accessed 21 December 2022]</p>
<p>Craiunas, L; Zdoukopoulos, N; Vinayagam, S; Mohiyiddeen, L. (2022). <b>Hormone therapy for uterine and endometrial development in women with premature ovarian insufficiency.</b> <i>Cochrane Database of Systematic Review</i>. epub 6 October(10),Art. ID.CD008209. [Online]. Available at: <a href="https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008209.pub2/full">https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008209.pub2/full</a> [Accessed 6 January 2023]</p>
<p>Dixon, S; Benson, A; Kalaiselvan, R; Kanwar, S; Samad, A; Pritchard-Jones, R; West, C; Scott, M. (2022). <b>OC-022 Maintaining an elective abdominal wall reconstruction service during the COVID 19 pandemic.</b> <i>British Journal of Surgery</i>. 109(Suppl 7), p.vii9. [Online]. Available at: <a href="https://academic.oup.com/bjs/article/109/Supplement_7/znac308.034/6760433">https://academic.oup.com/bjs/article/109/Supplement_7/znac308.034/6760433</a> [Accessed 3 February 2023].</p>

<p>Dixon, S; Benson, A; Kalaiselvan, R; Kanwar, S; Samad, A; Pritchard-Jones, R; West, C; Scott, M. (2022). <b>P-135 First experience with a new closed incision negative pressure wound therapy, Prevena TM.</b> <i>British Journal of Surgery</i>. 109(Suppl 7), p.vii60. [Online]. Available at: <a href="https://academic.oup.com/bjs/article/109/Supplement_7/znac308.232/6760447">https://academic.oup.com/bjs/article/109/Supplement_7/znac308.232/6760447</a> [Accessed 3 February 2023]</p>
<p>Dunn, J; Thornton, T; Lyons, M. (2023). <b>019 Nil by mouth and peri-operative medicines administration in trauma and emergency surgery patients.</b> <i>Anaesthesia</i>. 78(Suppl 1), p.15. [Online]. Available at: <a href="https://dx.doi.org/10.1111/anae.15924">https://dx.doi.org/10.1111/anae.15924</a> [Accessed 23 February 2023]</p>
<p>Ebbs, S; Cappuyns, L; Giannopoulos, I; Mandal, A; Gurusinghe, D; Shokrollahi, K. (2022). <b>Giant Hogweed: The role of burns professionals in public health awareness and strategies to prevent burns.</b> <i>Conference poster from British Burns Association Annual Meeting, 4th-6th May 2022.</i></p>
<p>Edon, E; Westall, S; Gallagher, C. (2022). <b>P257 Focus groups to explore the views of carbohydrate counting education sessions.</b> <i>Diabetic Medicine</i>. 39 (Suppl 1), 133</p>
<p>Eisner, E; Agass, R et al. (2022). <b>Digital screening for postnatal depression: mixed methods proof-of-concept study.</b> <i>BMC Pregnancy and Childbirth</i>. 22 (429)</p>
<p>Elsheikh, S; Lip, GYH. (2022). <b>Editorial commentary: COVID-19 and COVID-19 vaccination: Observations on thrombosis and thrombocytopenia.</b> <i>Trends in Cardiovascular Medicine</i>. 32 (5), 257-258</p>
<p>EISheikh, S; Lip, GYH; Abdul-Rahim, AH. (2023). <b>Potential Embolic Sources in Embolic Stroke of Undetermined Source in Patients with Patent Foramen Ovale: Look Harder.</b> <i>Cerebrovascular Diseases</i>. epub 7 Feb, [Online]. Available at: <a href="https://doi.org/10.1159/000529105">https://doi.org/10.1159/000529105</a> [Accessed 17 February 2023].</p>
<p>Elsheikh, S; Tidbury, N; Lip, GYH. (2023). <b>A Review of Emerging Factor XI inhibitors.</b> <i>Expert Opinion on Emerging Drugs</i>. epub 16 Mar. [Online]. Available at: <a href="https://doi.org/10.1080/14728214.2023.2192923">https://doi.org/10.1080/14728214.2023.2192923</a> [Accessed 20 March 2023]</p>
<p>Fagan, N; Doherty, Meah, N; Sinclair, R; Wall, D. (2022). <b>Cross-specialty identification of the JAK1 inhibitor trial agent filgotinib as a potential therapy for alopecia areata.</b> <i>British Journal of Dermatology</i>. epub 25 Nov. [Online]. Available at: <a href="https://doi.org/10.1093/bjd/ljac103">https://doi.org/10.1093/bjd/ljac103</a> [Accessed 21 February 2023]</p>
<p>Fallerini, C; Tridente, A; Shuker, K et al. (2022). <b>Common, low-frequency, rare, and ultra-rare coding variants contribute to COVID-19 severity.</b> <i>Human Genetics</i>. 141 (1), 147-173.</p>
<p>Fiske, J; Liaros, A et al. (2022). <b>Safety and effectiveness of ustekinumab in elderly Crohn's disease patients.</b> <i>European Journal of Gastroenterology &amp; Hepatology</i>. 34(11), pp.1132-1139. [Online]. Available at: <a href="https://journals.lww.com/eurojgh/Abstract/2022/11000/Safety_and_effectiveness_of_ustekinumab_in_elderly.6.aspx">https://journals.lww.com/eurojgh/Abstract/2022/11000/Safety_and_effectiveness_of_ustekinumab_in_elderly.6.aspx</a> [Accessed 21 December 2022]</p>
<p>Foster, R; Bathla, S; Harris, O; Jois, R; Kiernan, T; Ray, A; Chagla, L. (2022). <b>Feasibility of breast lesion localisation using Sirius Pintuition; A new magnetic seed localisation system - Report of the first dozen cases in the UK.</b> <i>European Journal of Surgical Oncology</i>. 48 (5), E228</p>

Fryer, AA; Green, L et al. (2022). <b>P98 Variability in test interval is linked to glycosylated haemoglobin (HbA1c) trajectory over time in people with diabetes.</b> <i>Diabetic Medicine</i> . 38 (Suppl 1), 69-70
Fryer, AA; Green, L et al. (2022). <b>Variability in Test Interval Is Linked to Glycosylated Haemoglobin (HbA1c) Trajectory over Time.</b> <i>Journal of Diabetes Research</i> . 7093707 (.), 11
Fullerton, H; Westall, SJ; Mitchell, L; Cardwell, J; McNulty, S; Furlong, N; Narayanan, RP; Buawansa, S; Balafshan, T; Hardy, KJ. (2022). <b>P244 Planning services for people with type 2 diabetes: Is incidence still increasing.</b> <i>Diabetic Medicine</i> . 39 (Suppl 1), 127
Gadelrab, M; Chamsin, A; Khadr, R; Omar, AM; Floyd Jr, MS. (2022). <b>Letter to the Editor re: Evaluation of the Clinical Effects of Abobotulinum Toxin A (Dysport) Injection in the Treatment of Neurogenic Lower Urinary Tract Dysfunction.</b> <i>Urology Journal</i> . epub 25 October(.), p.7345. [Online]. Available at: <a href="https://journals.sbmu.ac.ir/urolj/index.php/uj/article/view/7345">https://journals.sbmu.ac.ir/urolj/index.php/uj/article/view/7345</a> [Accessed 6 January 2023]
Gallagher, CG; Bujawansa, SB; Milne, RM; Michaels, SM; McNulty, S; Westall, SW. (2022). <b>P145 Service evaluation examining the understanding of breastfeeding among women with diabetes.</b> <i>Diabetic Medicine</i> . 39 (Suppl 1), 86-87
Gallagher, CG; Milne, RM; Davies, HD; McNulty, SN; Pankaja, SP; Bujawansa, SB. (2022). <b>P169 Service evaluation to determine the reason for increased gestational diabetes (GDM) referrals following SARS-CoV-2 pandemic.</b> <i>Diabetic Medicine</i> . 39 (Suppl 1), 97
Gebeyehu, G; Liaros, A et al. (2022). <b>P23 Comparative safety and effectiveness of ustekinumab and vedolizumab in elderly crohn's disease patients.</b> <i>GUT</i> . 71(Suppl 1), pp.A47-A48. [Online]. Available at: <a href="https://gut.bmj.com/content/71/Suppl_1/A47.2">https://gut.bmj.com/content/71/Suppl_1/A47.2</a> [Accessed 16 September 2022]
Gendy, D; Walters, H; O'Mahony, E; Zaman, S. (2022). The scope for radiology to contribute to the NHS net zero target: findings from a survey of radiology staff in the UK. <i>Clinical Radiology</i> . 77 (8), E667-E672
Georgiou M; Ridzuan-Allen, A; Chamsin, A; Siddiqui, Z; Tolofari, S; Ejikeme, C; Jones, R; Napier-Hemy, TP; Rotas, S; Hughes, KE; Khattak, AQ; McCabe, JE; Omar, AM; Mistry, R; Samsudin, A; Gana, H; Floyd Jr, MS. (2022). <b>Emergency Urology procedures during the COVID-19 pandemic in the UK: A 3-month prospective study.</b> <i>Urologia Journal</i> . epub 8 Nov(.), [Online]. Available at: <a href="https://doi.org/10.1177/03915603221136321">https://doi.org/10.1177/03915603221136321</a> [Accessed 10 January 2023]
Gillespie, CS; Keshwara, SM et al. (2022). <b>622 Tranexamic Acid Use in Meningioma Surgery – a Systematic Review and Meta-Analysis.</b> <i>British Journal of Surgery</i> . 109(Suppl 6), pp.vi81-vi82. [Online]. Available at: <a href="https://academic.oup.com/bjs/article/109/Supplement_6/znac269.276/6672109">https://academic.oup.com/bjs/article/109/Supplement_6/znac269.276/6672109</a> [Accessed 29 September 2022]
Gondongwe, XD; Wan, R; Barton, G; McKenzie, C; Borthwick, M. (2022). <b>A survey of UK critical care pharmacists research involvement and associated barriers.</b> <i>Journal of the Intensive Care Society</i> . 23(Suppl 1), pp.88-89. [Online]. Available at: <a href="https://journals.sagepub.com/doi/10.1177/17511437221095122">https://journals.sagepub.com/doi/10.1177/17511437221095122</a> [Accessed 29 September 2022]



<p>Goodall, J; Beveridge, NER; Rasoul, D; Bhamidipati, k. (2022). <b>Metastatic melanoma to the heart causing ventricular tachycardia: looking beyond the troponin.</b> <i>BMJ Case Reports.</i> 15 (5), e247658</p>
<p>Hammond, A; Hough, Y et al. (2022). <b>Perceptions of arthritis glove wear of patients with rheumatoid arthritis and persistent hand pain: A nested questionnaire study within the A-Gloves trial.</b> <i>Musculoskeletal Care.</i> epub 31 Oct(.), p... [Online]. Available at: <a href="https://doi.org/10.1002/msc.1709">https://doi.org/10.1002/msc.1709</a> [Accessed 10 January 2023]</p>
<p>Hampden-Martin, A; Fothergill, J; El Mohtadi, M; Chambers, L; Slate, A J; Whitehead, K; Shokrollahi, K. (2022). <b>Photodynamic antimicrobial chemotherapy coupled with the use of the photosensitizers methylene blue and temoporfin as a potential novel treatment for Staphylococcus aureus in burn infections.</b> <i>Conference poster from British Burns Association Annual Meeting, 4th-6th May 2022</i></p>
<p>Harnett, C; Drumm, C; Meah, N; Eustace, K. (2022). <b>Athena speciality certificate examination case for cyclical angioedema in a young female.</b> <i>Clinical and Experimental Dermatology.</i> epub 11 April</p>
<p>Harnett, C; Meah, N; Low, SE; Eustace, K. (2022). <b>An intertriginous hyperpigmented macular eruption.</b> <i>Clinical and Experimental Dermatology.</i> 47(12), pp.2327-2329. [Online]. Available at: <a href="https://onlinelibrary.wiley.com/doi/abs/10.1111/ced.15363">https://onlinelibrary.wiley.com/doi/abs/10.1111/ced.15363</a> [Accessed 22 December 2022]</p>
<p>Harrison, NL; Abdelrahman, A. (2022). <b>Commentary on “An assessment of urethral radiation exposure in the treatment of endometrial and rectal cancers”.</b> <i>International Urogynecology Journal.</i> epub 15 Dec. [Online]. Available at: <a href="https://doi.org/10.1007/s00192-022-05420-1">https://doi.org/10.1007/s00192-022-05420-1</a> [Accessed 20 February 2023].</p>
<p>Harrison, S; Hill, A; Choi, S; Elsheikh, S; Sagris, D; Alobaida, M et al. (2023). <b>A multicentre observational cohort study of cardiovascular risk and outcomes following stroke: The Liverpool-Heart And bRain Project (L-HARP).</b> <i>International Journal of Stroke.</i> 18(Suppl 1), p.10. [Online]. Available at: <a href="https://journals.sagepub.com/doi/10.1177/17474930221142512">https://journals.sagepub.com/doi/10.1177/17474930221142512</a> [Accessed 11 April 2023]</p>
<p>Harrison, SL; Choi, S; Elsheikh, S. (2023). <b>Evaluation of Huawei smart wearables for detection of atrial fibrillation in patients following ischemic stroke: The Liverpool-Huawei stroke study.</b> <i>American Heart Journal.</i> 257, pp.103-110. [Online]. Available at: <a href="https://doi.org/10.1016/j.ahj.2022.12.004">https://doi.org/10.1016/j.ahj.2022.12.004</a> [Accessed 20 February 2023].</p>
<p>Harrison, SL; Hill, A et al. (2023). <b>Antiplatelet Agents and Oral Anticoagulant Use in Patients with Atrial Fibrillation and Carotid Artery Disease After First-Time Ischaemic Stroke.</b> <i>Cardiovascular Drugs and Therapy.</i> epub 24 Jan. [Online]. Available at: <a href="https://doi.org/10.1007/s10557-023-07433-4">https://doi.org/10.1007/s10557-023-07433-4</a> [Accessed 21 February 2023]</p>
<p>Hatamleh, M; Cappuyns, L; Ramadan, S; Gurusinghe, D; Shokrollahi, K. (2022). <b>An audit of ward-level pain management at a regional burn centre: Is the National standard adequate?</b> <i>Conference poster from British Burns Association Annual Meeting, 4th-6th May 2022.</i></p>

Hepworth, L.R. (2022). <b>Post-stroke visual impairment: how big is the problem, how do we identify it, what we can do about it, and why does it matter?</b> . <i>Eye News</i> . 29(4), [Online]. Available at: <a href="https://www.eyenews.uk/features/ophthalmology/post/post-stroke-visual-impairment-how-big-is-the-problem-how-do-we-identify-it-what-we-can-do-about-it-and-why-does-it-matter">https://www.eyenews.uk/features/ophthalmology/post/post-stroke-visual-impairment-how-big-is-the-problem-how-do-we-identify-it-what-we-can-do-about-it-and-why-does-it-matter</a> [Accessed 21 December 2022].
Heritage, SR; Keshwara, S; et al. (2022). <b>Medical Student Perspectives on Undergraduate Oncology Education in the UK</b> . <i>Clinical Oncology</i> . epub 18 May
Heyland, D.K; Shokrollahi, K et al. (2022). <b>A Randomized Trial of Enteral Glutamine for Treatment of Burn Injuries</b> . <i>New England Journal of Medicine</i> . 9 September Epub ahead of print, [Online]. Available at: <a href="https://www.nejm.org/doi/full/10.1056/NEJMoa2203364">https://www.nejm.org/doi/full/10.1056/NEJMoa2203364</a> [Accessed 12 September 2022].
Holland, D; Green, L et al. (2023). <b>Assessment of the effect of the COVID-19 pandemic on UK HbA1c testing: implications for diabetes management and diagnosis</b> . <i>Journal of Clinical Pathology</i> . 76(3), pp.177-184. [Online]. Available at: <a href="https://jcp.bmj.com/content/76/3/177">https://jcp.bmj.com/content/76/3/177</a> [Accessed 20 March 2023]
Holland, D; Green, L et al. (2023). <b>The Effect of the COVID-19 Pandemic on HbA1c Testing: Prioritization of High-Risk Cases and Impact of Social Deprivation</b> . <i>Diabetes Therapy</i> . epub 22 Feb. [Online]. Available at: <a href="https://doi.org/10.1007/s13300-023-01380-x">https://doi.org/10.1007/s13300-023-01380-x</a> [Accessed 20 March 2023]
Hunter-Smith, A et al. (2022). <b>Preparing to survive: Improving outcomes for young women with breast cancer</b> . <i>European Journal of Surgical Oncology</i> . 48 (5), E193-E194
Hunter-Smith, A; Chagla, L et al. (2022). <b>Formalised mentorship within oncoplastic breast surgery training - Is it indicated?</b> A systematic review. <i>European Journal of Surgical Oncology</i> . 48 (5), E236
Hunter-Smith, A; Graham, K; Mitchell, G. (2022). <b>Reverse abdominoplasty advancement flap: An effective and low morbidity reconstruction option for the radical mastectomy patient</b> . <i>European Journal of Surgical Oncology</i> . 48 (5), E245
Hussien, M; Cappuyns, L; Murgatroyd, E; Eccles, L; Shokrollahi, K. (2022). <b>A patient's perspective of extravasation injury treated at a burns centre</b> . <i>Conference poster from British Burns Association Annual Meeting, 4th-6th May 2022</i> .
Jackson, R. (2022). BSH22-PO118 <b>The future of Outpatient Haematology: Self Supported Follow-up (SSFU) for patients with Chronic Lymphocytic Leukaemia (CLL) and Monoclonal Gammopathy of Undetermined Significance (MGUS) - An online Portal Audit</b> . <i>British Journal of Haematology</i> . 197 (Suppl 1), 158-159
Jakeman, M; Barnes, J; Taghizadeh, R. (2022). <b>Prevention and management of post-deep inferior epigastric perforator flap abdominal bulge: A 5-year single-surgeon series</b> . <i>JPRAS</i> . epub 17 June. [Online]. Available at: <a href="https://doi.org/10.1016/j.bjps.2022.06.017">https://doi.org/10.1016/j.bjps.2022.06.017</a> [Accessed 22 September 2022]
Jakeman, M; Khaw, R; Zack-Williams, S; Brackley, P. (2022). <b>Implementation of a telemedicine service to provide skin cancer care in a tertiary plastic surgery unit during COVID-19</b> . <i>JPRAS</i> . epub 23 April
Jayan, N; Khirwadkar, R. (2023). <b>Improving family experience through better communication for postoperative patients</b> . <i>Anaesthesia</i> . 78(Suppl 1), p.59. [Online]. Available at: <a href="https://dx.doi.org/10.1111/anae.15924">https://dx.doi.org/10.1111/anae.15924</a> [Accessed 23 February 2023]

<p>Jones, R.E; Omar, A.M; Garth, L.E; Floyd Jr; Michael S. (2022). <b>Re: Do no harm: the role of perioperative heparin in urethroplasty.</b> Lee et al. <i>IUN (2022). International Urology and Nephrology.</i> 55(2), pp.321-322. [Online]. Available at: <a href="https://link.springer.com/article/10.1007/s11255-022-03417-9">https://link.springer.com/article/10.1007/s11255-022-03417-9</a> [Accessed 20 February 2023]</p>
<p>Katayama, A; Chagla, L et al. (2022). <b>The frequency and clinical significance of centromere enumeration probe 17 alterations in human epidermal growth factor receptor 2 immunohistochemistry-equivocal invasive breast cancer.</b> <i>Histopathology.</i> epub 25 Jul</p>
<p>Katira, A; Katira, R. (2022). <b>Dermatological manifestations of cardiac conditions.</b> <i>British Journal of Cardiology.</i> 29(1), p.9</p>
<p>Kaul, A; Seed, A; Cooney, L. (2023). <b>Giant cell arteritis causing multifocal ischaemic stroke with normal erythrocyte sedimentation rate: a case report.</b> <i>International Journal of Stroke.</i> 18(Suppl 1), p.64. [Online]. Available at: <a href="https://journals.sagepub.com/toc/wsoa/18/1_suppl">https://journals.sagepub.com/toc/wsoa/18/1_suppl</a> [Accessed 11 April 2023].</p>
<p>Kennedy, A; Varia, R; Rigby A et al. (2022). <b>Developing priorities for quality improvement in acute medicine using a modified Delphi method: A consensus process hosted by the Society for Acute Medicine Quality Improvement Committee (SAM-QI).</b> <i>Acute Medicine Journal.</i> 21 (2), 74-79.</p>
<p>Khan, AJ; Martin, H et al. (2022). <b>Physical therapy for facial nerve paralysis (Bell's palsy): An updated and extended systematic review of the evidence for facial exercise therapy.</b> <i>Clinical Rehabilitation.</i> epub 5 July. [Online]. Available at: <a href="https://doi.org/10.1177%2F02692155221110727">https://doi.org/10.1177%2F02692155221110727</a> [Accessed 10 August 2022]</p>
<p>Khoury, EG; Keshwara, SM et al. (2022). <b>BONUS: the National Oncology Network for Students and Junior Doctors.</b> <i>Clinical Oncology.</i> epub 07 July(.), p... [Online]. Available at: <a href="https://doi.org/10.1016/j.clon.2022.06.008">https://doi.org/10.1016/j.clon.2022.06.008</a> [Accessed 10 August 2022]</p>
<p>Kiladze, G; Canna, R; McClements, D; Brice, RG. (2022). <b>Purpuric lesions in the large bowel.</b> <i>Frontline Gastroenterology.</i> 14(1), pp.89-90. [Online]. Available at: <a href="http://dx.doi.org/10.1136/flgastro-2021-102055">http://dx.doi.org/10.1136/flgastro-2021-102055</a> [Accessed 20 February 2023]</p>
<p>Kovacova, A. (2022). <b>Faricimab for treatment of diabetic macular oedema.</b> <i>Practical Diabetes.</i> 39(6), pp.8-10. [Online]. Available at: <a href="https://doi.org/10.1002/pdi.2423">https://doi.org/10.1002/pdi.2423</a> [Accessed 20 February 2023]</p>
<p>Kyriazidis, I; Berner, JE; Jones, CD; Shokrollahi, K; Benson, A. (2022). <b>Augmented Reality–Assisted Design of Local Flaps: A New Practical and Educational Tool in the Field of Plastic Surgery.</b> <i>Annals of Plastic Surgery.</i> 89(4), pp.350-352. [Online]. Available at: <a href="https://journals.lww.com/annalsplasticsurgery/Abstract/2022/10000/Augmented_Reality_Assisted_Design_of_Local_Flaps_.3.aspx">https://journals.lww.com/annalsplasticsurgery/Abstract/2022/10000/Augmented_Reality_Assisted_Design_of_Local_Flaps_.3.aspx</a> [Accessed 21 December 2022]</p>
<p>Kyriazidis, I; Berner, JE; Jones, CD; Shokrollahi, K; Benson, A. (2022). <b>Augmented Reality–Assisted Design of Local Flaps: A New Practical and Educational Tool in the Field of Plastic Surgery.</b> <i>Annals of Plastic Surgery.</i> 89(4), pp.350-352. [Online]. Available at: <a href="https://journals.lww.com/annalsplasticsurgery/Abstract/2022/10000/Augmented_Reality_Assisted_Design_of_Local_Flaps_.3.aspx">https://journals.lww.com/annalsplasticsurgery/Abstract/2022/10000/Augmented_Reality_Assisted_Design_of_Local_Flaps_.3.aspx</a>[Accessed 10 January 2023]</p>



<p>Kyriazidis, I; Shokrollahi, K; Zak-Williams, S; Jones, C; Murgatroyd, E; Gurusinghe, D. (2022). <b>Is the use of a powered dermatome an aerosol-generating procedure (AGP)? Implications for personal protection against COVID-19 virus.</b> <i>Conference poster from British Burns Association Annual Meeting, 4th-6th May 2022.</i></p>
<p>Llewelyn, MJ; Gray, K et al. (2022). <b>Antibiotic Review Kit for Hospitals (ARK-Hospital): a stepped wedge cluster randomised controlled trial.</b> <i>The Lancet Infectious Diseases.</i> e-pub 24 Oct, p.no pagination. [Online]. Available at: <a href="https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00508-4/fulltext#%20">https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00508-4/fulltext#%20</a> [Accessed 22 December 2022]</p>
<p>Makki, D et al. (2022). <b>Assessing the required glenoid peg penetration in native scapula when bone graft is used during primary and revision shoulder arthroplasty.</b> <i>Shoulder &amp; Elbow.</i> 14(3), pp.268-276. [Online]. Available at: <a href="https://journals.sagepub.com/doi/abs/10.1177/1758573220987557">https://journals.sagepub.com/doi/abs/10.1177/1758573220987557</a> [Accessed 10 August 2022]</p>
<p>McFeely, O; Meah, N; Sinclair, R; Wall, D. (2023). <b>Trichorrhexis nodosa improving with oral minoxidil: a case report.</b> <i>Clinical and Experimental Dermatology.</i> epub 19 Jan(.), p... [Online]. Available at: <a href="https://doi.org/10.1093/ced/llad019">https://doi.org/10.1093/ced/llad019</a> [Accessed 21 February 2023]</p>
<p>McGalliard, R; Humphreys, S; Lisboa, L; Chilukuri, L. (2022). <b>905 Comparison of prednisolone vs dexamethasone in acute asthma and viral induced wheeze.</b> <i>Archives of Disease in Childhood.</i> 107(Suppl 2), p.A242. [Online]. Available at: <a href="https://adc.bmj.com/content/107/Suppl_2/A242.1">https://adc.bmj.com/content/107/Suppl_2/A242.1</a> [Accessed 22 December 2022]</p>
<p>McGalliard, R; Krishnamurthy, S; Chawdary, D; Chilukuri, L. (2022). <b>784 Review of bronchopulmonary dysplasia services in the North West of England.</b> <i>Archives of Disease in Childhood.</i> 107(Suppl 2), pp.A239-A240. [Online]. Available at: <a href="https://adc.bmj.com/content/107/Suppl_2/A239.2">https://adc.bmj.com/content/107/Suppl_2/A239.2</a> [Accessed 22 December 2022]</p>
<p>McGalliard, R; Maddipati, T; Chilukuri, L; Abdelaziz, M. (2022). <b>1074 Surgical care closer to home: is it up to the mark?</b> <i>Archives of Disease in Childhood.</i> 107(Suppl 2), p.A471. [Online]. Available at: <a href="https://adc.bmj.com/content/107/Suppl_2/A471.1">https://adc.bmj.com/content/107/Suppl_2/A471.1</a> [Accessed 22 December 2022].</p>
<p>Millette, D; Walsh, M; Trehan, P et al. (2022). <b>P04 Adverse events following immunization (AEFI) with COVID-19 vaccines: case series and literature review.</b> <i>British Journal of Dermatology.</i> 186(6), pp.e245-e246</p>
<p>Moncrieff, MD; Nolan, G; Pritchard Jones, R et al. (2022). <b>Clinical Outcomes and Risk Stratification of Early-Stage Melanoma Micrometastases From an International Multicenter Study: Implications for the Management of American Joint Committee on Cancer IIIA Disease.</b> <i>Journal of Clinical Oncology.</i> epub 18 Jul</p>
<p>Moncrieff, MD; Nolan, G; Pritchard-Jones, R et al. (2022). <b>ASO Visual Abstract: Evaluation of Indications for Sentinel Node Biopsy in Early-Stage Melanoma with the Advent of Adjuvant Systemic Therapy: An International Multicenter Study.</b> <i>Annals of Surgical Oncology.</i> epub 25 May</p>
<p>Morrow, H; Horner, M; Thomson-Glover, R. (2022). <b>992 Results of a pilot HIV/Frailty Clinic - can comprehensive geriatric assessment benefit frail people living with HIV?.</b> <i>Age and Ageing.</i> 51 (Supple 2)</p>

Munir U, Mabrouk A, Morgan S. <b>Hallux Varus</b> . [Updated 2022 Sep 25]. In: <i>StatPearls [Internet]</i> . Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <a href="https://www.ncbi.nlm.nih.gov/books/NBK470261/">https://www.ncbi.nlm.nih.gov/books/NBK470261/</a>
Munir U, Tafti D, Morgan S. <b>Morton Neuroma</b> . [Updated 2022 Oct 25]. In: <i>StatPearls [Internet]</i> . Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <a href="https://www.ncbi.nlm.nih.gov/books/NBK470249/">https://www.ncbi.nlm.nih.gov/books/NBK470249/</a>
Naji, S; Jones, C; Breuning, E. (2022). <b>O.15 Pulse dye LASER - treatments can be safely delivered without formal test patching in children</b> . <i>Lasers in Medical Science</i> . 37(9), p.3774. [Online]. Available at: <a href="https://doi.org/10.1007/s10103-022-03623-y">https://doi.org/10.1007/s10103-022-03623-y</a> [Accessed 21 February 2023]
Napier-Hemy, TP; Chamsin, A; Floyd Jr; MS; Samsudin, A; Omar, AM. (2023). <b>Prophylactic intravenous gentamicin with sedation-free cystoscopic injection of BoNT-A: No demonstrable adverse extravesical neuromuscular effects in a pilot safety study of 220 idiopathic overactive bladder patients</b> . <i>Journal of Clinical Urology</i> . 16(2), pp.91-95. [Online]. Available at: <a href="https://doi.org/10.1177/20514158211016651">https://doi.org/10.1177/20514158211016651</a> [Accessed 20 March 2023]
Nelson, A; Taghizadeh, R; Hassan, D. (2022). <b>287 Retrospective Review of a Single Surgeon 5-Year Experience of Paediatric Breast Reconstruction - Challenges, Experience, and the Increasing Role of Lipofilling</b> . <i>British Journal of Surgery</i> . 109(Suppl 6), p.vi33. [Online]. Available at: <a href="https://academic.oup.com/bjs/article/109/Supplement_6/znac269.066/6672187">https://academic.oup.com/bjs/article/109/Supplement_6/znac269.066/6672187</a> [Accessed 29 September 2022]
Nolan, GS; Pritchard Jones, RO et al. (2022). <b>National audit of non-melanoma skin cancer excisions performed by plastic surgery in the UK</b> . <i>BJS</i> . epub 27 Jul
Oke,S; Cappuyns, L; Simpson, A; Shokrollahi, K. (2022). A service evaluation of the Cosmetic camouflage service at a UK regional plastic surgery department. <i>Conference poster from British Burns Association Annual Meeting, 4th-6th May 2022</i> .
Ozdemir, H; Sagris, D; Lip, GYH; Abdul-Rahim, AH. (2023). <b>Stroke in Atrial Fibrillation and Other Atrial Dysrhythmias</b> . <i>Current Cardiology Reports</i> . epub 28 March(.), p... [Online]. Available at: <a href="https://link.springer.com/article/10.1007/s11886-023-01862-1">https://link.springer.com/article/10.1007/s11886-023-01862-1</a> [Accessed 3 April 2023]
Pai, K.M; Pillai, S; Pai, H.S; Shetty, S. (2022). <b>A Comparative Study of Symptoms, Nasal Eosinophilia and Pulmonary Function Tests Before and After Short Term Treatment with Corticosteroid Nasal spray in Patients with Allergic Rhinitis</b> . <i>Indian Journal of Otolaryngology and Head &amp; Neck Surgery</i> . 74(Suppl 2), pp.1001-1008. [Online]. Available at: <a href="https://link.springer.com/article/10.1007/s12070-020-02034-1">https://link.springer.com/article/10.1007/s12070-020-02034-1</a> [Accessed 20 February 2023]
Parneet, G; Defty, C; Morton, J. (2022). <b>The utility of the lateral orbital orbicularis propeller flap in periorbital reconstruction</b> . <i>Journal of plastic, reconstructive &amp; aesthetic surgery: JPRAS</i> . epub 21 Apr
Perry, DC; Lipscombe, S et al. (2022). <b>The British Orthopaedic Surgery Surveillance study: slipped capital femoral epiphysis: the epidemiology and two-year outcomes from a prospective cohort in Great Britain</b> . <i>The Bone &amp; Joint Journal</i> . 104-B (4), 519-528

Phillips, D; Chaudhry, IH; Morton, JD; West, EA. (2022). <b>Desmoplastic trichoepithelioma: an uncommon adnexal tumour with a predilection for cosmetically sensitive sites.</b> <i>British Journal of Hospital Medicine</i> . 83(7), pp.1-3
Raheem, RA; Hosny, K et al. (2022). <b>Can a prostate biopsy be safely deferred on PI-RADS 1,2 or 3 lesions seen on pre-biopsy mp-MRI?</b> <i>Arab Journal of Urology</i> . epub 13 Sep(.), p... [Online]. Available at: <a href="https://www.tandfonline.com/doi/full/10.1080/2090598X.2022.2119711">https://www.tandfonline.com/doi/full/10.1080/2090598X.2022.2119711</a> [Accessed 21 December 2022]
Rajendiran, A; Dorra, A; Abdalla, A; Ahmed, R; Hussain, A. (2022). <b>Short And Long Term Outcomes After Surgical Resection Of Tumours Of The Splenic Flexure – A Two Institutions’ Experience.</b> <i>European Journal of Surgical Oncology</i> . 49(1), p.E9. [Online]. Available at: <a href="https://doi.org/10.1016/j.ejso.2022.11.057">https://doi.org/10.1016/j.ejso.2022.11.057</a> [Accessed 23 February 2023]
Ramadan, S; Cappuyns, L; Bastouros, E; Shokrollahi, K; Gurusinghe, D. (2022). <b>Ulnar nerve compression at the elbow secondary to burn related heterotopic ossification – a case report and literature review of management options.</b> <i>Conference poster from British Burns Association Annual Meeting, 4th-6th May 2022.</i>
Richardson, CD, Roscoe, H et al. (2022). <b>Impact of COVID-19 policies on perceptions of loneliness in people aged 75 years and over in the cognitive function and aging study (CFAS II).</b> <i>Journal of the American Geriatrics Society</i> . epub 12 Nov., [Online]. Available at: <a href="https://doi.org/10.1111/jgs.18099">https://doi.org/10.1111/jgs.18099</a> [Accessed 3 February 2023]
Roberts, S; Clark, K; Theis, V; Tyrer, J. (2022). <b>A multidisciplinary approach to reducing percutaneous endoscopic gastrostomy tube site infections within 30 days of placement.</b> <i>Clinical Nutrition ESPEN</i> . 48, p.495. [Online]. Available at: <a href="https://doi.org/10.1016/j.clnesp.2022.02.048">https://doi.org/10.1016/j.clnesp.2022.02.048</a> [Accessed 16 September 2022]
Roberts, S; Theis, V; Clark, K. (2022). <b>O15 Benefits of gastrostomy tract dilatation following gastrostomy tube displacement.</b> <i>GUT</i> . 71(Suppl 1), pp.A8-A9. [Online]. Available at: <a href="https://gut.bmj.com/content/71/Suppl_1/A8.2">https://gut.bmj.com/content/71/Suppl_1/A8.2</a> [Accessed 16 September 2022]
Roberts, S; Theis, V; Clark, K. (2022). <b>O16 Gastrostomy placement in MND: the impact of weight loss and respiratory compromise.</b> <i>GUT</i> . 71(Suppl 1), p.A9. [Online]. Available at: <a href="https://gut.bmj.com/content/71/Suppl_1/A9.1">https://gut.bmj.com/content/71/Suppl_1/A9.1</a> [Accessed 16 September 2022]
Roberts, S; Tyrer, J; Theis, V. (2022). <b>Patients’ experience of a nutrition MDT clinic.</b> <i>Clinical Nutrition ESPEN</i> . 48, p.510. [Online]. Available at: <a href="https://doi.org/10.1016/j.clnesp.2022.02.081">https://doi.org/10.1016/j.clnesp.2022.02.081</a> [Accessed 16 September 2022]
Robinson, E; John, S; Singh, P. (2022). <b>P.115 Optimising obstetric care in high BMI patients: should we offer elective caesarean sections based on BMI?</b> <i>International Journal of Obstetric Anesthesia</i> . 50(Suppl 1), pp.62-63. [Online]. Available at: <a href="https://doi.org/10.1016/j.ijoa.2022.103411">https://doi.org/10.1016/j.ijoa.2022.103411</a> [Accessed 16 September 2022].
Sanchez, VT; Mohamed, A; Vardhan, M. (2022). <b>67 The occurrence of contaminated blood culture in paediatric unit in DGH, simple intervention to prevent cost and unnecessary treatment.</b> <i>Archives of Disease in Childhood</i> . 107(Suppl 2), pp.A430-A431. [Online]. Available at: <a href="https://adc.bmj.com/content/107/Suppl_2/A430">https://adc.bmj.com/content/107/Suppl_2/A430</a> [Accessed 22 December 2022]

<p>Shah, N; Furlong, N et al. (2021). <b>Previous structured education attendance and the relationship with HbA1c and hypoglycaemia awareness in people living with type 1 diabetes mellitus using FreeStyle Libre: insights from the Association of British Clinical Diabetologists (ABCD) Nationwide Audit.</b> <i>The British Journal of Diabetes</i>. 21 (2), 192-197</p>
<p>Shah, N; Furlong, N et al. (2022). <b>Two years of Freestyle Libre (FSL) use: impact on glycaemic control and hypoglycaemia awareness in people with diabetes: Association of British Clinical Diabetologists National Audit.</b> <i>Diabetes Technology and Therapeutics</i>. 24 (Suppl 1), A129-A130</p>
<p>Sharma, A; Cho, S. (2022). <b>P88 Recognition and management of hyperglycaemia at the front door: A retrospective audit and QI project conducted in Accident and Emergency (A&amp;E) and Acute Medicine Unit (AMU) of a large district general hospital.</b> <i>Diabetic Medicine</i>. 39 (Suppl 1), 65</p>
<p>Sharma, V; Pritchard-Jones, R; Scott, S; Ainsworth, J. (2023). <b>Accuracy of a tool to prioritise patients awaiting elective surgery: an implementation report.</b> <i>BMJ Health &amp; Care Informatics</i>. 30(1), p.e100687. [Online]. Available at: <a href="https://informatics.bmj.com/content/30/1/e100687">https://informatics.bmj.com/content/30/1/e100687</a> [Accessed 21 February 2023]</p>
<p>Shaw, J; Thompson, J et al. (2022). <b>Predictors of continuous positive airway pressure (CPAP) response in severe hypoxaemic respiratory failure due to COVID-19 pneumonitis.</b> <i>European Respiratory Journal</i>. 58 (Suppl 65), PA1088</p>
<p>Snashell, E; Harper-Machin, A; Martin, H. (2022). <b>Restoration of smile: The role of the masseteric to facial nerve transfer in facial reanimation.</b> <i>Craniofacial Trauma &amp; Reconstruction</i>. 15(1), p.32. [Online]. Available at: <a href="https://doi.org/10.1177/19433875221091460">https://doi.org/10.1177/19433875221091460</a> [Accessed 21 February 2023]</p>
<p>Spencer, R; Jackson, R; Keegan. (2022). <b>BSH22-EP74 The emerging advanced nurse practitioner role in haematology—does it cause confusion or provide support to the traditional clinical nurse specialist role?.</b> <i>British Journal of Haematology</i>. 197 (Suppl 1), 219-220</p>
<p>STARSurg Collaborative and EuroSurg Collaborative. (2022). <b>Validation of the OAKS prognostic model for acute kidney injury after gastrointestinal surgery.</b> <i>BJS Open</i>. 6(1), p.zrab150. [Online]. Available at: <a href="https://doi.org/10.1093/bjsopen/zrab150">https://doi.org/10.1093/bjsopen/zrab150</a> [Accessed 10 August 2022]</p>
<p>Stone, S; Cappuyns, L; Liby Philip, Gurusinghe, D; Kayvan Shokrollahi. (2022). <b>Further perspectives on burns from E-cigarette battery explosions: a public health concern.</b> <i>Conference poster from British Burns Association Annual Meeting</i>, 4th-6th May 2022.</p>
<p>Strong, A; Michaels, S; Cardwell, J; Bujawansa, S. (2022). <b>P147 Quick reference insulin safety medicine binder: A change in practice in St Helens &amp; Knowsley Teaching Hospitals NHS Trust.</b> <i>Diabetic Medicine</i>. 39 (Suppl 1), 87</p>
<p>Sullivan, HR; Westall, S; Furlong, N; McNulty, S; Balafshan, T; Narayanan, P; Bujawansa, S; Hardy, K; Pendlebury, H. (2022). <b>P91 Top to toe examination: An audit to assess the documentation of a foot exam for those admitted to hospital under medicine with diabetes.</b> <i>Diabetic Medicine</i>. 39 (Suppl 1), P66-67</p>

<p>Taghizadeh, R. (2022). <b>Invited Discussion on: “Comparison of Classic Mastopexy Method Versus Double-pedicled Auto-augmentation Mastopexy with with Conic-Shaped Modified Inferior Butterfly Flap”</b>. <i>Aesthetic Plastic Surgery</i>. epub 4 August</p>
<p>Thein, M. (2022). <b>Development of guidance for initiation and deprescribing PPI</b>. <i>European Geriatric Medicine</i>. 13(Suppl 1), pp.S408-S409. [Online]. Available at: <a href="https://doi.org/10.1007/s41999-022-00711-8">https://doi.org/10.1007/s41999-022-00711-8</a> [Accessed 21 February 2023]</p>
<p>Thompson, W.R; Hughes; K et al. (2022). <b>Patient-reported outcome measures (PROMs) in stone surgery: A multi-centre study of patient experience of flexible ureteroscopy (fURS) versus extracorporeal shockwave lithotripsy (SWL)</b>. <i>Journal of Clinical Urology</i>. epub 18 Nov. [Online]. Available at: <a href="https://doi.org/10.1177/20514158221135692">https://doi.org/10.1177/20514158221135692</a> [Accessed 20 February 2023]</p>
<p>Tivey, A; Nicholson, T et al. (2022). P1141: <b>Ibrutinib and rituximab as first line therapy for mantle cell lymphoma: a multicentre, real-world UK study</b>. <i>HemaSphere</i>. 6(3), pp.1031-1032. [Online]. Available at: <a href="https://journals.lww.com/hemasphere/Fulltext/2022/06003/P1141__IBRUTINIB_AND_RITUXIMAB_AS_FIRST_LINE">https://journals.lww.com/hemasphere/Fulltext/2022/06003/P1141__IBRUTINIB_AND_RITUXIMAB_AS_FIRST_LINE</a> [Accessed 29 September 2022]</p>
<p>Tridente, A et al. (2022). <b>Differential attainment and recruitment to Intensive Care Medicine Training in the UK, 2018–2020</b>. <i>BMC Medical Education</i>. 22(1), p.672. [Online]. Available at: <a href="https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-022-03732-w">https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-022-03732-w</a> [Accessed 22 September 2022]</p>
<p>Wadsworth, P; Rimmer, L; Sepesiova, L; Fong, J; Kiernan, T; Harris, O. (2022). <b>Influence of MRI use on surgical outcomes in lobular breast cancer</b>. <i>European Journal of Surgical Oncology</i>. 48 (5), E223</p>
<p>Wahal, A; Cappuyns, L; Gurusinghe, D; K Shokrollahi. K. (2022). <b>Use of DERMABOND® PRINEO® Skin Closure System to optimise results of excision and direct closure in acute burns</b>. <i>Conference poster from British Burns Association Annual Meeting, 4th-6th May 2022</i>.</p>
<p>Wahal, A; Syndikus, I; Lee, C; Gurusinghe, D; Shokrollahi, K. (2022). <b>Preliminary experience of HDR Brachytherapy for treatment of keloid scars</b>. <i>Conference poster from British Burns Association Annual Meeting, 4th-6th May 2022</i>.</p>
<p>Wahal, A; Cappuyns, L; Y Stubbington, Y; Gurusinghe, D; Shokrollahi, K. (2022). <b>Tangential excision and skin grafting for sever chronic ulcerative allergic reaction to tattoo pigment. A case report and review of literature in the context of a European ban on coloured pigment tattoos</b>. <i>Conference poster from British Burns Association Annual Meeting, 4th-6th May 2022</i>.</p>
<p>Wall, D; Meah, N et a. (18 September 2022). <b>Signposts to the Promised Land in Alopecia Areata</b>. <i>Journal of Investigative Dermatology</i>. [Online]. Available at: <a href="https://doi.org/10.1016/j.jid.2022.08.031">https://doi.org/10.1016/j.jid.2022.08.031</a> [Accessed 29 September 2022]</p>
<p>Wall, D; Rees, H; Bokhari, L; Meah, N; York, K; Sinclair, R. (2023). <b>Signposts to the Promised Land in Alopecia Areata</b>. <i>Journal of Investigative Dermatology</i>. 143(1), pp.9-10. [Online]. Available at: <a href="https://doi.org/10.1016/j.jid.2022.08.031">https://doi.org/10.1016/j.jid.2022.08.031</a> [Accessed 21 February 2023]</p>



Westall, SJ; Mitchell, L; Cardwell, J; McNulty, S; Furlong, N; Narayanan, RP; Bujawansa, S; Balafshan, Hardy, KJ. (2022). <b>P243 Digital diabetes care: How well equipped are patients and what do they think about it.</b> <i>Diabetic Medicine</i> . 39 (Suppl 1), 127
Westall, SJ; Narayanan, RP; Irving, G; Furlong, N; McNulty, S; Bujawansa, S; Hardy K. (2022). <b>The individualisation of glycaemic targets in response to patient characteristics in type 2 diabetes: a scoping review.</b> <i>Clinical Medicine</i> . epub 20 Apr (.)
Westall, SJ; Watmough, S; Narayanan, RP, Irving, G; Hardy, K. (2022). <b>Psychometric and biomedical outcomes of glycated haemoglobin target-setting in adults with type 1 and type 2 diabetes: Protocol for a mixed-methods parallel-group randomised feasibility study.</b> <i>PLoS ONE</i> . 17(10), p.e0275980. [Online]. Available at: <a href="https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0275980">https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0275980</a> [Accessed 31 October 2022]
Wilmot, E; Furlong, N et al. (2023). <b>#217 Parallel Session - Aid Experience in the Real-World - in the United Kingdom.</b> <i>Diabetes Technology &amp; Therapeutics</i> . 25(S2), p.A10. [Online]. Available at: <a href="https://doi.org/10.1089/dia.2023.2525.abstracts">https://doi.org/10.1089/dia.2023.2525.abstracts</a> [Accessed 20 March 2023]
Winters, S and Hindle, E. (2022). <b>BI27: Two cases of capecitabine-induced subacute cutaneous lupus erythematosus.</b> <i>British Journal of Dermatology</i> . 187(S1), p.116
Winters, S. (2022). <b>H17: Botulinum toxin: from lethal adversary to dermatological sensation – how the power of poison was harnessed.</b> <i>British Journal of Dermatology</i> . 187(S1), pp.181-192
Wright, K et al. (2022). <b>A comparison of age-banded and weight-based oral paracetamol dosing in hospitalized children.</b> <i>Pediatric Anesthesia</i> . epub 3 Nov(.), [Online]. Available at: <a href="https://doi.org/10.1111/pan.14595">https://doi.org/10.1111/pan.14595</a> [Accessed 10 January 2023]
Zhang, X; Lechareas, S; Tridente, A et al. (2022). <b>CXR-Net: A Multitask Deep Learning Network for Explainable and Accurate Diagnosis of COVID-19 Pneumonia from Chest X-ray.</b> <i>IEEE: Journal of Biomedical and Health Informatics</i> . epub 9 Nov., [Online]. Available at: <a href="https://ieeexplore.ieee.org/document/9944138">https://ieeexplore.ieee.org/document/9944138</a> [Accessed 3 February 2023]

<b>Title of Meeting</b>	Trust Board	<b>Date</b>	29 November 2023
<b>Agenda Item</b>	MWL TB23/059 (11.2)		
<b>Report Title</b>	S&O Research Development and Innovation Annual Report 2022/23		
<b>Executive Lead</b>	Peter Williams, Medical Director		
<b>Presenting Officer</b>	Peter Williams, Medical Director		
<b>Action Required</b>		<b>To Approve</b>	X <b>To Note</b>
<b>Purpose</b>			
To present 2022/23 Research Development and Innovation (RDI) Annual Report which provides an overview of the reported RDI activity in the Trust in 2022/23.			
<b>Executive Summary</b>			
The Research Team at S&O have had a successful year and have worked hard to get back on track following the unprecedented challenges of COVID-19.			
We are extremely proud of:			
<ul style="list-style-type: none"> <li>SOHT has made excellent progress in growing its National Portfolio research activity. We are pleased to report that SOHT recruited a total of 401 participants into NIHR CRN portfolio research studies against the proposed NIHR target of 533. This is a significant achievement considering the significant challenges we faced during 2022/23 and was made possible by the dedicated members of staff, who have gone above and beyond what is expected of them.</li> <li>Another major achievement was being ranked seventh out of the 24 Partner Organisations on the CRN NWC dashboard for the number of responses to the Patient Research Experience Survey. Again, this shows our commitment to gaining important feedback that will allow us to improve our service and make taking part in research a positive experience.</li> </ul>			
<b>Financial Implications</b>			
The National Institute for Health Research (NIHR) funding envelope doesn't take into consideration the increase in annual pay increments and pay awards. Therefore, we cannot expand and grow the number of NIHR funded staff. In line with the Government and the NIHR guidance, our aim is to increase the amount of commercial research to allow us to re-invest funding back into research and expand in both terms of staff and facilities.			
<b>Quality and/or Equality Impact</b>			
The report contributes towards good governance arrangements, providing assurance on the quality of research conducted at the Whiston sites the Trust Board.			
<b>Recommendations</b>			
The Trust Board is asked to note the 2022/23 Research Development and Innovation Annual Report.			
<b>Strategic Objectives</b>			
X	SO1 5 Star Patient Care – Care		
X	SO2 5 Star Patient Care - Safety		
	SO3 5 Star Patient Care – Pathways`		
	SO4 5 Star Patient Care – Communication		

	<b>S05</b> 5 Star Patient Care - Systems
X	<b>S06</b> Developing Organisation Culture and Supporting our Workforce
X	<b>S07</b> Operational Performance
X	<b>S08</b> Financial Performance, Efficiency and Productivity
	<b>S09</b> Strategic Plans





**Southport and  
Ormskirk Hospital**  
NHS Trust



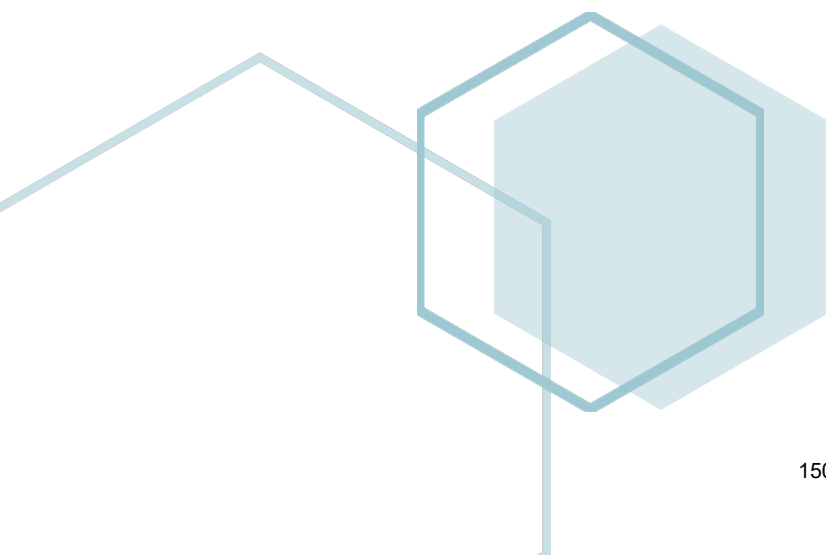
# Research Development & Innovation Department

## Annual Report 2022/2023

Produced – June 2023

Published – June 2023

Lead Author – Mrs. Jillian Simpson



## FOREWORDS

The purpose of this Research, Development and Innovation (RDI) Annual Report is to present information to the Trust Board on the full year RDI activity for 2022/23. The report provides the evidence that Southport and Ormskirk NHS Trust (SOHT) maintains and develops their statutory duty to “Promote Research, Innovation and the use of Research Evidence (Health and Social Care Act, 2012)<sup>1</sup>”. It provides an update on the key aspects of progress, performance, and financial management. It also includes an overview of achievements in relation to research activity at SOHT.

The spread of COVID-19 is one of the biggest public health challenges we have faced, and research has a key role to play in the fight against it. Research is helping us to develop diagnostic tests, treatments and vaccines, and to prevent and manage the spread of the virus. Here at SOHT we have risen to this challenge, the Research Team, supported by Consultants, Medics, Nurses, and support services such as Pharmacy and the Laboratories, have made a significant contribution to Urgent Public Health (UPH) COVID-19 research studies. According to the National Institute for Health Research (NIHR) this ground-breaking research is helping to save lives in the UK and around the world. It is informing government policy and providing NHS doctors and nurses with the tools they need to prevent and treat COVID-19.

The NIHR’s goal is to restore a fully active portfolio of research while continuing to support important COVID-19 studies as part of the Government response to the pandemic. In May 2020, they published a Framework to support the restarting of research paused due to COVID-19. While the pandemic has reduced the amount of research we have been able to do into other conditions, here at SOHT we have worked hard to maintain a diverse and active portfolio.

Moving forward, the Department of Health released a document: The Saving and Improving Lives – The Future of UK Clinical Research Delivery (March 2021)<sup>2</sup>:

“We must use these lessons from COVID-19 as a springboard to build back better. Because we stand at an inflection point for global healthcare. Driven by data and analytics, cutting-edge technologies and treatments, including precision medicines and artificial intelligence, are transforming the way we treat patients. And this is just the tip of the iceberg. The coming years will see an explosion in breakthrough technologies which will pave the way to tackle the most pressing population health burdens and provide fresh hope to patients. We must seize the opportunity to put the UK at the forefront of this healthcare revolution and clinical research will be the backbone of our efforts. Because research is the single most important way in which we improve our healthcare – by identifying new means to prevent, diagnose and treat disease.”

I am immensely proud of SOHT’s response to this global pandemic, everyone involved has worked incredibly hard, to set-up, deliver and recruit to the COVID-19 studies. The staff have shown courage, determination and resilience, often going above and beyond what is expected of them. Many of the participants have been healthcare workers from the Trust who have taken part in the SIREN study, which demonstrates their dedication and commitment in improving care and treatment for people affected by the pandemic.

**Mrs. Jillian Simpson,**  
**RD&I Manager**

The research team has continued to work hard to improve the quality of research produced by the Trust. A lot of the covid studies have come to a finish and we have looked to develop other projects within several departments with good results. There have been some challenges with staffing within the department but recruitment to several positions has improved this. As the team expands so will the amount of research we do. The regular quarterly RD and I meetings have input from Edge Hill and this is something we need to develop. There are lots of exciting times in Research ahead.

**Mr. Kevin Thomas**  
**Deputy Medical Director**

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## SECTION ONE: BACKGROUND

- 1.1 Southport and Ormskirk NHS Trust is committed to providing the best possible care to patients and recognises the value of high-quality research in the successful promotion of health and well-being for the population it serves. Research & Innovation play an essential role, not only in developing new approaches to managing disease, but also in improving the effectiveness of existing treatments. Here at SOHT we continuously drive to improve the quality of services we provide through Research and Innovation. It means that patients attending the Trust may be offered pioneering trial treatments as an option, even though they are not available as standard across the NHS.
- 1.2 Two key external documents were released in early 2021 that recognise the importance of research in the NHS and drive the research and innovation agenda nationally, paying particular attention to the lessons learned from the pandemic.

As referred to earlier, **The DOH Saving and Improving Lives – The Future of UK Clinical Research Delivery report**<sup>2</sup> states the following:

“The COVID-19 pandemic has hammered home the strength of our research base, through our rapid delivery of platform trials, like RECOVERY, and our leading contribution to the global vaccine effort, which is our lifeline back to normality

Collaboration has been the foundation of our success. Our world-leading scientists and regulators have worked closely with industry and medical research charities, alongside our dedicated research workforce, including staff from across the NHS and thousands of participants from all 4 corners of the UK. We have shown that, when we come together, UK clinical research can tackle the most pressing healthcare challenges.

But we have also learned some important lessons from the pandemic about where we need to improve. For all the successes of our COVID-19 research, we have seen other research suffer. Workforce pressures and disruption to traditional delivery methods have seen study sites close or struggle to recruit during the pandemic – causing research to stall. And whilst we have seen some great examples of innovative trial design and delivery, we need to go even further to support more innovative trials across all phases, treatment types and conditions – to embed innovative approaches across our entire research ecosystem. Most importantly, the pandemic has laid bare the unacceptable health inequalities that persist across our country, which must serve as a catalyst for change”.

Their vision has 5 key themes:

1. Clinical research embedded in the NHS – to create a research-positive culture in which all health and care staff feel empowered to support and participate in clinical research as part of their job.
2. Patient-centred research – to make access to and participation in research as easy as possible for everyone across the UK, including rural, diverse and under-served populations.
3. Streamlined, efficient and innovative research – so the UK is seen as the best place in the world to conduct fast, efficient, and cutting-edge clinical research.
4. Research enabled by data and digital tools – to ensure the UK has the most advanced and data-enabled clinical research environment in the world, which capitalises on our unique data assets to improve the health and care of patients across the UK and beyond.

5. A sustainable and supported research workforce – which offers rewarding opportunities and exciting careers for all healthcare and research staff of all professional backgrounds – across the length and breadth of commercial and non-commercial research.

Integration and innovation: **Working together to improve health and social care for all**<sup>3</sup> was updated in February 2021; this paper sets out its legislative proposals for a Health and Care Bill:

“Our legislative proposals capture the learning from the pandemic and are driven by the context of a post-COVID world, which is now in reach. And they make permanent the innovations that COVID-19 has accelerated and encouraged the system to improvise new and better ways of working. Our proposals will help the NHS and local government in the immediate work of recovery from the pandemic by making joint planning and delivery of services easier, and over the long term by helping to address the needs of everyone, from children to older people, at different stages of their lives”.

- 1.3 The Health Research Authority (HRA)<sup>4</sup> is one of a number of organisations that work together in the UK to regulate different aspects of health and social care research. Their vision is for high-quality health and social care research that improves people’s health and wellbeing, and the core purpose is to protect and promote the interests of patients and the public in health and social care research. During the pandemic, the HRA shifted its regulatory focus to enable high-impact, high-quality COVID-19 research to start up as quickly as possible, so that they can play their role in the huge national effort to find diagnostics, therapies and vaccines to tackle COVID-19. This has had a huge impact on the way the HRA operates. All research conducted at SOHT must have HRA approval, Confirmation of Capacity and Capability (CCC) issued by the RDI Department and where necessary Research Ethics approval.
- 1.4 The Innovation Agency, North West Coast Academic Health Science Network (AHSNs) is one of 15 AHSNs working together in the AHSN Network and is the innovation arm of the NHS. The AHSNs work collaboratively, identifying and supporting the successful development of innovations in our local regional healthcare communities, and helping to spread these across our national Network. They are the only organisations that connect all partners across sectors: NHS and academia, local authorities, the third sector, industry, and citizens.
- 1.5 National funding to the Clinical Research Networks (CRNs) is allocated from the National Institute for Health Research (NIHR) via the Department of Health annually across all CRNs based on a number of parameters, including performance. Each local network has a number of High Level Objectives (HLOs) they must achieve annually. Performance is monitored across the CRNs and funding is in part allocated dependant on performance across the region. Each organisation that is a member of the CRN NWC is responsible for working with the network to support delivery of the HLOs. Funding is received from the CRN NWC to cover the Service Support Costs of working on NIHR adopted studies, e.g. research nurses, research administrative staff and research-related activities in key service support departments.

1.6 The following table displays the research delivery staff funding arrangements for 2021/22.

**Table 1 – RDI Department Staff**

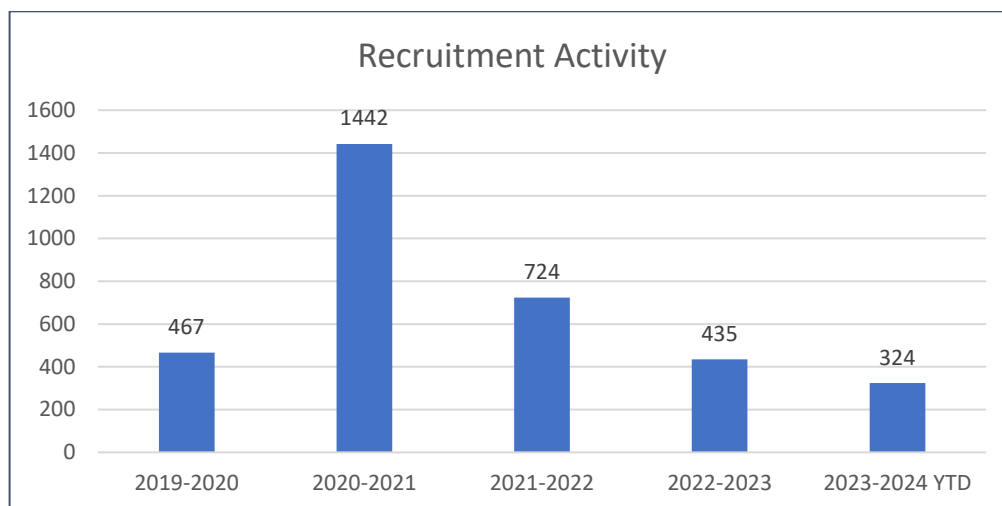
Funded by CRN		
Research Nurse	Paediatrics/ Generic	0.4
Research Nurse	Paediatrics/ Generic	0.4
Research Nurse	Generic	1.00
Research Nurse	Generic	0.6
Research Midwife	Midwifery /Generic	0.8
Research Support Officer	Generic	1.00
Research Support Assistant	Generic	1.00
Research Support Assistant	Generic	1.00

## SECTION TWO: OVERVIEW / SUMMARY OF RESEARCH ACTIVITY

2.1 Although during 2022/23 we unfortunately did not meet our local target, there was a number of mitigating factors such as much of the year we were significantly short staffed (due to sickness and vacancies) and also had a lot of follow-up burden for some Covid-19 studies in particular SIREN. Given the circumstances we were pleased that NIHR recruitment was 435 out of a target of 533. This is a significant achievement considering the conditions and the result of a huge effort from all the staff within the RDI Department; it also demonstrates our commitment to offering patients and public the opportunity to take part in research.

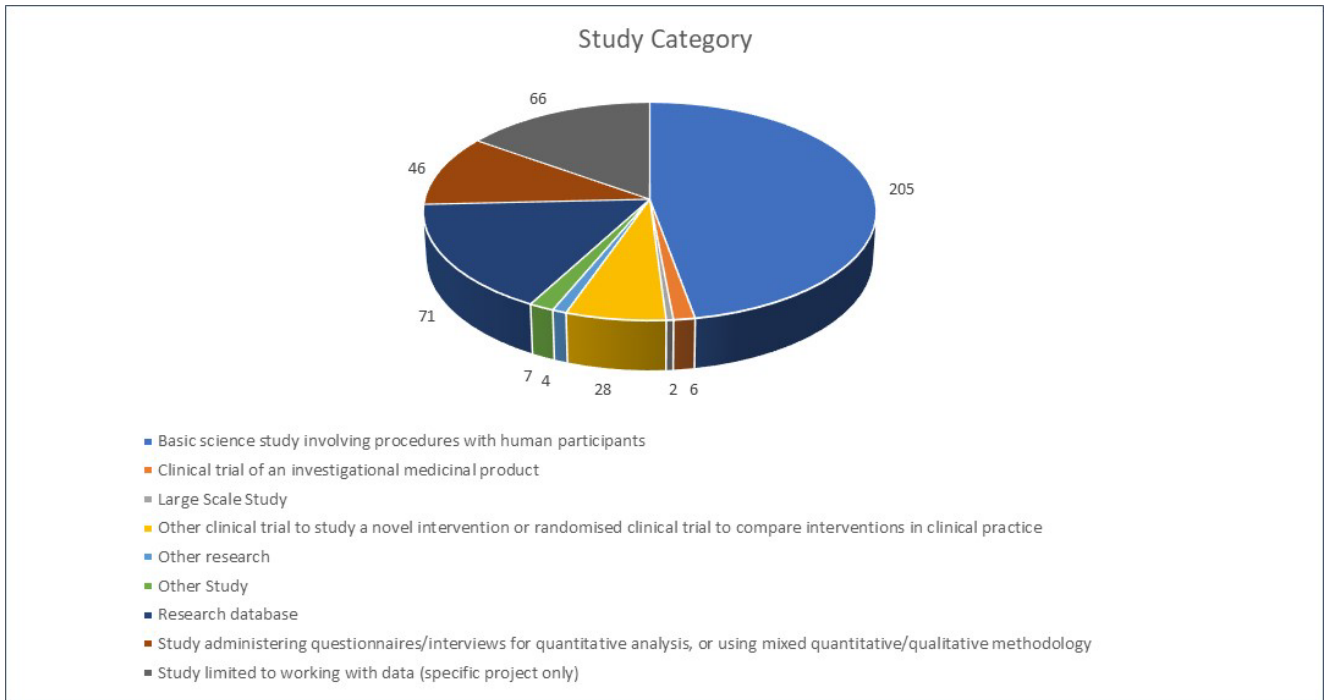
The following graph demonstrates our recruitment over the past 4 years.

**Chart 1 - NIHR Portfolio Recruitment**



2.2 We have a balanced portfolio of studies ranging from observational to complex interventional studies; the following chart demonstrates the types of studies conducted at SOHT during 2022/23.

**Chart 2 - Study Categories**



2.3 The Trust also leads or collaborates on a range of studies across the health care priorities for research identified by the Department of Health.

**Table 2 - Studies assessed for Capacity and Capability during 2022/23 at SOHT (25):**

Specialty	Number of studies
Children	3
Critical Care	1
Dermatology	1
Diabetes	1
Gastroenterology	1
Health Services Research	3
Musculoskeletal Disorders	2
Public Health	1
Reproductive Health and Childbirth	7
Stroke	1
Trauma and Emergency Care	4
<b>Total:</b>	<b>25</b>



- 2.4 The follow up of patients recruited to research studies can be very time consuming for Research Nurses. The impact of COVID-19 has led to a vast increase in the number of participants who require follow up. For example, the SIREN study recruited a total of 442 participants who require follow up on a regular basis; the burden of this has impacted on both staffing resources and space. The SIREN study closed in this Trust in March 2023.
- 2.5 The NIHR Clinical Research Network (NIHR CRN) provides funding for service infrastructure, including pharmacy, pathology, and radiology services, to support clinical research in the NHS in England. We have a dedicated research pharmacist who supports the delivery of Clinical Trials of Investigational Medicinal Products (CTIMPs).

The Medicines and Healthcare Products Regulatory Agency (MHRA) is required under European law to inspect Clinical Trials of Investigational Medicinal Products (CTIMPs) conducted by both commercial and non-commercial organisations. GCP Inspectors assess compliance with all relevant legislation and guidance. In particular, the MHRA assesses whether organisations sponsoring and/or conducting CTIMPs have systems in place to meet the requirements of the Clinical Trials Regulations (this includes The Medicines for Human Use (Clinical Trials) (Amendment) (EU Exit) Regulations 2019). In order to address the pharmacy requirements of the MHRA a full suite of pharmacy Standard Operating Procedures are in place.

- 2.6 The Trauma Audit and Research Network (TARN) is a national organisation that collects and processes data on moderately and severely injured patients in England and Wales. In doing so, it allows networks, major trauma centres, trauma units, ambulance services and individual clinicians to benchmark their trauma service with other providers across the country. SOHT is a Trauma Receiving Unit (TU) within the Cheshire & Mersey Major Trauma Network (CMMTN) and submits data on all TARN-reportable patients, with injuries ranging from minor (ISS 0-8) (Injury Severity Score) to major (ISS >15) trauma. SOHT have a local audit programme with the Emergency department which addresses areas highlighted by the national TARN data. The TARN database provides an excellent platform for trauma research locally, nationally and internationally.
- 2.7 ICNARC (Intensive Care National Research & Audit Centre) was set up in 1994 to provide a national resource for the monitoring and evaluation of intensive care (ICNARC, 1994). SOHT joined ICNARC in May 1996.

Alongside being involved in national and government research projects, ICNARC collects data on patient outcomes from adult critical care units in England, Wales, and Northern Ireland, known as the Case Mix Programme (CMP). 100% of all adult general critical care units participate.

The information that produces this data is obtained from every single patient admitted to the Critical Care unit. The CMP is included as a National Clinical Audit for Department of Health Quality Accounts & Results displayed on the National Critical Care dashboard – NHS England.

ICNARC compares the data from our patients with that of outcomes from other similar patients, other similar units and all the units in the CMP. It also shows trends over time.

## SECTION THREE: RESEARCH CONDUCT, GOVERNANCE AND FINANCE

- 3.1 The Trust is committed to the promotion of good research practice, ensuring that research is conducted according to appropriate ethical, legal, and professional frameworks, obligations, and standards. Research should be undertaken in accordance with commonly agreed standards of good practice. Good Clinical Practice (GCP) is a set of internationally recognised ethical and scientific quality requirements which must be observed for designing, conducting, recording, and reporting clinical trials that involve the participation of humans. An understanding of GCP is a prerequisite for anyone carrying out, or involved in, clinical research and clinical trials. The RDI Department ensures that information and support is available to researchers, and that GCP training is made available to all staff involved in research. The RDI Department has a set of instructions which act as a guide to researchers and assists them in accessing and setting up NIHR online GCP training.
- 3.2 The 19 principles in the UK Policy Framework for Health and Social Care Research (2017) serve as a benchmark for the conduct of research. Adhering to these standards is a must and ensures the health and safety of research staff and participants.
- 3.3 The RDI Department has a suite of Standard Operating Procedures (SOPs). The SOPs cover all aspects of the set up and conduct of a research project. These SOPs are reviewed and amended to reflect changes in the regulations.
- 3.4 In order to maintain the highest standards of rigour and integrity at all times, Principal Investigators are expected to sign an Investigator Declaration form prior to commencing any new research study. The declaration form very clearly outlines the Investigators' responsibilities when undertaking research at SOHT.
- 3.5 It is good practice for the PI to be involved with, or be aware of all, aspects of the research study, particularly with regard to Clinical Trials of an Investigational Medicinal Product (CTIMP). The research nurses meet regularly with the PI to complete a review form, which demonstrates PI oversight of the study.
- 3.6 Anyone connected with research which involves NHS patients, samples, information, facilities, staff, or services is expected to conduct research to the appropriate standards. This includes staff with letters of access, students, and part-time staff, or those on short term attachments. The RDI Department works with Human Resources department to ensure that the correct employment checks are in place prior to issuing research approval.
- 3.7 The RDI Manager has regular reviews with the research workforce; this is to ensure that all members of staff are given the opportunity to discuss the workload, CRN recruitment targets and training opportunities, and it also enables any issues to be highlighted at an early stage. This is formally documented and fits in with the Trust's Appraisal/PDR process.
- 3.8 The RDI Department is accountable through its Deputy Medical Director to the Trust Board via the Clinical Effectiveness Committee and the Quality & Safety Committee. The RDI Manager who was appointed in August 2021 has also recently set up an RDI Advisory Group which includes key people from the Trust who are interested in research, representatives from the Service Support Departments, a PPIE representative and a key collaborator from Edge Hill University. The group also incorporates what was formally the New Interventional Procedures, Techniques & Advanced Practice Committee (NIPTAP).
- 3.9 The NIHR Clinical Research Network is responsible for the provision of the NHS Support resources to enable studies to be conducted in the local NHS regions they are responsible for. Within many Trusts this funding covers a number of different areas as follows:

- Research Nurses - feasibility support, and to recruit and manage patients in research studies
- Non-clinical research support staff – administrative staff who assist with study feasibility along with record keeping and data collection as part of research studies
- Service Support departments – Pharmacy, Radiology and Pathology (where this service is provided by organisations as an NHS support activity in the delivery of clinical research).

3.10 Core funding is allocated from the CRN NWC to support the RDI Department and Support Services. The total amount of core funding allocated to SOHT £261k

3.11 SOHT also qualified for £20k Research Capability Funding, allocated by the Department of Health, for recruiting 500 or more participants to non-commercial research. We used the funding to support some Research Governance training for the staff in the RD&I team, to provide some funding for Pathology support for Maternity studies in particular and some assistance to Professor May Ng and her team in writing grants for research funding.

3.12 All Trusts were instructed by the CRN to produce an Income Distribution Plan. This provides a transparent and consistent approach to the distribution of income from commercial research studies. Commercial research is defined as research that is sponsored and funded by commercial companies, usually pharmaceutical or device manufacturers, and is directed towards product licensing and commercial development. It is a key strategic goal within the Trust RDI Strategy to increase commercial research contracts. This will only be achieved if clinicians are supported to do this research and are incentivised to do so in the form of income generation for their teams and departments. The money generated from commercially sponsored studies is a valuable source of income for NHS Trusts. This income can be used to encourage key stakeholders to develop capacity for new research within the Trust and increase the volume, and therefore future income generation.

The principles of commercial income distribution are:

- Departments and individuals are recognised for their contribution to commercial research within the Trust and are incentivised fairly
- All costs incurred by the Trust are fully recovered
- Commercial research continues to afford both investigators and the Trust the opportunity to fund additional research related activities.

3.13 The RDI Department also supports smaller studies, including individual research undertaken as part of higher qualifications, such as MSc or PhD. This involves guidance through the RDI approval process and ethics review, and the provision of advice and training. As part of their continuing professional development, many staff aim to progress through higher qualifications and/or research work.

## SECTION FOUR: KEY ACHIEVEMENTS

- 4.1 In response to the COVID-19 pandemic SOHT has put in place measures to help our expert clinical research teams find the most effective drugs, vaccines, and treatments. SOHT has worked with the NIHR, CRN NWC by hosting a number of Urgent Public Health COVID 19 research studies, including:

**Table 3 – COVID 19 Studies**

Short Titles	Description:
ISARIC	A study aiming to discover the background of the virus so attempts can be made to find better ways to manage and treat the infection in the future
GenOMICC	A study aiming to find the genes that cause some people to be more vulnerable to COVID-19.
RECOVERY Trial	A new clinical trial to test the effects of potential drug treatments for patients admitted to hospital with both suspected and confirmed COVID-19.
PAN-COVID	A global registry of women with suspected COVID-19 or confirmed SARS-CoV-2 infection in pregnancy and their neonates; understanding natural history to guide treatment and prevention
SIREN	The impact of detectable anti SARS-COV2 antibody on the incidence of COVID-19 in healthcare workers
FALCON C-19	Facilitating Accelerated Clinical evaluation Of Novel diagnostic tests for COVID-19

It has been inspiring to see how everyone across the Trust has supported COVID-19 research; in particular, Pharmacy, Microbiology, Pathology, the Medics, Associate Principal Investigators, Respiratory Team, ICU, Outpatients, and the Ward staff, they have all made a significant contribution. Without their support the delivery of these studies would not have been possible.

- 4.2 The NIHR also places emphasis on the Patient Research Experience Survey (PRES) high level objective. The Trust introduced a number of methods for obtaining feedback and valued the patients' views on taking part in research. We made a significant contribution to the PRES, and were extremely proud to be ranked 7th out of the 24 Partner Organisations across the Clinical Research Network North West Coast with regards to the number of responses (n74). Again, this is a great achievement and shows our commitment to understanding more about patients' experience of clinical research. It was encouraging to note that the feedback from the PRES was extremely positive, with 89% of participants stating that they would consider taking part in research again and 95% stating that the research staff had always treated them with courtesy.
- 4.3 SOHT have continued to promote Research and Innovation to staff and patients via:
- Social media, and regularly posting good new stories on the SOHT Facebook and Twitter
  - Communications Team at both SOHT and the CRN NWC

- Library Services
- Training and education

During 2022/23 the RDI staff presented research updates at the Clinical Business Unit (CBU) meetings with the aim of providing them with an overview of the research taking place in their areas as well as raising awareness and encouraging research to be embedded as part of normal care.

We have also developed our own RDI Newsletter and have produced x2 issues so far.

- 4.4 Staff publications (research and academic) have been recorded by the library and knowledge services at SOHT which shows our commitment to transparency, and our desire to improve patient outcomes and experience across the NHS.

These achievements have only been made possible by the continued support from all staff within the RDI Department, the committed Consultants, who take the role of Chief and Principal Investigators, Research Teams, support services and, most importantly, the patients, who give up their time to take part in clinical trials.

## SECTION FIVE: EDUCATION AND TRAINING

- 5.1 It is a legal requirement that all staff involved in clinical trials complete Good Clinical Practice (GCP) training, and the Trust has facilitated this for staff by signposting them to the online course.
- 5.2 The RDI Manager is on the waiting list to become a GCP Facilitator, however due to the pandemic the GCP courses have been taking place online.
- 5.3 All staff acting as a Principal Investigator (PI) for a study being conducted within the Trust are also encouraged to undertake the 'Principal Investigator Training' which is provided by the NIHR. This course outlines the roles and responsibilities associated with being a PI.
- 5.4 The NIHR offer career development opportunities, including training programmes and fellowships based in the NIHR research infrastructure. Training and career development awards are available at different levels and accessible by different professional backgrounds. These awards are all managed by the NIHR Trainees Coordinating Centre and comprise both personal awards, which can be applied for directly, and institutional awards, which should be applied for through the host institution. They also develop and support the people who conduct and contribute to the NIHR CRN Portfolio of studies. This is done by providing training opportunities via the NIHR Learning Management System, which includes a variety of online and taught courses. The RDI Department signpost staff to these resources and encourage participation.
- 5.5 Research Design Service - The NIHR Research Design Service provides a very good service in supporting staff in Research for Patient Benefit (RfPB) grant applications on a one-to-one basis. Interested members of staff are signposted to this service when required.
- 5.6 We encourage all staff within the RDI Department to actively seek new opportunities to develop their careers. During 2022/23 our Research Support Officer has been working towards her Master's Degree with aim of completing it next year.

- 5.7 There was evidence that all staff had annual PDRs and appraisals, and also evidence that staff had the opportunity to set objectives.
- 5.8 All of the RDI Department staff were issued with the research SOPs. They were asked to sign the training and reading log declaring that they had read and understood all of the SOPs.
- 5.9 RDI Department staff also attended various training sessions, seminars, to maintain knowledge and expertise in order to provide a good service, with appropriate advice and signposting to researchers, as well as ensuring quality data management and timely returns of performance data to the CRN, DOH and Trust Board as required.

## SECTION SIX: LINKS WITH OTHER GROUPS / PARTNERS

- 6.1 The collaboration between Southport and Ormskirk NHS Trust and STHK launched in April 2016 has now ended (The SLA formally ended on the 30th of June 2021). The Trust then appointed their own RDI Manager who came into post in August 2021. During 2023/24 we are now due to merge with STHK so we will be working towards working collaboratively as one team.

- 6.2 The Trust has links with key external stakeholders such as the CRN, who provide funding from the National Institute of Health Research (NIHR), the research arm of the Department of Health. Regular business planning meetings with the Delivery Managers enable us to scope the NIHR portfolio and identify any potential new studies.

During 2022/23 SOHT has worked closely with the CRN NWC. The pandemic caused disruption to the staffing arrangements, such as re-deployment and shielding. The CRN NWC provided cover during this period and several their taskforce staff worked alongside our staff to support the delivery of the COVID-19 studies.

- 6.3 The Trust is a partner in the Innovation Agency North West Coast Academic Health Science Network (NWC AHSN) which aims to:
  - Transform and improve patient outcomes
  - Improve quality and productivity
  - Drive economic growth and wealth creation

- 6.4 Within the organisation, RD&I is linked with the Quality Improvement and Clinical Audit Department as part of the Trust governance requirements.

- 6.5 The RD&I Manager is a member of the CRN NWC Research and Development Managers' Group. The purposes of the meetings are to share best practice, provide peer to peer support and to keep up to date with current development in the R&D community.

- 6.6 The RD&I Department now has links with Library and Knowledge Service and has a specific section on their website where staff can now access information about research services and resources. The Research Twitter account is now well established.

- 6.7 We strongly encourage student nurses to spend some of their placement with our Research Staff at SOHT. We have had a number of successful placements from Edge Hill University. The feedback from the students was very positive, and we hope that by making their experience interesting and stimulating we will

encourage them to consider research as part of the patient journey and embed it into their practice when they qualify.

## SECTION SEVEN: INNOVATION AT SOHT

- 7.1 All members of staff are encouraged to solve clinical and service problems and to develop new ways of working which benefit patients and improve their care. Many innovations will not be patentable or copyrightable, but nevertheless have enormous potential benefits if successfully implemented. At SOHT we are keen to provide staff with opportunities to pursue their ideas. Therefore, the Trust's RDI Department has responsibility for disseminating information on Intellectual Property (IP) rights, promoting awareness of those rights across the Trust, and offering advice as required to ensure activities are managed appropriately. The Intellectual Property Policy was updated in 2020 and contains an IP Pathway for staff to follow should they have an idea or invention that they wish to pursue.
- 7.2 UK Research and Innovation works in partnership with universities, research organisations, businesses, charities, and government to create the best possible environment for research and innovation to flourish. We are working collectively with universities to submit grant applications to enable individuals and groups to pursue world-class research and innovation.

## SECTION EIGHT: CONCLUSIONS

- 8.1 In conclusion, the past year has delivered unprecedented challenges for us all. SOHT have taken a proactive approach to identify and deliver research projects relating to COVID-19. SOHT rapidly set up studies and worked tirelessly to recruit as many participants as possible to these important studies. The support from all areas across the Trust has been exceptional.
- 8.2 We are extremely proud of recruiting large number of participants to the SIREN study and exceeded the recruitment target by some distance. In February 2022, a later publication by the SIREN study looked at protection against SARS-CoV-2 infection following both previous infection and vaccination. It found that in previously uninfected individuals, 2 doses of the Pfizer vaccine were associated with high short-term protection against SARS-CoV-2 infection but that this protection reduced considerably after 6 months. Among those with a previous infection vaccination appeared to boost their immunity, providing strong and longer lasting protection. This provided important insights for COVID-19 vaccination programmes. SOHT was one of 131 sites in England who contributed to this important study.
- 8.3 SOHT Recruitment to the RECOVERY study at SOHT exceeded the national baseline recruitment target of 10% and recruited 12% of patients admitted with suspected or confirmed COVID-19. SOHT was one of 181 sites to take part in this study. So far, the study has shown that steroids are beneficial in treating COVID-19, but hydroxychloroquine, the anti-viral drugs Lopinavir and Ritonavir, and convalescent plasma are not. Further therapies including monoclonal antibodies, aspirin, colchicine and most recently Baricitinib are under evaluation.
- 8.4 SOHT has made excellent progress in growing its National Portfolio research activity. We are pleased to report that SOHT recruited a total of 401 participants into NIHR CRN portfolio research studies against the proposed NIHR target of 533. This is a significant achievement considering the significant challenges we



faced during 2022/23 and was made possible by the dedicated members of staff, who have gone above and beyond what is expected of them.

- 8.5 Another major achievement was being ranked 7th out of the 24 Partner Organisations on the CRN NWC dashboard for the number of responses to the Patient Research Experience Survey. Again, this shows our commitment to gaining important feedback that will allow us to improve our service and make taking part in research a positive experience.
- 8.6 It is reassuring to know that research studies taking place at SOHT are high quality NIHR portfolio studies. These studies have been adopted onto the NIHR portfolio, have a clear value to the NHS and have undergone the rigorous protocol peer review required before they can be considered for NIHR CRN support.
- 8.7 The number of new studies registered and assessed for capacity and capability has remained static (x7 studies). This is to be expected as the majority of our resources were directed towards the UPH COVID-19 studies and reflects what other Trusts across the patch have been experiencing.

## SECTION NINE: RECOMMENDATIONS FOR 2023/2024

We will learn and take lessons from some of the COVID-19 related research activity which continued throughout 2022/23.

The profile of research amongst clinical staff has been raised and we must continue to encourage and engage them in as much as possible in any future research projects.

Our aims for 2023-2024 are to:

- 9.1 Develop a Research Strategy in conjunction with STHK that aligns with that of the CRN NWC Research Strategy, which was released in 2020 and includes:
  - Increasing the opportunities for all people to take part in research
  - Providing practical support to make research studies happen
  - Improving the efficient delivery of high-quality research

We will work hard to ensure these aims are embedded within SOHT, thus making research part of the patient's journey.

- 9.2 Achieve ambitious set up and delivery targets, including the development of a diverse portfolio of commercial trials.
- 9.3 Increase the number of both Chief and Principal Investigators at SOHT, which will lead to the development of a research-aware workforce, where all staff recognise the value of research in enhancing the quality of services and, therefore, growing staff capability and capacity to undertake research.
- 9.4 To improve and grow the membership of Research Development and Innovation Advisory Group (RDIAG) which was formed in March 2022.  
The RDI Department that will be accountable through its Deputy Medical Director to the Trust Board sequentially through Clinical Effectiveness Committee and the Quality & Safety Committee. The RDIAG



will meet quarterly; membership will include key local research stakeholders to ensure the Trust works collaboratively with partner organisations, as well as key internal and external personnel. Members will be selected for their specific role or because they are a representative of a professional group/speciality/directorate or division. The RDIAG will promote, oversee and foster clinical Research Development and Innovation within SOHT.

- 9.5 It is of great value to know about the opinions and experiences of the participants, ensuring that the NIHR Patient Research Experience Survey is embedded into the patient's research journey and feedback of both positive and negative experiences is considered.
- 9.6 Increase research income, including both infrastructural and research grant income.
- 9.7 Continue to strive to qualify for the minimum £20k Department of Health Research Capability Funding (Recruiting 500 or more participants to non-commercial research).
- 9.8 We recognise there is a need to empower members of staff to become innovators, therefore we will promote and raise awareness via as many routes as possible. We will develop and implement an innovation awareness session that will give members of staff the confidence to come forward with their ideas and review them for potential.

## SECTION TEN: REFERENCES

1. **Health and Social Care Act, 2012**  
<https://www.legislation.gov.uk/ukpga/2012/7/section/23/enacted>
2. **The Saving and Improving Lives – The Future of UK Clinical Research Delivery**  
<https://www.gov.uk/government/publications/the-future-of-uk-clinical-research-delivery>
3. **Integration and innovation: Working together to improve health and social care for all**  
<https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>
4. **Health Research Authority**  
<https://www.hra.nhs.uk/>

**SECTION ELEVEN: APPENDIX 1**

Managing Speciality	Number of Studies	Recruitment 2022/2023
Children	3	120
Critical Care	1	51
Dermatology	1	2
Diabetes	1	4
Gastroenterology	1	70
Health Service Research	1	29
<b>Musculoskeletal Disorders</b>	<b>2</b>	<b>93</b>
Public Health	1	4
Reproductive Health & Childbirth	7	33
Stroke	1	7
Trauma & Emergency Care	4	22
<b>Grand Total</b>	<b>23</b>	<b>435</b>

Short Name	Managing Speciality	Recruitment 2021/2022
FIDO	Children	2
Covid impact on RSV Emergency Presentations: BronchStart	Children	66
iGBS3	Children	52
GenOMICC	Critical Care	51
BADBIR	Dermatology	2
DRN 552 (Incident and high risk type 1 diabetes cohort – ADDRESS-2)	Diabetes	4
IBD Bioresource	Gastroenterology	70
BiasED	Health Services Research	29
BSR-PsA	Musculoskeletal Disorders	7
IMID BioResource	Musculoskeletal Disorders	86
Developing palliative care research within North West Coast (V 1.0)	Public Health	4
TTTS Registry	Reproductive Health and Childbirth	1
The Tommy's National Rainbow Clinic Study	Reproductive Health and Childbirth	1
Giant PANDA	Reproductive Health and Childbirth	1
Smoking, Nicotine and Pregnancy 2 Trial	Reproductive Health and Childbirth	2
MAVIS Study: Project 2 - Maternity providers survey and interviews	Reproductive Health and Childbirth	12
The 'Big Baby Trial'	Reproductive Health and Childbirth	1
The PARROT-2 Trial	Reproductive Health and Childbirth	15
RECREATE: a cluster randomised trial	Stroke	7
SHED - Subarachnoid Haemorrhage in the Emergency Department	Trauma and Emergency Care	14
CRAFFT – Children’s Radius Acute Fracture Fixation Trial	Trauma and Emergency Care	1
SOFFT: Simple Olecranon Fracture Fixation Trial	Trauma and Emergency Care	2
WHiTE 11- FRUITI	Trauma and Emergency Care	5

<b>Title of Meeting</b>	Trust Board		<b>Date</b>	29 November 2023
<b>Agenda Item</b>	MWL TB23/059 (11.3)			
<b>Report Title</b>	Research & Development Operational Capability Statement (RDOCS)			
<b>Executive Lead</b>	Dr Peter Williams, Medical Director			
<b>Presenting Officer</b>	Dr Peter Williams, Medical Director			
<b>Action Required</b>	X	<b>To Approve</b>		<b>To Note</b>
<b>Purpose</b>				
To provide the Trust Board with a review of research activity which took place in the Trust and a copy of the RD&I Annual Report for 2022-23.				
<b>Executive Summary</b>				
The statement provides researchers with an operational overview of resources available to support Research & Development in the organisation and an overview of research collaborations and partnerships with other organisations, including areas of special interest.				
<b>Financial Implications</b>				
None, however, the RDOCS is viewed by commercial companies who are looking to invest in research and will use the RDOCS to seek out potential sites.				
<b>Quality and/or Equality Impact</b>				
Not applicable				
<b>Recommendations</b>				
The Trust Board is asked to approve the Research & Development Operational Capability Statement (RDOCS).				
<b>Strategic Objectives</b>				
	<b>SO1</b> 5 Star Patient Care – Care			
X	<b>SO2</b> 5 Star Patient Care - Safety			
	<b>SO3</b> 5 Star Patient Care – Pathways`			
	<b>SO4</b> 5 Star Patient Care – Communication			
	<b>SO5</b> 5 Star Patient Care - Systems			
X	<b>SO6</b> Developing Organisation Culture and Supporting our Workforce			
X	<b>SO7</b> Operational Performance			
	<b>SO8</b> Financial Performance, Efficiency and Productivity			
	<b>SO9</b> Strategic Plans			

# NIHR Guideline B01

## RDI Operational Capability Statement

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

### Version History

Version number	Valid from	Valid to	Date approved	Approved by	Updated by
Statement 001					
Statement 002	01/11/2013	01/11/2014	27/11/2013	Professor Kevin Hardy	Mrs Jeanette Anders
Statement 003	18/11/2014	18/11/2015	18/11/2014	Professor Kevin Hardy	Mrs Jeanette Anders
Statement 004	31/12/2015	31/12/2016	27/01/2016	Professor Kevin Hardy	Mrs Jeanette Anders
Statement 005			12/01/2017	Professor Kevin Hardy	Mrs Jeanette Anders
Statement 006	01/12/2017	01/12/2018	29/11/2017	Trust Board	Mrs Jeanette Anders
Statement 007	01/12/2018	01/12/2019	28/11/2018	Trust Board	Mrs Jeanette Anders
Statement 008	01/12/2019	01/12/2020	27/11/2019	Trust Board	Mrs Jeanette Anders
Statement 009	01/12/2020	01/12/2021	25/11/2020	Trust Board	Mrs Jeanette Anders
Statement 010	01/12/2021	01/12/2022	24/11/2021	Trust Board	Mrs Jeanette Anders
Statement 011	01/12/2022	01/12/2023	30/11/2022	Trust Board	Mrs Jeanette Anders
Statement 012	01/12/2023	01/12/2024		Trust Board	Mrs Jeanette Anders and Mrs Jill Simpson

### Contents

- Organisation RDI management arrangements
- Organisation study capabilities
- Organisation services
- Organisation RDI Interests
- Organisation RDI planning and investments
- Organisation RDI standard operating procedures register
- Planned and actual studies register
- Other information

### Organisation RDI management arrangements

Information on key contacts.

Organisation details	
Name of organisation	Mersey and West Lancashire Teaching Hospitals NHS Trust
Role:	Research Development and Innovation Executive Lead (Medical Director)
Name:	Dr Peter Williams
Contact number:	Contact by email
Contact email	<a href="mailto:Peter.Williams3@sthk.nhs.uk">Peter.Williams3@sthk.nhs.uk</a>
Role:	Clinical Director of Research - Whiston site
Name:	Dr Ascanio Tridente
Contact number:	Contact by email
Contact email	<a href="mailto:Ascanio.Tridente@sthk.nhs.uk">Ascanio.Tridente@sthk.nhs.uk</a>
Role:	Deputy Clinical Director of Research - Southport/Ormskirk site
Name:	Dr Craig Rimmer
Contact number:	Contact by email
Contact email	<a href="mailto:craig.rimmer1@merseywestlancs.nhs.uk">craig.rimmer1@merseywestlancs.nhs.uk</a>
RDI office details:	
Name:	Research Development and Innovation Department - Whiston site
Address:	The Research Hub, Whiston Hospital, Ground Floor, Yellow Zone, Warrington Road, Prescot, Merseyside, L35 5DR
Contact number:	0151 430 2334 / 1218
Contact email:	<a href="mailto:research@sthk.nhs.uk">research@sthk.nhs.uk</a>
Name:	Research Development and Innovation Department - Southport/Ormskirk site
Address:	Innovation Centre, Ormskirk District General Hospital, Wigan Road, Ormskirk, Lancashire, L39 2AZ
Contact number:	01695 656506/6419
Contact email:	<a href="mailto:soh-tr.researchsonhs@merseywestlancs.nhs.uk">soh-tr.researchsonhs@merseywestlancs.nhs.uk</a>
Key contact details e.g. Feasibility, confirmation of capacity and capability to conduct research at MWL	
Contact 1:	
Role:	Research Development and Innovation Department Manager (RDI) - Whiston site
Name:	Jeanette Anders

Contact number:	0151 478 7850
Contact email:	jeanette.anders@sthk.nhs.uk
<b>Contact 2:</b>	
Role:	Research Development and Innovation Department Manager (RDI) - Southport/Ormskirk site
Name:	Jillian Simpson
Contact number:	01704 703457
Contact email:	Jillian.Simpson@MerseyWestLancs.nhs.uk
<b>Contact 3:</b>	
Role:	Research Development and Innovation Co-ordinator
Name:	Paula Scott
Contact number:	0151 430 1218
Contact email:	paula.scott@sthk.nhs.uk
<b>Contact 4:</b>	
Role:	Research Development and Innovation Co-ordinator
Name:	Julie Ditchfield
Contact number:	01695 656506
Contact email:	Julie.Ditchfield@MerseyWestLancs.nhs.uk
<b>Contact 4:</b>	
Role:	Research Development and Innovation Research Support Officer
Name:	Jennifer Miller
Contact number:	0151 290 4898
Contact email:	jennifer.miller@sthk.nhs.uk

Information on staffing of the RDI office.

<b>RDI team</b>		
RDI office roles (e.g. Governance, contracts, etc.)	Whole time equivalent	Comments indicate if shared/joint/week days in office etc.
Research Development and Innovation Manager - Whiston	0.6 WTE	Wednesday to Friday
Research Development and Innovation Manager - Southport	0.8 WTE	Monday to Thursday
Research Development and Innovation Co-ordinator - Whiston	1.0 WTE	
Research Development and Innovation Co-ordinator- Ormskirk	1.0 WTE	
Research Development and Innovation Support Officer	1.0 WTE	

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

<b>Reporting structures</b>		
Trust Board		The Medical Director reports to the Trust Board.
The Medical Director reports to the Quality Committee.		The Quality Committee advises the Board on all matters pertaining to Quality of services and subsequent risk to patients and the Trust. In establishing the Committee the Board agrees the delegated power for it to take appropriate action regarding issues within the remit of the Committee and for this to be reported at the next Board meeting. Where the issue is considered to be of Board level significance it is to be reported to the Board for approval before action.
RDI Managers report to the Clinical Effectiveness Council (CEC)		The CEC Council investigates any issue that sits within its terms of reference. Its aim is to seek and receive from any department or service assurance on the maintenance and improvement of clinical effectiveness. The Council is authorised by the Quality Committee to investigate any issue that may pose a risk to Clinical Effectiveness. The Committee shall advise the Board on all matters pertaining to Quality of services and subsequent risk to patients and the Trust. In establishing the Committee the Board agrees the delegated power for it to take appropriate action regarding issues within the remit of the Committee and for this to be reported at the next Board meeting. Where the issue is considered to be of Board level significance it is to be reported to the Board for approval before action.
RDI Managers report to the Research Development & Innovation Group (RDIG)		The RDI Group reports to the Quality Committee to provide assurance about all aspects of RDIG activity within and involving the Trust. The Chair of the RDI Group is the Clinical Director for Research Development and Innovation. The RDI Group is responsible for: Review and approval of the RDI strategy consistent and compliant with contemporary (inter)national guidance Review and approval of the Annual RDI Report (written by the RDI Managers) Review and approval of the Research Capability and Capacity Statement Review and approval of the Research Standard Operating Procedures Oversee operational delivery of the RDI strategy via updates received from the RDI Managers Review of research studies deemed high risk or with identified issues/concerns will be referred to RDIG for consideration (by the RDI Managers). Any risk or safety issues relating to research activity will be reported to the RDI Group for discussion and action plan. The Core membership of the RDI Group oversees the reinvestment ( in research) of the commercial and non-commercial funding and the income distribution plan.

The Research Practitioner Group (RPG)		<p>The Research Practitioner Group (RPG) responsible for:</p> <ul style="list-style-type: none"> <li>Review Research Standard Operating Procedures (SOPs) prior to submission to RDIG for approval.</li> <li>Ensure that the Trust is prepared for a Research MHRA (Medicines and Healthcare Products Regulatory Agency) inspection through the review and discussion of regular action plans</li> <li>Support the aim to embed a positive research culture throughout the organisation</li> <li>Ensure that lessons are learned from research audits/issues and that effective improvement is implemented</li> <li>Ensure that on a day to day basis RDI activities are conducted according to RDI Standard Operating Procedures (SOPs)</li> <li>Support the training programme for Research Nurses to ensure that they are fully compliant in accordance with nursing/trust requirements.</li> </ul>
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Information on research networks supporting/working with the organisation.

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

Research networks	
Research network (name/location)	Role/relationship of the research network e.g. host organisation
The Clinical Research Network , North West Coast provide the Trust with funding for staff	Funding for - Senior Research Nurses, Research Nurses, Research Midwives/ Paediatric Research Nurses, Data Managers, Project Support Officers, Associate Research Practitioner, Research Support Assistants

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

Organisation name	Details of collaboration / partnership (e.g. university/organisation joint office, external provider of pathology services to organisation, etc., effective dates)	Contact name	Email address	Contact number
University of Liverpool University of Edge Hill	Professor Rowan Pritchard Jones, Consultant Plastic Surgeon at MWL is an Honorary Clinical Professor at Edge Hill University, and an Honorary Clinical Professor at the University of Liverpool. MWL are involved in a number of research projects with Liverpool and Edge Hill University Professor Rowan Pritchard Jones is also the Medical Director of the Cheshire and Merseyside Integrated Care Board.	Professor Rowan Pritchard Jones	<a href="mailto:rowan.pritchardjones@sthk.nhs.uk">rowan.pritchardjones@sthk.nhs.uk</a>	By email only
University of Edge Hill	Professor Greg Irving is an academic GP with an interest in primary care research and medical education. Greg is Interim Director of the Health Research Institute and Director of the Edge Hill Primary and Integrated Care (EPIC). Greg's research interests have focused on developing and evaluating complex interventions for use in primary care. Greg is the Deputy Lead for the NIHR North West Coast Complex Intervention Theme and Deputy Speciality GP Lead for NIHR North West Coast Clinical Research Network. Greg currently supervises two NIHR North West Coast Applied Research Collaboration PhD studentships (Anna Evans and Lucy Kaluvu) focusing multimorbidity and health care use utilising data from the Combined Intelligence for Population Health Action (CIPHA) platform.	Professor Greg Irving	<a href="mailto:irvingg@edgehill.ac.uk">irvingg@edgehill.ac.uk</a>	
Manchester Metropolitan University	The Trust is involved in a number of research projects with Manchester Metropolitan University, involving collaborations with Critical care (Dr A Tridente, CD and Visiting Professor, Manchester Metropolitan University) and Burns and Plastics (Mr K Shokrollahi, Clinical Lead, Mersey Regional Burns Service)	For details of studies please contact Jeanette Anders, RDI Manager	<a href="mailto:jeanette.anders@sthk.nhs.uk">jeanette.anders@sthk.nhs.uk</a> <a href="mailto:Kavvan.Shokrollahi@sthk.nhs.uk">Kavvan.Shokrollahi@sthk.nhs.uk</a> <a href="mailto:ascanio.tridente@sthk.nhs.uk">ascanio.tridente@sthk.nhs.uk</a>	0151 478 7850



Liverpool School of Tropical Medicine	The Trust has established links with the Liverpool School of Tropical Medicine.	Angela Hyder-Wright Accelerator Research Clinic (ARC) Manager/ Senior Research Nurse School of Tropical Medicine	Liverpool	<a href="mailto:adwright@liverpool.ac.uk">adwright@liverpool.ac.uk</a>	By email only
St Helens Primary care	The Trust has links to Primary Care through the Marshall Cross . These links are vital and offer us the potential to collaborate on joint research projects as well as recruiting from the primary care sector.	Dr Greg Irvine Consultant in Primary Care St.Helens CCG Governing Body Member	GP and	<a href="mailto:Greg.Irving3@sthk.nhs.uk">Greg.Irving3@sthk.nhs.uk</a>	01744 627596
Clinical Research Network, North West Coast	MWL are a partner organisation of The Clinical Research Network in the North West Coast (CRN NWC).	Dr Chris Smith, Chief Operating Officer.		<a href="mailto:chris.smith@nihr.ac.uk">chris.smith@nihr.ac.uk</a>	0151 331 5124
NIHR Applied Research Collaboration (ARC) North West Coast	MWL are a partner of the ARC NWC. The aims of the ARC NWC are to improve outcomes for patients and the public through collaboration working by bringing together academics, health and social care providers, members of the public, universities and local authorities. Its vision is to improve the quality, delivery and efficiency of health and care services; reduce health inequalities and increase the sustainability of the health and care system both locally and nationally.	Professor Mark Gaby, Director NIHR CLAHRC NWC		<a href="mailto:Gabbay, Mark &lt;mbg@liverpool.ac.uk&gt;">Gabbay, Mark &lt;mbg@liverpool.ac.uk&gt;</a>	
Liverpool Health Partners	MWL have links with Liverpool Health Partners (LHP). LHP work together with Academic and NHS partners to develop groundbreaking research by encouraging conversations across the region, and sharing expertise to improve population health outcomes and economic productivity for the better.	Seamus O'Neil, Interim Managing Director, LHP Board		<a href="mailto:lhpadmin@lhch.nhs.uk">lhpadmin@lhch.nhs.uk</a>	0151 482 9386
UK Research and Innovation	MWL have links UKRI. UKRI organisation brings together the seven disciplinary research councils, Research England, which is responsible for supporting research and knowledge exchange at higher education institutions in England, and the UK's innovation agency, Innovate UK.	Professor Dame Ottoline Leyser ,Chief Executive		<a href="mailto:communications@ukri.org">communications@ukri.org</a>	<a href="mailto:communications@ukri.org">communications@ukri.org</a>
NIHR Research Design Service -North West	The Research Design Service in the North West is part of the NIHR infrastructure and exists to provide support and advice for people preparing NIHR grant applications.	Dr P Dolby, Communications and information Manager		<a href="http://www.rds-nw.nihr.ac.uk">www.rds-nw.nihr.ac.uk</a>	
Liverpool Heart and Chest Hospital	Professor Gregory Lip is a clinical researcher and Price-Evans Chair of Cardiovascular Medicine, at the University of Liverpool. He is Director of the Liverpool Centre for Cardiovascular Science at the University of Liverpool, Liverpool John Moores University and Liverpool Heart & Chest Hospital. Professor Greg Lip is working on a number of Stroke studies at Whiston Hospital.	Professor Greg Lip		<a href="mailto:lipgy@liverpool.ac.uk">lipgy@liverpool.ac.uk</a>	

Clatterbridge Centre for Oncology (CCC)	MWL & CCC work collaboratively with CCC. There is an agreement in place whereby patients have access to Systemic Anti-Cancer Therapy (SACT) trials at STHK through the availability of CCC employed staff working to CCC governance arrangements.	Dr Maria McGuire	<a href="mailto:Maria.Maguire@clatterbridgecc.nhs.uk">Maria.Maguire@clatterbridgecc.nhs.uk</a>	By email only
Innovation Agency (Academic Health Science Network, North West Coast )	The Trust is a partner of the AHSN, we work together to embed innovation as a core part of the business within MWL .	Chief Executive, Dr Phil Jennings	<a href="mailto:info@innovationagencynwc.nhs.uk">info@innovationagencynwc.nhs.uk</a>	0151 254 3400

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

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## Organisation study capabilities

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

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

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

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

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

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

## Organisation services

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

Clinical service departments					
Service department	Specialist facilities that may be provided (e.g. number/type of scanners)	Contact name within service department	Contact email	Contact number	Details of any internal agreement templates and other comments
Designated Research Clinics located within the Research Hub at Whiston Hospital		Jeanette Anders	<a href="mailto:jeanette.anders@sthk.nhs.uk">jeanette.anders@sthk.nhs.uk</a>		
Pharmacy - Whiston site	Designated Research Pharmacist	Jodie Kirk	<a href="mailto:jodie.kirk@sthk.nhs.uk">jodie.kirk@sthk.nhs.uk</a>		
Pharmacy - Whiston site	Back up Research Pharmacist	Sophie Helsby	<a href="mailto:Sophie.Helsby@sthk.nhs.uk">Sophie.Helsby@sthk.nhs.uk</a>		
Pharmacy - Whiston site	Pharmacy Technician	Gafar Baruwa	<a href="mailto:gafar.baruwa@sthk.nhs.uk">gafar.baruwa@sthk.nhs.uk</a>		
Pharmacy - Southport/Ormskirk site	Designated Research Pharmacist	Lydia Peters	<a href="mailto:LydiaAnn.Peters@merseyandwestlancs.nhs.uk">LydiaAnn.Peters@merseyandwestlancs.nhs.uk</a>	01704 704161	
Pathology - Whiston and Southport sites	Minus 20, 30 and 80 freezers	Kevin McLachlan	<a href="mailto:Kevin.McLachlan@sthk.nhs.uk">Kevin.McLachlan@sthk.nhs.uk</a>		
Pathology - Whiston and Southport sites		Generic contact	<a href="mailto:pathology.support@sthk.nhs.uk">pathology.support@sthk.nhs.uk</a>		
Pathology - Whiston and Southport sites	Biochemistry	Lesley Mather Biochemistry Service Manager	<a href="mailto:pathology.support@sthk.nhs.uk">pathology.support@sthk.nhs.uk</a>		
Pathology - Whiston and Southport sites	Biochemistry	Jane Turnbull Biochemistry Operational manager	<a href="mailto:pathology.support@sthk.nhs.uk">pathology.support@sthk.nhs.uk</a>		

Pathology - Whiston and Southport sites	Haematology/ Transfusion	Jude Raine Haematology/Transfusion Service Manager	<a href="mailto:pathology.support@sthk.nhs.uk">pathology.support@sthk.nhs.uk</a>		
Pathology -Whiston and Southport sites	Haematology/ Transfusion	Stacy Burrows Haematology/Transfusion Operational Manager	<a href="mailto:pathology.support@sthk.nhs.uk">pathology.support@sthk.nhs.uk</a>		
Pathology - Whiston and Southport sites	Microbiology	Diane MartinBiaz Microbiology Service Manager	<a href="mailto:pathology.support@sthk.nhs.uk">pathology.support@sthk.nhs.uk</a>		
Pathology - Whiston and Southport sites	Generic Pathology	Marc Seddon /Victoria Gaylor Pathology Reception Leads	<a href="mailto:pathology.support@sthk.nhs.uk">pathology.support@sthk.nhs.uk</a>		
Pathology - Whiston and Southport sites	Microbiology	Neil Rathbone/Paul McMullen Microbiology Operational Managers	<a href="mailto:pathology.support@sthk.nhs.uk">pathology.support@sthk.nhs.uk</a>		
Pathology - Southport site	Generic	Mr Andrew Taylor	<a href="mailto:andy.taylor@sthk.nhs.uk">andy.taylor@sthk.nhs.uk</a>		
Radiology - Whiston site	Clinical Radiation Expert	Dr Meenal Abhyankar	<a href="mailto:Meenal.abhyankar@sthk.nhs.uk">Meenal.abhyankar@sthk.nhs.uk</a>		Clinical Director for Radiology
Radiology - Whiston site	Medical Physics Expert	Ryan Jones	<a href="mailto:ryanjones@irs-limited.com">ryanjones@irs-limited.com</a>		Ryan Jones from IRS Ltd is one of the Medical Physics experts for the Trust
Radiology - Whiston site	2x 1.5 GE MRI 1 x 3.0T MRI 5 X GE128 slice CT scanners GE512 slice CT scan	Sue Conroy	<a href="mailto:Sue.Conroy@sthk.nhs.uk">Sue.Conroy@sthk.nhs.uk</a>		
Radiology - Whiston site	2x Digital Mammography including tomosynthesis	Sue Conroy	<a href="mailto:Sue.Conroy@sthk.nhs.uk">Sue.Conroy@sthk.nhs.uk</a>		
Radiology - Whiston site	1x Digital dental including cephalometry Cone Beam CT Digital dental including cephalometry	Sue Conroy	<a href="mailto:Sue.Conroy@sthk.nhs.uk">Sue.Conroy@sthk.nhs.uk</a>		
Radiology - Whiston site	2x Fluoroscopy /1 x interventional	Sue Conroy	<a href="mailto:Sue.Conroy@sthk.nhs.uk">Sue.Conroy@sthk.nhs.uk</a>		
Radiology - Whiston site	30X Ultrasound including Cardiac	Sue Conroy	<a href="mailto:Sue.Conroy@sthk.nhs.uk">Sue.Conroy@sthk.nhs.uk</a>		
Radiology - Whiston site	10x Digital radiography including tomosynthesis	Sue Conroy	<a href="mailto:Sue.Conroy@sthk.nhs.uk">Sue.Conroy@sthk.nhs.uk</a>		
Radiology - Southport/Ormskirk site	Radiology Systems Administrator	David Lodwig	<a href="mailto:david.lo@merseywestlancs.nhs.uk">david.lo@merseywestlancs.nhs.uk</a>		
Cardio-Respiratory Department - Whiston site	24 hour ambulatory electrocardiography Extended ambulatory electrocardiography Event Recording Ambulatory blood pressure monitoring Electrocardiograms: 12 lead ECGs Transthoracic echocardiography Transoesophageal echocardiography Stress echocardiography Exercise electrocardiography Spirometry Measurement of maximum expiratory and inspiratory flow volume loop Oximetry assessment Carbon monoxide transfer factor test Simple lung function exercise test Measurement of static lung volume Measurement of respiratory muscle strength Measurement of maximum expiratory and inspiratory flow volume loop Bronchial Reactivity Overnight oximetry (Includes: Measurement of oxygen desaturation index FENO testing	Gina Rogers	<a href="mailto:gina.rogers@sthk.nhs.uk">gina.rogers@sthk.nhs.uk</a>		
Cardio-Respiratory Department - Whiston site	Assessment for fitness to fly (hypoxic challenge) - flight assessment Pacemaker Implantation - single / dual [ plus Box Changes ]	Gina Rogers	<a href="mailto:gina.rogers@sthk.nhs.uk">gina.rogers@sthk.nhs.uk</a>		

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

**Management Support e.g. Finance, legal services, archiving**

Department	Specialist services that may be provided	Contact name within service department	Contact email	Contact number	Details of any internal agreement
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Archiving	Archiving arrangements are part of the Trust approval process and are detailed in the Clinical Trial Agreement for each study. The Trust also holds a Standard Operating Procedure for archiving.	Jennifer Miller - Whiston site Julie Ditchfield - Southport site	<a href="mailto:jennifermiller4@sthk.nhs.uk">jennifermiller4@sthk.nhs.uk</a> <a href="mailto:Julie.ditchfield@MerseyWestLancs.nhs.uk">Julie.ditchfield@MerseyWestLancs.nhs.uk</a>		
Contracts (study related)	Completion and Review - See comments	Jeanette Anders and Paula Scott - Whiston Site Jill Simpson and Julie Ditchfield - Southport Site	<a href="mailto:research@sthk.nhs.uk">research@sthk.nhs.uk</a> <a href="mailto:soh-tr.researchsonhs@merseywestlancs.nhs.uk">soh-tr.researchsonhs@merseywestlancs.nhs.uk</a>		The model agreement for non-commercial research and the model agreement for pharmaceutical and biopharmaceutical industry sponsored research is used by Mersey and West Lancashire Teaching Hospitals NHS Trust
Contracts (study related)	Sign off of clinical trial agreements	Dr Peter Williams	<a href="mailto:Peter.Williams3@sthk.nhs.uk">Peter.Williams3@sthk.nhs.uk</a>		The model agreement for non-commercial research and the model agreement for pharmaceutical and biopharmaceutical industry sponsored research is used by Mersey and West Lancashire Teaching Hospitals NHS Trust
Finance - Whiston site	Corporate Accountant	Mary Jockins	<a href="mailto:Mary.Jockins@sthk.nhs.uk">Mary.Jockins@sthk.nhs.uk</a>		The RDI Department has links with finance and are fully supported in all areas relating to research.
Finance - Southport/Ormskirk site	Deputy Finance Business Partner - Corporate Services	Robert Smith	<a href="mailto:Robert.smith4@merseywestlancs.nhs.uk">Robert.smith4@merseywestlancs.nhs.uk</a>		The RD&I Department has links with finance and are fully supported in all areas relating to research.
Information Technology	Director of Informatics	Christine Walters	<a href="mailto:christine.walters@sthk.nhs.uk">christine.walters@sthk.nhs.uk</a>		RDI Department is fully supported by the Director of ICT. IT training, IT system set up, hardware and software configuration set up, firewall configuration and connection to external servers.
Legal - Whiston site	Head of Complaints & Legal Services	Tom Briggs	<a href="mailto:Tom.Briggs@sthk.nhs.uk">Tom.Briggs@sthk.nhs.uk</a>		Support and advice with the legal aspects of research is provided when necessary.
HR	Research Passports, Letters of Access	Employment Services	<a href="mailto:Employment.Services@sthk.nhs.uk">Employment.Services@sthk.nhs.uk</a>		
Training -- Whiston site	Essential In house Standard Operating Procedure Training	Jeanette Anders, Senior Research Nurses	<a href="mailto:research@sthk.nhs.uk">research@sthk.nhs.uk</a>		In house training on essential Standard Operating Procedures is provided for new starters or as updates if required.
Training -- Whiston site	Good Clinical Practice (GCP) training. Principal Investigator Essentials training. The RDI Manager at the Whiston site is a Facilitator for the above NIHR training courses.	Jeanette Anders	<a href="mailto:research@sthk.nhs.uk">research@sthk.nhs.uk</a>		.
Performance Management of studies - Whiston site	Audit and on-going review of studies.	Contact via RDI Department	<a href="mailto:research@sthk.nhs.uk">research@sthk.nhs.uk</a>		During the RDI approval process, feasibility, capacity and capability checks take place including requirement for nurse support, appropriate resources, equipment & facilities, realistic recruitment target etc. After approval is granted, the RDI Department remain a point of contact, reviewing the progress of each study. A yearly audit is conducted and when a need is identified ad hoc audits will be completed.

Performance Management of studies - Southport/Ormskirk site	Audit and on-going review of studies.	Contact via RDI Department	soh-tr.researchsonhs@merseywestlancs.nhs.uk		During the RDI approval process, feasibility, capacity and capability checks take place including requirement for nurse support, appropriate resources, equipment & facilities, realistic recruitment target etc. After approval is granted, the RDI Department
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## Organisation RDI interests

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

Organisation RDI areas of interest				
Area of interest	Details	Contact name		Contact number
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Surgery		Mr Rapasinghe	<a href="mailto:Sukitha.Rupasinghe@sthk.nhs.uk">Sukitha.Rupasinghe@sthk.nhs.uk</a>	
Surgery (colorectal)		Mr Kalaiselvan	<a href="mailto:Ramya.Kalaiselvan@sthk.nhs.uk">Ramya.Kalaiselvan@sthk.nhs.uk</a>	
Urology		Mr J McCabe	<a href="mailto:john.mccabe@sthk.nhs.uk">john.mccabe@sthk.nhs.uk</a>	
Urology		Mr Omar	<a href="mailto:Ahmad.Omar@sthk.nhs.uk">Ahmad.Omar@sthk.nhs.uk</a>	
Urology		Mr Samsudin	<a href="mailto:Azi.Samsudin@sthk.nhs.uk">Azi.Samsudin@sthk.nhs.uk</a>	
<b>Southport and Ormskirk Hospitals</b>				
Ageing		Michelle O'Neill	<a href="mailto:michelleO'Neill2@merseywestlancs.nhs.uk">michelleO'Neill2@merseywestlancs.nhs.uk</a>	
Anaesthesia, Perioperative Medicine and Pain		Dr Abdul Khan		
		Dr Tauseef Ahmed	<a href="mailto:tauseef.ahmed@merseywestlancs.nhs.uk">tauseef.ahmed@merseywestlancs.nhs.uk</a>	
		Mr Khushroo Suraliwala	<a href="mailto:khusroo.suraliwala@merseywestlancs.nhs.uk">khusroo.suraliwala@merseywestlancs.nhs.uk</a>	
Cancer		Dr Neeraj Bhalla		
		Rahul Mistry	<a href="mailto:rahul.mistry@sthk.nhs.uk">rahul.mistry@sthk.nhs.uk</a>	
Children		Dr Michael Roberts	<a href="mailto:michael.roberts@merseywestlancs.nhs.uk">michael.roberts@merseywestlancs.nhs.uk</a>	
		Dr Sharryn Gardner	<a href="mailto:sharryn.gardner@merseywestlancs.nhs.uk">sharryn.gardner@merseywestlancs.nhs.uk</a>	
		Dr Sudhakar Kandsamy	<a href="mailto:sudhakar.kandasamy@merseywestlancs.nhs.uk">sudhakar.kandasamy@merseywestlancs.nhs.uk</a>	
		Prof May Ng	<a href="mailto:may.ng@merseywestlancs.nhs.uk">may.ng@merseywestlancs.nhs.uk</a>	
Critical Care		Dr Arvind Nune	<a href="mailto:arvind.nune@merseywestlancs.nhs.uk">arvind.nune@merseywestlancs.nhs.uk</a>	
Dementias and Neurodegeneration		Helen Terrett	<a href="mailto:helen.terrett@merseywestlancs.nhs.uk">helen.terrett@merseywestlancs.nhs.uk</a>	
Dermatology		Dr Tapati Sinha	<a href="mailto:tapati.sinha@merseywes">tapati.sinha@merseywes</a>	
Diabetes		Prof May Ng	<a href="mailto:may.ng@merseywestlancs.nhs.uk">may.ng@merseywestlancs.nhs.uk</a>	
Gastroenterology		Dr Michael Roberts	<a href="mailto:michael.roberts@merseywestlancs.nhs.uk">michael.roberts@merseywestlancs.nhs.uk</a>	
		Dr Nikolaos Apostolou	<a href="mailto:nikolaos.apostolou@merseywestlancs.nhs.uk">nikolaos.apostolou@merseywestlancs.nhs.uk</a>	
Haematology		Dr Arpad Gabor Toth		
Health Services Research		Dr Craig Rimmer	<a href="mailto:craig.rimmer1@merseywestlancs.nhs.uk">craig.rimmer1@merseywestlancs.nhs.uk</a>	
Hepatology		Dr Alan Owens	<a href="mailto:alan.owens@merseywestlancs.nhs.uk">alan.owens@merseywestlancs.nhs.uk</a>	
		Dr Michael Roberts	<a href="mailto:michael.roberts@merseywestlancs.nhs.uk">michael.roberts@merseywestlancs.nhs.uk</a>	
		Dr Nikolas Apostolou	<a href="mailto:nikolaos.apostolou@merseywestlancs.nhs.uk">nikolaos.apostolou@merseywestlancs.nhs.uk</a>	
Infection		Dr Craig Rimmer	<a href="mailto:craig.rimmer1@merseywestlancs.nhs.uk">craig.rimmer1@merseywestlancs.nhs.uk</a>	
		Dr Katherine Gray	<a href="mailto:katherine.gray2@merseywestlancs.nhs.uk">katherine.gray2@merseywestlancs.nhs.uk</a>	
		Dr Sharryn Gardner	<a href="mailto:sharryn.gardner@merseywestlancs.nhs.uk">sharryn.gardner@merseywestlancs.nhs.uk</a>	
		Dr Stefania Pintus	<a href="mailto:stefania.pintus@merseywestlancs.nhs.uk">stefania.pintus@merseywestlancs.nhs.uk</a>	
Mental Health		Dr Sharryn Gardner	<a href="mailto:sharryn.gardner@merseywestlancs.nhs.uk">sharryn.gardner@merseywestlancs.nhs.uk</a>	
Musculoskeletal Disorders		Dr Arvind Nune	<a href="mailto:arvind.nune@merseywestlancs.nhs.uk">arvind.nune@merseywestlancs.nhs.uk</a>	
		Dr Hannah Sykes		
		Mr Shiv Sha	<a href="mailto:shiv.sha@merseywestlancs.nhs.uk">shiv.sha@merseywestlancs.nhs.uk</a>	
Neurological Disorders		Dr Shyam Mariguddi	<a href="mailto:shyam.mariguddi@merseywestlancs.nhs.uk">shyam.mariguddi@merseywestlancs.nhs.uk</a>	
		Helen Terrett	<a href="mailto:helen.terrett@merseywestlancs.nhs.uk">helen.terrett@merseywestlancs.nhs.uk</a>	
Renal Disorders		Rahul Mistry	<a href="mailto:rahul.mistry@sthk.nhs.uk">rahul.mistry@sthk.nhs.uk</a>	
Reproductive Health and Childbirth		Linda Bishop	<a href="mailto:linda.bishop@merseywestlancs.nhs.uk">linda.bishop@merseywestlancs.nhs.uk</a>	
		Dr Wilfred Kumakech	<a href="mailto:wilfred.kumakech@merseywestlancs.nhs.uk">wilfred.kumakech@merseywestlancs.nhs.uk</a>	
		Nikos Chados	<a href="mailto:nikolaos.chados@merseywestlancs.nhs.uk">nikolaos.chados@merseywestlancs.nhs.uk</a>	
Respiratory Disorders		Dr Chris McManus		
Stroke		Stefanie Henry		
		Amy Slack	<a href="mailto:amy.slack@merseywestlancs.nhs.uk">amy.slack@merseywestlancs.nhs.uk</a>	
		Dr Patrick McDonald	<a href="mailto:patrick.mcdonald@merseywestlancs.nhs.uk">patrick.mcdonald@merseywestlancs.nhs.uk</a>	
Surgery		Vaidyanathan Subramanian	<a href="mailto:subramanian.vaidyanathan@merseywestlancs.nhs.uk">subramanian.vaidyanathan@merseywestlancs.nhs.uk</a>	
Trauma and Emergency Care		Dr Craig Rimmer	<a href="mailto:craig.rimmer1@merseywestlancs.nhs.uk">craig.rimmer1@merseywestlancs.nhs.uk</a>	
		Dr Sharryn Gardner	<a href="mailto:sharryn.gardner@merseywestlancs.nhs.uk">sharryn.gardner@merseywestlancs.nhs.uk</a>	
		Mr Chetan Sangani	<a href="mailto:chetan.sangani@merseywestlancs.nhs.uk">chetan.sangani@merseywestlancs.nhs.uk</a>	
		Mr Deepak Sree	<a href="mailto:deepak.sree@merseywestlancs.nhs.uk">deepak.sree@merseywestlancs.nhs.uk</a>	
		Mr Eugene Toh	<a href="mailto:eugene.toh@merseywestlancs.nhs.uk">eugene.toh@merseywestlancs.nhs.uk</a>	
		Mr Khushroo Suraliwala	<a href="mailto:khusroo.suraliwala@merseywestlancs.nhs.uk">khusroo.suraliwala@merseywestlancs.nhs.uk</a>	

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

<b>Specialty group membership (local and national)</b>					
National / local	Specialty group	Specialty area (if only specific areas within group)	Contact name	Contact email	Contact number
Clinical Research Network, North West Coast	RDI Managers meeting	Research and Development	Jeanette Anders	<a href="mailto:jeanette.anders@sthk.nhs.uk">jeanette.anders@sthk.nhs.uk</a>	0151 478 7850
Clinical Research Network, North West Coast	RDI Managers meeting	Research and Development	Jillian Simpson	<a href="mailto:Jillian.Simpson@MerseyWestLancs.nhs.uk">Jillian.Simpson@MerseyWestLancs.nhs.uk</a>	01704 703457

## Organisation RDI planning and investments

Planned investment			
Area of investment (e.g. Facilities, training, recruitment, equipment etc.)	Description of planned investment	Value of investment	Indicative dates
Research Infrastructure Bid	At Whiston Hospital there is an existing Research Hub which has proved a great success whoever one of the rooms is quite small so the plan is to refurbish a larger room which will create a more comfortable space which will be more beneficial to patients on complex trials where they are attending for long visits with multiple interventions throughout the day. At the Southport and Ormskirk sites there is currently no dedicated space but we have secured x2 rooms in the existing Fracture clinic to convert into a clinic room and a waiting room/office space. This will enable us to provide a better participant experience for those taking part in research across the Trust.	£70K	The plan is to have both facilities ready for 1st April 2024 .
Research Delivery infrastructure (e.g. research nurses, health care assistants, administrators)	Ad hoc requests submitted by RDI Manager to the Clinical Research Network, North West Coast for resources to enable delivery of NIHR portfolio studies.	Ad hoc	
Release of clinician time (to prepare NIHR grant applications or to act as Principal Investigators)	Ad hoc requests submitted by researchers for resources to enable delivery of both Commercial and Non-Commercial research.	Ad hoc	

## Organisation RDI standard operating procedures register

Standard operating procedures			
A suite of SOPs are available upon request.		We are currently updating the SOPs due to the merger of the Whiston and Southport sites.	

Information on the processes used for managing research passports.

### Indicate what processes are used for managing research passports

Research Passports are accepted at MWL and letters of access are issued via the RDI Department.

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

### Escalation process

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

## Planned and actual studies register

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

### Comments

Whiston site records every research project on the local ReDA database and recruitment data on NIHR CRN NWC Edge system. These systems are used to register and manage all research projects. The Southport site record study and recruitment data on NIHR CRN NWC Edge system.

## Other information

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

### Other information (relevant to the capability of the organisation)

MWL continue to aim to increase the number of commercially sponsored studies as these are valuable source of support for NHS trusts. This income can be used to encourage key stakeholders to develop capacity for new research within the Trust and increase the volume, and, therefore, future income generation.

Information about publications and other outcomes of research can be requested via the research office at [research@sthk.nhs.uk](mailto:research@sthk.nhs.uk) for the Whiston site and [soh-tr.researchsonhs@merseywestlancs.nhs.uk](mailto:soh-tr.researchsonhs@merseywestlancs.nhs.uk) for the Southport/Ormskirk site .



<b>Title of Meeting</b>	Trust Board		<b>Date</b>	29 November 2023
<b>Agenda Item</b>	MWL TB23/060			
<b>Report Title</b>	Trust Board Meeting Arrangements 2024/25			
<b>Executive Lead</b>	Nicola Bunce, Director of Corporate Services			
<b>Presenting Officer</b>	Nicola Bunce, Director of Corporate Services			
<b>Action Required</b>	X	<b>To Approve</b>		<b>To Note</b>
<b>Purpose</b>				
To advise Board members of the proposed dates for Trust Board meetings throughout the next Financial Year; the supporting timetable and agreed work plan.				
<b>Executive Summary</b>				
<p>1) Board meetings have been held on the last Wednesday of each month and it is proposed that this arrangement will continue during 2024-25.</p> <p>2) The paper confirms the dates for agenda setting, collation and distribution of papers and of actual meetings.</p> <p>3) The Board work plan to schedule agenda items throughout each year has been reviewed to ensure that it meets all statutory requirements and delivers the duties and responsibilities in the Trust's standing orders.</p> <p>4) This schedule, once approved, is used to inform the work plans of the Board committees</p> <p>5) The work plan may be further amended following the annual board effectiveness review that is conducted between January and April each year or considering any new statutory or regulatory requirements.</p>				
<b>Financial Implications</b>				
None directly from this report.				
<b>Quality and/or Equality Impact</b>				
Not applicable				
<b>Recommendations</b>				
The Board is asked to approve the proposed dates and associated administrative timetable for Trust Board meetings as well as the proposed schedule of planned agenda items for Trust Board meetings.				
<b>Strategic Objectives</b>				
	SO1 5 Star Patient Care – Care			
	SO2 5 Star Patient Care - Safety			
	SO3 5 Star Patient Care – Pathways`			
	SO4 5 Star Patient Care – Communication			
X	SO5 5 Star Patient Care - Systems			
	SO6 Developing Organisation Culture and Supporting our Workforce			
	SO7 Operational Performance			
	SO8 Financial Performance, Efficiency and Productivity			
X	SO9 Strategic Plans			

## SCHEDULE OF TRUST BOARD MEETING DATES (2024/25)

### 1. Meeting Schedule

- 1.1. Board meetings will be held on the last Wednesday of each month except for August and December.
- 1.2. The Trust believes in being open and transparent and the members of the public can attend the public section of each Board meetings to observe the business of the Trust. Members of the public can also submit questions to the Board, in advance of the public board meetings. Public Trust Board Meetings commence at 09.30 or 10.00a.m.and are scheduled to run for 2 - 3 hours. If members of the public cannot attend in person, they will be offered the opportunity to observe the Board meeting remotely via video link.
- 1.3. Four meetings a year (April, June, October, and February) include discrete sessions for discussion on strategy, which are held in private following public Trust Board meetings.
- 1.4. In addition, where necessary, meetings will include discrete closed sessions for discussion on items of a sensitive or confidential nature, which are held in private following public Trust Board meetings.

### 2. Administrative Arrangements

- 2.1. Board agendas are developed by the Executive Committee on behalf of the Chairman at least ten days in advance of meetings.
- 2.2. Electronic versions of the Board papers are distributed to members on the Friday preceding each Board meeting and hard copied can also be posted to Non-executive Directors if they wish.
- 2.3. Papers for Public Board Meetings are uploaded onto the Trust internet site on the Tuesday before each meeting.
- 2.4. The following table captures the schedule for the 2024/25 Financial Year. Meetings that include a strategy session are shaded grey.

Financial Year 2024/25	Agenda set	Board papers to be received	Electronic & hard copies circulated	Electronic copies on internet	Board date
April	Thurs 04 Apr	Tue 16 Apr	Fri 19 Apr	Tue 23 Apr	Wed 24 Apr
May	Thurs 02 May	Tue 21 May	Fri 24 May	Tue 28 May	Wed 29 May
June	Thurs 06 Jun	Tue 18 Jun	Fri 21 Jun	Tue 25 Jun	Wed 26 Jun
July	Thurs 04 Jul	Tue 23 Jul	Fri 26 Jul	Tue 30 Jul	Wed 31 Jul
August					
September	Thurs 05 Sep	Tue 17 Sep	Fri 20 Sep	Tue 24 Sep	Wed 25 Sep
October	Thurs 03 Oct	Tue 22 Oct	Fri 25 Oct	Tue 30 Oct	Wed 31 Oct
November	Thurs 07 Nov	Tue 19 Nov	Fri 22 Nov	Tue 26 Nov	Wed 27 Nov
December					
January	Thurs 09 Jan	Tue 21 Jan	Fri 24 Jan	Tue 28 Jan	Wed 29 Jan

February	Thurs 06 Feb	Tue 18 Feb	Fri 21 Feb	Tue 25 Feb	Wed 26 Feb
March	Thurs 06 Mar	Tue 18 Mar	Fri 21 Mar	Tue 25 Mar	Wed 26 Mar

**3. Proposed Trust Board Work Plan (2024/25)**

The work plan is provisional pending the annual Board and Committee effectiveness reviews which will be conducted between February and May.

**ANNUAL TRUST BOARD CALENDAR 2024/25 (Proposed)**

Month		A	M	J	J	A	S	O	N	D	J	F	M	Report	Presenter	
Scheduled agenda items	General	Employee of the month	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Anne-Marie	Richard	
		Patient story	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Sue	Various	
		Apologies	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Richard	
		Declaration of interests	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Richard	
		Minutes of the previous meeting	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Richard	
		Action list / matters arising	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Richard	
		Meeting Effectiveness Review	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Richard	
		Any other business	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Richard	
	Committee Reports	Audit (inc approval of Corp Governance Manual and Standing Financial Instructions)	✓	✓				✓	✓				✓		Gareth	Ian
		Executive	✓	✓	✓	✓		✓	✓	✓			✓	✓	Nicola	Ann
		Finance and Performance	✓	✓	✓	✓		✓	✓	✓			✓	✓	Gareth	TBC
		Quality (inc Safer Staffing, Maternity and Infection Control)	✓	✓	✓	✓		✓	✓	✓			✓	✓	Sue	Gill
		Strategic People Committee	✓			✓			✓				✓		Anne-Marie	Lisa
		Charitable Funds			✓				✓					✓	Gareth	Geoffrey
	Operational performance reports	Integrated performance report	✓	✓	✓	✓		✓	✓	✓			✓	✓		Gareth
		Corporate Risk Register	✓			✓			✓				✓			Nicola
		Board Assurance Framework	✓			✓			✓				✓			Nicola
		Aggregated Incidents, Complaints and Claims report		✓					✓				✓			Sue
		Informatics Report and Strategy update								✓						Christine
		Learning from Deaths Quarterly Report	✓			✓			✓				✓			Peter
		Workforce Strategy and HR indicators report				✓							✓			Anne-Marie
	Annual reports	Approval of the Annual Accounts			✓											Gareth
		Approval of Quality Account		✓												Sue
		NHS Licence Conditions Board declarations			✓											Nicola
		Board and Committee Effectiveness Review		✓												Nicola
		DSPT Toolkit Results and Information Governance Annual Report				✓										Christine
		Trust objectives approval & mid year review		✓						✓				✓	Nicola	Ann
		Medical revalidation annual declaration						✓								Jacqui Bussin
		Audit Letter sign-off						✓								Gareth
		Charitable Funds Accounts & Annual Report							✓							Gareth
		Research & Development Annual Report									✓					Peter
		Research & Development Annual Capability Statement									✓					Peter
		Biennial Review of NHS Constitution (next scheduled for 2024)									✓					Nicola
		Trust Board meeting arrangements									✓					Nicola
		EPRR Compliance statement							✓							Sue
		WRES & WDES Reports and Action Plans								✓						Anne-Marie
		Clinical and quality strategy update										✓				Peter/Sue
		Safeguarding Annual Report (Adult & Children)								✓						Sue
		Operational Plan - Budget and activity approval										✓		✓		Gareth/Lesley
		National Quality Board - annual workforce plan approval and 6 month staffing review/Workforce Safeguards Report							✓					✓	Sue	Anne-Marie
		Infection Control Annual Report							✓							Sue
		CQC registration												✓		Sue
Mixed sex annual declaration													✓		Sue	
Fit and Proper Persons Chair's Report					✓									Nicola	Richard	
Freedom to speak up - Board Self Assessment													✓		Anne-Marie	
CNST Self Declaration & Approval										✓				Sue		
Gender Pay Gap Annual Declaration				✓										Anne-Marie		
DSPT Results and Action Plan				✓										Christine		
Staff survey report and action plan												✓		Anne-Marie		
<b>Total scheduled items</b>		<b>16</b>	<b>17</b>	<b>16</b>	<b>19</b>	<b>0</b>	<b>18</b>	<b>21</b>	<b>18</b>	<b>0</b>	<b>21</b>	<b>15</b>	<b>17</b>			
Closed Session	Chair and NED meeting (or as required)	✓		✓				✓				✓			Richard	
	Chief Executives report	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓		Ann	
	Transition and Transformation Assurance Report	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓		Rob	
	Serious untoward incidents	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓		Sue	
	Suspensions	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓		Anne-Marie	
	Cyber Security and MMDA performance report	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓			
	Feedback from external meetings and events	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓			
	Review of meeting effectiveness	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓		Richard	
Director mandatory training / Corporate Law update							✓							External facilitators		