

Trust Board Meeting (Public)

To be held at 10.00 on Wednesday 29 January 2025
Boardroom, Level 5, Whiston Hospital / MS Teams Meeting

Time	Reference No	Agenda Item	Paper	Presenter
Preliminary Business				
10.00	1.	Employee of the Month (December 2024 and January 2025) <i>Purpose: To note the Employees of the Month presentations for December 2024 and January 2025</i>	Film	Chair (15 mins)
10.15	2.	Patient Story <i>Purpose: To note the Patient Story</i>	Presentation	Chair (15 mins)
10.30	3.	Chair's Welcome and Note of Apologies <i>Purpose: To record apologies for absence and confirm the meeting is quorate</i>	Verbal	Chair (10 mins)
	4.	Declaration of Interests <i>Purpose: To record any Declarations of Interest relating to items on the agenda</i>	Verbal	
	5.	TB25/001 Minutes of the previous meeting <i>Purpose: To approve the minutes of the meeting held on 27 November 2024</i>	Report	
	6.	TB25/002 Matters Arising and Action Logs <i>Purpose: To consider any matters arising not included anywhere on agenda, review outstanding and approve completed actions</i>	Report	
Performance Reports				
10.40	7.	TB25/003 Integrated Performance Report 7.1. Quality Indicators 7.2. Operational Indicators 7.3. Workforce Indicators 7.4. Financial Indicators <i>Purpose: To note the Integrated Performance Report</i>	Report	L Barnes G Lawrence obo L Neary M Szpakowska G Lawrence (30 mins)

Committee Assurance Reports				
11.10	8.	TB25/004 Committee Assurance Reports 8.1. Executive Committee 8.2. Quality Committee 8.3. Strategic People Committee 8.4. Finance and Performance Committee <i>Purpose: To note the Committee Assurance Reports</i>	Report	R Cooper G Brown C Spencer obo L Knight C Spencer (40 mins)
Other Board Reports				
11.50	9.	TB25/005 Corporate Risk Register <i>Purpose: To note the Corporate Risk Register</i>	Report	N Bunce (10 mins)
12.00	10.	TB25/006 Board Assurance Framework <i>Purpose: To approve the Board Assurance Framework</i>	Report	N Bunce (10 mins)
12.10	11.	TB25/007 2023/24 Research, Development and Innovation Annual Report <i>Purpose: To note the 2023/24 Research, Development and Innovation Annual Report</i>	Report	P Williams (10 mins)
12.20	12.	TB25/008 Aggregated Incidents, Complaints and Claims Report (Q3) <i>Purpose: To note the Aggregated Incidents, Complaints and Claims Report for Q3</i>	Report	L Barnes (15 mins)
12.35	13.	TB25/009 Learning from Deaths Quarterly Report (Q1 2024/25) <i>Purpose: To note the Learning from Deaths Quarterly Report Q1 2024/25</i>	Report	P Williams (10 mins)
12.45	14.	TB25/010 Clinical Negligence Scheme for Trusts 2024/25 Self Declaration <i>Purpose: To approve the Clinical Negligence Scheme for Trusts Self Declaration</i>	Report	L Barnes (20 mins)
Concluding Business				
13.05	15.	Effectiveness of Meeting	Verbal	Chair (5 mins)

13.10	16.	Any Other Business <i>Purpose: To note any urgent business not included on the agenda</i>	Verbal	Chair (5 mins)
		Date and time of next meeting: Wednesday 26 February 2025 at 09:30		13.15 close
15 minutes lunch break				

Chair: Gill Brown obo Richard Fraser

The Board meeting is held in public and can be attended by members of the public to observe but is not a public meeting. Any questions for the Board may be submitted to Juanita.wallace@merseywestlancs.nhs.uk 48 hrs in advance of the meeting.

Title of Meeting	Trust Board	Date	29 January 2025
Agenda Item	TB25/000		
Report Title	Patient Story		
Executive Lead	Lynne Barnes, Acting Director of Nursing, Midwifery and Governance		
Presenting Officer	Michelle Kitson, Matron Patient Experience Sophie Needham, Specialist Nurse Acute Oncology		
Action Required		To Approve	X To Note
Purpose			
To receive the patient story.			
Executive Summary			
<p>This story was recorded as an outcome of a request from the regional specialist oncology network who asked the specialist nurse teams to begin to collate some patient stories for sharing of best practice and learning. Naomi presents her journey as a young mum of two children and her unexpected diagnosis of cancer. The main points raised within her story:</p> <ul style="list-style-type: none"> • Having a point of contact to support the planning and timely communication of investigations and to be available for any questions. Naomi described how she felt reassured by ‘being looked after somebody and being on someone’s radar’. • The urgency of arranging investigations was reassuring. Naomi felt reassured that this was happening quickly to gather further information which meant that she wasn’t experiencing ‘an agonising’ wait for things to happen. • The ability to continue breastfeeding was very important to Naomi and she was supported to do this within the Accident and Emergency Department and throughout her initial investigations with the support of the oncology team. <p>At the time of sharing her story in April 2024 Naomi was in remission and was being monitored very closely. On asking Naomi on what she would say about the service – her words were as follows: <i>‘It’s not a department that you expect to deal with. Before becoming poorly if I thought what I would want, it would be, regular contact, communication, honesty, comfort, and managing expectations. Which is what I received at such an awful time. Everything I wanted from a department I received which gave me a lot of comfort’.</i></p>			
Financial Implications			
Not applicable			
Quality and/or Equality Impact			
Not applicable			
Recommendations			
The Board is asked to note the Patient Story			
Strategic Objectives			
X	SO1 5 Star Patient Care – Care		
X	SO2 5 Star Patient Care - Safety		
	SO3 5 Star Patient Care – Pathways`		

X	S04 5 Star Patient Care – Communication
	S05 5 Star Patient Care - Systems
	S06 Developing Organisation Culture and Supporting our Workforce
	S07 Operational Performance
	S08 Financial Performance, Efficiency and Productivity
	S09 Strategic Plans

Minutes of the Trust Board Meeting
Boardroom, Level 5, Whiston Hospital / on Microsoft Teams
Wednesday 27 November 2024

(Approved at Trust Board on Wednesday 29 January 2025)

Name	Initials	Title
Richard Fraser	RF	Chair
Gill Brown	GB	Non-Executive Director & Deputy Chair
Ann Marr	AM	Chief Executive
Anne-Marie Stretch	AMS	Deputy Chief Executive
Lynne Barnes	LB	Acting Director of Nursing, Midwifery & Governance
Nicola Bunce	NB	Director of Corporate Services
Steve Connor	SC	Non-Executive Director
Rob Cooper	RC	Managing Director
Malcolm Gandy	MG	Director of Informatics
Lisa Knight	LK	Non-Executive Director
Gareth Lawrence	GL	Director of Finance and Information
Lesley Neary	LN	Chief Operating Officer
Hazel Scott	HS	Non-Executive Director (Agenda Item 1 and 2) (via MS Teams)
Carole Spencer	CS	Non-Executive Director
Malise Szpakowska	MS	Acting Director of Human Resources
Rani Thind	RT	Associate Non-Executive Director
Peter Williams	PW	Medical Director

In Attendance

Name	Initials	Title
Angela Ball	AB	Halton Council Representative (Stakeholder Representative) (via MS Teams)
Fran Cairns	FC	Deputy Director of Therapies, Psychological and Allied Health Professionals, Mersey Care NHS Foundation Trust (Observer) (via MS Teams)
Yvonne Mahambrey	YM	Quality Matron, Patient Experience (Agenda Item 2) (via MS Teams)
Helen Morear	HM	Tobacco Dependence Treatment Service Lead (Agenda Item 2) (via MS Teams)
Lucy Nugent	LNu	Clinical Scientist in Clinical Immunology, Whiston Hospital (Observer) (via MS Teams)
Brendan Prescott	BP	Deputy Director Governance, Patient Safety and Safeguarding (Observer) (via MS Teams)
Juanita Wallace	JW	Executive Assistant (Minute Taker via MS Teams)
Richard Weeks	RW	Corporate Governance Manager

Apologies

Name	Initials	Title
Sue Redfern	SR	Director of Nursing, Midwifery and Governance

Agenda Item	Description
Preliminary Business	
1.	Employee of the Month
	<p>1.1. The Employee of the Month for November 2024 was Anthony Robinson, Doctor at Southport Hospital and the Board watched the film of PW reading the citation and presenting the award to Anthony.</p> <p>RESOLVED: The Board noted the Employee of the Month for November 2024 and congratulated the winner</p>
2.	Patient Story
	<p>2.1. RF welcomed YM and HM to the meeting.</p> <p>2.2. YM introduced the Patient Story video in which a patient shared her experience with the Inpatient Smokefree Service following her admittance to Critical Care at Whiston Hospital. On her transfer to an in-patient ward she had been screened for her smoking status and was visited by the Tobacco Dependency Advisor (TDA) who offered support to help her stop smoking. The patient reflected on the health promotion conversations which included information about the chemicals found in cigarettes and noted that nobody had discussed this with her previously. The TDA worked with her to devise a plan of personalised Nicotine Replacement Therapy (NRT) to help her to stop smoking permanently. The patient explained that once she was discharged from hospital, she was contacted by the St Helen's Wellbeing service and reflected on how supportive and effective the service was. The patient had stopped smoking after 60 years and reflected on the improvement in her health, especially her breathing.</p> <p>2.3. GB thanked YM and HM for sharing the Patient's story and asked if this service was available at Southport and Ormskirk Hospitals as well. HM responded that this was a Trust wide service which had been implemented at Whiston and St Helen's Hospitals in April 2024 and then rolled out to Southport and Ormskirk Hospitals in June 2024. HM noted that work was ongoing to improve the screening process to ensure that all patients were screened for smoking and referred if they were a current smoker. GB asked whether all patients were being screened or if there was an unmet need. HM responded that there was room for improvement and training was ongoing with the ward staff to understand the importance of the screening process to record the patient's smoking status and refer to the Tobacco Dependency Service. Patients had the choice to opt out following a discussion with the Tobacco Dependency Service.</p> <p>2.4. CS asked whether patients on waiting lists were screened or offered any support by the Tobacco Dependency Service and whether there was a similar</p>

	<p>service available to outpatients. HM responded that this was a new service that had been commissioned to provide support to inpatients currently, however, the service worked closely with other stop smoking services in the community and would sign post outpatients to the smoking cessation service. The service was already working with the Pre-Operative Clinical lead to support patients who were coming in for an operation so that they could be supported to stop smoking before surgery.</p> <p>2.5. RT reflected on how well the patient was doing and commented that she had always viewed primary care as separate to community care and asked if there was a good link with primary care and patients being treated for chronic lung disease and referrals to community services. HM responded that the links between primary care and community services needed to be improved and a more streamlined pathway from community to primary care to Trust was required, and work was ongoing to develop these referral pathways.</p> <p>2.6. YM commented that ill health and acute illness were strong motivators for patients to stop smoking and it was important to be able to provide support to patients at these times. Education to prevent people from taking up smoking in the first place also remained critically important.</p> <p>2.7. RF reflected on discussions that were taking place about the NHS moving from being a treatment to a prevention service and felt that this was an excellent example of what the Trust could do. HM agreed and advised that this Patient Story was being used in the training sessions for staff and external colleagues to promote the service.</p> <p>2.8. HS commented that it should be the responsibility of all clinical team members to engage with a patient and refer to the smoking cessation services. PW agreed that there should be a focus on every smoker, irrespective of whether they already had a smoking related lung disease, and this included in outpatient clinics.</p> <p>2.9. RF thanked LB, YM and HM for the patient story and asked that they pass on the Board's thanks to the teams involved as well as how impressed and enthused the Board was with the work being undertaken.</p> <p><i>(YM and HM left meeting)</i></p> <p>RESOLVED: The Board noted the Patient Story</p>
<p>3.</p>	<p>Chair's Welcome and Note of Apologies</p>
	<p>3.1. RF reported that IC had died on 16 November and reflected on his commitment to the NHS and the Trust, and that he would be greatly missed both professionally and personally by all Board members.</p>

	<p>3.2. RF welcomed all to the meeting including FC, LNu and BP who were attending as observers.</p> <p>3.3. RF advised that HS had to leave the meeting at 11:00 due to University commitments.</p> <p>3.4. RF noted the apologies of SR.</p> <p>3.5. RF acknowledged the following awards and recognition that the Trust had recently received:</p> <p>3.5.1. The Anaesthetic Department (Southport and Ormskirk Hospital sites) was awarded Anaesthesia Clinical Services Accreditation (ACSA).</p> <p>3.5.2. Whiston Hospital was the first in Merseyside to offer patients with suspected lung cancers a new diagnostic procedure called navigational bronchoscopy with radial probe.</p> <p>3.5.3. Helen Seddon, Medical Photographer at MWL, won two bronze awards at the Institute of Medical Illustrators' Awards.</p> <p>3.5.4. Siobhan Fitzgerald, Maternity Support Worker at Ormskirk Hospital received the Chief Midwifery Officer's Award.</p> <p>3.5.5. The Computerised Tomography (CT) Team at Whiston and St Helens Hospitals were awarded the North West Team of the Year at the Radiography Awards.</p> <p>3.5.6. Vinci Facilities raised £7,000 for the Intensive Care Unit at Whiston Hospital, by completing two charity cycling challenges.</p> <p>3.5.7. At the annual Premises and Facilities Management Awards (06 November 2024)</p> <ul style="list-style-type: none"> • Eddie Powner of Vinci facilities was awarded a Lifetime Achievement Award • The Trust Estates and Facilities Team and Vinci Facilities won the Best Partnership Award <p>3.5.8. Whiston and St Helens Hospitals both received gold awards at the Britian in Bloom with the NHS (Northwest) on 31 October 2024 and Whiston Hospital won the best hospital in the Northwest.</p> <p>3.5.9. The Burney Breast Unit Fundraiser, in aid of MWL NHS Charity, raised £8,000.</p> <p>3.5.10. MWL's Community Cardiac Rehab Team achieved national accreditation from the National Association of Cardiac Rehabilitation (NACR).</p> <p>3.5.11. The IT Service Desk has been announced as one of four finalists for the 'Service Desk of the Year' (small / medium) category.</p> <p>3.5.12. G Ward at Ormskirk Hospital achieve the first '5 Star Ward Accreditation' as part of MWL's Quality Ward Accreditation Programme.</p> <p>3.6. RF noted that this was AM's last meeting and reflected on her 22 years as Chief Executive of St Helens and Knowsley Teaching Hospitals NHS Trust (STHK) and, from 01 July 2023, Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL), which included the building of two fantastic modern hospitals. RF thanked AM and wished her well.</p>
--	--

	Apologies for absence were noted as detailed above
4.	Declaration of Interests
	4.1. There were no declarations of interests in relation to the agenda items.
5.	TB24/080 Minutes of the previous meeting
	<p>5.1. The meeting reviewed the minutes of the meeting held on 30 October 2024 and approved them as a correct and accurate record of proceedings subject to the following amendment:</p> <p>5.1.1. 7.3.1.26 to be amended to read '<i>There had been no maternity service diverts in quarter 2. The closures noted were to external admissions to the neonatal services.</i>'</p> <p>RESOLVED: The Board approved the minutes from the meeting held on 30 October 2024 subject to the amendment detailed above</p>
6.	TB24/081 Matters Arising and Action Logs
	<p>6.1. The meeting considered the updates to the Action Log, which reflected the progress made in discharging outstanding and agreed actions.</p> <p>6.2. The following action was closed:</p> <p>6.2.1. Agenda Ref 10 (TB24/065 Learning from Deaths Annual Report 2023/24) – AMS provided assurance that a review of falls was due to be presented to the Executive Committee and noted that there were already several different audits undertaken about aspects of falls care and she was working with the Assistant Director of Patient Safety to gain a better understanding of these. Additionally, AMS confirmed that each root cause analysis (RCA) related to a fall was reviewed by the Patient Safety Panel. Action closed</p> <p>RESOLVED: The Board approved the action log.</p>
Performance Reports	
7.	TB24/082 Integrated Performance Report
	The Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL) Integrated Performance Report (IPR) for October 2024 was presented.
7.1.	Quality Indicators
	<p>7.1.1. LB and PW presented the Quality Indicators.</p> <p>7.1.2. LB highlighted the following:</p> <p>7.1.2.1. The inpatient Family and Friends Test (FTT) recommendation rate in October 2024 was 94% against a target of 90%.</p>

	<p>7.1.2.2. The Nurse fill rate was 97% against a target of 90% and LB noted that the process for calculating nurse fill rates had now been aligned across MWL.</p> <p>7.1.2.3. There had been 13 cases of Clostridioides difficile (C.Diff) reported in October 2024 with 60 Year to Date (YTD) against a threshold of no more than 113 cases for 2024/25.</p> <p>7.1.2.4. There had been 12 cases of Escherichia coli (E-coli) reported in October 2024 with 97 YTD against a threshold of no more than 171 cases.</p> <p>7.1.2.5. There had been an increase in the number of pressure ulcers in month, mainly at Whiston Hospital and LB noted that work was ongoing and included additional support in the Emergency Department (ED). LB reported that there was a backlog in the validation of the grade of pressure ulcers, due to capacity within the team, and work was ongoing to address this.</p> <p>7.1.2.6. Falls (per 1,000 bed days) with harm remained within normal variation and LB noted that proportionally more falls were reported at Whiston Hospital than at Southport Hospital and this was being reviewed. It was noted that the environment at the different sites, for example Whiston Hospital had more side rooms than Southport Hospital, may be a contributing factor. Work was ongoing to harmonise falls policies across all sites. LB noted that she had reached out to external parties to review falls practice.</p> <p>7.1.2.7. There had been no (0) still births and one neonatal death in October 2024. The neonatal death was a baby born at 22 weeks who was referred to the tertiary unit but sadly died at eight days old.</p> <p>7.1.2.8. There had been no (0) never events reported in October.</p> <p>7.1.2.9. The number of complaints responded to within 60 days in October 2024 was 56.3% against a target of 80% but the number of overdue complaints had reduced by 29% since September.</p> <p>7.1.3. PW highlighted the following:</p> <p>7.1.3.1. The reported Hospital Standardised Mortality Ratio (HSMR) data to March 2024 and no further updates had been received since the previous reported figures. Work was ongoing with the Mortality Surveillance and the Mortality Operational Groups and PW noted that it was anticipated that these two groups would be harmonised early in 2025.</p>
7.2.	<p>Operational Indicators</p>
	<p>7.2.1. LN presented the operational indicators and highlighted the following:</p> <p>7.2.1.1. Urgent and Emergency Care (UEC) performance remained challenged.</p> <p>7.2.1.2. The 4-hour mapped performance in October was 78.1% against a target of 78%, national performance was 73% and Cheshire and Merseyside (C&M) performance was 72.3%. LN noted that the Trust was a positive outlier in terms of the 4-hour mapped performance, however, bed occupancy remained high and there were long waits for admission in the ED and increased ambulance handover times.</p> <p>7.2.1.3. There had been a reduction in the proportion of Non-Criteria to Reside (NCTR) patients from 19.1% in September to 17.9% in October (20% at Whiston Hospital and 14% at Southport Hospital).</p>

	<p>7.2.2. AM asked LN to explain the reasons for the difference in the percentage of NCTR patients between Whiston and Southport Hospitals. LN felt that one of the key reasons was that West Lancashire Council used a discharge to assess model at Southport Hospital which resulted in patients being discharged in a timelier manner. Southport Hospital was also able to discharge patients to Chase Heys as the Trust managed beds at this site and it was noted that often patients were discharged from these beds with a lower level of care than had originally been anticipated. Ward 11a at Southport Hospital was mainly for patients from care homes. LN noted that options for increasing bed capacity to support the Whiston site were being explored.</p> <p>7.2.3. RF asked if discharge to assess was best practice and whether it was transferable. LN confirmed that this had been recommended as an action by the Emergency Care Improvement Support Team (ECIST) but had to be agreed by the Cheshire and Merseyside local authorities.</p> <p>7.2.4. RF reflected on the discussions at two regional meetings that he had recently attended and asked if there was still a delay between a patient being deemed medically fit for discharge and the assessment taking place and if social workers were on site working with the wards. LN confirmed that there were social worker teams on site who were involved in the process, however, this varied across the different local authorities, for example there was a long delay for the social workers assessments in Halton. LN advised that there were currently representatives from PLACE, Social Care and Mental Health at Whiston Hospital to do a three day reset as part of the UEC Improvement and Recovery Programme and the impact of this would be fed back to encourage more collaborative working on discharging patients.</p> <p>7.2.5. RF asked why there were differences between the different local authorities in their approach. LN responded that each Local Authority had its own social service budgetary pressures that they had to manage, and there was potentially a disincentive when patients were complex and needed out of area placements which were very expensive. PW noted that AM was working with the Integrated Care Board (ICB) to increase pressure on local authorities to speed up assessments for those patients ready for discharge and added that patients could deteriorate whilst waiting for these assessments. AM commented that there were stark differences in the NCTR rates across the Northwest with Lancashire and South Cumbria ICB at 7% and Greater Manchester at 11% and C&M at 21%, and she had asked the ICB to reflect on what was causing these differences. LN commented that there were patients who were medically optimised but had been waiting for 70 days for a social services assessment, some of whom could be cared for in a transitional care setting.</p> <p>7.2.6. AM commented that the Trust should consider creating its own transitional care beds as an alternative to staffing the ED corridors, if this would improve patient flow.</p>
--	--

<p>7.2.7. LN continued with the report and highlighted the following:</p> <p>7.2.7.1. The UEC Recovery Programme in hospital workstreams had delivered an increase in the Same Day Emergency Care (SDEC) attendances and reductions in average length of stay (LoS). There had been good engagement and support from clinicians and operational staff.</p> <p>7.2.7.2. The main focus for elective care was on the 65+week waiters and LN noted that the ongoing urgent care pressures had made this more challenging as some outpatient activity had to be cancelled. LN noted that the Trust now had a revised target to achieve zero 65+ week waiters by December 2024 and the Patient Treatment List (PTL) was being actively managed to achieve this.</p> <p>7.2.7.3. Performance against the 28-day standard for Cancer performance had decreased to 71% in September 2024 against the target of 77%, national performance was 74.8% and C&M performance was 71.4%. LN noted that performance at Whiston Hospital was 76% and Southport Hospital was 62%.</p> <p>7.2.7.4. Performance against the 62-day cancer standard had decreased to 78.2% against the target of 85%, national performance was 67.3% and C&M performance was 74.2%. LN advised that Tumour site cancer leads were being appointed to help integrate and align the multidisciplinary team (MDT) processes across MWL.</p> <p>7.2.8. RT asked whether LoS calculations included the NCTR patients and PW confirmed that this was the case. RT felt it might also be powerful to report what LoS would be without the NCTR patients to demonstrate the impact they had.</p> <p>7.2.9. RT asked if there were any beds similar to Chase Hayes for the Whiston Hospital catchment. RC responded that there were 30 beds in Broad Oak Manor in St Helens and noted that these were extremely well used, but St Helens Place was concerned about the numbers of out of area patients who were discharged to this facility. RC noted that this was an expensive model of care to deliver. For Southport an expansion of the Chase Hayes bed base was being considered as the model (being run by the hospital therapy teams) had proven very effective.</p> <p>7.2.10. RT asked if the new theatres were running at full capacity. LN responded that there were still some workforce challenges and once all the staffing was in place the new theatres would be able to run at full capacity.</p> <p>7.2.11. LB commented that the coming winter was likely to be extremely challenging and expectations from external colleagues were high, particularly to reduce ambulance handover times. There were some mixed messages in relation to what the NHS priorities were from different parts of the NHSE and Department of Health and Social Care (DHSC), in respect of urgent and emergency care, delivering the elective targets and achieving the financial plan. AM reflected that the main responsibility of the Board was for patient safety, and this needed to guide the Trust's decision making.</p>
--

	<p>7.2.12. RC noted that he had recently met with North West Ambulance Service NHS Trust (NWAS) and commented that the ambulance control centre provided an overview of activity across each ICB and gave them the ability to manage where ambulances were sent if there were long waits at one hospital but not at others.</p> <p>7.2.13. GB reflected on how difficult the situation was for both staff and patients and asked for clarification that any additional beds that could be opened at Ormskirk would be used to help relieve bed pressures across the whole of MWL. LN confirmed that any additional beds that could be mobilised would be used as step down or transitional beds and would be used as a facility for the whole Trust. An operational mobilisation plan was being developed and was due to be presented at the Executive Committee, this would include enhanced transport between sites.</p> <p>7.2.14. CS asked if a digital /virtual discharge to assess model was an option for any patients who had to move sites to prevent any further discharge delays. LN agreed that system partners would need to be engaged in developing the model to prevent any unintended consequences.</p> <p>7.2.15. CS reflected on the budget pressures faced by local authorities and social care providers but felt that additional costs incurred by the NHS should be passed on.</p> <p>7.2.16. SC commented that whilst it was good to hear what the Trust was doing, it was also frustrating that the actions that should have been taken by Place and the ICB were not being progressed. AM commented that there had been numerous discussions at Executive Committee around increasing the number of beds and accepted that the Trust was currently subsidising social care because of the increased corridor care and there had to be better options. SC agreed noting that the three issues that LN had highlighted were all inter related. AMS reflected on the number of years that legacy STHK had been trying to implement the discharge to assess model and felt that this was something the ICB should mandate for all PLACES, because it had been shown to work.</p>
7.3.	Workforce Indicators
	<p>7.3.1. MS presented the Workforce Indicators and highlighted the following:</p> <p>7.3.1.1. The compliance rate for mandatory training was above the target of 85% at 88.4%.</p> <p>7.3.1.2. The compliance rate for appraisals was 87.4% against the target of 85%.</p> <p>7.3.1.3. Sickness absence had increased from 5.68% in September to 6.2% in October against the target of 5% and MS noted that this was in line with the same period in 2023/24. It was noted that sickness absence was slightly higher at the Southport and Ormskirk Hospital sites.</p> <p>7.3.1.4. The core Human Resources team has recently undergone a restructure, and this included the team that provided support for sickness absence management and there was a new focus on prevention. This team would</p>

	<p>be working closely with the Equality, Diversity, and Inclusion (EDI) team around access to work and reasonable adjustments.</p> <p>7.3.2. RF reflected on a recent Quality Ward Round for Ward D who had reported the lowest staff turnover and sickness absence rates and asked if these metrics were measured at ward level. MS confirmed that each ward, department and division received detailed sickness absence reports and there had been an increase in all sickness in the Women and Children Division and Theatres as well as an increase in short term sickness in the ED. MS noted that sickness including stress, anxiety and depression, tended to increase in areas with high employee relations cases and there was an ongoing piece of work to reduce the length of time taken to resolve these issues.</p>
7.4.	<p>Financial Indicators</p>
	<p>7.4.1. GL presented the financial indicators and highlighted the following:</p> <p>7.4.1.1. The final approved MWL financial plan for 2024/25 was a deficit of £10.9m which assumed:</p> <ul style="list-style-type: none"> • Payment of £12m funds in line with the transaction business case • A Cost Improvement Programme (CIP) target of £48m (£36.2m recurrent and £11.8m non-recurrent) • Delivery of the 2024/25 elective activity plan <p>7.4.1.2. GL noted that the improvement from the initial financial plan to the revised plan was based on non-recurrent funding that would not be available for 2025/26.</p> <p>7.4.1.3. At month 7 the Trust had reported a deficit of £10.2m which was ahead of plan by £2.9m and it was noted that this was due to the £4m transaction support received in September which was received earlier than expected. Additionally, there was an unmitigated industrial action pressure of £1.1m.</p> <p>7.4.1.4. The Trust continued to forecast the delivery of the planned £10.9m deficit, however, there were still significant risks to delivery, mainly due to the levels of elective activity and non-elective pressures, the unfunded industrial action pressures and national funding for the junior doctors pay award.</p> <p>7.4.1.5. The Trust had delivered £35m CIP YTD, of which £31m was recurrent and this was ahead of plan.</p> <p>7.4.1.6. The Trust continued to forecast full delivery of the Capital Programme, excluding the agreed funding for the Electronic Patient Records (EPR) system.</p> <p>7.4.1.7. The cash balance at month 7 was £36.7m and this included circa £33.1m lead employer receipts for the junior doctors pay award and back pay. GL noted that the Trust had now received £96,000 of the £98,000 needed to pay the Lead Employer doctors the pay award.</p> <p>7.4.2. RF reflected on the exceptional CIP performance and stressed the importance of not taking this for granted.</p>

	<p>RESOLVED: The Board noted the Integrated Performance Report.</p>
<p>Committee Assurance Reports</p>	
8.	TB24/083 Committee Assurance Reports
8.1.	Executive Committee
	<p>8.1.1. AM presented the Executive Committee Assurance report from the meetings held in October 2024 and noted that any bank or agency staff requests that breached the NHSE cost thresholds were reviewed, and the Chief Executive's authorisation recorded. Additionally, the meeting received Assurance Reports from the Premium Payments Scrutiny Council and the weekly vacancy control panel.</p> <p>8.1.2. AM advised that the following investments were approved during October:</p> <p>8.1.2.1. The virtual ward delivery model was approved within the revised financial envelope.</p> <p>8.1.2.2. The harmonisation of locally employed doctors' terms and conditions of service across MWL.</p> <p>8.1.2.3. The model of medical undergraduate education for Southport Hospital</p> <p>8.1.2.4. Flexible endoscopy decontamination equipment managed equipment service contract</p> <p>8.1.3. The Inpatient Survey results and action plan had been reviewed, which had reflected the impact of service harmonisation and integration on staff and how this period of organisational change post transaction, although necessary did have an impact on patient care.</p> <p>The remainder of the report was noted.</p>
8.2.	Charitable Funds Committee
	<p>8.2.1. SC, on behalf of HS, presented the assurance report following the Charitable Funds Committee that had been held on 12 November 2024 and noted that the NED membership of the committee had changed since the last meeting.</p> <p>8.2.2. SC highlighted the following:</p> <p>8.2.2.1. The Head of Charity report provided an update on the Charitable funds transformation project which included the implementation of a new funds structure, governance arrangements and brand development. The report had also outlined the planned charity and fund-raising activities planned for the Christmas period.</p> <p>8.2.2.2. The Committee had approved the legacy Southport and Ormskirk Hospital NHS Trust Charity annual report and accounts for the period 01 April to 30 June 2024. The MWL NHS Charity annual report and accounts for 2023/24 were approved and, subject to an independent examination, would be published on the Charity Commission's website by 31 January 2025.</p>

	<p>8.2.2.3. The Committee received the financial report and fund balances for the period up to the end of September 2024 to provide assurance that the funds were spent correctly to derive the most benefit.</p> <p>8.2.2.4. The Committee approved the MWL Fundraising and Income Policy and the Charity Expenditure Policy.</p> <p>8.2.3. AM asked what the trend line of the income generated over the preceding five years would look like. GL responded that for a new charity the financial performance had been good and noted that as per the plan that had been discussed circa six months ago the aim had been to raise between £300,000 to £500,000 a year, which was a challenging target for a non-specialist Trust. GL clarified that post transaction it had been important to ensure that the right infrastructure was in place for the new charity launch and to streamline the legacy funds from the previous 40 down to under 10 fundraising areas that The MWL NHS Charity balance at month 6 was £1,737,807.</p> <p>8.2.4. SC commented that there had been a good discussion at the Committee meeting about bringing together of the two legacy charities and the team had big aspirations. The Spinal Injuries Unit at Southport Hospital as well as the Burnley Breast Unit at St Helens Hospital had always generated higher levels of donations. SC noted that the Committee had also discussed the potential for sponsorship from local businesses alongside the other fundraising activities.</p> <p>8.2.5. GL commented that the upcoming Elf Run was a good way to engage local families and create awareness of the MWL NHS Charity and this was also a stepping stone to forming relationships with strategic partners.</p> <p>8.2.6. RF recalled some of the successful fund raising for the Spinal Injuries Unit at Southport Hospital which had been championed by an ex-patient.</p> <p>The remainder of the report was noted.</p>
8.3.	<p>Quality Committee</p>
	<p>8.3.1. GB presented the Quality Committee Assurance Report for the meeting held on 19 November 2024 and highlighted the following:</p> <p>8.3.1.1. The Corporate Performance Report (CPR) had been updated to include the Perinatal Quality Surveillance Model (PQSM) metrics.</p> <p>8.3.1.2. The new national stroke metrics were being implemented and would be reported in future CPR's.</p> <p>8.3.1.3. 16 Patient Safety Incident Investigations (PSII) had been commissioned since October 2023 of which nine remained open. The Patient Safety reports to the Committee now included assurance that any initial actions recommended following the initial incident review had been completed.</p> <p><u>Infection Prevention and Control (IPC) Quarterly Report</u></p> <p>8.3.1.4. The Committee received the report for Q2 which noted the improved position in relation to the annual thresholds for C-Diff and E Coli.</p>

	<p>8.3.1.5. Two MRSA's had been reported in Q2.</p> <p>8.3.1.6. The Aseptic non-touch technique (ANTT) project was nearing completion, and the new training needs analysis had been completed. There had been an improvement in level one training compliance. Additional work was still required to improve compliance for the level 2 training where a practical assessment was required. The IPC team was also undertaking monthly Peripheral intravenous catheter (PIVC) spot check audits.</p> <p>8.3.1.7. There had been an increase in Methicillin-sensitive Staphylococcus Aureus bacteraemia (MSSA) cases in Q2 and the Committee requested an action plan, once the incident reviews had been completed.</p> <p>8.3.1.8. The Trust was a low outlier in Q1 and Q2 for C.Diff as a result of the improvement plan that was in place.</p> <p>8.3.1.9. The Trust was equal to the NHSE threshold for Q1 and Q2 for E.coli cases but was exceeding the internal stretch target. An improvement action plan was in place to address this.</p> <p>8.3.1.10. There had been eight Pseudomonas cases reported in Q2.</p> <p><u>Freedom to Speak Up (FTSU)</u></p> <p>8.3.1.11. The Committee received the FTSU reports for Q1 and Q2 and noted that 45 referrals had been made and this was 21% higher than the same period in 2023/24, which provided positive assurance that staff were aware of how to raise a concern.</p> <p>8.3.1.12. The Committee had noted that some concerns had been raised anonymously and had received assurance in relation to the ongoing work to embed the MWL values and culture. The Committee has also acknowledged the impact of organisational change to create integrated structures for the new organisation.</p> <p><u>Clinical Negligence Scheme for Trusts (CNST) Update</u></p> <p>8.3.1.13. The Committee received the report which detailed compliance across both maternity units with the Maternity Incentive Scheme (MIS) year 6 update, noting the real time position against each safety action and the actions in place to achieve full compliance by the end of November. GB noted that the Committee had been assured that the plans would result in full compliance. The final position on all outstanding metrics would be reported to the Quality Committee in January and then to Board for final sign off of the Trust's reported position by the submission deadline in February. Members of the Local Maternity and Neonatal System (LNMS) and ICB would also attend these meetings to monitor the process.</p> <p>8.3.1.14. LB reported that since the Quality Committee meeting the Trust had achieved the required compliance rates for fetal surveillance and Neonatal Life Support (NLS) and that further Practical Obstetric Multi-Professional Training (PROMPT) was taking place before the end of November which would mean the Trust could declare compliance with safety action 8. LB acknowledged the hard work of the maternity and neonatal teams to ensure everyone who needed the training had been booked on a course.</p> <p>8.3.1.15. GB advised that the plan for 2025/26 was for the training compliance to be maintained throughout the year. LB explained that the rotation of resident</p>
--	--

	<p>doctors and newly qualified midwives starting all impacted on levels of training compliance and made the 30 November deadline challenging for all units, but the objective of ensuring every member of staff had the correct skills to maintain patient safety was the key aim of the safety action.</p> <p>8.3.1.16. The LMNS annual visit to the Whiston Maternity Unit had taken place on 18 November 2024 and had reviewed the MIS reporting and sign off processes, with positive feedback. The LMNS delegates had also reported positively on the of the teams' friendliness, engagement, the clean environment and clear vision on the Patient Safety Incident Response Framework (PSIRF), the good safety culture, passion for improvement, positive environment and good communication between Board and ward. The LMNS had presented an award to the Bereavement Midwife. GB also reported that RT had been acknowledged for her work as Maternity Champion and was held up as an exemplar for the Maternity Champion role to other Boards, including the assurance that RT provided at Quality Committee and Board. RT reflected on the way the two legacy maternity teams had come together, and all staff were engaged in making service improvements.</p> <p><u>Patient Experience Report</u></p> <p>8.3.1.17. The Committee received the bi-monthly report for September and October 2024.</p> <p>8.3.1.18. The Tendable project team were working with the Emergency Department (ED) to create a new audit tool, based on the principles of the C&M red line audit tool, to monitor communication and corridor care.</p> <p>8.3.1.19. The new Friends and Family Test (FFT) provider platform was due to go live on 01 December 2024. Communication with patients and relatives remained the most frequent themes from FFT feedback but there had also been an increase in the issues raised about communication regarding appointments and waiting times for beds.</p> <p><u>Mandatory Training Compliance Report</u></p> <p>8.3.1.20. The Committee received the report for Q2 which noted the Core Mandatory and Compulsory Skills training compliance which overall was meeting the Trust's targets.</p> <p>8.3.1.21. The focus going forward would be on any individual subjects that were below 86% compliance.</p> <p>8.3.1.22. The Trust was working with NHSE on a national project to review and standardise mandatory training requirements across the NHS.</p> <p>8.3.1.23. The MIAA Audit of Mandatory Training processes had received substantial assurance.</p> <p>8.3.1.24. The Committee acknowledged the progress made and the continued focus on achieving target levels of compliance for all subjects.</p> <p>8.3.2. RT commented on the pressures faced by neonatal services and the need for the C&M review to be completed by the LMNS so that the allocation of funded cots could be completed, noting her concern that the review was now not due to report until summer 2025. RF shared the concern that there could</p>
--	--

	<p>be a detrimental impact of the delay. AM noted that the relationship between the number of births and the requirement for neonatal cots at a unit was not difficult to calculate, even if adjustments had to be made for case mix and gestation and shared the frustration at the delay in resolving the issue.</p> <p>The remainder of the report was noted.</p>
8.4.	<p>Strategic People Committee</p>
	<p>8.4.1. LK presented the Strategic People Committee Assurance report for the meeting held on 18 November 2024 and highlighted the following:</p> <p>8.4.1.1. Vacancy rates for Health Care Assistants (HCA) remained high at 13.2%, which was comparable with many other local trusts.</p> <p>8.4.1.2. The Committee reviewed progress against the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Action Plans.</p> <p>8.4.1.3. The Committee had received the Employment Services/Payroll Annual Assurance report and LK highlighted the continued expansion of these services. It had been reported that discussions were also taking place with the Cheshire and Merseyside Acute and Specialist Trust Provider Collaborative (CMAST) around the potential to provide the payroll service to the whole of NHS C&M.</p> <p>8.4.1.4. The Committee received the Sexual Safety Assurance Framework and noted the plans to finalise a Sexual Misconduct Policy and develop training materials to increase awareness and support managers.</p> <p>The remainder of the report was noted.</p>
8.5.	<p>Finance and Performance Committee</p>
	<p>8.5.1. SC presented the Committee Assurance report for the meeting held on 21 November 2024 and noted that the Committee had reviewed the CPR and monthly finance report, but the key points had already been discussed in earlier reports so would not be repeated. Other points to highlight were:</p> <p>8.5.1.1. The Committee received the Price Waterhouse Coopers (PwC) report on delivery of the 2024/25 financial plan, and it was noted that of the 32 actions identified, 12 had been completed and 20 were in progress. The report recommendation aimed to increase or enhance financial controls and oversight.</p> <p>8.5.1.2. The Committee received the Business Case Benefits Realisation report which provided assurance that benefits from previous approved business cases were being delivered.</p> <p>8.5.1.3. The Trust had achieved 77% of the £48m CIP target of which £32.2m (89%) was recurrent. Further schemes were being progressed to achieve the full target CIP by the end of the year.</p> <p>8.5.1.4. The Diagnostics Target report provided assurance that MWL was one of the best performing trusts in the C&M region and had been asked to provide mutual aid for several modalities.</p>

	<p>8.5.1.5. The Committee had been assured by the proposed 2025/26 Planning and Budget Setting process.</p> <p>8.5.2. The Committee received the assurance reports from the Procurement Council, CIP Council, Capital Planning Council, Estates & Facilities Management Council, and IM&T Council.</p> <p>RESOLVED: The Board noted the Committee Assurance Reports</p>
Other Board Reports	
9.	TB24/084 2024/25 Trust Objectives Mid-Year Review
	<p>9.1. AM presented the Trust Objectives Mid-Year Review which provided an update on the progress in delivering the 2024/25 Trust Objectives and noted that:</p> <p>9.1.1. Four objectives had been assessed as fully achieved (green)</p> <p>9.1.2. 23 objectives were assessed as being on track to be delivered by the end of the financial year (amber)</p> <p>9.1.3. Three objectives were assessed as being behind plan and at risk of not being fully delivered by the end of the year (red).</p> <p>9.2. AM provided additional detail and assurance of the remedial actions being put in place for the three objectives that had been assessed as being behind plan:</p> <p>9.2.1. Continue to improve the effectiveness of the discharge process for patients and carers - the objective had been to improve the satisfaction rating for patients in the patient survey, but the recently published results had not demonstrated improvement. The Trust was not yet achieving 20% of discharges before noon but the actions in place were resulting in slow incremental improvement and would be continued. There would be an increased focus on reducing delays in prescribing Take Home Medication (TTO) medications as a key factor in achieving discharges earlier in the day.</p> <p>9.2.2. To complete the implementation of technology to support and improve patient engagement, and experience with the Trust – this objective had been impacted by the delays to the single EPR project, but the new patient portal was due to be completed in early 2025.</p> <p>9.2.3. Deliver the 2024/25 elective recovery target - the zero 65-week waiters target had not been achieved by the end of September 2024; however, plans were in place to deliver the target by the revised deadline of December 2024.</p> <p>9.3. GB observed that progress on many of the objectives was very positive given the challenges faced by the NHS generally and MWL in this post transaction period. AM agreed and noted that the process of integrating the two legacy organisations and creating single services for MWL continued to take a lot of time and energy and the change and disruption inevitably impacted staff.</p>

	<p>9.4. RF reflected on the ongoing integration process and commented that there was still a lot of work to be completed to deliver the transaction benefits in full.</p> <p>9.5. RF asked if there were any technology solutions that could help reduce the TTO delays. AM responded that the Trust had introduced electronic prescribing at the legacy STHK sites, but this was still to be fully implemented across legacy S&O, and although it had resulted in several other improvements the planned benefit of reducing the time for TTOs to be prescribed and delivered to the wards, had not been seen. MG confirmed that he was working with the Medicines Management team to optimise the Electronic Prescribing and Medicines Administration (EPMA) system, and also to develop patient flow and bed management solutions, which would also help to standardise practices and improve efficiency. LN commented that an audit of the current process had been undertaken to identify where the delays occurred, and this had shown that the prescriptions for TTOs were not completed earlier enough when discharges were being planned. A doctor had been located in the Discharge Lounge at Southport Hospital to write the TTOs on a trial basis and the initial feedback was that this had resulted in a slight improvement.</p> <p>9.6. RT asked if the Southport and Ormskirk Hospital sites had EPMA and RC confirmed that currently EPMA was not implemented at the legacy S&O and the internal processes were different, but it was an ambition to align processes and implement EPMA as soon as possible. MG explained that there were complexities due to the current EPR and work was needed with the supplier. RT asked that a more detailed report be presented to Quality Committee to provide assurance on the action plan to reduce TTO delays and improve discharges, as this had a big impact on patient experience. RF supported this suggestion.</p> <p>Action A report on actions being taken to improve discharges and reduce TTO delays was to be presented at a future Quality Committee (LN and MG)</p> <p>RESOLVED: The Board noted the 2024/25 Trust Objectives Mid-Year Review</p>
<p>10.</p>	<p>TB24/085 Digital Strategy Update</p>
	<p>10.1. MG presented the Digital Strategy Update which provided assurance on delivery of the Trust Digital Strategy approved by the Board in March 2024. MG highlighted the following:</p> <p>10.1.1. The Trust would be starting a new procurement process for the single EPR as soon as possible, to minimise the delay to the original timetable.</p> <p>10.1.2. Good progress had been made on the single IT infrastructure and system optimisation and this included a single email address for the Trust, the ability to print across all Trust sites, and to access, share files and log on across all sites.</p>

	<p>10.1.3. The C&M Laboratory Information Managements System (LIMS), implementation, which was being managed by MWL was on target to achieve 'go live' by March 2027.</p> <p>10.1.4. Reviews of duplicate clinical systems with the aim of harmonising to a single system for MWL were continuing.</p> <p>10.2. Other digital projects being progressed included:</p> <p>10.2.1. The digitisation of patient records and clinical pathways which would reduce patient safety risks and improve efficiency.</p> <p>10.2.2. Server upgrades and the implementation of a single firewall.</p> <p>10.2.3. Optimise the use of Robotic Process Automation (RPA) technologies in Corporate Services to automate repetitive tasks.</p> <p>10.2.4. Alignment with regional initiatives to increase interoperability for diagnostic services and migration to the C&M Care Record solution.</p> <p>10.3. The table included in the report provided an overview of the work being undertaken and timescales for delivery for the remainder of the IT strategy targets.</p> <p>10.4. GB reflected on the volume of work that had been highlighted by the report and asked if the team had sufficient resources to deliver this in the timescales planned. MG agreed that the targets were ambitious and was reviewing the allocation of resources within the team to align to these objectives, before seeking any additional resource.</p> <p>10.5. AMS asked about the timeframe for the implementation of the Badgernet system for Maternity Services. MG explained that the implementation plan was currently being developed in conjunction with the supplier and it was hoped that implementation could be achieved within six months, but this was ambitious.</p> <p>10.6. NB commented that integrated IT systems were a key enabler for integrating services and teams.</p> <p>RESOLVED: The Board noted the Informatics Strategy Update</p>
<p>11.</p>	<p>TB24/086 Research and Development Capability Statement</p>
	<p>11.1. PW presented the Research and Development Capability Statement for 2025 and noted that this must be published on the Trust's website. The report provided an overview of the resources available to support Research and Development in the organisation as well as research collaborations and partnerships with other organisations.</p> <p>11.2. PW advised that some of the email addresses had been redacted from the report whilst the General Data Protection Regulation (GDPR) requirements were satisfied, before external publication.</p>

	<p>11.3. The reporting structure for the Research Development Group and the links to other organisations that carried out similar types of research had been included in the report.</p> <p>RESOLVED: The Board approved the Research and Development Capability Statement for 2025</p>
<p>12.</p>	<p>TB24/087 Biennial Review of NHS Constitution</p>
	<p>12.1. NB presented the Biennial Review of NHS Constitution which provided assurance to the Board on the Trust's compliance with the patient, public and staff rights contained within the NHS Constitution.</p> <p>12.2. NB advised that one section (<i>1.8 You have the right to access certain services commissioned by NHS bodies within maximum waiting times or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible. The waiting times are described in the Handbook to the NHS Constitution and relate to 2 week cancer target and 18 week target</i>) had been rated as partially compliant because currently the NHS waiting time targets were not being achieved, and this was the same for most organisations. NB also noted that the NHS constitution had not yet been updated to reflect the 28 day faster diagnosis target. All the other commitments were assessed as compliant.</p> <p>12.3. RF reflected on the importance of this type of assurance for the Board.</p> <p>12.4. NB thanked the Deputy Director of Compliance for drafting the report.</p> <p>RESOLVED: The Board noted the Biennial Review of NHS Constitution</p>
<p>13.</p>	<p>TB24/088 Trust Board Meeting Arrangements</p>
	<p>13.1. NB presented the proposed Trust Board Meeting Arrangements for 2025/26 which included the proposed dates for meetings and the annual workplan. It was proposed that the Board meetings be held on the last Wednesday of every month.</p> <p>13.2. LK noted an error on the draft workplan and noted that as the Strategic People Committee (SPC) met monthly, there should be an assurance report to Board following each meeting. NB apologised for this omission and undertook to amend the workplan.</p> <p>13.2.1. NB asked Board members to review the draft workplan and feedback on any scheduling changes as a result of national deadline changes, which could be</p>

	<p>picked up in the Trust Board annual effectiveness review which included a further review of the workplan.</p> <p>13.2.2. NB confirmed that Board time out/away days were arranged separately to the Board meetings and plans for 2025 would be notified with as much advance notice as possible.</p> <p>RESOLVED: The Board approved the Trust Board Meeting Arrangements for 2025/26 and draft Annual Work Plan, with the amendment discussed.</p>
Concluding Business	
14.	Effectiveness of Meeting
	<p>14.1. RF invited FC, LNu and BP to reflect on the effectiveness of the meeting.</p> <p>14.2. FC thanked RF for the welcome at the start of the meeting and reflected that discussions were interesting and transparent. Some of the key issues which were discussed focused on patients as well as the challenges encountered across the Trust, and it was good to hear that the Board was focused on getting the right outcomes for patients. The Employee of the Month demonstrated recognition of the staff and the appreciation of the Board. The Patient Story had been impactful and had created opportunities for discussion. FC noted that it had been a bit difficult joining the meeting via Teams as she could not always see everyone who was in the room.</p> <p>14.3. LNu added that one of the highlights of the meeting for her had been the recognition of the awards and successes of staff. LNu agreed that there had been a clear patient focus in all the reports and discussions.</p> <p>14.4. BP echoed the comments already made in terms of the focus of the Board discussions and noted that the discussion around patient involvement and engagement had been good to observe. BP commented that the detailed discussion about the Operational Indicators had been important but had felt very operational. BP felt there was good constructive challenge between all the Board members.</p> <p>14.5. RF thanked FC, LNu and BP for their feedback and wished them well with their various development programmes.</p> <p>14.6. RF reflected on BP's comment about the length of several discussions and commented that, at Board, sometimes important discussions needed to be given time, especially when related to patient safety. RF commented on the quality of the reports from the Chairs of the Assurance Committees, which had been very comprehensive.</p>

<p>15.</p>	<p>Any Other Business</p>
	<p>15.1. GB provided feedback on the NHS Providers Conference that she attended on 12 and 13 November and reported that the NHSE Chief Executive Officer (CEO) had introduced the Insightful Provider Board which had replaced the Intelligent Board as a new resource for all Board members. It provided guidance to boards on how to approach the handling and acting upon information that it received, and GB commented that this tied in with RF's comment about the importance of Corporate Governance. There had been a lot of information about reducing health inequalities and the approach that different trusts were taking, and she had noted that MWL had undertaken a health inequalities assessment as part of the transaction. Several trusts had appointed their own Directors of Public Health. Other topics discussed were the need for reform, diversity and the NHS pay gap.</p> <p>15.2. GB had attended the Southport Remembrance event on 10 November to lay a wreath on behalf of the Trust and suggested that the invite was extended to include any staff members who served in the military or were veterans. RF commented that his understanding was that the invite was for one representative from the Trust, but he agreed with GB's suggestion for future years if this could be arranged with the organisers.</p> <p>15.3. RF tendered his apologies for the meeting on 29 January 2024 and advised the GB would chair the meeting.</p> <p>There being no other business, the Chair thanked all for attending and brought the meeting to a close at 13.06.</p> <p>The next Board meeting would be held on Wednesday 29 January 2025 at 09:30</p>

Meeting Attendance 2024/25												
Members	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Richard Fraser (Chair)	✓	✓	✓	A		✓	✓	✓				
Ann Marr	✓	✓	✓	✓		✓	✓	✓				
Anne-Marie Stretch	A	✓	✓	✓		✓	✓	✓				
Geoffrey Appleton	✓	✓	✓									
Lynne Barnes	✓	✓	✓	✓		A	✓	✓				
Gill Brown	✓	✓	✓	✓		✓	✓	✓				
Nicola Bunce	✓	✓	✓	✓		✓	✓	✓				
Ian Clayton	✓	✓	A	✓		✓	✓					
Steve Connor	✓	✓	✓	✓		✓	✓	✓				
Rob Cooper	✓	✓	✓	✓		✓	✓	✓				
Malcolm Gandy	✓	✓	✓	✓		✓	✓	✓				
Paul Gowney	✓	✓	✓	✓								
Lisa Knight	✓	✓	✓	✓		✓	✓	✓				
Gareth Lawrence	✓	✓	✓	✓		✓	✓	✓				
Lesley Neary	✓	A	A	✓		✓	✓	✓				
Sue Redfern	A	A	A	A		A	A	A				
Hazel Scott	✓	✓	✓	A		✓	✓	✓				
Carole Spencer		✓	✓	✓		✓	✓	✓				
Malise Szpakowska			✓	✓		✓	A	✓				
Rani Thind	✓	✓	✓	✓		✓	✓	✓				
Peter Williams	✓	✓	✓	✓		✓	✓	✓				
In Attendance	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Angela Ball	A	A	✓	✓		A	✓	✓				
Richard Weeks	✓	✓	✓	✓		✓	✓	✓				

✓ = In attendance A = Apologies

Trust Board (Public)
Matters Arising Action Log
 Action Log updated 24 January 2025



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

Action Log Number	Meeting Date	Agenda Item	Action	Lead	Deadline	Forecast Completion (for overdue actions)	Status
1	25/09/2024	TB24/067 Statutory Pay Gap Report 2023/24	MS to undertake a review of ESR to determine if different types of disabilities can be analysed. <u>January Update</u> The review of Electronic Staff Records (ESR) has shown that while the disability categories available are limited there is an opportunity to optimise the functionality available to improve our reporting. Action completed	MS	Jan-25		Completed
2	25/09/2024	TB24/067 Statutory Pay Gap Report 2023/24	Strategic People Committee asked to consider what the Trust value 'we are inclusive' means for staff	MS	04/01/2025 01/04/2025		Report to be presented at Strategic People Committee
3	27/11/2024	TB24/084 2024/25 Trust Objectives Mid-Year Review	A report on actions being taken to improve discharges and reduce TTO delays to be presented at a future Quality Committee	LN & MG	01/03/2025		Report to be presented at Quality Committee

Completed Actions

Action Log Number	Meeting Date	Agenda Item	Agreed Action	Lead	Deadline	Outcome	Status
	25/09/2024	TB24/065 Learning from Deaths Annual Report 2023/24	AMS to undertake an audit of the Root Cause Analysis (RCA) reports to identify the common themes associated with falls. <u>Update 22/11/2024</u> AMS to provide a verbal update	AMS	Nov-24	27/11/2024 - AMS advised that the report would be presented at Executive Committee in December 2024. Action closed	Closed

Title of Meeting	Trust Board	Date	29 January 2025
Agenda Item	TB25/003		
Report Title	Integrated Performance Report		
Executive Lead	Gareth Lawrence, Director of Finance, and Information		
Presenting Officer	Gareth Lawrence, Director of Finance, and Information		
Action Required		To Approve	X To Note
Purpose			
<p>The Integrated Performance Report provides an overview of performance for Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL) across four key areas:</p> <ol style="list-style-type: none"> 1. Quality 2. Operations 3. Workforce 4. Finance 			
Executive Summary			
Performance for MWL is summarised across 30 key metrics. Quality has 10 metrics, Operations 13 metrics, Workforce 4 metrics and Finance 3 metrics.			
Financial Implications			
The forecast for 2024/25 financial outturn will have implications for the finances of the Trust.			
Quality and/or Equality Impact			
The 10 metrics for Quality provide an overview for summary across MWL.			
Recommendations			
The Trust Board is asked to note performance for assurance.			
Strategic Objectives			
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	Mar-24	84.5	100	92.7	Best 30%
FFT - Inpatients % Recommended	Dec-24	94.7%	90.0%	94.7%	Best 50%
Nurse Fill Rates	Nov-24	99.0%	90.0%	96.8%	
C.difficile	Dec-24	9	113	82	
E.coli	Dec-24	13	171	124	
Hospital Acq Pressure Ulcers per 1000 bed days	Oct-24	0.08	0.00	0.12	
Falls ≥ moderate harm per 1000 bed days	Nov-24	0.21	0.00	0.20	
Stillbirths (intrapartum)	Dec-24	0	0	0	
Neonatal Deaths	Dec-24	1	0	9	
Never Events	Dec-24	0	0	2	
Complaints Responded In 60 Days	Dec-24	62.5%	80.0%	64.4%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Nov-24	75.0%	77.0%	73.1%	Worst 30%
Cancer 62 Days	Nov-24	80.1%	85.0%	78.9%	Best 20%
% Ambulance Handovers within 30 minutes	Dec-24	36.5%	95.0%	47.6%	
A&E Standard (Mapped)	Dec-24	77.0%	78.0%	77.8%	Best 20%
Average NEL LoS (excl Well Babies)	Dec-24	4.1	4.0	4.2	Best 30%
% of Patients With No Criteria to Reside	Dec-24	20.7%	10.0%	20.7%	
Discharges Before Noon	Dec-24	19.4%	20.0%	18.5%	
G&A Bed Occupancy	Dec-24	97.8%	92.0%	97.5%	Worst 30%
Patients Whose Operation Was Cancelled	Dec-24	0.9%	0.8%	0.9%	
RTT % less than 18 weeks	Dec-24	59.9%	92.0%	59.9%	Best 50%
RTT 65+	Dec-24	83	0	83	Worst 50%
% of E-discharge Summaries Sent Within 24 Hours	Dec-24	82.9%	90.0%	82.7%	
OP Letters to GP Within 7 Days	Nov-24	54.3%	90.0%	67.2%	

Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	Dec-24	87.5%	85.0%	87.5%	
Mandatory Training	Dec-24	88.0%	85.0%	88.0%	
Sickness: All Staff Sickness Rate	Dec-24	6.7%	5.0%	5.9%	
Staffing: Turnover rate	Dec-24	0.7%	1.1%	0.9%	

Finance	Period	Score	Target	YTD	Benchmark
Capital Spend £ 000's	Dec-24		32,400	18,590	
Cash Balances - Days to Cover Operating Expenses	Dec-24	2.0	10		
Reported Surplus/Deficit (000's)	Dec-24		17,611	-10,674	

Board Summary - Quality

Quality

Friends and Family Test – achieved the overall target despite lower recommendation rates within A&E. The 2023 National Inpatient survey action plan agreed and in progress, with monthly audits standardised across MWL to measure ongoing performance against the action plan. The 2024 National Urgent and Emergency care survey results have been received and a supporting action plan has been developed. The 2024 National Maternity Survey results have been received and a supporting action plan is in now in place.

Clostridium difficile infection – The Trust remains below the NHSE threshold for 2024/25 and UKHSA Cheshire and Merseyside data indicates that in Q1 and Q2 MWL was a low outlier in terms of C. difficile rates. The CDI Improvement Plan remains on track. The Consultant Nurse IPC has supported the development of a CDI Toolkit for C&M at an NHSE-led Cheshire and Merseyside IPC Provider Collaborative.

E coli -The E coli Improvement Plan continues, and the Trust remains below the NHSE threshold.

Pressure Ulcers - Focused and generic actions have been developed in conjunction with wards and departments to address the themes. The TVN Team continue to provide teaching, awareness sessions and support to all areas.

Patient Falls – The Falls Team have put together a specific action plan to reduce the risk of falls in higher incidence areas. There are regular audits of falls compliance and ongoing falls education. Falls reduction initiatives are being trialled, e.g. additional call bells in the A&E ambulance assessment areas, post-fall flowcharts in theatres and trial of decaffeinated drinks has been extended to additional areas.

Never Events – No Never Events were reported in December (YTD 2). The Never Event reported in November is progressing under the PSIRF framework and immediate actions have been implemented.

HSMR - Latest data available up to and including Mar-24. The final 23-24 HSMR remains low at 92.7, with both sites below 100 (legacy STHK site 90.7 and legacy S&O 97.5). Action has been taken to ensure that patients are coded as accurately as possible to ensure an accurate HSMR. HSMR is monitored via Clinical Effectiveness Council and diagnoses alerting due to a higher than expected number of deaths are reviewed by the Mortality Surveillance Group. SHMI remains within expected levels.

Neonatal deaths - 36+4 baby born with known congenital anomaly with a plan for palliative care that resulted in a neonatal death. Case meets criteria for PMRT review.

Complaints - % of stage 1 complaints resolved in 60 working days – minor deterioration in performance however following MIAA review of complaints management, the Trust has received substantial assurance overall, recognising robustness in the Trust's complaints management system and processes, assessing the appropriateness of governance arrangements and how complaints are used as an opportunity to learn and drive continuous improvement.

Board Summary - Quality

Quality	Period	Score	Target	YTD	Benchmark	Trend
Mortality - HSMR	Mar-24	84.5	100	92.7	Best 30%	
FFT - Inpatients % Recommended	Dec-24	94.7%	90.0%	94.7%	Best 50%	
Nurse Fill Rates	Nov-24	99.0%	90.0%	96.8%		
C.difficile	Dec-24	9	113	82		
E.coli	Dec-24	13	171	124		
Hospital Acq Pressure Ulcers per 1000 bed days	Oct-24	0.08	0.00	0.12		
Falls ≥ moderate harm per 1000 bed days	Nov-24	0.21	0.00	0.20		
Stillbirths (intrapartum)	Dec-24	0	0	0		
Neonatal Deaths	Dec-24	1	0	9		
Never Events	Dec-24	0	0	2		
Complaints Responded In 60 Days	Dec-24	62.5%	80.0%	64.4%		

Board Summary - Operations

Operations

A&E - 4-hour performance decreased in December, reporting 71.4% for all types against a target of 78%. Mapped 4-hour performance was 77%. Trust performance remained ahead of National (71.1%), and in line with C&M (71.4%). The Trusts mapped 4-Hour performance achieved 77%.

The pressure across the A&E departments has continued in December and both Whiston and Southport sites have declared OPEL 4 escalation status on several occasions. Ambulance handover performance has been affected and performance in this regard has deteriorated in December compared to November.

Patient Flow - Bed occupancy across MWL continues to be significantly higher than the target of 92% and in December averaged 97.8%. The average length of stay for emergency admissions also remains high at 9.6 days for S&O and 7.2 days for STHK. This is in part due to the high volume of patients with no criteria to reside, which in December was 20.7% across the sites.

To manage demand and support improvements in handover performance, escalation beds across all sites remain open and options are being considered for further expansion of bed capacity across all sites. Work with local partners, including NWS, is also ongoing and the C&M UEC Improvement Recovery Programme remains in place to support improvements in non-elective pathways from an in hospital and out of hospital perspective.

Elective Care - 18-Week performance in December for MWL was 59.9%, S&O 64.1% and STHK 58.1%. This was ahead of national performance (latest month November) of 59.1% and C&M regional performance of 57.4%.

At the end of December, the Trust reported 2,128 patients waiting over 52 weeks, a decrease of 54 when compared to November. Of this group, 93 patients were reported as waiting over 65 weeks, and one patient reported as waiting over 78 weeks. Of the 65 week breaches, 40% were due to patient choice, 36% a result of complex pathways and 24% due to a shortfall in capacity. The 78-week breach was due to patient choice.

Cancer - Performance against the Faster Diagnosis Standard (28-day) in November was 75% against a target of 75%. Latest published data shows national performance of 77.4% and C&M regional performance of 75.4%.

Performance for 62-day increased to 80.1% (target 85%), an improvement of 4.9% compared to October. 87.6%. C&M performance was 75.9% and National 69.4%.

Board Summary - Operations

Operations	Period	Score	Target	YTD	Benchmark	Trend
Cancer Faster Diagnosis Standard	Nov-24	75.0%	77.0%	73.1%	Worst 30%	
Cancer 62 Days	Nov-24	80.1%	85.0%	78.9%	Best 20%	
% Ambulance Handovers within 30 minutes	Dec-24	36.5%	95.0%	47.6%		
A&E Standard (Mapped)	Dec-24	77.0%	78.0%	77.8%	Best 20%	
Average NEL LoS (excl Well Babies)	Dec-24	4.1	4.0	4.2	Best 30%	
% of Patients With No Criteria to Reside	Dec-24	20.7%	10.0%	20.7%		
Discharges Before Noon	Dec-24	19.4%	20.0%	18.5%		
G&A Bed Occupancy	Dec-24	97.8%	92.0%	97.5%	Worst 30%	
Patients Whose Operation Was Cancelled	Dec-24	0.9%	0.8%	0.9%		
RTT % less than 18 weeks	Dec-24	59.9%	92.0%	59.9%	Best 50%	
RTT 65+	Dec-24	83	0	83	Worst 50%	
% of E-discharge Summaries Sent Within 24 Hours	Dec-24	82.9%	90.0%	82.7%		
OP Letters to GP Within 7 Days	Nov-24	54.3%	90.0%	67.2%		

Board Summary - Workforce

Workforce

Mandatory Training -The Trust continues to exceed its target for mandatory training at 88% although it has seen a marginal decrease (0.4%) between October and December. Work is ongoing to standardise our approach to the management and monitoring of core statutory and mandatory and compulsory skills training in line with the national framework.

Appraisals - Appraisal compliance is 87.5%. The Learning and Development Team are preparing for the launch of the next appraisal window from 1st April 2025 and are supporting with appraisal and wellbeing conversation training. The team will be working specifically with teams with the lowest completion rates.

Sickness - In-month sickness during November and December was 6.69% against a 5% target. This increase is reflective of the time of year and is a typical trend that we see each winter.

The highest reason for absence during December 2024 was Cold, Cough, Flu – Influenza.

The Trust continues to focus on supporting all employees who are absent, and a review has been undertaken of the HR Absence support team to ensure we are providing staff and managers with timely support and guidance, to ensure that all supportive actions have been undertaken. This includes regular support sessions for managers and collaborative working with the Health Work and Wellbeing Team to ensure we are putting targeted support in place.



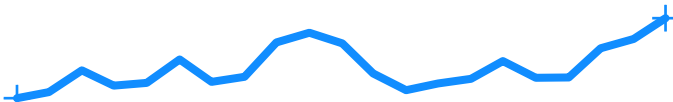

The HR team are in the process of updating the Sickness and Absence policy and are working in collaboration with colleagues to further develop our wellbeing support including the tools and resources available to managers. This includes focusing on the embedding of meaningful wellbeing conversations and reasonable adjustments.

Further support and interventions includes;

- Dedicated HR support for absence and wellbeing
- Targeted focus on early interventions
- Wellbeing support available to all staff through The Wellbeing Hub
- Deep dive into areas with consistent high levels of sickness with feedback provided to People Performance Council. This will focus on the triangulation of data and the identification of drivers for sickness to inform meaningful and targeted interventions.

Turnover - In-month turnover 0.7% against a target of 1.1% with 12-month rolling turnover is 11.8% against a target of 13.2%. Turnover has steadily decreased over the last 12 months and has remained static since September 2024.

Board Summary - Workforce

Workforce	Period	Score	Target	YTD	Benchmark	Trend
Appraisals	Dec-24	87.5%	85.0%	87.5%		
Mandatory Training	Dec-24	88.0%	85.0%	88.0%		
Sickness: All Staff Sickness Rate	Dec-24	6.7%	5.0%	5.9%		
Staffing: Turnover rate	Dec-24	0.7%	1.1%	0.9%		

Board Summary - Finance

Finance

The final approved MWL financial plan for 24/25 gave a deficit of £26.7m, which assumed:

- Payment of £12m funds in line with transaction business case
- Delivery of £36.2m recurrent CIP
- Delivery of £11.8m non-recurrent CIP
- Delivery of the 24/25 activity plan, in order to achieve planned levels of income including ERF/API variable funding
- Contract agreements in line with planned values

Additional non-recurrent deficit support was agreed with commissioners during September. This has reduced the planned deficit by £15.8m, to a £10.9m deficit for 24/25. The Trust still awaits information on how the residual IA pressure will be dealt with within the system.



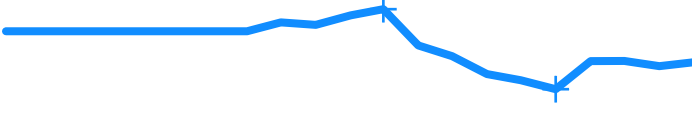
Surplus/Deficit – At Month 9, the Trust is reporting a year to date deficit of £10.7m which is £6.9m better than plan. This favourable variance relates to £8m of transaction support received in September and December. The plan assumed all funding would be received in March 2025.

CIP - The Trust's CIP target for financial year 2024/25 is £48.0m, of which £36.2m is to be delivered recurrently and £11.8m non-recurrently. As at Month 9, the Trust has successfully transacted CIP of £39.9m, of which £32.8m is recurrent, with a further £1.4m of recurrent CIP at finalisation stage.

Cash - At the end of M9, the Trust's cash balance was £4.8m. The Trust anticipates a closing cash balance of c.£2.7m as per plan, at the end of the financial year.

Capital - The capital plan for the year is £48.4m (including PFI lifecycle and lease remeasurements). Capital expenditure for the year to date [including PFI lifecycle maintenance and lease remeasurements] totals £22.8m, which is £13.8m below plan. At M9, the plan assumed expenditure of £14.7m for several system/PDC funded schemes which is yet to materialise. As a result, PDC funding is yet to be drawn down for these schemes. This variance is offset by an additional £4.5m of PDC-funded expenditure that was not part of the Trust's original plan. The Trust anticipates that spend will be accelerated towards the end of the financial year.

Board Summary - Finance

Finance	Period	Score	Target	YTD	Benchmark	Trend
Capital Spend £ 000's	Dec-24		32,400	18,590		
Cash Balances - Days to Cover Operating Expenses	Dec-24	2.0	10			
Reported Surplus/Deficit (000's)	Dec-24		17,611	-10,6...		

Board Summary

Legacy Southport & Ormskirk

Quality	Period	Score	Target	YTD	Benchmark
Mortality - HSMR	Mar-24	82.0	100	97.5	
FFT - Inpatients % Recommended	Dec-24	93.9%	90.0%	94.2%	
Nurse Fill Rates	Nov-24	98.8%	90.0%	95.7%	
C.difficile	Dec-24	3		35	
E.coli	Dec-24	2		44	
Hospital Acq Pressure Ulcers per 1000 bed days	Oct-24	0.15	0.00	0.11	
Falls ≥ moderate harm per 1000 bed days	Nov-24	0.40	0.00	0.23	
Stillbirths (intrapartum)	Dec-24	0	0	0	
Neonatal Deaths	Dec-24	1	0	3	
Never Events	Dec-24	0	0	0	
Complaints Responded In 60 Days	Dec-24	71.4%	80.0%	68.1%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Nov-24	66.8%	77.0%	67.8%	
Cancer 62 Days	Nov-24	60.5%	85.0%	63.5%	
% Ambulance Handovers within 30 minutes	Dec-24	54.7%	95.0%	60.6%	
A&E Standard (Mapped)	Dec-24				
Average NEL LoS (excl Well Babies)	Dec-24	5.0	4.0	5.2	
% of Patients With No Criteria to Reside	Dec-24	17.9%	10.0%	16.7%	
Discharges Before Noon	Dec-24	20.3%	20.0%	19.5%	
G&A Bed Occupancy	Dec-24	96.3%	92.0%	96.8%	
Patients Whose Operation Was Cancelled	Dec-24	0.6%	0.8%	0.9%	
RTT % less than 18 weeks	Dec-24	64.1%	92.0%	64.1%	
RTT 65+	Dec-24	37	0	37	
% of E-discharge Summaries Sent Within 24 Hours	Dec-24	85.7%	90.0%	79.6%	
OP Letters to GP Within 7 Days	Nov-24	61.0%	90.0%	69.8%	

Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	Dec-24	87.7%	85.0%	87.7%	
Mandatory Training	Dec-24	89.5%	85.0%	89.5%	
Sickness: All Staff Sickness Rate	Dec-24	6.9%	5.0%	6.2%	
Staffing: Turnover rate	Dec-24	0.4%	1.1%	0.8%	

Finance	Period	Score	Target	YTD	Benchmark
Capital Spend £ 000's	Dec-24				
Reported Surplus/Deficit (000's)	Dec-24				

Board Summary

Legacy St Helens & Knowsley

Quality	Period	Score	Target	YTD	Benchmark
Mortality - HSMR	Mar-24	85.4	100	90.7	
FFT - Inpatients % Recommended	Dec-24	95.0%	94.0%	94.8%	
Nurse Fill Rates	Nov-24	99.3%	90.0%	97.9%	
C.difficile	Dec-24	6		47	
E.coli	Dec-24	11		80	
Hospital Acq Pressure Ulcers per 1000 bed days	Oct-24	0.04	0.00	0.13	
Falls ≥ moderate harm per 1000 bed days	Nov-24	0.12	0.00	0.18	
Stillbirths (intrapartum)	Dec-24	0	0	0	
Neonatal Deaths	Dec-24	0	0	6	
Never Events	Dec-24	0	0	2	
Complaints Responded In 60 Days	Dec-24	55.6%	80.0%	62.3%	

Operations	Period	Score	Target	YTD	Benchmark
Cancer Faster Diagnosis Standard	Nov-24	79.9%	77.0%	76.5%	
Cancer 62 Days	Nov-24	87.6%	85.0%	85.3%	
% Ambulance Handovers within 30 minutes	Dec-24	26.5%	95.0%	40.5%	
A&E Standard (Mapped)	Dec-24				
Average NEL LoS (excl Well Babies)	Dec-24	3.7	4.0	3.8	
% of Patients With No Criteria to Reside	Dec-24	22.3%	10.0%	23.1%	
Discharges Before Noon	Dec-24	18.4%	20.0%	17.6%	
G&A Bed Occupancy	Dec-24	98.6%	92.0%	97.9%	
Patients Whose Operation Was Cancelled	Dec-24	1.1%	0.8%	0.9%	
RTT % less than 18 weeks	Dec-24	58.1%	92.0%	58.1%	
RTT 65+	Dec-24	46	0	46	
% of E-discharge Summaries Sent Within 24 Hours	Dec-24	82.0%	90.0%	83.6%	
OP Letters to GP Within 7 Days	Nov-24	50.4%	90.0%	65.6%	

Workforce	Period	Score	Target	YTD	Benchmark
Appraisals	Dec-24	87.4%	85.0%	87.4%	
Mandatory Training	Dec-24	87.4%	85.0%	87.4%	
Sickness: All Staff Sickness Rate	Dec-24	6.6%	5.0%	5.8%	
Staffing: Turnover rate	Dec-24	0.8%	1.1%	0.9%	

Finance	Period	Score	Target	YTD	Benchmark
Capital Spend £ 000's	Dec-24				
Cash Balances - Days to Cover Operating Expenses	Dec-24				
Reported Surplus/Deficit (000's)	Dec-24				

Committee Assurance Report			
Title of Meeting	Trust Board	Date	29 January 2025
Agenda Item	TB25/004 (8.1)		
Committee being reported	Executive Committee		
Date of Meeting	This report covers the seven Executive Committee meetings held in November and December 2024		
Committee Chair	Rob Cooper, Chief Executive Officer		
Was the meeting quorate?	Yes		
Agenda items			
Title	Description	Purpose	
<p>There were seven Executive Committee meetings held during November and December 2024. At every meeting bank or agency staff requests that breached the NHSE cost thresholds were reviewed, and the Chief Executive's authorisation recorded.</p> <p>At each meeting, the weekly vacancy control panel decisions were also reported.</p>			
07 November 2024			
Maternity Incentive Scheme – Year 6	<ul style="list-style-type: none"> The Acting Director of Nursing, Midwifery and Governance presented a position statement against each of the Maternity Incentive Schemes (MIS) safety actions and the actions being taken where full compliance had not yet been achieved. The progress was also reported to the Quality Committee in November 2024. 	Assurance	
Deteriorating Patient Project Update	<ul style="list-style-type: none"> The Medical Director introduced the report, which detailed the outcomes of the 18-month project that had been undertaken at Whiston Hospital and plans for roll out of the benefits across MWL. There had been an increase of 8 -10,000 more patient observations per month (November 2022 – February 2024) which resulted in increased Medical Emergency Team (MET) calls as expected but fewer unanticipated Intensive Care Unit (ICU) admissions. There was now a support tool for early escalation and decision making. The different Patient Administration Systems (PAS) created some barriers for implementing the full escalation systems across MWL, and this would remain the case until there was a single Electronic Patient Records (EPR). 	Assurance	
Clinical Summit	<ul style="list-style-type: none"> The Managing Director briefed the committee on the plans to hold a clinical summit on 11 	Assurance	

	<p>November to review urgent care pathway for medical patients waiting in the Emergency Department to improve patient outcomes and experience.</p>	
<p>Freedom of Information (FOI) Report</p>	<ul style="list-style-type: none"> • The Director of Informatics presented the monthly FOI compliance report for September 2024. • The FOI response rate within 20 working days had improved to 60% in month but remained below the target of 80%. • The Trust had received 762 FOI requests since April 2024 which included 4,908 individual information requests. • At the end of September there were 93 open FOI requests of which 48 had exceeded the 20-day standard. • The open requests were all allocated to a Director for final approval. It was acknowledged that many requests were wide ranging and required responses from several services. • Actions to improve compliance were agreed, including weekly reports and improved guidance for staff assigned to provide the information for FOIs. 	<p>Assurance</p>
<p>Finance Improvement Group (FIG)</p>	<ul style="list-style-type: none"> • The Director of Finance and Information presented the reports of the weekly FIG meetings. • £10.4m of additional income and savings opportunities had been identified, against the recovery target of £15m. • The main opportunity was to deliver additional elective activity, and work was being undertaken to build a granular plan by speciality. • Progress was being made in reducing bank and agency spend, particularly on supplementary care. 	<p>Assurance</p>
<p>Autonomous Working for Associate Specialist and Senior Associate Specialist (SAS) doctors</p>	<ul style="list-style-type: none"> • The Chief Operating Officer introduced the report which outlined proposals to create a single MWL approach to creating a career structure in line with nationally agreed framework for SAS doctors, which would include a standardised approach to granting autonomous practice privileges, for appropriately qualified and experienced doctors. • The paper outlined a capability and assessment framework that aligned to the national agreement. • There was also a proposal to align Waiting List Initiatives (WLI) rates for SAS doctors undertaking autonomous practice. • The proposal was approved. 	<p>Approval</p>

Emergency Preparedness, Response and Resilience (EPRR) training	<ul style="list-style-type: none"> The Chief Operating Officer briefed the Committee on the training requirements for the Director on call to undertake the role of strategic commander in the event of a critical or major incident to comply with the EPRR minimum national occupational standards (MOS). The report also summarised the position for each Director in terms of training completed and provided assurance that where the training was available the current staff on the Executive on call rota had completed the required training. 	Assurance
Improvement Plan – Spinal Injuries Unit	<ul style="list-style-type: none"> The Acting Director of Nursing, Midwifery and Governance presented the action plan following the ward accreditation assessment of the Spinal Injuries Unit, and patient feedback. The limitations of the current environment were acknowledged, and it was agreed that there should be a campaign to raise charitable funds to improve the facilities and equipment. 	Assurance
14 November 2024		
Bed moves report	<ul style="list-style-type: none"> The Managing Director presented the report which provided information on patient bed moves, which had remained stable. The deep dive confirmed that most moves were for medical reasons e.g. patient going for a diagnostic test where they had to be transferred on the EPR, but then return to the ward. It was agreed that the recording conventions should be reviewed to see if such temporary moves to a different department could be captured and reported differently on the patient tracking system. The Director of Informatics agreed to explore this and report back on the options available. 	Assurance
Laboratory Information System (LIMS) and interface with the Shared Care Record	<ul style="list-style-type: none"> The Director of Informatics introduced a report which explained how the LIMS and shared care record systems would interface. LIMS would be one of many systems feeding information into the shared care record, so they could be viewed by healthcare professionals across the Integrated Care Board (ICB.) There was also an explanation of how LIMS would interface with other patient information systems in use across Cheshire and Merseyside (C&M). 	Assurance
Cyber Security Assurance Report	<ul style="list-style-type: none"> The Director of Informatics presented the cyber security assurance report for the period up to 31 October 2024. 	Assurance

	<ul style="list-style-type: none"> • There had been one high alert from the national cyber security centre during this period and the Trust had taken the recommended actions. • System patching compliance was 99%. 	
Mid-year review of Trust Objectives	<ul style="list-style-type: none"> • The Director of Corporate Services presented the report detailing the progress against each objective and the proposed RAG rating. • The Committee reviewed the evidence provided by the lead director for each objective and the proposed remedial actions where the objective was not on track to be fully delivered by the end of 2024/25. • With the agreed changes the report was approved to be presented to the November Trust Board meeting. 	Assurance
Finance Improvement Group (FIG)	<ul style="list-style-type: none"> • The Director of Finance and Information presented the weekly update, noting further financial improvement opportunities had been identified and there were now 25 actions being monitored. • Work to improve theatre scheduling and utilisation had commenced as this offered the greatest opportunity to increase income. 	Assurance
Premium Payments Scrutiny Council (PPCS) Actions - Gastroenterology	<ul style="list-style-type: none"> • The report provided assurance on the actions being taken to reduce premium payments within gastroenterology, which focused on recruiting permanent staff to avoid reliance on locums/agency staff. • There were elevated levels of sickness absence amongst the nursing workforce in this speciality and there had also been higher than expected turnover. A deep dive was being undertaken to understand the reasons for this and an action plan put in place by the service and would be supported by HR and the Health Work and Wellbeing service. • Monitoring the delivery of improvements would be tracked by the PPSC. 	Assurance
Urgent and Emergency Care (UEC) Improvement Programme and Winter Plan	<ul style="list-style-type: none"> • Representatives from the Medical and Urgent Care Division presented updates on the three improvement workstreams: admission avoidance, reduced Length of Stay (LoS) and enhanced discharge. Modelling demonstrated that the actions the Trust was currently taking would not be sufficient to address the bed deficit if the numbers of non-criteria to reside (NCTR) patients remained at current levels. 	Assurance

	<ul style="list-style-type: none"> • Optimising North West Ambulance Service NHS Trust (NWAS) engagement and commitment to the call before convey project could help to further reduce admissions and the work with Emergency Care Improvement Support Team (ECIST) had demonstrated that the presence of a senior social worker from the Local Authorities at Board Rounds and discharge tracking meetings were successful in increasing discharges where patients required social care support. • Options to address the remaining bed deficit and how they could be staffed and funded were being identified. 	
Integrated Performance Report (IPR) - October	<ul style="list-style-type: none"> • The Director of Finance and Information presented the IPR for review by the Committee. • Changes to the commentary were agreed where there were variances in performance. 	Assurance
Skills Academy	<ul style="list-style-type: none"> • The Director of Integration provided an update on the development of the Skills Academy with St Helens Council and the proposal that the management be transferred to the Trust. • The Skills Academy's purpose was to address health inequalities and support local people into work, so its aims aligned with the Trust as an anchor institution for the local community. • The Skills Academy also provided a source of new recruits for NHS entry jobs, who could then develop their careers at the Trust. • The Council would transfer the grant funding to MWL, to cover the set up and pump prime revenue costs. There were also opportunities to secure further grant funding and attract income. • The proposal was approved. 	Approval
21 November 2024		
Mandatory training and appraisal compliance report - October	<ul style="list-style-type: none"> • The Acting Director of HR presented the report. • Appraisal compliance for (Agenda for Change) AfC staff was 87.4%. • The Committee reviewed any teams/departments who were below the 85% target. • Mandatory training compliance was 88.4% and compulsory skills training was 87.6%. • The project to align compulsory skills training requirements across the legacy organisations was due to be completed and the new Training Needs Analysis (TNA) implemented from 01 April 2025. 	Assurance

	<ul style="list-style-type: none"> • Compliance for each mandatory and compulsory training subject was reviewed. • The improvement actions continued to be implemented. 	
Risk Management Council (RMC) Assurance Report	<ul style="list-style-type: none"> • The Director of Corporate Services presented the RMC assurance report. • There were 1,106 reported risks with 28 escalated to the Corporate Risk Register (CRR), with a number of these having been closed or de-escalated following the meeting and director review. • 16 risks remained on the legacy S&O sites tolerated risk register. • The RMC had received assurance reports from the Claims Governance Group and update on the Quality Impact Assessment process for each approved Cost Improvement Programme (CIP) scheme. 	Assurance
Digital Strategy Review	<ul style="list-style-type: none"> • The Director of Informatics presented the progress against the year 1 objectives of the Trust digital strategy that had been approved by the board in March 2024. • The impact of the delays to the implementation of a single Electronic Patient Record (EPR) for MWL was discussed. • Committee discussed the need to bring forward some interim bespoke solutions, such as a maternity information system that could not be delayed until the single EPR was operational. • The report was agreed for presentation at the November Trust Board meeting. 	Assurance
Finance Improvement Group (FIG)	<ul style="list-style-type: none"> • The Director of Finance and Information reported the focus of the weekly meetings had been on improving outpatient productivity. 	Assurance
Premium Payments Scrutiny Council (PPSC) Actions – Clinical support and community services	<ul style="list-style-type: none"> • The Acting Director of HR introduced the report which provided a progress report on the actions agreed at the PPSC. • Proposals for the harmonisation of WLI rates were to be presented to the committee and this would reduce agency spend. • Urgent Treatment Centre (UTC) nurse recruitment had been successful and following a period of induction and training could become nurse prescribers, which would reduce the need for GP cover. • Analysis of the demand for the UTC within the commissioned opening hours was being 	Assurance

	<p>undertaken and would be presented to the committee in the new year.</p> <ul style="list-style-type: none"> Recruitment events specifically for Newton Hospital were being arranged to improve retention. 	
65+ week waiting list position	<ul style="list-style-type: none"> At the end of October there were 127 patients waiting over 65 weeks. Committee discussed the improvement plans for the challenged specialities – Plastics, Trauma and Orthopaedics, Gynaecology, ophthalmology and vascular, and if mutual aid was an option for any patients. Predicted December tip-ins were 483, of which 205 already have planned dates. The committee would continue to monitor the position weekly up to the revised December deadline for elimination of 65+ week waiters. 	Assurance
Nurse safer staffing report – October 2024	<ul style="list-style-type: none"> The Acting Director of Nursing, Midwifery and Governance presented the ward staffing position for October. The work to align the rostering systems across the two legacy organisations had now been completed. The overall nurse fill rate (qualified and unqualified) exceeded the 95% target. Any wards that were below 95% were reviewed and any patient safety incidents noted as part of the review to see if they occurred at times when staffing was below planned levels. Some of these wards had lower bed occupancy and therefore there were no concerns about the staffing levels. There was concern about wards 7b and 11b at Southport where securing bank staff to cover shifts was challenging. 	
28 November 2024		
Radiology WLI – Payment Rates	<ul style="list-style-type: none"> The Chief Operating Officer introduced the business case, which set out proposals to align WLI payment rates. The current rates had been in place since 2013 and did not align to rates across the rest of the Trust. The rates were also different at the two legacy Trust departments. The benefit of the proposal was reduced reliance on agency and locum staff and increased productivity, with regular quality audits. The cost of the uplift was significantly less than the additional income that could be generated. 	Approval

	<ul style="list-style-type: none"> The proposal was approved to be effective from the end of November 2024. 	
05 December 2024		
Alternative Supplementary Care Models	<ul style="list-style-type: none"> The Acting Director of Nursing, Midwifery and Governance introduced a presentation on how patients requiring supplementary care were nursed differently at the Northern Care Alliance NHSFT, including Enhanced Patient Observation (EPO) and how these ideas could be adopted at MWL and the support that would be needed to do this. The aim of the alternative models was to support earlier discharge, prevent patients deconditioning and reduce bank and agency costs for one-to-one care. The Urgent and Medical Care Division were undertaking workshops with staff to develop implementation plans for MWL. 	Assurance
Southport Emergency Department Nurse Staffing Business Case	<ul style="list-style-type: none"> The Acting Director of Nursing, Midwifery and Governance introduced the business case which reflected the recent nurse establishment review. To meet safe staffing guidance and standards (NICE, RCEM), additional qualified nurses were needed on the weekend shifts and changes were needed to the skill mix. Gaps in the current rota were being covered with bank or agency shifts. The requested posts were approved as this would improve patient safety and reduce the current budget run rate. 	Approval
Cyber Incident	<ul style="list-style-type: none"> The Director of Informatics provided a briefing on the recent cyber incidents at neighbouring trusts, and how MWL could further mitigate against the risks of a similar incident. The importance of upgrading and patching trust systems was recognised. It was also agreed that business continuity plans should be reviewed. 	Assurance
65+ week waiters update	<ul style="list-style-type: none"> The Chief Operating Officer reported that the position at the end of November was 106 patients and the current forecast for the end of December was 58 patients, due to complexity or patient choice rather than Trust capacity issues. The position for each high-risk speciality and mitigation plans were reviewed. Daily tracking was being undertaken by the Surgical Division of every patient. 	Assurance

12 December 24		
Discharge Frontrunner Project	<ul style="list-style-type: none"> • The Acting Director of Nursing, Midwifery and Governance introduced the project with had been undertaken by the Northern Care Alliance (NCA) to reduce reliance on supplementary care. • The project had been implemented on the acute dementia unit and had involved cohorting patients, taking direct admissions for primary care, Emergency Department (ED), Same Day Emergency Care (SDEC) and Acute Medical Unit (AMU) and employing Mental Health support and daily activity coordinators. The project had resulted in reduced LoS for patients, reduced harm and improved outcomes and was due to be rolled out to all NCA medical wards. • Committee discussed the project and how the principles could be applied at MWL, and it was agreed a formal Project Initiation Document (PID) would be developed. 	Assurance
Maternity Patient Survey Results and Action Plan	<ul style="list-style-type: none"> • The Acting Director of Nursing, Midwifery and Governance introduced the national results of Maternity Patient Survey and the action plan that had been developed to address areas for improvement. • Of the 57 questions the trust had scored about the same as the national average for 48 and worse than expected for nine. • The results had been compared to other sources of feedback about the services. • The area of most concern was antenatal care. • The Committee reviewed and commented on the proposed action plan. • It was noted that women giving birth in January and February 2025 would be asked to participate in the 2025 survey so there was limited time for the actions to be embedded and impact on the 2025 results. 	Assurance
Winter Plan – options for additional beds	<ul style="list-style-type: none"> • The Committee received an options appraisal on the options to increase bed capacity to help respond to winter pressures. • Committee discussed the type of beds needed and how they could be managed and staffed acknowledging the challenges in this. • Funding for ten escalation beds was approved, (ward 10b at Southport Hospital and wards 3E at Whiston Hospital) while feasibility of the remaining options and any alternatives were undertaken. 	Approval

65+ Week Waiters	<ul style="list-style-type: none"> The projected position at the end of December had increased to 93 due to additional Ears, Nose and Throat (ENT) cases. Actions to mitigate these were being put in place. 	Assurance
Month 8 financial position	<ul style="list-style-type: none"> The Director of Finance and Information introduced the report. The Month 8 position continued to show a deterioration against plan, mainly driven by underperformance in 15 specialities. The opportunities to increase income that had been identified at the Finance Improvement Groups had not yet been realised and expenditure levels continued to exceed budget. Theatre utilisation and delivery of the improvement plans would be monitored on a weekly basis to ensure activity was optimised for the remainder of the year and the plans for 2025/26 were more robust. 	Assurance
Urgent and Emergency Care Improvement Programme	<ul style="list-style-type: none"> The Director of Integration provided an update on the UEC improvement programme workstreams. The improvement trajectories for improved discharges of NCTR patients had not been achieved. Recent events such as the winter reset had demonstrated what could be achieved when the system focused on the issue, but the issue remained that this was not sustained once the “event” ended. 	
19 December 24		
Winter Plan Update	<ul style="list-style-type: none"> The Director of Strategy introduced the report. Options for increasing the bed base in response to winter pressures had been reviewed. Ward 11a at Ormskirk would become available once the Physiotherapy relocation scheme was completed. This was expected to be available in February. There was also an opportunity to engage with an external company to provide enhanced GP presence at the ED front door to deflect more patients. Adding capacity to the Medical Admissions Task Force to enhance consultant review could increase discharges from ED by circa 15%. The addition of discharge coordinator capacity in ED at weekends, also helped reduce the numbers of patients on the bed list. 	Assurance

	<ul style="list-style-type: none"> The Committee requested costing and timeframes for each of the proposals in the first week of January. 	
65+ Week Waiters	<ul style="list-style-type: none"> The Director of Finance provided the weekly report. The forecast position for the end of December was 69 breaches – due to complexity, patient choice, or capacity issues. The capacity breaches were in urology and ENT. 	Assurance
Theatre Utilisation Improvement Plan	<ul style="list-style-type: none"> The Director of Finance and Information provided an update on the plans to improve theatre utilisation. These included improved and standardised processes for theatre scheduling and list planning, transferring as much elective orthopaedic activity as possible to non-acute sites so they were not impacted by trauma cases, introducing pre-surgery checks to ensure patients were still fit to proceed, reviewing average procedure times, expanding pre-op capacity at Ormskirk Hospital, and working with Productive Partners and the further faster programme to adopt best practice solutions from other trusts. The Committee agreed that regular progress reports and activity tracking was required. 	Assurance
Trust Board Agenda - January	<ul style="list-style-type: none"> The Director of Corporate Services presented the draft agenda for review, based on the agreed annual workplan. Committee noted the changes to Executive membership of Committee following the appointment of the new CEO. The Committee selected the Employee of the Month (EOTM) from the nominations received during November. 	Assurance

Alerts:

None

Decisions and Recommendations:

Investment decisions taken by the Committee during November and December 2024 were:

- The transfer of the St Helens Skills Academy to the management of the Trust
- Standardised WLI payment rates for Radiology staff.
- Additional nursing staff for ED at Southport
- Funding for the costs of 10 winter escalation beds

Committee Assurance Report			
Title of Meeting	Trust Board	Date	29 January 2025
Agenda Item	TB25/004 (8.2)		
Committee being reported	Quality Committee		
Date of Meeting	21 January 2025		
Committee Chair	Gill Brown, Non-Executive Director		
Was the meeting quorate?	Yes		
Agenda items			
Title	Description		Purpose
Matters arising/Action Log	The outstanding actions were reviewed and progress noted.		Assurance
Maternity and Neonatal Services Report (Clinical Negligence Scheme for Trusts Update)	<ul style="list-style-type: none"> • Update Year 6 Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) assures overall compliance. • Safety Action (SA) 1: Use of the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard - Compliant with all required reports received to Quality Committee. • SA 2: Maternity Services Data Set (MSDS) - Compliant. • SA 3: Demonstrate Transitional Care services are in place at Ormskirk Hospital and undertaking quality improvement action plan for Whiston Hospital to minimise separation of parents and their babies - Compliant with all updates provided to Quality Committee and Local Maternity and Neonatal System (LMNS). Confirmation from NHS Resolution (NHRS) requested to assure Board of format for the single declaration. • SA 4: Effective clinical workforce planning - Compliant. <ul style="list-style-type: none"> ○ 4a Obstetric Medical Workforce - Thematic 6 monthly audits identified with MWL findings: Consultant presence = 88.5%, Consultant presence or suitability trained medic attendance = 95% with non-complaint cases reviewed and noted to be unavoidable. All audits submitted to LMNS. 		Assurance

	<ul style="list-style-type: none"> ○ Assurance given on continued monthly audits and reviews to support improvements. ○ 4b Anaesthetic Medical Workforce - Compliant ○ 4c. Neonatal Medical Workforce - Compliant, action plan appended to the report. ○ 4d Neonatal nursing workforce-compliant meets BAPM standards. ● SA 5: Effective midwifery workforce planning - Compliant noting current funded establishment reflects with Birthrate plus current models of care. ● SA 6: Compliance confirmed by LMNS for Saving Babies Lives Care Bundle Version 3 - element 2 (Whiston site) 85% with action plan in place with continued monitoring, element 5 (Whiston site) 93% with action plan in place with continued monitoring. Ormskirk site fully compliant for all elements. ● SA 7: Listen to women, parents and families using Maternity and Neonatal services and co-produce services with users – Compliant. ● SA 8: Evidence of three local training plans and in-house multidisciplinary team (MDT) training - Compliant. ● SA 9: Demonstrate clear oversight by the Board of maternity and neonatal safety and quality issues - Compliant. ● SA 10: 100% of qualifying cases reported to Maternity and Newborn Safety Investigation (MNSI) to NHSR's Early Notification scheme from 08 December 2023 to 30 November 2024 - Compliant. ● Committee members thanked the Triumvirate and noted assurance provided by reports and presentations to the Quality Committee, Executive Committee and Trust Board meetings throughout the reporting period. ● Committee recommended the report to the Trust Board to be able to declare compliance. 	
Quality Committee Corporate Performance Report (CPR)	<ul style="list-style-type: none"> ● Committee acknowledged the Trust's support for staff and response regarding the impact of the trial taking place following the Southport stabbings. 	Assurance

	<ul style="list-style-type: none"> • Trust remains in recovery following the recent Critical incident at the Whiston site with debrief planned as part of the Emergency Preparedness, Resilience and Response (EPRR) process and further noting the impact such events have with CPR metrics. Presentation on learning following the critical incident to be presented at a future Committee. • One Never event (November 2024) • Risk assessments including falls and pressure ulcers and Malnutrition Universal Screening Tool (MUST) requires review against effectiveness – proposed new strategy. • MIAA complaints review - substantial assurance received. • Referral to smoking team in maternity - congratulated on improved position. • Acknowledged and congratulated Stroke team Whiston as top performing Trust. • Safeguarding level 3 training improved position at 89.6% (90% target). • Clostridioides difficile (C-Diff) – 82 over trajectory on Southport site - working with Cheshire and Mersey colleagues to launch new tool kit. Proposed launch January 2025. • Escherichia coli (E-Coli) – below trajectory • Meticillin-sensitive Staphylococcus Aureus bacteraemia (MSSA) - 71 year to date (39 - 2023/24) – focus on improved management of IV lines and cannulas. Engagement with staff commenced to understand barriers in ability to deliver care and 15 step challenges completed with actions identified. Trust wide focus on back to basics. • Venous Thromboembolism (VTE) – working towards a solution to improve position. Noted Electronic Prescribing and Medicines Administration (EPMA) trial from Q4 - confirmed metric is reflective of assessment process and not prescription. Verbal update Q3 improved performance with ongoing working solution to continue improvement. • The Quality Committee requested the Executive develop a plan to improve Infection Prevention and Control (IPC) practice to reduce infection rates. 	
--	---	--

	<ul style="list-style-type: none"> • Hospital Standardised Mortality Ratio (HSMR) - Updated figures will be available for next Quality Committee. • One neonatal death – baby born with congenital anomaly with plan for palliative care agreed. The case meets Perinatal Mortality Review Tool (PMRT) review threshold. • Two stillbirths – one for PMRT review. • Outpatient letters – slight decrease in performance due to administration team vacancies, working to improve this position through additional activity and recruitment to vacant posts and transformation of administration systems. Assurance given that urgent letters are being produced within 48 hours. • Two babies sent for cooling – assurances no care issues initially identified. • The Maternity Survey results and action plan to be reported at the next Committee. • Committee noted the deteriorating performance of the Hearing Service and asked for this to be investigated. 	
Patient Experience Urgent and Emergency Care (UEC) Report	<ul style="list-style-type: none"> • First MWL wide UEC survey. • 28% response rate from patients who attended Emergency Department (ED) between April and July. • The Trust scored as expected /about the same as other trusts across all 11 sections of the survey but “somewhat worse” for two individual questions. • An action plan had been developed that had been reviewed by the Executive Committee. • Committee acknowledged that the focus needed to be on wider UEC and patient flow improvements as these would have greatest impact on patient experience. 	Assurance
Patient Safety Report (Inc. Council Chair’s Report)	<ul style="list-style-type: none"> • One new Patient Safety Incident Investigations (PSII) commissioned in October 2024. Eight PSII’s remain open. • 21 incidents required a Patient Safety Incident Review (PSIR). 	Assurance

	<ul style="list-style-type: none"> • One Never Event reported in November - wrong site surgery with PSII and themes and actions identified. • In October 3,071 Patient Safety Incidents were reported 91.5% of incidents report no harm. 403 incidents related to pressure ulcers and 238 to falls. • Committee sought assurance that there were sufficient low-rise bed/trolleys in the EDs for patients assessed as at risk of a fall, which was confirmed. • Committee sought assurance that the new InPhase system implementation would not lose any data on previous incidents, which was confirmed. • Patient Safety Council Assurance report received. • It was noted that the Policy for Intravenous Drug administration was approved. 	
Safeguarding Annual Report 2023/24	<ul style="list-style-type: none"> • Commended for alignment of Safeguarding policies and MWL governance reporting structure. • Training - achieved above 90% (Integrated Care Board compliance) noting three areas not achieving, however upward trajectory. • Adult services received 2,416 concerns; 3,836 Deprivation of Liberty (DoLs) completed. 140 Section 42's raised with focus on patient discharges (0.02% of Trust discharges). Children services safeguarding actioned 138 referrals. • Safeguarding adult/children/domestic abuse related death reviews - team continue to support these reviews as required. Learning supports updating polices and practice. • Mental Health - looking to extend the Service Level Agreement to provide administration for Whiston site to support activity. • PREVENT - One referral made. • Safeguarding audits provide significant assurance. • Completed commissioning standards – two action plans in place. • MIAA audit –substantial assurance with all actions required completed. 	Assurance

	<ul style="list-style-type: none"> • Risk register remains consistent. Lack of clinical photography at the Southport and Ormskirk sites noted and agreed to ask Executive Committee to review the options to achieve site wide coverage. 	
Controlled Drug Responsible Officer Annual Report	<ul style="list-style-type: none"> • First annual report by Controlled Drug Accountable Officer (CDAO). • Now one Policy for MWL supporting the 2025 workplan. • Improved Datix reporting leading to the rise in controlled drug incident numbers. • Assurance noted from robust internal governance structure with internal audit processes, MIAA audit not part of the agreed audit programme in 2024/25. • Local Intelligence Network (LIN) - 100% attendance. • CDAO training to the pharmacy service supporting control drug (CD) incidents. • CD developments noted for 2025. • More benchmarking information was requested in future reports, if available. 	Assurance
Clinical Effectiveness Report (including Council Chairs Report)	<ul style="list-style-type: none"> • Policies for approval noted. • Medical Emergency Team (MET) presentation noted - High National Early Warning Score (NEWS) remains highest reason for calls with two minute response. • Low numbers in Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders placed as part of MET calls noted, providing assurance of early detection in management of deteriorating patients. • National Major Trauma Registry (replacement for Trauma Audit and Research Network (TARN) now online - team entering backlog of cases. • Tele dermatology Artificial Intelligence (AI) project launch January with proposed increased number of patient referrals associated with AI package (DERM) - further report to Clinical Effectiveness Committee (CEC) in November 2025. • Changes to Death certificate regulations, and resultant new process, has resulted in some 	Assurance

	<p>delays – interim escalation process in place with education and pilot of new process.</p> <ul style="list-style-type: none"> • National Joint Registry (NJR) annual report – Southport site received gold award for data quality, Whiston site received silver due to two cases not in NJR portal within closing date. • Maternity Services: Significant improvement in referrals to stop smoking service. • Intensive Care National Audit and Research Centre (ICNARC) - previously outlier due to length of time from referral to Intensive Therapy Unit (ITU) to arrival on ITU and high NEWS prior to referral – improved position. • Laboratory performance report – successful recruitment of Histopathologists with further recruitment approved. Improvements across all cancer pathways seen because of this. • 16 consented organ donors resulting in 11 actual patient transplants. • Sepsis – AQ metrics MWL ninth across Northwest - improvement work ongoing. Assurance was provided on interventions to improve return of blood forms. 	
<p>Care Quality Commission (CQC) Quarterly Update Report</p>	<ul style="list-style-type: none"> • Five unannounced inspections/assessments undertaken between December 2023 to March 2024 • Reports for Maternity and Medicine/Spinal injuries received, and action plans presented to the committee. Whiston ED draft report received, and factual accuracy response submitted awaiting final publication. Draft report for Southport ED not received to date. • Progress against maternity three “must do” actions noted and positive recent recruitment to midwifery vacancies. • Progress against Medicine/Spinal injuries three “should do” actions noted acknowledging business case to be presented to Executive Committee in support of a seven-day dietetic and speech and language service. • 13 recent ad hoc enquiries received and responded to. Ongoing engagement meetings in place with new operations manager and linked inspector. Next meeting February with onsite visit to showcase recent improvements. 	<p>Assurance</p>

	<ul style="list-style-type: none"> • CQC assurance meetings continue to receive divisional updates. • 51 Ward Accreditations completed with areas of good practice and key themes for learning shared. • 14 Quality Ward Rounds completed with key actions being aligned to Trust objectives, which will be included in the next scheduled report to the Committee. 	
Any Other Business	<ul style="list-style-type: none"> • None 	
Alerts:		
<ul style="list-style-type: none"> • None 		
Decisions and Recommendation(s):		
The Board is recommended to note the report.		

Committee Assurance Report			
Title of Meeting	Trust Board	Date	29 January 2025
Agenda Item	TB25/004 (8.3)		
Committee being reported	Strategic People Committee		
Date of Meeting	22 January 2025		
Committee Chair	Lisa Knight, Non-Executive Director		
Was the meeting quorate?	Yes		
Agenda items			
Title	Description		Purpose
Minutes of the previous meeting	The Committee reviewed the minutes of the meeting held on the 19 November 2024 and approved them as a correct and accurate record of proceedings.		Decision
Action Log and Matters Arising	The Committee reviewed the outstanding and approved the completed actions.		Assurance
Workforce Dashboard	<p>The Corporate Performance Report (CPR) dashboard was presented and the following points noted:</p> <ul style="list-style-type: none"> • Appraisals - appraisal compliance is 87.5%. Preparation is now underway for the new appraisal window opening (01 April 2025). • Mandatory Training - the Trust continues to exceed its target for mandatory training at 88%. The Executive Committee is overseeing the Trust-wide review of the training needs analysis. • Turnover - in-month turnover 0.7% against a target of 1.1% with 12-month rolling turnover is 11.8% against a target of 13.2%. • Sickness - in-month sickness increased during November and December to 6.69% against a 5% target. The highest reason for absence during December 2024 was cold, cough, influenza (flu). The Wellbeing team continue to promote the flu and Covid-19 vaccination programme however uptake is challenged both locally and regionally (flu 37.47% and Covid-19 17.15%). • Vacancies - vacancy rate has increased in December to 7% against a target of 8%. The recruitment team has pipelines in place for new recruits progressing in staff groups with the most vacancies. 		Assurance

	Average time to recruit - average time of recruit has increased in December to 54.2 days against a target of 40 days.	
Trust Objectives Q3 Update and Trust & Lead Employer Q3 People Plan Updates	<p>An update was received on achievement of the Trust NHS People Plan along with the Lead Employer and Trust Objectives mapped against the 4 pillars of the four NHS People Plan for Q3.</p> <p><u>Trust People Plan and Objectives Update Q3:</u></p> <p>Pillar One: Looking After Our People</p> <ul style="list-style-type: none"> • Six policies ratified with three discussed at People Policy Group. • 2025/26 workplan in progress • Vaccination campaign launched <p>Pillar Two: Belonging in the NHS</p> <ul style="list-style-type: none"> • MWL Values embedded in key activities; statutory reports (Workforce Race Equality Standard Report (WRES), Workforce Disability Equality Standard Report (WDES) and Statutory Pay Gap) completed. • Events promoted for Black History Month, Carers Week, Disability History Month, White Ribbon Day, and Trans Day. • Anti-Racism Groups have been established, with training delivered. • Career workshops for Black and Minority Ethnic (BME) Band 5 Nurses piloted. • Team Talk sessions held with 63 staff; staff networks continue to be promoted <p>Pillar 3: New Ways of Working and Delivering Care</p> <ul style="list-style-type: none"> • A new Occupational Management System “OPAS G2” and ‘Personal Development Portal’ has been launched. • Divisional Workforce Dashboard implemented. • Further automation of administrative tasks completed <p>Pillar 4: Growing for the Future</p> <ul style="list-style-type: none"> • A Trainee Nurse Associate (TNA) business case is ongoing • Growth of advertisement for apprentices to maximise use of the apprenticeship levy. • Workforce Operational Plan linked to Financial 	

	<p>Plan continues to be monitored.</p> <p>Lead Employer Objectives Update Q3:</p> <p>Pillar One: Looking After Our People</p> <ul style="list-style-type: none"> • Month on month improvement in the Northwest (NW) mandatory training compliance levels; no hosts reporting red. • All national Improving Working Lives (IWL) standards have been met. • The Lead Employer team have attended a team building/objective setting Away Day • The MWL Sexual Safety Policy is under development. • The Human Resources Advisory team have attended training delivered by Roger Kline, the author of “Too Hot to Handle”. • Policy reviews continue, including Annual leave and Lead Employer (LE) Travel expenses policy. <p>Pillar Two: Belonging in the NHS</p> <ul style="list-style-type: none"> • Implementation of LE actions from the new payroll process improvement guide • Pay errors continue to be monitored. In Q3 overall average was 0.71%, (less than 1%). • Aged debt continues to decrease. <p>Pillar 3: New Ways of Working and Delivering Care</p> <ul style="list-style-type: none"> • The new helpdesk first contact resolution rate is above 90%. • The host work schedule compliance target has been met. • Automation continues to support recruitment and Mandatory training efficiencies. <p>Pillar 4: Growing for the Future</p> <ul style="list-style-type: none"> • LE is supporting the national IWL strategy development. 	
<p>Equality, Diversity and Inclusion (EDI) Operational Plan – Annual Update 2024/25</p>	<p>The EDI Operational Plan (2022-25) update was provided against three pillars, Inclusive and Compassionate Leadership, Culture of Inclusion and Diverse Workforce. It outlined the key priorities for 2024/25 and provided an update on the key drivers, measures of success, and progress to date against the NHS EDI High Impact Actions. This included:</p>	<p>Assurance</p>

	<ul style="list-style-type: none"> • The launch of the Trust’s Sexual Safety Pledge and training • Re-accreditation of the Defence Employee Charter in recognition of the Trust’s support for veterans, territorial force and cadets. • Anti-racism work including Trust wide round tables have taken place with a series of seminars, work on the NW West Anti-Racism Framework, feedback from the Staff Survey, NHS High Impact Actions, and the WRES. <p>The committee also noted the following:</p> <ul style="list-style-type: none"> • The Statutory Pay Gap report now includes reports on pay gaps for gender, disability, ethnicity and sexuality with a year-on-year improvement against all ten metrics. • The WDES has seen a year-on-year improvement for 13 of the 15 metrics. • The WRES has seen a year-on-year improvement for eight of the 12 metrics. Metrics that decreased were non-Mandatory training uptake, Harassment, Fairness in Career Progression, and the Diversity of the Trust Board versus the overall workforce. 	
<p>Organisational Development Operational Plan Annual Update 2024/25</p>	<p>The Organisational Development Operational Plan Annual Update 2024/25 provided a highlight report on the progress made against the plan. The update detailed activities under the three priorities:</p> <ul style="list-style-type: none"> • Leadership and Management Development • Staff Experience and Capability • Partnership Working <p>The Committee noted progress against the core activities identified to support the delivery of the 2024/25 plan which included:</p> <ul style="list-style-type: none"> • The review and harmonisation of mandatory training aligned to the NHS England programme of work. • Harmonisation of appraisal systems and processes • Learning and Organisational Development (L&OD) team effectiveness and operating model to meet the needs of MWL in 2024 and beyond. <p>Priorities for 2025/26 will form part of the wider Trust People Strategy.</p>	<p>Assurance</p>

Staff Survey Update 2024/	An update was provided on the NHS 2024 Staff Survey which included an overview of the initial high-level results. The details of the 2024 Staff Survey are currently embargoed until March 2025.	Assurance
Assurance Reports from Subgroup(s)	The Strategic People Committee noted the Assurance Reports from the People Performance Council, the HR Commercial Services Council and the Employee Relations Oversight Group.	Assurance
Terms of Reference (ToR)	The Committee approved the ToR for the Valuing our People Council.	Decision
Items for Escalation to Trust Board	None	Assurance
Any Other Business	None	Assurance
Effectiveness of Meeting	Feedback from the Committee indicated this meeting has been effectively chaired.	Assurance
Alerts:		
None		
Decisions and Recommendation(s):		
Decision:		
<ul style="list-style-type: none"> Approval of the terms of reference for the Valuing our People Council. 		

Committee Assurance Report			
Title of Meeting	Trust Board	Date	29 January 2025
Agenda Item	TB25/004 (8.4)		
Committee being reported	Finance and Performance Committee		
Date of Meeting	23 January 2025		
Committee Chair	Carole Spencer, Non-Executive Director		
Was the meeting quorate?	Yes		
Agenda items			
Title	Description	Purpose	
Director of Finance (DoF) Update and Financial Improvement	<ul style="list-style-type: none"> No formal planning guidance received however high level update provided from National finance leads. Integrated Care Board (ICB) Financial Improvement meetings have been stood down and replaced with CEO/DoF performance meetings using a balanced scorecard approach. First meeting took place in January, feedback shared. New procurement act comes into force in February, leads across the Trust providing training and enacting required changes. 	Assurance	
Budget Setting/ Planning and National Planning Guidance	<ul style="list-style-type: none"> National guidance not published at time of meeting. Update given to Committee on all emerging information and guidance including the Elective Reform plan. MWL underlying financial position for 2024/25 was presented including all non-recurrent items within the plan alongside emerging issues. Discussion held around known and emerging risks and what mitigations are currently in place. Trust planning approach described along with work at a system level. 	Assurance	
Integrated Performance Report Month 9 2024/25	<ul style="list-style-type: none"> Bed occupancy across MWL averaged 106.5%. At the highest point in December the Trust had 146 patients awaiting a bed within Emergency Departments (ED) departments. Average length of stay for emergency admissions is high at 7.9 days (9.6 days at S&O and 7.2 days at STHK), the impact of non-criteria to reside (NCTR) patients remains high 	Assurance	

	<p>in December, being 20.7% at organisation level (22.3% STHK and 17.9% S&O).</p> <ul style="list-style-type: none"> • 4-Hour performance decreased in December achieving 71.4% (all types), national performance 71.1% and providers across Cheshire & Merseyside averaging 71.4%. • 18 Week performance in December for MWL was 59.9%, S&O 64.1% and STHK 58.1%. National Performance (latest month November) was 59.1% and Cheshire and Merseyside (C&M) regional performance was 57.4% • The Trust had 2,128 52-week waiters at the end of December (463 S&O and 1,665 STHK) and one 78 week waiters. • Theatre downtime was discussed following conversation at Quality Committee. It was noted that St Helens theatre have a higher percentage downtime between patients than Whiston, due to the increased patients per list undertaken. • Diagnostic performance in December for MWL was just below target at 94.7%, S&O 95.4% and STHK 94.3%. • Cancer performance for MWL in November continued to improve. Achieved 75% for the 28-day standard and 80.1% for the 62 day standard. Trust position positive, Southport site reduction seen, currently being explored. 	
<p>Finance Report Month 9 2024/25</p>	<ul style="list-style-type: none"> • The Trust is reporting a deficit of £10.7m which is £6.9m better than the revised plan due to the recognition of transaction support offset by the impact of industrial action. • The Trust's combined 2024/25 CIP target is £48m of which £11.8m is non-recurrent. As at Month 9, the Trust has transacted Cost Improvement Programme (CIP) of £39.9m in year and £32.8m recurrently. • At month 9, agency spend is £17.6m to date, 3.7% of total pay costs. Premium Payment Scrutiny Council review and address the drivers of agency costs with actions taken through executive committee. • The Trust has a closing cash balance of £4.8m at month 9. The Trust anticipates a closing cash balance of circa £2.7m as per plan. 	<p>Assurance</p>

	<ul style="list-style-type: none"> • Better Payment Practice Code (BPPC) has not been achieved for non NHS suppliers but has been impacted by a large volume of small value agency invoices, however it is on an improving trajectory. • The capital plan for the year is £48.4m (including Public Finance Initiative (PFI) Lifecycle). Spend to date is £22.8m as plan. 	
Implied Efficiency/ Productivity	<ul style="list-style-type: none"> • Published National Implied productivity for M6 2024/25 is a reduction on 14.3% since 2019/20. • MWL published figure is 14.8%, adjusting for known service changes like community services, lead employer growth the MWL figure is 11.4% • National method changed from 2023/24 to 2024/25. • Committee acknowledged the limitations of the model alongside the benefits in understanding productivity. 	Assurance
Month 9 2024/25 CIP Programme Update and Corporate Services (Estates & Facilities) Division CIP update	<ul style="list-style-type: none"> • Total targets for 2024/25 is £48m in year and £36.2m recurrently. • There is currently a delivered/low risk value of £41.2m in year (87% of the £48m target) and £34.2m recurrently (94% of the £36.2m target). • Schemes identified to date are £59.6m with £59.6m recurrent. Focus on delivering remaining 2024/25 plan and continuing the rolling CIP programme to support 2025/26 plans. • Division CIP update provided including overview of governance process to provide assurance. 	Assurance
Urgent Care Performance Delivery Review	<ul style="list-style-type: none"> • Update given on recent critical incident; causes, response and learning. • Command and control structure instigated, OPEL 4 internal actions followed, actions requested from PLACE and Local Authority (LA) partners • Highest number of attendances in C&M, average ambulance handover times was 1hr 46minutes in M9, improvements seen post critical incident. • Recovery still in place using data to better manage front door demand, flow, inpatient capacity and escalation processes. 	Assurance

	<ul style="list-style-type: none"> The Trust continues to engage with ICB and PLACE partners to drive the improvements required to reduce pressure in ED and improve the discharge process. This somewhat increased during the critical incident but there are ongoing efforts to work with the system to create a standard operating model to improve this long term. 	
Whole Time Equivalent (WTE) Changes/ Plan	<ul style="list-style-type: none"> Update given on the Trust workforce performance against plan Substantive workforce in line with plan, Bank usage 10.1% over plan in M9, Agency usage 19.5% below plan in M9. Outline provided of workforce controls in place and incorporating learning from 2024/25 into 2025/26 plans. 	Assurance
Service Line Reporting (SLR) /Patient Level Costing Information (PLICs) Update	<ul style="list-style-type: none"> 2023/24 National Cost Collection Index of 88 for MWL, first index as a single organisation. Compared to 2022/23 indices of 90 for STHK and 104 for S&O. As previously acknowledged, MWL excluded from national publication due to the exclusion of IFRS16 PFI accounting change. Had this been included it would have resulted in a negative move on the index of 7 points. 	Assurance
Assurance Reports from Subgroups:	<ul style="list-style-type: none"> Procurement Council CIP Council Capital Planning Council Estates & Facilities Management Council IM&T Council update 	Assurance
Alerts		
None		
Decisions and Recommendation(s):		
None		

Title of Meeting	Trust Board	Date	29 January 2025
Agenda Item	TB25/005		
Report Title	Corporate Risk Register		
Executive Lead	Nicola Bunce, Director of Corporate Services		
Presenting Officer	Nicola Bunce, Director of Corporate Services		
Action Required		To Approve	X To Note
Purpose			
To inform the Board of the risks that have currently been escalated to the MWL Corporate Risk Register (CRR) via the Trust's risk management systems.			
Executive Summary			
1. Risk Management Systems			
<p>There is an MWL Risk Management Framework that has been approved and implemented. However, the risk management and reporting mechanisms have continued to rely on the legacy trusts separate DATIX systems, until the new MWL wide InPhase Risk and Incident Management System is implemented, which is due to be completed by the end of January 2025. The structure of the new system will align each service/department to its Division in the MWL operating model and will enable greater analysis of the types of risk, and changes over time.</p> <p>Any member of staff can still easily report a new risk wherever they work in the organisation.</p> <p>This report provides an overview of the risks reported across MWL, and those risks that have been escalated to the CRR.</p> <p>The CRR is reported to the Board four times a year to provide assurance that the Trust is operating an effective risk management system, and that risks identified and raised by front line services can be escalated to the Executive and Board, if necessary. The risk management process is overseen by the Risk Management Council, which reports to the Executive Committee providing assurance that risks:</p> <ul style="list-style-type: none"> • have been identified and reported • have been scored in accordance with the standard risk grading matrix. • initially rated as high or extreme have been reviewed and approved by the relevant divisional triumvirate and a director. • have an identified target risk score, which captures the level of risk appetite and has a mitigation plan that will realistically bring the risk to the target level. 			
2. Risk Registers and Corporate Risk Registers			
This report is based reflects a snapshot of the risk registers initially on 06 January 2025. The report reflects risks reported and reviewed during December 2024.			
Risk Register Summary (Appendix 1)			
The total number of risks on the MWL risk register was 1,076 compared to 1,116 in October.			
17 risks are escalated to the CRR compared to 21 in October, following continued rationalisation and grouping of risks and the linking of duplicate risks.			

Three new escalated risks are reported on the CRR in January compared to October and seven risks have been closed or de-escalated from the CRR.

Financial Implications

None as a direct result of this report

Quality and/or Equality Impact

Not applicable

Recommendations

The Board is asked to note the Corporate Risk Register.

Strategic Objectives

X	SO1 5 Star Patient Care – Care
X	SO2 5 Star Patient Care - Safety
X	SO3 5 Star Patient Care – Pathways`
	SO4 5 Star Patient Care – Communication
	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

January 2025 – Corporate Risk Register Quarterly Report

1. Risk Register Summary for the Reporting Period

This table provides a high-level overview of the “turnover” in the risk profile of the legacy **STHK** sites compared to previous reporting periods.

RISK REGISTER STHK SITES	Current Reporting Period (January 2025)	Previous Reporting Period (December 2024)	Previous Reporting Period (November 2024)
Number of new risks reported	23	24	38
Number of risks closed or removed	36	39	43
Number of increased risk scores	3	2	6
Number of decreased risk scores	8	113	24
Number of risks overdue for review	156	118	120
Total Number of Datix risks	844*	863	876

* 844 risks, including 6 new risks yet to be scored and 13 unapproved high risks, leaving 825 risks scored and approved

RISK REGISTER S&O SITES	Current Reporting Period (January 2025)	Current Reporting Period (December 2024)	Current Reporting Period (November 2024)
Number of new risks reported	5	2	15
Number of risks closed or removed	3	2	9
Number of increased risk scores	3	0	1
Number of decreased risk scores	2	1	1
Number of risks overdue for review	85	46	65
Number of tolerated risks	17	16	16
Total Number of Datix risks	232*	230	230

*232 risks, including 25 awaiting review, 17 tolerated risks, leaving 190 agreed open risks.

There are a higher number of risks overdue for review because of Christmas and New Year leave. Many of these had been reviewed by the time the Risk Management Council met.

2. Risk Profiles

Legacy STHK sites Risk Profile (based on scored and approved risks)

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
15	52	21	81	8	156	72	170	43	197	4	4	2	0
88 = 10.67%			245 = 29.70%			482 = 58.42%				10 = 1.21%			

Legacy S&O sites risk profile (based on all reported risks)

Very Low Risk			Low Risk			Moderate Risk				High/ Extreme Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
1	0	10	8	1	35	27	47	12	82	1	6	3	0
10 = 4.31%			44 = 18.97%			168 = 72.41%				10 = 4.31%			

3. Corporate Risk Register (risks approved for escalation to the CRR)

Risks where Rob Cooper was the Executive Lead have been reassigned to another director.

No	ID	ADO/Exec Lead	CBU/Care Group/Service	LEGACY SITE	Title	Next review date	Rating (current)
1	762	Malise Szpakowska	Human Resources	STHK	Potential of the Trust not being able to provide safe levels of staffing	31/01/2025	16
2	1152	Malise Szpakowska	Human Resources	STHK	Potential impact for the Trust on quality of care, contract delivery and finance due to increased use of bank and agency	31/01/2025	16
3	1263	Lesley Neary	Medical Care	STHK	Discharge & Transfer of Patients	17/12/2024	20
4	1772	Malcolm Gandy	Health Informatics	STHK	Risk of malicious cyber attack	31/01/2025	16

5	2750	Malcom Gandy	Health Informatics	STHK	Data quality and patient mismatch errors	31/01/2025	15
6	3251	Malcolm Gandy	Health Informatics	STHK	Trust solution for outpatient letter printing – current system end of life and no longer updated by supplier	31/01/2025	16
7	3527	Lesley Neary	Surgical Care	STHK	Delivery of care for plastic surgery patients in North Wales	20/01/2025	16
8	3574	Malcolm Gandy	Clinical Support	STHK	>166,000 patients in careflow with an open referral and no future activity	29/05/2025	15
9	3850	Lesley Neary	Clinical Support	STHK	Paediatric Dietetics	15/03/2025	15
10	3959	Lesley Neary	Clinical Support	STHK	Patients having more than one hospital number in the legacy ESR systems	15/02/2025	15
11	2432	Nicola Bunce	Corporate Services	S&O	Critical Estates Infrastructure at the legacy S&O sites	31/01/2025	20
12	2601	Peter Williams	Surgery Division	S&O	Inability to provide out of hours anaesthetic support for a 2nd time critical emergency at Ormskirk Hospital.	17/01/2025	20
13	2590	Lesley Neary	Surgery Division	S&O	ENT Provision Service	17/01/2025	16
14	2230	Kate Clark	Corporate Services	S&O	Fragile Services at legacy S&O	03/10/2024	16
15	2774	Nicola Bunce	Clinical Support & Community	S&O	Limited mechanical ventilation on the spinal injuries inpatient unit	15/01/2025	16
16	2572	Lesley Neary	Clinical Support & Community	S&O	Potential malfunction and failure of the ADS (Automatic Dispensing System) Pharmacy Robots until the replacements is installed at Ormskirk Hospital	12/02/2025	16
17	2786	Nicola Bunce	Clinical Support & Community	S&O	Lack of access system to the spinal injuries unit to restrict and manage access	15/01/2025	16

*risks 2774 and 2786 relate to the spinal unit but are equally the case for the much of the Southport Hospital site, they are therefore part of 2432 and are in the process of being amended to reflect this.

Blue text = new CRR risks added since the last board report.

4. Risks closed/removed from the Corporate Risk Register since the last quarterly report.

No	ID	ADO/Exec Lead	CBU/Care Group/Service	LEGACY SITE	Title
1	2227	Lynne Barnes	Quality & Risk	STHK	Risk that the Trust will fail to maintain CQC fundamental standards if procedural documents are not regularly reviewed and kept up to date
2	3748	Rob Cooper	Medical Care	STHK	Risk of not meeting dermatology 2ww target due to increasing demand
3	3872	Peter Williams	Medical Care	STHK	Risk that requests for advice from the Trust advice and guidance are not sufficiently detailed
4	4096	Lynne Barnes	Quality & Risk	STHK	Post transaction harmonisation of terms and conditions with AfC standards
5	4126	Peter Williams	Medical Care Group	STHK	Risk of patients being lost due to partial booking historic practices at the legacy S&O sites
6	2122	Rob Cooper	Clinical support & Community	S&O	Pharmacy staffing at legacy S&O sites
7	2545	Lesley Neary	Clinical Support & Community	S&O	Risk of correct temperature monitoring and control practices not being complied with at Ward/Department level

Title of Meeting	Trust Board	Date	29 January 2025
Agenda Item	TB25/006		
Report Title	Board Assurance Framework (January 2025)		
Executive Lead	Nicola Bunce, Director of Corporate Services		
Presenting Officer	Nicola Bunce, Director of Corporate Services		
Action Required	X	To Approve	To Note
Purpose			
For the Board to review and agree updates/changes to the MWL Board Assurance Framework (BAF).			
Executive Summary			
<p>The MWL BAF is reviewed four times a year, the last review was in October 2024, and this review captures the changes that have occurred during Q3 (2024/25).</p> <p>The BAF is the mechanism used by the Board to ensure it has sufficient controls in place and is receiving the appropriate level of assurance in relation to the delivery of its statutory duties, strategic plans and long term objectives.</p> <p>Each BAF risk is assigned a lead Executive, who is responsible for ensuring the risk is updated at each quarterly review.</p> <p>The Executive Committee then review the proposed changes to the BAF in advance of its presentation to the Trust Board and proposes changes to ensure that the BAF remains current, that the appropriate strategic risks are captured, and that the planned actions and additional controls are sufficient to mitigate the risks being managed by the Board, in accordance with the agreed risk appetite.</p> <p>Key to proposed changes (appendix 1): Score through = proposed deletions/completed Blue Text = proposed additions Red = overdue actions</p> <p>Proposed changes to risk scores.</p> <p>BAF 4 – Change the wording of the strategic risk to “Failure to maintain patient, partner and stakeholder confidence in the Trust”, rather than focus on the reputation of the organisation.</p> <p>BAF 8 – increase the score to 20 to reflect the increased level of risk the trust will be managing due to the delay in implementing the single Electronic Patient Records (EPR) system.</p>			
Financial Implications			
None directly because of this report.			

Quality and/or Equality Impact	
Not applicable	
Recommendations	
The Board asked to approve the changes to the Board Assurance Framework.	
Strategic Objectives	
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 Assurance Framework Quarterly Review – Q3 2024/25

BOARD ASSURANCE FRAMEWORK 2024-25								
BAF Dashboard 2024-25 – Quarter 3 Review								
BAF	Risk Description	Exec Lead	Risk Score					Target
			Inherent	April 24	July 24	Oct 24	Jan 25	
1	Systemic failures in the quality of care	Medical Director/ Director of Nursing	20	20 ↔	20 ↔	20 ↔	20 ↔	5
2	Failure to develop or deliver long term financial sustainability plans for the Trust and with system partners	Director of Finance and Information	20	20 ↔	20 ↔	20 ↔	20 ↔	10
3	Sustained failure to maintain operational performance/deliver contracts	Chief Operating Officer	16	16 ↓	16 ↔	20 ↑	20 ↔	12
4	Failure to protect the reputation of the Trust Failure to maintain patient, partner and stakeholder confidence in the Trust	Director of Human Resources	16	12 ↔	12 ↔	12 ↔	12 ↔	8
5	Failure to work in partnership with stakeholders	Director of Human Resources/ Managing Director	16	12 ↔	12 ↔	12 ↔	12 ↔	8
6	Failure to attract and retain staff with the skills required to deliver high quality services	Director of Human Resources	20	15 ↔	15 ↔	15 ↔	15 ↔	10
7	Major and sustained failure of essential assets and infrastructure	Director of Corporate Services	16	12 ↔	12 ↔	12 ↔	12 ↔	8
8	Major and sustained failure of essential IT systems	Director of Informatics	20	16 ↔	16 ↔	16 ↔	20 ↑	8

Strategic Risks – Summary Matrix

Vision: 5 Star Patient Care

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

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

Risk Scoring Matrix

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

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

Key to proposed changes:

~~Score through~~ = proposed deletions/completed

Blue Text = proposed additions

Red = overdue actions

BAF 1 Systemic failures in the quality of care

Exec Lead: Medical Director/Director of Nursing

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	5	20	4	5	20	1	5	5
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Failure to deliver the Clinical and Quality standards and targets. Failure to deliver CQUIN element of contracts, if required Breach of CQC regulations Unintended CIP impact on service quality Availability of resources to deliver safe standards of care. Failure in operational or clinical leadership Failure of systems or compliance with policies Failure in the accuracy, completeness, or timeliness of reporting Failure in the supply of critical goods or services <p>Effect:</p> <ul style="list-style-type: none"> Poor patient experience Poor clinical outcomes Increase in complaints. Negative media coverage <p>Impact:</p> <ul style="list-style-type: none"> Harm to patients Loss of reputation Loss of contracts/market share 	<ul style="list-style-type: none"> Clinical Strategy Nursing and Midwifery Strategy Quality metrics and clinical outcomes data Complaints and claims Incident reporting and investigation Risk Assurance and Escalation policy Contract monitoring NHSE Single Oversight Framework Staff appraisal and revalidation processes Clinical policies and guidelines Mandatory Training Lessons Learnt reviews Clinical Audit Plan Quality Improvement Action Plan Clinical Outcomes/Mortality Surveillance Group Ward Quality Dashboards CIP Quality Impact Assessment Process IG monitoring and audit Medicines Optimisation Strategy Learning from deaths policy Emergency Planning Resilience and Recovery Ockenden Report action plan Maternity Incentive Scheme. CNST premium Patient Safety Incident Response Framework (PSIRF) Safer staffing/ establishment and Birth Rate + staffing reviews 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> Staff Survey Friends and Family scores Quality Ward Rounds Ward accreditation programme Patient survey action plans <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> IPR/CPR Patient stories Quality Committee Audit Committee Finance and Performance Committee Infection control, Safeguarding, H&S, complaints, claims and incidents annual reports Nursing & Midwifery Strategy Learning from Deaths Mortality Review Reports Quality Account Internal audit programme IPC Board Assurance Framework <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> National clinical audits Annual CQUIN Delivery (if required) External inspections and reviews GIRFT Reviews PLACE Inspections Reports CQC Insight and Inspection Reports Learning Lessons League & NSIB reports IG Toolkit results Model Hospital 	<p>Embedded divisional performance management/governance systems.</p> <p>Complete implementation of post transaction corporate nursing and medical management structures.</p>	<p>Routinely achieve 30% of discharges by midday 7 days a week to improve patient flow.</p> <p>Single set of key clinical and quality policies for MWL</p> <p>Fully integrated MWL quality governance structure (revised to March 2025)</p> <p>Assurance of the 2024 Maternity Incentive Scheme across all domains (November 2024)</p> <p>Internal Review commissioned of the impact of ED congestion and ambulance handover delays (November 2024)</p> <p>Completion of post transaction quality governance review (November 2024)</p> <p>Recovery actions post ED/UJEC critical incident with internal and external stakeholders (June 2025).</p> <p>MIS assurance and Board approval (February 2025)</p> <p>Recruitment of Deputy Divisional Director of Nursing (Children's Services)</p> <p>Agree corporate nursing and quality governance structures (Jan 2025)</p> <p>Finalise N&M strategy on appointment of DON (July 2025)</p>	<p>MWL wide deteriorating patient improvement project – phase 2 (December 2024)</p> <p>Achieve new complaints response time of 60 days (Revised to March 2025)</p> <p>Achieve quality improvement objectives for 2024/25 (March 2025).</p> <p>Implement the new incident and risk reporting system for MWL following approval of the new system (February 2025)</p> <p>Implement outstanding actions from the Maternity, ED and SUI CQC inspections (June 2025)</p> <p>Provide assurance on ED safety to ICB following NHSE letter (December 2024)</p> <p>Delivery of the GMC trainee survey results action plan (September 2025)</p> <p>Review of medical bed base and non-elective pathways following clinical summit (December 2025)</p> <p>Review of MWL ward accreditation programme (August 2025)</p> <p>Review the role of the Maternity and Neonatal Safety Champions (September 2025)</p> <p>Review CPR/IPR Quality Indicators for 2025/6 (March 2025)</p>			

BAF 2 Failure to develop or deliver long term financial sustainability plans for the Trust and with system partners **Exec Lead: Director of Finance**

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	5	20	4	5	20	2	5	10
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Failure to achieve the Trusts statutory breakeven duty. Failure to develop a strategy for sustainable healthcare delivery with partners and stakeholders. Failure to deliver strategic financial plans. Failure to control costs or deliver CIP. Failure to implement transformational change at sufficient pace. Failure to continue to secure national PFI support. Failure to respond to commissioner requirements. Failure to respond to emerging market conditions. Failure to secure sufficient capital to support additional equipment/bed capacity. Failure to obtain sufficient cash balances. Failure to obtain on going transaction support. Failure to deliver financial plans. <p>Effect:</p> <ul style="list-style-type: none"> Failure to meet statutory duties. NHSE/I Single Oversight Framework rating. <p>Impact:</p> <ul style="list-style-type: none"> Unable to deliver viable services. Loss of market share <p>External intervention</p>	<ul style="list-style-type: none"> Clinical Strategy Nursing and Midwifery Strategy Quality metrics and clinical outcomes data Complaints and claims Incident reporting and investigation Risk Assurance and Escalation policy Contract monitoring CQPG meetings NHSE Single Oversight Framework Staff appraisal and revalidation processes Clinical policies and guidelines Mandatory Training Lessons Learnt reviews Clinical Audit Plan Quality Improvement Action Plan Clinical Outcomes/Mortality Surveillance Group Ward Quality Dashboards CIP Quality Impact Assessment Process IG monitoring and audit Medicines Optimisation Strategy Learning from deaths policy Emergency Planning Resilience and Recovery Ockenden Report action plan Maternity Incentive Scheme. CNST premium Patient Safety Incident Response Framework (PSIRF) Safer staffing/ establishment and Birth Rate + staffing reviews 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> Monthly CBU Finance and Performance Meetings CIP Council Meetings Agency and locum spend approvals and reporting process. Operational planning Premium Payment Scrutiny Council Vacancy control panel <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> Finance and Performance Committee and reporting Councils Annual Financial Plan Audit Committee Integrated Performance Report Benchmarking and market share reports (inc. GIRFT) Internal Audit Programme CQUIN Monitoring <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> ICB & NHSE monthly reporting and review meetings Contract Review meetings Place Based Partnership Boards Financial sustainability self-assessment External Audit reports including VFM Assessment Head of Internal Audit Opinion NHSE scrutiny of cash applications 	<p>Continue collaboration across C&M to deliver transformational CIP contribution.</p> <p>Medium and long-term financial plan, taking into account current position and savings from any reconfiguration, that addresses drivers of the underlying financial position of services at legacy S&O sites.</p>	<p>Develop capacity and demand modelling and a consistent approach to service development business case approval.</p> <p>Foster positive working relationships with health economy partners to help create a joint vision of the future of health services.</p> <p>Continue to achieve cash flow and prompt payment of invoices from other NHS providers e.g. as lead employer to maintain cash balances.</p> <p>At the earliest opportunity move back to longer term financial planning with rolling plans for 3 – 5 years.</p> <p>Delivery of the 2024/25 financial recovery actions to reduce run rate (revised to March 2025)</p> <p>Cash flow to support payment of the lead employer doctors pay award and backpay (November 2024)</p>	<p>Deliver the agreed 2024/25 financial and activity plans, including CIP targets, reduction in bank and agency spend and delivery of minimum national activity targets (March 2025)</p> <p>Deliver the agreed 2024/25 capital programme (March 2025).</p> <p>Weekly monitoring of temporary staff spending and financial controls and reporting to C&M Financial Incident Command Centre (December 2024)</p> <p>Compliance with ICB/NHSE enhanced financial monitoring requirements for the 2024/25 financial outturn.</p> <p>Develop 2025/26 financial, activity and performance plans (March 2025)</p>			

BAF 3 Sustained failure to maintain operational performance/deliver contracts

Exec Lead: Chief Operating Officer

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	4	16	5	4	20	3	4	12
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Failure to deliver against national performance targets (ED, RTT, and Cancer etc.) or PSF improvement trajectories. Failure to reduce LoS. Failure to meet activity targets. Failures in data recording or reporting Failure to create sufficient capacity to meet the levels of demand. Failure of external parties to deliver required social care capacity <p>Effect:</p> <ul style="list-style-type: none"> Failure to deliver against national performance targets (ED, RTT, and Cancer etc.) or PSF improvement trajectories. Failure to reduce LoS. Failure to meet activity targets. Failures in data recording or reporting Failure to create sufficient capacity to meet the levels of demand. Patients treated in ED or escalation beds. <p>Impact:</p> <ul style="list-style-type: none"> Failure to deliver against national performance targets (ED, RTT, and Cancer etc.) or PSF improvement trajectories. Failure to reduce LoS. Failure to meet activity targets. Failures in data recording or reporting Failure to create sufficient capacity to meet the levels of demand. Negative impact on patient outcomes and experience 	<ul style="list-style-type: none"> NHS Constitutional Standards Divisional activity profiles and work plans System Winter Plan Divisional Performance Monitoring Meetings Team to Team Meetings ED RCA process for breaches Tumour specific cancer waiting time recovery plans Exec Team weekly performance monitoring Waiting list management and breach alert system ECIP Improvement Events A&E Recovery Plan Capacity and Utilisation plans CQUIN Delivery Plans Capacity and demand modelling System Urgent Care Delivery Board Membership Internal Urgent Care Action Group (EOT) Data Quality Policy MADE events Bed occupancy rates Number of super stranded /patients who no longer meet the criteria to reside 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> Winter resilience plans Divisional Finance and Performance meetings Community services contract review meetings ICB CEO meetings Extraordinary PTL for long wait patients IA EPRR response and recovery plans Weekly performance review meetings <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> Finance and Performance Committee Integrated Performance Report Annual Operational Plan <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> Contract review meetings NHSE & ICB monitoring and escalation returns/sit-reps System winter resilience plan CQC System Reviews Cancer Alliance monthly oversight meetings 	<p>Implementation of routine capacity and demand modelling</p> <p>A defined preferred option and capital secured for Shaping Care Together programme.</p> <p>Implementation of CDC at Southport and Ormskirk sites.</p> <p>Complete step down/recovery and reset following the UEC critical incident at Whiston Hospital (March 2025).</p> <p>Undertake lessons learnt review – internal and system wide, following the UEC critical incident (March 2025)</p>	<p>Assurance that there is sufficient system response to operational pressures and reducing the number of patients who no longer meet the criteria to reside.</p> <p>Progress against 2024/25 waiting list reduction and recovery targets.</p> <p>National HIT visits to improve theatre utilisation (January 2025).</p> <p>UEC/ED – GIRFT and ECIST reviews (January 2025)</p> <p>Delivery of Productive Partners recommendations to improve elective activity productivity and maximise capacity (April 2025)</p>	<p>Deliver the agreed 2024/25 activity and access time performance improvements (April 2025)</p> <p>2024/25 winter plan to be agreed (November 2024)</p> <p>Implement cancer performance improvement plans across MWL (April 2025)</p> <p>Continue to work to support the MWL UEC Improvement Programme and ensure trajectories agreed for each of the three workstreams so all parties can be held to account for the improvement needed for winter 2024/25 (March 2025)</p> <p>Actions plan to achieve 2024/25 RTT reduction targets across all specialties (March 2025)</p> <p>Deliver the internal transition and transformation programme to address fragile services by service integration and alignment across MWL (July 2025)</p>			

BAF 4 Failure to protect the reputation of the Trust Failure to maintain patient, partner and stakeholder confidence in the Trust

Exec Lead: Deputy CEO

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	4	16	3	4	12	2	4	8
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Failure to respond to stakeholders e.g. Media Single incident of poor care Deteriorating operational performance Failure to promote successes and achievements. Failure of staff/ public engagement and involvement Failure to maintain CQC registration/Outstanding Rating Failure to report correct or timely information. Failure of FPPT procedure <p>Effect:</p> <ul style="list-style-type: none"> Loss of market share/contracts Loss of income Loss of patient/public confidence and community support Inability to recruit skilled staff. Increased external scrutiny/review. <p>Impact:</p> <ul style="list-style-type: none"> Reduced financial viability and sustainability. Reduced service safety and sustainability Reduced operational performance. Increased intervention 	<ul style="list-style-type: none"> Communication, Media and Public Engagement Strategy & action plan Workforce/ People Plan and action plan Publicity and marketing activity/proactive annual programme Patient Involvement Feedback Patient Power Groups Annual Board effectiveness assessment and action plan Board development programme Internal audit Data Quality Scheme of delegation for external reporting Social Media Policy Approval scheme for external communication/ reports and information submissions Well Led framework self-assessment and action plan NED internal and external engagement Trust internet and social media monitoring and usage reports Complaints response times monitoring and quarterly complaints reports Compliance with GDPR/FOI Board media round-ups and flash briefings Work with ICB and NHSE communications teams 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> Winter resilience plans Divisional Finance and Performance meetings Community services contract review meetings ICB CEO meetings Extraordinary PTL for long wait patients Daily/weekly media briefings and board flash reports for urgent issues <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> Finance and Performance Committee Integrated Performance Report Annual Operational Plan <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> Contract review meetings NHSE & ICB monitoring and escalation returns/sit-reps System winter resilience plan CQC System Reviews Cancer Alliance oversight of pathways Provider representative at Place quarterly ICB performance meetings 		<p>Creation of good working relationships with new Healthwatch/PBP areas post transaction.</p> <p>Continue to support the Shaping Care Together Programme and provide information to stakeholders and the public as the programme moves to the Pre-Consultation Business Case phase (January 2025)</p> <p>SCT pre-consultation engagement report and Pre-Consultation Business Case being reviewed by SCT Board and ICBs in January 2025</p>	<p>Develop the MWL Communications, Media, and Public Engagement strategy for approval by the Trust Board (revised to April 2025)</p> <p>MWL stakeholder newsletter (revised to January 2025)</p> <p>Monthly media activity reports to Executive Committee (draft report developed and first report for Q3 activity – January 2025)</p> <p>Issue 1 of the MWL stakeholder newsletter to be published by the end of January 2025.</p>			

BAF 5 Failure to work effectively with stakeholders

Exec Lead: Deputy CEO/Chief Operating Officer

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	4	16	3	4	12	2	4	8
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Failure to respond to stakeholders e.g. Media. Single incident of poor care Deteriorating operational performance Failure to promote successes and achievements. Failure of staff/ public engagement and involvement Failure to maintain CQC registration/Outstanding Rating Failure to report correct or timely information. <p>Effect:</p> <ul style="list-style-type: none"> Lack of whole system strategic planning Loss of market share Loss of public support and confidence Loss of reputation Inability to develop new ideas and respond to the needs of patients and staff. <p>Impact:</p> <ul style="list-style-type: none"> Unable to reach agreement on collaborations to secure sustainable services. Reduction in quality of care Loss of referrals Inability to attract and retain staff. Failure to win new contracts. <p>Increase in complaints and claims</p>	<ul style="list-style-type: none"> Communications and Engagement Strategy Membership of Health and Wellbeing Boards Representation on Urgent Care Boards/System Resilience Groups JNCG/LNG Patient and Public Engagement and Involvement Strategy Place Director Meetings Staff engagement strategy and programme Patient power groups Involvement of Healthwatch St Helens Cares Peoples Board Involvement in Halton and Knowsley PBP development Membership of specialist service networks and external working groups e.g. Stroke, Frailty, Cancer Cheshire and Merseyside Integrated Care Board governance structure Exec to Exec working MWL Hospitals Charity annual objectives Regular meetings with local MPs, OSCs etc. Equality impact assessments Anchor institution development plan 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> LUHFT Partnership Board North Mersey Ophthalmology Steering Group Shaping Care Together Programme Membership of CMAST Capital Assurance Group ED&I Steering Group Monitoring of NHS Choices comments and ratings Review of digital media trends Healthwatch feedback <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> Quality Committee Charitable Funds Committee CEO Reports HR Performance Dashboard Board Member feedback and reports from external events Quality Account Annual staff engagement events programme <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> NHSE review meetings Participation in C&M ICB leadership and programme Boards Collaborative working with Place Directors to develop plans for PBPs Membership of St Helens People Board OSC attendance/presentations 	<p>Health inequalities improvement objectives to be agreed with each Place and the ICBs</p>	<p>C&M Integrated Care System performance and accountability framework ratings and reports</p> <p>Develop and maintain good working relationships with each Place Partnership, ICB and Primary Care Network</p> <p>Maintain effective working with Place leads to take forward the UEC improvement programme workstreams and reduce the % of NCTR patients in acute beds.</p>	<p>Re start the Shaping Care Together Programme to develop a new PCBC for the configuration of services between the Southport and Ormskirk Hospital sites (<i>revised to January 2025</i>)</p> <p>Continue to work with the SCT programme and other system partners to reduce the number of legacy S&O Trust fragile services (March 2025)</p>			

BAF 6 Failure to attract and retain staff with the skills required to deliver high quality services

Exec Lead: Director of HR

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	5	20	3	5	15	2	5	10
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Loss of good reputation as an employer Doubt about future organisational form or service sustainability Failure of recruitment processes Inadequate training and support for staff to develop High staff turnover Unrecognised operational pressures leading to loss of morale and commitment Reduction in the supply of suitably skilled and experienced staff <p>Effect:</p> <ul style="list-style-type: none"> Increasing vacancy levels Increased difficulty to provide safe staffing levels Increase in absence rates caused by stress Increased incidents and never events Increased use of bank and agency staff <p>Impact:</p> <ul style="list-style-type: none"> Reduced quality of care and patient experience Increase in safety and quality incidents Increased difficulty in maintaining operational performance Loss of reputation Loss of market share 	<ul style="list-style-type: none"> Trust brief live MWL News Mandatory training Appraisals Staff benefits package H&WB Provision Staff Survey action plan JNCC/LNC Workforce & Development Operational Plan Learning and Organisational Development Operational Plan People Policies Exit interviews Staff Engagement Programme – Listening events Involvement in Academic Research Networks Values based recruitment Daily nurse staffing levels monitoring and escalation process 6 monthly Nursing establishment reviews and workforce safeguards reports Recruitment and Retention Operational plan Career leadership & talent development programmes Agency caps and usage reporting Speak out safely policy Trust Values Medical Workforce OD plan Talent Management action plan Equality, Diversity, and Inclusion Operational plan 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> Premium Payments Scrutiny Council Monitoring of bank, agency and locum spend Workforce operational plans Vacancy control panel <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> Strategic People Committee People Performance Council, Valuing Our People Council and HR Commercial Services Council Finance and Performance Committee Committee Performance Report Staff Survey Monthly monitoring of vacancy rates Labour stability and staff turnover WRES, WDES, EDS3 and Gender Pay Gap, EDI reports and action plans Quality Ward rounds Employee Relations Oversight Group <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> HR Benchmarking Nurse & Midwifery Benchmarking Freedom to Speak Up Guardian reports Guardian of Safe Working Hours report 	<p>Improve ease with which staff can move roles internally (March 2025).</p> <p>Review of education structure across MWL and complete Integration (revised to April 2025)</p> <p>Monthly Provider Workforce Returns (PWR)</p> <p>Development of a workforce information dashboard to support divisional oversight of key workforce metrics (Revised to March 2025)</p> <p>Optimise utilisation of the apprenticeship levy to attract and retain staff (March 2025)</p> <p>Delivery of the NHS EDI Improvement Plan high impact actions (March 2025)</p> <p>Achieve bronze level North West Anti-Racism Framework (March 2025)</p> <p>Delivery of the Sexual Safety charter action plans (March 2025)</p>	<p>Specific strategies and targeted campaigns to overcome recruitment hotspots e.g., international recruitment and working closely with NHSE.</p> <p>CDC recruitment campaign continues with recruitment events and new training opportunities for Physician Associates, Phlebotomy, international recruitment, and use of apprenticeships (On-going)</p> <p>C&M Endoscopy bank pilot extended to October 2024 and piloting the hybrid employment model, transitioning to BAU (March 2025).</p> <p>C&M Endoscopy bank pilot completed, operating as BAU until 31st March 2025. The long-term requirements for the bank to be reviewed in February 2025.</p> <p>Achieve 2023/24 targets for international medical recruitment and Nurse Associate expansion (March 2025)</p>	<p>Continue to provide the necessary support for organisational change to implement the remaining management structure for the MWL integrated operating model (April 2025)</p> <p>Achieve the mandatory and compulsory training target of 85% (April 2025)</p> <p>Achieve 85% compliance with staff appraisals (April 2025)</p> <p>Implement the NHS Sexual Safety Charter (March 2025)</p> <p>Delivery the 2023 staff survey action plan (March 2025)</p> <p>Deliver the HR Operational plans for 2024/25 (March 2025)</p> <p>Healthcare Support Worker quarterly recruitment events for each hospital site (March 2025)</p> <p>Complete single temporary workforce resourcing solution for MWL (July 2025)</p>			

BAF 7 Major and sustained failure of essential assets or infrastructure

Exec Lead: Director of Corporate Services

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
4	4	16	3	4	12	2	4	8
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Poor replacement or maintenance planning Poor maintenance contract management Major equipment or building failure Failure in skills or capacity of staff or service providers Major incident e.g. weather events/ fire Insufficient investment in estates capacity to meet the demand for services <p>Effect:</p> <ul style="list-style-type: none"> Loss of facilities that enable or support service delivery Potential for harm as a result of defective building fabric or equipment Increase in complaints <p>Impact:</p> <ul style="list-style-type: none"> Inability to deliver services Reduced quality or safety of services Reduced patient experience Failure to meet KPIs Loss of reputation Loss of market share/contracts 	<ul style="list-style-type: none"> New Hospitals / Vinci /Medirest Contract Monitoring Equipment replacement programme Equipment and Asset registers 5-year Capital programme PFI lifecycle programme PPM schedules and reports Procurement Policy PFI contract performance reports Regular accommodation and occupancy reviews Estates and Accommodation Strategy H&S Committee Membership of system wide estates and facilities strategic groups Membership of the C&M HCP Strategic Estates work programme Access to national capital PDC allocations to deliver increased capacity Compliance with national guidance in respect of waste management, ventilation, Oxygen supply, cleaning, food standards Compliance with NHS Estates HTMs Green Plan 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> Major Incident Plan Business Continuity Plans Planned Preventative Maintenance Programme Issues from meetings of the Liaison Committee escalated as necessary to Executive Committee to capture <ul style="list-style-type: none"> Strategic PFI Organisational changes Legal, Financial and Workforce issues Contract risk Design & construction FM performance MES performance S&O safety groups and E&F Governance Group <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> Finance and Performance Committee Finance Report Capital Council Audit Committee Integrated Performance Report ERIC returns/data <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> Authorising Engineer Appointments Authorising Engineer Audits Condition surveys Premises Assurance Model (PAM) benchmarking Model Hospital PLACE Audit Results and benchmarking Building Safety Act 	<p>Maintain up to date 10-year strategic estates development plans for MWL n to support the Trusts service development and integration strategies.</p> <p>Development of an Estates Strategy in response to Shaping Care Together preferred service configuration option (aligned to SCT timetable)</p>	<p>Develop the final business case to fully implement National Standards of Cleaning across MWL (re based budgets to be agreed for 2025/26)</p> <p>Implementation of the national Hospital Food Review recommendations and mandatory standards (Gap analysis being undertaken)</p> <p>Compliance with the new Protect legislation for premises security – Consultation closed in July 2022 and draft legislation not yet published.</p>	<p>3-year capital programme to deliver the Same-Day Ambulatory care capacity and UEC schemes (on going to 2024/25)</p> <p>Deliver the S&O sites backlog maintenance programme for 2024/25.</p> <p>Deliver the MWL capital works plans for 2024/25.</p> <p>Review impact of Building Safety Act on planned schemes (December 2024)</p>			

BAF 8 Major and sustained failure of essential IT systems

Exec Lead: Director of Informatics

Inherent Risk			Current Risk			Target Risk		
Likelihood	Impact	Score	Likelihood	Impact	Score	Likelihood	Impact	Score
5	4	20	4.5	4	16-20	2	4	8
Risk	Key Controls	Sources of Assurance	Additional Controls Required	Additional Assurance Required	Action Plan (with target completion dates)			
<p>Cause:</p> <ul style="list-style-type: none"> Inadequate replacement or maintenance planning Inadequate contract management Failure in skills or capacity of staff or service providers Major incident e.g. power outage or cyber attack Lack of effective risk sharing with HIS shared service partners Inadequate investment in systems and infrastructure <p>Effect:</p> <ul style="list-style-type: none"> Lack of appropriate or safe systems Poor service provision with delays or low response rates System availability resulting in delays to patient care or transfer of patient data Lack of digital maturity Loss of data or patient related information <p>Impact:</p> <ul style="list-style-type: none"> Reduced quality or safety of services Financial penalties Reduced patient experience Failure to meet KPIs Loss of reputation Loss of market share contracts 	<ul style="list-style-type: none"> MMDA Management Board and Accountability Framework Procurement Framework MMDA Strategy Performance framework and KPIs Customer satisfaction surveys Cyber Security Response Plan Benchmarking Workforce Development Risk Register Contract Management Framework Major Incident Plans Disaster Recovery Policy Disaster Recovery Plan and restoration procedures Engagement with C&M ICS Cyber group Business Continuity Plans Care Cert Response Process Project Management Framework Change Advisory Board IT Cyber Controls Dashboard Information asset owner/administrator register Service improvement plans MWL Digital Strategy 2024-2027 Microsoft Defender for Endpoints MFA protection for confidential data – enforced on non-Trust devices Annual DSPT self-assessments 	<p>LEVEL 1 Operational Assurance</p> <ul style="list-style-type: none"> Information security dashboard Information asset owner register Information security dashboard IT On Call (including network specific cover provided by MMDA) Benefit realisation framework monitoring Monthly cyber security operational meeting <p>LEVEL 2 Board Assurance</p> <ul style="list-style-type: none"> Board Reports IM&T Strategy delivery and benefits realisation plan reports Audit Committee Executive committee Risk Management Council IM&T Council Information Security Assurance Group MMDA Service Operations Board MMDA Strategy Board Programme/Project Groups Information Governance Steering Group <p>LEVEL 3 Independent Assurance</p> <ul style="list-style-type: none"> Internal/External Audits CareCert, Cyber Essentials, External Penetration Testing Cyber Essentials Plus accreditation - MMDA. Support contracts for core systems Quarterly NHS Digital simulated phishing attack reports Digital Maturity Assessments 	<p>Annual IT Corporate Governance Structure review</p> <p>Technical Development of staff</p> <p>Mitigation plans to be agreed with current EPR supplier (February 2025)</p> <p>Approval of EPR procurement and implementation timetable to deliver a single EPR for the Trust.</p>	<p>Compliance with ISO27001 – with gap analysis being in progress (March 2025)</p> <p>IT communications strategy</p> <p>Digital Maturity assessment</p> <p>Cyber Essential Certification/Accreditation – achieve by January 2026</p> <p>Migration from end-of-life operating system at S&O sites</p>	<p>Achieve HIMMS Level 5 2018 standards and core digital capabilities and WGLL standards (revised to March 2027 due to impact of extended EPR replacement programme)</p> <p>Windows Server 2008 and 2012 Servers are gradually being retired and will be fully replaced (March 2025).</p> <p>Delivery of the Frontline Digitisation Programme to optimise Careflow EPR and implement new functionality to meet the core digital capability standards (full implementation revised to March 2027 due to impact of extended EPR replacement programme)</p> <p>Review of Digital Maturity Benefits that can be delivered within existing system capability.</p> <p>Delivery of Community EPR (revised to September 2025 due to system issues which have resulted in the service delaying further implementation of the solution)</p> <p>Respond to cyber threat alerts and update systems as required (on going)</p> <p>Deliver the 2024/25 IT capital expenditure plan (March 2025)</p> <p>Cyber Essentials Plus for MWL - cannot be fully achieved until the end-of-life operating systems are removed from the network (March 2026)</p> <p>Implementation of Maternity Information System (September 2025)</p>			

Title of Meeting	Trust Board		Date	29 January 2025
Agenda Item	TB25/007			
Report Title	Research, Development and Innovation (RDI) Annual Report 2023/24			
Executive Lead	Dr Peter Williams, Medical Director			
Presenting Officer	Dr Peter Williams, Medical Director			
Action Required		To Approve	X	To Note
Purpose				
To brief the Trust Board on the Research, Development and Innovation (RDI) Annual report which provides an overview of reported RDI activity in the Trust: 2023/24.				
Executive Summary				
<p>The year 2023/24 saw the merger of the two trusts with positive outcomes for the Research Development and Innovation Department. We have worked hard to align our systems and processes and have continued to perform exceptionally well. Some of the highlights include:</p> <ul style="list-style-type: none"> • We secured funding from the Clinical Research Network, North West Coast (CRN NWC) to build a Research Hub at Ormskirk Hospital and to further expand our Research Hub at Whiston Hospital • Recruitment at both sites was the highest since 2018/2019, with 4,384 participants recruited to research studies at Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL). This placed MWL as the third top recruiter on CRN NWC dashboard. • We had success with commercial studies; we randomised the first global patient to the RADIANT Study on our way to meeting recruitment target and met the recruitment target for the Astra Zeneca "TILIA" study, in addition to having recruited the first UK patient (in 2022/23). • A major achievement for the Trust was being ranked first, again, on the CRN NWC dashboard for the number of responses to the Patient Research Experience Survey. • Original research output from authors within MWL continues to grow, with a number of international, peer-reviewed, high impact publications. • An increasing number of research collaborations with local Universities is leading to the establishment of multiple projects and opportunities for grants income. <p>Our main aims for 2024/25 include:</p> <ul style="list-style-type: none"> • Releasing a two-year interim Research Development and Innovation Strategy • Continuing to increase the number of commercially sponsored studies • Continuing to offer as many patients as possible the opportunity to take part in research 				
Financial Implications				
<p>The Trust continues to invest funding from National Institute for Health and Care Research (NIHR) into research staff and facilities, however the funding has not increased with rises in Agenda for Change (AfC) staff pay, meaning recruitment of additional staff has been challenging.</p> <p>The Trust is aiming to collaborate on more commercially sponsored studies which may bring in additional funding to the research budget.</p>				

Quality and/or Equality Impact	
Not applicable	
Recommendations	
The Board is asked to note the 2023/24 Research, Development and Innovation (RDI) Annual Report.	
Strategic	
X	SO1 5 Star Patient Care – Care
	SO2 5 Star Patient Care - Safety
	SO3 5 Star Patient Care - Pathways
X	SO4 5 Star Patient Care – Communication
	SO5 5 Star Patient Care - Systems
	SO6 Developing Organisation Culture and Supporting our Workforce
	SO7 Operational Performance
X	SO8 Financial Performance, Efficiency and Productivity
X	SO9 Strategic Plans

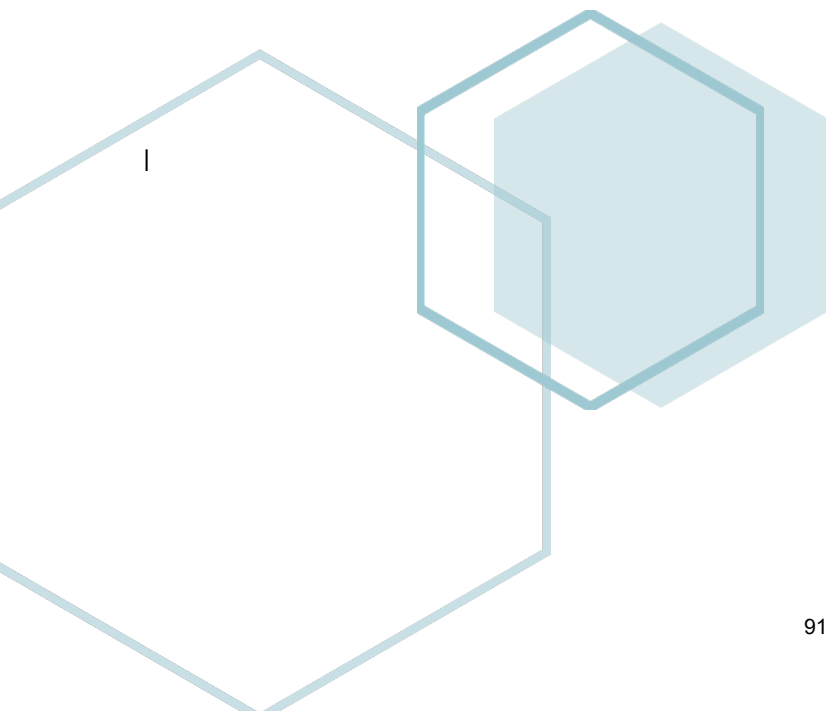


Research Development & Innovation Department

Annual Report 2023/2024

Produced - May 2024
Published - June 2024

Lead Authors: Mrs Jeanette Anders – Whiston, St Helens & Newton Site (WSN)
Mrs Jillian Simpson – Southport and Ormskirk Site (S&O)



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 2023/2024. The report provides the evidence that Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL) maintains and develops their statutory duty to “Promote Research, Innovation and the use of research evidence (Health and Social Care Act, 2012)¹”. 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 MWL.

In July 2023 St Helens and Knowsley Teaching Hospitals and Southport and Ormskirk NHS Trusts merged to become Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL). Jointly we serve a population of over 600,000. By extending our population reach we aim to offer as many patients and staff as possible the opportunity to take part in research. We have embraced the merge and can foresee huge opportunities for the RDI department that will allow us to develop and grow, this can only be of benefit to our patients who will have access to even more cutting-edge research. On the 18th September 2023 the MWL research teams from Whiston, Southport, St Helens and Ormskirk met for an informal networking meeting. It was a great opportunity for the teams to meet in person and to get to know each other.



MWL has two research sites:

- **WSN Site** (Whiston, St Helens, Newton Hospitals, Marshalls Cross Surgery and Community Services)
- **S&O Site** (Southport and Ormskirk Hospitals)

Encouraging a research-positive culture in health and care organisations is important to give patients wider access to clinical research, improving patient care and treatment options². MWL is committed to providing the best possible care to patients and acknowledges that research has been widely recognised as being an important factor in providing high quality care for healthcare organisations. Not only does organisational involvement in research improve clinical outcomes and service user satisfaction, but research-active organisations attract higher quality employees and have a better organisational culture.

Dr Peter Williams, Medical Director

It has been an exceptionally exciting year for MWL's Trust Research Development and Innovation department. The merger of our hospitals has given us an exciting and unique opportunity to create an organisation with a greater purpose, which is seen as a beacon for outstanding education, research, and innovation. Moving forward we aim to build on existing good practice and expand our clinical and educational research portfolio so that more patients may benefit from improved outcomes. We also want to ensure that research truly becomes business as usual being highly visible to both patients and colleagues. I am immensely proud of MWL's performance in 2023/2024 and want to thank all everyone involved who has worked incredibly hard, to set-up, deliver and recruit to the research portfolio.

Dr Ascanio Tridente, Clinical Director of RDI at Whiston, St Helens and Newton site

The year 2023/24 has seen extraordinary successes for Research, Development and Innovation at MWL. The Organisation has seen an enormous expansion in activity, propelling the Trust at the third place in terms of recruitment volume across both commercial and non-commercial portfolios of research, which is the highest position ever achieved in the Trust's history. During the year MWL has achieved several outstanding results, and exceptional performance in the Patient Research Experience Survey, which has been recognized regionally with a prize from the NIHR. The two legacy Organisations, following merger, have successfully integrated their research operations, achieving full and seamless harmonisation of processes. Such results have been achieved thanks to the dedication and incredible commitment of our extremely skilled and devoted workforce. We must recognize how important this is for the care of our patients, the opportunity to take part in research, and the success of the RDI department and MWL as a research driven organization. I thank all involved for their contribution and support.

Mr Kevin Thomas, Clinical Director of RDI at Whiston, Southport and Ormskirk site

The research team has continued to work hard to improve the quality of research produced by the Trust. As we move forward there are several important factors that will influence our direction of travel for research at MWL, the merging of Trusts and the Clinical Research Networks. 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. I would like to extend my thanks to all who have contributed to a very successful year.

Dr Craig Rimmer, Deputy Clinical Director of RDI

This report encapsulates our unwavering commitment to advancing knowledge, fostering technological advancements, and driving innovative solutions to address local, regional and global healthcare challenges. As we reflect on the past year, it is evident that our collective efforts in RDI have paved the way for significant improvements in patient care in a number of areas. This year, our research endeavours have been marked by a spirit of collaboration and resilience, which resulted in a global first recruitment for MWL. Despite the challenges associated with our teams coming together across all sites, our researchers and innovators have demonstrated remarkable adaptability and perseverance. I am particularly proud of our efforts to promote inclusivity and diversity within the RDI ecosystem with the introduction of the EDEPI programme. I wish to extend my deepest gratitude to our researchers, partners, and stakeholders whose dedication and support have been instrumental in our achievements.

Mrs. J Anders, RDI Manager – Whiston, St Helens and Newton site (WSN)

Mrs. J Simpson, RDI Manager – Southport and Ormskirk site (S&O)

We are extremely pleased with the progress that we have made with the merging of both Trusts. We have worked hard to keep our day-to-day business running as smoothly as possible and are delighted to report that this year has been our best year ever for recruitment. We are now the third highest recruiting NHS Trust across the North-West Region. We are also extremely passionate that our patients have a good experience when taking part in research and this is reflected in the fact that we have the most responses to the Patient Research Experience Survey (PRES).

We would also like to take this opportunity to thank all those who have contributed to making the research happen including all our Staff, the Investigators, the Support Departments and of course the patients themselves.

Table of Contents

FOREWORDS	1
SECTION ONE: BACKGROUND	4
Tables 1-3 RDI Department Staff – WSN	6
Tables 4-5 RDI Department Staff – S&O	6
SECTION TWO: OVERVIEW / SUMMARY OF RESEARCH ACTIVITY	7
Chart 1 - Trust Comparison.....	8
Table 6 - Number of Active studies	8
Table 7 - Study Categories (N151) WSN	9
Table 8 - Study Categories (N58) S&O	9
Table 9 - Studies Sponsored by WSN (N9).....	10
Table 10 - Active Commercial Studies at WSN by Speciality 2023/2024:	11
SECTION THREE: RESEARCH CONDUCT, GOVERNANCE AND FINANCE	11
SECTION FOUR: KEY ACHIEVEMENTS	14
Chart 2 – Patient Research Experience Survey results.....	20
SECTION FIVE: EDUCATION AND TRAINING	22
SECTION SIX: LINKS WITH OTHER GROUPS / PARTNERS	24
SECTION SEVEN: INNOVATION AT MWL	25
SECTION EIGHT: CONCLUSIONS	26
SECTION NINE: RECOMMENDATIONS FOR 2024/2025	27
APPENDIX 1 - List of Research Studies with recruitment 23/24	29
APPENDIX 2 - Staff Publications – 2023-2024 Whiston, St Helens and Newton site	32
APPENDIX 3 - Staff Publications – 2023-2024 Southport & Ormskirk site	49

SECTION ONE: BACKGROUND

The NHS recognises that staff, from any discipline or activity, can generate new Research, Development and Innovation, and that it is integral to transforming the delivery of evidence-based, safe, efficient, cost-effective care and improving health outcomes. There are a number of key external policies that recognise the importance of research in the NHS and drive the research agenda nationally:

- 1.1 The Lord O’Shaughnessy report³, published in May 2023, was commissioned to offer recommendations on how commercial clinical trials can help the life sciences sector unlock UK health, growth, and investment opportunities.
- 1.2 The Future of UK Clinical Research Delivery report 2002 to 2025⁴ 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 program announced in March 2022 and demonstrating the government’s ongoing commitment to delivering on the UK’s potential as a global life sciences superpower
- 1.3 In March 2023 the government released the “Maximising the benefits of research: Guidance for integrated care systems⁵” and mentions that “England has a vibrant research and development ecosystem, with well-developed research infrastructure and research expertise within our health and care workforce. The value of research in transforming health and care is significant; additionally, staff satisfaction, recruitment and retention is higher among staff who are involved in research. The inception of integrated care systems (ICs) provides the opportunity for systems to embed research within health and care for the benefit of our population. Supporting this opportunity, a clear research thread runs through ICS strategies and plans, from joint strategic needs assessments and joint health and wellbeing strategies, integrated care strategies, joint forwards plans, integrated care board (ICB) annual reports and the assessment by NHS England of the discharge of duties by ICBs”.
- 1.4 In February 2024 there was a delivery update to the “Transformation and Innovation⁶” report originally published in January 2024. This report summarises the progress in delivering several of NHS England’s priorities to transform the NHS through digital, data, innovation, improvement and research. Delivery of these objectives have resulted in tangible improvements which benefit people, patients, communities, staff and researchers.

The paper demonstrates the benefits of resolving the fragmented and uneven technology and data capability in the NHS prior to the COVID-19 pandemic. It shows the value of the merger of NHS Digital and NHS England into a single national body which is leading the development of a technology enabled, data driven, integrated health system in which science and innovation truly transform people’s lives.

- 1.5 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 all⁷.

- 1.6 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.
- 1.7 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. MWL is a member organisation of the Clinical Research Network North West Coast (CRN NWC). From October 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.

- 1.8 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.

1.9 The following tables display the research delivery staff funding arrangements during 2023/2024.

Tables 1-3 RDI Department Staff – WSN

Table 1 Funded by MWL		
Title	Area	WTE Funded
RDI Manager	RDI	1.00
RDI Co-ordinator	RDI	1.00
RDI Support Officer	RDI	1.00
Research Nurse	Commercial	0.5
Senior Research Nurse	Commercial	1.00
Research Nurse	Diabetes / Cross Speciality	1.00
Research Nurse	Commercial	1.00
Project Support Officer	Cross Specialty	0.33

Table 2 Funded by CRN		
Title	Area	WTE Funded
Associate Research Practitioner	Cross Speciality	1.00
Senior Research Nurse	Cancer	0.8
Research Nurse	Cancer	1.00
Research Nurse	Rheumatology/Cross Speciality	1.00
Research Nurse	Cross Speciality	1.5
Research Nurse	Paediatrics	0.50
Research Midwife	Maternity	0.50
Research Nurse	Critical Care/ Cross Speciality	1.00
Data Manager	Cancer	1.50
Project Support Officer	Cross Specialty	1.27
GP	Marshalls Cross	2pa
Practitioners	Marshalls Cross	0.2

Table 3 Funded by Own Department at WSN		
Title	Area	WTE Funded
Burns Research Nurse	Burns	1.0
Stroke Research Nurse	Stroke	1.0

Tables 4-5 RDI Department Staff – S&O

Table 4 Funded by MWL		
Title	Area	WTE Funded
RDI Manager	RDI	0.8
RDI Coordinator	RDI	1.0

Table 5 Funded by CRN		
Title	Area	WTE Funded
Senior Research Nurse	Generic	0.9
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 Assistant	Generic	1.00
Research Support Assistant	Generic	1.00
Senior Research Nurse	Generic	0.9
Research Nurse	Paediatrics/ Generic	0.4

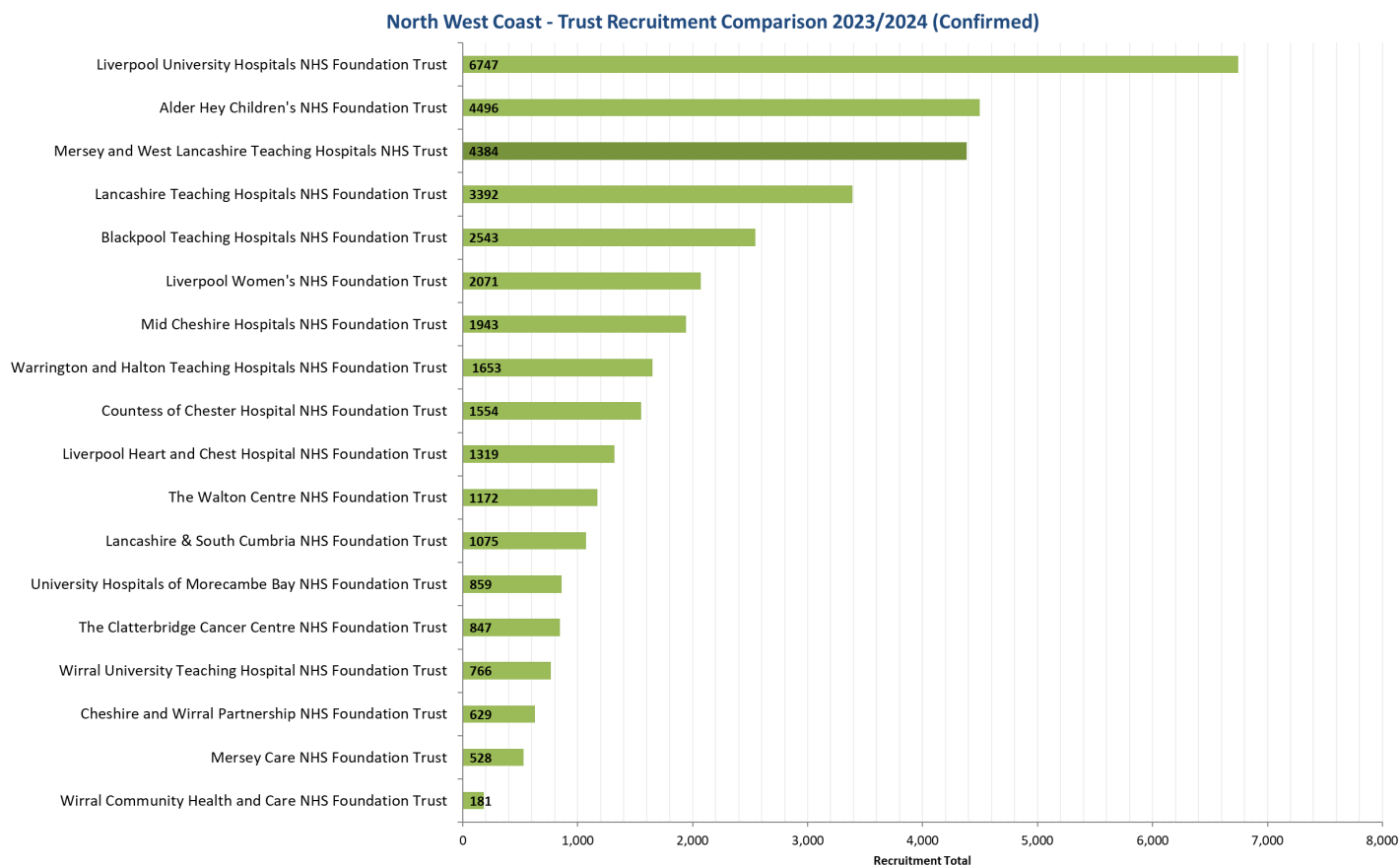
- 1.10 Commercial research is defined as research that is funded and sponsored by a commercial organisation. A study is defined as industry sponsored and funded if a commercial company has developed the study protocol and is fully funding the additional costs of hosting the trial within the NHS. MWL receives income from industry-sponsored research, this income covers all costs for the study as well as overheads and capacity building. At MWL 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. The IDP covers both commercial and non-commercial research and includes 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 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 MWL. Work has started on a new 2-year interim RDI Strategy document that is due to be released June 2024. The implementation of this Research Strategy will establish the environment to enable and deliver world leading research, provide a framework of development and innovation, and enhance multi-disciplinary collaborative research.

SECTION TWO: OVERVIEW / SUMMARY OF RESEARCH ACTIVITY

- 2.1 Due to the merge of the two hospitals taking place part way through the year, most of the activity for 2023/2024 is reported by site. Next year we will be able to merge some of the data together and report the findings as one Trust.

In total MWL staff have recruited 4384 participants to research studies since the 1st April 2023, the highest recruitment in 5 years, and has placed MWL the third top recruiter on the Clinical Research Network, North West Coast (CRN NWC) dashboard. This is an exceptional achievement as historically we usually sit around 7th or 8th. Of these 2798 participants were recruited from WSN and 1586 from S&O. This is 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.

Chart 1 - Trust Comparison



2.2 The number of active research studies reported at MWL during 2023/2024 is as follows:

Table 6 - Number of Active studies

Site	Number of NIHR Portfolio studies	Number of Non-Portfolio studies	Total number of Studies
WSN	127	24	151
S&O	53	5	58

See appendix 1 - a list of NIHR portfolio studies that have recruited during 2023/2024

2.3 During 2023/2024 the number of new studies assessed for Confirmation of Capacity and Capability (C&C) at WSN was N27, and N16 at S&O.

Our studies range from observational to complex interventional studies; the following charts demonstrate the types of studies conducted at MWL during 2023/2024.

Table 7 - Study Categories (N151) WSN

Study Category	No. of Studies
Basic science study involving procedures with human participants	22
Clinical investigation or other study of a medical device	3
Clinical trial of an investigational medicinal product	31
Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical	42
Other study	9
Research database	4
Study administering questionnaires/interviews for quantitative analysis	18
Study involving qualitative methods only	7
Study limited to working with data (specific project only)	10
Study limited to working with human tissue samples	5
Grand Total	151

Table 8 - Study Categories (N58) S&O

Study Category	No. of studies
Basic science study involving procedures with human participants	8
Clinical investigation or other study of a medical device	1
Clinical trial of an investigational medicinal product	4
Other clinical trial	17
Other Study	4
Research database	4
Study administering questionnaires/interviews for quantitative analysis	10
Study involving qualitative methods only	7
Study limited to working with data (specific project only)	1
Study limited to working with human tissue samples	2
Grand Total	58

- 2.4 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.

The number of sponsored studies at WSN in 2023/2024 was 9 compared to 7 in 2022/2023, none of these were CTIMPs (Clinical Trial of an Investigational Medicinal Product). See table 9 overleaf:

Table 9 - Studies Sponsored by WSN (N9)

Name	Type	Specialty
Appropriateness of calls to an on-call pharmacy service	Study administering questionnaires/interviews for quantitative analysis.	Pharmacy
A qualitative mixed-methods exploration of the work-related factors on the psychological well-being	Study involving qualitative methods only	Psychology
COVID-19 prognostic study on ICU	Study limited to working with data (specific project only)	ICU
Does early burn excision improve outcomes in patients with major burns?	Study limited to working with data (specific project only)	Burns
The Impact of Multimorbidity and Socioeconomic Status on Health Service Utilisation Before and During the COVID 19 Pandemic	Study limited to working with data (specific project only)	Trust wide
Impact of COVID-19 on Breast Cancer - Qualitative Study V1.0	Study administering questionnaires/interviews for quantitative analysis	Cancer
Chronology in multimorbidity clustering and its effect on treatment burden and the utilisation of health and social care services	Study limited to working with data (specific project only)	Trust wide
Chronology in multimorbidity clustering and its effect on treatment burden and the utilisation of health and social care services - The experiences of multimorbidity patients regarding treatment burden	Study involving qualitative methods only)	Trust wide
Stroke and atrial fibrillation (AF) with a focus on prevalent and incident stroke and/or AF in one area of North West England,	Study limited to working with data (specific project only)	Stroke

S&O sponsored one study in 2023/2024, this was the UNBIASED study: Understanding Inequalities and Barriers to Accessing Diabetes Technology in Children and Young People with Type 1 Diabetes (a non-CTIMP study).

- 2.5 A key priority for the Department of Health is for the Trust and Research Networks to engage with Industry. During 2023/2024 WSN had 18 active commercial studies. It is recognised that there is a huge potential in the Trust to increase commercial activity, therefore we have reached out to highly reputable commercial companies to put MWL on the international and national map. S&O had one commercial study on their portfolio “the RADIANT study”.

Table 10 - Active Commercial Studies at WSN by Speciality 2023/2024:

Speciality	No of studies
Gastroenterology	6
Cardiology	2
Stroke	2
Paediatrics	2
Diabetes	1
Therapy	1
Infection	1
Burns Unit	1
Respiratory Disorders	1
Critical Care	1
Grand Total	18

2.6 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 27 new studies were assessed for capacity and capability (approval) at WSN and 16 at S&O.

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 helps to deliver courses across the North West Coast. Since COVID the majority of courses are delivered online or via TEAMS.
- 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. The SOPs from both Trusts will be merged in June 2024 to allow consistency across WSN and S&O.
- 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 MWL.

- 3.6 An audit of Compliance with Good Clinical Practice re Consent, Record Keeping and Storage of Documents was undertaken at WSN. N80 research cases were included in the audit. The consent forms and patient information leaflets were present in 100% of cases. The consent process checklist was present in 88% (n70) of cases. The results from the S&O audit were similar, N38 cases were included in the audit of which 95% (n37) had the consent form scanned into Evolve, 97% (n37) had the patient information leaflet scanned and 84% (n32) had the consent process checklist present on Evolve.
- 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 from WSN meet regularly with the PI to complete a review, which is documented in a specific form, which demonstrates PI oversight of the study. This is something that we are considering implementing at S&O.
- 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 employment 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 MWL Trust. The RDI Group meets quarterly and is chaired by Dr Ascanio Tridente, Clinical Director for Research. A decision was made to merge the RDI Groups (former St Helens and Knowsley and Southport and Ormskirk NHS Trusts), it is expected that the first meeting of the new RDI group will take place in June 2024.
- 3.11 The Research Practitioner Group (RPG) at WSN meet twice a year and plays an important role in the delivery of good quality research at MWL. NIHR recruitment is a standing item on the agenda, and updates on performance are discussed and plans put in place to achieve compliance. There are plans to include the S&O team at the RPG meetings.
- 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 Funding is allocated from the CRN NWC to support the RDI Department and Support Services. There are also additional funding calls throughout the year.

The total amount of funding allocated to WSN in 2023/2024 was £627745:

-	Core Funding	£494860
-	Life Sciences Funding	£61089
-	Strategic Funding	£36629
-	Commercial Incentive Funding	£25000
-	Infrastructure Hub Funding	£23910
-	Speciality Leads	£9167
-	Marshalls Cross	£1000
-	Capital Funding	£55000

The total amount of funding allocated to S&O in 2023/2024 was £294046:

-	Core Funding	£261348
-	Life Sciences Funding	£6180
-	Infrastructure Hub Funding	£4018
-	Speciality Leads	£5000
-	IIT Funding	£7500
-	Commercial First Incentive Funding	£10000

3.14 In 2023/2024 the CRN NWC funding model allocated 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).

3.15 MWL qualified for £50k Research Capability Funding (RCF) across both sites, this is allocated by the Department of Health for recruiting 100 or more participants to non-commercial research. This will be reinvested back into the department to help with capacity building.

RCF is allocated to research-active NHS bodies or NHS health care providers under one of two circumstances:

- they received sufficient NIHR income during the previous calendar year to reach a threshold of £25k required to trigger an RCF allocation, or
- they recruited at least 100 participants per year to research studies conducted through the NIHR Clinical Research Network (CRN).

There was also an additional £20K payment to WSN from the NIHR “ Research Recovery and Re-set” programme. Its aim was to make portfolio studies delivery achievable within planned timelines (time and

target) and to ensure that we get the research system back 'on track' and are able to complete the greatest number of studies within the available resources and capacity.

- 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 MWL continuously drives to improve the quality of service provided through research:

- 4.1 We are extremely proud to have recruited 4384 patients to research studies since the 1st April 2023, the highest recruitment across both sites in 5 years. This is 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.
- 4.2 In October 2023 we were notified that we had been successful in securing National Institute for Health Research (NIHR) Infrastructure funding to further expand our dedicated clinic space at both sites. Throughout 2023 we also secured Life Sciences funding to improve the delivery of NIHR commercially sponsored studies, and Capital funding for equipment to help with the delivery of research. Securing this additional funding will allow us to expand our research portfolio and ensure that our patients benefit from a welcoming and friendly dedicated research environment.
- 4.3 The Paediatric Diabetes Team at Ormskirk Hospital with collaboration and support from the Whiston paediatric team were commended for randomising the first global patient to the RADIANT Study- supporting treatment of type 1 diabetes. They recruited 6 children to the study and met the contracted target.



Professor May Ng OBE states “I am immensely proud of our MWL team’s exceptional efforts in recruiting the first global participant for the RADIANT international trial. The importance of research impact on patient’s lives cannot be overstated, as it directly translates scientific advancements into tangible improvements in healthcare outcomes”

4.4 We are pleased that we have met the recruitment to time and target metrics for an important Astra Zeneca study “TILIA” that is being conducted at the WSN. In addition to this WSN currently have 6 open commercial studies, of these it took no longer that 3 weeks from receipt of the information pack to issuing capacity and capability. This is an excellent achievement and something that we take pride in and are always striving to improve. This has proved extremely beneficial when being selected as a site for new studies.

The TILIA team at Whiston:



Both the RADIANT and TILIA studies were supported by our outstanding Research Nurses and Support staff. This is a huge achievement for the research staff MWL and puts us on the map both in the UK and internationally, as a Trust with an excellent reputation for setting up and delivering commercial research.

4.5 First UK patient randomised to the Anthem study. In March 2024 the Gastroenterology team at Whiston Hospital randomised the first patient to an important study looking at treatments for patients with Moderately to Severely Active Ulcerative Colitis.



Dr Rajiv Chandy - "MWL is widely known as a top tier commercial research unit in the IBD world. This in turn translate into good clinical care for all our patients. Recruitment has never been an issue thanks to our highly engaged patients".

- 4.6 Harmonie study: This is a research study that looked at how strongly babies can be protected from serious illness due to RSV infection (Respiratory Syncytial Virus) by giving them a single dose of antibodies. The result results were published in in the New England Medical journal 2023. Dr Rosaline Garr, Consultant in Paediatrics & Neonatal medicine & Honorary Clinical Senior Lecturer, and colleagues from Whiston Hospital were one of 110 sites in the UK to run the Harmonie study, which involved vaccinating babies up to 12 months of age with a single dose of Nirsevimab, and were acknowledged as one of the top recruiting sites in the North West. The results of the study supported by the National Institute for Health and Care Research, showed a reduction in RSV-related hospitalisation by 83%, which is a fantastic result.



Dr Garr said: "We're very proud to say that we have been involved in a vital research study, with such great results. We see many babies admitted with RSV through the winter period, so this new vaccine is very much welcomed."

- 4.7 In 2024 the Mersey Regional Burn Centre won two research awards at the Journal of Wound Care awards at the Imperial War Museum in London.

Prof Shokrollahi's collaborative research with Liverpool University and Manchester Metropolitan University won Gold in the best Research Category for innovative research relating to photodynamic therapy in the treatment of infections with Staphylococcus Aureus and Pseudomonas, leading to potential ways to treat infection without antibiotics.

The team also won Gold in the 'Most Progressive Society' category relating to their work on sustainability in the NHS, having previously picked up the best research poster award for the same work at the British Burn Association annual meeting last year. Congratulations to Laura Cappuyns, Liby Philip, Dilnath Gurusinghe and Kayvan Shokrollahi



In addition the Burns team recruited to their first ever commercial trial “ Biatain Fiber Ag on burns” and completed the Early Laser for Burn Scars (ELABS) study, the largest ever trial in the UK for laser treatment . The team also had 20 presentations at the British Burns Association in 2023 and won 50% of prizes (n3). This is a demonstration of their commitment to research and ensuring that our patients are offered the latest burns treatments.

- 4.8 In 2023 the British Society for Paediatric Endocrinology and Diabetes BSPED Research and Innovation Award was presented at the British society of paediatric endocrinologist annual conference to Professor Lucy Bray (Edge Hill University) Dr Jaarod Wong (Glasgow University) and Professor May Ng (MWL) for a joint research collaboration working with patient groups on development of national educational standards and patient resources for emergency management of Adrenal Insufficiency.
- 4.9 We are extremely pleased that the CRN NWC successfully appointed Dr Ravish Katira, a Cardiology Consultant at Whiston, as CRN Cardiovascular Speciality Lead. This is a key role that works in partnership with the research network locally and nationally (UK), providing a forum to share good practice, successes, opportunities and challenges, and helping influence and shape the clinical research environment.
- 4.10 In 2023/2024 MWL recruited 2817 participants to the iGBS study, the study aims to help develop a vaccine against Group B Streptococcus infection in newborn babies. WSN recruited 1720 and S&O recruited 1097. WSN have been recognised as the top recruiting Trust in the UK, which is an excellent achievement. This study was a team effort, and everyone worked hard to recruit as many participants as possible; it was co-ordinated by the Research Midwives at both WSN and S&O.

MWL were also the top recruiters in the UK to several other important research studies:

Table 11 – Top Recruiting studies at MWL during 2023/2024

STUDY	SPECIALITY	
UK Genetic Prostate Cancer Study	Cancer	NWC
Oxford Cognitive Screen - Visual Impairment adaptation	Ophthalmology	Top in UK
RASPER (joint top recruiter)	Respiratory	NWC

Visual scanning training for hemianopia (SEARCH)	Ophthalmology	Top in UK
Statins for Improving Organ Outcome in Transplantation (SIGNET)	Critical Care	NWC
iGBS3	Children/ Obstetrics	Top in UK
Melanoma Wide Excision Trial - MelMarT-II	Cancer	Top in UK
IBD Bioresource	Gastroenterology	NWC
Molecular Genetics of Adverse Drug Reactions (MOLGEN)	Genetics	Top in UK

4.11 Cancer Research – The recruitment of patients into cancer studies at WSN has remained the same, with 126 patients taking part in cancer studies, the same as in 2022/2023.

Our Cancer Research Team are the highest recruiting Trust in the country to the Melmart 2 study (Melanoma Wide Excision Trial). This is an important study that aims to further medical knowledge and may improve future treatment of melanoma.

In December 2023 they were also second top recruiting site to the Endonet Study (Randomised controlled trial evaluating effectiveness of neoadjuvant endocrine treatment in post-menopausal women (EndoNET). Our Senior Cancer Research Nurse, Amanda McCairn, and Cancer Research Nurse, Angela Ballantyne, presented at the Investigator meeting in June 2023, where they gave an overview of their experiences of being involved in the study.

Overall, the team have recruited to the following tumour groups:

Table 12 – Cancer Tumour Groups

Tumor Group	No. of Recruits
Breast	16
Colorectal	2
Haematology	3
Lung	25
Skin	68
Urology	12
Total:	126

The Cancer Research team is still the only research team to be Macmillan adopted. This is an exceptional achievement and demonstrates our commitment to delivering the best support and treatment for our cancer patients.



At MWL we believe that cancer research is crucial to improve the prevention, detection, and treatment of cancers. We are passionate about informing our patients of research opportunities that could improve or prolong their quality of life. The July 2023 skin cancer survey results revealed that 90% of patients at MWL were aware that we are a research active trust. Please see the following comment that was taken from the Patient Research Experience Survey:

"I received a questionnaire for a number of years following breast cancer treatment. This enabled me to think about how I was really feeling both mentally and physically. It was a bit of a lifeline to consider the impact of treatment and side effects. The treatment has finally stopped after 10 years, and I feel alive again and relish each day by living in the moment".

- 4.12 The Stroke department continued to recruit well to the Huawei study –“Evaluation of Huawei Smartwear for Detection of Atrial Fibrillation in a Post-Stroke Population” The team have recruited the most patients to this study, with 203 patients recorded so far. In addition, they opened 2 important hypertension commercial studies, and in March 2024 were congratulated for conducting the first site initiation visit of the study ahead of the global first site initiation date.
- 4.13 Our research team at WSN have also been successful in recruiting a large number of patients to the IBD Bio resource (The UK Inflammatory Bowel Disease BioResource) and the IMID (Immune-Mediated Inflammatory Diseases) BioResource studies.
- 4.14 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 MWL during 2023/2024 can be found in Appendix 1.
- 4.15 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.
- 4.16 In 2023/2024, 92% (n23) of research studies at WSN met the recruitment target within the specified timeframe “Recruiting to Time and Target” (RTT). The number of studies that met the RTT target at S&O was 60% (n9)

We also met the following NIHR CRN NWC high level objectives:

Percentage of open to recruitment commercial contract studies that were predicted to achieve their recruitment target – WSN 90%

Percentage of open to recruitment non-commercial contract studies that were predicted to achieve their recruitment target – WSN 91%

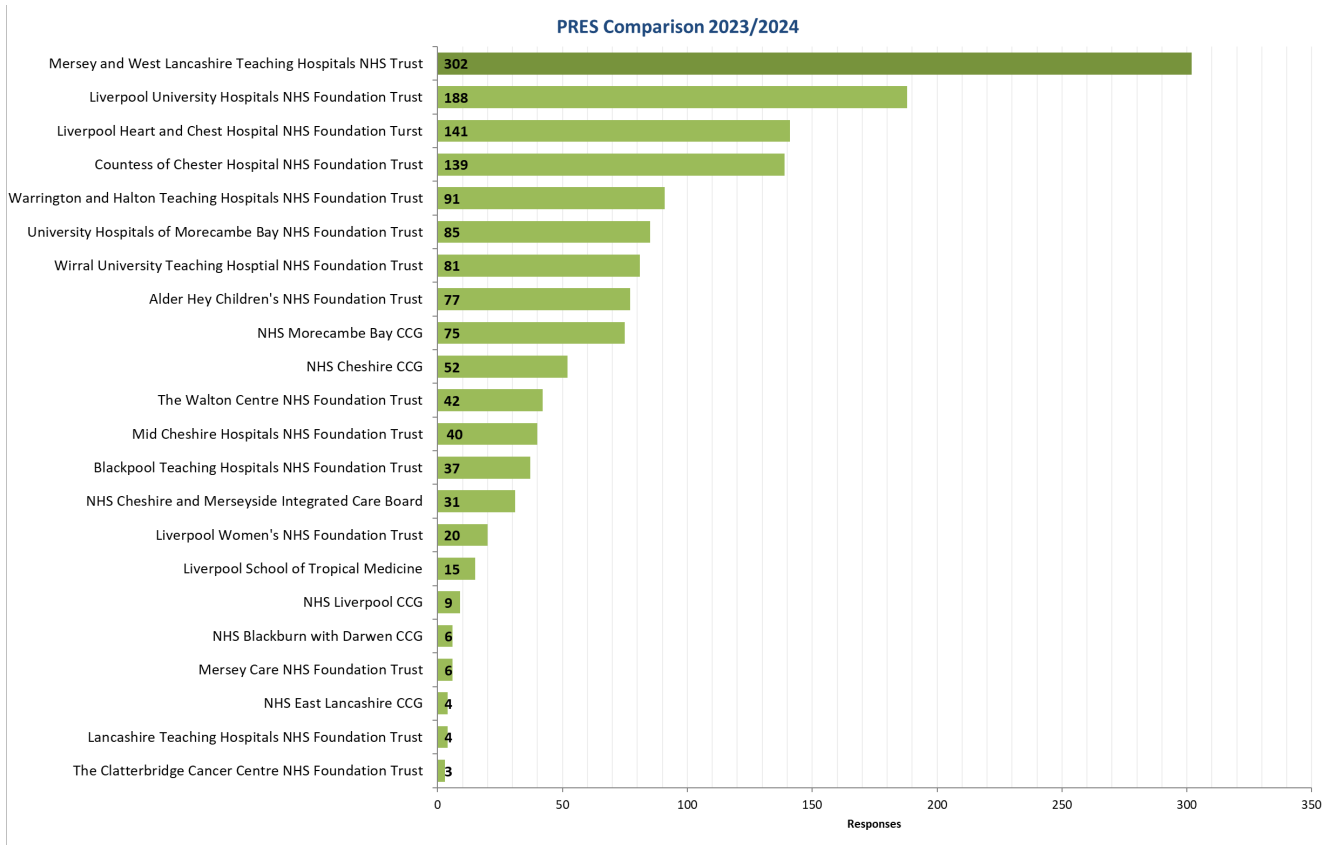
Percentage of open to recruitment commercial studies that are predicted to achieve their target – S&O 100% (only Radiant)

Percentage of open to recruitment non-commercial studies for former S&O predicted to achieve their target – S&O 89%

4.17 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 MWL 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 2023/2024 MWL received the most responses to the PRES across the North West Coast.

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 MWL compared to other Trusts 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 2 – Patient Research Experience Survey results



Some examples of the responses include:

“Research can only be a good thing; research informs from facts; so therefore, helps influence future plans/changes/ to help people now and future generations. The Specialist Nurse who enrolled me was informative, knowledgeable, friendly but respectfully professional and efficient. I left the room feeling better and more uplifted than before I went in! Knowing, albeit only small...I was doing my bit to help”.

“From the moment I agreed to take part, I have always felt I made the right decision. The care & professionalism I have received has been amazing”.

“I feel grateful to take part in this study because if people don't do this, I may not be here to see my family and grandchildren. These tests are needed to move on with medicine”.

Feedback from research participants can help us to understand both what they are doing well and where there are opportunities to improve. The PRES has already been instrumental in how we shape our services and feedback has led to the MWL expansion of research facilities at Whiston Hospital, with planned expansion at Southport.

- 4.18 In October 2023 ‘Kitty’ The NIHR Research Bus came to visit our sites. We had the chance to discuss different ways to promote research and show others that research can take place anywhere! The Bus is a new initiative to enable research teams to take research out to the wider communities i.e. primary, and social care settings and enabling us to reach out to underserved populations that would not normally get the opportunity to take part in research.



- 4.19 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.



4.20 MWL have continued to promote Research and Innovation to staff and patients via:

- Social media, regularly posting good new stories on Facebook and Twitter
- Communications Team at MWL and the CRN NWC
- Library Services
- Training and education
- Taking the Trust Quality Bus out to various departments throughout the Trust to promote research and highlight any studies that are taking place in their areas.

4.21 MWL started to produce a Research Newsletter which is published quarterly and highlights all the good work of the department and provides information/ updates for our staff.

4.22 Staff publications (research and academic) have been recorded by the library and knowledge services at MWL, 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. Commercial companies also regularly run refresher GCP courses for staff involved in the clinical trials.

5.2 The RDI Manager at WSN is a Good Clinical Practice Facilitator and facilitates these courses across the North West Coast Clinical Research Network.

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 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.
- 5.5 WSN Research Department organised an Education Evening on Inflammatory Bowel Disease (IBD). This took place on Thursday 8th February 2024 at The Village Hotel in Whiston. The event was attended by Consultant Gastroenterologists from across the Trust, Gastroenterology Trainees, Dietitians and IBD Nurse Specialists and members of the MWL Research Department.

Guest presenters were Dr Rajiv Chandy, Dr Kate Clark, Dr Ascanio Tridente and RDI Manager, Jeanette Anders.



It was a great opportunity to share and discuss the latest developments in Gastroenterology Research.

- 5.6 In December 2023 Trahan Malhotra (Lead Specialist Maxillofacial Prosthetist) at WSN successfully completed her NIHR Pre-Clinical and Practitioner Academic Fellowship; this is a great achievement and has encouraged her to apply for the NIHR Doctoral clinical Academic fellowship in June 2024.
- 5.7 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.
- 5.8 There was evidence that all staff had annual PDRs and appraisals, and evidence that staff had the opportunity to set objectives.
- 5.9 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.
- 5.10 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 are in a unique position at MWL to have the Marshalls Cross GP surgery based at our St Helens Hospital. We have continued to work with them and are still supporting them with their study finances. For the first time we have also worked with the team to recruit patients into two important hypertension commercial studies. This allows patients in the community setting access to research trials that would normally be out of their reach. The hypertension studies have also involved working with Professor Greg Lip from Liverpool Heart & Chest Hospital who are acting as a PIC site for these important studies. The collaboration between primary and secondary care has been acknowledged as a real positive by Astra Zeneca who are the sponsors of the studies. One of our Research Nurses has access to the GP EMIS system at Marshalls Cross surgery which allows her to run searches for eligible patients for recruitment into NIHR portfolio studies. Targeted searches have drastically cut down the amount of time that nurses spend on feasibility and ensures that we are not taking on studies that we are unable to recruit to. The practice has recruited to four NIHR portfolio studies during 2023/2024:

Table 13 – Marshalls Cross GP Surgery recruiting studies during 2023/2024

Study Title	
PROSPER Definitive study	PeRsOnaliSed care Planning for oldER people with frailty (PROSPER):
Chronology in multimorbidity clustering and its effect on treatment burden and the utilisation of health and social care services	The experiences of multimorbidity patients regarding treatment burden
Measuring Loneliness study	Snapshot of social isolation and loneliness
DIAMOND study	Programme developed specifically for people with type 2 Diabetes to help them to achieve remission from diabetes

- 6.3 The Trust has links with LHP (Liverpool Health Partners). The LHP R&D Directors Group is attended by the Chair of the MWL Research Development and Innovation Group. In December 2023 MWL also became a member of the Applied Research Collaboration, North West Coast (ARC), which aims to work in collaboration by bringing together academics, health and social care providers, members of the public, universities, and local authorities 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. Dr Ascanio Tridente is the main link for this collaboration from MWL.
- 6.4 We have strengthened partnerships with local academic organisations, including Manchester Metropolitan, Edge Hill, and Liverpool Universities. Professor Greg Irving of the Health Research Institute and Director of the Edge Hill Primary and Integrated Care (EPIC), attended our Research team meeting to discuss how we can work together with academic and Trust researchers to produce good quality research that will benefit our patients in the future.

- 6.5 We have explored working with the phase 1 clinical trial centre based in the Liverpool University Hospital NHS Foundation Trust. After a successful tour of the unit and a meeting with key staff we are confident that going forward we can work together. This collaboration will allow us to offer our patients to take part in early phase studies and have access to the newest and most innovative treatments.
- 6.6 Our links with Clatterbridge Cancer Centre and our Cancer team at WSN were established and processes put in place to facilitate working together on certain cancer studies. However there has been little activity in 2023/2024.
- 6.7 We have developed partnerships with other local academic organisations, including Manchester Metropolitan University (MMU). Our RDI Clinical Director, Dr Ascanio Tridente, is working on various research projects with MMU, and is named as a co-applicant on a number of grant applications.
- 6.8 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
- 6.9 RDI is linked with the Quality Improvement and Clinical Audit Department as part of the Trust governance requirements.
- 6.10 The RDI Managers are members 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.
- 6.11 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 WSN

- 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 MWL 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.
- 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, this year has seen the merger of two Trusts with positive outcomes for the Research Development and Innovation Department at MWL. We have worked hard to align our systems and processes and have continued to perform exceptionally well.
- 8.2 We have secured funding from the CRN NWC to build a Research Hub at S&O and to further expand our Research Hub at WSN. The aim is to open both in May/June 2024.
- 8.3 Recruitment at both sites is the highest since 2018-2019, in total we have recruited 4384 participants to research studies at MWL.
- 8.4 We have had success with our commercial studies; we 26 randomized the first global patient to the RADIANT Study also meeting recruitment target, and we met the recruitment target for the Astra Zeneca “TILIA” study.
- 8.5 Having a varied portfolio of studies is of vital importance to the development of better health and care for our patients at MWL. During 2023/2024 MWL 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.
- 8.6 It is reassuring to know that the majority of research studies taking place at MWL 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 There was a slight increase in the number of sponsored studies during 2023/2024, 9 studies were sponsored by WSN and one at S&O. Compared to 7 in the previous year for WSN and none for the S&O.
- 8.8 Partnerships with Edge Hill and Manchester Metropolitan Universities and Liverpool Universities were strengthened during 2023/2024. Professor Rowan Pritchard Jones, Dr Ascanio Tridente, Professor Kayvan Shokrollahi, Dr Greg Irving and Professor Gregory Lip are supporting PhD students on various research projects.
- 8.9 A major achievement was being ranked first again on the CRN NWC dashboard for the number of responses to the Patient Research Experience Survey. 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. We received excellent feedback from our patients and research partners.
- 8.10 During 2023/2024 WSN secured £494,860.00 core funding and S&O secured £261,348.00. However it must be noted that this was static and there was no increase from 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. This has left us with a cost pressure which has been highlighted to both the CRN NWC and the Trust. 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.
- 8.11 Regular business planning meetings have taken place with the CRN to discuss our performance and to identify new studies in the pipeline.

SECTION NINE: RECOMMENDATIONS FOR 2024/2025

Our aims for 2024-2025 are to:

- 9.1 Release a 2-year interim Research Development and Innovation Strategy. 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.
- 9.2 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.
- 9.3 Continue to increase the number of commercially sponsored studies, including exploring the opportunity to work with the Phase 1 Clinical Trials unit at Liverpool University Hospitals Foundation Trust.
- 9.4 Collaborate with other NHS organisations and Universities. These partnerships will allow us to seek out the best academic expertise to work with our staff and patients wherever possible to ensure that our patients benefit from world-class research.
- 9.5 Review options to expand our workforce to support the successful delivery of both commercial and non-commercial trials, including Paediatrics/Maternity.
- 9.6 Increase our patient recruitment into NIHR adopted clinical trials.
- 9.7 Explore research options in specialities which are not research active.
- 9.8 Perform thorough feasibility so that studies reach the NIHR high level objectives i.e. setting up studies quickly, recruiting to time and target. The money generated from meeting targets will be reinvested to develop capacity/resources for research within the Trust.
- 9.9 Further develop our Research Hubs. We will submit business cases to the Research Network for additional income when opportunities arise.
- 9.10 Maintain and expand robust procedures to initiate, deliver and manage research, thus increasing opportunities for patients to participate in high quality clinical research.
- 9.11 Merge the Research Standard Operating Procedures by June 2024.
- 9.12 Engage and communicate with patients and service users. We will ensure that the NIHR Patient Research Experience Survey is embedded into the patients' research journey. We will also feedback both positive and negative experiences, so that we can put action plans in place if necessary.
- 9.13 Continue to update our social media and website platforms to help promote research. In addition to this we will explore new ways of promoting research to ensure that we are visible as a Research Active Trust.

References:

1. Health and Social Care Act, 2012
<https://www.legislation.gov.uk/ukpga/2012/7/section/23/enacted>
2. Embedding Research in the NHS
<https://www.england.nhs.uk/aac/what-we-do/embedding-research-in-the-nhs/>
3. Office for Life Sciences - Lord James O'Shaughnessy, report
<https://www.gov.uk/government/news/lord-oshaughnessy-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. Maximising the benefits of research: Guidance for integrated care systems
<https://www.england.nhs.uk/long-read/maximising-the-benefits-of-research/>
6. Transformation and innovation delivery update
<https://www.england.nhs.uk/long-read/transformation-and-innovation-delivery-update/#:~:text=This%20report%20summarises%20the%20progress,%2C%20communities%2C%20staff%20and%20researchers.>
7. NHS England published 'Increasing Diversity in Research Participation'
<https://www.england.nhs.uk/aac/publication/increasing-diversity-in-research-participation/>

APPENDIX 1 - List of Research Studies with recruitment 23/24

Short Title	Managing Specialty	Recruits 23-24
AIRWAYS-3	Critical Care	6
ATNEC	Cancer	3
BiasED	Health Services Research	4
BSR-PsA	Musculoskeletal	8
Chapter Cohort Study	Reproductive Health and Childbirth	35
CHOSEN	Stroke	7
CONNECT 3	Respiratory Disorders	2
CP357 - Biatain Fiber Ag on burns	Trauma and Emergency Care	2
DAWN-P feasibility RCT (Version1)	Reproductive Health and Childbirth	31
Early Laser for Burn Scars (EL4BS)	Trauma and Emergency Care	6
EndoNET	Cancer	7
Febrile Infants - Diagnostic assessment and Outcome (FIDO)	Children	12
Fluids Exclusively Enteral from Day 1 (FEED1)	Children	1
GCA Consortium	Musculoskeletal	10
GEKO Venous Thromboembolism Prevention Study	Stroke	3
GenOMICC	Critical Care	5
Giant PANDA	Reproductive Health and Childbirth	7
GONDOMAR Version 1.0, Dated 18.05.2021	Gastroenterology	11
Hand-2: RCT of treatments for Dupuytren's contractures	Orthopaedics	7
HARMONIE	Children	16
Huawei Stroke Study	Stroke	56
HYST	Dermatology	9
IBD Bioresource	Gastroenterology	256
iGBS3	Reproductive Health and Childbirth	2817
IMID BioResource	Musculoskeletal	262
Measuring Loneliness Study	Primary Care	3
Melanoma Wide Excision Trial - MelMarT-II	Cancer	35
Metoclopramide for Avoiding Pneumonia after Stroke (MAPS-2) Trial	Stroke	1
MILOS - bempedoic acid / ezetimibe in hypercholesterolaemia	Cardiovascular	2
Molecular Genetics of Adverse Drug Reactions (MOLGEN)	Genetics	76
MOSAICC	Critical Care	1
Myeloma XIV (FITNEss)	Cancer	2
NAFLD BioResource	Hepatology	5
Omnipod 5 w/ Libre 2 vs MDI for Type 1 Diabetes in children and adults	Diabetes	6
OPTIMAS Trial	Stroke	7

Short Title	Managing Specialty	Recruits 23-24
ORION-4	Cardiovascular	16
Oxford Cognitive Screen - Visual Impairment adaptation	Stroke	207
PETS	Surgery	7
Positive Voices - Development and validation of a national survey of people with HIV	Infection	1
RADAR (UK-MRA Myeloma XV)	Cancer	1
RAPID-1	Surgery	2
RASPER	Respiratory Disorders	3
RECREATE: a cluster randomised trial	Stroke	4
Reducing medication-related harm (MRH) in older people (PRIME-3 Study)	Ageing	21
Routine testing for Group B Streptococcus	Reproductive Health and Childbirth	261
SEARCH - Visual scanning training for hemianopia	Stroke	5
Self-management in patients with adrenal insufficiency	Diabetes	10
SIGNET	Neurological Disorders	8
SPIROMAC	Children	9
Surgery or Cast for Injuries of the Epicondyle in Children's Elbows	Children	1
The ORION Trial	Surgery	4
The Tommy's National Rainbow Clinic Study	Reproductive Health and Childbirth	9
Toxicity from biologic therapy (BSRBR)	Musculoskeletal	4
Tozorakimab in patients hospitalized for pneumonia with hypoxemia at risk of respiratory failure	Critical Care	2
TRACS Liverpool Part 2	Ageing	21
TTTS Registry	Reproductive Health and Childbirth	2
UK Genetic Prostate Cancer Study	Cancer	5
UKIVAS	Musculoskeletal	25
UK-ROX	Critical Care	31
WHITE 11- FRUITI	Trauma and Emergency Care	4

APPENDIX 2 - Staff Publications – 2023-2024 Whiston, St Helens and Newton site

- **Article**

The articles included in this document were discovered (through alerts set up on various medical databases or via staff informing us of a new publication) between April 2023 and the end of March 2024. Please note the publication date given as they may have been published outside of these dates (it can take a long time for articles to appear in databases). We always include the articles within the year we discovered them as they will not have been included in the previous year's data)

- **Article type**

This can be one of the following:

- Conference abstracts/posters
- Case studies/Case series (including ones with lit reviews)
- Research articles (any type of research, including qualitative and systematic reviews)
- Letters/comments/editorials/book reviews

- **Staff Group**

- This is based on ESR Staff Groups.
- The staff group selected is based on either the staff group of the corresponding author (if STHK staff) or from the first name STHK author in the author list.
- The term collaborator is used for a member of staff listed as part of a research group participating in the research article, but not listed as an author.

- **Impact Factor**

- This is taken from the relevant journal's website and is correct on the day the article was added to the staff publications list.
- If an impact factor isn't provided on the journal's website it will be listed as N/A (not available)
- Some journals only provide a 2-Year and 5-Year Journal, these are also listed here as N/A (not available)

Reference	Article Type	Professional Group	1-Year Impact Factor
Ahmed, A; Okecha, E; Fishwick, L; Tomson-Glover, R. (2023). P165 Rates of isolated extragenital chlamydia trachomatis and neisseria gonorrhoeae in heterosexual patients attending a sexual health clinic. <i>Sexually Transmitted Infections</i> . 99(Suppl 1). [Online]. Available at: https://dx.doi.org/10.1136/sextrans-BASHH-2023.202 [Accessed 3 January 2024].	Conference abstract/posters	Medical and Dental	3.6
Ahmed, HE; Wharton, D (Collaborator); Rana, R (Collaborator); McAllister, R (Collaborator); Sasi, S (Collaborator); Thomas, T (Collaborator). (2023). Lack of regional pathways impact on surgical delay: Analysis of the Orthopaedic Trauma Hospital Outcomes&ndash;Patient Operative Delays (ORTHOPOD) study. <i>Injury</i> . 54(12), p.111007. [Online]. Available at: https://doi.org/10.1016/j.injury.2023.111007 [Accessed 12 January 2024]	Research Article	Medical and Dental	2.5
Ali, A; Gul, W, et al. (2024). Evaluating the utility of quantitative pupillometry in a neuro-critical care setting for the monitoring of intracranial pressure: A prospective cohort study. <i>Clinical neurology an neurosurgery</i> . 239. article 108215. [Online]. Available at: https://doi.org/10.1016/j.clineuro.2024.108215 [Accessed 4 April 2024]	Research Article	Medical and Dental	1.9
Allcoat, A. (2023). P40 Re-engagement of haemochromatosis service users to provide best practice. <i>Gut</i> . 72(Suppl 2), pp.A66-A67. [Online]. Available at: https://doi.org/10.1136/gutjnl-2023-BSG.112 [Accessed 15 December 2023]	Conference abstracts/posters	Medical and Dental	24.5
Alobaida, M; Abdul-Rahim, A. (2023). 642 Impact of bridging therapy vs endovascular thrombectomy alone on outcomes in anticoagulated patients with atrial fibrillation presenting with mild-moderate ischaemic stroke. <i>European Stroke Journal</i> . 8(Suppl 2), pp.102-103. [Online]. Available at: https://journals.sagepub.com/doi/10.1177/23969873231169660 [Accessed 30 October 2023]	Conference abstracts/posters	Medical and Dental	6.1
Atayi, AA; Omar, AM; Floyd Jr, MS. (2023). Preputial advancement flap for delayed urethrocutaneous fistula of the glans following urethral insertion of an 'AAA' battery. <i>Urologia Journal</i> . epub 25 July. [Online]. Available at: https://doi.org/10.1177/03915603231189026 [Accessed 15 December 2023]	Research Article	Medical and Dental	N/A

Atkin, C; Ragit, V et al. (2023). Performance of admission pathways within acute medicine services: Analysis from the Society for Acute Medicine Benchmarking Audit 2022 and comparison with performance 2019 - 2021. <i>European Journal of Internal Medicine</i> . 118, pp.89-97. [Online]. Available at: https://doi.org/10.1016/j.ejim.2023.07.038 [Accessed 15 December 2023]	Research Article	Medical and Dental	8
Atkin, C; Varia, R; et al. (2023). Performance of admission pathways within acute medicine services: Analysis from the Society for Acute Medicine Benchmark Audit 2022 and comparison with performance 2019 - 2021. <i>European Journal of Internal Medicine</i> . 118(1), pp.89-97. [Online]. Available at: https://dx.doi.org/10.1016/j.ejim.2023.07.038 [Accessed 3 January 2024].	Research Article	Medical and Dental	8
Baillie, S; Bassi, Ash et al. (2023). Opioid use and associated factors in 1676 patients with inflammatory bowel disease: a multicentre quality improvement project. <i>Frontline Gastroenterology</i> . epub 14 June. [Online]. Available at: https://fg.bmj.com/content/early/2023/06/13/flgastro-2023-102423 [Accessed 11 September 2023]	Research Article	Medical and Dental	2.6
Bamal, R; Alnobani, O; Bastouros, E; Nolan, G; Morris, E; Griffiths, S; Bell, D. (2023). Wide-Awake Local Anesthesia No Tourniquet (WALANT) for Flexor Tendon Repairs as Change in Practice During the COVID-19 Pandemic: A Retrospective Cohort Study With Outcomes. <i>Cureus</i> . 15(3), p.e36728. [Online]. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10131134/ [Accessed 27 June 2023]	Research Article	Medical and Dental	N/A
Bamal, R; Sultan, R; Cappuyns, L; Hassan, Z; McArthur, P. (2023). Use of volar distal radius plate dorsally for wrist arthrodesis in patients with upper limb spasticity: A retrospective Review. <i>Journal of Plastic, Reconstructive & Aesthetic Surgery</i> . 83(.), pp.318-325. [Online]. Available at: https://www.sciencedirect.com/science/article/abs/pii/S1748681523002504 [Accessed 11 September 2023].	Research Article	Medical and Dental	2.7
Bioletti, L, Woodward, C et al. (2024). Assessing and further developing age-appropriate information for young people about reporting suspected adverse drug reactions. <i>British Journal of Clinical Pharmacology</i> . 90(3), pp.863-870. [Online]. Available at: https://doi.org/10.1111/bcp.15971 [Accessed 4 April 2024]	Research Article	Medical and Dental	5.8
Black, C et al; Oliver, A (Collaborator). (2023). Feasibility of mobilisation in ICU: a multi-centre point prevalence study of mobility practices in the UK. <i>Critical Care</i> . 27(1), Article Number: 217. [Online]. Available at: https://doi.org/10.1186/s13054-023-04508-4 [Accessed 1 March 2024]	Research Article	Allied Health Professional	N/A

Borthwick, M; Barton, G et al. (2023). Critical care pharmacy workforce: a 2020 re-evaluation of the UK deployment and characteristics. <i>Human Resources for Health.</i> 21(28). [Online]. Available at: https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-023-00810-y [Accessed 21 April 2023]	Research Article	APST	N/A
Bucci, T; Abdul-Rahim, A et al. (2023). Epilepsy-Heart Syndrome: Incidence and Clinical Outcomes of Cardiac Complications in patients with Epilepsy. <i>Current Problems in Cardiology.</i> e-pub 7 June, Article Number: 101868. [Online]. Available at: https://doi.org/10.1016/j.cpcardiol.2023.101868 [Accessed 9 June 2023]	Research Article	Medical and Dental	4.2
Bucci, T; Abdul-Rahim, AH et al. (2024). Albumin Levels and Risk of Early Cardiovascular Complications After Ischemic Stroke: A Propensity-Matched Analysis of a Global Federated Health Network. <i>Stroke.</i> epub 7 Feb. [Online]. Available at: https://doi.org/10.1161/STROKEAHA.123.044248 [Accessed 8 February 2024]	Research Article	Medical and Dental	8.4
Buckley, BJR; Harrison, S; Hill, A; Underhill, P; Lane, DA; Lip, GYH. (2023). Stroke-heart syndrome: sex-specific incidence, risk factors, and major adverse cardiovascular events in 486,515 patients. <i>European Heart Journal.</i> 43(Suppl 2), p.2323. [Online]. Available at: https://doi.org/10.1093/eurheartj/ehac544.2323 [Accessed 28 April 2023]	Conference abstracts/posters	Medical and Dental	39.3
Buckley, FJR; Hill, A et al. (2023). Stroke–heart syndrome: mechanisms, risk factors, and adverse cardiovascular events. <i>European Journal of Preventive Cardiology.</i> epub 28 June. [Online]. Available at: https://doi.org/10.1093/eurjpc/zwad211 [Accessed 30 October 2023]	Letters/comments/editorials /book reviews	Medical and Dental	8.3
Cameron, A.C.; Lip, Y.H.; Abdul-Rahim, AH. (2023). Machine-learning derived heart and brain age are independently associated with cognition. <i>European Journal of Neurology.</i> epub 23 June. [Online]. Available at: https://doi.org/10.1111/ene.15953 [Accessed 26 June 2023]	Letters/comments/editorials /book reviews	Medical and Dental	5.1
Cameron, AC and Abdul-Rahim, AH. (2023). The Optimal Management for People with Acute Stroke and Minor Deficits: Intravenous Thrombolysis or Medical Management?. <i>Thrombosis and Haemostasis.</i> e-pub 12 May. [Online]. Available at: https://www.thieme-connect.de/products/ejournals/abstract/10.1055/a-2077-5642 [Accessed 12 June 2023]	Letters/comments/editorials /book reviews	Medical and Dental	6.7

Chaddock, NJM et al Dawson, G (Collaborator). (2024). Exploration of the circulating human secretome through protein quantitative trait analysis identifies an association between circulating levels of apolipoprotein L1 and risk of giant cell arteritis. <i>medRxiv</i> . epub 21 Jan. [Online]. Available at: https://doi.org/10.1101/2024.01.19.24301534 [Accessed 4 April 2024]	Research Article	Medical and Dental	N/A
Collings, S; Christian, S; Pankaja, S; McNulty, S; Davies, H; Milne, R; Gallagher, C; Bujawansa, S. (2023). P281 Impact of pre-pregnancy counselling on HbA1c level and pregnancy outcomes in women with pre-existing diabetes. <i>Diabetic Medicine</i> . 40(Suppl 1), p.151. [Online]. Available at: https://dx.doi.org/10.1111/dme.15048 [Accessed 11 July 2023]	Conference abstracts/posters	Medical and Dental	3.5
Crabtree, TSJ; Furlong, N et al. (2023). Hybrid Closed-Loop Therapy in Adults With Type 1 Diabetes and Above-Target HbA1c: A Real-world Observational Study. <i>Diabetes Care</i> . 46(10), pp.1831-1838. [Online]. Available at: https://doi.org/10.2337/dc23-0635 [Accessed 15 December 2023]	Research Article	Medical and Dental	16.2
Dave, RV; Pushdary, K (Collaborator) et al. (2023). Bridging pre-surgical endocrine therapy for breast cancer during the COVID-19 pandemic: outcomes from the B-MaP-C study. <i>Breast Cancer Research and Treatment</i> . 199(.), pp.265-279. [Online]. Available at: https://link.springer.com/article/10.1007/s10549-023-06893-4 [Accessed 11 July 2023]	Research Article	Medical and Dental	3.8
Davies, JC et al and collaborators including Dawson, J; McCaffrey, P; Graham, D; Williams, E; Clewes, A; Hornby, N. (2021). A panel of urinary proteins predicts active lupus nephritis and response to rituximab treatment. <i>Rheumatology</i> . 60(8), pp.3747-3759. [Online]. Available at: https://academic.oup.com/rheumatology/article/60/8/3747/6031908 [Accessed 11 September 2023].	Research Article	Medical and Dental	5.5
Downes, C; Charlesworth, M. (2024). Mechanical circulatory support and its implications for anaesthesia and critical care. <i>Anaesthesia and Intensive Care Medicine</i> . 25(3), pp.180-184. [Online]. Available at: https://doi.org/10.1016/j.mpaic.2023.11.013 [Accessed 4 April 2024]	Research Article	Medical and Dental	0.5
Elsheikh, S; Hill, A; Irving, G; Lip, GYH; Abdul-Rahim, AH. (2023). Atrial Fibrillation and Stroke: State-of-the-art and future directions. <i>Current Problems in Cardiology</i> . epub 31 Oct. [Online]. Available at: https://doi.org/10.1016/j.cpcardiol.2023.102181 [Accessed 31 October 2023]	Research Article	Medical and Dental	4.2

Elsheikh, S; Irving, G; Hill, A; Abdul-Rahim, AH. et al (2024). Left Atrial Appendage Occlusion Versus Direct Oral Anticoagulants in the Prevention of Ischaemic Stroke in Patients with Atrial Fibrillation. <i>Cerebrovascular Diseases</i> . epub 2 Feb. [Online]. Available at: https://doi.org/10.1159/000536546 [Accessed 8 February 2024]	Research Article	Medical and Dental	2.9
Faraz, A; Khan, S et al. (2023). Carpal Tunnel Decompression Under Wide Awake Local Anaesthesia No Tourniquet Technique (WALANT): A Cost Effective and Outcome Analysis. <i>Cureus</i> . 15(7), p.e42125. [Online]. Available at: https://doi.org/10.7759%2Fcureus.42125	Research Article	Medical and Dental	N/A
Fedail, A; Thomas, L. (2023). P250 RNASeq identifies differential gene expression in colorectal and duodenal adenomas in familial adenomatous polyposis (FAP). <i>Gut</i> . 72(Suppl 2), pp.A181-A182. [Online]. Available at: https://doi.org/10.1136/gutjnl-2023-BSG.318 [Accessed 15 December 2023]	Conference abstracts/posters	Medical and Dental	24.5
Floyd Jr, MS. (2023). Anastomotic Urethroplasty: The Whiston Hospital experience. <i>European Urology Open Science</i> . 55(Suppl 1), pp.S5-S6. [Online]. Available at: https://doi.org/10.1016/S2666-1683(23)00935-7 [Accessed 4 April 2024]	Conference abstract/posters	Medical and Dental	2.5
Gallagher, CG; Christian, SC; Pankaja, SP; McNulty, SM; Davies, HD; Milne, RM; Bujawansa, SB. (2023). P277 Patient and public involvement (PPI) exploring the experiences of women with gestational diabetes attending a joint diabetes antenatal clinic. <i>Diabetic Medicine</i> . 40(S1), p.149. [Online]. Available at: https://doi.org/10.1111/dme.15048 [Accessed 31 July 2023]	Conference abstracts/posters	AHP	3.5
Gnanasambanthan, S; Kohli, S et al. (2023). The impact of socioeconomic deprivation on the prevalence of gestational diabetes: An observational study. <i>Obstetric Medicine</i> . epub 14 Nov. [Online]. Available at: https://doi.org/10.1177/1753495X231213920 [Accessed 16 January 2024]	Research Article	Medical and Dental	0.7
Gomersall, Jenny; Mortimer, Kalani; Hassan, Deniz; Shokorallahi, Kayvan; et al. (2024). Ten-Year Analysis of Bacterial Colonisation and Outcomes of Major Burn Patients with a Focus on Pseudomonas aeruginosa. <i>Microorganisms</i> . 12(1), pp.42-43. [Online]. Available at: 10.3390/microorganisms12010042 [Accessed 8 February 2024].	Research Article	Medical and Dental	4.5
Goodall, JW; Katira, R. (2022). Patient satisfaction with telephone consultations in cardiology outpatients during the COVID-19 pandemic. <i>The British Journal of Cardiology</i> . 29(4), pp.150-153. [Online]. Available at: https://bjcardio.co.uk/2022/11/patient-satisfaction-with-telephone-consultations-in-cardiology-outpatients-during-the-covid-19-pandemic/ [Accessed 30 October 2023]	Research Article	Medical and Dental	N/A

Hague, A; Platford, B; Rehman, S; Howes, A; Brackley, P. (2023). Multi-nodal basin drainage in lower limb melanoma. <i>JPRAS Open</i> . 39(.), pp.71-74. [Online]. Available at: https://doi.org/10.1016/j.jptra.2023.11.009 [Accessed 2 February 2024]	Letters/comments/editorials /book reviews	Medical and Dental	1.3
Harnett, C; Al-Jubouri, M; Meah, N. (2023). Delayed diagnosis of a scaling genodermatosis. <i>BMJ Case Reports</i> . 16(5), Article Number: e253838. [Online]. Available at: http://dx.doi.org/10.1136/bcr-2022-253838 [Accessed 11 July 2023]	Case studies/Case series	Medical and Dental	N/A
Harrison, NL et al. (2023). Haemorrhagic cholecystitis in a young patient, complicated by gallbladder perforation and choledocholithiasis. <i>BMJ Case Reports</i> . 16(10), Article Number: e257389. [Online]. Available at: https://doi.org/10.1136/bcr-2023-257389 [Accessed 12 January 2024]	Case studies/Case series	Medical and Dental	N/A
Harrison, NL; Santoro, G; Ellerby, N; Samad, A. (2023). Small bowel obstruction secondary to phytobezoar in a patient with myotonic dystrophy.. <i>BMJ Case Reports</i> . 16(10). [Online]. Available at: https://dx.doi.org/10.1136/bcr-2023-255895 [Accessed 5 January 2024].	Case studies/Case series	Medical and Dental	N/A
Heald, A; Narayan, R.P; et al. (2023). A Longitudinal Clinical Trajectory Analysis Examining the Accumulation of Co-morbidity in People with Type 2 Diabetes (T2D) Compared with Non-T2D Individuals. <i>Diabetes Therapy</i> . 14, pp.1903-1913. [Online]. Available at: https://dx.doi.org/10.1007/s13300-023-01463-9 [Accessed 4 January 2024].	Research Article	Medical and Dental	3.8
Heald, A; Narayanan, RP et al. (2023). A study to investigate genetic factors associated with weight gain in people with diabetes: analysis of polymorphisms in four relevant genes. <i>Adipocyte</i> . 12(1), p.2236757. [Online]. Available at: https://doi.org/10.1080/21623945.2023.2236757 [Accessed 15 December 2023]	Research Article	Medical and Dental	3.3
Hepworth, LR; Liptrot, M et al. (2023). Validation of the brain injury associated visual impairment - impact questionnaire (BIVI-IQ). <i>Quality of Life Research</i> . 33. pp.777-791. [Online]. Available at: https://doi.org/10.1007/s1136-023-03565-0 [Accessed 4 April 2024]	Research Article	Allied Health Professional	3.5
Hindocho, A; Brennan, L; et al. (2023). 369 The role of children's hospitals in reducing health inequalities: a review of organisational policies. <i>Archives of Disease in Childhood</i> . 108(Suppl 2). [Online]. Available at: https://dx.doi.org/10.1136/archdischild-2023-rcpch.187 [Accessed 3 January 2024].	Conference abstract/posters	Medical and Dental	5.2

Holland, D; Green, L; et al. (2023). Is the Current Cut Point for Glycated Haemoglobin (HbA1c) Correct for Diagnosing Diabetes Mellitus in Premenopausal Women? Evidence to Inform Discussion. <i>Diabetes Therapy</i> . Epub 30 September(1). [Online]. Available at: https://dx.doi.org/10.1007/s13300-023-01482-6 [Accessed 5 January 2024].	Research Article	Medical and Dental	3.8
Howarth, S; Thompson, A; Beck, D. (2023). P 12.018 Specialist Palliative Care at the Front Door. <i>Palliative Medicine</i> . 37(Suppl 1), p.207. [Online]. Available at: https://journals.sagepub.com/doi/10.1177/02692163231172891 [Accessed 30 October 2023]	Conference abstracts/posters	Nursing and Midwifery	4.4
Howlett, DC; Retnasingam, G et al. (2023). Radiology reporting of incidental osteoporotic vertebral fragility fractures present on CT studies: results of UK national re-audit. <i>Clinical Radiology</i> . 78(12), pp.E1041-1047. [Online]. Available at: https://doi.org/10.1016/j.crad.2023.09.004 [Accessed 12 January 2024]	Research Article	Medical and Dental	2.6
Kaul, A (Collaborator) et al. (2023). Exploring the cost-effectiveness of high versus low perioperative fraction of inspired oxygen in the prevention of surgical site infections among abdominal surgery patients in three low- and middle-income countries. <i>BJA Open</i> . 7, 100207. [Online]. Available at: https://doi.org/10.1016%2Fj.bjao.2023.100207 [Accessed 21 December 2023]	Research Article	Medical and Dental	N/A
Kayode-Awe, O; Garr, R. (2023). An audit of admission into a high-dependency unit of a large district general hospital. Is there compliance with national guidance. <i>Archives of Disease In Childhood</i> . 108(Suppl 2), pp.339-340. [Online]. Available at: https://dx.doi.org/10.1136/archdischild-2023-rcpch.536 [Accessed 3 January 2024].	Conference abstract/posters	Medical and Dental	5.2
Kazmi, A; Moussa, A; Meah, M et al. (2023). Switching between tofacitinib and baricitinib in alopecia areata: A review of clinical response. <i>Journal of the American Academy of Dermatology</i> . epub 05 April. [Online]. Available at: https://doi.org/10.1016/j.jaad.2023.03.041 [Accessed 28 April 2023]	Letters/comments/editorials /book reviews	Medical and Dental	13.8
Khalil, K; Sooriyamoorthy, T. (2023). A bibliometric analysis of publication trends in UK plastic surgery. <i>JPRAS Open</i> . 36(June), pp.85-88. [Online]. Available at: https://doi.org/10.1016/j.jprra.2023.04.003 [Accessed 11 July 2023]	Letters/comments/editorials /book reviews	Medical and Dental	1.3
Kiely, AL; Griffin, M; Jeon, FHK; Nolan, GS; Butler, PE. (2023). Phalangeal and Metacarpal Fractures in Children: A 10-Year Comparison of Factors Affecting Functional Outcomes in 313 Patients. <i>Journal of Hand and Microsurgery</i> .	Research Article	Medical and Dental	0.4

15(2), pp.124-132. [Online]. Available at: 10.1055/s-0041-1730885 [Accessed 28 April 2023]			
Lea, N; Lloyd, M; Bennett, N. (2023). 446 A qualitative exploration using focus groups, of the perceived barriers and enablers of hospital pharmacists to participating in simulation-based training. <i>International Journal of Pharmacy Practice</i> . 31(Suppl 1), pp.i7-i8. [Online]. Available at: https://doi.org/10.1093/ijpp/riad021.008 [Accessed 11 July 2023]	Conference abstracts/posters	Nursing and Midwifery	1.8
Lee, TS; Pritchard-Jones, R et al. (2024). Leg Lymphoedema After Inguinal and Ilio-Inguinal Lymphadenectomy for Melanoma: Results from a Prospective, Randomised Trial. <i>Annals of Surgical Oncology</i> . epub 17 March. [Online]. Available at: https://doi.org/10.1245/s10434-024-15149-4 [Accessed 4 April 2024]	Research Article	Medical and Dental	3.7
Lewis, GA; Cardwell, J; Hardy, KJ. (2023). Mortality from diabetic kidney disease before and during the COVID pandemic. <i>Diabetologia</i> . 66(Suppl 1), pp.S466-S467. [Online]. Available at: https://doi.org/10.1007/s00125-023-05969-6 [Accessed 12 January 2024]	Conference abstract/posters	Nursing and Midwifery	8.2
Magara, MS; Chagla, LS et al. (2023). Factors leading to the late diagnosis and poor outcomes of breast cancer in Matabeleland South and the Bulawayo Metropolitan Provinces in Zimbabwe. <i>PLoS ONE</i> . 18(11), Article Number: e0292169. [Online]. Available at: https://doi.org/10.1371/journal.pone.0292169 [Accessed 12 January 2024]	Research Article	Medical and Dental	N/A
Malagon, P; Taghizadeh, R; Torrano, L; Gonzalez, J. (2023). A new protocol for improving immediate monitoring of skin-island free flap with near-infrared spectroscopy and ultrasound. <i>JPRAS</i> . 83(August), pp.334-342. [Online]. Available at: https://doi.org/10.1016/j.bjps.2023.04.029 [Accessed 21 June 2023].	Research Article	Medical and Dental	2.7
Mallalieu, K; Adams, S; et al. (2023). Incidence of Incisional Hernia Post-Colorectal Liver Metastasis Resection - a Longitudinal Radiological Cohort Study. <i>British Journal of Surgery</i> . 110(Suppl 7). [Online]. Available at: https://dx.doi.org/10.1093/bjs/znad258.463 [Accessed 5 January 2024].	Conference abstract/posters	Medical and Dental	9.6
Martiniano, R; Aloraifi, F et al. (2024). Ancient genomes illuminate Eastern Arabian population history and adaptation against malaria. <i>Cell Genomics</i> . 4(3), Article Number: 100507. [Online]. Available at: https://www.cell.com/cell-genomics/fulltext/S2666-979X(24)00034-X [Accessed 4 April 2024]	Research Article	Medical and Dental	N/A

Masterton, G; Evans, N. (2024). Do we fully understand the impact of cosmetic surgery on our NHS and are we planning for the increased burden? . <i>JPRAS</i> . 88, p.500. [Online]. Available at: https://doi.org/10.1016/j.bjps.2023.11.044 [Accessed 12 January 2024].	Letters/comments/editorials /book reviews	Medical and Dental	2.7
Masterton, G; Evans, N. (2024). Letter to the editor regarding are plastic surgery trainees accurate assessors of their own microsurgical skill? . <i>JPRAS Open</i> . 39, pp.93-94. [Online]. Available at: https://doi.org/10.1016/j.jpra.2023.12.001 [Accessed 12 January 2024].	Letters/comments/editorials /book reviews	Medical and Dental	1.3
McNulty, S; Milne, R; Gallagher, C; Pankajar, S; Christian, S; Davies, H; Bujawansa, S. (2023). P137 Follow up screening for diabetes after gestational diabetes 2019 versus 2022 . <i>Diabetic Medicine</i> . 40(S1), pp.94-95. [Online]. Available at: https://doi.org/10.1111/dme.15048 [Accessed 31 July 2023].	Conference abstracts/posters	Medical and Dental	3.5
McNulty, S; Westall, S; Narayanan, RP; Irving, G; Furlong, N; Bujawansa, S; T; Cardwell, J; Hardy, K et al. (2023). P303 Explicit glycated haemoglobin goals improve subsequent HbA1c levels with no impact on health-related quality of life . <i>Diabetic Medicine</i> . 40(S1), pp.158-159. [Online]. Available at: https://doi.org/10.1111/dme.15048 [Accessed 31 July 2023].	Conference abstracts/posters	Medical and Dental	3.5
Meah, NA; Wai, H; Bhamidipati, KR. (2022). COVID-19 related myopericarditis and cardiac tamponade: a diagnostic conundrum . <i>The British Journal of Cardiology</i> . 29(4), pp.155-157. [Online]. Available at: https://bjcardio.co.uk/2022/11/covid-19-related-myopericarditis-and-cardiac-tamponade-a-diagnostic-conundrum/ [Accessed 30 October 2023]	Case studies/Case series	Medical and Dental	N/A
Milne, R; McNulty, S; Pankaja, S; Davies, H; Gallagher, C; Christian, S; Bujawansa, S. (2023). P280 pact of introducing an intensive support package alongside continuous glucose monitoring on neonatal outcomes and on glycaemic control of pregnant women with type 1 diabetes: A single-centre retrospective study . <i>Diabetic Medicine</i> . 40(Suppl 1), p.150. [Online]. Available at: https://doi.org/10.1111/dme.15048 [Accessed 11 July 2023]	Conference abstracts/posters	Nursing and Midwifery	3.5
Mohan, R; Kwaees, T; Thomas, T; Pydisetty, R. (2023). Cohort study of short-term outcomes after ACL-reconstruction using autograft with internal brace reinforcement versus isolated autograft demonstrating no significant difference . <i>Journal of Orthopaedics</i> . 43, pp.115-120. [Online]. Available at: https://doi.org/10.1016/j.jor.2023.07.030 [Accessed 15 December 2023]	Research Article	Medical and Dental	1.5

Moori, P; Cappuyns, L; Shokrollahi, K. (2024). Carbon dioxide laser for precise and bloodless contouring of soft tissue ahead of skin grafting—A case example of technique and benefits. <i>JPRAS Open</i> . 40, pp.106-110. [Online]. Available at: https://doi.org/10.1016/j.jpra.2024.02.009 [Accessed 4 April 2024]	Research Article	Medical and Dental	1.3
Moussa, A; Meah, N et al. (2024). The Alopecia Areata Severity and Morbidity Index (ASAMI) Study: Results From a Global Expert Consensus Exercise on Determinants of Alopecia Areata Severity. <i>JAMA Dermatology</i> . epub 7 Feb. [Online]. Available at: 10.1001/jamadermatol.2023.5869 [Accessed 8 March 2024]	Research Article	Medical and Dental	10.9
Munir, U; Mabrouk, A; Morgan, S. (2024). Hallux Varus. [Online]. <i>StatPearls</i> . Last Updated: 08 August 2023. Available at: https://www.ncbi.nlm.nih.gov/books/NBK470261/ [Accessed 4 April 2024]	Research Article	Medical and Dental	N/A
Munir, U; Tafti, D; Morgan, S. (2024 Jan). Morton Neuroma. [Online]. <i>StatPearls</i> . Last Updated: 22 May 2023. Available at: https://www.ncbi.nlm.nih.gov/books/NBK470249/ [Accessed 4 April 2024]	Research Article	Medical and Dental	N/A
Naraen, A. (2023). Management of osteoarthritis and joint problems in semi-rural India. <i>Aging Clinical and Experimental Research</i> . 35(1). [Online]. Available at: https://dx.doi.org/10.1007/s40520-023-02442-7 [Accessed 3 January 2024].	Conference abstract/posters	Medical and Dental	4
Nelson, A; Taghizadeh, R. (2023). The Patient Demographic Details of Referrals for Risk Reducing Breast Surgery and Reconstruction to St Helen's and Knowsley Teaching Hospitals Over a 5 Year Period. <i>British Journal of Surgery</i> . 110(Suppl 7). [Online]. Available at: https://dx.doi.org/10.1093/bjs/z... [Accessed 5 January 2024].	Conference abstract/posters	Medical and Dental	9.6
Ntaios, G, Abdul-Rahim, A et al. (2023). Risk of myocardial infarction and ischemic stroke in individuals with first-diagnosed paroxysmal vs. non-paroxysmal atrial fibrillation under anticoagulation. <i>EP Europace</i> . 25(6), p.euad143. [Online]. Available at: https://doi.org/10.1093/europace/euad143 [Accessed 8 June 2023].	Research Article	Medical and Dental	6.1
Okecha, E; Alabi, M; Reddin, J; Harris, S; McKiernan, J; Bateman, A; Fishwick, L; Thomson-Glover, R.(2023). P039 Adult onset Varicella zoster infection presenting as probable Mpox (Monkeypox). <i>Sexually Transmitted Infections</i> . 99(Suppl 1), pp.A41-A42. [Online]. Available at: https://dx.doi.org/10.1136/sextrans-BASHH-2023.79 [Accessed 3 January 2024]	Conference abstract/posters	Medical and Dental	3.6

Pairo-Castineira, E; Shuker, K (Collaborator); Tridente, A (Collaborator) et al. (2023). GWAS and meta-analysis identifies 49 genetic variants underlying critical COVID-19. <i>Nature</i> . 617(7962), pp.764-768. [Online]. Available at: https://doi.org/10.1038/s41586-023-06034-3 [Accessed 12 January 2024]	Research Article	Nursing and Midwifery	N/A
Patel, R; Nwachukwu, O et al. (2023). Association Between Depression and Anxiety Status With Uptake of Colorectal Cancer Screening Among US Adults: A Population-Level Study. <i>Cureus</i> . 15(7), Article Number: e42659. [Online]. Available at: https://doi.org/10.7759/cureus.42659 [Accessed 21 December 2023]	Research Article	Medical and Dental	N/A
Patel, R; Nwachukwu, O; et al. (2023). Association Between Depression and Anxiety Status With Uptake of Colorectal Cancer Screening Among US Adults: A Population-Level Study. <i>Cureus</i> . 15(7). [Online]. Available at: https://dx.doi.org/10.7759/cureus.42659 [Accessed 3 January 2024].	Research Article	Medical and Dental	N/A
Pina, I; Omar, A; Floyd Jr MS. (2023). Letter to the editor: Comparison of perineal urethrostomy versus augmentation urethroplasty in anterior stricture disease. <i>Urologia Journal</i> . Epub 23 September [Online]. Available at: https://dx.doi.org/10.1177/03915603231199809 [Accessed 04 January 2023]	Letters/comments/editorials /book reviews	Medical and Dental	N/A
Pina, IM; Floyd Jr, MS. (2023). 2nd stage Urethroplasty for distal Urethral BXO. <i>European Urology Open Science</i> . 55(Suppl 1), p.S27. [Online]. Available at: https://doi.org/10.1016/S2666-1683(23)00992-8 [Accessed 4 April 2024]	Conference abstract/posters	Medical and Dental	2.5
Pina, IM; Floyd Jr, MS. (2023). Demographics and Outcomes of 1st stage BUMG Urethroplasty for BXO: The Whiston Hospital experience. <i>European Urology Open Science</i> . 55(Suppl 1), p.S8. [Online]. Available at: https://doi.org/10.1016/S2666-1683(23)00943-6 [Accessed 4 April 2024]	Conference abstract/posters	Medical and Dental	2.5
Qizilbash, N; Kataria, H; et al. (2023). Real world safety of methoxyflurane analgesia in the emergency setting: a comparative hybrid prospective-retrospective post-authorisation safety study. <i>BMC Emergency Medicine</i> . 23(1), p.100. [Online]. Available at: https://dx.doi.org/10.1186/s12873-023-00862-2 [Accessed 3 January 2024].	Research Article	Medical and Dental	N/A
Ridgley, J; Harper Machin, A; et al. (2023). Handwritten Operative Note Compliance in Plastic Surgery. <i>British Journal of Surgery</i> . 110(Suppl 7). [Online]. Available at: https://dx.doi.org/10.1093/bjs/znad258.165 [Accessed 5 January 2024].	Conference abstract/posters	Medical and Dental	9.6

Ross, M; et al. (2023). Evaluation of the 'Clicky' Hip in the Diagnosis of Developmental Dysplasia of the Hip (DDH). <i>British Journal of Surgery</i> . 110(Suppl 7). [Online]. Available at: https://dx.doi.org/10.1093/bjs/znad258.687 [Accessed 5 January 2024].	Conference abstract/posters	Medical and Dental	9.6
Ross, M; Gul, A; Kalaiselvan, R; Yasin U. (2023). An Audit to Evaluate the Prevalence and Efficiency of the 'Acute Abdomen Pathway' Proforma Used in a Large District General Hospital. <i>British Journal of Surgery</i> . 110(Suppl 7). [Online]. Available at: https://dx.doi.org/10.1093/bjs/znad258.126 [Accessed 5 January 2024].	Conference abstract/posters	Medical and Dental	9.6
Russell, M; Pritchard-Jones, R et al. (2024). Accuracy of PET/CT in the diagnosis of pelvic lymph node metastases in melanoma: A subgroup analysis of the evaluation of groin lymphadenectomy extent for metastatic melanoma (EAGLE-FM) trial. <i>European Journal of Surgical Oncology</i> . 50(2), p.107397. [Online]. Available at: https://www.ejso.com/article/S0748-7983(23)01035-1/abstract [Accessed 4 April 2024]	Conference abstract/posters	Medical and Dental	3.8
Shaw, L; McLintock, S; Evans, K et al. (2023). 165 A NICE accredited guideline for the management of malignant ascites. <i>BMJ Supportive & Palliative Care</i> . 13(Suppl 3), p.A70. [Online]. Available at: https://spcare.bmj.com/content/13/Suppl_3/A70.2 [Accessed 12 September 2023]	Conference abstract/posters	Medical and Dental	2.7
Shokrollahi, K. (2022). Commentary on: Utilization of Free Soft Tissue Grafts in Otoplasty: A Simple Yet Effective Way to Avoid Suture Extrusion. <i>Aesthetic Surgery Journal</i> . 42(9), pp.NP576-NP578. [Online]. Available at: https://doi.org/10.1093/asj/sjac152 [Accessed 29 June 2023].	Letters/comments/editorials /book reviews	Medical and Dental	3.1
Shokrollahi, K. (2023). Commentary on: Repair of Congenitally Defective Types of Earlobe Clefts With Residual Lobular Tissue: A Convenient and Effective Surgical Technique. <i>Aesthetic Surgery Journal</i> . 43(10), p.NP737. [Online]. Available at: https://doi.org/10.1093/asj/sjad227 [Accessed 12 January 2024]	Letters/comments/editorials /book reviews	Medical and Dental	3.1
Shuker, K (Collaborator); Tridente, A. (Collaborator)(2023). A second update on mapping the human genetic architecture of COVID-19. <i>Nature</i> . 621(7977), pp.E7-E26. [Online]. Available at: https://doi.org/10.1038/s41586-023-06355-3 [Accessed 21 February 2024]	Research Article	Nursing and Midwifery	N/A
Sigamoney, KH; Naji, S; Hassan, Z; McArthur, P. (2024). Use of Botulinum Toxin Injections in the Treatment of Cold Intolerance. <i>Journal of Hand Surgery Global Online</i> . epub 28 Feb. [Online]. Available at: https://doi.org/10.1016/j.jhsg.2024.01.014 [Accessed 4 April 2024]	Case studies/Case series	Medical and Dental	0.8

Simoni, A H; Abdul-Rahim, A H; Et al. (2023). Social determinants of health and clinical outcomes among patients with atrial fibrillation: evidence from a global federated health research network. <i>QJM: An International Journal of Medicine</i> . Epub(23). [Online]. Available at: https://doi.org/10.1093/qjmed/hcad275 [Accessed 25 January 2024].	Research Article	Medical and Dental	13.3
Simoni, AH; Abdul-Rahim, AH et al. (2023). Social determinants of health and clinical outcomes among patients with atrial fibrillation: evidence from a global federated health research network. <i>QJM: An International Journal of Medicine</i> . epub 7 Dec. [Online]. Available at: https://doi.org/10.1093/qjmed/hcad275 [Accessed 8 February 2024]	Research Article	Medical and Dental	13.3
Stanley, S; Thompson, A et al. (2024). How can technology be used to support communication in palliative care beyond the covid-19 pandemic: a mixed-methods national survey of palliative care healthcare professionals. <i>BMC Palliative Care</i> . 23(.), p.Article number 40. [Online]. Available at: https://doi.org/10.1186/s12904-024-01372-z [Accessed 8 March 2024]	Research Article	Medical and Dental	N/A
Subbe, C; Varia, R; et al. (2023). Society for Acute Medicine's Patients: Learning from Experience Report (SAM-PLER) A service evaluation of patient reported experience in Acute Medicine - establishing the feasibility of a quality improvement collaborative. <i>Acute Medicine Journal</i> . 22(3), pp.109-168. [Online]. Available at: https://doi.org/10.52964/AMJA.0948 [Accessed 4 January 2024].	Research Article	Medical and Dental	N/A
Taylor, J; Michaels, SB; Hatton, DA; Caton, J; Cardwell, J; Balafashan, T; Hardy, KJ; Strong, A; Bujawansa, S. (2023). A62 (P227) Risk of 12-month mortality following a severe inpatient hypoglycaemic event: A single centre retrospective study from the North-West of England. <i>Diabetic Medicine</i> . 40(S1), p.35. [Online]. Available at: https://onlinelibrary.wiley.com/doi/10.1111/dme.15047 [Accessed 31 July 2023]	Conference abstracts/posters	Nursing and Midwifery	3.5
Thomas, V. (2023). The importance of creating a positive learning environment for student nurses: the value of good quality nurse education and the influence this has in future practice. <i>Dermatological Nursing</i> . 22(4), pp.29-31	Letters/comments/editorials /book reviews	Nursing and Midwifery	N/A
Thompson, A and Beck, D. (A38). 80 Developing a hospital based transition MDT in an acute teaching hospital. <i>BMJ Supportive & Palliative Care</i> . 14(Suppl 2). [Online]. Available at: https://spcare.bmj.com/content/14/Suppl_2/A38 [Accessed 21 March 2024]	Conference abstract/posters	Medical and Dental	2.7

Thompson, JV; McLenaghan, D et al. (2023). External validation of the Oldham composite Covid-19 associated mortality model (OCCAM), a prognostic model for death in patients hospitalised with Covid-19. <i>Infectious Diseases Now</i> . 53(6), p.104722. [Online]. Available at: https://doi.org/10.1016/j.idnow.2023.104722 [Accessed 11 July 2023]	Research Article	Medical and Dental	3.5
Ting, DSJ et al. (2023). The Royal College of Ophthalmologists' National Ophthalmology Database study of cataract surgery: report 16, influence of remuneration model on choice of intraocular lens in the UK. <i>Eye</i> . 37(18), pp.3854-3860. [Online]. Available at: https://doi.org/10.1038/s41433-023-02665-y [Accessed 1 March 2024] STHK provided data	Research Article	APST	N/A
Tivey, A; Nicholson, T et al. (2023). Ibrutinib as first line therapy for mantle cell lymphoma: A multicentre, real-world UK study. <i>Blood Advances</i> . epub 21 Dec. [Online]. Available at: https://doi.org/10.1182/bloodadvances.2023011152 [Accessed 2 February 2024]	Research Article	Medical and Dental	7.5
Tume, LN; Beech, G; Chi, T et al. (2023). Association between enteral feeding and gastrointestinal complications in children receiving extracorporeal life support: A retrospective cohort study. <i>Journal of parenteral and enteral nutrition</i> . epub 31 May. [Online]. Available at: https://doi.org/10.1002/jpen.2528 [Accessed 11 July 2023]	Research Article	Medical and Dental	3.4
Waheed, U; Narayanan, RP et al. (2023). Changes in prescribing of psychotropic vs some physical health medication in primary care through the COVID-19 pandemic. <i>Journal of Pharmaceutical Policy and Practice</i> . 16(1), p.169. [Online]. Available at: https://dx.doi.org/10.1186/s40545-023-00655-9 [Accessed 21 February 2024]	Research Article	Medical and Dental	4.2
Wald, R et al; Tridente, A; Harrop, C; Shuker, K (Collaborators). (2023). Initiation of continuous renal replacement therapy versus intermittent hemodialysis in critically ill patients with severe acute kidney injury: a secondary analysis of STARTR-AKI trial. <i>Intensive Care Medicine</i> . 49, pp.1305-1316. [Online]. Available at: https://doi.org/10.1007/s00134-023-07211-8 [Accessed 4 April 2024]	Research Article	Medical and Dental	38.9
Waterworth, R; Franklin, M et al. (2023). Current concepts in the management of "Terrible Triad" injuries of the elbow. <i>Injury</i> . 54(8), p.110889. [Online]. Available at: https://doi.org/10.1016/j.injury.2023.110889 [Accessed 30 October 2023]	Research Article	Medical and Dental	2.5

Westall, S; Narayanan, RP; Irving, G; Furlong, N; McNulty, S; Bujawansa, S; Bala. (2023). P300 Setting explicit glycated haemoglobin goals improves diabetes-related distress, self-efficacy and wellbeing. <i>Diabetic Medicine</i> . 40(Suppl 1), p.157. [Online]. Available at: https://onlinelibrary.wiley.com/doi/10.1111/dme.15048 [Accessed 11 September 2023]	Conference abstracts/posters	Medical and Dental	3.5
Westall, SJ; Narayanan, RP; Irving, G; Furlong, N; McNulty, S; Bujawansa, S; Cardwell, J; Hardy, K et al. (2023). P302 Glycated haemoglobin targets: The experiences and views of people with diabetes and diabetes healthcare professionals. <i>Diabetic Medicine</i> . 40(S1), p.158. [Online]. Available at: https://onlinelibrary.wiley.com/doi/10.1111/dme.15048 [Accessed 31 July 2023].	Conference abstracts/posters	Medical and Dental	3.5
Win, M et al. (2023). 220 A Systematic Review on Under-Recognized Condition: Duodenogastric Reflux After Cholecystectomy. <i>British Journal of Surgery</i> . 110(Suppl 7), pp.vii106-vii107. [Online]. Available at: https://doi.org/10.1093/bjs/znad258.449 [Accessed 12 January 2024]	Conference abstract/posters	Medical and Dental	9.6
Win, M; Ngo, V; Jeyam, T; Rajaganeshan,R; et al. (2023). Single-Centre Review on Incisional Hernia After Laparoscopic Anterior Resection: What Is the Ideal Incision for Specimen Extraction? <i>British Journal of Surgery</i> . 110(Suppl 7). [Online]. Available at: https://dx.doi.org/10.1093/bjs/znad258.329 [Accessed 5 January 2024].	Conference abstract/posters	Medical and Dental	9.6
Win, M; Ngo, V; Rajaganeshan, R. (2023). O132 Preliminary results of radiofrequency ablation for haemorrhoidal disease at a district general hospital. <i>BJS</i> . 110(Suppl 3), p.iii35. [Online]. Available at: https://academic.oup.com/bjs/article/110/Supplement_3/znad101.132/7159101?login=false [Accessed 12 September 2023]	Conference abstracts/posters	Medical and Dental	9.6
Yong, L et al. (2023). PP-306 An adipose derived decellularised extracellular matrix as a biomaterial for tissue engineering of soft tissue. <i>Tissue Engineering Part A</i> . 29(13 and 14). [Online]. Available at: https://doi.org/10.1089/ten.tea.2023.29043.abstract [Accessed 21 December 2023]	Conference abstract/posters	Medical and Dental	4.1
Yoo, LJH; Meah, N; Wall, D; McDonald, I. (2024). Diffuse Lichen Planopilaris Masquerading as Diffuse Alopecia Areata. <i>Case Reports in Dermatology</i> . 16(1), pp.83-87. [Online]. Available at: https://doi.org/10.1159/000538064 [Accessed 5 April 2024]	Case studies/Case series	Medical and Dental	0.9

<p>Zhang, M; Fox, M. (2023). P26 Standardising outpatient care for primary biliary cholangitis patients in a hospital trust. <i>Gut.</i> 72(Suppl 2), pp.A59-A60. [Online]. Available at: https://gut.bmj.com/content/72/Suppl_2/A59.2 [Accessed 15 December 2023]</p>	<p>Conference abstracts/posters</p>	<p>Medical and Dental</p>	<p>24.5</p>
--	-------------------------------------	---------------------------	-------------

APPENDIX 3 - Staff Publications – 2023-2024 Southport & Ormskirk site

- **Article**

The articles included in this document were discovered (through alerts set up on various medical databases or via staff informing us of a new publication) between April 2023 and the end of March 2024. Please note the publication date given as they may have been published outside of these dates (it can take a long time for articles to appear in databases). We always include the articles within the year we discovered them as they will not have been included in the previous year's data)

- **Article type**

This can be one of the following:

- Conference abstracts/posters
- Case studies/Case series (including ones with lit reviews)
- Research articles (any type of research, including qualitative and systematic reviews)
- Letters/comments/editorials/book reviews

- **Staff Group**

- This is based on ESR Staff Groups.
- The staff group selected is based on either the staff group of the corresponding author (if STHK staff) or from the first name STHK author in the author list.
- The term collaborator is used for a member of staff listed as part of a research group participating in the research article, but not listed as an author.

- **Impact Factor**

- This is taken from the relevant journal's website and is correct on the day the article was added to the staff publications list.
- If an impact factor isn't provided on the journal's website it will be listed as 'not available' (NA)
- Some journals only provide a 2-Year and 5-Year Impact Factor, these are also listed here as 'not available' (NA)

Reference	Article Type	Professional Group	1-Year Impact Factor
Abdolmohammadpour Bonab, H.; Iyengar, KP. et al. (2023). Is there a change in ischiofemoral space in lateral position in comparison to supine. <i>European Journal of Anatomy.</i> 27(6), pp.723-728. [Online]. Available at: https://doi.org/10.52083/OAQD8529 [Accessed 2 April 2024].	Research Article	Medical & Dental	
Adeniyi, F.; Oyedokun, K. (2023). Is cuffed endotracheal intubation in neonates a safe practice?. <i>Infant.</i> 19(4), pp.145-148. [Online]. Available at: https://www.infantjournal.co.uk/journal_article.html?id=7365 [Accessed 27 February 2024].	Research Article	Medical & Dental	NA
Ahmed, HE et al; Lever, C (Collaborator); Sood, A (Collaborator); Moss, M (Collaborator); Khatir, M (Collaborator). (2023) Lack of regional pathways impact on surgical delay: Analysis of the Orthopaedic Trauma Hospital Outcomes-Patient Operative Delays (ORTHOPOD) study. <i>Injury.</i> 54 (12), p.111007 [Online]. Available at: https://doi.org/10.1016/j.injury.2023.111007 [Accessed 26 February 2024]	Research Article	Medical & Dental	2.5
Ahmed, M.; Iyengar, KP. et al. (2023). The role of Grey Scale Inversion Imaging (GSII) as a diagnostic tool of neck of femur fractures: is it more effective?. <i>Emergency Radiology.</i> 30, pp.419-423. [Online]. Available at: http://dx.doi.org/10.1007/s10140-023-02146-5 [Accessed 28 February 2024].	Research Article	Medical & Dental	2.2
Ahmed, S; Nune, A; Gupta, L; Kuwana, M; Pauling, JD; Day, J; Ravichandran, N et al. (2024). Correlates of breakthrough COVID-19 in vaccinated patients with systemic sclerosis: survival analysis from a multicentre international patient-reported survey. <i>Rheumatology International.</i> 44(1), pp.89-97. [Online]. Available at: 10.1007/s00296-023-05433-z [Accessed 21 February 2024].	Research Article	Medical & Dental	4
Ajay, A; Ajay, H; Rasoul, D; Abdullah, A; Lee Wei En, B; Mashida, K; Al-Munaer, M et al. (2023). Augmentation of natriuretic peptide (NP) receptor A and B (NPR-A and NPR-B) and cyclic guanosine monophosphate (cGMP) signalling as a therapeutic strategy in heart failure. <i>Expert Opinion on Investigational Drugs.</i> 32(12), pp.1157-70. [Online]. Available at: 10.1080/13543784.2023.2290064 [Accessed 21 February 2024].	Research Article	Medical & Dental	6.1
Ajmera, P.; Iyengar, KP. et al. (2024). Validity of ChatGPT-generated musculoskeletal images. <i>Skeletal Radiology.</i> [Online]. Available at: https://doi.org/10.1007/s00256-024-04638-y [Accessed 2 April 2024].	Research Article	Medical & Dental	2.1

Reference	Article Type	Professional Group	1-Year Impact Factor
Alexopoulou, V.; McCaffrey, L.; McCabe, M.; Ng, SM. (2023). P1-438 A qualitative study of knowledge, attitudes and perceptions of new diabetes technologies in A&E department. <i>Hormone Research in Paediatrics</i> . 96(Suppl. 4), pp.203-204. [Online]. Available at: https://doi.org/10.1159/000533803 [Accessed 28 February 2024].	Conference abstracts/posters	Medical & Dental	3.2
Ali, SS.; Nune, A. et al. (2023). Flares after COVID-19 infection in patients with idiopathic inflammatory myopathies: results from the COVAD study. <i>Rheumatology (Oxford)</i> . 62(9), pp.e263-e268. [Online]. Available at: https://doi.org/10.1093/rheumatology/kead149 [Accessed 27 February 2024].	Research Article	Medical & Dental	5.5
AlSumadi, M.; AlAdwan, M.; Sangani, C.; Toh, E. et al. (2023). Inpatient Falls and Orthopaedic Injuries in Elderly Patients: A Retrospective Cohort Analysis From a Falls Register. <i>Cureus</i> . 15(10), p.e46976. [Online]. Available at: https://doi.org/10.7759/cureus.46976 [Accessed 27 February 2024].	Research Article	Medical & Dental	
Andreoli, L.; Nune, A. et al. (2023). COVID-19 vaccine safety during pregnancy and breastfeeding in women with autoimmune diseases: results from the COVAD study. <i>Rheumatology (Oxford)</i> . Jul 28(Online ahead ofprint), p.-. [Online]. Available at: https://doi.org/10.1093/rheumatology/kead382 [Accessed 27 February 2024].	Research Article	Medical & Dental	5.5
Ariyaratne, S.; Iyengar, KP. et al. (2023). A comparison of ChatGPT-generated articles with human-written articles. <i>Skeletal Radiology</i> . 52(9), pp.1755-1758. [Online]. Available at: https://doi.org/10.1007/s00256-023-04340-5 [Accessed 27 February 2024].	Research Article	Medical & Dental	2.1
Ariyaratne, S.; Iyengar, KP. et al. (2023). A rare case of an intraneural ganglion cyst of the median nerve. <i>Journal of Ultrasonography</i> . 23(94), pp.e161-e164. [Online]. Available at: https://doi.org/10.15557/jou.2023.0025 [Accessed 27 February 2024].	Case Studies/Case series	Medical & Dental	1.1
Ariyaratne, S.; Iyengar, KP. et al. (2023). ChatGPT in academic publishing: An ally or an adversary?. <i>Scottish medical journal</i> . 68(3), pp.129-30. [Online]. Available at: https://doi.org/10.1177/00369330231174231 [Accessed 27 February 2024].	Letters/comments/editorials/book reviews	Medical & Dental	2.7
Ariyaratne, S.; Iyengar, KP. et al. (2023). Will collaborative publishing with ChatGPT drive academic writing in the future?. <i>British Journal of Surgery</i> . 110(9), pp.1213-1214. [Online]. Available at: https://doi.org/10.1093/bjs/znad198 [Accessed 28 February 2024].	Letters/comments/editorials/book reviews	Medical & Dental	9.6

Reference	Article Type	Professional Group	1-Year Impact Factor
Ariyaratne, S.; Iyengar, KP. et al. (Online 25 March 2024). An Unusual Case of Calcific Periarthritis Causing Carpal Tunnel Syndrome and Its Management with Ultrasound-Guided Barbotage. <i>Indian Journal of Radiology and Imaging</i> . [Online]. Available at: 10.1055/s-0043-1778650 [Accessed 2 April 2024].	Research Article	Medical & Dental	0.6
Ariyaratne, S; Iyengar, KP; Jenko, N; James, S; Mehta, J; Botchu, R. (2023). Primary Benign Neoplasms of the Spine. <i>Diagnostics (Basel, Switzerland)</i> . 13(12), p.2006. [Online]. Available at: 10.3390/diagnostics13122006 [Accessed 21 February 2024].	Research Article	Medical & Dental	3.6
Ariyaratne, S; Iyengar, KP; Jenko, N; James, S; Mehta, J; Botchu, R. (2023). Primary Osseous Malignancies of the Spine. <i>Diagnostics (Basel, Switzerland)</i> . 13(10), p.1801. [Online]. Available at: 10.3390/diagnostics13101801 [Accessed 21 February 2024].	Research Article	Medical & Dental	3.6
Ariyaratne, S; Iyengar, KP; Jenko, N; Davies, AM; Botchu, R. (2023). Could ChatGPT Pass the UK Radiology Fellowship Examinations?. <i>Academic Radiology</i> . Online(Ahead of Print), p.-. [Online]. Available at: 10.1016/j.acra.2023.11.026 [Accessed 21 February 2024].	Research Article	Medical & Dental	4.8
Atayi, AA.; Khadr, RN.; Floyd Jr, MS. et al. (2023). Letter to the editor: Classification and management of sexual dysfunctions in multiple sclerosis patients: A review of current literature, Competella et al. <i>Urologia</i> . Online ahead of print. [Online]. Available at: https://doi.org/10.1177/03915603231199529 [Accessed 27 February 2024].	Letters/comments/editorials/book reviews	Medical & Dental	0.8
Avades, T.; Black, R.; Shami, N.; Maher, E.; Finnegan, C.; Dawson, K. (2023). P35 Improving clinical relationship between palliative care and hepatology services: a DGH experience. <i>Gut</i> . 72(Suppl. 2), pp.A63-A64. [Online]. Available at: https://doi.org/10.1136/gutjnl-2023-BSG.107 [Accessed 27 February 2024].	Conference abstracts/posters	Medical & Dental	24.5
Black, C et al; Oliver, A (Collaborator). (2023). Feasibility of mobilisation in ICU: a multi-centre point prevalence study of mobility practices in the UK. <i>Critical Care</i> . 27(1), p.Article Number: 217. [Online]. Available at: https://doi.org/10.1186/s13054-023-04508-4 [Accessed 1 March 2024]	Research Article	AHP	NA
Blake, I.; Mason, PF. (2023). 275 The Declining Elective Workload of a Consultant Surgeon. <i>British Journal of Surgery</i> . 110(Suppl. 7), p.vii94. [Online]. Available at: https://doi.org/10.1093/bjs/znad258.399 [Accessed 28 February 2024].	Conference abstracts/posters	Medical & Dental	9.6

Reference	Article Type	Professional Group	1-Year Impact Factor
Bonab, HA.; Treytyak, D.; Nischal, N.; Iyengar, KP.; Botchu, R. (2023). Imaging in Sports Medicine . <i>Journal of Arthroscopy and Joint Surgery</i> . 10(2), pp.62-69. [Online]. Available at: 10.4103/jajs.jajs_1_23 [Accessed 26 February 2024].	Research Article	Medical & Dental	NA
Botchu, B.; Iyengar, KP.; Botchu, R. (2023). Can ChatGPT empower people with dyslexia? . <i>Disability and Rehabilitation : Assistive Technology</i> . Online ahead of print(Sep 12), pp.1-2. [Online]. Available at: https://doi.org/10.1080/17483107.2023.2256805 [Accessed 27 February 2024].	Letters/comments/editorials/book reviews	Medical & Dental	2.2
Botchu, R.; Iyengar, KP. (2023). Will ChatGPT Drive Radiology in the Future? . <i>Indian Journal of Radiology and Imaging</i> . 33(4), pp.436-437. [Online]. Available at: https://doi.org/10.1055/s-0043-1769591 [Accessed 28 February 2024].	Letters/comments/editorials/book reviews	Medical & Dental	0.6
Botchu, R.; Iyengar, KP. et al. (2023). Iliotibial band friction syndrome after knee cementoplasty: a case report . <i>Journal of Ultrasound</i> . Online ahead of print. [Online]. Available at: https://doi.org/10.1007/s40477-023-00792-6 [Accessed 27 February 2024].	Case Studies/Case series	Medical & Dental	2
Botchu, R.; Nischal, N.; Botchu, B.; Iyengar, KP. (2023). Piggyback Technique-A Safe Way of Performing Rib Biopsy . <i>Indian Journal of Radiology and Imaging</i> . 33(4), pp.541-542. [Online]. Available at: 10.1055/s-0043-1768642 [Accessed 26 February 2024].	Research Article	Medical & Dental	0.6
Challapalli, P.; Gokul, K.; Artioukh, D. (2023). 877 Utility Value of Colonoscopy in the Over 80's . <i>British Journal of Surgery</i> . 110(Suppl. 7), pp.vii37-vii38. [Online]. Available at: https://doi.org/10.1093/bjs/znad258.152 [Accessed 28 February 2024].	Conference abstracts/posters	Medical & Dental	9.6
Chatterjee, T; Nune, A; Ravichandran, N; Nair, N; Gracia-Ramos, AE; Barman, B et al. (2024). Type 1 diabetes, COVID-19 vaccines and short-term safety: Subgroup analysis from the global COVAD study . <i>Journal of Diabetes Investigation</i> . 15(1), pp.131-138. [Online]. Available at: 10.1111/jdi.14079 [Accessed 21 February 2024].	Research Article	Medical & Dental	3.2
Chaudhuri, T.; George, A. (2023). 1241 A Review: How Is Anatomy Best Taught in Postgraduate Surgical Education? . <i>British Journal of Surgery</i> . 110(Suppl. 7), p.vii147. [Online]. Available at: https://doi.org/10.1093/bjs/znad258.617 [Accessed 27 February 2024].	Conference abstracts/posters	Medical & Dental	9.6

Reference	Article Type	Professional Group	1-Year Impact Factor
Chiong, J. et al. (2023). 160 An audit of guideline directed medical therapy initiation for patients admitted to hospital for an acute decompensation of heart failure. <i>Heart</i> . 109(Suppl. 3), pp.A187-A188. [Online]. Available at: https://doi.org/10.1136/heartjnl-2023-BCS.160 [Accessed 27 February 2024].	Conference abstracts/posters	Medical & Dental	5.7
Day, H.; Quinn, M.; McCaffrey, L.; Kyprios, H.; Hubbard, R.; Finnigan, L.; Pintus, D.; Bray, D.; Ng, SM. (2023). School based training and education program with psychological and peer support (STEPPS) initiative for children and young people living with type 1 diabetes. <i>Diabetic Medicine</i> . 40(Suppl. 1), pp.120-121. [Online]. Available at: https://doi.org/10.1111/dme.15048 [Accessed 28 February 2024].	Conference abstracts/posters	Medical & Dental	3.5
Dey, M.; Nune, A. et al. (2023). Higher risk of short term COVID-19 vaccine adverse events in myositis patients with autoimmune comorbidities: results from the COVAD study. <i>Rheumatology (Oxford)</i> . 62(5), pp.e147-e152. [Online]. Available at: 10.1093/rheumatology/keac603 . [Accessed 26 February 2024].	Research Article	Medical & Dental	5.5
Dey, M; Nune, A et al. (2023). COVID-19 Vaccination-Related Delayed Adverse Events among Patients with Systemic Lupus Erythematosus. <i>Journal of Clinical Medicine</i> . 12(24), p.7542. [Online]. Available at: https://doi.org/10.3390/jcm12247542 [Accessed 26 February 2024].	Research Article	Medical & Dental	3.9
Doskaliuk, B.; Nune, A. et al. (2023). Long-term safety of COVID vaccination in individuals with idiopathic inflammatory myopathies: results from the COVAD study. <i>Rheumatology International</i> . 43(9), pp.1651-1664. [Online]. Available at: https://doi.org/10.1007/s00296-023-05345-y [Accessed 27 February 2024].	Research Article	Medical & Dental	4
Elsaid, M.; Nune, A. et al. (2023). Immune thrombocytopenic purpura after influenza vaccine administration; a systematic review and meta-analysis. <i>Tropical diseases, travel medicine and vaccines</i> . 9(1), p.22. [Online]. Available at: 10.1186/s40794-023-00206-9 . [Accessed 26 February 2024].	Research Article	Medical & Dental	NA
Elsaid, M.; Nune, A. et al. (2023). Multisystem Inflammatory Syndrome (MIS) following SARS-CoV-2 vaccinations; a systematic review. <i>Tropical diseases, travel medicine and vaccines</i> . 9(1), p.19. [Online]. Available at: 10.1186/s40794-023-00204-x . [Accessed 26 February 2024].	Research Article	Medical & Dental	NA

Reference	Article Type	Professional Group	1-Year Impact Factor
Gonnah, AR; Labib, A; Abdelwahab, M; Taylor, R; Masoud, O; Debski, M et al. (2023). Health-related quality of life following TAVI or cardiac surgery in patients at intermediate and low risk: a systematic review and meta-analysis. <i>Clinical Medicine (London, England)</i> . 23(6), pp.594-605. [Online]. Available at: 10.7861/clinmed.2023-0258 [Accessed 21 February 2024].	Research Article	Medical & Dental	4.5
Gopalarathinam, R.; Nawimana, S.; Nune, A. (2023). Axial spondylarthritis following COVID-19 infection. <i>BMJ Case Reports</i> . 16(5), p.-. [Online]. Available at: https://doi.org/10.1136/bcr-2022-252985 [Accessed 27 February 2024].	Case Studies/Case series	Medical & Dental	0.9
Grignaschi, S.; Nune, A. et al. (2023). High fatigue scores in patients with idiopathic inflammatory myopathies: a multigroup comparative study from the COVAD e-survey. <i>Rheumatology International</i> . 43(9), pp.1637-1649. [Online]. Available at: https://doi.org/10.1007/s00296-023-05344-z [Accessed 27 February 2024].	Research Article	Medical & Dental	4
Groves, K; Davidson, J; Birch, H; Hough, J. (2023). Improving assessments of family care-givers : Impact of staff education in a hospice at home service. <i>BMJ Supportive and Palliative Care</i> . 13(Supp 5), p.A75. [Online]. Available at: https://doi.org/10.1136/spcare-2023-HUNC.195 [Accessed 26 February 2024].	Conference abstracts/posters	Medical & Dental	2.7
Gupta, L.; Nune, A. et al. (2023). OA29 Flares following COVID-19 vaccination in patients with idiopathic inflammatory myopathies: combined analysis from the Covid-19 vaccination in autoimmune diseases (COVAD) studies. <i>Rheumatology (Oxford)</i> . 62(Suppl. 2), p.ii6. [Online]. Available at: https://doi.org/10.1093/rheumatology/kead104.029 [Accessed 27 February 2024].	Conference abstracts/posters	Medical & Dental	5.5
Gupta, L.; Nune, A. et al. (2023). P065 Post COVID-19 Syndrome in patients with autoimmune rheumatic diseases: Results from the COVID-19 Vaccination in Autoimmune Diseases (COVAD) Study. <i>Rheumatology (Oxford)</i> . 62(Suppl. 2), p.ii53. [Online]. Available at: https://doi.org/10.1093/rheumatology/kead104.106 [Accessed 28 February 2024].	Conference abstracts/posters	Medical & Dental	5.5
Hammond, A et al; Dooley, M (Collaborator). (2023). Perceptions of arthritis glove wear of patients with rheumatoid arthritis and persistent hand pain: A nested questionnaire study within the A-Gloves trial. <i>Musculoskeletal Care</i> .	Research Article	Medical & Dental	1.3

Reference	Article Type	Professional Group	1-Year Impact Factor
21(2), pp.405-416. [Online]. Available at: https://doi.org/10.1002/msc.1709 [Accessed 1 March 2024]			
Hegde, G.; Iyengar, KP. et al. (2023). Current role and future applications of image-guided interventional procedures in musculoskeletal oncology - A narrative review. <i>Journal of orthopaedics.</i> 44(-), pp.99-106. [Online]. Available at: https://doi.org/10.1016/j.jor.2023.08.011 [Accessed 27 February 2024].	Research Article	Medical & Dental	1.5
Holloway, A.; Nune, A. et al. (2023). AB0522 Evaluating global patterns in treatment and prevalence of comorbidities in systemic lupus erythematosus. <i>Annals of the Rheumatic Diseases.</i> 82(Suppl. 1), pp.1456-1458. [Online]. Available at: https://doi.org/10.1136/annrheumdis-2023-eular.3981 [Accessed 27 February 2024].	Conference abstracts/posters	Medical & Dental	27.4
Howard, T; Iyengar, KP; Vaishya, R; Ahluwalia, R. (2023). High-fidelity virtual reality simulation training in enhancing competency assessment in orthopaedic training. <i>British Journal of Hospital Medicine (London).</i> 84(9), pp.1-8. [Online]. Available at: 10.12968/hmed.2022.0360 [Accessed 21 February 2024].	Research Article	Medical & Dental	0.422
Hussein, M.; Iyengar, KP. et al. (2023). Validation of the supinator fat pad sign in radial head and neck fractures. <i>Emergency Radiology.</i> 30(5), pp.613-619. [Online]. Available at: https://doi.org/10.1007/s10140-023-02163-4 [Accessed 28 February 2024].	Research Article	Medical & Dental	2.2
Hussein, M.; Metcalfe, S.; Iyengar, KP.; Botchu, R. (2023). Bilateral Cubonavicular and Synchronous Talocalcaneal Tarsal Coalition with Stress Response—Case Report and Review of Literature. <i>Indian Journal of Radiology and Imaging.</i> [Online]. Available at: 10.1055/s-0043-1776064 [Accessed 26 February 2024].	Case Studies/Case series	Medical & Dental	0.6
Idkowiak, J.; Ng, SM. et al. (2023). P1-332 Results from learner’s feedback on the use of free, globally accessible CME-accredited e-learning modules in Paediatric Endocrinology and Diabetes. <i>Hormone Research in Paediatrics.</i> 96(4), p.347. [Online]. Available at: https://doi.org/10.1159/000533803 [Accessed 28 February 2024].	Conference abstracts/posters	Medical & Dental	3.2

Reference	Article Type	Professional Group	1-Year Impact Factor
Iyengar, KP. et al. (2023). Accessory Tibionavicular Muscle: An Unusual Cause of Medial Ankle Pain. <i>Indian Journal of Radiology and Imaging.</i> 33(4), pp.555-559. [Online]. Available at: https://doi.org/10.1055/s-0043-1769472 [Accessed 27 February 2024].	Case Studies/Case series	Medical & Dental	0.6
Iyengar, KP. et al. (2023). Birmingham Royal Orthopaedic Hospital (BROH) Femoral Offset-An Ancillary Measure of Adult Dysplasia of the Hip. <i>Indian Journal of Radiology and Imaging.</i> 33(4), pp.471-477. [Online]. Available at: https://doi.org/10.1055/s-0043-1769501 [Accessed 27 February 2024].	Research Article	Medical & Dental	0.6
Iyengar, KP. et al. (2023). Citation Trend Analysis of the articles published in the Journal of Orthopaedics®. <i>Journal of Orthopaedics.</i> 44(-), pp.33-35. [Online]. Available at: https://doi.org/10.1016/j.jor.2023.08.004 [Accessed 27 February 2024].	Letters/comments/editorials/book reviews	Medical & Dental	1.5
Iyengar, KP.; Vaishya, R. (2023). Article-level metrics: A new approach to quantify reach and impact of published research. <i>Journal of Orthopaedics.</i> 40, pp.83-86. [Online]. Available at: https://doi.org/10.1016/j.jor.2023.05.001 [Accessed 27 February 2024].	Research Article	Medical & Dental	1.5
Iyengar, KP.; Yousef, MMA. et al. (2023). Perception of Chat Generative Pre-trained Transformer (Chat-GPT) AI tool amongst MSK clinicians. <i>Journal of Clinical Orthopaedics and Trauma.</i> Article 102253. [Online]. Available at: https://doi.org/10.1016/j.jcot.2023.102253 [Accessed 28 February 2024].	Research Article	Medical & Dental	NA
Jagtap, K; Nune, A et al. (2023). Flares in autoimmune rheumatic diseases in the post-COVID-19 vaccination period-a cross-sequential study based on COVAD surveys. <i>Rheumatology (Oxford).</i> 62(12), pp.3838-3848. [Online]. Available at: 10.1093/rheumatology/kead144 . [Accessed 26 February 2024].	Research Article	Medical & Dental	5.5
Jeyaraman, M.; Iyengar, KP. et al. (2023). Silver nanoparticle technology in orthopaedic infections. <i>World Journal of Orthopaedics.</i> 14(9), pp.662-668. [Online]. Available at: https://doi.org/10.5312%2Fwjo.v14.i9.662 [Accessed 28 February 2024].	Research Article	Medical & Dental	1.9
Jeyaraman, M.; Iyengar, KP. et al. (2024). Impact of Excessive Noise Generation in Orthopaedic Operating Theatres: A Comprehensive Review. <i>Cureus.</i> 16(2), p.e54469. [Online]. Available at: 10.7759/cureus.54469 [Accessed 2 April 2024].	Research Article	Medical & Dental	

Reference	Article Type	Professional Group	1-Year Impact Factor
Jeyaraman, M.; Iyengar, KP. et al. (2024). Journal metrics of the top-ranked Orthopaedic, Medical, and Surgical journals - A cross-sectional, comparative study. <i>International Orthopaedics</i> . 48(2), pp.357-364. [Online]. Available at: https://doi.org/10.1007/s00264-023-06010-6 [Accessed 27 February 2024].	Research Article	Medical & Dental	2.7
Jeyaraman, M; Iyengar, KP; Selvaraj, P; Vaish, A; Vaishya, R. (2024). Journal metrics of the top-ranked Orthopaedic, Medical, and Surgical journals - A cross-sectional, comparative study. <i>International Orthopaedics</i> . 48(2), pp.357-364. [Online]. Available at: 10.1007/s00264-023-06010-6 [Accessed 21 February 2024].	Research Article	Medical & Dental	2.7
Kopec, E; Groves, K; Jack, B; Hough, J; Moen, C. (2023). Assessment and documentation of spiritual needs of hospice inpatients. <i>BMJ Supportive and Palliative Care</i> . 13(Supp 5), pp.A65-66. [Online]. Available at: https://doi.org/10.1136/spcare-2023-HUNC.170 [Accessed 26 February 2024].	Conference abstracts/posters	Medical & Dental	2.7
Korolchuk, M; Azam, M; Satchidanand, R. (2023). HPB P50 A comparison of layered vs mass closure in development of incisional hernia following Kocher's incision for open cholecystectomy, a retrospective analysis. <i>British Journal of Surgery</i> . 110(Supp 8), pp.viii62 - viii63. [Online]. Available at: https://doi.org/10.1093/bjs/znad348.188 [Accessed 26 February 2024].	Conference abstracts/posters	Medical & Dental	9.6
Kouranloo, K.; Nune, A. et al. (2023). A systematic review of the incidence, management and prognosis of new-onset autoimmune connective tissue diseases after Covid-19. <i>Rheumatology International</i> . 43(7), pp.1221-1243. [Online]. Available at: https://doi.org/10.1007/s00296-023-05283-9 [Accessed 27 February 2024].	Research Article	Medical & Dental	4
Kouranloo, K.; Nune, A. et al. (2023). P064 Incidence and Clinical Outcomes of New-onset Autoimmune Connective Tissue Diseases after COVID-19 Infection- A Systematic literature review. <i>Rheumatology (Oxford)</i> . 62(Suppl. 2), pp.ii51-ii52. [Online]. Available at: https://doi.org/10.1093/rheumatology/kead104.105 [Accessed 27 February 2024].	Conference abstracts/posters	Medical & Dental	5.5
Kouranloo, K; Nune, A et al. (2023). Clinical characteristics, disease trajectories and management of vacuoles, E1 enzyme, X-linked, autoinflammatory, somatic (VEXAS) syndrome : a systematic review. <i>Rheumatology International</i> . [Online]. Available at: https://doi.org/10.1007/s00296-023-05513-0 [Accessed 26 February 2024].	Research Article	Medical & Dental	4

Reference	Article Type	Professional Group	1-Year Impact Factor
Mahtab, A.; Parham, S.; Iyengar, KP.; Neha, N.; Botchu, R. (2023). Intraoperative Radiological Imaging: An Update on Modalities in Trauma and Orthopedic Surgery. <i>Journal of Arthroscopy and Joint Surgery.</i> 10(2), pp.54-61. [Online]. Available at: 10.4103/jajs.jajs_143_22 [Accessed 26 February 2024].	Research Article	Medical & Dental	NA
Maniarasu, S.; Elsayed, M.; Barker, H. (2023). 609 Improving Patient Counselling in Patients' With PI-RADS 3 Lesions with the Use of PSA Density, A Retrospective Study in a UK District General Hospital. <i>British Journal of Surgery.</i> 110(Suppl. 7), pp.vii172-vii173. [Online]. Available at: https://doi.org/10.1093/bjs/znad258.723 [Accessed 27 February 2024].	Conference abstracts/posters	Medical & Dental	9.6
Maniarasu, S.; McNicholas, DP.; Iordan, N. (2023). 147 Pre-Operative Urine Culture for Endourology Surgeries. <i>British Journal of Surgery.</i> 110(Suppl. 7), p.vii170. [Online]. Available at: https://doi.org/10.1093/bjs/znad258.712 [Accessed 28 February 2024].	Conference abstracts/posters	Medical & Dental	9.6
Maniarasu, S.; McNicholas, DP.; Mistry, R. (2023). 145 Patient Experience of Bladder Outlet Surgery During Covid-19 in a District General Hospital. <i>British Journal of Surgery.</i> 110(Suppl. 7), p.vii170. [Online]. Available at: https://doi.org/10.1093/bjs/znad258.711 [Accessed 28 February 2024].	Conference abstracts/posters	Medical & Dental	9.6
Manzo, C.; Nune, A. et al. (2023). Polymyalgia rheumatica and polymyalgia-like syndromes as adverse events following immunisation with COVID-19 vaccines: a 15 months update. <i>Reumatologia.</i> 61(5), pp.408-409. [Online]. Available at: https://doi.org/10.5114/reum/172508 [Accessed 26 February 2024].	Letters/comments/editorials/book reviews	Medical & Dental	NA
Manzo, C.; Nune, A.; Castagna, A. (2023). Why would immuno- and endocrinosenescence, age-related changes in the gut microbiota, and susceptibility to infection favour polymyalgia rheumatica over seronegative elderly-onset rheumatoid arthritis. <i>Clinical and experimental rheumatology.</i> 41(9 (Suppl. 135)), pp.S25-S26. [Online]. Available at: https://doi.org/10.55563/clinexprheumatol/hb7van [Accessed 26 February 2024].	Letters/comments/editorials/book reviews	Medical & Dental	3.7
Manzo, C; Nune, A et al. (2023). The management of patients with polymyalgia rheumatica: limitations to get it right. <i>Clinical and experimental rheumatology.</i> 41(9 (Suppl. 135)), p.S22. [Online]. Available at: https://doi.org/10.55563/clinexprheumatol/dxmv1 [Accessed 26 February 2024].	Letters/comments/editorials/book reviews	Medical & Dental	3.7

Reference	Article Type	Professional Group	1-Year Impact Factor
Mark-Wagstaff, C.; Saunders, S. et al. (2023). Intermittently scanned continuous glucose monitoring and hypoglycaemia awareness in drivers with diabetes: Insights from the Association of British Clinical Diabetologists Nationwide audit. <i>Diabetes, Obesity and Metabolism</i> . 26(1), pp.46-53. [Online]. Available at: https://doi.org/10.1111/dom.15283 [Accessed 26 February 2024].	Research Article	Medical & Dental	5.8
McRae, J.; Morgan, S. et al. (2023). Oropharyngeal Dysphagia in Acute Cervical Spinal Cord Injury: A Literature Review. <i>Dysphagia</i> . 38(4), pp.1025-1038. [Online]. Available at: https://doi.org/10.1007/s00455-022-10535-0 [Accessed 28 February 2024].	Research Article	AHP	2.6
Mettu, S.; Iyengar, KP. et al. (2024). Intraarticular Lipoma of the Pisotriquetral Joint: A Rare Case Report. <i>Indian Journal of Radiology and Imaging</i> . eFirst [Online]. Available at: 10.1055/s-0044-1779521 [Accessed 2 April 2024].	Case Studies/Case series	Medical & Dental	0.6
Moss, M.; Sha, S.; Sangani, C.; Gledhill, P. (2023). 899 Administration of Fascia-Iliaca Blocks for Hip Fracture Patients on Admission to the A&E Department at Southport DGH. <i>British Journal of Surgery</i> . 110(Suppl. 7), p.vii38. [Online]. Available at: https://doi.org/10.1093/bjs/znad258.154 [Accessed 27 February 2024].	Conference abstracts/posters	Medical & Dental	9.6
Naguib, M.; Elsayed, M. et al. (2023). Percutaneous Closure of Post-infarct Left Ventricular Pseudoaneurysm: A Review of Literature. <i>Current problems in cardiology</i> . 48(8), p.101743. [Online]. Available at: https://doi.org/10.1016/j.cpcardiol.2023.101743 [Accessed 28 February 2024].	Research Article	Medical & Dental	4.2
Naidu, J.; Iyengar, KP. et al. (2024). Safe usage of Mini 'C'-arm in operating room environment: Implications for clinical practice. <i>Journal of Perioperative Practice</i> . Online(March 10, 2024), [Online]. Available at: https://doi.org/10.1177/17504589241228138 [Accessed 2 April 2024].	Research Article	Medical & Dental	
Naveen, R.; Nune, A. et al. (2023). COVID-19 vaccination in autoimmune diseases (COVAD) study: vaccine safety and tolerance in rheumatoid arthritis. <i>Rheumatology (Oxford)</i> . 62(7), pp.2366-2376. [Online]. Available at: https://doi.org/10.1093/rheumatology/keac624 [Accessed 27 February 2024].	Research Article	Medical & Dental	5.5
Naveen, R; Nune, A et al. (2024). Flares in IIMs and the timeline following COVID-19 vaccination: a combined analysis of the COVAD-1 and -2 surveys. <i>Rheumatology (Oxford)</i> . 63(1), pp.127-39. [Online]. Available at: https://doi.org/10.1093/rheumatology/kead180 [Accessed 21 February 2024].	Research Article	Medical & Dental	5.5

Reference	Article Type	Professional Group	1-Year Impact Factor
Naveen, R; Nune, A; Thakare, DR; Kuwana, M; Pauling, JD; Day, J; Joshi, M et al. (2023). Systemic sclerosis and COVID-19 vaccine safety: short-term insights from the global COVID-19 vaccination in autoimmune disease (COVAD) survey. <i>Rheumatology International</i> . 43(7), pp.1265-1275. [Online]. Available at: 10.1007/s00296-023-05310-9 [Accessed 21 February 2024].	Research Article	Medical & Dental	4
Ng, SM. et al. (2023). Paediatric Society and Hyperinsulinism Charity National Surveys on CGM Access for Patients With Recurrent Hypoglycaemia. <i>Journal of the Endocrine Society</i> . 7(4), pp.1-5. [Online]. Available at: https://doi.org/10.1210/jendso/bvad021 [Accessed 28 February 2024].	Research Article	Medical & Dental	4.1
Ng, SM. et al. (2023). Ten-Year Experience of a Global and Freely Accessible e-Learning Website for Pediatric Endocrinology and Diabetes. <i>Hormone research in paediatrics</i> . 96(4), pp.366-375. [Online]. Available at: https://doi.org/10.1159/000527984 [Accessed 28 February 2024].	Research Article	Medical & Dental	3.2
Ng, SM.; Dearman, S. et al. (2023). Case for funding of continuous glucose monitoring systems for patients with recurrent hypoglycaemia. <i>Archives of disease in childhood</i> . 108(10), pp.816-817. [Online]. Available at: https://doi.org/10.1136/archdischild-2022-323872 [Accessed 27 February 2024].	Letters/comments/editorials/book reviews	Medical & Dental	5.2
Nischal, N.; Iyengar, KP. et al. (2023). The T1 Ratio of Marrow (TROM) as a Novel Tool to Identify Metastatic from Nonmalignant Marrow Lesions of the Spine: A Pilot Study. <i>Indian Journal of Radiology and Imaging</i> . 33(4), pp.450-455. [Online]. Available at: 10.1055/s-0043-57255. [Accessed 26 February 2024].	Research Article	Medical & Dental	0.6
Nongpiur, A.; Nune, A. et al. (2023). A cross-sectional study of the mental health burden among COVID-19 survivors. <i>Indian Journal of Psychiatry</i> . 65(6), pp.661-666. [Online]. Available at: https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_105_23 [Accessed 27 February 2024].	Research Article	Medical & Dental	3.1
Nune, A. et al. (2023). E057 A systematic review of new rheumatic immune-mediated inflammatory diseases (R-IMID) following SARS-CoV-2 vaccinations. <i>Rheumatology (Oxford)</i> . 62(Suppl. 2), pp.ii152-ii153. [Online]. Available at: https://doi.org/10.1093/rheumatology/kead104.306 [Accessed 27 February 2024].	Conference abstracts/posters	Medical & Dental	5.5

Reference	Article Type	Professional Group	1-Year Impact Factor
Nune, A. et al. (2023). New-Onset Rheumatic Immune-Mediated Inflammatory Diseases Following SARS-CoV-2 Vaccinations until May 2023: A Systematic Review. <i>Vaccines (Basel)</i> . 11(10), p.1571. [Online]. Available at: 10.3390/vaccines11101571. [Accessed 26 February 2024].	Research Article	Medical & Dental	7.8
Nune, A.; Iyengar, KP. et al. (2023). Chat generative pre-trained transformer (ChatGPT): potential implications for rheumatology practice. <i>Rheumatology International</i> . 43(7), pp.1379-1380. [Online]. Available at: https://doi.org/10.1007/s00296-023-05340-3 [Accessed 27 February 2024].	Letters/comments/editorials/book reviews	Medical & Dental	4
Olsson, EK.; Nune, A. et al. (2023). LO-019 Breakthrough SARS-CoV-2 infection in fully vaccinated patients with systemic lupus erythematosus: results from the Covid-19 vaccination in autoimmune disease (COVAD) study. <i>Lupus Science & Medicine</i> . 10(Supp. 1), pp.A16-A17. [Online]. Available at: https://doi.org/10.1136/lupus-2023-KCR.19 [Accessed 26 February 2024].	Conference abstracts/posters	Medical & Dental	3.9
Panchawagh, S; Nune, A; Ravichandran, N; Barman, B; Javaid, M et al. (2024). COVID-19 breakthrough infections in type 1 diabetes mellitus: a cross-sectional study by the COVID-19 Vaccination in Autoimmune Diseases (COVAD) Group. <i>Rheumatology International</i> . 44(1), pp.73-80. [Online]. Available at: 10.1007/s00296-023-05496-y [Accessed 21 February 2024].	Research Article	Medical & Dental	4
Papineni, VRK.; Ballal, M.; Iyengar, KP.; Botchu, R. (2023). Hydroxyapatite deposition disease (HADD) of the spring ligament: an unusual cause of medial foot pain. <i>Journal of Ultrasound</i> . 26(4), pp.923-8. [Online]. Available at: 10.1007/s40477-023-00781-9. [Accessed 26 February 2024].	Case Studies/Case series	Medical & Dental	2
Parker, R.; Smith, M. et al. (2023). Quality standards for the management of alcohol-related liver disease: consensus recommendations from the British Association for the Study of the Liver and British Society of Gastroenterology ARLD special interest group. <i>BMJ Open Gastroenterology</i> . 10(1), p.e0011221. [Online]. Available at: 10.1136/bmjgast-2023-001221. [Accessed 26 February 2024].	Research Article	Nursing	3.1
Patel, S.; Iyengar, KP.; Botchu, R. (2023). Guest Editors. <i>Journal of Arthroscopy and Joint Surgery</i> . 10(2), p.43. [Online]. Available at: 10.4103/jajs.jajs_30_23 [Accessed 26 February 2024].	Letters/comments/editorials/book reviews	Medical & Dental	NA

Reference	Article Type	Professional Group	1-Year Impact Factor
Patel, S; Iyengar, K; Botchu, R. (2023). Second Issue – From the Desk of the Guest Editors. <i>Journal of Arthroscopy and Joint Surgery</i> . 10(3), p.91. [Online]. Available at: 10.4103/jajs.jajs_50_23 [Accessed 26 February 2024].	Letters/comments/editorials/book reviews	Medical & Dental	NA
Pillay, SS.; Nune, A.; Raza, H.; Manzo, C.; Barman, B.;. (2023). A case of anti-neutrophil cytoplasmic antibody-associated vasculitis masquerading as Sjögren syndrome. <i>International Journal of Rheumatic Diseases</i> . 26(12), pp.2555-2558. [Online]. Available at: 10.1111/1756-185X.14823. [Accessed 26 February 2024].	Research Article	Medical & Dental	2.5
Pina, IM.; Khadr, RN.; Floyd Jr, MS. (2023). Letter to the editor re: Surgical outcome of male patients with chronic central nervous system disorders and voiding dysfunction due to bladder outlet obstruction. Chang TL, Chen SF, Kuo HC. <i>Int Urol Nephrol</i> . 2022 Oct;54(10):2511-2519. doi: 10.1007/s11255-022-03285-3. Epub 2022 Jul 11. <i>International urology and nephrology</i> . 55(5), pp.1155-1156. [Online]. Available at: https://doi.org/10.1007/s11255-022-03453-5 [Accessed 27 February 2024].	Letters/comments/editorials/book reviews	Medical & Dental	2
Ravichandran, N.; Nune, A. et al. (2023). OP0081 Prevalence, characteristics, and predictors of breakthrough Covid-19 infections in patients with rheumatoid arthritis : Data from the Covid-19 vaccination in autoimmune disease (COVAD) study. <i>Annals of the Rheumatic Diseases</i> . 82(Suppl. 1), p.56. [Online]. Available at: https://doi.org/10.1136/annrheumdis-2023-eular.2156 [Accessed 28 February 2024].	Conference abstracts/posters	Medical & Dental	27.4
Roshandel, D.; Mariguddi, S.; Haslam, Z. et al. (2023). SLCO5A1 and synaptic assembly genes contribute to impulsivity in juvenile myoclonic epilepsy. <i>NPJ Genomic Medicine</i> . 8 (1). [Online]. Available at: 10.1038/s41525-023-00370-z [Accessed 26 February 2024].	Research Article	Medical & Dental	NA
Rothman, I et al; Terrett, H (Collaborator). (2023). The Association of Health Locus of Control with Clinical and Psychosocial Aspects of Living with Multiple Sclerosis. <i>Journal of Clinical Psychology in Medical Settings</i> . 30(4), pp.821-835. [Online]. Available at: https://doi.org/10.1007/s10880-023-09938-4 [Accessed 1 March 2024]	Research Article	Nursing	2.2
Saad, A.; Iyengar, KP. et al. (2023). Isolated lesions of the pubis. <i>Clinical radiology</i> . 78(10), pp.724-729. [Online]. Available at: https://doi.org/10.1016/j.crad.2023.05.023 [Accessed 27 February 2024].	Research Article	Medical & Dental	2.6

Reference	Article Type	Professional Group	1-Year Impact Factor
Saad, A.; Iyengar, KP. et al. (2023). The Linear Coronal Knee Offset (LCKO)-Preliminary Study of New Method of Measuring Knee Varus/Valgus Malalignment. <i>Indian Journal of Radiology and Imaging.</i> 33(4), pp.484-488. [Online]. Available at: https://doi.org/10.1055/s-0043-1770085 [Accessed 28 February 2024].	Research Article	Medical & Dental	0.6
Saad, A.; Iyengar, KP.; Botchu, R. (2023). A rare case of an intratendinous ganglion cyst extending into the muscle belly of flexor carpi radialis: a case report and review of the literature. <i>Journal of Ultrasound.</i> 26(4), pp.919-922. [Online]. Available at: 10.1007/s40477-023-00784-6 . [Accessed 26 February 2024].	Case Studies/Case series	Medical & Dental	2
Saad, A.; Iyengar, KP; Kurisunkal, V.; Botchu, R. (2023). Assessing ChatGPT's ability to pass the FRCS orthopaedic part A exam: A critical analysis. <i>Surgeon.</i> 21(5), pp.263-266. [Online]. Available at: https://doi.org/10.1016/j.surge.2023.07.001 [Accessed 27 February 2024].	Research Article	Medical & Dental	2.5
Saad, A; Iyengar, KP; Kurisunkal, VJ; Nischal, N; Davies, AM; Botchu, R. (2024). Periostitis Ossificans: Largest Case Series with Review of Literature. <i>The Indian Journal of Radiology & Imaging.</i> 2024(34), p.1. [Online]. Available at: 10.1055/s-0043-1770723 [Accessed 21 February 2024].	Research Article	Medical & Dental	0.6
Sachar, A.; Ng, SM.; Breslin, N. (2023). An integrated care model for mental health in diabetes: Recommendations for local implementation by the Diabetes and Mental Health Expert Working Group in England. <i>Diabetic Medicine.</i> 40(4), p.e15029. [Online]. Available at: https://doi.org/10.1111/dme.15029 [Accessed 27 February 2024].	Research Article	Medical & Dental	3.5
Saini, R.; Iyengar, KP. et al. (2023). Evolving Role of Negative Pressure Wound Therapy with Instillation and Dwell Time (NPWTi-d-) in Management of Trauma and Orthopaedic Wounds : Mechanism, Applications and Future Perspectives. <i>Indian Journal of Orthopaedics.</i> 57(12), pp.1968-1983. [Online]. Available at: https://doi.org/10.1007/s43465-023-01018-x [Accessed 27 February 2024].	Research Article	Medical & Dental	1
Sandhu, NK; Nune, A; Ravichandran, N; Day, J; Sen, P; Nikiphorou, E et al. (2024). Flares of autoimmune rheumatic disease following COVID-19 infection: Observations from the COVAD study. <i>International Journal of Rheumatic Diseases.</i> 2023(27), p.1. [Online]. Available at: 10.1111/1756-185X.14961 [Accessed 21 February 2024].	Research Article	Medical & Dental	2.5

Reference	Article Type	Professional Group	1-Year Impact Factor
Santos Hoff, L.; Nune, A. et al. (2024). Characteristics of and risk factors for COVID-19 breakthrough infections in idiopathic inflammatory myopathies: results from the COVAD study. <i>Rheumatology (Oxford)</i> . Corrected Proof(02 March 2024) [Online]. Available at: https://doi.org/10.1093/rheumatology/keae128 [Accessed 2 April 2024].	Research Article	Medical & Dental	5.5
Sen, P.; Nune, A. et al. (2023). POS0273 Post covid-19 syndrome in patients with autoimmune rheumatic diseases : results from the Covad study. <i>Annals of the Rheumatic Diseases</i> . 82(Suppl. 1), pp.375-376. [Online]. Available at: https://doi.org/10.1136/annrhumdis-2023-eular.4241 [Accessed 28 February 2024].	Conference abstracts/posters	Medical & Dental	27.4
Sen, P.; Nune, A. et al. (2023). Post-COVID-19 condition in patients with autoimmune rheumatic diseases: the COVID-19 Vaccination in Autoimmune Diseases (COVAD) study. <i>The Lancet Rheumatology</i> . 5(5), pp.E247-E250. [Online]. Available at: https://doi.org/10.1016/S2665-9913(23)00066-8 [Accessed 28 February 2024].	Research Article	Medical & Dental	25.4
Sen, P.; Nune, A. et al. (2023). Vaccine hesitancy decreases in rheumatic diseases, long-term concerns remain in myositis: a comparative analysis of the COVAD surveys. <i>Rheumatology (Oxford)</i> . 62(10), pp.3291-3301. [Online]. Available at: https://doi.org/10.1093/rheumatology/kead057 [Accessed 28 February 2024].	Research Article	Medical & Dental	5.5
Shah, A.; Iyengar, KP. et al. (2023). The Pelican Sign: Case Series Demonstrating A Unique Description of an Anteriorly Flipped Bucket-Handle Meniscal Tear of the Knee. <i>Indian Journal of Radiology and Imaging</i> . 33(2), pp.157-161. [Online]. Available at: 10.1055/s-0042-1759859 [Accessed 28 February 2024].	Research Article	Medical & Dental	0.6
Shah, A.; Iyengar, KP.; Beale, D.; Sonsale, P.; Botchu, R. (2023). Significance of the Ancillary Posterior Knee Soft-Tissue Edema Sign in Traumatic Knee Injuries. <i>Journal of Arthroscopy and Joint Surgery</i> . 10(4), pp.177-182. [Online]. Available at: 10.4103/jajs.jajs_18_23 [Accessed 26 February 2024].	Research Article	Medical & Dental	NA
Shinjo, SK.; Nune, A. et al. (2023). Pain in individuals with idiopathic inflammatory myopathies, other systemic autoimmune rheumatic diseases, and without rheumatic diseases : A report from the COVAD study. <i>International journal of rheumatic diseases</i> . 26(4), pp.727-739. [Online]. Available at: https://doi.org/10.1111/1756-185x.14636 [Accessed 28 February 2024].	Research Article	Medical & Dental	2.5

Reference	Article Type	Professional Group	1-Year Impact Factor
Shojaie, P.; Iyengar, KP. et al. (2023). Kiloh-Nevin syndrome: an unusual cause of forearm pain. <i>Journal of ultrasound</i> . Online ahead of print. [Online]. Available at: https://doi.org/10.1007/s40477-023-00794-4 [Accessed 27 February 2024].	Case Studies/Case series	Medical & Dental	2
Shojaie, P.; Iyengar, KP. et al. (2023). Ultrasound-guided median nerve hydrodissection of pronator teres syndrome: a case report and a literature review. <i>Journal of Ultrasonography</i> . 23(94), pp.e165-e169. [Online]. Available at: https://doi.org/10.15557%2Fjou.2023.0026 [Accessed 28 February 2024].	Research Article	Medical & Dental	1.1
Shojaie, P.; Iyengar, KP.; Yousef, MMA. et al. (2023). Bone Tumor Imaging: An Update on Modalities and Radiological Findings. <i>Journal of Arthroscopy and Joint Surgery</i> . 10(3), pp.131-138. [Online]. Available at: 10.4103/jajs.jajs_31_23 [Accessed 26 February 2024].	Research Article	Medical & Dental	NA
Sieiro Santos, C.; Nune, A. et al. (2024). Breakthrough SARS-CoV-2 infection and disease flares in patients with rheumatoid arthritis: result from COVAD e-survey study. <i>Rheumatology International</i> . 44, pp.805-17. [Online]. Available at: https://doi.org/10.1007/s00296-024-05542-3 [Accessed 2 April 2024].	Research Article	Medical & Dental	4
Singh, M.; Iyengar, KP. et al. (2023). Mycobacterium Tuberculosis infection of the wrist joint: A current concepts review. <i>Journal of clinical orthopaedics and trauma</i> . 44(102257). [Online]. Available at: https://doi.org/10.1016/j.jcot.2023.102257 [Accessed 26 February 2024].	Research Article	Medical & Dental	NA
Singh, S.; Iyengar, KP et al. (2023). Delivering surgical education: a specialist surgical society and undergraduate student collaboration. <i>Postgraduate medical journal</i> . 99(1172), pp.639-643. [Online]. Available at: https://doi.org/10.1136/postgradmedj-2021-140849 [Accessed 27 February 2024].	Research Article	Medical & Dental	5.1
Smith, E.; Iyengar, KP. et al. (2023). Does Chemical Shift Magnetic Resonance Imaging Improve Visualization of Pars Interarticularis Defect?. <i>Indian Journal of Radiology and Imaging</i> . 33(3), pp.327-331. [Online]. Available at: https://doi.org/10.1055/s-0043-1764490 [Accessed 27 February 2024].	Research Article	Medical & Dental	0.6
Teja, KJSS R; Iyengar, KP; Mallik, GRM; Jenko, N; Durgraprasad, BK; Botchu, R. (2024). Value of chemical shift imaging in the evaluation of neural foramen stenosis. <i>Journal of Clinical Orthopaedics and Trauma</i> . 48(January), p.102338.	Research Article	Medical & Dental	NA

Reference	Article Type	Professional Group	1-Year Impact Factor
[Online]. Available at: https://doi.org/10.1016/j.jcot.2024.102338 [Accessed 21 February 2024].			
The Covid-19 Host Genetics Initiative; Heath, C (Collaborator); Jakkula, S (Coll. (2023). GWAS and meta-analysis identifies 49 genetic variants underlying critical COVID-19. <i>Nature</i> . 617(7962), pp.764-768. [Online]. Available at: http://dx.doi.org/10.1038/s41586-023-06034-3 [Accessed 26 February 2024].	Research Article	Medical & Dental	NA
The Covid-19 Host Genetics Initiative; Heath, C (Collaborator); Jakkula, S (Collaborator); Morris, A (Collaborator); Ahmed, A (Collaborator); Nune, A (Collaborator); Buttriss, C (Collaborator); Whitaker, E (Collaborator). (2023). A second update on mapping the human genetic architecture of COVID-19. <i>Nature</i> . 621(7977), pp.E7-E26. [Online]. Available at: 10.1038/s41586-023-06355-3 [Accessed 21 February 2024].	Research Article	Medical & Dental	NA
Ting, DSJ et al. (2023). The Royal College of Ophthalmologists' National Ophthalmology Database study of cataract surgery: report 16, influence. <i>Eye</i> . 37(18), pp.3854-3860. [Online]. Available at: https://doi.org/10.1038/s41433-023-02665-y [Accessed 1 March 2024] S&O provided data	Research Article	Medical & Dental	NA
Utari, A.; Ng, SM. et al. (2023). P1-533 Utilizing ESPE e-learning to educate Pediatric Endocrinologists in Indonesia: Web-Series on Pediatric Endocrinology and Diabetes (WeSPED), an initiative of the European Society for Paediatric Endocrinology (ESPE) e-learning committee and the Indonesian Pediatric Society (Ikatan Dokter Anak Indonesia-IDAI). <i>Hormone Research in Paediatrics</i> . 96(Suppl. 4), p.353. [Online]. Available at: https://doi.org/10.1159/000533803 [Accessed 28 February 2024].	Conference abstracts/posters	Medical & Dental	3.2
Vaishya, R.; Iyengar, KP et al. (2023). Demystifying the Risk Factors and Preventive Measures for Osteoporosis. <i>Indian journal of orthopaedics</i> . 57(Suppl. 1), pp.94-104. [Online]. Available at: https://doi.org/10.1007/s43465-023-00998-0 [Accessed 27 February 2024].	Research Article	Medical & Dental	1
Vaishya, R.; Iyengar, KP. et al. (2023). ChatGPT in the current form is not ready for unaudited use in healthcare and scientific research. <i>Cancer Research, Statistics and Treatment</i> . 6(2), pp.336-337. [Online]. Available at: 10.4103/crst.crst_144_23 [Accessed 27 February 2024].	Letters/comments/editorials/book reviews	Medical & Dental	NA

Reference	Article Type	Professional Group	1-Year Impact Factor
Vaishya, R.; Iyengar, KP.; Vaish, Abishek. (2023). Exercise-induced petechiae (EIP) of the forearm after intense, railing-assisted squat exercise. <i>BMJ Case Reports.</i> 16(7), p.-. [Online]. Available at: https://doi.org/10.1136/bcr-2023-255969 [Accessed 27 February 2024].	Case Studies/Case series	Medical & Dental	0.9
Venerito, V.; Nune, A. et al. (2023). POS0880 Comparative disease burden in patients with rheumatoid arthritis, psoriatic arthritis or ankylosing spondylitis: data from COVAD patient-reported e-survey. <i>Annals of the Rheumatic Diseases.</i> 82(Suppl. 1), pp.746-747. [Online]. Available at: https://doi.org/10.1136/annrhumdis-2023-eular.4686 [Accessed 27 February 2024].	Conference abstracts/posters	Medical & Dental	27.4
Viswanathan, VK.; Iyengar, KP. et al. (2023). Does intraoperative patellar eversion affect clinical and functional outcomes in patients undergoing primary total knee arthroplasty? An evidence-based meta-analysis. <i>International orthopaedics.</i> 47(8), pp.1947-1961. [Online]. Available at: https://doi.org/10.1007/s00264-023-05797-8 [Accessed 27 February 2024].	Research Article	Medical & Dental	2.7
Viswanathan, VK.; Iyengar, KP.; Sangani, C. et al. (2023). SMART (self-monitoring analysis and reporting technology) and sensor based technology applications in trauma and orthopaedic surgery. <i>Journal of Orthopaedics.</i> 44(10). [Online]. Available at: 10.1016/j.jor.2023.09.006 [Accessed 26 February 2024].	Research Article	Medical & Dental	1.5
Viswanathan, VK; Iyengar, KP; Jain, VK. (2024). The role of peroneus longus (PL) autograft in the reconstruction of anterior cruciate ligament (ACL): A comprehensive narrative review. <i>Journal of Clinical Orthopaedics and Trauma.</i> 49(February), p.eCollection. [Online]. Available at: https://doi.org/10.1016/j.jcot.2024.102352 [Accessed 21 February 2024].	Research Article	Medical & Dental	NA
Viswanathan, VK; Iyengar, KP; Patralekh, MK; Kalanjiyam, GP et al. (2024). Total hip arthroplasty in active and advanced tubercular arthritis: a systematic review of the current evidence. <i>International Orthopaedics.</i> 48(1), pp.79-93. [Online]. Available at: 10.1007/s00264-023-05943-2 [Accessed 21 February 2024].	Research Article	Medical & Dental	2.7
Wei, N. et al; Lever, C; Sood, A.; Moss, M.; Khatir, M. (Collaborators). (2023). ORTHOPAEDIC trauma hospital outcomes - Patient operative delays (ORTHOPOD) Study: The management of day-case orthopaedic trauma in the	Research Article	Medical & Dental	2.5

Reference	Article Type	Professional Group	1-Year Impact Factor
United Kingdom. <i>Injury</i> . 54(6). [Online]. Available at: https://doi.org/10.1016/j.injury.2023.03.032 [Accessed 28 February 2024].			
Yoshida, A.; Nune, A. et al. (2023). Gender differences in patient experience in idiopathic inflammatory myopathies: Sub analysis from the COVAD dataset. <i>Modern rheumatology</i> . Online ahead of print [Online]. Available at: https://doi.org/10.1 [Accessed 27 February 2024].	Research Article	Medical & Dental	2.2
Yoshida, A.; Nune, A. et al. (2023). POS1231 Impaired health-related quality of life in patients with idiopathic inflammatory myopathies : a cross-sectional analysis from an international e-survey. <i>Annals of the Rheumatic Diseases</i> . 82(Suppl. 1), pp.952-953. [Online]. Available at: https://doi.org/10.1136/annrheumdis-2023-eular.4418 [Accessed 27 February 2024].	Conference abstracts/posters	Medical & Dental	27.4
Yoshida, A.; Nune, A. et al. (2024). Impaired health-related quality of life in idiopathic inflammatory myopathies: a cross-sectional analysis from the COVAD-2 e-survey. <i>Rheumatology Advances in Practice</i> . 8(2) In Progress. [Online]. Available at: https://doi.org/10.1093/rap/rkae028 [Accessed 2 April 2024].	Research Article	Medical & Dental	3.1
Yousif, MA.; Khadr, R.; Iordan, N.; Nasser, Y; Stevenson, J. (2023). Metastatic oesophageal adenocarcinoma to the testes: A rare presentation. <i>Journal of Clinical Urology</i> . 16(4), pp.420-423. [Online]. Available at: https://doi.org/10.1177/20514158211002713 [Accessed 28 February 2024].	Case Studies/Case series	Medical & Dental	0.3
Ziade, N.; Nune, A. et al. (2023). Global disparities in the treatment of idiopathic inflammatory myopathies: results from an international online survey study. <i>Rheumatology (Oxford)</i> . Online ahead of print [Online]. Available at: https://doi.org/10.1093/rheumatology/kead250 [Accessed 27 February 2024].	Research Article	Medical & Dental	5.5

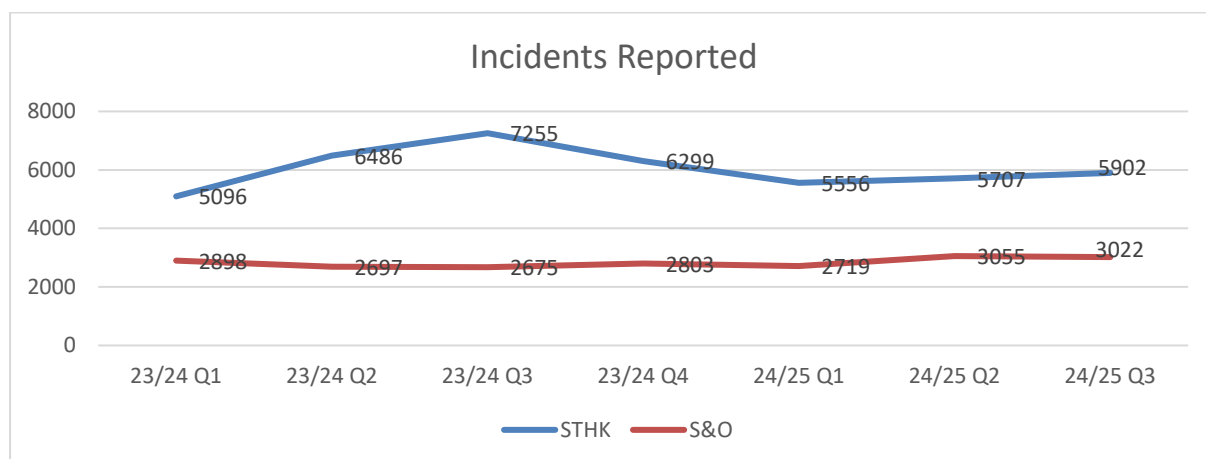
Title of Meeting	Trust Board	Date	29 January 2025
Agenda Item	TB25/008		
Report Title	Aggregated Incidents, Complaints and Claims Report (Q3)		
Executive Lead	Lynne Barnes, Acting Director of Nursing, Midwifery and Governance		
Presenting Officer	Lynne Barnes, Acting Director of Nursing, Midwifery and Governance		
Action Required		To Approve	X To Note
Purpose			
The aim of this paper is to provide the Board with a closure report on the management of incidents, complaints, concerns and claims during Quarter 3 2024/25.			
Executive Summary			
Incidents			
<ul style="list-style-type: none"> 5,902 incidents reported in Q3 in legacy St Helens and Knowsley Teaching Hospitals NHS Trust (STHK). 3,022 incidents reported in Q3 in legacy Southport and Ormskirk Hospital NHS Trust (S&O). 4,506 patient safety incidents reported in Q3 in legacy STHK. 2,298 patient safety incidents reported in Q3 in legacy S&O. 31 patient safety incidents graded as moderate or above during Q3 at legacy STHK. 15 patient safety incidents graded as moderate or above during Q3 at legacy S&O. Legacy STHK highest number of incidents reported relate to: <ul style="list-style-type: none"> Pressure ulcers remain one of the highest reported categories in Q3 with 1,075 incidents. This includes non-trust acquired skin damage. Slips, trips and falls is the second highest reported categories in legacy STHK in Q3 (600). Legacy S&O highest number of incidents reported relate to: <ul style="list-style-type: none"> Bed management, 319 incidents during Q3. Access, admission, discharge etc, 286 incidents during Q3. 			
Complaints			
<ul style="list-style-type: none"> The Trust received 144 first stage complaints in Quarter 3 and responded to 117. Clinical treatment was the main reason for complaints, in line with previous quarters. Emergency Departments remained the main areas to receive complaints. 			
Claims			
<ul style="list-style-type: none"> In Q3 the Trust received 13 new confirmed claims, and 50 new requests for records. The Trust received 30 new inquests and closed 41. There were no prevention of future death reports issued by the coroner. 			
PALS			
The Trust received 1156 PALS enquiries in Q3 (not including signposting).			
Financial Implications			
None as a direct consequence of this paper			
Quality and/or Equality Impact			

Not applicable	
Recommendations	
The Board is asked to note the Aggregated Incidents, Complaints and Claims Report (Q3).	
Strategic Objectives	
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
	SO6 Developing Organisation Culture and Supporting our Workforce
	SO7 Operational Performance
	SO8 Financial Performance, Efficiency and Productivity
	SO9 Strategic Plans

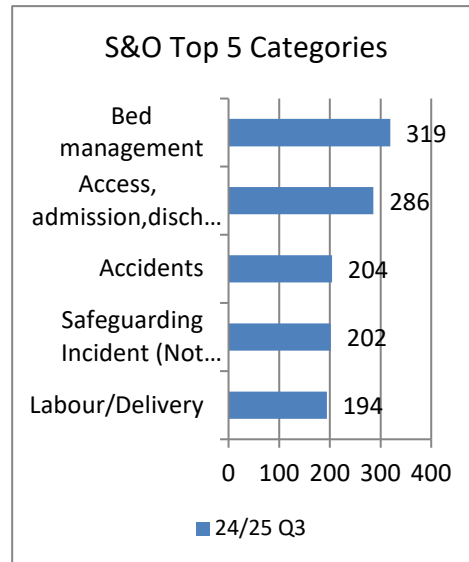
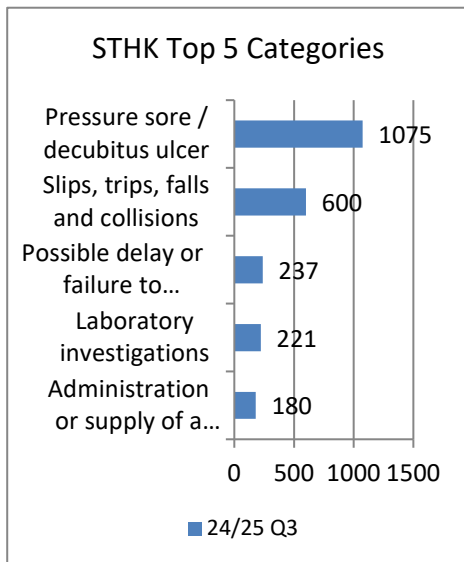
1. Introduction

This paper includes reported incidents, complaints, PALS contacts, claims, and inquests during Quarter 3 2024/25, highlighting any trends, areas of concern and the learning that has taken place. The Trust uses Datix to record incidents, complaints, PALS, and claims, with two different Datix systems currently in use from legacy organisations. The Trust are currently undergoing a project to migrate to the new incident reporting system, InPhase, with an estimated launch date of January 2025. This new system will incorporate both legacy site data into the new MWL amalgamated reporting system. InPhase is compatible with PSIRF reporting and will ensure we meet the NHS England requirements by the end of 2024/25.

2. Incidents



STHK Q3	S&O Q3	
4506	2298	Incidents affecting patients
354	358	Incidents affecting staff
1011	350	Incidents affecting the Trust or other organisation
31	16	Incidents affecting visitors, contractors or members of the public



- Legacy STHK site recorded a slight rise in total patient safety incidents during Q3 '24/'25, compared with Q2 when there were 4311 incidents. This is a result of slight increase in number of pressure sore/decubitus ulcer incidents and falls incidents. These incidents include non-trust acquired pressure ulcers of all grades.
- Slips, trips and falls remain one of the highest reported categories on legacy STHK in Q3 (600).
- Bed management incidents are the highest reported incidents at legacy S&O for Q3 (319) – this includes sub-categories such as 12 hours breaches, delay transfer to wards & additional patients on wards.
- The StEIS framework was closed at the end of Q2 '23/'24 and Patient Safety Incident Response Framework (PSIRF) was launched on 1st October 2023. Both STHK and S&O now report to PSIRF as a combined service.

Incidents by harm category

The table below illustrates incidents by harm for Quarter 3.

In Legacy STHK, for Q3, there were 4 deaths. This is a slight increase from Q2, however during 2024/25, there have been a total of 5 deaths year to date. Whilst in the whole of 2023/24 there were 23 recorded deaths.

The deaths in Q3 2024/25 relate to a pulmonary embolism, patient absconsion, a neonatal death and a cardiac arrest. All incidents are subject to trust investigation to identify learning and improvement.

STHK	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	24/25 Q1	24/25 Q2	24/25 Q3
Moderate	25	20	32	18	19	13	20
Severe	5	10	8	8	8	8	7
Death	3	8	6	6	0	1	4
Total	33	38	46	32	27	22	31
S&O	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Moderate	11	11	21	17	18	22	13
Severe	2	8	1	2	7	1	2
Death	1	0	0	0	0	1	0
Total	14	19	22	19	25	24	15

2.1 PSII incidents and Learning

The management of patient safety includes not only identification, reporting and investigation of each incident, but also the implementation of any recommendations following investigation, dissemination of learning to prevent recurrence and implementation of changes in practice when required. Please see table below.

Q3 '24/25	Total
Learning Reviews	17
Expanded Learning Reviews	4
Number of PSII's commissioned	3
MDT	2

2.2 Duty of Candour

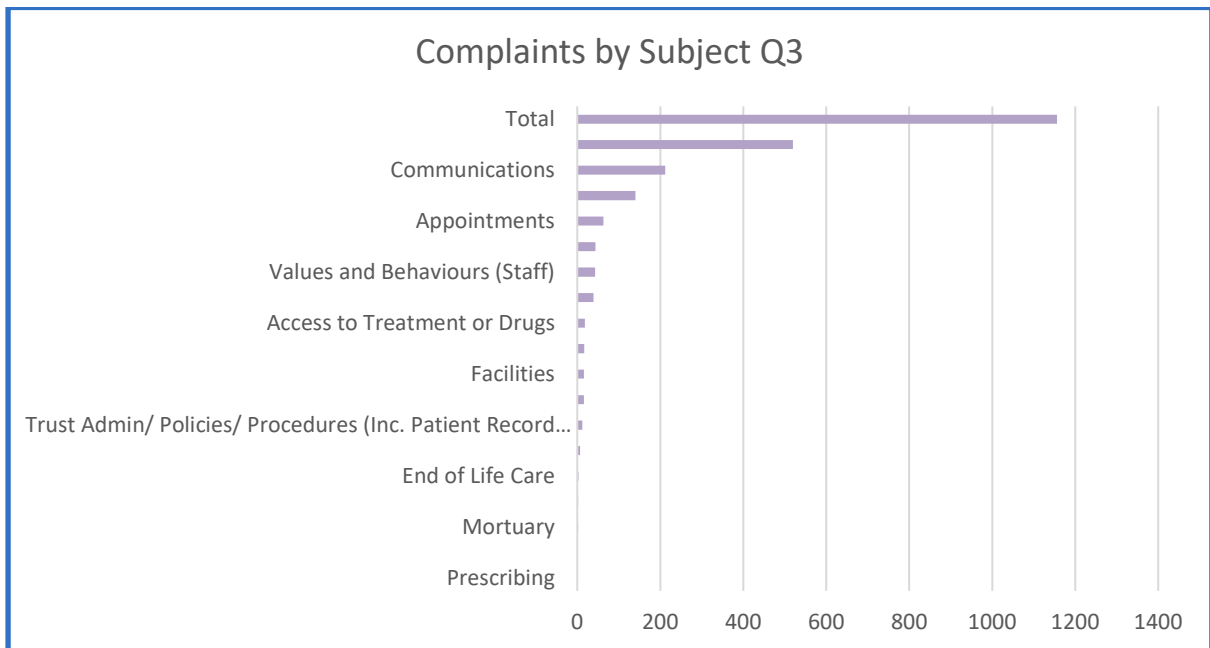
Duty of candour was completed for all cases reported during Q3. Duty of candour is completed for all patient safety incidents graded as moderate or above harm.

3. Complaints

Indicator	22-23	23-24				24-25		
Quarter	Year	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Total Number of New Complaints	213 (247)	54 (39)	101	96	130	109	122	144
Second Stage Complaints Target <12 per Q	38	9 (3)	16	8	12	14	13	12
Response to First Stage Complaints within 60 Working Days Target 80%	75% (51%)	72% (55%)	75%	60.30%	53.50%	74.76%	57.44%	62.90%

Closed Complaints	23/24 Q3	23/24 Q4	24/25 Q1	24/25 Q2	24/25 Q3
Not Upheld	37	20	35	44	14
Partially Upheld	57	64	80	94	82
Upheld	22	15	24	18	21
Total	116	99	139	156	117

Theme (Top 5)	23/24 Q3	23/24 Q4	24/25 Q1	24/25 Q2	24/25 Q3
Clinical Treatment	54	69	84	68	70
Patient Care (Nursing)	11	17	10	11	13
Values & Behaviours	7	13	12	12	16
Communication	12	15	1	19	23
Admission & Discharge	9	5	6	8	3



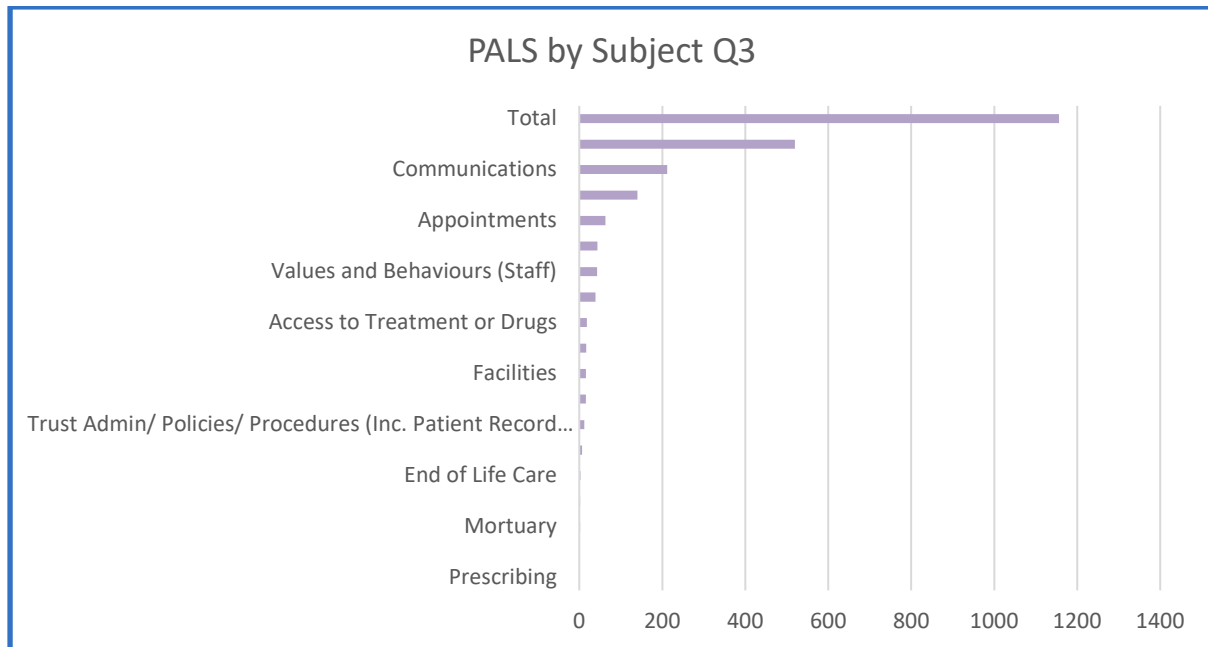
The numbers of complaints being made is continuing to increase across all Trust sites. The complexity of some of these complaints has also increased, with many spanning more than one speciality and/or Division. Early resolution meetings have started to take place between staff and families with support from the Head of Complaints and these are proving to be successful in ensuring complaints are resolved and do not end up in the formal process and, most importantly, that concerns and lessons learned are acted upon in a more timely way. Initial feedback is that staff have found them to be incredibly valuable.

Work continues around defining responsibilities and expectations with Corporate and Divisional Leads within the new and developing divisions around improving response times and quality of statements, providing early resolution support and improving communication with patients and families who have raised concerns or made complaints. Trust wide harmonisation of process continues to become embedded.

Work continues to reduce numbers of complaints that breach. This has led to improved communication and an improvement in joint working across the Trust.

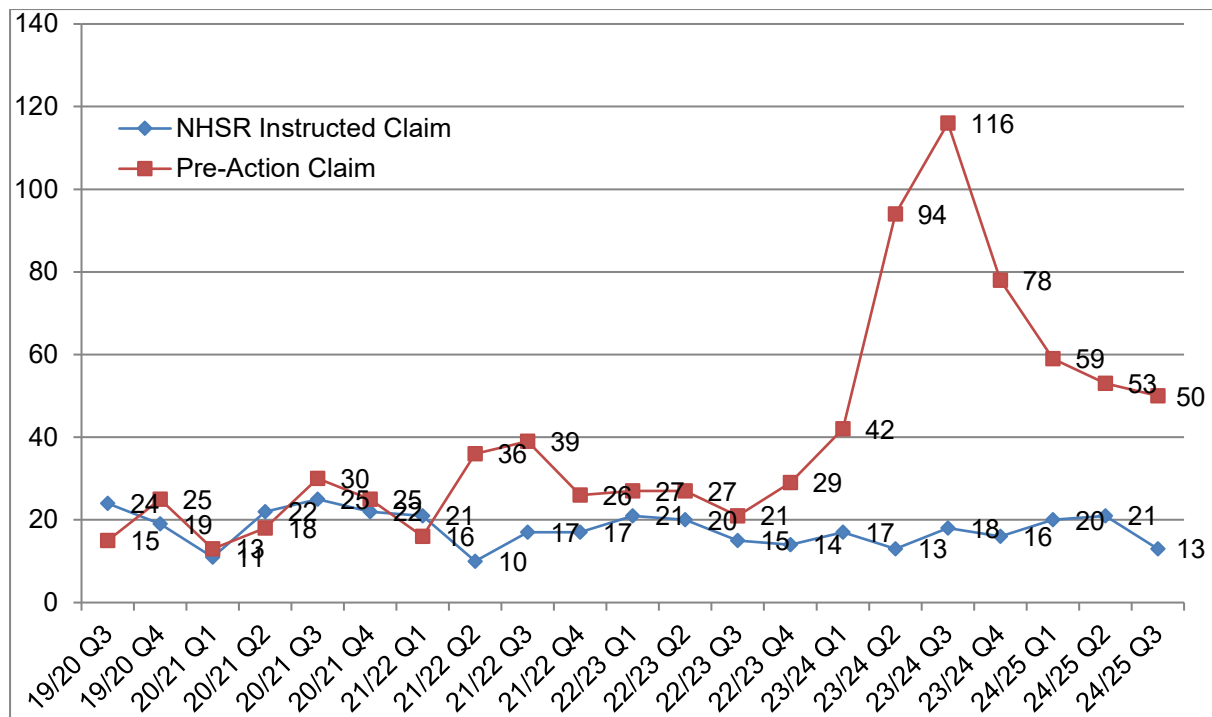
4. PALS

PALS	23/24 Q3	23/24 Q4	24/25 Q1	24/25 Q2	24/25 Q3
Number received	1099	1077	1167	1117	1156



The recruitment of 2 PALS officers, plus banding realignment for 2 existing PALS officers has taken place and will support the provision of a PALS presence across all sites and ensure an improvement in response times and service delivery.

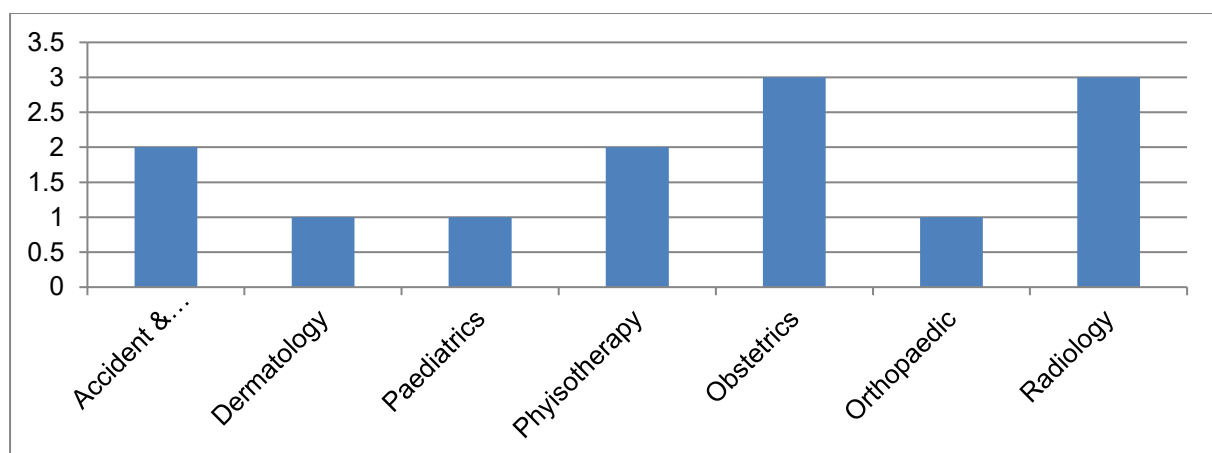
5. New Clinical Negligence Claims



*Combined data for MWL is included from Q1 2023/24

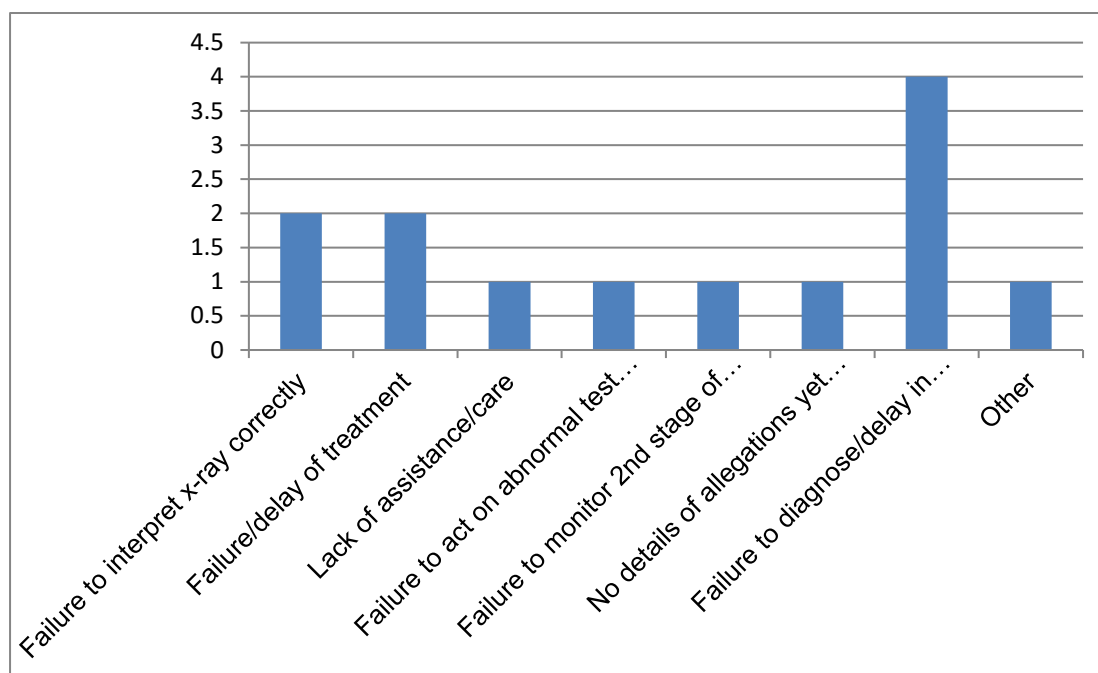
The level of records requests (pre-action claims) appears to now have normalised following the spike in requests around Q3 in 2023/24. We have not seen a corresponding increase in claims at present. Q3 2024/25 has had a relatively low number of new claims received within that period. There is some concern about the figures given they are recorded slightly differently across the 2 legacy sites, but it is hoped that the imminent rollout of InPhase will allow us to have greater confidence in the figures provided going forward.

5.1 New claims by speciality



In previous quarters we had seen an increase in Orthopaedic claims. It is of note that only 1 orthopaedic claim has been received this quarter, and that the highest number of new claims relate to Obstetrics and Radiology.

5.2 New claims by main reason



Failure or delay in diagnosis is the most common cause of claims which is consistent with the previous 2 quarter. Failure to interpret x-ray correctly accords with radiology having the joint highest number of claims.

5.3 Lessons Learned from Claims

In order to ensure that issues are being identified in a pro-active manner we have reviewed the new claims to check the extent to which they have already been subject to investigation.

Of the 6 new claims for the legacy STHK sites:

- 1 had no previous notification to the Trust.
- 3 had complaints (of which one was ongoing).
- 4 had incidents.
- 1 had been through an inquest.

Of the 7 new claims for the legacy S & O sites:

- 4 had linked incidents.
- 2 had linked complaints.
- 2 of the claims had no previous notification to the Trust.

Of those claims which had closed in Q3 we have identified these matters where learning was identified as a direct result of the claim:

There was a delay in diagnosis of appendicitis for an 8 year old. The symptoms had been similar to gastroenteritis and learning was that staff needed additional training to:

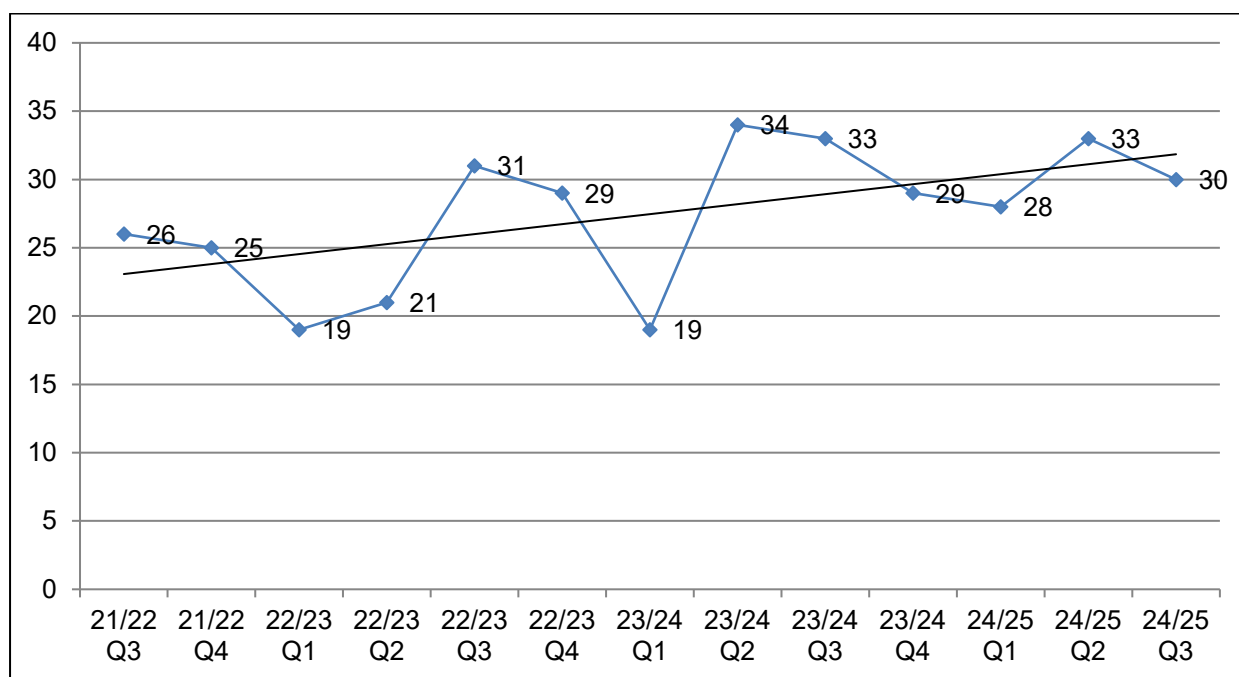
- Be aware that pelvic appendicitis can mimic gastroenteritis. There is always so diagnostic uncertainty but remember to examine the abdomen carefully. If you have a child with repeated attendances with gastroenteritis, get a senior review.
- Speak to ED senior before referring to paediatrics (to ensure discussion with Alder Hey would not be more appropriate)
- If a child has a rigid abdomen/is guarding, please speak to surgeons at Alder Hey early (After you examine and before doing anything else, unless child needs resuscitation).

Failure to diagnose Horner’s syndrome. It was alleged that with appropriate diagnosis and treatment the Claimant would not on the balance of probabilities have suffered the TIAs or strokes. The learning from this case was:

- Importance of note-keeping - All findings, negative as well as positive must be documented in the notes. In this case no mention of lid position was made in the notes and this has a direct bearing on making a diagnosis of Horner’s syndrome.
- Importance of Pharmacological testing - When encountering unequal pupils it is important to conduct pharmacological testing to exclude underlying pathology, in this case Horner’s syndrome.

6. Inquests

6.1. New Inquests



*Combined numbers of inquests for MWL

Overall the trends shows a slight increase in inquests per quarter, although this may be explained by low numbers in the first quarters or 2022/23 and 2023/24. Since the creation of MWL we have received an average of just over 31 inquests a month, and this has remained broadly consistent across all 6 quarters.

6.2. Closed inquests

The Trust closed 41 inquests during Q3. Not all of the 41 inquests progressed to a full hearing.

The Trust has not received any Prevention of Future Death notices following since July 2023.

A number of high profile inquests have concluded during Q3.

The coroner has requested further reassurance regarding two inquests in Q3. The assurances provided relate to the following:

- 1 Assurance from the Trust as to the understanding of clinical staff of when urgent, target and routing histopathological sample testing should be requested. The coroner accepted evidence from the relevant Clinical Director and issued the Record of Inquest without any further involvement from the Trust).
- 2 Assurance that the Trust's local guidance (Paediatric and Neonatal Clinical Guidance for Heart Murmur, Screening for Congenital Heart Disease and Echocardiogram) was in line with the regional and national guidelines. We have confirmed this is the case and the coroner's concerns that there may be gaps in the relevant guidance are to be raised at the next regional meetings.

7. Recommendations

It is recommended that the Trust Board note the report and the actions taken as a result of complaints, PALS, incidents, inquests and claims.

Title of Meeting	Trust Board	Date	29 January 2025
Agenda Item	TB25/009		
Report Title	Learning from Deaths Q1 2024/2025		
Executive Lead	Dr Peter Williams, Medical Director		
Presenting Officer	Dr Peter Williams, Medical Director		
Action Required		To Approve	X To Note
Purpose			
To describe mortality reviews which have taken place throughout the Trust; to provide assurance that deaths occurring in hospital undergo a robust review to identify lessons which can be learned to prevent similar incidents occurring in the future.			
Executive Summary			
At legacy St Helens and Knowsley Teaching Hospitals NHS Trust (STHK), 62 deaths were within scope in Q1 2024/25: 48 have undergone a Structured Judgement Review (SJR) undertaken with 14 outstanding. Of the cases reviewed, two were rated Amber and none as Red.			
At legacy Southport and Ormskirk Hospital NHS Trust (S&O), there have been 183 Case Record Reviews (177 Medical Examiner Scrutiny and six SJRs) completed in Q1. Of the cases reviewed, six were rated as amber and one as red.			
All cases rated as Amber/Poor or Red will undergo a more detailed review at their respective Mortality Groups with learning and additional actions fed back to the respective Divisions.			
Financial Implications			
Not applicable			
Quality and/or Equality Impact			
Learning from Deaths contributes to the Trust's culture of continuous learning			
Recommendations			
The Board is asked to note the Learning from Deaths Q1 2024/2025			
Strategic Objectives			
X	SO1 5 Star Patient Care – Care		
X	SO2 5 Star Patient Care - Safety		
X	SO3 5 Star Patient Care - Pathways		
	SO4 5 Star Patient Care – Communication		
	SO5 5 Star Patient Care - Systems		
	SO6 Developing Organisation Culture and Supporting our Workforce		
	SO7 Operational Performance		
	SO8 Financial Performance, Efficiency and Productivity		
	SO9 Strategic Plans		

1. Outcome from reviews undertaken

STHK - Number of reviews carried out Q1 2024/2025 April

No. of reviews (outstanding)	Green	Green with Learning	Green with positive feedback	Amber	Red
	62 (14)	27	10	9	2

Summary	SJR Rating	Comments
Myocardial infarction, Ischaemic heart disease, Basal ganglia infarct, heart failure, T2DM	AMBER	Discussed at December Mortality meeting – has been escalated to the Patient Safety Team for PSIR – learning will come back to our group on completion of the investigation
Death referred to coroner	AMBER	Discussed at December Mortality meeting – has been escalated to the Patient Safety Team for PSIR – learning will come back to group on completion of the investigation

S&O – Number of Case Record Reviews carried out Q1 2024/2025 April

No. of reviews	Green	Green with Learning	Green with positive feedback from the bereaved	Amber	Red
	SJR 6	2	2	0	2
ME Reviews 177	151	21	32	4	1

Nb. Positive feedback from the bereaved and learning can co-exist, therefore this column should be omitted if adding across

No deaths were identified as being more likely than not due to problems in healthcare (ie. avoidable) were identified by completed investigations in Q1. Red cases identified through ME reviews are referred to the coroner and followed up in Mortality Surveillance Group with a detailed

Learning identified via ME reviews

Summary	CRR Rating	Comments
Family happy with cause of death but felt had to prompt care at times.		Family given PALS information
Family happy with cause of death but raised concern that their mum was NBM for 4-5 days and there was a delay in SALT team review.		Family given PALS and complaint information. Ward informed of concerns
Pleural fluid mis-labelled and discarded by lab. Procedure repeated. No contribution to patient's death.		Computer remote from bedside and computer interface used "Ward view" patient identified by usual position of bed on screen which had changed. Discussed in ITU safety meeting, plans to increase bedside IT availability and "Ward View" will no longer be used when requesting investigations
NBM for 4 days waiting on SLT review - no documentation of discussion regarding NG/feeding whilst pending review. No documented face to face consultant		Ward round cover for the ward limited due to consultant being on call, board rounds maintained. Nutrition Team working group set up to embed best practice for patients with impaired swallowing Awaiting further information from Medical Division and review at Medical Governance Meeting
75 year old male presented to ED with sepsis, treated for UTI. Patient asked to go home with antibiotics. Presented again a few days later with respiratory failure. Diagnosed pneumonia. Fall in ED whilst using commode.		The inpatient falls assessment form was not completed following the fall and prompt observations were not undertaken Coroners PM – Natural causes - investigation closed COD: 1a Sepsis 1b) Pneumonia. CT head not performed as patient deteriorating and would not change management. For review and discussion at ED Safety and Governance Meeting

<p>75-year-old male patient living in a care home admitted after choking on a cup of tea. Treated with O2 and antibiotics but deteriorated and decision made for palliative care.</p> <p>Difficulties contacting family in ED for a prolonged period.</p>		<p>Patient arrived at A&E very ill and was treated promptly initially and quickly identified as being end of life. The patient however spent Saturday - Tuesday in A&E before being transferred to an inpatient ward on the end-of-life pathway.</p> <p>Experience for relatives and patient poor as ED is not best place for end of life care.</p>
<p>Post-op patient following #NOF developed necrotising fasciitis on a background of alcohol induced cirrhosis and T3 Diabetes. Rapid deterioration on the ward, decision not to escalated to critical care.</p>		<p>Referred to coroner due to the cause of death related to the operation. Blood cultures positive for Clostridium Perfringens and E-coli.</p> <p>Documentary Inquest concluded: 1a) Necrotising Fasciitis 1b) Operation for Dynamic Hip Screw 1c) Fracture of the neck of the left femur 2) Type 3c Diabetes Mellitus, Iliac artery aneurysm Coroners conclusion - Accident</p> <p>Requires IPC opinion before decision on final grade. Amber if processes properly followed as remains death due to a post-operative wound infection.</p>

Nb. CRR stands for Case Record Review and includes all techniques with a defined methodology which includes SJR and medical examiner scrutiny.

2. Key learning points

Update 25	<p><u>Know your Pathways</u></p> <p>Trust pathways have been developed following local and national guidance of significant events and learning within the healthcare environment. It is imperative that staff familiarise themselves with what pathways are available within their field of practice, then follow them accordingly.</p>	<p><u>Communication with families / carers</u></p> <p>At times of high emotion and distress, it may be that families and carers do not take in what is happening to their loved one and may not be able to comprehend a poor prognosis. Staff must remain aware of verbal of physical cues from families / carers suggesting key messages haven't been fully appreciated.</p>
Update 24	<p><u>Imaging with contrast</u></p> <p>Inpatients who receive imaging with contrast are at a higher risk of renal complications if their fluids are not correctly managed. Please consider IV fluids for these patients as they are particularly vulnerable</p>	<p><u>Observe caution in the use of Lorazepam in the elderly.</u></p> <p>Click here</p>
Update 24 Cont.	<p><u>DNACPR communications on Transfer</u></p> <p>On a transfer form there is a specific box to indicate a DNACPR in place, this must be ticked and they must ensure the lilac form is prominent at the front of the case</p>	<p>Guidance is given in the Delerium assessment and management pro-forma under the elderly & frail, medication, ED section of the intranet</p>
<p>Further updates can be found on the intranet Learning from Action</p>		

Learning into Action

Following each quarterly submission to Board, examples of learning are reported and shared throughout the organisation to ensure that all staff are given the opportunity to determine how this could impact on their practice and try and make things better. The learning is shared at team brief and via all Trust councils. The learning also appears on the intranet.

<http://nww.sthk.nhs.uk/about/learning-into-action>

3. Coroners Cases Q1 2024/25 – STHK

Total 481

Inquests 98

PFD (Preventing future deaths) 0

Coroners Cases Q1 2024/25 – S&O

Total: 9

Inquests: 6

Post Mortems: 3

Cases linked to hospital care: 1 (see red case above)

PSIIs resulting in death STHK – closed Q1 learning themes

Nil

ENDS

Title of Meeting	Trust Board	Date	29 January 2025
Agenda Item	TB25/010		
Report Title	Clinical Negligence Scheme for Trusts 2024/25 Self Declaration		
Executive Lead	Lynne Barnes, Acting Director of Nursing, Midwifery and Governance		
Presenting Officer	Lynne Barnes, Acting Director of Nursing, Midwifery and Governance		
Action Required	X	To Approve	To Note
Purpose			
<p>This report is intended to provide an update on the Maternity Services final position in achieving compliance with the ten safety actions (SA) required from NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) Year 6 in order to optimise the safety of women and babies in our care.</p>			
Executive Summary			
<p>NHS Resolution produced guidance for the MIS Year 6 in April 2024 with updates received in July and October 2024.</p> <p>To be eligible for payment under the scheme, the Maternity Service is required to be compliant with all ten safety actions and if assured, to submit a completed Board declaration form to NHS Resolution by 12 noon on 03 March 2025. The Trust's Chief Executive Officer (CEO) must ensure that the Accountable Officer (AO) for the Integrated Care Board (ICB) is appraised of the MIS safety actions evidence and the declaration form and that they are both required to sign the declaration form to confirm they are both fully assured and in agreement with the compliance submission.</p> <p>The report details progress and evidence to demonstrate assurance enabling a self-declaration of full compliance to all 10 safety actions.</p> <p>The Local Maternity and Neonatal System (LMNS) were provided with evidence in relation to safety actions 3, 4, 5, 6, 7, 8 and 9 to enable assessment and updates of assurance to the ICB) in November 2024 and feedback is awaited.</p> <p>Safety actions 1, 2 and 10 were not reviewed by LMNS as this was not within their remit as triangulation of compliance will be undertaken by NHSR.</p>			
Financial Implications			
<p>Failure of the Maternity Service to achieve the required compliance with all the safety actions within CNST MIS, will result in the service not recovering the 10% element of the CNST contribution from the scheme.</p>			
Quality and/or Equality Impact			
<p>There would be a safety and reputational impact if full compliance was not achieved.</p>			
Recommendations			
<p>The Board is asked to approve the Clinical Negligence Scheme for Trusts Self Declaration.</p>			
Strategic Objectives			

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
	SO8 Financial Performance, Efficiency and Productivity
	SO9 Strategic Plans

Maternity Incentive Scheme Year 6 Update

1. Introduction

NHS Resolution produced guidance for the Maternity Incentive Scheme Year 6 in April 2024 with updates received in July and October 2024.

To be eligible to recover a 10% element of the Maternity Services contribution, we are required to submit a completed Board declaration form to NHS Resolution by 12 noon on 3 March 2025 and comply with the following conditions.

- Trusts must achieve all ten maternity safety actions.
- The declaration form to be submitted to Trust Board with an accompanying joint presentation detailing position and progress with maternity safety actions by the director of midwifery/head of midwifery and clinical director for maternity services.
- The Trust Board must then give their permission to the Chief Executive Officer (CEO) to sign the Board declaration form prior to submission to NHS Resolution. Trust Board declaration form must be signed by the Trust's CEO only.

The declaration form must be signed by the CEO to confirm that:

- The Trust Board are satisfied that the evidence provided to demonstrate achievement of the ten maternity safety actions meets the required safety actions' sub-requirements as set out in the safety actions and technical guidance.
- There are no reports covering either year 2023/24 or 2024/25 that relate to the provision of Maternity Services that may subsequently provide conflicting information to your declaration (e.g., Care Quality Commission (CQC) inspection report, Healthcare Safety Investigation Branch (HSIB) / MNSI investigation reports etc.). All such reports should be brought to the MIS team's attention before 3 March 2025.
- Any reports covering an earlier time – period may prompt a review of a previous MIS submission.
- In addition, the CEO of the Trust will ensure that the Accountable Officer (AO) for their Integrated Care System (ICB) is apprised of the MIS safety actions and declaration form. The CEO and AO must both sign the Board declaration form as evidence that they are both fully assured and in agreement with the compliance submission to NHSR.

A range of external verification points for MIS submissions are undertaken which include cross checking with:

- MBRRACE- UK for SA 1
- NHS England relating to the Maternity Services Data Set (MSDS) for SA2.
- National Neonatal Research database (NNRD), MNSI and NHSR for qualifying incidents for SA10.

The Maternity Service allocated responsible lead/s for each safety action and undertook weekly meetings to review and collate evidence ahead of the submission deadline which was chaired by the Director of Nursing, Midwifery and Governance.

There are 10 safety actions with related technical guidance for the evidence, which the Maternity Service must achieve compliance with:

Safety action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?

Safety action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?

Safety action 3: Can you demonstrate that you have transitional care services in place and undertaking quality improvements to minimise separation of parents and their babies?

Safety action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard? Obstetric medical workforce, Anaesthetic medical workforce, neonatal medical workforce, and neonatal nursing workforce.

Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?

Safety action 6: Can you demonstrate that you are on track to achieve compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?

Safety action 7: Listen to women, parents and families using maternity and neonatal services and coproduce services with users.

Safety action 8: Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?

Safety action 9: Can you demonstrate that there is clear oversight in place to provide assurance to the Board on maternity and neonatal safety and quality issues?

Safety action 10: Have you reported 100% of qualifying cases to Maternity and Newborn Safety Investigations (MNSI) and to NHS Resolution's Early Notification (EN) Scheme from 8 December 2023 to 30 November 2024?

This paper outlines the current progress with the safety actions for the committee to note.

2. Safety Action Compliance

Each Safety Action will be discussed individually with details of evidence of compliance.

2.1: Safety action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?

The reporting timeframe is for the period 8 December 2023 to 30 November and the reportable criteria include late miscarriages/ late fetal losses (22+0 to 23+6 weeks gestation), stillbirths (from 24+0 weeks gestation) and neonatal deaths from 22 weeks (or 500g if gestation unknown) up to 28 days after birth. The required standards are:

- a) Notification of all eligible perinatal deaths to MBRRACE-UK within 7 working days.
- b) For at least 95% of all the deaths of babies eligible for PMRT review, Trusts should ensure parents are given the opportunity to provide feedback, share their perspectives of care and raise any questions and comments they may have from 8 December 2023 onwards.
- c) 95% of deaths of babies who were born and died at the Trust from 02/04/24 are required to have a PMRT multidisciplinary review started within 2 months of the death and a minimum of 60% of these reviews should be completed and published within 6 months.
- d) Quarterly reports submitted to the Trust Executive Board for all deaths from 8th December 2023 that include details of the deaths reviewed and any themes identified and any associated action plans.

All notifications and surveillance forms have been completed using the MBRRACE- UK reporting website as per guidance.

The Maternity Service at MWL had 13 reportable deaths between the 08/12/23 and the 30/11/24 with 7 deaths on the Whiston site and 6 on the Ormskirk site.

There is 100% compliance for notification of all eligible deaths within 7 working days and also for providing parents with the opportunity to provide feedback, share perspectives, and raise any questions as part of the PMRT reviews.

100% of all 13 of the eligible cases commenced a multidisciplinary PMRT review within two months of the death.

9 of the 13 cases had a completed and published report within 6 months of the death. Four cases occurred in October/ November and are in progress and within the timescales for completion of April/ May 2025, thereby providing 100% current compliance to element c.

The Quality and Safety Matron monitors compliance every month implementing any necessary actions to ensure that these standards are maintained and the MBRRACE reporting website reports confirms compliance to all the required criteria.

A quarterly maternity and neonatal update paper is presented to Quality Committee and details all deaths, including themes and lessons learnt.

All required quarterly reports have been completed and presented as required in February, May, July and October 24. The Quality committee receives a monthly CPR which includes data from the PQSM as a standing agenda item detailing perinatal mortality. The Maternity Service is deemed compliant with all elements of safety action 1.

Compliance: Achieved

2.2 Safety action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?

To achieve this standard the service submissions to the Maternity Services Data Set (MSDS) are assessed for quality and completeness. The Trust Board must be assured that 10 out of 11 Clinical Quality Improvement Metrics (CQIMs) have passed the associated data quality criteria in the “Clinical Negligence Scheme for Trusts: Scorecard” in the Maternity Services Monthly Statistics publication series for data submissions relating to activity in July 2024.

The CQIMs are:

- Babies who were born pre-term
- Babies with a first feed of breastmilk
- Proportion of babies born at term with an Apgar score <7 at 5 minutes
- Women who had a postpartum haemorrhage of 1,500ml or more
- Women who were current smokers at booking
- Women who were current smokers at delivery
- Women delivering vaginally who had a 3rd or 4th degree tear
- Women who gave birth to a single second baby vaginally at or after 37 weeks after a previous caesarean section
- Caesarean section delivery rate in Robson group 1
- Caesarean section delivery rate in Robson group 2
- Caesarean section delivery rate in Robson group 5

The July 24 data is required to contain validated ethnic categorisation (Maternal) for at least 90% of women booked in the month.

Confirmation has been received that the Maternity Service has achieved 11 out of 11 Clinical Quality Improvement Metrics (CQIMs) and that 98.2% of validated ethnic categorisation has been achieved and therefore the maternity service has fully met the required compliance for MIS Year 6.

Compliance: Achieved

2.3 Safety action 3: Can you demonstrate that you have transitional care services in place and undertaking quality improvements to minimise separation of parents and their babies?

The required standards for SA3 are:

- a) There are pathways of care into Transitional care (TC) which include babies between 34+0 and 36+6 in alignment with the BAPM TC framework for practice or be able to evidence progress towards a TC pathway which has been presented to the Trust and LMNS Boards.

The Ormskirk site has a TC service in place with TC pathways in place which meets the required admission criteria.

The Whiston site currently provides elements of the BAPM TC framework with associated pathways in place. An action plan was developed and signed off by the Trust with clear timescales and evidence of progress towards full implementation being monitored following approved funding to staff a TC service compliant with BAPM.

The additional funding included additional nurse and maternity support worker staffing. Recruitment has been completed following several recruitment drives with staff in various stages of recruitment, orientation and training prior to an implementation date. Progress updates have regularly been shared with the Trust Quality committee via the quarterly maternity and neonatal reports with the most recent update being on 22/10/24 alongside the action plan being signed off by the LMNS on 12/12/24.

The Trust is compliant with TC local admission criteria based on BAPM, demonstrating at least 1 element of HRG XA04 activity which includes low birth weight babies, babies who are on a stable reducing programme of opiate withdrawal, tube feeding, intravenous antibiotics and phototherapy.

- b) Drawing on insights from themes identified from any term admissions to the neonatal unit, there is a requirement to undertake at least one quality improvement initiative to decrease admissions and/or length of stay. The initiatives are required to be registered with the Trust quality/ service improvement team within 6 months of the start of MIS and by the 30/11/24 an update is required to be presented to the LMNS and safety champions regarding progress.

Both maternity sites identified quality improvement initiatives and registered the projects with the Trust quality/ service improvement team within 6 months of the start of MIS as required.

The Whiston site registered their project on the 6th August 2024 which related to the implementation of Newborn Early Warning Track and Trigger framework (NEWTT 2) that is used in the postnatal care environment to support monitoring of baby. Elements including promotion of skin to skin and the completion of neonatal observations were identified to ensure timely interventions were undertaken.

The Ormskirk site registered their project on 29th August 2024 which relates to thermoregulation of the newborn.

Both sites presented updates to the safety champions in October 2024 and update progress was presented to the LMNS on the 21/11/24.

The maternity service has met the required standard for safety action 3 and is compliant.

Compliance: Achieved

2.4 Safety action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?

a) Obstetric Workforce:

1. Requirement to demonstrate compliance for employing short term locum obstetric and gynaecology doctors (2 weeks or less) on the 2 or 3 tier rotas.

One of the following criteria is required to be met:

- a) Currently work in the unit on the tier 2 or 3 rota or:
- b) Have worked on the unit within the last 5 years on the tier 2 or 3 rota as a postgraduate doctor in training and remain in the training programme with satisfactory annual review of competency progression (ARCP) or:
- c) Hold a certificate of eligibility (CEL) to undertake short term locums.

An audit relating to short term locum and long-term locum doctors was undertaken for the six-month period 01/02/24 until 31/07/24 in conjunction with medical human resources. The audit period covers the period detailed in the SA 4 technical guidance and as required in the Board notification form.

For this reporting period there were 26 short term locum doctors who undertook shifts on the tier 2 and 3 rotas with the following compliance.

14 locums met criteria a), 7 met criteria b) and 5 met criteria c). In conclusion all locums were compliant in accordance with the RCOG guidance providing 100% compliance by meeting requirement a), b) or c).

2. Trusts should implement the RCOG guidance on engagement of long-term locums and provide evidence of compliance to the Board, Trust board safety champions and LMNS.

An audit was undertaken for the six-month period after February 2024 as detailed in the SA4 technical guidance which confirmed that the Trust did not employ any long-term locums on either MWL site for this reporting period. The audit for both short term and long-term locum doctors was submitted to the Trust safety champions and the LMNS in November.

3. Trusts should be working towards implementing the RCOG guidance on compensatory rest where consultants and SAS doctors are working as non-resident on call out of hours and do not have sufficient rest to undertake their normal working duties the following day.

This element will not be measured in MIS year 6 but the guidance identifies the importance for services to develop action plans to address this guidance.

- At MWL standard operating procedures have been in place since November 2023 ensuring that compensatory rest is undertaken, and actions required to be undertaken. Compliance to this element is achieved.

4. Monitoring of compliance of consultant attendance for clinical situations as listed in RCOG workforce document, 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' in the service. Episodes of non-attendance should be reviewed as an opportunity for departmental learning with agreed actions to prevent non-occurrence.

Audits of each month's activity was undertaken from the start of the reporting period 2nd April 2024, which includes audits of clinical situations where a consultant obstetricians' presence is mandatory alongside audits of clinical situations where a consultant presence, or a suitability trained medic is required to attend.

On the Whiston site, the monthly audits are presented and monitored at Labour Ward Forum and the Obstetrics and Gynaecology Clinical Governance and Quality meeting.

For the 6-month reporting period there were 28 clinical situations where a consultant must attend, and the consultant was in attendance for 22 (79%) cases. 4 cases related to an emergency caesarean section for woman with a BMI >50 which occurred overnight when there was no resident consultant on call. One case related to a post-partum haemorrhage and the remaining case was a fourth-degree tear.

There were 272 cases within this reporting period for situations in which the consultant must attend unless the most senior doctor present has documented evidence as being signed off as competent. There were 15 cases of non-compliance or additional documented evidence of attendance by a consultant or senior obstetrician therefore providing an overall compliance rate of 94.5%. The themes for these cases relate to emergency caesarean sections for women with a BMI of >40 (7 cases), estimated blood loss of 1.5L and ongoing bleeding (6 cases) and 2 trials of instrumental birth.

All cases have been reviewed for departmental learning and discussions undertaken with relevant staff in relation to required escalation and appropriate documentation.

On the Ormskirk site, 2 thematic audits were undertaken, one six monthly audit for the period, January to July 24 and the second audit for the period August to October 24.

In total there were 24 clinical situations where a consultant must attend, and the consultant was in attendance for all cases (100%).

There were 105 cases within the same reporting period for situations in which the consultant must attend unless the most senior doctor present has documented evidence as being signed off as competent. There were 4 cases of non-compliance or additional documented evidence of attendance by a consultant or senior obstetrician therefore providing an overall compliance rate of 96%. There were two vaginal breech births with 1 baby born in the ambulance on route to the hospital which was unavoidable for medical staff non-attendance and one intrauterine death at 27 weeks gestation which did not require medical staff attendance. There was one post-partum haemorrhage (PPH) of 1.5L at a home birth that did not facilitate the presence of a medic immediately post birth but appropriate review upon transfer into the unit and 1 undiagnosed vaginal breech in the pool. Emergency assistance summoned immediately upon recognition of breech, but rapid birth occurred before arrival of medical staff.

Monitoring of audits undertaken at governance and quality meetings

The audits were discussed at the Trust safety Champions meeting and submitted to the LMNS in November 2024.

Compliance: Achieved

b) Anaesthetic Workforce:

There is a requirement that a duty anaesthetist is immediately available for the obstetric unit 24 hours a day who should always have clear lines of communication to the supervising anaesthetic consultant. Where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients with evidence provided by a month anaesthetic rota.

There is availability of a duty anaesthetist immediately for the obstetric units 24 hours per day at both the Whiston and Ormskirk sites that always have clear lines of communication to the supervising Anaesthetic Consultant. Anaesthetic rotas provide were reviewed and were provided to the LMNS which demonstrated full compliance.

Compliance: Achieved

c) Neonatal Medical Workforce:

This safety action requires the neonatal unit to meet the BAPM national standards of medical staffing or if the standards are not met, there is an action plan which should be shared with the LMNS and Neonatal Operational Delivery Network (ODN).

For the Whiston site the neonatal medical staffing is compliant to BAPM standards for Tier 1, 2 and 3 as agreed by the ODN during their annual visit in October 2024.

The Ormskirk site was non-compliant for Tier 2 medical staffing for the MIS Year 5 submission and an action plan was developed which was agreed by the Trust Board and shared with the ODN and LMNS as evidence for compliance.

A business case was approved to support increased staffing to address the deficit and recruitment commenced. Quality Committee and ODN have been kept apprised of challenges in the ongoing recruitment within the quarterly updates within the MIS Year 6 scheme year. Updated action plan is provided as appendix 1.

Medical staffing compliance has been recorded in the Trust Board minutes as meeting the relevant BAPM recommendations. Whilst the approved rota is compliant with BAPM standards, recruitment has been challenging to ensure consistent cover. Therefore, a consultation with the medical staff has been undertaken to amend working patterns to support coverage, as per the previously agreed action plan, with the addition of locum shifts to fill any gaps whilst further recruitment is underway. The new rotas were developed and agreed on 24th November 2024 within the MIS reporting period. The ODN has been informed of the changes undertaken to ensure consistent compliance with the BAPM standards.'

d) Neonatal Nursing Workforce:

The Neonatal unit on both the Ormskirk and Whiston sites meet the BAPM Neonatal Nursing Standards in MIS Year 6 utilising the Neonatal workforce calculators for each site which were undertaken within the MIS reporting period of the 2nd April 2024 to 30th November 2024 and have been shared with the ODN. Compliance has been achieved and the findings shared with the LMNS.

The Trust has formally recorded compliance to BAPM Nurse staffing standards using the Neonatal Nursing Workforce Calculator as detailed within the quarterly maternity and neonatal updates presented at the Quality committee and Trust Board.

Compliance: Achieved

2.5 Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?

A Birthrate Plus maternity workforce assessment has been undertaken for both sites in 2022 and within the last three years that provided an evidence-based process to calculate midwifery staffing establishment in accordance with MIS SA5 standard a) requirements. Consideration will be required in 2025 to undertake a further assessment as this will be three years from the previous review.

Maternity and Neonatal quarterly update reports, monthly clinical dashboards and evidence of workforce safe staffing data are presented to Quality Committee providing evidence that the midwifery staffing budget reflects the minimum staffing establishment as outlined in BR+ alongside providing evidence of the delivery suite shift co-ordinator being supernumerary at the start of every shift and that women in established labour receive 1:1 care.

100% compliance has continually been achieved to both the provision of 1-1 care in labour and the supernummary shift coordinator. At MWL 100% compliance to a delivery suite shift coordinator has been achieved for the entire shift and not just at the start of a shift which was introduced in MIS year 6 as the service strives to continue the oversight of all birth activity within the service to maintain safety.

The workforce staffing update is included within the Maternity and Neonatal quarterly reports alongside the provision of a minimum biannual staffing reports. The staffing report demonstrates evidence of the breakdown of Birthrate Plus (BR+) and that the staffing budget reflects the establishment against BR+ based on the current model of care, the midwife to birth ratio, maternity red flags and the percentage of specialist midwives / management employed which accounts for 9% of the establishment on both sites who are not included in the clinical numbers. The service is currently reviewing midwives in fixed term externally funded posts to ensure continuation of these services in the future and those recommended by Ockenden which is likely to require a business case in the future.

The staffing papers reflect all the required evidence demonstrating compliance for MIS Year 6 including that 9% of the non-clinical midwifery workforce is in alignment with BR+

recommendations and 100% supernummary delivery suite shift coordinator and provision of 1-1 care in labour.

Compliance: Achieved

2.6 Safety action 6: Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three (SBLCB v3.0)?

The standard requires the provision of assurance to the Trust Board and ICB of being on track to achieve compliance with all six elements of SBLv3 through quarterly quality improvement discussions with the ICB.

The six elements for SBL are:

- Element 1: Reducing Smoking in Pregnancy
- Element 2: Risk Assessment and Surveillance of Fetal Growth Restriction
- Element 3: Raising Awareness of Reduced Fetal Movements
- Element 4: Effective Fetal Monitoring in Labour
- Element 5: Reducing Preterm Birth
- Element 6: Management of pre-existing diabetes

To fully achieve this safety action for year 6 the Maternity and Neonatal Services must be able to demonstrate that at least two (and up to three) quarterly quality improvement discussions have been held between the ICB and the Trust.

The Division have worked closely with the LMNS and have, to date, held five quality improvement discussions with scrutiny of progress monitored using the national SBLCBV3 Implementation Tool through the NHS Future Portal and two review meeting being within the MIS Year 6 reporting period. The Trust have received a validated position for the review that occurred in Q2 2024/25 and can report a 93% compliance on the Whiston site, and 100% compliance on the Ormskirk site. The LMNS are currently reviewing site specific data for 2024/25 but will be moving to an MWL review in 2025/26. The LMNS have confirmed that they are happy with the continued progress of MWL in implementing the care bundle.

The tables below provide compliance progress for Q2 2023/24 to end of Q2 2024/25 reviews:

Whiston Site:

	Baseline assessment	Assessment 1	Assessment 2	Assessment 3	Assessment 4
Review Quarter	Q2 (2023/24)	Q3(2023/24)	Q4 (2023/24)	Q1 (2024/25)	Q2 2024/25)
Assurance review date	17/11/23	07/12/23	07/03/24	06/06/2024	05/09/2024
Element 1	10%	50%	60%	90%	100%
Element 2	70%	75%	80%	85%	85%
Element 3	50%	50%	100%	100%	100%
Element 4	60%	100%	80%	60%	100%
Element 5	37%	74%	93%	93%	93%
Element 6	33%	67%	83%	100%	100%
Total	40%	71%	83%	88%	93%

Ormskirk Site:

	Baseline assessment	Assessment 1	Assessment 2	Assessment 3	Assessment 4
Review Quarter	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)	Q1 2024/25)	Q2 2024/25)
Assurance review date	16/11/23	08/12/23	22/03/24	27/06/2024	17/09/2024
Element 1	60%	100%	100%	100%	100%
Element 2	60%	75%	95%	100%	100%
Element 3	0%	50%	100%	100%	100%
Element 4	80%	100%	60%	80%	100%
Element 5	26%	85%	96%	96%	100%
Element 6	67%	83%	100%	100%	100%
Total	47%	84%	94%	97%	100%

Action plans are in place to continue to improve towards full implementation of Element 2 and element 5 on the Whiston site.

Element 2: Risk Assessment and Surveillance of Fetal Growth Restriction

All recommendations have been implemented with work continuing to achieve 100% compliance relating to audit findings.

Element 2 additionally requires the implementation of blood pressure (BP) assessment with digital monitors at the booking risk assessment and for hypertensive disorders, which impact on fetal growth restriction. At the time of the Q2 review, Whiston had procured new monitors and were in the process of distributing the monitors to community staff. All community midwives have now received their monitors and full compliance with this recommendation and updates have been provided for the November evidence submission.

Element 5: Reducing Preterm Birth.

The maternity and neonatal service are working together to ensure improved compliance in relation to data quality and documentation. A new admission document has been introduced on the neonatal unit to support the required data collection that will improve compliance.

Improvement in the compliance has been facilitated by the fixed term appointment with external funding of a preterm midwife, who has implemented several quality improvement measures that have impacted on optimisation outcomes. Further improvement continues to be required with engagement from the neonatal team regarding documentation of discussions held with parents prior to a potential preterm birth. Steps have been taken to ensure that the documents required to be completed are readily available and that the teams are aware of the importance of recording conversations held.

Significant work has already been undertaken on the maternity unit to provide information and equipment to parents to support the provision of early maternal breastmilk for preterm babies prior to birth. Maternity and Neonatal BFI leads are working together to improve information for parents and staff around early provision of breastmilk.

The next evidence submissions were uploaded to the NHS Futures platform on 15th November. NHS Futures is an electronic collaboration platform that empowers everyone working in health and social care to safely connect, share and learn across boundaries. This platform is utilised to upload SBL evidence for the LMNS to review. A further improvement discussion was held on 6th December. This validated data has not been included in this report as it falls outside the MIS reporting period.

The three-year delivery plan for maternity and neonatal services sets out that providers should fully implement Saving Babies Lives Version Three by March 2024. However, where full implementation is not in place, compliance can still be achieved if the ICB confirms it is assured that all best endeavours and sufficient progress has been made towards full implementation in line with the locally agreed improvement trajectory.

The agreed trajectory with the LMNS includes implementation of the required process indicators which are all in place for the six elements alongside demonstrable progress throughout the MIS reporting period which is reported in the increased % compliance tables.

Ormskirk and Whiston sites are both compliant from an MIS perspective and continue to work towards full compliance.

Compliance: Achieved

2.7 Safety action 7: Listen to women, parents and families using maternity and neonatal services and coproduce services with users.

Standard 1 identifies that the Maternity Service is required to work with the LMNS/ICB to ensure a funded user led Maternity and Neonatal Voices Partnership (MNVP) in line with the Delivery Plan and MNVP guidance to enable:

- Engagement and listening to families.
- Strategic influence and decision making
- Infrastructure.

The service currently has 2 MNVP leads who are fully funded by Sefton ICB and St Helens and Knowsley Commissioners which includes out of pocket expenses and childcare if required which is confirmed in the job description and person specification for our MNVP leads. The MNVP lead on the Whiston site is hosted by MWL, funded by the commissioners but is independent to the maternity service.

Additional monies have been secured from the LMNS for 72 hours to support delivery of the MNVP action plan.

- Engagement and listening to families require evidence of MNVP engagement with local community groups and charities prioritising hearing from those experiencing the worst outcomes, as per the LMNS Equity & Equality plan.

Examples of some of the engagement events have included undertaking:

- 15 steps challenges on both sites in 2024 with aims of co production, collaboration, identification of improvements and environmental changes and feedback from service users to inform improvements.
 - Visibility in areas across both sites to meet and engage with service users within maternity and neonatal services.
 - World café event with a focus on antenatal care
 - Local listening event led by MNVP and obstetricians.
 - Presence in local family hubs and St Helens Mosque to gain wider community views of service users.
 - Coproduction of informed choice for place of birth, input into social media/ web pages, surveys and support based on findings of CQC patient survey results, gauging views on partners staying overnight, support received for parents whose babies are on the neonatal unit, families who have experienced neonatal and bereavement care and families from BAME backgrounds and areas of deprivation.
- Strategic influence and decision making
The minimum evidential requirements identify that the terms of reference (TOR) for Trust safety and governance meetings must showing the MNVP lead as a member. The service can evidence that the following meetings term of reference are compliant, Trust Safety champion meetings, Maternity quality and governance and Intrapartum forum.
 - Infrastructure.
The requirements for this element include the availability of a job description for the MNVP lead, designated budgets with allocated funds for IT, engagement, training, expenses, out of pocket expenses and childcare costs. All these standards are provided and can be evidenced and have been confirmed by the MNVP lead.

Standard 2 for Safety action 7 relates to ensuring that an action plan is coproduced with the MNVP following the annual CQC maternity survey data publication which needs to include analysis of free text data and progress monitored regularly by the safety champions and the LMNS.

The service has developed an action plan in response to the maternity patient survey co-produced with the MNVP. An annual MNVP workplan is developed was approved by the MNVP lead and shared at the Safety Champions meeting. The workplan identifies priorities to listen to women's

voices including their families including those that have experienced neonatal and bereavement care and those from BAME backgrounds and areas of deprivation. The workplan includes actions to support, expand on feedback received to address and improve patient care and experiences identified from the survey scores and narrative. The action plans have been submitted to the Trust safety champions and to the LMNS.

Compliance: Achieved

2.8 Safety action 8: Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?

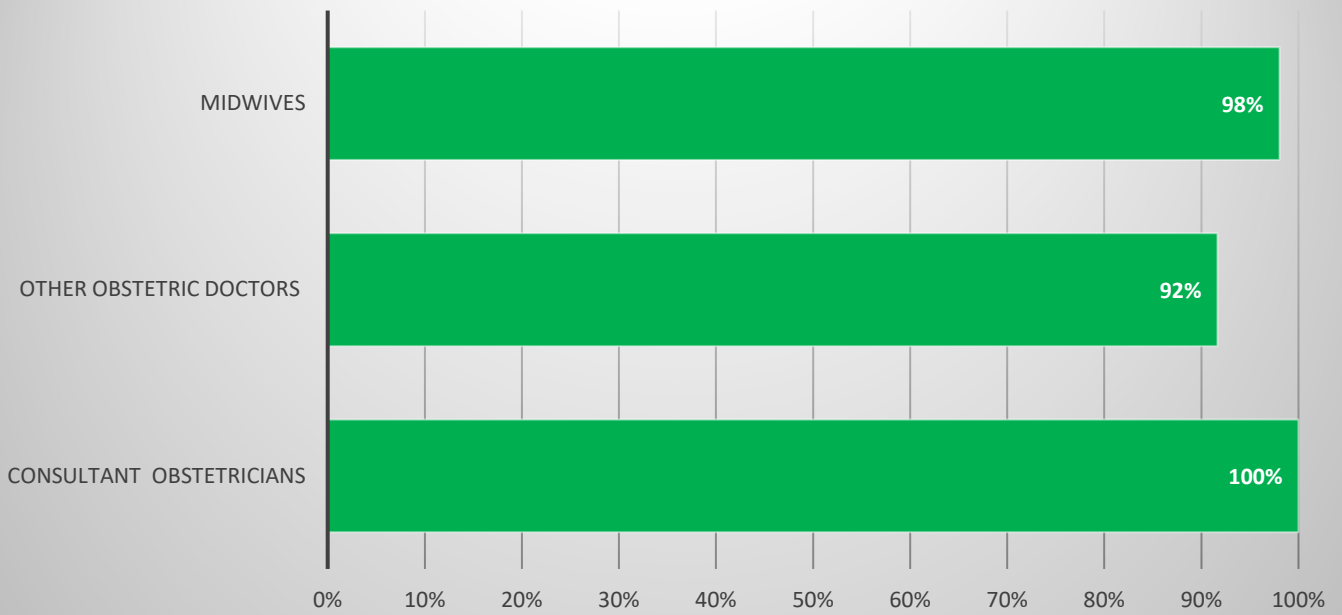
In order to meet the required standard for this safety action there is a requirement that 90% attendance of relevant staff groups working within the maternity services attend training within the reporting period of 1st December 2023- 30th November 2024.

1. Fetal monitoring training
2. Multi-professional maternity emergencies training
3. Neonatal Life Support training

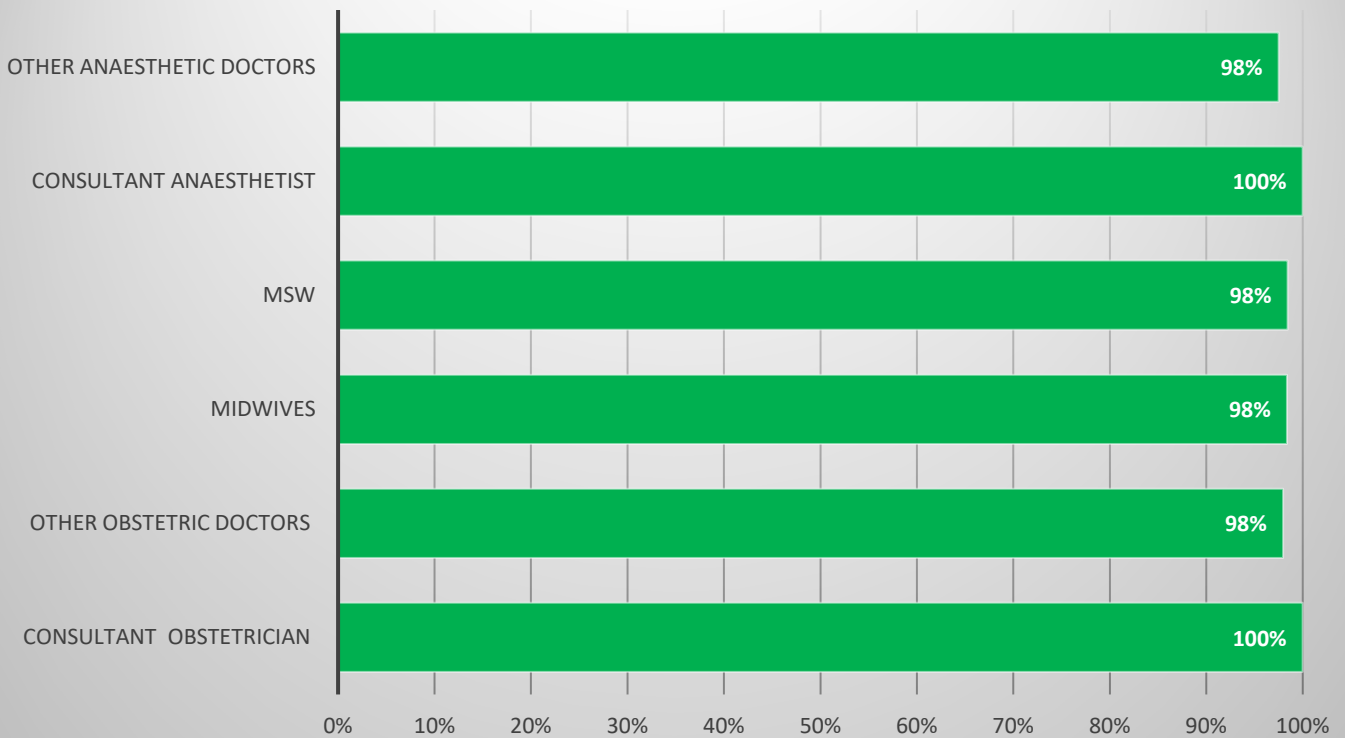
The maternity leadership team has undertaken extensive data validation exercise which has involved cross-referencing all staff in post at MWL on the 30th November 2024, against attendance sign in registers completed on each of the training days to verify compliance rates and that the participants represented each of the required staff groups to ensure that the training sessions are multi-disciplinary.

Throughout the scheme year, maternity and neonatal safety training has been undertaken on both Ormskirk and Whiston sites. Compliance is displayed below for each of the required elements with staff group numbers combined for overall figures as required for this CNST submission as MWL. Compliance rates for the individual sites are provided in Appendix 2.

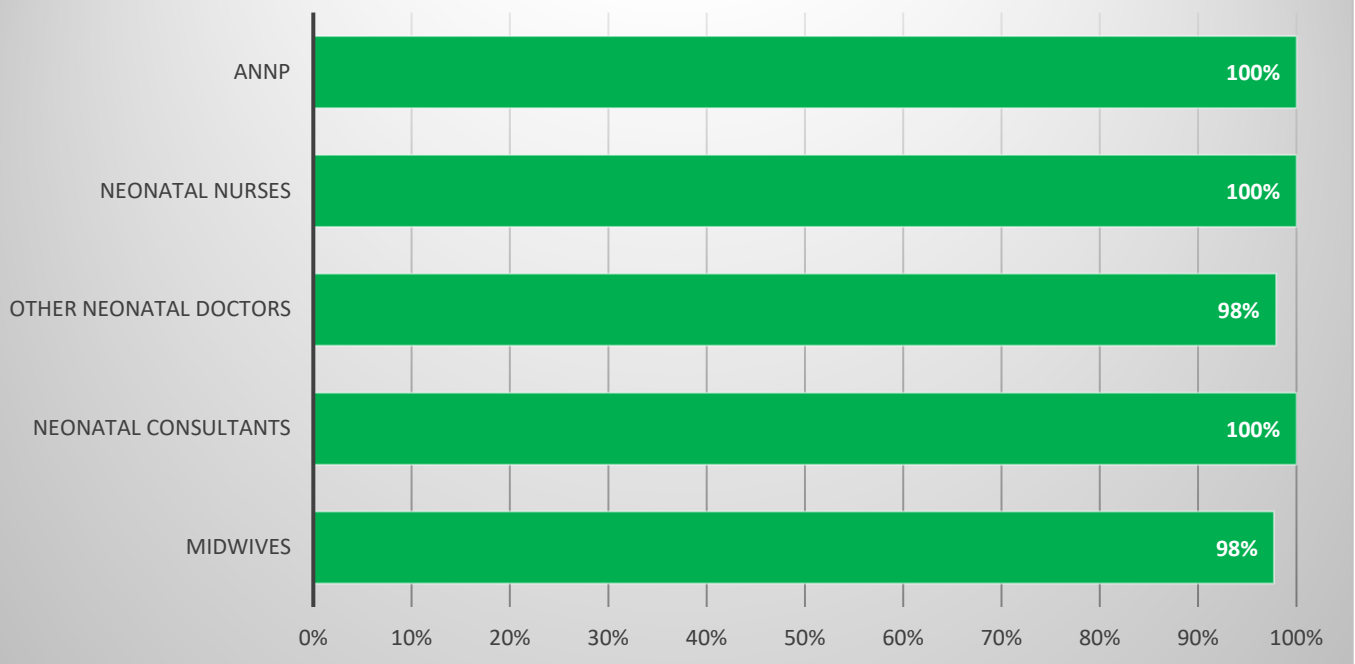
MWL: SA8 Fetal Surveillance



MWL: SA8 Maternity Multi-Professional Emergencies



MWL: SA8 Neonatal Life Support



The maternity service has met the required standard for safety action 8 with all required staff groups attendance for each training element >90% and is therefore compliant.

Whilst not formally monitored as part of MIS, throughout the scheme year other staff groups who are part of the multidisciplinary team providing maternity care at MWL including theatre staff, anaesthetists who do not contribute to the obstetric rotas, paramedics and student midwives have attended the training days for their own personal development. This is considered to be good practice and demonstrates recognition that multi-professional training contributes to safer maternity care.

Compliance: Achieved

2.9 Safety action 9: Can you demonstrate that there is clear oversight in place to provide assurance to the Board on maternity and neonatal safety and quality issues?

A national recommendation from the Ockenden Report was the proposed introduction of a Perinatal Quality Surveillance Model (PQSM) and the required standard is that all requirements of the PQSM must be fully embedded. There is an expectation that discussions regarding safety intelligence takes place at Trust Board (Or an appropriate subcommittee with delegated responsibility) which include ongoing monitoring of service and trends, concerns raised and progress and actions relating to local improvement plans utilising PSIRF with evidence of reporting/ escalation to the LMNS/ ICB/ Local and regional learning systems.

The minimum evidence must include the following:

1. Evidence that a non-executive director has been appointed and works alongside the board safety champion to develop trusting relationships between staff, the frontline maternity, neonatal and obstetric safety champions, the perinatal leadership team 'Quad', and the Trust Board to understand, communicate and champion learning, challenges, and best practice.
2. Evidence that a review of maternity and neonatal quality and safety is undertaken by the Trust Board (Or an appropriate Trust committee with delegated responsibility) using a minimum data set which is presented by a member of the perinatal leadership team.
3. Evidence of collaboration with the LMNS/ICB lead, showing evidence of shared learning and how Trust-level intelligence is being escalated to ensure early action and support for areas of concern or need, in line with the PQSM.
4. Evidence of ongoing engagement sessions with staff and progress with actions from these sessions are visible to both maternity and neonatal staff and reflects action and progress made on identified concerns.
5. Evidence that in addition to the regular Trust Board/sub-committee review of maternity and neonatal quality as described above, the Trust's claims scorecard is reviewed alongside incident and complaint data and discussed by the maternity, neonatal and Trust Board level Safety Champions at a Trust level (Board or directorate) meeting. These quarterly discussions must be held at least twice in the MIS reporting period at a Board or directorate level quality meeting.

The Trust has an appointed Non-Executive Director who attends the Maternity Safety Champions meetings, undertakes safety champion walkabouts across the maternity and neonatal services across MWL and attends Quality Committee and Board.

Details of safety escalations are discussed, logged and presented at the Safety Champions Meeting. Feedback to staff is completed through a wide variety of communication channels.

The NED additionally attended the LMNS annual visit on the 18th November 2024.

Monthly CPR and patient safety incidents are reported to Quality committee and Board alongside being included within the local and regional maternity clinical dashboard and maternity and neonatal quarterly update papers. All serious incidents are STEIS reportable and escalated to MNSI. All completed reports are submitted to the LMNS and presented at the single serious incident Cheshire and Merseyside patient safety meetings.

A Perinatal Quality Surveillance Model (PQSM) template developed by NHS England is utilised and a combined PQSM for MWL has been developed and in place with the data additionally included in the monthly CPR provided to Quality Committee.

The Trust can show compliance against the required standard elements which demonstrates robust processes to provide assurance to the Board on safety issues and how safety intelligence is shared from floor to Board.

The Maternity quarterly update reports contain information included in the PQSM tool, alongside the maternity clinical dashboard which is presented to the Committee as part of the CPR data. Incidents, MNSI and any PSIRF cases and findings presented by the Director of Midwifery providing evidence of how information is shared at Trust level to ensure early action and support for areas of concern are highlighted.

The November MWL PQSM template is attached in Appendix 1 which includes data for the MIS year 6 reporting period. The template provides a summary of the number of incidents per month graded as moderate or above, StEIS / MNSI reportable incidents, term admissions to NICU form DS, Intrapartum stillbirths, neonatal deaths before 28 days at MWL, 1-1 care in labour, supernumerary Delivery Suite (DS) shift leader availability and babies identified with HIE grade 2 or 3.

There is representation from the maternity and neonatal service who attend shared meetings with the LMNS/ICB where Trust and system level intelligence are presented and discussed. Examples of this include the Maternity Safety Oversight Group, Saving Babies Lives Oversight Meeting, Quality Safety Surveillance Group, Women's Health and Maternity (WHAM), Maternity Performance Oversight Panel (MPOP) and LMNS provider touchpoint meetings.

The Maternity Claims Scorecard was discussed at the Safety Champions Meeting and presented to patient safety council and is used to agree targeted interventions aimed at improving patient safety.

The Maternity Service presented the MWL combined Claims score card to Quality Committee on 19 October 2024 for the 2014/15 to 2023/24 period which was reviewed alongside the data from the incidents and complaints data.

The final standard relates to the requirement for a visible maternity and neonatal Board safety champion who can support the perinatal leadership team in their work to better understand local cultures. The maternity service has participated in the perinatal leadership course. The Ormskirk and Whiston sites initially commenced the programme as separate sites but joined to have MWL combined sessions. The Board safety champion attended meetings with the perinatal quadrumvirate leadership team throughout 2024 and has attended more than 3 meetings within the MIS reporting period. The Board safety champion has a standing invite to the weekly divisional leadership meeting so that if required the perinatal leadership team can escalate safety and quality concerns quickly and relevant support can be considered and implemented where required.

Compliance: Achieved

2.10: Safety action 10: Have you reported 100% of qualifying cases to the Maternity and Newborn Safety Investigations Special Health Authority (MNSI) programme and to NHS Resolution's Early Notification (EN) Scheme from 08 December 2023 to 30 November 2024

The standards for this safety action include the requirement to report all qualifying cases to MNSI and to report all qualifying Early Notification (EN) cases to NHSR EN scheme for the reporting period 8th December 2023 until 30 November 2024.

For this reporting period there was 1 case that required reporting that was undertaken.

When a case is identified as potentially reportable to MNSI the Maternity Service is required to ensure that the family receive information on the role of MNSI and NHSR EN scheme and that duty

of candour is completed. Evidence of these actions being undertaken is available for the reportable case.

Following an incident, verbal, and written duty of candour regarding both the local and MNSI investigations are provided. The service uses the tools provided by MNSI to provide information explaining the investigation process and the roles of MNSI and NHSR. Copies of the letter, which also confirms the verbal conversation are attached to the Datix report for the incident as evidence.

Monitoring and information of cases that require reporting to MNSI is via the monthly incident, complaints and claims reports that are presented at the Obstetric Clinical Governance and Quality meeting and within the quarterly maternity and neonatal update report that is presented at Quality Committee.

The Maternity Service escalates any cases accepted by MNSI to the Legal Services Department, who ensure that they are reported to NHS Resolutions Early Notification Scheme via the NHS resolutions claims reporting wizard advising whether families have been advised of NHSR involvement. This action has been completed for the 1 reportable case.

Once investigations are completed, the Maternity Service shares the final reports with Legal Services, who ensure they are uploaded to the EN service. The Maternity Service writes to complete duty of candour to the family and to offer a further copy of the report and a meeting to discuss the findings with a Consultant and Senior Midwife if they so wish.

Compliance: Achieved

3. Conclusion

The CNST MIS Year 6 evidence has been reviewed by the Maternity Services and at CNST MIS meetings chaired by the Director of Nursing, Midwifery and Governance throughout the reporting period timeframe. Quarterly maternity and neonatal update papers are presented to Quality committee providing information, progress and assurance to the 10 safety actions.

Evidence in relation to safety actions 3-9 have been submitted to the LMNS/ ICB either through ongoing improvement discussions or via evidence uploaded to the futures platform. No additional supporting evidence has been requested and formal feedback awaited.

The evidence available in relation to all 10 safety actions demonstrates compliance to MIS year 6 as detailed in the table below.

Safety Action	Safety Action Title	Compliance
1	Use of the National PMRT tool to review perinatal deaths	Compliant
2	Submission of data to the Maternity Services Data Set (MSDS) to the required standard?	Compliant
3	Demonstration of transitional care services in place and undertaking quality improvements to minimise separation of parents and their babies	Compliant
4	Demonstrate an effective system of clinical workforce planning for Obstetric, Anaesthetic and neonatal medical workforce and the neonatal nursing workforce.	Compliant
5	Demonstrate an effective system of midwifery workforce planning.	Compliant
6	Demonstrate that the service is on track to achieve compliance with all elements of the SBLCB V3	Compliant
7	Listen to women, parents and families using maternity and neonatal services and coproduce services with users.	Compliant
8	Evidence of compliance to the 3 elements of local training plans and 'in-house', one day multi professional training	Compliant
9	Demonstrate that there is clear oversight in place to provide assurance to the Board on maternity and neonatal safety and quality issues	Compliant
10	Reporting of 100% of qualifying cases to MNSI and to NHSR Early Notification Scheme	Compliant

4. Next Steps / Priorities

- MIS supporting paper and presentation to be presented to Trust Quality committee by the Divisional Director of Midwifery and the Divisional Medical Director on 21st January 2025
- MIS supporting paper and presentation to be presented to Trust Board by the Divisional Director of Midwifery and the Divisional Medical Director on 29th January 2025
- The Maternity Service will continue to provide evidence via the Futures platform to the LMNS alongside quarterly quality improvement discussions regarding implementation of SBLCB v3.0 to meet full implementation and monitoring of ongoing audits.
- The Trust declaration form to be signed by the Trust CEO and by the AO of the ICB.

5. Recommendations

The Board are asked to note and approve the contents of the report. If Board assurance confirmed, completion of the Board declaration form by the Trust CEO is required to be submitted to NHSR by 12 noon on the 3 March 2025.

Neonatal medical staffing action plan

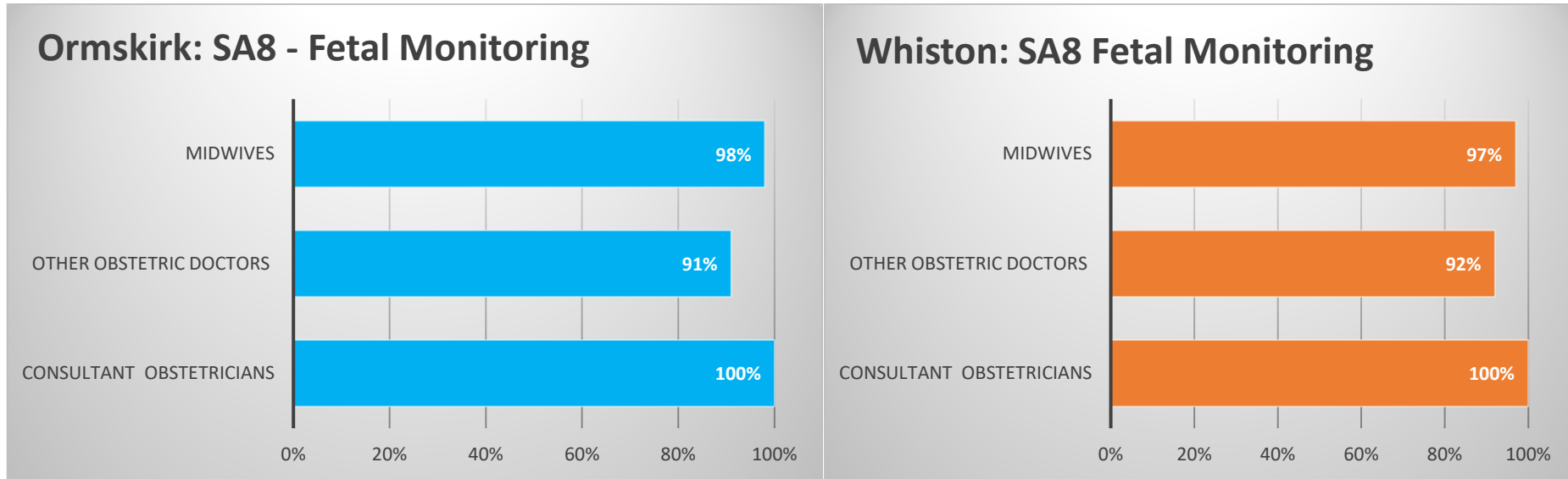
MIS Safety action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?

Recommendation	Action	Responsible person	Target date	Progress	BRAG rating
<p>The neonatal unit meets the relevant BAPM national standards of medical staffing</p>	<p>Development of business case to increase neonatal medical staffing</p>	<p>Paediatric Directorate manager/ Clinical Director</p>	<p>January 2024</p>	<p>Business case developed and approved by Executive committee</p>	<p style="background-color: #00aaff; color: white; text-align: center;">BRAG Rating</p>
	<p>Recruit to four funded Tier 2 vacancies</p>	<p>Paediatric Directorate manager</p>	<p>May 24. Date extended due to challenges with recruitment to Nov 2024</p>	<p>Recruitment commenced. 3 unsuccessful rounds of recruitment to fill all vacancies.</p> <p>Decision made by Clinical Director review and attempt to implement an expanded rota and continue to utilise locums to fill any aps. Suggested rota approved by consultants and circulated to existing Tier 2 medics for consultation. Various issues raised and CD addressing and adapting rota.</p> <p>New version of rota sent to Tier 2 medics. Medical staff changeover and therefore further consultation undertaken as required in May 2024. New rota agreed following 12 weeks' notice period. Rota's developed on 24/11/24 with utilisation of locums to cover any identified gaps following development and publication of rota.</p> <p>New rota fully implemented on 13/01/25 enabling compliance with Tier 2 medical staffing</p>	<p style="background-color: #00aaff; color: white; text-align: center;">BRAG Rating</p>

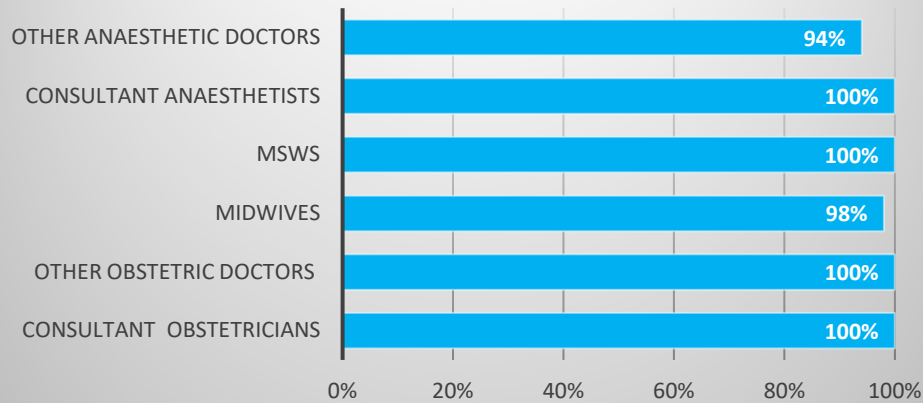
				Ongoing recruitment commenced for substantive staff. Further considerations to staff rota in progress including utilising ANPs to support Tier 2 rota.	
	Review of APNP job plan & roles is ongoing	Head of Paediatrics	September 2024	Ongoing progress and deadline completion anticipated 19/1/25	
	Consultants to maintain minimum of 8 hours neonatal CPD	Paediatric Directorate manager/ Clinical Director	September 2024	Action completed and in progress and includes: - NLS inhouse re certification. - Volume Target ventilation training (3 hours) provided by LWH consultant. - Difficult airway teaching by LWH consultant. - LWH consultant attending every 2 months for simulation sessions. - Perinatal meetings every 2 months (2 hours) - Grand round weekly – allows in depth discussion of cases/ challenges. - Optimisation week – several engaging activities over a week promoting all aspects of optimisation.	

BRAG	Key
Blue	Complete
Green	On track
Amber	On track; risks identified
Red	Off Track

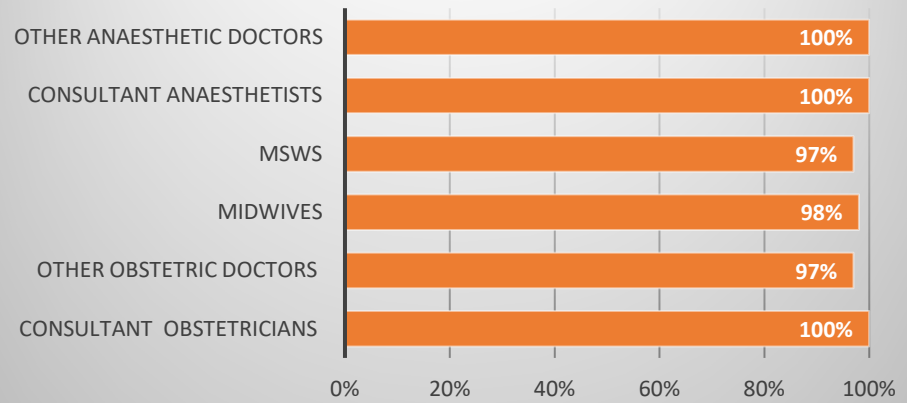
Appendix 2: Safety Action 8. Training compliance data for Ormskirk and Whiston sites independently



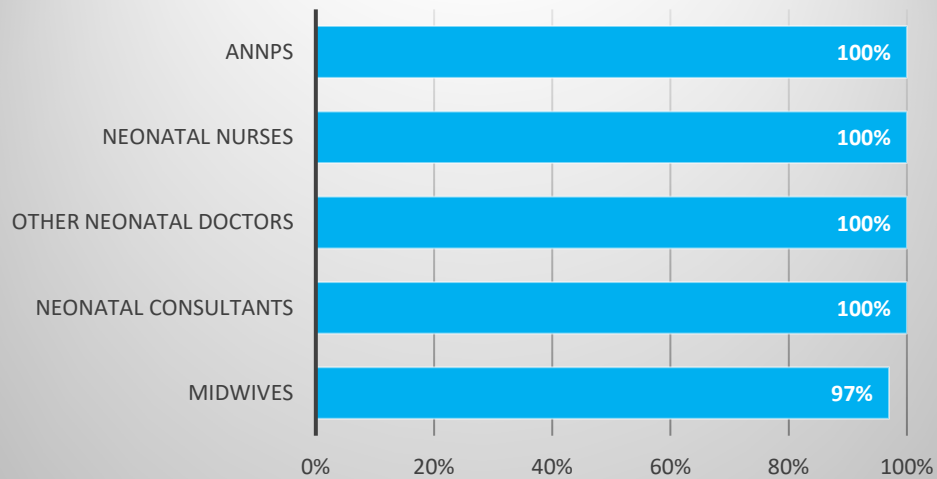
Ormskirk: SA8 Multi-Professional Maternity Emergencies



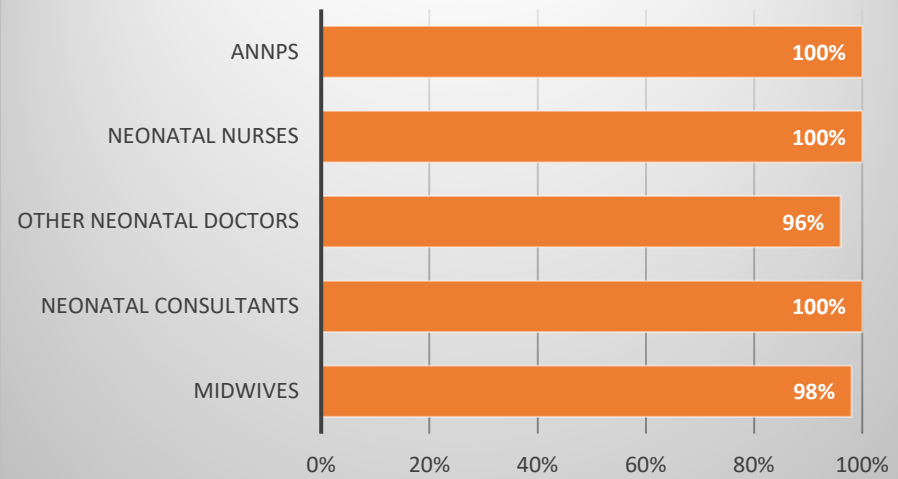
Whiston: SA8 Multi-Professional Maternity Emergencies



Ormskirk: SA8 - Neonatal Life Support



Whiston: SA8 Neonatal Life Support





**Mersey and West Lancashire
Teaching Hospitals**
NHS Trust

CNST Maternity Incentive Scheme MWL Year 6 Compliance:

Trust Board: 29 January 2025

Introduction

- NHS resolution is operating year 6 of the CNST Maternity Incentive Scheme to continue to support the delivery of safer maternity care.
- The ten safety actions for year six of the scheme were first published in April 2024 with updates received in July and October 2024.
- Trusts that can demonstrate that it has achieved **ALL** ten safety actions will recover the element of their contribution relating to the maternity incentive fund and may also receive a share of any unallocated funds.
- Individual legacy services have successfully achieved all MIS safety actions in the preceding 5 years. Year 6 submission is the first made as MWL.
- Any CNST Maternity Incentive Scheme (MIS) refund should be used exclusively for improving maternity safety.
- Evidence for SA 3,4,5,6,7,8,and 9 provided to LMNS/ ICB Board for review in Nov 24. No additional requests for evidence made and feedback pending.

Safety Action 1: Use of the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard

13 eligible cases within the reporting period

7 deaths on the Whiston site and 6 on the Ormskirk site.

1a. 100% of eligible cases notified to MBRRACE within 7 working days

1b. 100% of parent had their perspectives of care sought for all deaths and an opportunity to ask any questions.

1c. 100% of eligible case had MDT reviews using PMRT started within 2 months of death.

100% of MDT reviews completed and published within 6 months

1d. Quarterly reports submitted to Quality Committee

Compliant

Safety Action 2: Submission of data to the MSDS

1. 11/11 MSDS Clinical Quality Improvement Metrics achieved in the July 24 CNST scorecard. (10/11 required to declare compliance)
2. 98.2% of validated ethnic categorisation has been achieved in the July 24 scorecard and therefore the maternity service has fully met the required compliance for MIS Year 6. (90% required)

Compliant

Safety Action 3: Demonstrate that TC services are in place and undertaking quality improvement to minimise separation of parents and their babies

3a

- Ormskirk site has a TC service with TC pathways in place which includes babies between 34+0 and 36+6 in alignment with the BAPM TC framework for practice.
- Whiston site provides elements of BAPM TC framework with associated pathways in place. Action plan in place agreed by Trust and LMNS board. Business case approval to increase staffing to enable full implementation with progress and timescales monitored. Staff recruitment completed with training and orientation underway. Updates provided to QC and LMNS
- The Trust is compliant with TC local admission criteria based on BAPM demonstrating at least 1 element of HRG XA04 activity.

3b

- Both sites identified quality improvement initiatives and registered them in August 24 within the required 6 month of the start of MIS Year 6.
- Both sites provided an update to Trust safety champions in October and presented to the LMNS on the 21/11/24.

Compliant

Safety Action 4: Effective clinical workforce planning

4a. Obstetric Medical workforce

1. 6-month audit undertaken with medical human resources regarding employing short term locum obstetric doctors on tier 2/3 rota. 26 employed doctors.
 - 14 currently worked in unit on tier 2 or 3 rota
 - 7 worked in the unit within last 5 years and remain on training programme with satisfactory annual reviews.
 - 5 held a certificate of eligibility

100% compliance to this standard

2. No long-term locums employed at MWL within the 6-month audit period.
3. Formal SOPs in place since Nov 23 based on the RCOG guidance on compensatory rest where Consultants and Speciality and Specialist doctors are working as non-resident on call.
4. Continuous monthly monitoring at Governance and Quality meetings and labour ward forum of Consultant attendance for clinical situations as listed in RCOG workforce document which includes clinical situations where a Consultant Obstetrician presence is mandatory and clinical situations where consultant presence or a suitability trained medic is required to attend.

Thematic 6 monthly audit identified. Total MWL findings:

Consultant presence = **88.5%**

Consultant presence or a suitability trained medic attendance = **95%**.

All non-compliant cases reviewed for learning and agreed actions for improvement where applicable.

Audits submitted to the LMNS in November 24

Compliant

Safety Action 4: Effective clinical workforce planning; Continued

4b. Anaesthetic Medical workforce

Anaesthetic medical workforce compliant with ACSA standard 1.7.2.1 with compliance demonstrated via duty rotas ensuring availability of a duty anaesthetist 24/7 with clear lines of communication to a Consultant.

Rotas provided to the LMNS demonstrated full compliance across MWL.

Compliant

Safety Action 4: Effective clinical workforce planning; Continued

4c. Neonatal Medical workforce

- Whiston site compliant to BAPM standards for Tier 1, 2 and 3 as agreed by the ODN during their annual visit in October 24.
- Ormskirk site were non-compliant for Tier 2 BAPM Standards in MIS Year 5 and an action plan developed which was agreed by Trust Board and shared with the ODN and the LMNS. A business case was approved to support increased staffing to address the deficit and recruitment commenced. Quality Committee and ODN have been kept apprised of challenges in the ongoing recruitment within MIS Year 6 scheme year.
- Medical staff consultation undertaken to revise working patterns/rotas to support coverage as per previous action plan.
- New rotas developed and agreed on 24th November 24 within the MIS reporting period to ensure Tier 2 compliance with addition of locum shifts whilst recruitment ongoing.

4d. Neonatal nursing workforce.

- Neonatal nursing staffing on both sites meets BAPM standards using the neonatal nursing calculator provided to the ODN. Updates provided in the maternity and neonatal quarterly paper to Quality committee.

Compliant

Safety Action 5: Effective midwifery workforce planning

- Birthrate plus utilised as a systematic process to calculate midwifery staffing establishment with completed reports in 2022.
- Maternity staffing reports submitted a minimum of six monthly to QC which includes a breakdown of funded vs actual establishment compared to BR+, mitigation and escalation as required for managing shortfalls in staffing and midwife to Birth ratio. Percentage of specialist midwives is 9% which is in line with BR+ recommendation.
- Current funded establishment reflects current BR+ findings within current models of care.
- Requirement for DS shift coordinator to have supernummary status. Monthly audits undertaken and presented at Obs and Gynae Governance and Quality meeting and labour ward forum. 100% compliance to all audits for the reporting period of 02/04/24 - 30/11/24. Findings detailed in the quarterly maternity update and staffing papers to QC.
- 100% compliance to 1-1 care in labour. Reported monthly on the clinical dashboard and presented within the IPR, Maternity and neonatal update papers and staffing papers.

Compliant

Safety Action 6: Demonstration of being on track to compliance to all elements of Saving Babies Lives Care bundle Version 3

- National implementation toolkit utilised to track compliance.
- Requirement to undertake at least 2 (and up to 3) quarterly improvement discussion meetings held with LMNS. 2 sessions within the MIS reporting period in June and September 24
- Validated compliance as below.

Whiston Site:

	Baseline assessment	Assessment 1	Assessment 2	Assessment 3	Assessment 4
Review Quarter	Q2 (2023/24)	Q3(2023/24)	Q4 (2023/24)	Q1 (2024/25)	Q2 2024/25)
Assurance review date	17/11/23	07/12/23	07/03/24	06/06/2024	05/09/2024
Element 1	10%	50%	60%	90%	100%
Element 2	70%	75%	80%	85%	85%
Element 3	50%	50%	100%	100%	100%
Element 4	60%	100%	80%	60%	100%
Element 5	37%	74%	93%	93%	93%
Element 6	33%	67%	83%	100%	100%
Total	40%	71%	83%	88%	93%

Safety Action 6: Demonstration of being on track to compliance to all elements of Saving Babies Lives Care bundle Version 3; Continued

Ormskirk Site:

	Baseline assessment	Assessment 1	Assessment 2	Assessment 3	Assessment 4
Review Quarter	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)	Q1 2024/25)	Q2 2024/25)
Assurance review date	16/11/23	08/12/23	22/03/24	27/06/2024	17/09/2024
Element 1	60%	100%	100%	100%	100%
Element 2	60%	75%	95%	100%	100%
Element 3	0%	50%	100%	100%	100%
Element 4	80%	100%	60%	80%	100%
Element 5	26%	85%	96%	96%	100%
Element 6	67%	83%	100%	100%	100%
Total	47%	84%	94%	97%	100%

- Action plans and continued monitoring to achieve full compliance ongoing and continued quarterly quality improvement discussions.
- The LMNS have confirmed that they are happy with continued progress.

Compliant

Safety Action 7: Listen to women, parents and families using maternity and neonatal services and co-produce services with users

7a.

- The MNVP leads are fully funded and in place which includes payment for out-of-pocket expenses, IT training and childcare payments if required and confirmed via the MNVP lead.
- Engagement and listening to families enabling parent with neonatal service feedback.
- Co production of information and in environmental improvement
- Monitoring of themes of feedback and evidence of actions
- MNVP priorities include listening and actively seeking women's voices including families that have experienced Neonatal and Bereavement care and those from BAME backgrounds and areas of deprivation.
- Terms of reference for Trust safety champions, Maternity and quality Governance and intrapartum forum include MNVP as members.
- Attendance by MNVP at maternity safety champions meetings
- Additional monies from LMNS to increase MNVP hours received and recruitment process

7b.

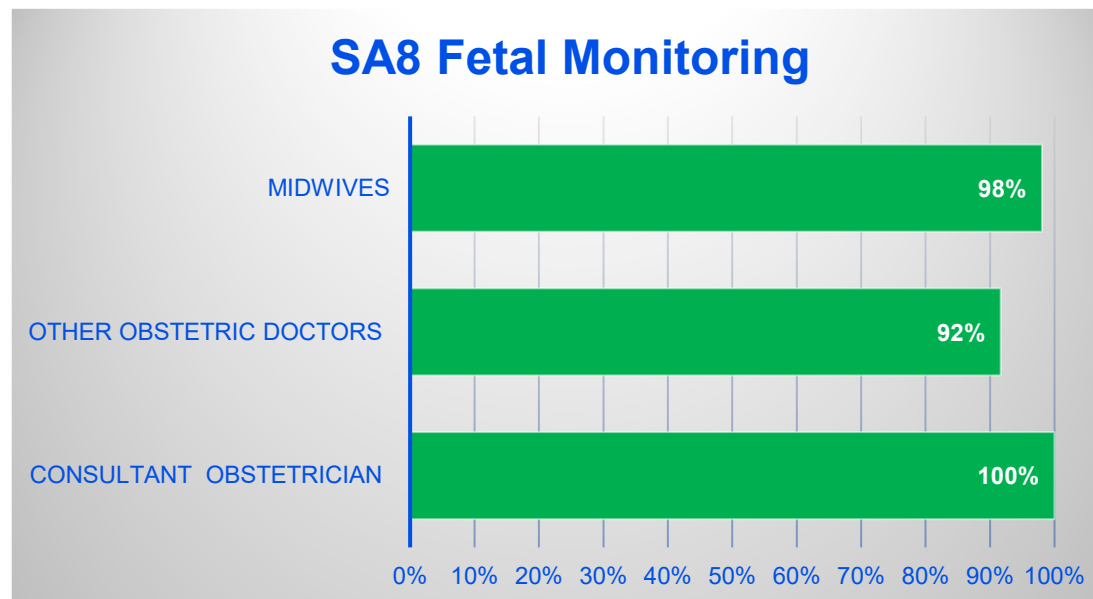
- Action plan developed based on findings of the annual CQC Maternity survey and includes actions from the free text feedback
- MNVP workplan developed and coproduced by the MNVP. Includes actions following the findings of the annual CQC Maternity survey with priorities to listen to women's voices including their families including those that have experienced neonatal and bereavement care and those from BAME backgrounds and areas of deprivation.
- Workplans presented to maternity safety champions and the LMNS.

Compliant

Safety Action 8: Evidence of 3 local training plans and in house MDT training

Training compliance requires at least 90% for each relevant staff group within the reporting period 1st December 2023 – 30th November 2024 for

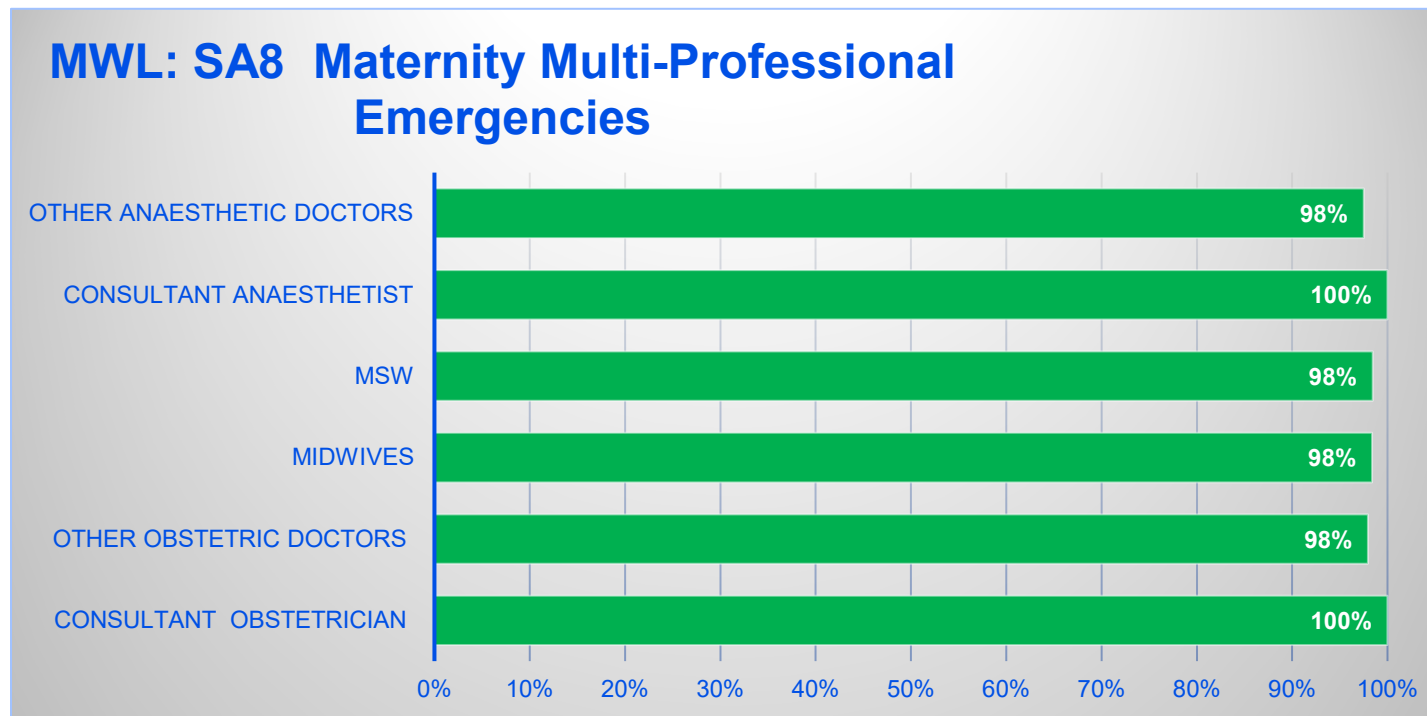
a) Fetal Monitoring training



Safety Action 8: Evidence of 3 local training plans and in house MDT training; Continued

Training compliance requires at least 90% for each relevant staff group within the reporting period 1st December 2023 – 30th November 2024 for

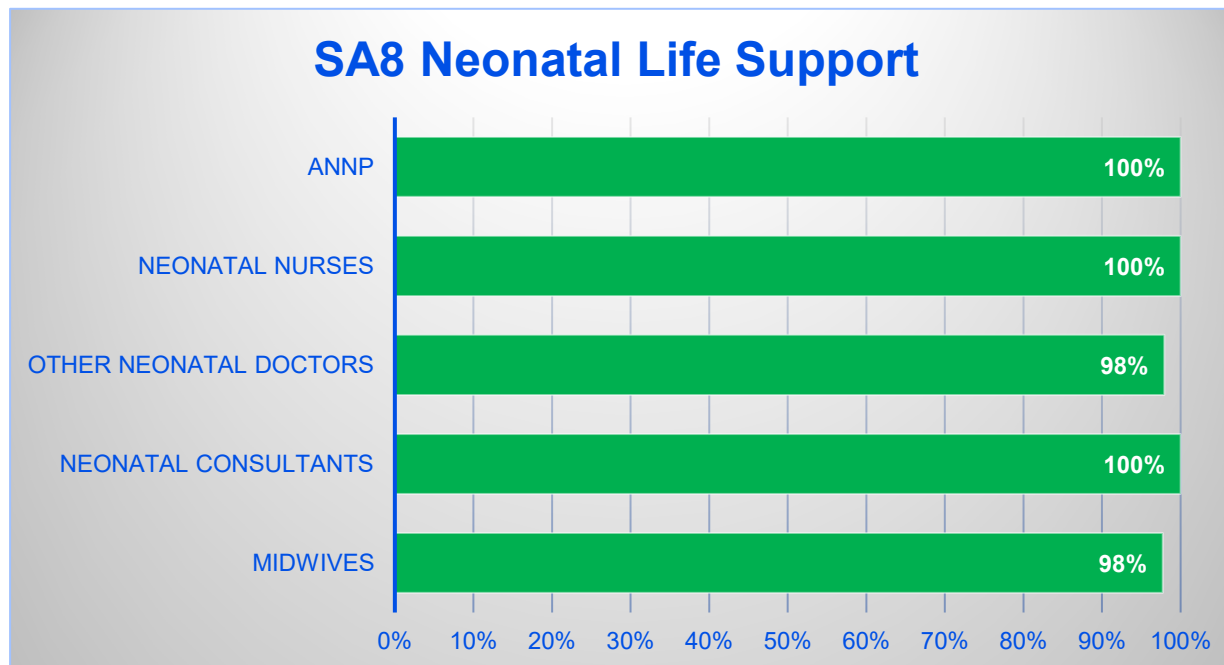
b) Multi-Professional Maternity Emergency Training (PROMPT)



Safety Action 8: Evidence of 3 local training plans and in house MDT training: Continued

Training compliance requires at least 90% for each relevant staff group within the reporting period 1st December 2023 – 30th November 2024 for

c) Neonatal Life Support



Compliant

Safety Action 9: Demonstrate clear oversight to provide assurance to the Board on maternity and neonatal safety and quality issues

- Non-Executive Director in place as a Board safety champion.
- Maternity and Board safety champion walk-about rota with feedback at Trust Safety champion meetings.
- Reporting schedule and workplan for Trust safety champion meetings which includes local dashboard, incidents reported as serious harm, themes identified, and actions being taken to address any issues; staff feedback from frontline champions; minimum staffing in maternity services and training compliance
- Utilisation of the Perinatal Quality surveillance Model tool (PQSM) with data also included in monthly CPR to Quality Committee.
- Quarterly maternity update reports provided to QC including data from PQSM, maternity dashboard, IPR data, serious incident. PSIRF, MNSI cases and findings presented by Divisional Director of Midwifery.
- Maternity/ neonatal representation at shared LMNS/ ICB meetings. E.g. Maternity Safety Oversight Group, Saving Babies Lives Oversight Meeting, Quality Safety Surveillance Group, Women's Health and Maternity (WHAM), Maternity Performance Oversight Panel (MPOP) and LMNS provider touchpoint meetings.
- Trust claims score card alongside data from incidents and complaints presented to QC in October 24 and included in quarterly updates. Discussed at Trust safety champions and patient safety council.
- Board safety champion met with the Perinatal Quadrumvirate leadership team at least 3 times as required in the reporting period with invites to the weekly leadership meeting to better understand local cultures
- Both sites attended the Perinatal cultural leadership programme separately but then combined sessions as cultural work progresses

Safety Action 10: 100% of qualifying cases reported to MNSI to NHS Resolution's Early Notification scheme from 8 December 23 to 30 Nov 24

1 reportable case in the reporting period:

10a. 1 reportable case submitted to MNSI

10b. 1 cases reported to NHS EN scheme.

10c. Family received information on the role of MNSI and the NHR EN scheme.

Evidence of provision of undertaking duty of candour.

Evidence of compliance to both elements are uploaded onto Datix

Details of number of cases, reported cases, family involvement and duty of candour are reported within the Maternity update reports presented to Quality Committee.

Overall Compliance

Safety Action	Title	Compliance
Safety Action 1	Use of the National Perinatal Mortality Review Tool	Compliant
Safety Action 2	Submission of data to the MSDS	Compliant
Safety Action 3	Demonstrate TC services are in place and undertaking quality improvement to minimise separation.	Compliant
Safety Action 4	Effective clinical workforce planning	Compliant
Safety Action 5	Effective midwifery workforce planning	Compliant
Safety Action 6	Demonstration of being on track to compliance to all elements of SBLC bundle Version 3	Compliant
Safety Action 7	Listen to women, parents and families using maternity and neonatal services and coproduce services.	Compliant
Safety Action 8	Training	Compliant
Safety Action 9	Robust processes in place to provide assurance on maternity and neonatal safety and quality issues	Compliant
Safety Action 10	100% of qualifying cases reported to MNSI and NHS Resolution's Early Notification scheme	Compliant

Thank you
Any Questions ?