



St Helens and Knowsley
Teaching Hospitals
NHS Trust

Annual Report 2018-19





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Section 1

Performance Report

This section provides the reader with information on the organisation, its purpose, how it has performed in 2018/19, and the key risks to the achievements of its objectives.

1. Statement from the Chief Executive

2018/19 was another challenging year for the NHS as a whole and for the health and care sector locally, and yet despite this, there were many successes for the Trust.

The Trust's vision is to deliver 5 Star Patient Care by providing high quality health services and an excellent patient experience. The following bullet points highlight some of the exceptional achievements of the Trust and its staff:

- The Trust was rated as outstanding by the CQC, following an inspection in the summer of 2018
- The annual NHS Staff Survey results were once again very positive, with the Trust rated by staff as the best place to work and receive treatment in the NHS.
- The Trust is also, for the third year running, the top acute Trust in the entire country for staff engagement, staff motivation, and pride in the quality of care provided to patients
- The Trust achieved the highest staff flu vaccination rate of any NHS provider organisation at 95.4%
- Patients received above 99.1% new harm-free care (NHS Safety Thermometer)
- There was a 22% reduction in falls resulting in severe harm, compared to 2017/18 (18 compared to 22 in 2017/18)
- Reduced the number of Clostridium Difficile infections, performing significantly better than the threshold set by NHS Improvement (13 reported compared to the threshold of 40)
- The Trust was able to sustain an overall registered nurse fill rate (a measure of safe staffing) of 96.5% for the year despite the national recruitment and retention challenges for nursing staff
- The Patient Led Assessments of the Care Environment (PLACE) programme ranked the Trust as the best Acute NHS Trust in England for the second year running. Scoring an average of 99%, the Trust achieved top marks in the country for cleanliness, food, privacy and dignity, condition of the buildings and facilities for patients living with dementia and patients with disabilities. The Trust was the only Acute Trust in the country to score 100% for its facilities for patients with disability and the condition of its buildings.
- 94.7% of inpatients would recommend our services, as recorded by the Friends and Family Test
- Performance in the Sentinel Stroke National Audit Programme was excellent, and 85.7% of stroke patients spent at least 90% of their hospital stay on a stroke unit, against a national target of 83%
- Sustained achievement of referral to treatment (RTT) pathway waiting times with 92.4% of pathways completed within 18 weeks
- The Trust continued to meet 62 day national cancer performance target

Whilst not every target that we set ourselves was achieved in full, the Trust continues to learn from when things do not go to plan and use these experiences to improve performance going forward.

During 2018/19, the Trust has coped with another year of increased demand for services and responded to significant winter pressures. There have been more A&E attendances and non-elective admissions than any previous year, and this combined with serious cases of flu and other viral illnesses where patients have been unable to leave hospital because of similar pressures on primary and social care services and in the care home sector, have meant that the Trust has been operating at full capacity.

The percentage bed occupancy (for acute medical beds) within the Trust throughout winter was very high at 98.3% (in Q3) which meant patients attending A&E and requiring admission could not be accommodated until other patients were discharged. Despite these pressures, the Trust was able to avoid any 12 hour trolley waits, cancelled less than 0.8% of planned operations (of which 99.5% were re-booked within 28 days), and less than 0.5% of medical patients had to be accommodated in another area of the hospital (medical outliers). The Trust has continued to achieve all the national waiting time targets for elective care and diagnostic tests, but has struggled to improve performance against the national Emergency Department access targets.

The ongoing national shortage of clinical staff and the need to respond to the increased demand meant that the Trust had to utilise bank and agency staff, plus overtime to maintain patient safety. However, despite these pressures, the Trust did achieve a 13% reduction in agency expenditure compared to 2017/18 (£8.2m compared to £9.4m). The Trust has continued to explore all avenues to increase recruitment of medical and nursing staff, including overseas recruitment from a number of different countries.

Maintaining safe levels of staffing and patient safety standards remain constant challenges that are managed by the Trust.

This has been another year of significant challenges but also some wonderful achievements, and I would like to formally record my pride in and gratitude for the dedication of all staff, who always work tirelessly and flexibly to ensure the best possible care for our patients. This includes the teams of volunteers and carer groups whose involvement and time is generously provided and gratefully received, they are a very important part of the overall team at the Trust, and make an invaluable contribution to the experience of patients. The Care Quality Commission's recognition that the Trust provides Outstanding services, came at the very end of the financial year and is a wonderful achievement, reflecting the skill and compassion of everyone who makes up the St Helens and Knowsley Teaching Hospitals NHS Trust team.

Ann Marr

Ann Marr, Chief Executive



1.1 Overview of the purpose and activities of the Trust

The Trust provides acute healthcare services at St Helens and Whiston hospitals, both of which are modern, high quality facilities. Community intermediate care services are delivered from Newton Community Hospital in Newton le Willows, which is also a modern purpose-built facility.

The Trust has an excellent track record of providing high standards of care to a population of approximately 360,000 people principally from St Helens, Knowsley, Halton, and Liverpool, but also from other neighbouring areas such as Warrington, Ormskirk and Wigan. In addition, the Mersey Regional Burns and Plastic Surgery Unit provides treatment for patients across Merseyside, Cheshire, North Wales, the Isle of Man and other parts of the North West, serving a population of over 4 million. During 2018/19, the Trust also became the Mid-Mersey High Acuity Stroke Unit (HASU), undertaking the acute treatment of all stroke patients from Warrington and Halton, as well as St Helens and Knowsley.

The Trust employed an average of 5,314 full time equivalent (FTE) staff during 2018/19 (including 426 temporary staff and excluding staff on capital project work). The Trust's income in 2018/19 was £402m.

Our catchment population

The communities served by the Trust are characterised by their industrial past, with local people being generally less healthy than the rest of England, and a higher proportion suffering from at least one long-term health condition.

Rates of smoking, cancer, obesity, and heart disease, related to poor general health and nutrition, are significantly higher than the national average.

Many areas also have high levels of deprivation, which in turn is linked to health inequalities.

The population in our catchment area is growing as a result of new housing developments and regeneration, but is also aging faster than the general population of the UK. This results in proportionally more older people who are living in poor health.

All of these factors give rise to a population with greater health needs that require increased access to both health and social care.

Collaborative working

In order to help create both clinically and financially sustainable services, the Trust is working in several different collaborations with partners in the local health system.

The Trust is a member of the Cheshire and Merseyside Health and Care Partnership (STP – Sustainability and Transformation Partnership), which is made up of all NHS Commissioners and Provider Trusts and the Local Authorities in Cheshire and Merseyside.

During 2018/19, the structure of the Cheshire and Merseyside Health and Care Partnership was revised to focus on a number of cross cutting themes, for example; Urgent and Emergency Care and Prevention at Scale and nine areas where local “place based” care could be developed.

The Trust is actively involved in a number of the cross cutting work streams e.g. Cancer Services, Women's and Children's, clinical support services and corporate services collaboration. The Trust's Chief Executive was Senior Responsible Officer for the Cancer work stream during 2018/19.

The Trust is also working in partnership with the Clinical Commissioning Groups (CCG), Local Authorities and other provider Trusts, to develop opportunities for integrated care systems in St Helens, Knowsley and Halton. Although each borough is developing different models for integration based on local circumstances, there is a strong commitment in each to achieve greater integration of health and care services.

The Trust continues to provide services to other NHS organisations. The Health Informatics Service (HIS) provides information systems and expertise to several CCGs and Trusts in Mid-Mersey. The Human Resources and Payroll teams have secured contracts to deliver the payroll and transactional HR service to a large proportion of the Trusts in Cheshire and Merseyside. They have also secured contracts to be the “lead employer” for Junior Doctors in training on behalf of a number of Deaneries, across the country.

Work is progressing to create pathology and diagnostic imaging networks across the North Mersey area and the Trust is an active member of both these groups.

The Chief Executive is chair of the local A&E delivery board, which co-ordinates the urgent care response across St Helens, Knowsley, Halton and Warrington.

In January 2019, the NHS Long Term Plan was published, and this has set a number of new goals and targets for the coming years. It has also confirmed the strategic direction of the NHS to be towards increasingly integrated provision of health care, at local level. This move towards health and care systems is formalised in an ambition to create Integrated Care Systems (ICSs) covering all areas of England by 2020/21.

1.2 The Trust's objectives

The Trust's vision is to deliver 5 Star Patient Care by providing an excellent patient experience through high quality health services. This is captured in the “Star Chart” which is used in Trust publications and displayed on noticeboards throughout the Trust.



This vision underpins the Trust objectives which set out plans for improving safety, care, systems, communication and pathways of treatment, supported by robust operational and financial performance and strategic developments.

The objectives are refreshed each year, reflecting national and local goals, the views of our stakeholders, carers, patients and staff as well as the Trust's own development plans.

The use of a familiar format for displaying the objectives since 2005 has ensured that staff throughout the organisation are able to recognise the Trust's high-level aims and understand how they individually can contribute towards their achievement.

The objectives are launched each year at a “Start of Year” Conference in which the Chief Executive summarises performance and achievements from the previous year and gives an overview of plans for the year to come.

Each objective is owned at a senior level by a director and they are cascaded to teams and individuals to form the basis of personal objectives for all staff.

Twice a year the Trust Board formally reviews progress against these objectives and initiates mitigating actions, where necessary, to ensure success and compliance.

The objectives for 2019/20 are publicised in poster form throughout the Trust buildings and are available on the Trust web site at: <http://www.sthk.nhs.uk/about/trust-publications/trust-objectives>

A summary is provided in the following table:

2019-20 Trust Objectives

5 STAR PATIENT CARE - Care

We will deliver care that is consistently high quality, well organised, meets best practice standards and provides the best possible experience of healthcare for our patients and their families

- Implement a new system for identifying deteriorating patients to improve timeliness of treatment
- Further improve discharge planning by replicating the success of the “Home for Lunch” initiative at weekends
- Continue to increase the range of services provided 7 days a week

5 STAR PATIENT CARE - Safety

We will embed a culture of safety improvement that reduces harm, improves outcomes and enhances patient experience. We will learn from mistakes and near-misses and use patient feedback to enhance delivery of care

- Continue to improve the ways that we deliver timely and effective assessment of patients in the Emergency Department
- Reduce the number of patient falls by 10% compared to 2018/19
- Implement a new electronic monitoring system in the Maternity Unit to ensure patients receive appropriate interventions at the right time
- Continue to learn lessons and improve practice as a result of reviewing and investigating hospital deaths

5 STAR PATIENT CARE - Pathways

As far as is practical and appropriate, we will reduce variations in care pathways to improve outcome, whilst recognising the specific individual needs of every patient

- Achieve the target of sending 85% of e-discharge summaries to GPs within 24 hours of discharge, to allow appropriate care to be continued outside of hospital
- Maximise the benefits of providing primary and community health services to support integrated care in our local health systems
- Increase capacity and improve clinical adjacencies at Whiston Hospital, to create more assessment space and support the expansion of Same Day Emergency Care (SDEC)

5 STAR PATIENT CARE - Communication

We will respect the privacy, dignity and individuality of every patient. We will be open and inclusive with patients and provide them with more information about their care. We will seek the views of patients, relatives and visitors, and use this feedback to help us improve services

- Improve information for patients, so it is available at the right time and in the right format, to meet individual needs
- Increase the use of patient feedback, to identify themes which help shape service developments and future improvement plans
- Increase the range of communication methods with the Trust to improve access and responsiveness for patients, relatives and others

5 STAR PATIENT CARE - Systems

We will improve Trust arrangements and processes, drawing upon best practice to deliver systems that are efficient, patient-centred, reliable and fit for their purposes

- Maximise the functionality of the new Medway system to support staff to deliver high quality care
- Improve the systems for booking outpatient appointments and reduce the number of appointments that have to be rearranged
- Increase the use of the e-Rostering system to improve deployment of staff resources
- Work with partners in St Helens to maximise the use of the Shared Care Record to share information relevant to decisions about patient care

DEVELOPING ORGANISATIONAL CULTURE AND SUPPORTING OUR WORKFORCE

We will use an open management style that encourages staff to speak up, in an environment that values, recognises and nurtures talent through learning and development. We will maintain a committed workforce that feel valued and supported to care for our patients.

- Continue to implement innovative approaches to recruitment and retention, to provide high quality care
- Continue to respond to feedback from staff to improve the working environment, so that the Trust continues to be recognised as an employer of choice
- Offer more training and development opportunities, to support staff in realising their potential
- Implement a capacity and demand modelling system to help plan the right number and skill mix of staff

OPERATIONAL PERFORMANCE

We will meet and sustain national and local performance standards

- Achieve the national performance access standards:
 - Improvement trajectory for emergency access standards
 - Cancer treatment waiting times
 - 18 week access to treatment for planned care
 - Waiting times for diagnostic tests
 - Ambulance handover times
- Maximise the productivity and effectiveness of clinical services through the use of benchmarking and comparative data e.g. GIRFT and Model Hospital, to ensure that all services meet best practice standards

FINANCIAL PERFORMANCE, EFFICIENCY AND PRODUCTIVITY

We will achieve statutory and other financial duties set by regulators within a robust financial governance framework, delivering improved productivity and value for money

- Use the Model Hospital national benchmarking and reference costs information to optimise the efficiency of services and deliver cost improvement targets
- Work with healthcare organisations across Cheshire and Merseyside to explore further opportunities for collaborative corporate services
- Improve demand and capacity prediction and modelling to better align resource utilisation

STRATEGIC PLANS

We will work closely with NHS Improvement (NHSI) and commissioning, local authority and provider partners to develop proposals to improve the clinical and financial sustainability of services

We will work closely with NHS Improvement (NHSI) and commissioning, local authority and provider partners to develop proposals to improve the clinical and financial sustainability of services

- Work with health care system partners to develop plans to implement the ambitions of the NHS Long Term Plan, for our local population
- Collaborate with partners to develop plans for integrated care systems (ICS)
- Work with Cheshire and Merseyside Health Care Partnership to develop sustainable plans for service delivery across the wider health economy

Our 2018/20 objectives cover all aspects of patient care, our staff, use of resources and our longer-term plans for sustainability. These objectives are demanding but despite the pressures being faced across the NHS, the Board remain confident that our staff will continue to improve services and achieve positive results for the benefit of patients, visitors and work colleagues.

1.3 Key issues and risks

The Chief Executive's opening statement highlights the key pressures that the Trust has experienced during 2018/19, and it is expected that they will continue to be the key risks facing the Trust in the next year. These include recruitment and staff shortages, increasing demand for services and NHS financial pressures.

The Trust's approach to managing risks is covered in detail within the Governance Statement later in this document. However, in summary, it is founded on an effective IT recording and reporting system

which all senior managers can use to document risks; gauge their potential impact; capture appropriate plans in mitigation; and share across the organisation.

The Trust has undertaken risk assessments and worked with the Department of Health and Social Care to prepare for the potential implications of leaving the European Union on the supply of medical equipment, consumables, medicines and staff.

1.4 Going concern

The Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts. This approach has been approved by the Audit Committee. (See also note 1 accounting policies, in the Trust's accounts for more detail).



2. Performance Analysis

2.1 Key performance measures

Each month, the Trust produces an Integrated Performance Report (IPR) which charts performance against over 800 measures. Some of these reflect national and constitutional targets, some are agreed with commissioners locally, and some are internally generated to help monitor achievement of the Trust objectives. Summaries of these reports can be accessed on the Trust's website within regular Board papers at: <http://www.sthk.nhs.uk/about/trust-board/trust-board-papers-2018>

Whilst this section provides some indicators of the Trust's performance in 2018/19, more detailed data on quality achievements is presented in the Trust's Annual Quality Account available on our website at: <http://www.sthk.nhs.uk/about/trust-publications/quality-accounts>

The level and types of clinical activity for 2018/19 compared to 2017/18 are detailed in the following table:

Activity Type	2017/18 (000's)	2018/19 (000's)	Difference %
Outpatient 1st attendances	138.2	144.4	4.6%
Outpatient follow-up attendances	315.1	306.9	- 2.6%
Ward attenders	19.1	20.1	5.2%
Outpatient procedures	102.9	99.5	- 3.2%
Elective inpatients	7.0	6.9	- 1.0%
Day case	42.9	43.5	1.5%
Non-elective inpatients (less Obstetrics)	54.4	57.5	5.6%
A&E attendances	111.3	115.7	3.9%
Births	4.1	4.1	- 1.1%

During 2018/19, the Trust has experienced further increases in A&E attendances and Non-Elective admissions, above commissioned levels. There have also been increases in outpatient referrals as the impact of the Referral Management Schemes (RMS) put in place in each of the three main commissioning CCGs has plateaued. There has been a small decrease in births compared to the previous financial year.

2.2 Performance in 2018/19

Key performance against national targets in 2018/19 is provided in the following table:

Summary of key national targets 2018/19	Target	Perform.
Emergency Department waiting times within 4 hours (all types mapped)	95.0%	87.1%
% of patients waiting less than 62 days for first treatment for cancer from urgent GP referral	85.0%	88.3%
% of patients receiving first treatment within 31 days from diagnosis of cancer	96.0%	98.1%
% of admitted patients treated within 18 weeks of referral	92.0%	92.4%
% of patients treated within 28 days following a cancelled operation	100.0%	99.5%
Number of Hospital Acquired MRSA bacteraemia incidences	0	1*
Number of Hospital Acquired C. Difficile incidences	40	21
% of patients admitted with a stroke spending at least 90% of their stay on a stroke unit	83.0%	85.7%
Staff sickness	4.7%	5.03%

*1 MRSA contaminant

It is testament to the hard work of Trust staff that, despite escalating activity in our hospitals and operating at full capacity for much of the year, the Trust performed exceptionally well against the majority of national targets.

2.3 Financial Performance

For the financial year 2018/19, the Trust received £402m of income. At the start of the year, the Trust submitted a plan for a £11m surplus which was predicated on receiving the full allocation of £12.8m from the Provider Sustainability Fund (PSF). The Trust actually received £10.967m PSF.

Further cash support of £11.499m (net of repayments during the year) was provided by the Department of Health and Social Care (DHSC), mainly in the latter part of the financial year, of which £2.693m relates to anticipated delayed PSF payments from NHS England and brings the total cash support balance to £19.129m.

These loans are in the form of a revenue support loan facility which attracts 1.5% interest each year with the principal amount being re-payable between January 2020 and March 2022 (although £2.693m is anticipated to have been repaid by April 2019).

In responding to the unprecedented demand for services over the winter period and opening additional capacity (escalation beds), combined with increased staff shortages the Trust has maintained patient safety, but this also resulted in increased expenditure, often at premium rates. Additionally, these pressures have meant that the Trust was unable to achieve the 95% target of 4 hour A&E waiting times and therefore lost a significant element of the PSF funding that had been assumed in the financial plans.

However, the Trust received an additional £5.133m general distribution from PSF which meant that the resulting financial outturn position is therefore a small performance deficit of £0.597m, which is an underlying deficit of £10.1m if the final PSF income of £10.697m is excluded.

The Trust has an effective financial governance framework in place, supported through independent external and internal scrutiny. In 2018/19, Grant Thornton UK LLP provided independent external assurance that the Trust is properly accounting for public money; that it is efficient and effective in its use of resources.

Income

Of the income received by the Trust, £325m (81%) came from patient-related activities. The largest contribution of £137m was from St Helens Clinical Commissioning Group (CCG).

The remaining 19% of total operating income came mainly from three sources: NHS North West Deanery for the education and training of junior doctors; services provided to other organisations; and Private Finance Initiative (PFI) support funding.

Expenditure

The Trust strives to secure better value and become more efficient each year, thereby freeing up resources for direct patient care. In this regard, the Trust delivered £15m of savings through its cost improvement programme in 2018/19.

A robust Quality Impact Assessment is undertaken for all proposed saving initiatives to ensure they do not inadvertently impact on the quality of the care provided, the clinical outcomes, or patient experiences. It is only following a successful conclusion of this process that approval to proceed is provided by the Trust's Medical and Nursing Directors.

In 2018/19, the Trust's capital expenditure was £9.6m primarily for the provision of new and replacement equipment and capacity-related schemes.

2.4 Collaboration and partnership working

In addition to the Trust's collaborative working with other providers and the Cheshire and Merseyside Health and Social Care Partnership, the Trust also has an excellent track record of good relationships with patient groups and representatives, such as Healthwatch.

The Trust is a provider of services for other NHS organisations, via our shared Health Informatics Service (HIS), the provision of payroll services to the majority of Trusts in Merseyside and being the Lead Employer for Junior Doctors in training on behalf of the Deanery.

The Trust works in partnership with recognised trade unions and has effective and productive employee relations.

There is regular contact with the Local Authorities and the Trust attends the Health and Wellbeing Boards in St Helens, Knowsley and Halton.

Performance Report Signed:

Ann Marr

Chief Executive
22nd May 2019

Section 2

Accountability Report

This section provides the reader with information on the composition and organisation of the Trust's governance structures and how they support the achievement of objectives.

3 Directors Report

3.1 The Board of Directors

The Trust is managed by a Board of Directors that consists of both Executive and Non-Executive Directors (NED) with a Non-Executive Chairman. The composition of the Board during 2018/19 was as follows:

	Position	Name	Term of Office	Committee Membership
Non-Executive Directors	Chairman	Richard Fraser	Appointed May 2014 & 2016	Remuneration
	Deputy Chairman / SID	Denis Mahony	Appointed August 2012 & 2016	Audit Finance & Performance Remuneration
	Non-Executive Director	Val Davies	Appointed July 2017	Charitable Funds Quality Remuneration
	Non-Executive Director	Su Rai	Appointed September 2012, 2014 & 2016	Audit Finance & Performance Remuneration
	Non-Executive Director	David Graham	Appointed December 2014 & 2016 (Resigned August 2018)	Quality Remuneration
	Non-Executive Director	Jeff Kozar	Appointed January 2018	Finance & Performance Audit Remuneration
	Non-Executive Director	Paul Growney	Appointed September 2018	Charitable Funds Quality Remuneration
Executive Directors	Chief Executive	Ann Marr	Appointed January 2003	Executive Quality
	Director of Human Resources/Deputy CEO	Anne-Marie Stretch	Appointed July 2003	Executive Quality
	Medical Director	Kevin Hardy	Appointed November 2012 (Retired and returned April 2018)	Executive Finance & Performance Quality
	Director of Nursing Midwifery and Governance	Sue Redfern	Appointed May 2013	Executive Quality
	Director of Finance	Nik Khashu	Appointed October 2015	Executive Finance & Performance Quality
Associate Directors	Director of Transformation	Tiffany Hemming	Appointed May 2017	Executive
	Director of Corporate Services	Nicola Bunce	Appointed July 2017	Executive Quality Finance & Performance
	Director of Informatics	Christine Walters	Appointed September 2015	Executive
	Director of Estates and Facilities	Peter Williams	Appointed July 2017 Retired December 2018	Executive
	Director of Operations and Performance	Rob Cooper	Appointed January 2017	Executive Finance & Performance Quality
	Associate NED	Jean Quinn	Appointed September 2018 Resigned January 2019	Quality

The six Non-Executive Directors and five Executive Directors detailed in the table above are voting members, ensuring that in the event of a vote the non-executive directors always have the majority.

Directors are appraised each year to review their contribution over the previous twelve months and to set objectives linked to those of the Trust for the following year. The Chairman is appraised by an officer of NHS Improvement.

Any skills gaps and training and development requirements are also reviewed annually against the NHS Improvement Well Led Framework to ensure continuous development and optimum functioning as a unitary board.

Under the Trust's standards of business conduct, Directors and senior staff are required to declare any interests which are published annually on the Trust's website. Those declared for 2018/19 are available through the following link:
<http://www.sthk.nhs.uk/about/trust-board>

3.2 Fit and Proper Persons Requirement (FPPR)

The 2014 Health and Social Care Act imposed additional requirements on the posts of Directors to be '*Fit and Proper Persons*'. In assessing whether a person is of good character, the matters considered must include convictions, whether the person has been struck off a register of professionals, bankruptcy, sequestration and insolvency, appearing on barred lists and being prohibited from holding directorships under other laws. In addition, Directors should not have been involved or complicit in any serious misconduct, mismanagement or failure of care in carrying out an NHS regulated activity.

The Trust requires all Directors to make an annual declaration of compliance with the FPPR standards. In 2018/19, all Board members were required to complete a self-certificate to confirm compliance with these standards, and where appropriate external assessments, including Disclosure and Barring Service (DBS) checks were undertaken. The results were scrutinised by the Trust Chairman who concluded that the Board members were, and remain, fit to carry out the roles they are in.

3.3 Statement on disclosure to auditors

So far as the Directors are aware, at the time of approving this Annual Report, there is no relevant audit information of which the Trust's auditor is unaware. In addition, the Directors have taken steps to make themselves aware of any relevant audit information to establish that the Trust's auditor is aware of that information.

This information has been shared with the Trust's Auditors who have supported the conclusions reached and confirmed that they could find no relevant audit information to the contrary.

The Trust has a duty to report any incident regarding the loss of personal data to the Information Commissioners Office, and the one such incident occurring in 2018/19 is covered in the Governance Statement of this Annual Report.



4. Annual Governance Statement

4.1 Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

4.2 The Purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of St Helens and Knowsley Teaching Hospitals NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in St Helens and Knowsley Teaching Hospitals NHS Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

4.3 Capacity to handle risk

The Trust supports staff to identify and plan for potential risks to the delivery of the Trust's objectives. All risks are owned by an appropriate manager and reviewed regularly to ensure the mitigation plans are effective in reducing the level of risk exposure. There is a Risk Management Council that is part of the Trust's governance arrangements.

The Trust risk profile is reviewed by the Risk Management Council each month, which includes representation from each care group and corporate service and a member of the Executive Team. A report is then drafted by the chair for presentation to the Executive Committee, this includes any risks rated as high or extreme, which are escalated to the Corporate Risk Register and assigned to a member of the Executive Team for oversight. The Corporate Risk Register and Trust risk profile are also regularly reported to the Trust Board.

The involvement of the Executive Committee and the Board in regularly reviewing risks ensures that the level of exposure that the Trust is willing to tolerate (the risk appetite) is regularly tested.

Training in undertaking clinical risk assessments, and of identifying and reporting risks and incidents using the DATIX is part of the induction process for all staff joining the Trust. Regular training is also available to managers and risk management is included as part of management development programmes. Guidance on the risk management process and use of the Datix system is easily accessible via the Trust intranet.

4.4 The risk and control framework

The Trust promotes a culture of openness and encourages all staff and service users to actively report any issues, incidents or near misses, where they feel inappropriate action may have occurred, or systems and practices could be improved.

Clinical risk assessments, complaints, claims, staff feedback (via the national staff survey and local surveys), and social media channels are other sources of information which support the Trust in identifying and responding to any underlying themes. These are reviewed by the Patient Safety Council.

The Trust has an electronic risk and incident recording system (Datix) and all managers within the organisation have access to it. Potential risks are identified and assessed (using the recognised NPSA 5 x 5 matrix of likelihood and consequence) and added to the register. The risk owner details controls and assurances that are within their remit and then re-assesses the risk to see whether these measures have been beneficial in reducing the risk score. The risk owner also identifies the relevant line manager who will also have oversight of the risk and be able to review the actions in mitigation.

Risks with a score below 15 are managed at care groups or corporate department level. Each risk is allocated an appropriate review date and on a monthly basis local governance meetings are held with appropriate representation and senior management to consider the risk profile, any missing risks, and to evaluate those requiring review. Frequent evaluation of risks takes place to ensure that the plans in mitigation are updated and accurately recorded on the Datix system.

If, following review and mitigating action within the care group or corporate department, the risk score is still 15 or above, it is automatically escalated to the Corporate Risk Register and "owned" by the most appropriate Director to see if more senior intervention can further reduce the potential risk to the organisation. As at 31st March 2019, there were a total of 741 risks recorded on Datix. The table below shows the profile of the risk scores (between 1 and 25):

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
54	59	23	109	12	148	63	113	36	114	1	7	2	0
136 = 18.35%			269 = 36.30%			326 = 43.99%				10 = 1.35%			

As can be seen, 10 of these risks were scored at 15 or above and captured on the CRR. In summary, these related to:

- Cyber security
- Staffing levels in a number of specialist areas, as a result of national staff shortages
- Delivery of national access standards
- The challenges of meeting the Trust's finance and efficiency plans
- The impact of the apprenticeship levy
- The implications of EU exit
- The impact of migrating to a new Patient Administration System

All of the CRR risks have been reported and discussed at the Trust Board.

The Trust's internal auditors undertook a review of the risk management processes during 2018/19 which resulted in a finding of substantial assurance.

In addition, the Board has identified the strategic risks that in theory could be catastrophic to the delivery of the organisations long term purpose and goals, and these are captured in the Board Assurance Framework (BAF) which is considered by the Board four times per year. Strategic concerns on the BAF as at 31st March 2019 were:

- Systemic failures in the quality of care
- Failure to develop or deliver long term financial sustainability plans for the Trust and with system partners
- Sustained failure to maintain operational performance/deliver contracts
- Failure to protect the reputation of the Trust
- Failure to work in partnership with stakeholders
- Failure to attract and retain staff with the skills required to deliver high quality services
- Major and sustained failure of essential assets, infrastructure
- Major and sustained failure of essential IT systems

In developing its plans for 2019/20, the Board has assessed the future risks that will need to be managed, these remain similar to the key risks in 2018/19 and include recruitment difficulties and staff shortages, increasing demand for services, financial pressures and the move to more integrated systems of delivering health and social care at a local (place based) level.

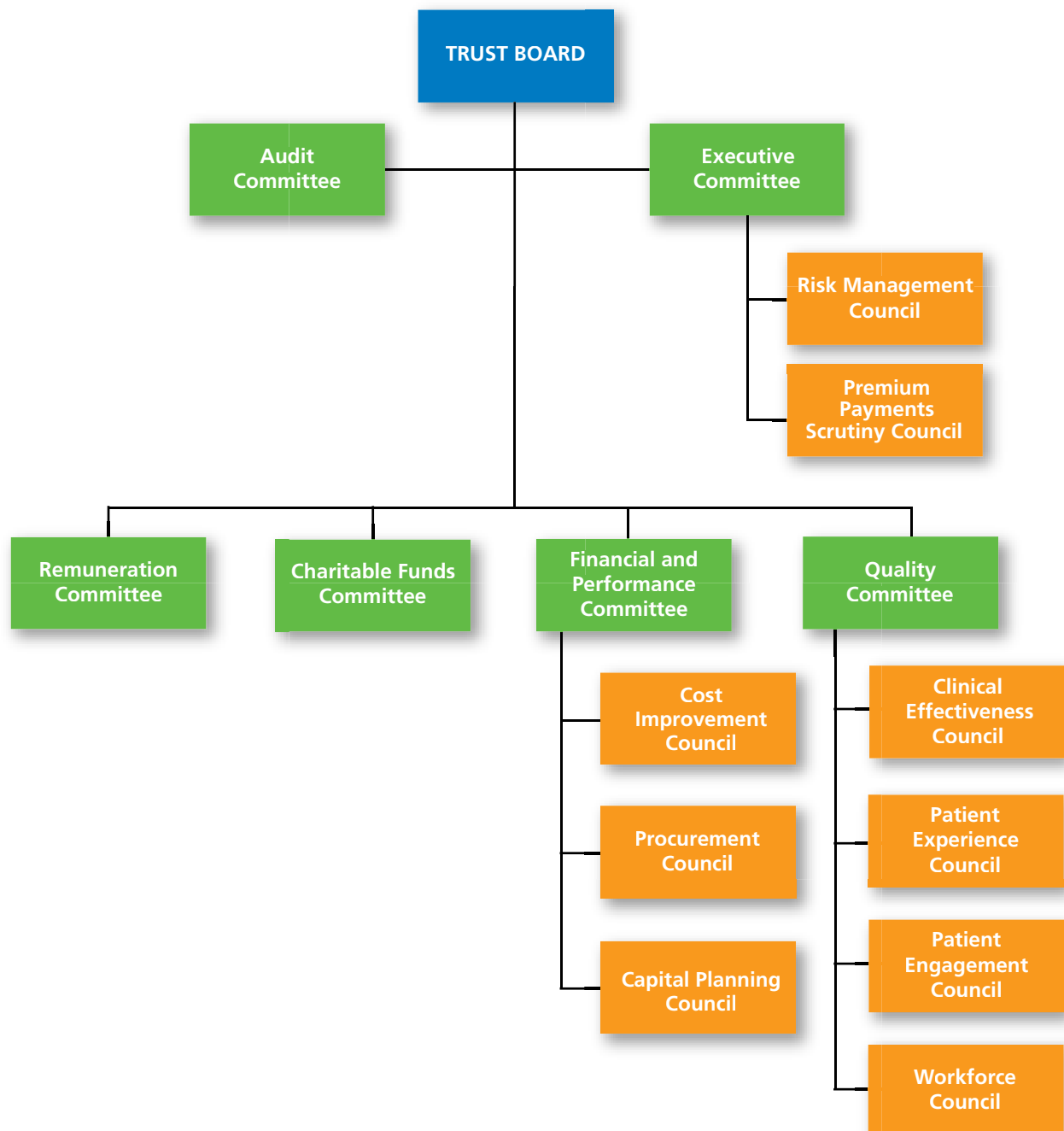
The Board Assurance Framework was reviewed in 2018/19 as part of the internal audit programme with the conclusion that;

'The organisation's Assurance Framework is structured to meet the NHS requirements, is visibly used by the Board and clearly reflects the risks discussed by the Board.'

Copies of reports to the Board are readily available on the Trust website:
<http://www.sthk.nhs.uk/about/trust-board/trust-board-papers-2018>

Governance structure

The Trust has six Committees, some with supporting Councils, reporting to the Board in line with the following structure:



With the exception of the Executive Committee, chaired by the Chief Executive, each is chaired by a NED. After each meeting, the respective chair prepares a report to the Trust Board on matters considered on the agenda, the areas where assurance is being provided, and any issues requiring escalation for Board intervention or decision.

Remuneration Committee

The Remuneration Committee is comprised of the Chairman and all the NEDs.

Its duties include approving the remuneration and terms of service for the Chief Executive and Executive Directors, and to consider the appointment of Executive Directors and other very senior managers.

The Committee met 5 times during the year in June 2018, September 2018, November 2018 and January 2019. There was a minimum of 4 Non-Executive Directors present on each occasion.

Audit Committee

The Audit Committee has a membership of three NEDs, one of whom is a qualified accountant, and the others have commercial and business experience at a senior level.

In addition, the Trust's external and internal auditors along with the Director of Finance are regularly invited to attend. In 2018/19, the Committee met on five occasions.

The Audit Committee provides the Trust Board with independent and objective scrutiny of the financial systems and processes, risk management, and compliance with relevant legislation. The Committee also monitors and reviews clinical audit effectiveness.

Through the agreement of an annual programme of independent audits, the Committee gains assurance that the data being provided to the Board, on which decisions are based, is accurate and complies with guidance.

This programme included audits of the quality spot checks including combined financial systems, risk management, mandatory training, enterprise mobile computing, quality spot checks and locality reviews of individual services. These audits provide independent assurance to the Board that the quality and accuracy of the information reported is sufficiently robust to be relied on.

Quality Committee

The Quality Committee oversees quality governance. Performance within the Trust is measured against a range of parameters, including those related to activity levels, quality of care, staffing and finance. This is captured each month in an Integrated Performance Report (IPR), which incorporates commentary from senior management to aid understanding of the performance data. This commentary also seeks to identify links between factors such as staffing numbers, quality of care, patient experience, costs, activity levels and performance against national targets to turn raw data into information that can be used to support decision making.

The Quality Committee meets each month (excluding August and December) to review all aspects of quality, including the relevant sections within the IPR.

The Quality Committee is supported by a number of Councils that consider in great detail issues relating to the monitoring of patient safety, patient experience, clinical effectiveness and workforce. Chair reports from each of these Councils are reported to the Committee which include any matters for escalation.

Finance and Performance Committee

Like the Quality Committee, this Committee meets each month (excluding August and December) and reviews the IPR in detail. However, their primary focus is on performance against the financial and activity targets.

Deep dives into the Trust's Cost Improvement Programme, to ensure that there are no unintended consequences from efficiency savings is another key role, along with exploring service line costs and benchmarking to assess the relative productivity and efficiency of different services.

During 2018/19, the Finance and Performance Committee has also maintained an overview of the Urgent and Emergency Care Improvement Programme, which was established to undertake focused improvement work across five work streams, to achieve the Emergency Department National Access Standards.

The Committee is also supported in its work by a number of Councils that undertake detailed reviews to ensure that the data received by the Committee is robust, and provides the appropriate basis for forward planning and management decision making. During 2018/19, an additional council has been established to support the development of a rolling five year capital plan.

Charitable Funds Committee

The Trust's Charitable Funds Committee meets at least three times a year and is responsible for managing the income and expenditure of any charitable and donated monies and assets held by the Trust.

The Committee actively promotes fundraising and regular expenditure from funds and also ensures that the Trust receives a reasonable rate of interest from investments made of the funds held in trust.

Executive Committee

The team of Executive and Associate Executive Directors, led by the Chief Executive, is the senior management decision making group within the Trust and is responsible for planning, organising, directing and controlling the organisation's systems and resources to achieve objectives and targets set by the Board.

The Executive Committee aims to meet each week, and exercises the authority delegated to the Chief Executive and Directors to ensure that the organisation is effectively managed, performance is scrutinised and individual managers are held to account.

The Committee is supported in its work by the Risk Management Council which meets on a monthly basis to ensure that risks to the organisation are appropriately managed, and where necessary escalated for more senior intervention.

The Trust has an active Information Governance Steering Group reporting to the Risk Management Council, and chaired by the Trust's Caldicott Guardian. This group ensures that the information the Trust holds, in particular personal information on behalf of patients and staff, is safeguarded at all times.

Governance framework of the organisation

The Board is collectively responsible for establishing a system of internal control and for putting in place arrangements for gaining assurance about the effectiveness of that system.

The Board of Directors consists of a non-executive Chair, five Non-Executive Directors, a Chief Executive and four Executive Directors. A further four non-voting Associate Directors regularly attend Board meetings. The Board also aims to include 1 associate Non-Executive Director, to support succession planning.

The Board has a suite of documents (the Corporate Governance Manual) which contains the Trust's standing orders, standing financial instructions, and scheme of reservation and delegation of powers, which set out the regulatory framework for the business conduct of the organisation.

High standards of governance are maintained through the independence of the Non-Executive Directors (NEDs), achieved by the following:

- All NEDs are appointed for fixed terms ensuring a regular turnover and the introduction of new skills and experience
- The non-executive membership of the Board outnumbers the executive element for all issues requiring a vote
- The NEDs (including the Trust Chairman) meet separately from the Executive Directors, on occasion to discuss Trust business
- The composition of the Board is managed to ensure that the NEDs have a range of skills and experience that enables them to provide constructive challenge, fully understand the business of the Trust and participate in the Trust's governance arrangements. They are therefore able to hold the Executive Directors to account for the performance and delivery of the strategic agenda set by the Board
- NEDs chair the Board and appropriate Board Committees, and through chairman reporting, provide assurance to the Trust Board that the Trust is effectively governed.

Changes to the Board

2018/19 saw the following changes in the Board of Director membership:

- Richard Fraser, Chairman, continued as interim Chair at Southport and Ormskirk Hospitals NHS Trust, until November 2018

- David Graham resigned his Non-Executive Director position in August 2018
- Paul Growney was appointed as Non-Executive Director in September 2018, replacing David Graham
- Jean Quinn was appointed as an Associate Non-Executive Director in September 2018, but due to personal circumstances resigned in January 2019
- Peter Williams retired from the post of Director of Estates and Facilities in December 2018, and these duties were incorporated into the Director of Corporate Services role

All new Directors are provided with tailored induction programmes on their commencement and this was the case in 2018/19.

Board Meetings

The Trust Board held ten meetings in public during 2018/19. Part 2 of these meetings are held in private to discuss confidential issues such as the details of serious untoward incidents relating to patients, confidential staff matters, commercial decisions such as bidding to provide new services or to allow time for the Board to undertake development activities and formulate strategy.

All Trust Board and Committee meetings were quorate, except for the Audit Committee in April 2018, where there was only 1 NED in attendance. The Trust aims to achieve at least 70% attendance by all Directors, and this was achieved by the majority of Board members, who served throughout. Attendance was impacted by the transition to another role in one case and periods of absence due to ill health for others.

Attendance by the Directors is summarised in the following table:

Board Members		Trust Board	Audit Committee	Quality Committee	Finance and Performance Committee	Charitable Funds Committee	Executive Committee	Total	% Attendance
Name	Position	10	5	9*	10	3	43	80	%
Richard Fraser	Chair	8						8/10	80%
Denis Mahony***	NED	8	2		4 (of 8)	1 (of 2)		15/25	60%
Su Rai	NED	10	5		10			25/25	100%
David Graham (until August 2018)	NED	1 (of 4)		1 (of 3)				2/7	29%
Val Davies	NED	9		8		1		18/22	82%
Jeff Kozer	NED	10	3		8			21/25	84%
Paul Growney (from September 2018)	NED	5 (of 6)		1 (of 1)**		1 (of 1)**		7/8	87%
Jean Quinn (from September 2018 – January 2019)	Associate NED	3 (of 4)		0 (of 4)				3/8	37%
Ann Marr	Chief Executive	10		6			35	51/62	82%
Anne-Marie Stretch	Director of HR/ Deputy CEO	9		5			39	53/62	85%
Nikhil Khashu	Director of Finance and Information	10	4	7	9	3	34	67/80	83%
Kevin Hardy	Medical Director	8		6	7		28	49/72	68%
Sue Redfern	Director of Nursing, Midwifery and Governance	10		6			30	46/62	74%
Rob Cooper	Director of Operations and Performance	9		5	9		34	57/72	79%
Tiffany Hemming	Director of Transformation	9					31	40/53	75%
Christine Walters	Director of Informatics	9					33	42/53	79%
Nicola Bunce	Director of Corporate Services	10		7	6		36	59/72	82%
Peter Williams (until December 2018)	Director of Estates and Facilities	6 (of 7)					29 (of 31)	35/38	92%
Meetings quorate		Yes	4 (of the 5 mtgs)	Yes	Yes	Yes	Yes	79%	

*The Quality Committee meeting scheduled for July was cancelled due to the CQC inspection of core services

** Paul Growney became chair of the Charitable Funds Committee in January 2019 and a member of the Quality Committee in February 2019

***Denis Mahony was acting Chairman for a period between October – January and during this period did not attend committee meetings. He also undertook additional duties as Deputy Chair, during the period that Richard Fraser was the interim Chairman at Southport and Ormskirk Hospitals NHS Trust.

In order to discuss in detail key issues affecting the organisation; longer term strategic plans to ensure sustainability; and wider partnership working across the local health economy, four strategy meetings were held in 2018/19. Board Development sessions were also held throughout the year and the topics covered are summarised in the following table:

Purpose	Provider / Lead	Date
Clinical Strategy Review	Kevin Hardy, Medical Director	April 2018 Strategy Board
Fit and Proper Persons Regulations Briefing and Updated Policy	Anne-Marie Stretch, Deputy CEO/Director of HR	
Knowsley Public Health Report Presentation	Matthew Ashton, Director of Public Health	June 2018 Strategy Board
CQC Well Led Review Development Session	Sue Redfern, Director of Nursing, Midwifery and Governance	July 2018
Legal and Regulatory Update; <ul style="list-style-type: none"> • Integrated care governance • Learning from deaths guidance and issues • Legal claims and risk profile 	Hill Dickinson LLP	October 2018
Primary Care Strategy	Rob Cooper, Director of Operations and Performance	December 2018 Board Time Out
Digital Strategy Developments	Christine Walters, Director of Informatics	
NHS funding and capacity and demand planning	Nik Khashu, Director of Finance and Information & Rob Cooper, Director of Operations and Performance	
Briefing on the NHS Long Term Plan and 2019/20 Planning Guidance	Nik Khashu, Director of Finance and Information	January 2019
Draft Operational Plan 2019/20	Nicola Bunce, Director of Corporate Services & Gareth Lawrence, Deputy Director of Finance	February 2019 Strategy Board
Information Governance Training	Craig Walker, Information Governance Manager	

To effectively carry out their duties Board members need to be able to probe the data conveyed in formal reports to the Board and its Committees and triangulate that with the softer intelligence gained through attendance at events, staff and carer listening sessions, and ward and department visits. NEDs are encouraged to test out material provided when speaking to staff to gain that further assurance of accurate reporting of information throughout the Trust.

All Directors participate in a schedule of Quality Ward Rounds (QWRs) during the year, which supports them to gain a greater understanding of the work in each specialty and the achievements and issues that each ward is managing.

Hearing first-hand experiences from patients, learning from the results of patient and staff surveys, and being conscious of the themes of incidents and complaints is important to the overall effectiveness of the Board, and these topics remain regular agenda items.

In 2018-19, the Trust received 267 new complaints that were opened for investigation. This represents an increase of 18.7% in comparison to 2017-18, when the Trust received 225 new complaints, but remains lower than 2016/17 when 338 complaints were received. There was a decrease in the number of complainants who were dissatisfied with the initial response and raised a stage two complaint; 37 in 2018-19 compared to 44 in 2017-18. The total number of PALS contacts increased by 36% to 3174 in 2018-19.

Work continues to improve the timeliness of complaints responses and the average time to respond to new complaints within the agreed timescale has improved from 67% in 2017-18 to 92.1% in 2018-19.

In 2018/9, the top five causes of complaints, were clinical treatment, patient and nursing care, appointments, admissions and discharges and communications. These are very similar to previous years, although there has been an increase in complaints relating to appointments due to the disruption the Trust experienced to its patient booking systems as a result of implementing the new Patient Administration System.

The source of the highest number of complaints was the Medical Care Group, which includes the Emergency Department, and is the department with the highest volume of patients.

The Board remains committed to improvement by reducing the overall numbers of complaints; ensuring complaints are responded to in a timely manner; and making sure that lessons are learned.

Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator for health and social care in England and through inspection makes sure that the public are provided with safe, effective, compassionate and high-quality care, and encourages services improvement. Their report on the Trust, published in March 2019, provided significant assurance to the Board of the quality of services being delivered. The overall Trust 'Outstanding' rating achieved during the most recent inspection is an improvement on the overall rating at the last inspection in 2015, which was 'Good'.

The Trust is required each year to register with the CQC and has a legal duty to be compliant with the fundamental standards set out in the Health and Social Care Act.

As part of the 2018 inspection, the CQC inspected Marshalls Cross Medical Centre, which is a new service which the Trust was contracted to provide from March 2018. The inspection identified 3 breaches of the CQC regulations, for this service. The Trust had already taken action to start to address the issues identified at the time of the inspection in August 2018, and following the publication of the final CQC report in March 2019, is now preparing its formal response for the CQC to demonstrate that the regulations are now being fully met by the service.



NHS Improvement (NHSI) and the Provider Licence Conditions

The Trust works closely with NHSI (the Trust's regulating body) in pursuing the national priorities detailed in the NHS Mandate and Single Oversight Framework (SOF). This framework sets out the key policies and processes which govern the relationship between NHS Trusts and NHSI in terms of oversight and escalation mechanisms, development and support. The Trust has continued to be assessed as segmentation level 2 by NHSI throughout 2018/19, with routine monitoring and no special level interventions or support.

During 2018/19, the Trust self-certified that it complied with the licence, NHS acts and NHS Constitution (Condition G6 (3)) and with the required governance arrangements (Condition FT4 (8)), as required for the SOF.

The Trust has undertaken a self-assessment against the NHSI/CQC Well Led Framework and developed an action plan to address areas that were identified for improvement. The Trust was then subject to the CQC Well Led inspection in August and was rated as Outstanding for this domain.

NHS Pensions

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Equality and Diversity Obligations

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Appropriate policies are maintained to ensure that the required standards are met; examples being:

- The Recruitment and Selection Policy is designed to inform management and staff how to conduct employment in an objective, fair and effective manner
- The Equality and Diversity Policy is designed to provide employment equality. This ensures that no applicant or employee will receive less favourable treatment on the grounds that they possess a "protected characteristic" as defined by the Equality Act, or any other individual characteristic, for example, social class or carer status.

Modern slavery and human trafficking statement

The Trust is fully aware of the responsibility it bears toward its customers, employees and the communities which it serves. The Trust has created a set of ethical values to guide employees and suppliers in its business dealings.

The Trust uses the NHS standard contract and expects that all its suppliers of goods and services adhere to similarly high ethical principles. As required by the Modern Slavery Act 2015, the Trust has reviewed its supply chains and seeks assurance from existing and new suppliers that they can meet the "Supplier Code of Conduct" and comply with the Act. The Trust has also identified potential areas of greater risk including contractors dealing with the provision of food, construction, cleaning, and clothing.

Advice and training on slavery and human trafficking is available to staff through the Safeguarding Team.

Workforce Strategy and Workforce Safeguards

The Board has a Workforce Strategy with agreed objectives for ensuring that the Trust can attract and retain the right number of staff with the necessary skills to deliver high quality patient care, and who are fully engaged and offered opportunities to develop their careers within the organisation. This strategy is currently being refreshed to ensure that it aligns with the workforce aspirations set out in the NHS Long Term Plan.

The Board approves the high level workforce plan each year as part of the annual operational planning cycle, which takes into account projected activity growth or change and agreed service developments. The Trust utilises a suite of rostering tools to roster staff, plan activities and monitor staffing in line with patient acuity on a day to day basis. Nurse safer staffing information is reported to the Trust Board in the Integrated Performance Report every month, and there are detailed workforce key indicator reports twice a year which include recruitment, vacancy and turnover information. Establishment reviews are undertaken by a multi-disciplinary team every 6 months to ensure that staffing numbers and skill mix are appropriate and these are reported to the Quality Committee. The Trust has a guardian of safe working who reports twice a year on the working hours and shift patterns of Doctors in training.

Register of Interests/Managing Conflicts of Interest

The Trust has an up to date Register of Interests, which is published via the Trust website, as required by the "Managing Conflicts of Interest in the NHS" guidance.

Board Assurance

Through the systems outlined in this report, Directors are able to provide the necessary assurances to the Board that its annual and longer-term objectives can be met and risks to their achievement are being appropriately managed.

To support this view, the Trust also receives a significant amount of independent and external feedback from a range of sources that provides the Board with further assurance. Examples are summarised in the following paragraphs.

In accordance with Public Sector Internal Audit Standards, the Director of Internal Audit (DoIA) is required to provide an annual opinion on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control). This is achieved through a risk-based plan of work, agreed with management and approved by the Audit Committee, which can provide assurance covering:

- Financial systems
- M&T and Information Governance
- Performance and Board reporting systems
- Processes to ensure service quality
- Processes underpinning management of the workforce
- Governance risk and legal compliance of statutory functions

For 2018/19, the DoIA opinion was that substantial assurance can be given that the organisations Assurance Framework is structured to meet the NHS requirements, is visibly used by the Board and clearly reflects the risk discussed by the Board.

The basis for that opinion was:

- The design and operation of the underpinning assurance framework and assurance processes
- The range of individual assurances arising from risk based internal audit assignments that have been reported throughout the period.
- The organisations response to internal audit recommendations, and the extent to which they have been implemented

The Trust's external Anti-Fraud advisors report for 2018/19 confirmed that the Trust remained compliant against anti-fraud standards, and was strong with respect to ensuring that NHS resources are protected against fraud, bribery or corruption.

4.5 Review of economy, efficiency and effectiveness and use of resources

Use of Resources Rating (URR)

The URR risk rating has five equally-weighted metrics: liquidity ratio; capital servicing capacity; I&E margin; I&E margin variance from plan; and performance against the planned agency ceiling.

The overall risk rating ranges from 1 to 4, where 4 represents the highest level of financial risk. The rating also has an override methodology which means:

- Scoring a 4 on any metric returns an overall rating no better than 3
- A provider in financial special measures will score a 4 overall
- A provider without an agreed control total can score no better than a 3 for a planned deficit or 2 for a planned surplus.

The Trust is currently at level 3, primarily reflecting our assets and liabilities from our two PFI funded hospital sites.

As part of the CQC inspection in 2018, the Trust was also assessed for Use of Resources by NHS Improvement and was rated as "Good" for the way in which it effectively and efficiently utilises its resources.

Economy, efficiency and effectiveness

The Trust utilises a range of benchmarking to ensure it is operating effectively, including the Model Hospital, Carter Metrics and Reference Costs, which are reviewed by the Finance and Performance Committee and support the development of improvement plans.

4.6 Information governance

Information Governance is the standards and processes for ensuring that organisations comply with the laws and regulations regarding handling and dealing with personal information. The Trust has clear policies and processes in place to ensure that information, including patient information, is handled in a confidential and secure manner.

The Data Security and Protection Toolkit (DSPT) is the successor framework to the IG Toolkit and is an online tool that enables organisations to measure their performance against data security and information governance requirements which reflect updated legal obligations and Department of Health and Social Care policy. All organisations that have access to NHS patient information must provide assurances that they are practising good Information Governance and use the Data Security and Protection Toolkit to evidence this by the publication of annual assessments.

St Helens and Knowsley Teaching Hospitals NHS Trust Information Governance Assessment Report submission for 2018/19 was rated as meeting the required standards as stipulated in the Data Security and Protection Toolkit. This represents a consistent position based on last year's score and means that the Trust is compliant in all sections of the DSP Toolkit.

This submission was audited by Mersey Internal Audit Agency (MIAA) and the Trust has maintained its assurance level of “Significant/Substantial Assurance” for the 7th year running, which demonstrates the Trust’s commitment to protecting the information it holds and uses.

The Trust continues to enhance its Information Governance Framework led by the Head of Information Governance, Quality Assurance and Data Protection Officer. The Information Governance Steering Group (IGSG) is a standing committee accountable to the Trust Risk Management Council and, ultimately, the Trust Board. Its main purpose is to support and drive the Information Governance agenda and provide the Trust Board with the assurance that effective Information Governance best practice mechanisms are in place within the Trust.

This year has seen the IGSG address two major changes which have transformed the Information Governance landscape. One of these has been the introduction of the new DSP Toolkit which has been described above, and the other was the introduction of the General Data Protection Regulations (GDPR) which came into force in May 2018. The IGSG monitored the detailed implementation action plans and ensured that key milestone targets were achieved.

The Trust’s Caldicott Guardian is the designated individual who is responsible for ensuring confidentiality of personal information. The Trust also has a Senior Information Risk Owner (SIRO), who is responsible for reviewing and reporting on the management of information risk to the Trust Board. The SIRO is supported by a network of Information Asset Owners (IAOs) and Information Asset Administrators (IAAs) who ensure that any identified information risks are appropriately managed in line with the Trust’s Risk Management Policy. The Data Protection Officer, Senior Information Risk Owner and Caldicott Guardian are appropriately qualified, trained, registered and accredited.

The Trust has a duty to report any incident regarding breaches of the Data Protection Act to the Information Commissioner’s Office (ICO) and during 2018/19 there were three incidents. Two of these incidents have been closed by the Information Commissioner’s Office with no actions taken against the Trust. The Trust has taken action to minimise the likelihood of any reoccurrence. The remaining incident remains open and the Trust is liaising with the ICO regarding this matter.

4.7 Annual Quality Account

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

The Trust continues to be committed to ensuring accurate and up-to-date information is available to communicate effectively with GPs and others involved in delivering care to patients. Good quality information underpins effective delivery of patient care and supports better decision-making, which is essential for delivering improvements.

Data quality is fully embedded across the organisation, with robust governance arrangements in place to ensure the effective management of this process. Audit outcomes are monitored to ensure that the Trust continues to maintain performance in line with national standards. The data quality work plan is reviewed on an annual basis ensuring any new requirements are reflected in the plan.

The standard national data quality items that are routinely monitored are as follows:-

- Blank/invalid NHS number
- Unknown or dummy practice codes
- Blank or invalid registered GP practice
- Patient postcode

The Trust has implemented a new Patient Administration System (Medway) which has the functionality to allow for National Spine integration, giving users the ability to update patient details from national records using the NHS number as a unique identifier.

The Medway configuration restricts the options available to users. Validation of this work is ongoing and will form part of the data quality work plan for 2019/20.

The Quality Committee provides oversight to ensure that the Trust produces the annual Quality Account for presentation to the appropriate Local Authority Overview and Scrutiny Committees established to review and analyse decisions which affect their residents. The annual Quality Account is audited and the 2018/19 account will be published in June 2019.

Sustainable Development – UKCP18 (Climate Projections risk assessments and management plan)

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaption Reporting requirements are complied with.

The Trust recognises the important relationship between public health and the environment. Using the available financial, social and environmental resources, the Trust is striving to continually improve health and wellbeing in the community, deliver high quality care and minimise the impact its services have on the environment. The Trust acknowledges and fully embraces its responsibility to lead change and secure a sustainable future for its hospitals, public health and the social care system.

The Trust has published and is actively working to deliver its Sustainable Development Management Plan which is available at <http://www.sthk.nhs.uk/about/trust-publications/sustainable-development-management-plan>. This plan provides a proactive and systematic framework to encourage an organisational culture that supports and inspires innovative decisions, policies and actions that enable individuals, departments and partner organisations to promote and progress the Trust's sustainability agenda.

The Trust works closely with a wide range of stakeholders to ensure the aims and objectives of the Sustainable Development Plan are reflected in those of partner organisations. Examples of this are highlighted in the annual sustainability report which can be accessed via the link above.

The Trust's Sustainability Action Group meets bi-monthly to share sustainable practice, explore opportunities for savings and implement initiatives that promote sustainable development. Agenda items include a wide range of projects including, procurement of goods ranging from food, to pathology equipment, packaging, waste disposal, energy management, reducing carbon emissions and community projects.

Considerable progress has been made this year with the Trust's CO₂e emissions target. This year, the Trust installed a 1.2MWe Combined Heat and Power unit and a Flu-Ace heat recovery system which together prevents 3,600 Tonnes of carbon from being emitted annually. This helps the Trust towards its target of 50,443T of CO₂e by 2020 to comply with the 2008 Climate Change Act. The CHP and Flu-Ace system has also reduced the Trust's electricity consumption by 791,580kWh per month on average.

The Trust is actively pursuing targets across its key components, which include energy (21%), medical equipment (19%), paper products (12%), and waste disposal (6%).

This year, Warpit was introduced into the organisation. This is a computer based system that allows the Trust to distribute and recycle surplus or redundant resources within the organisation. This includes items such as surplus paper, stationary and items of furniture that are no longer needed. So far, the system has stopped 1516kg of waste going to landfill, saving the Trust over £3,200.

4.8 Review of effectiveness

Annual meeting effectiveness review

Each year, the Board and each of its Committees undertakes an effectiveness review each comprising of:

- A review by the Chair and lead Director
- A review of the meeting structure, membership and reporting arrangements
- A review of attendance
- Feedback from members
- Annual review of the Terms of Reference and work plan

The conclusion of the reviews, reported to the Audit Committee is that the purpose, remit and organisation of the Trust Board and its Committees remains appropriate and provides the necessary assurance that the Trust is effectively and appropriately managed. The review is also used to inform a skills audit, succession planning and the future Board development priorities.

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust that have responsibility for the development and maintenance of the internal control framework.

I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the audit committee, finance and performance committee, and the quality committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

4.9 Conclusion

There are no significant internal control issues have been identified or reported in the annual governance statement for 2018/19.

Signed

Ann Marr

Ann Marr
Chief Executive
Date: 22nd May 2019

Accountability Report signed

Ann Marr

Ann Marr
Chief Executive
Date: 22nd May 2019



Section 3

Remuneration and Staff Report

This section provides the reader with information on the staff within the Trust and where further workforce data can be found within the financial statements.

5 The Trust's approach to its workforce and staffing

The HR & Workforce Strategy supports the Trust's vision by developing a management culture and style that:

- Empowers staff, builds teams and recognises and nurtures talent through learning and development
- Is open and honest with staff, and provides support throughout organisational change and invests in staff health and wellbeing
- Promotes standards of behaviour that encourage a culture of caring, kindness and mutual respect.

5.1 Trust employees

At the end of 2018/19, the Trust directly employed over five thousand FTE staff of which 42% are doctors and nurses; 35% are clinical support staff; and the remaining 33% are non-clinical support staff.

Turnover of staff is circa 9.99% which has decreased since 2017/18, reflecting the significant work that has been undertaken to improve recruitment and retention despite the challenges of national staff shortages for specialist healthcare staff. There are variations in turnover rates between disciplines, and significant recruitment challenges exist for some medical specialties, nursing and scientific staff.

The number of senior managers employed by the Trust at 31st March 2019 was 33 (27.3 FTE) including all Directors who attend the Trust Board and other senior managers at the Trust who have responsibility for controlling major activities and delivering statutory responsibilities e.g. Chief Pharmacist. All the senior managers are employed on NHS Agenda for Change (AFC) or the national Very Senior Manager (VSM) pay and contractual conditions.

Staff Numbers 31st March 2019	Male		Female		All Staff	
	Headcount	FTE	Headcount	FTE	Headcount	FTE
Directors	3	2.90	6	5.80	9	8.80
Non-Executive Directors	4	1.00	2	0.40	6	1.40
Other Senior Managers (AFC 8D and above)	12	11.10	6	6.00	18	17.10
All other staff	944	893.85	4670	4000.64	5614	4894.49
Total	963	908.75	4684	4012.84	5647	4921.59

The above table includes all staff on the Trust's payroll except; temporary staff (including agency and bank staff), junior doctors in training recharged from other payrolls and staff recharged from other organisations. This information is a snap shot rather than the average across the year.

81.5% of the workforce is female.

Information on 2018/19 staff costs and average FTE's is provided in the tables below:

Staff costs

	Permanent	Other	2018/19	2017/18
	£000	£000	Total	Total
			£000	£000
Salaries and wages	182,741	10,834	193,575	176,501
Social security costs	16,222	1,223	17,445	16,017
Apprenticeship levy	959	-	959	886
Employer's contributions to NHS pensions	19,748	1,489	21,237	19,380
Pension cost - other	45	-	45	18
Temporary staff	-	8,171	8,171	9,397
Total gross staff costs	219,715	21,717	241,432	222,199
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	219,715	21,717	241,432	222,199
Of which				
Costs capitalised as part of assets	34	3	37	67
Total staff costs net of capitalised costs	219,681	21,714	241,395	222,132

Average number of employees (WTE basis)

	Permanent	Other	2018/19	2017/18
	Number	Number	Total	Total
			Number	Number
Medical and dental	563	85	648	610
Administration and estates	1,144	81	1,225	1,124
Healthcare assistants and other support staff	790	164	954	918
Nursing, midwifery and health visiting staff	1,525	73	1,598	1,505
Scientific, therapeutic and technical staff	551	23	574	547
Healthcare science staff	313	-	313	308
Social care staff	3	-	3	3
Total average numbers	4,889	426	5,315	5,015
Of which:				
Number of employees (WTE) engaged on capital projects	1	-	1	1

The Trust annual sickness absence rate was 5.03% against a target of 4.7%. (percentage of days lost over days available).

5.2 Payments for staff and services

Trust expenditure in 2018/19 on consultancy is included under note 5 of the Annual Accounts.

Under HM Treasury guidance the Trust is required to disclose information about off-payroll engagements at a cost of more than £245 per day and lasting more than six months.

Total number of existing engagements as of 31st March 2019	4
Of which.....	
No. that have existed for less than one year	
No. that have existed for between 1-2 years	2
No that have existed for between 2-3 years	2
No that have existed for between 3-4 years	
No that have existed for 4 years or more	
Total number of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	0
Of which...	
No. assessed as caught by IR35	
No. assessed as not caught by IR35	
Of which...	
No engaged directly (via PSC contracted to the entity) and are on the departmental payroll	
No. of engagements reassessed for consistency/ assurance purposed during the year	
No. of engagements that saw a change to IR35 status following the consistency review	

There were no off-payroll engagements relating to the Trust's Executive Directors.

Reporting of compensation schemes and exit packages 2018/19

The figures below relate to administrative staff that transferred to the Trust as part of a major contract to be the Lead Employer for Junior Doctors in training and were funded by Health Education England (HEE).

Exit package cost band (including any special payment element)	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<£10,000	4	-	4
£10,000 - £25,000	2	-	2
£25,001 - 50,000	4	-	4
£100,001 - £150,000	1	-	1
Total number of exit packages by type	11	-	11
Total cost (£)	<u>£315,000</u>	<u>£0</u>	<u>£315,000</u>

6 Fair Pay Disclosure

The Trust has made the annual disclosure of the relationship between the remuneration of the highest paid director and the median remuneration of the organisations workforce (attachment 1).



Attachment 1 – Pay Multiplier Annual Disclosure

Pay Multiplier Disclosure 2018/19

Year	2018 - 2019	2017 - 2018
Band of Highest Paid Directors' remuneration (£,000)	165 - 170	190 - 195
Median Total (£)	28,548	25,630
Ratio	5.87	7.51

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid Director in their organisation and the median remuneration of the organisations workforce.

The banded remuneration of the highest paid Director in St Helens & Knowsley Teaching Hospitals NHS Trust in the financial year 2018-2019 was £165,000 to £170,000. Based on the mid-point of the band, this was 5.87 times the median remuneration of the workforce, which was £28,548.

Total remuneration includes salary, non-consolidated performance related pay and benefits in kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

The Medical Director is the highest paid member of staff for 2018-2019 and the Acting Medical Director for 2017-2018.

The increase in median salary is attributed to the national pay deal awarded in 2018 for Agenda for Change staff.

In producing this information, the Trust has followed the Healthcare Financial Management Association (HFMA) Guidance on Pay Multiple Disclosures issued in 2013.

Attachment 2 – Directors Remuneration Report

Salaries and Allowances, Table 1: Single Total figure table

	2018-19						
	Salary (See note below table)	Other Remuneration (See note below table)	Expense Payments	Performance pay and bonuses	Long term performance pay and bonuses	All pension-related benefits (See note below table)	Total
	(bands of £5,000) £000	(bands of £5,000) £000	(taxable) total to nearest £100	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £2,500) £000	(bands of £5,000) £000
Mr R Fraser, Chairman <i>(Started 1 May 2014, 2nd term of office, ends 30th April 2020)</i>	20-25	0	0	0	0	0	20-25
Ms AM Marr, Chief Executive	110-115	0	0	0	0	0	110-115
Mrs AM Stretch, Director of Human Resources & Deputy Chief Executive	130-135	0	900	0	0	0	130-135
Mr N Khashu, Director of Finance and Information	130-135	0	100	0	0	0	130-135
Professor K Hardy, Medical Director	35-40	95-100	0	0	0	0	135-140
Mrs S Redfern, Director of Nursing, Midwifery & Governance	110-115	0	0	0	0	0	110-115
Mr D Graham, Non-Executive Director <i>(Left 31st August 2018)</i>	0-5	0	300	0	0	0	0-5
Mr D Mahony, Non -Executive Director <i>(Started 1 August 2012, 3rd term of office, ends 31st July 2019)</i>	5-10	0	1,200	0	0	0	5-10
Ms S Rai, Non-Executive Director <i>(Started 26 September 2012, 3rd term of office, ends 25th September 2019)</i>	5-10	0	800	0	0	0	5-10
Mr G Marcall, Non-Executive Director <i>(Left 31st December 2017)</i>							
Mrs V Davies, Non-Executive Director <i>(Started 6th July 2017, 1st term of office, two-year term, ends 5th July 2019)</i>	5-10	0	1,000	0	0	0	5-10
Mr J Kozer, Non-Executive Director <i>(Started 1st January 2018, 1st term of office, three-year term, ends 31st December 2021)</i>	5-10	0	1,600	0	0	0	5-10
Mr P Growney, Non-Executive Director <i>(Started 1st September 2018, 1st term of office, two-year term, ends 31st August 2020)</i>	0-5	0	0	0	0	0	0-5
Mrs J Quinn, Associate Non-Executive Director <i>(Started 1st September 2018, 1st term of office, two-year term, ends 31st August 2020)</i>	0-5	0	0	0	0	0	0-5

Notes:

In the above table only the columns for "salary" and "other remuneration" are deemed to be salary related.

For the purposes of this exercise the pension-related benefits are calculated using a national standard formula and effectively reflect the real increase in pension at age 60 in 2018/19 multiplied by a valuation factor of 20 plus the real increase in lump sum at age 60 in 2018/19. The resultant figure represents an estimate of the lifetime benefit of the annual increase. Please note that these figures exclude the estimated impact of employee's own contributions unlike in the pensions benefit table which include the impact of both employee and employer contributions.

The figures in the above table will include all payments in the year including any arrears paid. Also where a director was not a director for all year then only the remuneration for that period the director was in post would be disclosed. This may lead to different from figures stated under the pay multiples disclosure.

The Trust Board oversees the running and direction of the Trust and is accountable for financial and operational performance. The Chair and five non-Executive Directors are initially appointed for a varying terms by the Secretary of State for Health and can be reappointed for further terms. The Chief Executive post is a standard NHS contract with no time element included and is reviewed by the Trust's Remuneration Committee on an annual basis. In attendance at this committee is the Chairman, Chief Executive and at least two non-

2017-18						
Salary (See note below table)	Other Remuneration (See note below table)	Expense Payments	Performance pay and bonuses	Long term performance pay and bonuses	All pension- related benefits (See note below table)	Total
(bands of £5,000) £000	(bands of £5,000) £000	(taxable) total to nearest £100	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £2,500) £000	(bands of £5,000) £000
20-25	0	0	0	0	0	20-25
185 -190	0	0	0	0	45-47.5	230-235
125-130	0	0	0	0	107.5-110	235-240
125-130	0	0	0	0	57.5-60	185 - 190
25-30	175-180	0	0	0	27.5-30	230 - 235
105 -110	0	0	0	0	55-57.5	165-170
5-10	0	0	0	0	0	5-10
5-10	0	900	0	0	0	5-10
5-10	0	0	0	0	0	5-10
0-5	0	2,000	0	0	0	5-10
0-5	0	200	0	0	0	0-5
0-5	0	0	0	0	0	0-5

Executive Directors, except when the CEO's salary is discussed. The Human Resources Director also serves the Remuneration Committee except when the Human Resources Director's remuneration is discussed. The Finance Director, Human Resources Director and Nursing Director posts are substantive appointments. Along with the Chief Executive their posts would be subject to national competition if they became vacant. The Medical Director is appointed from within the Trust consultant body on a fixed-term contract.

In respect of pay awards for Executive Directors, these are made in line with Department of Health guidance. The Trust has a robust appraisal process in place for Executive Directors but does not operate a performance-related pay framework. All the Trust Executive Directors are employed on a full-time substantive contract with a 6 month contract termination notice period either side. There have been no significant awards made to past Executive Directors for early terminations of contract. None of the directors were remunerated in an off-payroll arrangement.

The Board Director's interests are published annually on the Trust's website.

Please note that elements of the Remuneration Report are subject to audit, namely the salary and pension entitlements of senior managers (ie. the Board), compensation paid to former directors, details of amounts payable to third parties for the services of a director (if made) and the median remuneration of the Trust's staff and the ratio between this and the mid-point of the banded remuneration of the highest paid director.

Attachment 3 – Pension Benefits

	Real increase/ (decrease) in pension at pensionable age (bands of £2,500) £000	Real increase/ (decrease) in lump sum at pensionable age related to real increase/ (decrease) in pension (bands of £2,500) £000	Total accrued pension at pensionable age at 31 March 2019 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2019 £000	Cash Equivalent Transfer Value at 31 March 2019 £000	Cash Equivalent Transfer Value at 31 March 2018 £000	Real increase/ (decrease) in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension £000
Ms AM Marr, Chief Executive						2,011		0
Mrs AM Stretch, Director of Human Resources & Deputy Chief Executive	0	0	55 - 60	145 - 150	1,169	1,039	80	0
Mr N Khashu, Director of Finance	0 - 2.5	0	35 - 40	80 - 85	570	482	55	0
Professor K Hardy, Medical Director						1,407		0
Mrs S Redfern, Director of Nursing, Midwifery & Governance	0	0	50 - 55	160 - 165	1,336	1,198	88	0

Please note that the above information has been provided by the NHS Business Services Agency - Pensions Division. The Trust's accounting policy on pensions is shown in Note 7.3 of the Trust's published accounts.

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with SI 2008 No.1050 Occupational Pension Schemes (Transfer Values) Regulations 200823.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.





St Helens Hospital
Marshalls Cross Road, St Helens
Merseyside. WA9 3DA
Telephone: 01744 26633



Whiston Hospital
Warrington Road, Prescot
Merseyside. L35 5DR
Telephone: 0151 426 1600

www.sthk.nhs.uk