

# Quality Account 2020-21



## What our patients said about us in 2020-21

### **Sanderson Suite, day case surgery**

I would just like to say a massive thank you to ALL the staff in the Sanderson Suite. I had a minor procedure there in November and from the moment I stepped through the door I was immediately made to feel safe and relaxed. The attention and kindness from the staff was second to none, from the lady on the reception desk to the surgeon and every member of the team in between, I can't thank them enough. The NHS are having a really tough time at the moment but the service at St Helens was not compromised in anyway at all. Thank you all again, you're all great!

### **A&E and medical wards**

My husband was admitted to A&E in Sept 2020. He was moved to Zone 1, then onto the Acute Medical Unit where he received excellent treatment for a bleeding duodenal ulcer. All the staff were brilliant, and due to their care and expertise, his life was saved. He is now on Ward 3D where the staff are also excellent, polite, pleasant, helpful and nothing is too much trouble, and he is progressing well, and seeming much better. I and all the family are relieved and less stressed. ALL your staff are brilliant and deserve nothing but praise for the job they do.

### **District Nursing Team at Four Acre Health Centre**

We wanted to let you know just how much we appreciated the support, love and care you gave to C and all our family.

You treated him with such care and dignity, and with every step you took control of all the heart-breaking aspects.

From the moment we met you, we could see you totally understood us. During his life he's seen hundreds of doctors and nurses and yet you were able to make such an incredible impression at such an awful time, which is testament to you and for which we can't thank you enough.

We want to thank all the nursing team that have taken care of C and our family; it would have been totally unbearable without you.

### **Paediatric team on Ward 4F and the Anaesthetics Team**

I would like to say a massive thank you to Ward 4F who were absolutely fantastic when my little boy came in for surgery.

Every single member of the team was outstanding, from the wonderful nurses, doctors and anaesthetists to the play specialists, care assistants and the cleaners. Each and every one of them made a very tough day much easier. Words do not do justice to the level of care my son received. The way they tapped into his interest of Harry Potter and engaged with him at every stage of his hospital journey was fantastic.

Never have I seen a little boy so relaxed as he walked down to theatre, thanks to the child friendly way everything was explained. He was even laughing as the needle was put in his hand and he was put to sleep.

I can honestly say the care he received was the best I have ever experienced. Thank you!

### **Intensive Care Unit**

Our mum was admitted to A and E in April 2020. Completely floored when we found out she had COVID as she had no COVID symptoms and after a few days on a ward she was admitted to ICU. Critically ill we were told she may not recover. 8 weeks on she's won the COVID battle and although still with ICU she is slowly but surely improving. Because of visiting restrictions we've had daily updates every morning which has been done between 3 nurses who have made the effort to conduct these calls whilst still doing their everyday nursing job. We have regular doctors' updates. My mum has had and continues to have the absolute best care and dedication from all the team in ICU. The doctors and nurses have done everything and anything they could to try and get her through her battle. Whilst we haven't been able to visit we have never had any doubts about how well she's been cared for and will be forever grateful for the efforts of this fantastic team.

### **Surgery and support services**

I cannot thank the staff enough for the support and treatment I have recently received between St Helen's and Whiston Hospital. Following my referral to St Helen's from my local hospital I've experienced first class care and compassion from the dedicated teams I've been involved with. I've seen so many people all with their own area of expertise who guided me through what has been a very scary process... The team on the day of the surgery were amazing. From the moment I entered the ward I was put at ease. The domestic lady was friendly and took time to have a chat with me, the Porter was lovely and the team responsible for my operation all came to see me to explain what would be happening. It was so well organised and I felt like I was in safe hands. The theatre team were ace and the recovery team too. The ward was lovely and clean and the whole experience has been less scary than I had anticipated. There's still a way to go yet but knowing that I'm in such good hands is helping me stay positive and optimistic. So thank you all for the dedication to your role because it makes a massive positive difference to your patients.

### **Marshall's Cross Medical Centre**

This is the GP practice for my mum. She is 85 with dementia and as her next of kin I therefore have direct contact with the practice on her behalf. I can honestly say that everyone I speak to is super helpful and adaptable to the circumstances at any given time... This level of support to me as a dementia carer is absolutely invaluable. Thank you.





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## Section 1

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## 1.1. Statement on quality from the Chief Executive of the Trust

We are pleased to present the Trust's 12th annual Quality Account, which reviews our performance and achievements over the past year, as well as outlining the priorities for improving quality in the coming year.

2020-21 has been the most challenging year we have ever experienced, during which staff have had to work in different ways and in difficult circumstances as the COVID-19 pandemic unfolded. Providing the best care and treatment for our patients remained a priority. We developed flexibly to maintain essential services, as well as meeting the needs of patients with the virus, for example by expanding telehealth and developing virtual wards to enable patients to be treated at home, thus avoiding a hospital admission.

The Trust has maintained its outstanding CQC rating and has been in regular contact with our CQC relationship manager throughout the year. A number of routine systems and processes, including some nationally reported quality metrics were suspended, however the Trust has continued to monitor key quality indicators via the monthly comprehensive Integrated Performance Report (IPR).

We continue to receive exceptional staff survey results including the top scores for an acute trust for staff engagement for the fifth year running and the quality of care theme for the sixth consecutive year. I was, however, extremely disappointed that during the year there were two methicillin-resistant staphylococcus aureus (MRSA) bacteraemia and three never events, two relating to wrong site nerve blocks and one medication error. I was also disappointed that the Trust received a Prevention of Future Deaths Regulation 28

Report from the Coroner in relation to discharge letters. As a Trust, we are committed to learning from these incidents and putting measures in place to improve the care we provide, which are outlined in more detail in section 3.

Our vision to provide 5-star patient care remains the Trust's primary objective so that patients and their carers receive services that are safe, person-centred and responsive, aiming for positive outcomes every time. The mission and vision have remained consistent and embedded in the everyday working practices of staff throughout the Trust, where delivering 5-star patient care is recognised as everyone's responsibility.

The vision is underpinned by the Trust's values, five key action areas and the ACE behavioural standards of Attitudes, Communication and the Experiences we create. These are shown in the following diagrams:

### 1.1.1. St Helens and Knowsley Teaching Hospitals NHS Trust's Vision





## 1.1.2. St Helens and Knowsley Teaching Hospitals NHS Trust's Values and ACE Behavioural Standards



The Trust's vision is the driving force for our focus on providing the best possible care for patients and for continuous improvement in all areas. Due to the suspension of business as usual activities to release staff capacity to respond to the COVID-19 pandemic, scheduled public Trust Board meetings did not take place, but to ensure good governance was maintained, papers were circulated to Board members, including the Integrated Performance Report and there were short Trust Board briefings of essential items throughout the year, with virtual meetings being held from July 2020 onwards.

The Trust has delivered a comprehensive programme of quality improvement clinical audits throughout the year, with a number of actions taken as a result of the audit findings (detailed in section 2.4.2). Delivery of the quality improvement and clinical audit programme is reported to the Quality Committee via the Clinical Effectiveness Council.

We continue to work with our local Healthwatch partners to improve our services. Healthwatch representatives are key members of the Patient Experience and the Patient Safety Councils, both of which report to the Trust Board's Quality Committee, and the Equality and Diversity Steering Group. This ensures effective external representation of the oversight and governance structure of the Trust. Some of the planned meetings had to be cancelled during the pandemic, however the majority have been able to continue and have been held virtually to ensure social distancing could be maintained.

The Trust has a Patient Engagement Group and whilst the Group has not met in person, regular contact has continued to gain their views on developments, including the cancer portal which enables patients with cancer to directly access their own information. Patients have continued to share their experiences of their care via documented patient stories for the Board and the Patient Experience Council's virtual meetings.

This Quality Account details the progress we have made with delivering our agreed priorities and our achievement of national and local performance indicators, highlighting the particular challenges faced during the year. It outlines our quality improvement priorities for 2021-22.

I am pleased to confirm that the Trust Board of Directors has reviewed the Quality Account for 2020-21 and confirm that it is a true and fair reflection of our performance and that, to the best of our knowledge, the information contained within it is accurate. We trust that it provides you with the confidence that high quality patient care remains our overarching priority and that it demonstrates the care and services we have continued to deliver during the challenges presented in 2020-21.



I remain extremely proud of all our staff who have displayed immense courage and unwavering commitment during the pandemic. They have continued to work tirelessly to both provide the best possible care for our patients and their families and to support each other. I would like to offer my sincere gratitude and ongoing thanks to all our staff for everything they continue to deliver during the most challenging times we have faced.

*Ann Marr* OBE

Chief Executive  
St Helens and Knowsley Teaching Hospitals NHS Trust



## 1.2. Summary of quality achievements in 2020-21

### Quality of services overall

Outstanding rating awarded by the Care Quality Commission (CQC), the best possible rating, in the latest report received in March 2019.

### Well-led

- Awarded a prestigious High Sheriff Award, in recognition of the great and valuable services which enhance the life of the community on behalf of the people of Merseyside
- Nominated to receive the prestigious 'Freedom of the Borough' for both St Helens and Knowsley Councils. The nomination was put forward by each local council to thank and celebrate all the staff, for their tireless work caring for the people of our local community throughout the COVID-19 pandemic
- Successfully secured the Disability Confident Leader status (in place until 2023)
- Improved on Freedom to Speak Up Index score with a mean score of 82.3% in 2020
- First in North West and in the top 10 nationally for % of staff feeling safe to speak up about anything that concerns them in their organisation (national staff survey 2020 results)

### National staff survey

When compared to organisations in our benchmarking group, the Trust has the highest national score for the following 4 themes:

- Quality of care
- Staff engagement
- Immediate managers
- Safe environment – bullying and harassment

The Trust has the second best national score for the following 4 themes:

- Team working
- Morale
- Equality, diversity and inclusion
- Safety culture

### Staff

- The Trust's dedicated Volunteers Department have been honoured with the Queen's Award for Voluntary Service, the highest award a voluntary group can receive in the UK. The Award aims to recognise outstanding work by volunteer groups to benefit their local communities
- Greg Barton, Specialist Pharmacist in Critical Care and Burns was awarded an MBE for services to pharmacy in the Queen's New Year Honours List. Greg played a crucial role in a range of national pharmacy initiatives during the pandemic, including supporting pharmacists new to critical care, through to supporting NHS England and the wider critical care community with advice on the use of medicines within intensive care units
- Jennifer O'Neill was named 'NMC Midwives' Midwife of the Year 2020 by the Royal College of Midwives. Jenny was nominated by her fellow colleagues for her clinical expertise, excellent leadership skills and outstanding support to both the women she cares for and her wider maternity team
- Sarah Robinson from the Finance Team was awarded the prestigious Sue Rosson Award, by the Healthcare Financial Management Association North West branch. The award is presented to a finance student working in the NHS who has made a significant contribution to their employing organisation. Sarah was commended for her work with procurement during COVID-19 whilst maintaining her studies, her work with the Trust and North West finance teams supporting student groups and her general helpful, friendly and can do attitude

- Marie Smith, Ward Clerk was shortlisted as Operational Services Support Worker of the year in the national Skills for Health 2021 Our Health Heroes Awards, which celebrate the significant contribution made by this group of staff

### Patient safety

- No patients experienced a hospital acquired category 4 pressure ulcer
- Achieved overall reduction in hospital acquired pressure ulcers
- Reductions in incidents resulting in harm in 2020-21 compared with 2019-20:
  - 53.13% reduction in theatre-related incidents causing harm, decreasing from 64 incidents reported in 2019-20 to 30 in 2020-21
  - 0 prescribing incidents resulting in moderate or severe harm
  - 60.87% reduction in prescribing incidents causing harm, decreasing from 23 incidents reported in 2019-20 to 9 in 2020-21
  - 20.1% reduction in medication administration errors reported, decreasing from 562 incidents reported in 2019-20 to 449 in 2020-21
  - 42.11% reduction in omitted doses of medicines administered causing harm, decreasing from 38 in 2019-20 to 22 in 2020-21
- 94.95% of frontline staff received their flu vaccination, above the target of 90%
- 92.2% average registered nurse/midwife safer staffing fill rate for the year, above the 90% target

### Patient experience

- 95.83% of inpatients would recommend our services, as recorded by the Friends and Family Test
- Responded to 94% of first stage complaints within the agreed timeframe
- Rheumatology Service maintained the Customer Service Accreditation Award
- Finalists in the National Dementia Awards for the most dementia friendly hospital for the second year running
- Ranked second best acute trust for overall patient care in the latest national cancer patient experience survey (NCPES)

### Clinical effectiveness

- The Cardiac Rehabilitation Service was successfully accredited by the National Certification Programme for Cardiac Rehabilitation, which aims to increase the availability and uptake of cardiovascular prevention and rehabilitation, promote best practice and improve service quality in cardiovascular prevention and rehabilitation services. The team has worked tirelessly to provide a high quality service to their patients during the pandemic which has involved adapting the service and adopting completely different working patterns
- Cancer Symptoms Advice Line poster presentation awarded second place at the UK's virtual Oncology Nursing Society conference in November 2020, for the section on the cancer nurses' response to the COVID-19 pandemic
- Consistently maintained high rating overall in the Sentinel Stroke National Audit Programme (SSNAP)
- 96.8% of electronic E-attendance summaries sent for patients attending the Emergency Department (ED) within 24 hours
- Gastroenterology Service successfully maintained Joint Advisory Group (JAG) accreditation

### 1.3. Celebrating success

The Trust has continued to nominate an Employee of the Month, as an important way of recognising and rewarding the ongoing dedication and commitment of staff throughout the year. In wave one of the pandemic COVID heroes were recognised each day to highlight the contributions that staff and teams from different departments across the Trust were making. In addition, positive comments received from patients continued to be shared via a weekly 'Thank You Thursday' email sent to all members of staff.

Unfortunately, due to the pandemic, the Annual Staff Awards were not held during the year. However, the event will be held as soon as this is possible to continue with the tradition of celebrating the many achievements of staff.





## 2. Section 2

### 2.1. About us

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### 2.1.1. Our services

St Helens and Knowsley Teaching Hospitals NHS Trust provides a range of acute and specialist healthcare services including, inpatient, outpatient, community, primary care, maternity and emergency services. In addition, the Trust hosts the Mid-Mersey Neurological Rehabilitation Unit at St Helens Hospital. The Trust provides the Mid-Mersey Hyper Acute Stroke Unit (HASU) and the Mersey Regional Burns and Plastic Surgery Unit, providing services for around five million people living in the North West of England, North Wales and the Isle of Man.

The Trust has over 700 inpatient beds, with circa up to 40 additional escalation beds and provides the majority of its services from two main sites at Whiston and St Helens hospitals, both of which are state-of-the-art, purpose built modern facilities that are well-maintained. Whiston Hospital houses the Emergency Department, the Maternity Unit, Children and Young People's Service and all acute care beds. St Helens Hospital houses day-case and elective surgery, outpatients, diagnostic facilities, rehabilitation beds, the Lilac Centre (a dedicated cancer unit, linked to Clatterbridge Centre for Oncology) and Marshalls Cross Medical Centre (primary care services). The Trust provides community adult nursing services in St Helens and a number of outpatient and diagnostic services in a small range of other settings.

The Trust also provides an Urgent Treatment Centre at the Millennium Centre in St Helens and intermediate care services at Newton Hospital, which has 30 inpatient beds. In addition, the Trust delivers a range of community services, including Contraception and Sexual Health Services (CaSH), frailty, falls, Healthy Heart, continence, chronic obstructive pulmonary disease (COPD) services and intravenous (IV) therapy.

The Trust Board is committed to continuing to deliver safe and high quality care, set within the on-going demand and financial challenges facing the NHS. The Trust continues to be one of the busiest acute hospital trusts in the North West of England. It has an excellent track record of providing high standards of care to its population of over 350,000 people across St Helens, Knowsley, Halton and South Liverpool, as well as further afield, including Warrington, West Lancashire, Wigan and the Isle of Man.

The pandemic had a significant impact on the attendances and admissions as shown in the table below, making meaningful comparisons with previous years difficult. The first wave of the pandemic and initial lockdown saw a reduction in non-essential services and patients reluctant to attend appointments or the Emergency Department. This was less marked in the second and third waves, during which the Trust maintained as many services as possible and patients were advised via national media to continue to access health services.

	2018-19	2019-20	% change 2018-19 to 2019-20	2020-21	% change 2019-20 to 2020-21
Outpatient attendances (seen)	451,043	467,812	3.72%	387,646	-17.14%
Non-elective admissions	57,446	56,458	-1.72%	49,781	-11.83%
Elective admissions	50,444	52,141	3.36%	34,588	-33.66%
Births	4,051	3,983	-1.68%	3,738	-6.15%
Emergency Department attendances (as reported)	115,734	119,158	2.96%	102,427	-14.04%
Emergency Department attendances (excluding GP Assessment Unit)	109,605	112,720	2.84%	97,908	-13.14%

The average length of stay for non-elective admissions was 6.5 days in 2019-20 and 5.9 in 2020-21.

### 2.1.2. Our staff and resources

The Trust's annual total income for 2020-21 was £511 million.

We employ more than 6,500 members of staff. In addition, we are the lead employer for Health Education North West, Health Education Midlands, Health Education East of England and Palliative Care London and are responsible for over 11,000 trainee specialty doctors based in hospitals and general practice (GP) placements throughout England.

The average staff turnover rate in the Trust for 2020-21 was 10.92%, which is slightly higher than the national rate of 9.21% for the national acute teaching sector (latest data available is January 2021).

The Trust strives to meet the best standards of professional care whilst being sensitive and responsive to the needs of individual patients.

Clinical services are organised within four care groups; clinical support services, surgery, medicine and community and primary care, working together to provide integrated care. A range of corporate services contribute to the efficient and effective running of all our services, including human resources, education and training, informatics, research and development, finance, governance, facilities, estates and hotel services.

Significant recruitment challenges remain within specific specialties and for specific roles, in particular: nursing and medical staff. The Trust has a successful and well-established international recruitment programme, which brings on average 50 new international nurses into the Trust per year to supplement the existing nursing workforce. Despite the recent challenges of COVID, the Trust recruited 45 additional nurses via this route during 2020-21. The Trust is constantly looking for new ways to address workforce gaps and as such we are a founding member of the newly created Pan Merseyside International Collaboration programme, which aims to deliver international nurses across most of the Merseyside region. This pipeline will bolster existing recruitment plans with a total of



77 new international nurses expected to start within the Trust during the 2021-22 financial year.

In addition, the Trust is proactively working towards ensuring there are no Healthcare Assistant vacancies and providing recruitment opportunities for refugees, as part of this integrated collaborative work.

The Trust has facilitated the wide scale roll out of e-rostering across the workforce with 97% of the organisation now compliant. The last few departments will be implemented shortly. The roll out of this system has improved efficiency of rostering and supported improved demand and capacity modelling to ensure the most effective use of the Trust's workforce.

There have been on average 37.13 medical gaps from April 2020 to March 2021 and a number of actions have been taken to address these, including developing new roles such as advanced clinical practitioners. In addition, the Trust hosts regular recruitment events and uses international recruitment to ensure vacancies are filled. The Trust has collaborated with Masaryk University, Brno, Czech Republic in the recruitment of newly qualified doctors who trained in Brno using the English syllabus since 2014. On average, the Trust has recruited an additional 14 doctors through these means since 2014. These new recruits join the Trust for two years as Clinical Fellows at foundation year one and two, to support our wards and fill the gaps and vacancies resulting from reduced numbers of allocated posts from the North West Deanery. The scheme returned to Brno in March 2021, to recruit more newly qualified doctors for the August 2021 intake. Agreement was reached to increase this cohort to 22, to maintain a constant stream of medical support for the Trust. This programme provides the opportunity to reduce agency spend and maintain continuity of care for our patients.

The doctors have the same opportunities to access further training in the North West, which keeps the talent pool local. They are a valuable asset to the Trust and our delivery of patient care.

The Trust is aligning workforce plans to the NHS People Plan to ensure sustainable pipelines to attract and retain nurses, midwives, operating department practitioners (ODPs) and allied health professionals (AHPs), including:

- On-boarding and retention of new and existing staff including flexible working, internal staff transfer scheme, itchy feet discussions, assigning a buddy, welcome packs/information and encouraging retire and return
- An active recruitment programme for the nursing and midwifery workforce, ongoing throughout the year, both locally and internationally
- Delivering apprenticeship programmes, from local health care cadets at further education colleges through to part-time registered nurse degrees and ODP apprenticeships
- Implementation of the nursing associate role with 15 trainees completing their training in March 2021 and further trainees commencing training in 2021
- Implementation of e-rostering and e-job planning for specialist nurses to ensure the most effective rostering and planning of work and extending e-rostering to non-clinical areas
- Launch of a new online appraisal and personal development plan system which includes an enhanced focus on health, wellbeing and staff support
- Equality, Diversity & Inclusion champions appointed to lead new staff networks created e.g. Carers, Building a Multi-Cultural Environment, Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ+), Menopause, Armed Forces and supporting a healthy workforce.

Nursing and midwifery safer staffing levels are reported externally, with details of the total planned number of hours for registered and care staff measured against the total number of actual hours worked to produce a monthly fill rate as a % for nights and days on each ward. Agency, bank, overtime, extra time hours, discharge coordinators and ward managers' supernumerary management days are included in the actual hours worked totals in accordance with the guidance. The safer staffing figure, however, does not analyse skill mix or the impact of temporary staff on a shift-by-shift basis, which can have an impact on the quality of care provided.

The acceptable monthly fill rate is 90% and over, which throughout the COVID-19 pandemic has been very challenging to achieve. Senior nurses, led by the Director of Nursing, Midwifery and Governance held twice daily staffing meetings at times of increased pressure to redeploy staff across the Trust to maintain patient safety. The average registered nurse/midwife safer staffing fill rate for the year was 92.2%, above the 90% target, but below the 94.95% rate achieved last year.

The Trust also reports Care Hours per Patient per Day (CHPPD), which is calculated from the total actual hours worked in a month divided by the monthly total inpatients in the ward at midnight. The Trust's position is reported monthly as part of the mandated safer staffing report. The wards facing ongoing challenges with recruitment are generally the wards that are unable to meet the safer staffing 90% fill rate consistently.

This year, the Trust has worked incredibly hard to maintain patient safety during the pandemic, using a range of approaches to ensure available staff were deployed effectively across the whole Trust. The actions taken include:

- Identified staff from across the Trust redeployed for block periods to specialist areas needing additional capacity, including critical care and respiratory wards
- Ward managers cancelled management days to work clinically
- Matrons/specialist nurses worked clinical shifts where possible, including community staff wherever clinics were cancelled
- Increased the daily Matron staffing meetings to twice daily, led by the Director of Nursing, Midwifery and Governance, with members of the temporary workforce resourcing team attending. Staffing levels across the Trust were reviewed at each meeting, with every area identifying any gaps identified for the following 24 hours and the number of patients requiring supplementary care (1-1 or bay tagging) on each ward. Staff moves were then jointly agreed to provide the safest care possible
- A plan for further moves, should this be required for unexpected absence, was communicated by the matrons covering the late shift to the operational managers and the general manager on call each day
- Worked with the Trust's staff bank and external agencies to provide a pool of staff to cover each shift for areas experiencing last minute gaps due to sickness
- Block booked agency staff to provide continuity where possible
- Approached off framework agencies to cover any unfilled shifts (subject to Executive approval)
- Contracts in place for over 30 medical students for 12 hours per week to work as band 3 healthcare assistants (HCAs) and for over 40 third year nursing students to work as band 4 student nurses (final year extended clinical placements)
- Successfully secured £77k funding from NHS England/Improvement (NHSE/I) to support the fast tracking of international nurse arrivals

- 235 bank HCAs offered positions
- 39 international nurses commenced their training for the national Nursing and Midwifery Council's (NMC) Objective Structured Clinical Examination (OSCE) test
- Established a redeployment hub to identify staff who were able to be moved to support other areas
- Proactive support for staff who were absent to ensure they were able to return to work as soon as possible
- Utilised staff who were absent from the work place due to shielding/self-isolation to undertake work that could be completed from home wherever possible

Ensuring safe staffing levels remained a priority for the Trust throughout the year, with concerns escalated to the thrice daily bed meetings, daily silver and gold command and the weekly Executive Committee meeting.

### 2.1.2.1. Supporting our staff

The Trust appreciated the huge impact that the pandemic had on all staff and hosted a special week to thank staff in November 2020, with a number of activities and opportunities to show staff how much they were valued. This included random acts of kindness, with bouquets of flowers, gifts and lunches handed out to various groups of staff, including staff working from home, thank you messages and thank you videos posted on the intranet and STHK branded hoodies available for all staff.





In February and March, the Trust also held a virtual Time for You festival, which had a series of live talks, workshops and pre-recorded sessions to give mental and physical health and wellbeing a boost. This included great advice from a range of celebrity speakers, local experts, and in-house support who know what it takes to overcome obstacles in high pressure situations. The event was aimed at providing a range of ideas, tips, and practical techniques to make living and working during a pandemic that little bit easier to manage.



In addition, staff continued to have access to our Health, Work and Wellbeing Department who provide a range of supportive services, including Occupational Health and those listed below:

- Wellbeing Hub, which supports staff affected by physical or non-physical health matters, that can have an impact both in and outside of

work. Support is available for all staff, including those that have been affected by COVID-19.

This includes:

- Mental wellbeing delivered by counsellors, mental health nurses and psychologists for stress, anxiety, depression and other diagnosed conditions, including round the clock support through an employee assistance programme (EAP) service provider
- Physical wellbeing delivered by PhysioMed, physiotherapists and occupational health clinicians for musculoskeletal conditions, injury or other diagnosed conditions
- General health delivered by occupational health clinicians or onward referrals to specialist support for any other health related condition(s) that may impact on work
- Trust staff engagement application (app) and the staff COVID website which have specific wellbeing sections
- Wellbeing apps including meditation, mental health in the workplace, mindfulness and sleep aides
- Staff wellbeing events to promote and support wellbeing and resilience, these included mindfulness, sleep hygiene, stress, relaxation and building resilience

There are a number of staff networks in existence as part of the Trust's Everyone Matters programme to ensure that staff are able to share experiences and access the right support. These are:

- Black, Asian and minority ethnic (BAME) - Building a Multicultural Environment
- Building Abilities@STHK (disability and wellbeing)
- Lesbian, gay, bisexual, transgender and questioning (LGBTQ+)
- Armed Forces
- Carers
- Menopause Café



### 2.1.3. Our communities

The Trust provides services to the communities of St Helens, Knowsley, Halton and attracts some patients from Liverpool and parts of Warrington. The Trust is the regional burns centre providing specialist care for the whole of Cheshire and Merseyside, as well as North Wales and the Isle of Man. The communities served by the Trust are characterised by their industrial past, with the local population being generally less healthy than the rest of England, with a higher proportion having at least one long-term health condition.

Our local communities are not ethnically diverse, but do have high levels of deprivation. This contributes to high levels of health inequalities, leading to poorer health and high demands for health and social care services. Rates of obesity, smoking, cancer and heart disease are higher than the national average. Our local communities were hit hard by COVID-19 with some of the highest community infection rates in the country.

### 2.1.4. Our partners

Many of the planned collaborative projects and work programmes were curtailed during the COVID-19 pandemic, however the Trust has continued to work closely with its health partners across Cheshire and Merseyside and in social care in the response to the pandemic. The Trust has worked as part of the Cheshire and Merseyside Hospital Cell, which has coordinated the collective response of acute hospitals to be in the best position to cope with the peaks in demand for acute medical and critical care beds caused by the different waves of COVID-19 infections. This has involved providing mutual aid across the system, both in respect of critical care capacity, but also ensuring the most clinically urgent cancer patients continued to be seen and treated. The Trust also worked very closely with

community, primary and social care throughout the pandemic to ensure that patients received the care they needed in the most appropriate setting.

The Trust has worked in collaboration with the Primary Care Networks in St Helens to deliver the COVID-19 vaccine programme since December 2020 and the Mass Vaccination Site at St Helens Saints Rugby Ground will continue to deliver this programme to reach government targets for vaccinating the local population into 2021-22.

### 2.1.5. Technology and information

This year, the Trust has made giant steps in improving its digital maturity in line with NHS plans to have fully digitised hospitals.

Clinical functionality has been added to enrich the quality and quantity of information at the fingertips of our clinicians, to improve patient experience, safety and outcomes, as well as improving the way in which patients can communicate with the Trust in line with our vision for 5 star patient care.

In February 2020, the Trust was awarded £6m funding from NHSX (joint unit of NHSE and the Department of Health and Social Care) Digital Aspirant Programme (DAP), the only Trust in the North West of England to be included in this 1st wave of Digital Aspirants. This funding has enabled the Trust to realise our digital ambitions at a much faster pace, whilst aligning with the digital ambitions of our neighbouring health and social care partners.

In 2020-21, a lot of focus was directed towards utilising existing and deploying new technology to keep the staff and patients safe, requiring timely and flexible deployment for a number of solutions and applications to support this aim.

### 2.1.5.1. Achievements

An electronic patient record (EPR) called Careflow EPR was deployed in 2018 and is now at the heart of the care staff provide. In 2020-21 the Trust deployed a number of Careflow EPR modules in tandem with a number of other key systems, which demonstrate significant digital progress:

- **Careflow Vitals** enables the recording of patient observations (Early Warning Scores) on hand-held devices at the point of care. This application alerts our clinicians to the sickest patients, ensuring resources are used where they are most needed so faster action can be taken by our clinicians. Careflow Vitals was rolled out across all inpatient wards and in the Emergency Department (ED). It has been pivotal in ensuring national standards of care are provided, reducing the likelihood of incidents, avoiding high cost care transfers to critical care, providing better patient outcomes in general but specifically for sepsis and cardiac arrest and helping to reduce length of stay
- **Careflow Connect** has been implemented across a number of teams to improve the handover of care of patients between departments. It also enables structured digital communications between clinicians to allocate patient care within their own teams and refer to colleagues in other teams for specialist advice. Importantly, Careflow Connect works on mobile devices and patient information follows the patient on their journey through the hospital, so any clinician involved in their care has access to the right information at their fingertips. Additional functionality has been added to enable our clinicians to view and acknowledge patient results through Careflow Connect, providing further ability for our doctors and nurses to work in an agile way, providing care for their patients from any location
- **Careflow EPR Cardiotocography (CTG)** Monitoring system was deployed to enable the monitoring of babies' heartbeats within Maternity, contributing to better outcomes
- Roll out of the award winning **Telehealth** solution (video conferencing for outpatient appointments) to over 40 additional services during the pandemic, which helped to reduce the risks for patients by the prevention of unnecessary visits to the hospital. To date, over 2,000 patient appointments have been conducted over Telehealth. This is only provided where it is safe to do so and any patient that requires or prefers a face to face appointment is able to do so
- Further deployment of the Trust's **electronic prescribing and medicines administration (ePMA) system** across outpatient departments, in line with ED and inpatient areas. This system ensures legible prescriptions, 100% availability of the patient's drugs record from multiple locations simultaneously, reduction in allergy and drug interaction incidents, removal of the need for transcription and rewriting of the prescription chart as the patient moves from location to location, therefore improving patient safety and clinical decision-making
- **2-way text messaging** was rolled-out to enable patients to receive reminders about their appointments and confirm or decline their attendance, reducing Did Not Attend (DNA) episodes by 2%
- A **drive through pharmacy** prescription collection service was established to dispense drugs prescribed electronically during an outpatient visit. Patients can drive to the hospital and their prescription is safely delivered to their car by the Pharmacy Team

- The **Trust Switchboard** underwent a major upgrade, improving communication internally and for external callers telephoning into the Trust. The automated virtual operator now transfers callers to the right person or department, freeing up the Switchboard Team to manage the increase in calls resulting from the pandemic

### 2.1.5.2. Infrastructure

The safety of the infrastructure is an ongoing priority and any clinical system deployments can only be successful if the underlying technical infrastructure is robust. The Informatics Team has continued to strengthen the infrastructure and IT platforms on which all the Trust's critical systems reside, to ensure the Trust's systems are accessible, safe, secure and reliable. This has included upgrading the network, replacing the storage area network and upgrading all desktops to Windows 10. Office 365 was rolled out and all Trust staff can now access their email and Trust applications both on and off the Trust's premises, without impacting on security of the Trust network. Microsoft Teams was deployed across the Trust to ensure that staff could communicate virtually from wherever they were located.

### 2.1.5.3. Our response to the COVID-19 pandemic

COVID-19 presented the IT Team with a particular set of challenges that required an agile response to keep patients and clinicians safe and socially distanced during the pandemic. This included:

- Efficiently supporting over 1,000 members of staff to work remotely, ensuring staff were able to securely connect into the systems and applications needed to do their jobs, as well as communicating with their managers and team members. The upgrade of the Trust's network ensured it was able to facilitate the extra volume of calls, video calls and access to Trust systems from remote locations
- Supporting wards with technology and devices to enable patients to keep in touch with their friends and loved ones, as visiting was suspended
- Working with system partners to implement a number of alerts on our clinical systems, which highlighted COVID positive patients, enabling these patients to be treated accordingly and keeping other patients safe
- Working with Primary Care partners to add a shielded patient alert to Careflow to ensure these patients were appropriately treated to protect their shielded patient status

### 2.1.5.4. Vaccination centres

The informatics teams supported the implementation of both the staff vaccination site at Nightingale House and the Mass Vaccination Centre (MVC) at the local Saints Rugby Stadium. This included testing and deployment of two booking systems, IT infrastructure and equipment. Work with the supplier enabled nursing staff providing the vaccinations to update information regarding the patient, vaccination batch and location of vaccine, to support wider reporting on progress of the vaccination roll-out both locally and nationally.

The team continue to support the vaccination sites including changes to booking slots and systems, providing support and guidance for staff using these systems and helping with administrative responsibilities for the sites.

#### 2.1.5.5. Place-based care

The St Helens Shared Care Record is the local solution at the leading edge of place-based care. In 2020-21 it has been developed to include multi-agency care plans and business intelligence to facilitate preventative population health management to focus on the needs of the citizens of St Helens. This ensured that all organisations had access to key information relating to patients to facilitate the discharge process at a time when activity in the Trust was extremely high.

The population health dashboards provide critical information down to street level about the health of St Helens citizens, which will support a more effective transition out of lockdown.





## 2.2. Summary of how we did against our 2020-21 Quality Account priorities

Every year, the Trust identifies its priorities for delivering high quality care to patients, which are set out in the Quality Account. The section below provides a review of how well the Trust did in achieving the targets set last year.

### 2.2.1. Progress in achieving 2020-21 quality goals

Objective	Measurement	Status
Continue to ensure the timely and effective assessment and care of patients in the Emergency Department	<ul style="list-style-type: none"> <li>Patients triaged within 15 minutes of arrival</li> <li>First clinical assessment median time of &lt;2 hours over each 24-hour period</li> <li>Compliance with the Trust's Policy for National Early Warning Score (NEWS), with appropriate escalation of patients who trigger confirmed via regular audits</li> <li>Compliance with sepsis screening and treatment guidance confirmed via ongoing monitoring</li> <li>Compliance with safety checklists to ensure timely assessment and treatment of patients confirmed via regular audits</li> </ul>	Partially achieved - to be rolled over to 2021-22
Ensure patients in hospital remain hydrated, to improve recovery times and reduce the risk of deterioration, kidney injury, delirium or falls	<ul style="list-style-type: none"> <li>Quarterly audits to ensure all patients identified as requiring assistance with hydration have red jugs in place</li> <li>Quarterly audits to ensure fluid balance charts are up-to-date and completed accurately</li> <li>Reduced rates of hospital-acquired acute kidney injury (AKI) and electrolyte disorders with associated reduction in mortality from these disorders, measured by Copeland Risk Adjusted Barometer (CRAB) data</li> </ul>	Partially achieved - to be rolled over to 2021-22
Reduce avoidable harm by preventing pressure ulcers	<ul style="list-style-type: none"> <li>Quarterly audit to confirm compliance with Trust policy in the identification of patients at risk of developing pressure ulcers and in the provision of appropriate equipment to support prevention</li> <li>10% reduction in category 2 pressure ulcer incidents with possible lapses in care from 2019-20 baseline</li> </ul>	Achieved
Improve the effectiveness of the discharge process for patients and carers	<ul style="list-style-type: none"> <li>Ensure sufficient and appropriate information is provided to all patients on discharge</li> <li>Improve Inpatient Survey satisfaction rates for receiving discharge information</li> <li>Improve audit results (minimum 75%) for the number of patients who have received the discharge from hospital booklet</li> <li>Achievement of 30% target for patients discharged before noon during the week and 85% of the weekday average discharges to be achieved before noon at the weekends consistently across all wards</li> <li>Implementation of standardised patient equipment ordering process for aides required at home</li> </ul>	National Patient surveys did not take place.  Project suspended due to COVID, to be rolled over to 2021-22
Increase the proportion of patients who report that they have received an appropriate amount of information about their care	<ul style="list-style-type: none"> <li>Improved scores for responses to patient questionnaires for questions relating to receiving the right level of information</li> </ul>	All national patient surveys were suspended during 2020-21 - to be rolled over to 2021-22

## 2.3. Quality priorities for improvement for 2021-22

The impact of the pandemic led to a number of business as usual activities being suspended so that resources could focus on providing an effective response, in line with national directions. This led to limited and delayed progress in achieving the quality objectives and, therefore, the Board took the decision in agreement with partners to roll forward the majority of the quality priorities to 2021-22. However, the objective to reduce pressure ulcers was achieved and so the agreed objective will be to reduce avoidable harm by preventing falls.

Quality Domain: Patient Safety				
Objective	Rationale	Lead Director	Measurement	Governance Route
Continue to ensure the timely and effective assessment and care of patients in the Emergency Department	The Trust remains committed to providing the timely assessment and delivery of appropriate care to maintain patient safety, whilst also responding to increased demand for services	Director of Operations and Performance	<ul style="list-style-type: none"> <li>• Patients triaged within 15 minutes of arrival</li> <li>• First clinical assessment median time of &lt;2 hours over each 24 hour period</li> <li>• Compliance with the Trust's Policy for National Early Warning Score (NEWS), with appropriate escalation of patients who trigger confirmed via regular audits</li> <li>• Compliance with sepsis screening and treatment guidance confirmed via ongoing monitoring</li> <li>• Compliance with safety checklists to ensure timely assessment and treatment of patients confirmed via regular audits</li> </ul>	Quality Committee
Reduce avoidable harm by preventing falls	A key Trust priority is patient safety and embedding a culture of safety improvement that reduces harm. In 2020-21, there was an increase in the number of falls resulting in severe harm, as well as falls per 1000 bed days	Director of Nursing, Midwifery and Governance	<ul style="list-style-type: none"> <li>• Reduction in the number of inpatient falls per 1000 bed days from 9.03 to 7.7 or less</li> <li>• All patients to have a documented falls risk assessment within 6 hours of admission, which is reviewed at least every 7 days or sooner if the patient's condition indicates</li> <li>• Audit to demonstrate that all preventative actions are implemented following falls risk assessments</li> </ul>	Quality Committee

Quality Domain: Clinical Effectiveness				
Objective	Rationale	Lead Director	Measurement	Governance Route
Ensure patients in hospital remain hydrated	Effective hydration improves recovery times and reduces the risk of deterioration, kidney injury, delirium and falls	Director of Nursing, Midwifery and Governance	<ul style="list-style-type: none"> <li>Quarterly audits to ensure all patients identified as requiring assistance with hydration have red jugs in place</li> <li>Quarterly audits to ensure fluid balance charts are up-to-date and completed accurately</li> <li>Reduced rates of hospital-acquired acute kidney injury (AKI) and electrolyte disorders with associated reduction in mortality from these disorders, measured by Copeland Risk Adjusted Barometer (CRAB) data</li> </ul>	Quality Committee

Quality Domain: Patient Experience				
Objective	Rationale	Lead Director	Measurement	Governance Route
Increase the proportion of patients who report that they have received an appropriate amount of information about their care	Findings from the national inpatient survey indicate that a significant proportion of patients do not receive the right level of information at the right time to meet their needs	Director of Nursing, Midwifery and Governance	<ul style="list-style-type: none"> <li>Improved scores for responses to patient questionnaires for questions relating to receiving the right level of information</li> </ul>	Quality Committee
Improve the effectiveness of the discharge process for patients and carers	A key theme from patient feedback and engagement events during 2019-20 has been a need to improve the discharge experience for patients and their carers	Director of Operations and Performance	<ul style="list-style-type: none"> <li>Ensure sufficient and appropriate information is provided to all patients on discharge</li> <li>Improved Inpatient Survey satisfaction rates for receiving discharge information</li> <li>Improved audit results (minimum 75%) for the number of patients who have received the discharge from hospital booklet</li> <li>Achievement of 30% target for patients discharged before noon during the week and 85% of the weekday average discharges to be achieved before noon at the weekends consistently across all wards</li> <li>Implementation of standardised patient equipment ordering process for aides required at home</li> </ul>	Quality Committee

## 2.4. Statements of assurance from the Board

The following statements are required by the regulations and enable comparisons to be made between organisations, as well as providing assurance that the Trust Board has considered a broad range of drivers for quality improvement.

### 2.4.1. Review of services

During 2020-21, the Trust provided and/or sub-contracted £398m NHS services.

St Helens and Knowsley Teaching Hospitals NHS Trust has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2020-21 represents 97% of the total income generated from the provision of NHS services by St Helens and Knowsley Teaching Hospitals NHS Trust for 2020-21.

The above figures relate to income from patient care activities. The remaining total operating income mainly arose from NHS North West Deanery for the education and training of junior doctors, services provided to other organisations, such as IT, HR and Pathology Services, and Private Finance Initiative (PFI) support funding.

### 2.4.2. Participation in clinical audit

#### 2.4.2.1. Participation in Quality Account audits 2020-21

Annually NHS England publishes a list of national clinical audits and clinical outcome review programmes that it advises trusts to prioritise for participation and inclusion in their Quality Account for that year. This will include projects that are ongoing and new items.

It should be noted that some audits are listed as one entity on the published list, however involve a number of individual projects being undertaken under this single heading: e.g. NCEPOD; as detailed below:

- National Confidential Enquiry into Patient Outcome and Death (NCEPOD) = 4 individual audits
- Chronic Obstructive Pulmonary Disease (COPD) audit programme = 2
- National Gastro-Intestinal Cancer Programme = 2

During 2020-21, 37 national clinical audits and 2 national confidential enquiries covered relevant health services that St Helens and Knowsley Teaching Hospitals NHS Trust provides.

During that period, St Helens and Knowsley Teaching Hospitals NHS Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The table below shows:

- The national clinical audits and national confidential enquiries that St Helens and Knowsley Teaching Hospitals NHS Trust was eligible to participate in during 2020-21
- The national clinical audits and national confidential enquiries that St Helens and Knowsley Teaching Hospitals NHS Trust participated in during 2020-21
- The national clinical audits and national confidential enquiries that St Helens and Knowsley Teaching Hospitals NHS Trust participated in, and for which data collection was completed during 2020-21, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry



No.	National clinical audits and clinical outcome review programmes	Eligible	Participated	Rate of case ascertainment % submitted
1.	British Association of Urological Surgeons (BAUS): Female stress urinary incontinence	Yes	Yes	Continuous monitoring
2.	British Association of Urological Surgeons (BAUS): Renal colic	Yes	Yes	Continuous monitoring
3.	Royal College of Emergency Medicine (RCEM): Pain in children	Yes	Yes	Active
4.	Royal College of Emergency Medicine (RCEM): Infection control	Yes	Yes	Active
5.	Royal College of Emergency Medicine (RCEM): Neck of femur fracture (#s)	Yes	Yes	Active
6.	National Asthma (adults) and COPD Audit Programme (NACAP): secondary care work-stream NACAP asthma (children)	Yes	Yes	Continuous monitoring
7.	National hip fracture database	Yes	Yes	Continuous monitoring
8.	UK cystic fibrosis registry	Yes	Yes	Continuous monitoring
9.	Elective surgery national Patient Reported Outcome Measures (PROMs) programme	Yes	Yes	Continuous monitoring
10.	Epilepsy 12- (round 3) -paediatrics	Yes	Yes	100%
11.	Intensive Care National Audit & Research Centre (ICNARC) case mix programme	Yes	Yes	Continuous monitoring
12.	Inflammatory bowel disease (IBD) programme (registry)	Yes	Yes	Continuous monitoring
13.	Learning disability mortality review programme	Yes	Yes	Continuous monitoring
14.	National audit-breast cancer in older patients (NABCOP)	Yes	Yes	Active
15.	National audit of cardiac rehab	Yes	Yes	Continuous monitoring
16.	National audit of dementia	Yes	Yes	Active
17.	National cardiac arrest audit (NCAA)	Yes	Yes	Continuous monitoring
18.	National cardiac audit programme (NCAP) (includes the myocardial infarction national audit programme - MINAP)	Yes	Yes	Continuous monitoring

No.	National clinical audits and clinical outcome review programmes	Eligible	Participated	Rate of case ascertainment % submitted
19.	National heart failure audit	Yes	Yes	Continuous monitoring
20.	National diabetes audit (NDA) (19-20 data set)	Yes	Yes	Continuous monitoring
21.	National paediatric diabetes audit (NPDA) 19-20	Yes	Yes	100%
22.	National emergency laparotomy audit (NELA)	Yes	Yes	Continuous monitoring
23.	National gastro-intestinal cancer programme: oesophago-gastric cancer (NAOGC)	Yes	Yes	Continuous monitoring
24.	National gastro-intestinal cancer programme: · Bowel cancer (NBOCAP) · Oesophago-gastric cancer (NAOGC)	Yes	Yes	Continuous monitoring
25.	National Joint Registry (NJR)	Yes	Yes	Continuous monitoring
26.	National lung cancer audit (NLCA)	Yes	Yes	Continuous monitoring
27.	National maternity and perinatal audit (NMPA)	Yes	Yes	Continuous monitoring
28.	National neonatal audit programme (NNAP)	Yes	Yes	Continuous monitoring
29.	National ophthalmology audit	Yes	Yes	Continuous monitoring
30.	National prostate cancer (NPCA)	Yes	Yes	Continuous monitoring
31.	Rheumatoid/early inflammatory arthritis national clinical audit rheumatoid and early inflammatory arthritis	Yes	Yes	Continuous monitoring
32.	Sentinel stroke national audit programme (SSNAP)	Yes	Yes	Continuous monitoring
33.	Society for the acute medicine benchmarking audit (SAMBA) 2020	Yes	Yes	100%
34.	Serious Hazards of Transfusion: (SHOT) UK national haemo-vigilance scheme	Yes	Yes	Continuous monitoring
35.	Surgical site infection surveillance service	Yes	Yes	Continuous monitoring
36.	Mandatory surveillance of healthcare acquired infections (HCAI)	Yes	Yes	Continuous monitoring

No.	National clinical audits and clinical outcome review programmes	Eligible	Participated	Rate of case ascertainment % submitted
37.	Trauma Audit and Research Network (TARN): major trauma audit-ED	Yes	Yes	Continuous monitoring
<b>National Confidential Enquiries</b>				
1	Mothers and babies: reducing risk through audits and confidential enquiries across the UK (MBRRACE – UK) – maternal infant and newborn	Yes	Yes	Continuous monitoring
2	NCEPOD <ul style="list-style-type: none"> <li>• Dysphagia in people with Parkinson’s disease study</li> <li>• Out of Hospital Cardiac Arrests (OHCA) - organisation questionnaire</li> <li>• Alcohol related liver disease study - follow on questionnaire</li> <li>• Pulmonary embolism - organisational questionnaire</li> </ul>	Yes	Yes	100%



2.4.2.2. Other National Audits participated in during 2020-21  
(Not on Quality Account list 2020-21)

National audits
National diabetes audit (Adults) 2019-20
Magseed® and wire/roll localisation (Magseed® is a tiny seed designed to accurately mark the site of a cancer)
Annual safe, effective, quality Occupational Health Service (SEQOHS) accreditation audit
Breast cancer management pathways during the COVID-19 pandemic
Audit of maternity records for antenatal screening quality assurance
National audit of dementia 2020-2021 pilot in acute general hospitals
Flash glucose monitoring audit – paediatrics (FreeStyle Libre system)
Flash glucose monitoring audit – adults (FreeStyle Libre system)
National diabetes foot care audit
Advancing Quality Alliance (AQuA) acute kidney injury focus area
Global Surgical Audit (COVIDSURG) week
Sepsis review health & care partnership for Cheshire & Merseyside through AQuA
Tranexamic acid in hip fracture surgery
National audit of non-melanoma skin cancer excisions by plastic surgery
Filtering Face Piece (FFP3) mask fit testing project for black, Asian, and minority ethnic (BAME) staff in secondary care
Diverticular abscess management: an international snapshot audit (DAMASCUS)
RECAP audit: rectal cancer management during the COVID-19 pandemic
MAMMA: mastitis and mammary abscess management - multicentre national audit
Growth Assessment Protocol Standardised Case Outcome Review and Evaluation (GAP SCORE) missed case audit
Perinatal mortality review tool (PMRT) programme
National children and young people diabetes and quality programme
Breast and cosmetic implant surgery
Each baby counts – national quality improvement programme (QIP)
National 3rd corrective jaw treatment audit
Reducing the impact of serious infections (antimicrobial resistance and sepsis)



During 2020-21 due to the Pandemic, some national audit bodies took the decision to temporarily suspend the submission of data.

The reports of 51 national clinical audits were reviewed by the provider in 2020-21 and St Helens and Knowsley Teaching Hospitals NHS Trust has taken and intends to take the following actions to improve the quality of healthcare provided:

Audit Title	Outcome/actions
<b>Emergency Department</b>	
Severe Trauma: Trauma Audit & Research Network (TARN)	Reports and TARN dashboard are continuously reviewed locally and by the Cheshire & Mersey Major Trauma Network / Operational Delivery Network - no further clinical actions required.
<b>General Medicine - Cardiology</b>	
National heart failure audit	The latest report 2018-19 demonstrated that the Trust was above the national average in all but one of the measured areas
Myocardial ischaemia national audit project (MINAP)	<p>The 2018-19 Myocardial ischaemia national audit project (MINAP) report on cases of heart attack – either ST-segment elevation myocardial infarction (STEMI) or non-ST-segment elevation myocardial infarction (NSTEMI) admitted to hospitals in England, Wales and Northern Ireland. The report finds that there has been a 2.4% fall from numbers recorded in 2017-18. Care provided is expressed through 11 'quality improvement metrics', each of which is supported by national and/or international guidelines.</p> <p>As part of this Trust's continuous monitoring, compliance with the provision of Secondary Prevention Medication on discharge is reported; our Trust consistently achieves a high standard with compliance and systems are in place to ensure that any deviation from this is addressed without delay.</p>
<b>Burns &amp; Plastics</b>	
National service evaluation project to assess change in management of hand injury patients in view of COVID-19 pandemic	<p>The study demonstrated that wide-awake local anaesthesia, no tourniquet (WALANT) surgery had proved useful in cases where previously a general anaesthetic was undertaken.</p> <p>Same day operation improved efficiency and reduced patient contact with the hospital.</p> <p>Remote consult/follow-up has proven useful in improving efficiency and reducing exposure/travel.</p> <p>The feasibility of continuing with these findings for suitable patients will be reviewed going forward.</p>

Audit Title	Outcome/actions
<b>Department of Medicine for Older People (DMOP)</b>	
Sentinel Stroke National Audit Programme (SSNAP)	<p>Stroke performance has been broadly maintained throughout the pandemic. Since becoming a regional centre in April 2019, the Trust has now seen approximately 1,050 confirmed strokes per year; and assesses approximately 3,500-4,000 suspected strokes per year.</p> <p>The number of patients receiving thrombectomy has progressively increased, a key intervention to improve the outcomes for the most severe ischaemic strokes.</p> <p>Also introduced is advanced imaging (computerised tomography (CT) CT angiography and CT perfusion). This enables staff to potentially provide thrombolysis or thrombectomy in groups of patients who previously would not have been able to be treated; or to identify patients where such interventions may cause more harm than benefit and therefore reduce the risk of harm in these circumstances. These new imaging types are supported by the use of machine learning to analyse the images as well as review by consultant stroke physicians so the Trust is using the latest innovations to provide world class stroke care.</p>
<b>NCEPOD: (National Confidential Enquiry into Patient Outcome and Death)/Child Health Programme</b>	
<p>The Trust has participated in all eligible studies. During 2020-21, 1 study was completed in this year and 1 report was received and disseminated from a previously participated study:</p> <p><b>Completed Study:</b></p> <ul style="list-style-type: none"> <li>• Dysphagia in Parkinsons Disease</li> </ul>	
Audit Title	Outcome/actions
<p><b>Report received:</b></p> <p>NCEPOD: Out of Hospital Cardiac Arrests</p>	<p>A review of the quality of care provided to patients aged 16 years and over who were admitted to hospital following an out-of-hospital cardiac arrest with the report being published in early 2021. Following a review, the Trust is compliant with the recommendations of the report. Additional local audits will be planned.</p>
<p><b>NCEPOD (Surgical &amp; Medical) &amp; NCEPOD (Child Health) have the following studies planned for 2021-22</b></p> <ul style="list-style-type: none"> <li>• Epilepsy (starting April 21)</li> <li>• Crohns</li> <li>• Transition from Child to Adult Health Services</li> </ul>	

### 2.4.2.3. Local clinical audit information

The reports of 150 local clinical audits were reviewed by the provider in 2020-21 and St Helens and Knowsley Teaching Hospitals NHS Trust has taken and intends to take the following actions to improve the quality of healthcare provided:

Audit Title	Outcome/actions
<b>Emergency Department (ED)</b>	
Record keeping	Improvements were demonstrated this year in several aspects measured.
Audit of the same day emergency care (SDEC) Magnetic Resonance Imaging (MRI) spine in managing cauda equina	This audit identified that the Ambulatory Pathway was functioning well and has reduced admission numbers.
Post exposure management	Patients are being seen in a timely manner following presentation with needle stick injuries. Redesign of ED pro forma into shorter components to aid accurate record keeping.
Management of cardiac chest pain (CP)	Actions included improvements to CP form, review of Coronary Care Unit (CCU) pathway and further audits reviewing admissions to Acute Medical Unit (AMU) and CCU from Emergency Department (ED).
Lower limb open fracture management	All ED patients received antibiotics as per protocol. Further actions include the introduction of an open fracture pro forma to provide more information.
<b>General Surgery</b>	
Timely prescribing of regular medications in general surgery	Following several interventions the re-audit showed significant improvements in critical medications prescribed on admission and administration of regular medication doses. Patients who had their regular medications prescribed prior to medicines reconciliation also demonstrated an increase.
<b>General Medicine:</b>	
<b>Acute Medical Unit (AMU)</b>	
QIP: Prevention and management of acute kidney injury (AKI) in patients (admitted to hospital with suspected or confirmed COVID-19)	The audit found that NICE guidelines were being followed in terms of suspension of nephrotoxic agents and prescribing fluids. Further quality improvement project is planned to look into improving recording of fluid balance and documented cause.

Audit Title	Outcome/actions
<b>Cardiology</b>	
Acute heart failure (HF) audit	This audit has highlighted good numbers of patients having biomechanical markers checked on admission as well as patients on a beta blocker. Discussions have taken place with Cardiorespiratory and AMU Consultants regarding further improvements. Actions suggest in future this audit could be run alongside the HF nurse discharge audit
Prophylactic antibiotic prescribing for insertion of cardiac devices	This audit found that all patients are receiving the correct antibiotics. Actions: Pharmacy Department to make pre-prepared Teicoplanin. New pro forma to be used.
<b>Cardiology – Community Services</b>	
Chronic Heart Failure NICE quality standards - St Helens Community Heart Failure Service audit	This audit has established that 100% patients were prescribed angiotensin-converting enzyme (ACE) and Betablockers. Patients had medication increased to target or maximum tolerated dose as per NICE guidance and NICE standards.  Actions: HF nurses to record when cardiac rehabilitation exercise programme is discussed with a patient with an aim to increase the numbers of referrals.
<b>Department of Medicine for Older People</b>	
Driving advice in medical patients	This audit identified an improvement in Driver and Vehicle Licensing Agency (DVLA) documentation. Planned actions to update hospital system and pro forma with DVLA advice-related prompts. To share information with staff on common DVLA relevant conditions and DVLA information. Also include in teaching to all doctor groups.
<b>Dermatology</b>	
Regional audit of dupilumab for eczema	This audit showed prescribing and managing patients was appropriate with excellent clinical outcomes.
Skin cancer: 2-week wait (2WW) clinic referrals	This audit has highlighted that targets were hit consistently. The increasing 2WW skin cancer referral rate over time and the benefit for patients in the development of “see and treat” sessions to facilitate biopsies and excision at the time of first consultation was noted.
<b>Palliative Care</b>	
Advance care planning (ACP)	ACP can and does reduce hospital admissions and also allows patients to die in their preferred place of death (PPD). Actions: Department to work cross boundary to improve uptake of ACP. Patients are to continue to be given a choice and opportunity to create ACP. Delivery of ongoing education of End of Life Care (EoLC).



Audit Title	Outcome/actions
<b>Paediatrics</b>	
Chest pain referrals to paediatrics cardiology clinic	This audit identified that high risk patients were identified and referred to tertiary care appropriately. Actions: implementation of traffic light system for prioritisation and distribute locally. Plan to design a referral pro forma
Evaluation of care provided to patient with diabetes admitted to Paediatrics Ward	High compliance was demonstrated in this latest round of the audit. Actions: the diabetes keto-acidosis (DKA) pathway has been updated and awareness training sessions have been delivered to Paediatric and Emergency Department staff.
Auditing the occurrence of contaminated blood culture (BC) in Paediatrics	The audit identified compliance was met with the target set for positive blood cultures growing pathogens likely to be contaminants. Actions: further QIP blood culture packs with implementation aiming to reduce BC contamination further.
Umbilical granuloma audit	Good compliance and record keeping was demonstrated with departmental guideline for treatment of children with umbilical granulomas. Positive success was noted with salt treatment. Plan: awareness sessions for staff on the management. Design of a pro forma to be used by the Hospital at Home Team for management.
<b>Obstetrics &amp; Gynaecology</b>	
Record keeping - gynaecology	The audits consistently show that the quality of record keeping was high and continues to be undertaken regularly as part of the Trust programme to maintain high standards.
Audit of manual vacuum aspiration procedure	The audit demonstrated 100% success rate. Planned actions: Study sessions for staff to increase awareness of procedure and increase rate of offering to patients.
Amniocentesis re-audit	This audit has showed a good level of compliance with standards. Planned annual/biennial audit.
Born before arrival (BBA) or unplanned homebirth audit	A BBA admission to Delivery Suite form is to be developed to capture all relevant information about the delivery and assist with audit information.
Day-case rehydration for women with moderate hyperemesis gravidarum in pregnancy (re-audit)	All patients were triaged appropriately for inpatient or outpatient care and documentation had improved. Actions: development of a new hyperemesis pathway, blood order set specific for hyperemesis and amendment of the hyperemesis protocol.
Management of mid-trimester intrauterine death or termination of pregnancy (ToP)	100% was scored for 5 standards reviewed. Actions: development of a fail-safe system to ensure that de-brief appointments are not delayed and that a permanent debrief room is available.
Outpatient medical management of miscarriage: re-audit	The success rate of procedure demonstrated in this audit was in keeping with the data from recent studies' success rate using only misoprostol. Actions planned: change in guideline and pathway – to include an additional medication to improve success rate further as per new published studies.

Audit Title	Outcome/actions
<b>Orthopaedics/Therapies</b>	
Audit of consent form 4 (documentation)	Several areas audited reached high percentages rates with documentation. Actions: documentation of consent will be discussed further at junior doctors' induction teaching sessions to highlight the importance of good, accurate record keeping.
Re-audit - implementation of virtual fracture clinic as the sole referral pathway to fracture clinic from ED and walk-in centre	The Virtual Fracture Clinic was designed by the Orthopaedic Department in order to streamline the review of fractures. The re-audit found that the average waiting time had been dramatically reduced. Further amendments to the ED referral form are planned.
Administration of fascia iliac blocks to patients who have suffered fractured neck of femur	Actions: further training is to be planned for Orthopaedic and ED junior doctors on how to administer blocks.
Antibiotic prescription in orthopaedic patients	The dose of antibiotic prescribed met the NICE standards in 100% of patients. Actions planned: to improve documentation further, a stamp will be provided in each ward area with the headings of "indication", "dose" and "duration" for use in the patients' health records.
Accuracy of patient documentation regarding the responsible clinician	Actions included: further updates on Careflow system process delivered to doctors.
<b>Quality Improvement-Clinical Audit Department (QICA): Quality &amp; Risk</b>	
Audit of compliance with the Clinical Audit Policy	The audit demonstrated some excellent results in terms of compliance with the Trust QICA Policy. Actions completed: <ul style="list-style-type: none"> <li>• A 'missing information' checklist has been produced to facilitate the return of registration forms back to the clinic area to request any outstanding information</li> <li>• Certificates are issued to staff upon request as evidence of dissemination and discussion</li> <li>• A slight increase in the receipt of action plans was noted, however to facilitate this further a new role has been developed for the monitoring of action plan returns and national audits for 2020</li> <li>• At the end of the current audit year 2020-21 significant improvements had been demonstrated in the return and quality of the content since the new person has been in post. Further key developments in this post are planned</li> </ul>
<b>Safeguarding/Maternity Services</b>	
Sectioned patients understanding of their rights under the Mental Health Act	Planned actions are in place to ensure staff are aware of the requirement for patients to have had rights read and to inform Safeguarding Adults Team as required.

Audit Title	Outcome/actions
<b>Sexual Health</b>	
Management of genital wart treatment audit	The audit noted good results where all cases were resolved within acceptable timeframes. Treatments will be reviewed for cases of multiple warts.
<b>Anaesthetics/Theatres</b>	
Record keeping -Theatres	Full compliance was met for quarter 1 across all criterion measured. The audit continues to be undertaken regularly as part of the Trust programme to maintain high standards.
Anaesthetic management of fractured neck of femur audit	Good compliance with standards was noted. Actions: A bitesize training session was delivered to staff during the presentation of the findings to cover the anaesthetic form and a review of the recommended standardised dosing.
<b>Therapy Services</b>	
The timing of hand therapy following administration of botulinum toxin (botox) in paediatric patients	Actions completed: Review pathway to ensure all patients are captured. Education on the pathway has been delivered to staff. Patient botox information leaflets containing contact details have been rolled out to patients. Further training of physiotherapy staff in progress.
Completion and accuracy of Malnutrition Universal Screening Tool (MUST) Tool on Seddon Suite	This audit showed all patients admitted to Seddon Suite were screened on admission. Actions: to ensure accurate and complete information is used to complete the screening tool (including past weight).
<b>Urology</b>	
Audit of management of patients with urinary retention trial without catheter (TWOC) clinic audit. Re-audit	This audit has identified that excellent service is being provided to patients when they attend TWOC clinic. Findings have been shared with ED to improve practices further.
<b>Medicine/Pathology</b>	
Review of laboratory requests for Hepatitis B testing	100% of maternal samples had correct test requested Actions: guidance circulated to staff regarding correct test requesting. Order set created on Careflow system for hepatitis B screen in immunocompetent patients.
Abnormal glandular cells in cervical cytology audit	The results demonstrated in the audit were positive, and the audit is planned again for next year.
Reporting of melanoma in the histopathology department	The audit met with all the standards set and no further actions were needed.

Audit Title	Outcome/actions
<b>Plastic Surgery</b>	
Hand trauma pro forma re-audit	The audit demonstrated good compliance with documentation. Further updates have been made to the hand pro forma.
Re-audit consent documentation	There were improvements in some areas of documentation; actions will be implemented to further improve completion of the form.
Wrist arthrodesis experience using distal radius and wrist fusion plates in patients of upper limb spasticity	The audit found excellent patient compliance with the distal radius plates used with high patient satisfaction. Actions: recommended use of the implant in wrist fusion surgeries.
Hand washing audit during COVID pandemic	This audit has showed 100% of participating health care workers performing handwashing for at least 20 seconds using the modified Ayliff technique. Actions: training to be arranged with the Infection Prevention Department on a continued quarterly basis.





### 2.4.3. Participation in clinical research

Participation in research brings many benefits for the NHS, including improvements in the quality of care and health outcomes for our patients. The COVID-19 pandemic changed the landscape of research, with an increased focus on looking at ways to combat the virus.

**“The world faces an unprecedented challenge in our efforts to tackle the spread of COVID-19 and it is vital we harness our research capabilities to the fullest extent to limit the outbreak, and protect life”.**

*Professor Chris Whitty, Chief Medical Officer and National Institute for Health Research (NIHR) Co-Lead*

The Trust responded at speed by setting up a number of COVID-19 urgent public health (UPH) studies investigating new treatments, vaccines and preventions. According to the NIHR this ground-breaking research is helping to save lives in the UK and around the world. It is informing government policy and providing NHS doctors and nurses with the tools they need to prevent and treat COVID-19.

Since March 2020, the research teams at St Helens and Knowsley Teaching Hospitals NHS Trust have worked tirelessly to support these crucial studies whilst maintaining some non-COVID-19 important research. The support from the Critical Care Unit and respiratory, pathology and pharmacy departments, as well as principal investigators research staff and patients, has been invaluable and without their support the research could not have taken place. Their hard work has helped combat the devastating effects of the COVID-19 pandemic and pave the route to recovery.

On 23rd June 2020, the Trust was the first trust in the Clinical Research Network, North West Coast (CRN NWC) to successfully recruit the first participant to an important UPH England study “SIREN” (SARS-COV2 Immunity and Reinfection Evaluation). One of the biggest questions SIREN sought to answer was whether individuals who had previously been infected with COVID-19 enjoyed protection from the virus in the future. As the rollout of vaccines began, the study was rapidly updated to include information about whether the participant had been vaccinated. By expanding the protocol of the study to include vaccine information, SIREN has been able to assess the effectiveness of vaccines. In February 2021, SIREN published findings that healthcare workers were 72% less likely to develop infection after one dose of the vaccine, rising to 86% after the second dose.

[\(https://publichealthmatters.blog.gov.uk/2021/03/11/the-siren-study-answering-the-big-questions/\)](https://publichealthmatters.blog.gov.uk/2021/03/11/the-siren-study-answering-the-big-questions/)

The following table demonstrates recruitment to all the UPH COVID-19 studies conducted at the Trust:

Short title	Definition	Number of participants recruited
SIREN	The impact of detectable anti SARS-COV2 antibody on the incidence of COVID-19 in healthcare workers	406
RECOVERY	A clinical trial to test the effects of potential drug treatments for patients admitted to hospital with both suspected and confirmed COVID-19.	225
ISARIC	A study aiming to discover the background of the virus so attempts can be made to find better ways to manage and treat the infection in the future	844
Oxford Vaccine Study	The COVID-19 vaccine randomised controlled trial. This study assesses if people can be protected from COVID-19 with a new vaccine called ChAdOx1 nCoV-19. The Trust follows up patients recruited to this important study.	92
GenOMICC	A study aiming to find the genes that cause some people to be more vulnerable to COVID-19.	99
UKOSS	A maternal and perinatal outcomes of pandemic influenza or novel coronavirus in pregnancy study	Not available as STHK did not recruit to this study but did participate
PAN COVID	A global registry of women with suspected COVID-19 or confirmed SARS-CoV-2 infection in pregnancy and their neonates; understanding natural history to guide treatment and prevention	105
Neonatal complications of coronavirus disease (COVID-19) study	A study collecting data about babies who have Coronavirus infection and babies whose mothers have Coronavirus infection	Not available as STHK did not recruit to this study but did participate
MERMAIDS study	Multi-centre European study of MAJOR Infectious Disease Syndromes: Acute Respiratory Infections in Adults	4

The number of patients receiving relevant health services provided or sub-contracted by St Helens and Knowsley Teaching Hospitals NHS Trust in 2020-21 that were recruited during that period to participate in research approved by a research ethics committee/Health Research Authority was 2092.

In addition to the hard work taking place on the COVID-19 studies, in June 2020 the Trust released a new Research Development and Innovation Strategy, which clearly states our aims and objectives for the next 3 years. One of the main aims is to increase the number of patients/participants who have access to research at the Trust, which was also included in the Trust objectives for 2020-2021. The Trust surpassed the recruitment target set for 2020-21 by successfully recruiting 2092 participants against a target of 1324. Currently the Trust ranks 8th out of 20 trusts across the CRN NWC. This is a great achievement and the result of a huge effort from all the Research Team, which demonstrates the commitment to offering patients and public the opportunity to take part in research.

In May 2020, the NIHR published a framework to support the restarting of research paused due to COVID-19. The goal was to restore a fully active portfolio of NIHR research while continuing to support important COVID-19 studies as part of the Government response to the pandemic. They set a target for trusts to open 80% of non-COVID-19 studies by the 31st March 2021. The Trust achieved this challenging target; however recruitment to some of these studies slowed down due to the disruption in clinical services caused by the pandemic.

Recruitment to cancer clinical trials is consistently a challenge; patients are only approached if there is a clinical trial available. The trials team lead on the expansion of the portfolio of trials available and support the clinical teams to broaden the scope of

trials within each speciality. The team have worked consistently to ensure clinical trials are embedded in the multi-disciplinary team meetings as part of the decision-making around patient treatment options. 97 research studies were open to recruitment at the Trust during 2020-21, of which 18.56% were cancer research trials.

In 2020, 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 and two members of staff have signed up to this scheme. Also in collaboration with Edge Hill University, Professor Rowan Pritchard-Jones is supervising two NIHR funded PhD studentships. The NIHR Doctoral Fellowship is a three year full-time award that supports individuals to undertake a PhD in an area of NIHR research; these fellowships have been designed to support individuals at various points of their development in becoming leading researchers.

The NIHR also places emphasis on the Patient Research Experience Survey (PRES) high level objective, which opened in November 2020 and ran until 31st March 2021. The Trust introduced a number of methods for obtaining feedback and valued the patients' views on taking part in research and received the highest number of responses (184) across all the partner organisations in the CRN NWC. The feedback was extremely encouraging, with the majority of respondents confirming that they had a positive research experience, were treated with courtesy and would consider taking part in research again in the future. A re-occurring theme emerged where participants highlighted issues around the uncertainty of clinic appointments and, therefore, the Research Team have been allocated dedicated clinic space which will open during 2021.

### 2.4.3.1. Research aims for 2021-22

- Ensure that there are robust structures in place to initiate, deliver and manage research, thus increasing opportunities for patients to participate in high quality clinical research
- Achieve ambitious set up and delivery targets each year, including the development of a diverse portfolio of commercial trials
- Apply for NIHR Hyper-acute Stroke Research Centre (HSRC) status, which will make the Trust a specialist centre for research in the 'hyper-acute' time period following a stroke (within a few hours), when treatment is most likely to be effective. It will also enable the Trust to be at the cutting edge of acute stroke research and mean we can enrol more of our patients into the very latest clinical trials
- Secure dedicated research clinic space, thus optimising our capacity to invite participants to take part in research. This will also impact on the patient experience
- Develop a research-aware workforce, where all staff recognise the value of research in enhancing the quality of services and, therefore, growing staff capability and capacity to undertake research
- Engage and communicate with patients and service users. It is of great value to know about the opinions and experiences of the participants, ensuring that the NIHR Patient Research Experience Survey is embedded into the patient's research journey and feedback of both positive and negative experiences is considered
- Continue to strive to qualify for the minimum £20k Department of Health Research Capability Funding (recruiting 500 or more participants to non-commercial research)



- Explore opportunities for dedicated research appointments, including clinical academic posts, in order to address clinically-relevant research questions for the benefit of our patients
- Encourage more staff to take part in the NIHR Associate PI scheme with the aim of them becoming PIs in the future
- Continue to work in partnership with the CRN NWC to ensure that the NIHR high level objectives are met

### 2.4.4. Clinical Goals agreed with commissioners

In normal circumstances, a proportion of St Helens and Knowsley Teaching Hospitals NHS Trust income in 2020-21 would have been conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation (CQuIN) payment framework. However, the COVID-19 pandemic resulted in NHS England/NHS Improvement (NHSE/I) suspending the operational delivery of CQuIN schemes for all



NHS providers during the whole of the 2020-21 financial period (1st April 2020 – 31st March 2021). Instead NHS providers were awarded full payment of their CQuIN allowance. Financial sanctions associated with the delivery of all NHS national operational standards and national quality requirements were also suspended for the whole of 2020-21 financial period.

#### 2.4.4.1. CQuIN Proposals 2021-22

As a consequence of the COVID-19 pandemic continuing into 2021-22, guidance released by NHSE/I confirms:

- No active 2021-22 CQuIN scheme (either Clinical Commissioning Group (CCG) or specialised) will be published at this stage. Detailed 2021-22 CQuIN indicators will be published in due course. NHS providers will automatically be awarded full payment of their 1.25% CQuIN allowance for the pro rata period of the first half (H1) of 2021-22 (1st April 2021 – 30th September 2021)
- Once 2021-22 CQuIN schemes are confirmed and become active, then as previously, commissioners will be able to claw back any underperformance, depending on the NHS provider's performance against the CQuIN indicators
- Financial sanctions associated with the delivery of NHS national operational standards and national quality requirements no longer exist. Instead commissioners will now use remedial action plans with agreed consequences to address failing standards and/or requirements. For H1 2021-22 commissioners are not allowed to withhold funding from NHS providers if remedial action plans are not delivered
- Further guidance will be published in due course for H2 2021-22 (1st October 2021 – 31st March 2022).

#### 2.4.5. Statements from the Care Quality Commission (CQC)

The CQC is the independent regulator for health and adult social care services in England. The CQC monitors the quality of services the NHS provides and takes action where these fall short of the fundamental standards required. The CQC uses a wide range of regularly updated sources of external information and assesses services against five key questions to determine the quality of care a Trust provides, asking if services are:

- Safe
- Effective
- Caring
- Responsive to people's needs
- Well-led

If it has cause for concern, it may undertake special reviews/investigations and impose certain conditions.

The latest comprehensive CQC inspection, using the new approach, took place in July and August 2018. The Use of Resources review was undertaken on 5th July, the unannounced inspection took place during the week commencing 16th July, the inspection of Marshalls Cross Medical Centre was completed on 14th August and the planned well-led review was completed during the week commencing 20th August.

Teams of inspectors visited Whiston, St Helens and Newton hospitals and the Trust's directly provided community and primary care services during the inspection period to talk to patients, carers and staff about the quality and safety of the care provided. They reviewed care records and observed the care provided. The Trust was able to demonstrate to the inspection team the high standard of work that is undertaken on a daily basis to ensure patients receive excellent care.

St Helens and Knowsley Teaching Hospitals NHS Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions.

The Care Quality Commission has not taken enforcement action against St Helens and Knowsley Teaching Hospitals NHS Trust during 2020-21.

St Helens and Knowsley Teaching Hospitals NHS Trust has not participated in any special reviews or investigations by the Care Quality Commission in 2020-21.

St Helens and Knowsley Teaching Hospitals NHS Trust is subject to periodic reviews by the Care Quality Commission and the last review was in July/August 2018. The CQC’s assessment of the Trust following that review was outstanding.

2.4.5.1. CQC ratings table for St Helens and Knowsley Teaching Hospitals NHS Trust, March 2019:

Safe	Effective	Caring	Responsive	Well-led	Overall
Good	Good	 OUTSTANDING	Good	 OUTSTANDING	 OUTSTANDING

The Trust’s Emergency Department was rated as requires improvement for the responsive and safety domains, with action plans in place to address the recommendations.

As part of the 2018 inspection, the CQC inspected Marshalls Cross Medical Centre, which was a new service that the Trust was contracted to provide from March 2018. The inspection identified three areas where the Trust had not met the requirements of the CQC regulations at that time. The Trust took action to address the issues identified at the time of the inspection in August 2018. Mersey Internal Audit Agency subsequently reviewed these actions and confirmed that they had been implemented.

The Trust is taking the following action to address the points made in the CQC’s assessment:

- Delivery of comprehensive action plans in continuing attempts to achieve key national targets to enable timely care of patients in ED, including arrival to initial assessment times and the decision to admit, transfer or discharge target

St Helens and Knowsley Teaching Hospitals NHS Trust has made the following progress by 31st March 2021 in taking such action:

- Delivery of action plans to address the areas of non-compliance in Marshalls Cross Medical Centre and all the should do recommendations, including those areas where the Trust requires improvement in the ED, including ensuring all applicable staff receive level three children’s safeguarding training and clarifying and monitoring the quality and completion of ligature and clinical risk assessments to ensure they are completed as appropriate for all patients requiring them in ED

Processes for the following were strengthened in relation to Marshalls Cross Medical Centre:

- Follow up of uncollected prescriptions
- Monitoring of NICE guidelines
- Managing patients on high risk medicines
- Undertaking risk assessments
- Audit programme to monitor quality and identify areas for improvement
- Ensuring sufficient numbers of skilled and experienced staff to provide formal clinical leadership

During 2020-21 the CQC implemented transitional monitoring arrangements and undertook a detailed review of infection prevention (via the Trust's Infection Prevention Board Assurance Framework) and the Mass Vaccination Centre at the St Helens Rugby Ground with no concerns raised.

## 2.4.6. Learning from deaths

### 2.4.6.1. Number of deaths

During Quarters 1-4 2020-21, 2,019 of St Helens and Knowsley Teaching Hospitals NHS Trust's patients died (in hospital). This comprised the following number of deaths which occurred in each quarter of that reporting period:

506 in the first quarter  
341 in the second quarter  
545 in the third quarter  
627 in the fourth quarter

By end of Q4, 452 case record reviews and 11 investigations (reds and ambers) have been carried out in relation to the 2,019 deaths included in item 2.4.6.1

In 11 cases (reds and ambers), a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

142 in the first quarter  
104 in the second quarter  
129 in the third quarter  
77 in the fourth quarter

1 representing 0.05% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient (red rated).

In relation to each quarter, this consisted of:  
1 representing 0.2% for the first quarter  
0 representing 0.0% for the second quarter  
0 representing 0.0% for the third quarter  
0 representing 0.0% for the fourth quarter

These numbers have been estimated using the St Helens and Knowsley Teaching Hospitals NHS Trust Royal College of Physicians Structured Judgement Review (SJR).

122 case record reviews and 2 (reds and ambers) investigations completed after 31-12-2019 which related to deaths which took place before the start of the reporting period.

2 representing 0.4% (reds) of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the St Helens and Knowsley Teaching Hospitals NHS Trust Structured Judgement Review (SJR) (which uses NCEPOD quality score and red, amber, green (RAG) rating similar to Royal College of Physicians SJR and consistent with Royal College of Physicians and NHS Improvement guidance. This represents the final position for Quarter 4 of 2019-20.

3 representing 0.2% of the patient deaths during 2019-20 are judged to be more likely than not to have been due to problems in the care provided to the patient. This represents all four quarters of 2019-20.

### 2.4.6.2. Summary of learning from case record reviews and investigations

The Trust has focussed on one or two key learning priorities for each quarterly report to the Trust Board. The key lessons shared were:

- Lactate Levels

High lactate levels MUST trigger urgent pursuit of a cause. Failure to improve requires escalation until an appropriate action plan is in place. Always consider the presence of ischaemia (bowel or other) if no other explanation is apparent

- Do not attempt cardiopulmonary resuscitation (DNACPR)

COVID-19 has highlighted a different concern for patients and families. Forms, completed on admission, with the COVID diagnosis in mind, were part of a multidisciplinary team (MDT) approach to define plans to escalate or palliate patients on deterioration. However for patients surviving to discharge further discussion by the clinical team is essential as to whether such a form is required and exactly what it means with regards to their future healthcare

- Recognising End of Life

Acknowledging the difficulty of recognising a patient who is approaching the final stage of their life and requires support in a comfortable death rather than ongoing resuscitation and treatment continues to be a challenge in many areas of the Trust. In response to this, we have put together a questionnaire to be sent to all staff in the next month – please respond and help direct the teaching and support required in order to improve the patient and bereaved family experience

- Know your pathways

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. They are there to protect our patients and you

- Palliation - involve primary care

When a patient is on a palliative pathway, ensure that advance care plans (ACPs), including DNACPR and preferred place of death can be met as often as possible. In addition, communication of a missed opportunity for ACP/DNACPR in the community should be shared with the primary care team.

### 2.4.6.3. Actions taken resulting from learning

The Trust's Learning from Deaths Policy was refreshed in December 2019 and incorporates the principles laid down in the National Quality Board document "Learning from Death: Guidance for NHS trusts on working with bereaved families and carers".

Lessons identified from the structured judgement reviews have been shared with the Trust Board, Quality Committee, Finance & Performance Committee, Clinical Effectiveness Council, Patient Safety Council, Patient Experience Council, Grand Rounds, Team Brief, Intranet home page, global email, Care Group governance and directorate meetings.



In addition to sharing the learning the following work streams have been initiated and are ongoing:

- A working group has been developed to determine the complexities clinicians face in engaging with patients and their families in determining ceilings of treatment and DNACPR decisions. These have been made even more evident by challenges faced during the COVID pandemic.
- Seminar to share with staff the learning so far from end of life cases, the changes achieved so far and ongoing work to be held in September 2021 (postponed from November 2020): Dying Matters – the next steps (insight to learning from deaths)
- Trust level project to evaluate and determine the best course of action in the management of the deteriorating patient at Whiston site, including aggregated, comprehensive review of patients who have required multiple calls to the Medical Emergency Team (MET)

- Case review sharing with junior doctors in line with the Royal College of Physicians Lessons Learned Programme  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6616793/>
- Integration of the Medical Examiner role, established in October 2020, into learning from deaths, including accuracy of death certification
- Recognition of exceptionally good care, which is acknowledged by the Mortality Surveillance Group in writing and used by individual clinicians to support appraisal and revalidation

#### 2.4.6.4. Impact of actions taken

The effectiveness of learning is assessed by audit of Datix, serious incidents, complaints, PALS contacts, litigation and mortality reviews for evidence of failure to deliver these priorities. Systematic assessment of effectiveness is necessarily two quarters behind priorities, allowing time for sharing and then time to establish that learning has become embedded.



### 2.4.6.5. Trust approach to learning from deaths

A summary of the Trust's approach to learning from deaths is outlined below:

#### Total Deaths in Scope<sup>1</sup>

Check against NWB downloaded LD List <b>'Learning Difficulties Death'</b>	LeDe R Death Review <sup>2</sup>
Check against MHA and DOLS list <b>'Severe Mental Illness Death'</b>	SJR <sup>3</sup>
Check if age <18year but >28 days <b>'Child death'</b>	SIRI & Regional Child Death Overview Panel (CDOP)
Check if <28 days and >24 weeks gestation <b>'Neonatal death or Stillbirth'</b>	Joint Perinatal Audit Meeting (SIRI), & C&M 'Each Baby Counts' Panel
Check if spell includes obstetric code (501) <b>'Maternal Death'</b>	STHK STEIS/SIRI & National EMBRACE system (also perinatal)
Check against current year 'Alert List' <b>'Alert Death'</b> <sup>5</sup>	SJR
Check DATIX for SIRI Investigation <b>'SIRI Death'</b>	SIRI
Check DATIX for complaints/PALS/staff concerns <b>'Concern Death'</b>	SJR
Check against Surgical Procedure List <b>'Post-op Death'</b>	SJR
25% Sample, include all low risk deaths <sup>4</sup> <b>'Sample Deaths'</b>	SJR

1. All inpatient deaths at STHK, transfers to other hospitals or settings not included

2. LeDeR – nationally prescribed process for reviewing LD deaths

3. Structured judgement review, currently STHK tool

4. Low risk deaths as defined by Dr Foster/HED grouping

5. Alert deaths, include any CQC alerts or 12-month internal monitoring alerts from the previous financial year.

### 2.4.7. Priority clinical standards for seven day hospital services

The Seven Day Hospital Services (7DS) Programme aimed to ensure that patients requiring emergency admission received high-quality care every day of the week through early, consistent senior decision-making as outlined in the 10 7DS Clinical Standards (CS). Trust performance against the priority CS defined by NHS England (NHSE) was previously audited and reported to the Trust Board and NHSE to provide assurance of progress towards the target of full compliance with the standards.

The two priority standards were:

- CS2: Time to first consultant review - all emergency admissions must have a clinical assessment by a suitable consultant within 14 hours of the time of admission to hospital.
- CS8: Ongoing daily review by consultant (or their delegate)

Over the last 4 years, the Trust has shown consistent improvement against the 7DS clinical standards. The repeat audit was due to be reported to June 2020 Trust Board. However, in March 2020, NHSE/I issued an instruction that the Spring 2020 Board Assurance Framework (BAF) submission was to be deferred until September 2020. In June, subsequent instruction was given that the September BAF would not necessarily reflect business as usual in regards to the priority 7DS standards.

This reflects a change in the nature of clinical practice in many clinical areas across the Trust during the year, with the cancellation of elective activity and a largely Consultant delivered service spread across many wards. As such, an audit of clinical practice against 7DS during the pandemic response would not be comparable to previous or future audits. There has been subsequent

communication from NHSE/I to say that the regular monitoring and reporting of performance against the 7DS Standards would not be restarting following the COVID-19 Pandemic.

Throughout the pandemic, the Trust has continued to provide Consultant-delivered care as early as possible during a patient's hospital admission and consistently throughout their hospital stay.

Following the pandemic and implementation of the Trust's recovery plan we will continue to implement the actions from previous audits but there are no current plans to re-audit performance against the 7DS.

### 2.4.8. Information governance and toolkit attainment levels

Information Governance (IG) is the way in which the Trust manages its information and ensures that all information, particularly personal and confidential data is handled legally, securely, efficiently and effectively. It provides both a consistent way and a framework for employees to deal with the many different information handling requirements in line with Data Protection legislation.

The Trust uses the Data Security and Protection Toolkit (DSPT) to benchmark its IG controls, also known as the IG Assessment Report. The DSPT is an annual online self-assessment tool that allows health and social care organisations to measure their performance against the National Data Guardian's 10 Data Security Standards (covering topics such as staff responsibilities, training and continuity planning) and reflects legal rules relevant to IG. The Trust must address all mandatory requirements within the DPST in order to publish a successful assessment.

The DSPT submission is usually required to be made in March, however the deadline for 2020-21 has been extended until the 30 June 2021, as NHS Digital recognised that COVID-19 required organisations to reprioritise many work-streams.

St Helens and Knowsley Teaching Hospitals NHS Trust Information Governance Assessment Report overall submission position for 2020-21 has not yet been confirmed due to the deferred submission date as noted above.

To provide assurance that the Trust's DSPT is of a good standard it has been audited by Mersey Internal Audit Agency. The level of assurance is yet to be issued.

The Trust has assigned specific roles to ensure the IG framework continues to be adhered to and remains fully embedded:

- Christine Walters, Director of Informatics – Senior Information Risk Owner (SIRO)
- Mr Alex Benson, Assistant Medical Director - Caldicott Guardian
- Camilla Bhondoo – Head of Risk Assurance and Data Protection Officer

All three staff are appropriately trained.

The Trust has a Data Breach Management Procedure in place which is adhered to when a personal data breach/incident occurs. All incidents are risk assessed and scored, where an incident is scored highly it must be reported to the Information Commissioner's Office (ICO).

There have been no reportable incidents for 2020-2021 for the Trust.

### 2.4.9. Clinical coding error rate

St Helens and Knowsley Teaching Hospitals NHS Trust was not subject to the Payment by Results clinical coding audit during 2020-21 by the Audit Commission.

The Trust was subject to an audit of clinical coding, based on national standards undertaken by Clinical Classifications Service (CCS) approved clinical coding auditors in line with the Data Security & Protection Toolkit 2020-21. The error rates reported in the latest published audit for that period of diagnoses and treatment coding (clinical coding) were:

2020-21 data reported in January 2021				
Measure	Primary diagnosis incorrect	Secondary diagnosis incorrect	Primary procedure incorrect	Secondary procedure incorrect
Data Security & Protection Toolkit	4.5%	5.37%	4.82%	3.02%



## 2.4.10. Data quality

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

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

There are a number of standard national data quality items, which are routinely monitored, including:

- Blank/invalid NHS numbers
- Unknown or dummy practice codes
- Blank or invalid registered GP practices
- Patient postcodes

The Trust implemented a new Patient Administration System (PAS), Careflow, in 2018 which has the functionality to allow for National Spine integration, giving users the ability to update patient details from national records using the NHS number as a unique identifier.

The Careflow configuration restricts the options available to users. Validation of this work is on-going and forms part of the annual data quality work plan.

### 2.4.10.1. NHS number and general medical practice code validity

St Helens and Knowsley Teaching Hospitals NHS Trust submitted records during 2020-21 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which includes the patient's valid NHS number and registered GP practice contributes to the overall Data Quality Maturity Index (DQMI) scores, which are shown in the table below:

DQMI	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
STHK score	94.3	95.4	94.0	95.4	95.4	91.8	90.3	90.7	90.9
National average	81.1	81.7	81.6	82.3	83.0	81.0	80.9	84.4	82.3

(Source: DQMI)

The Trust performed better than the national average, demonstrating the importance the Trust places on data quality.

The Trust will be taking the following actions to improve data quality:

- The Data Quality team will monitor the nationally mandated submissions via the NHS Digital toolkit and a formal report will be presented at the Information Steering Group meeting. Any elements requiring action will be agreed at this meeting
- Data Quality Team will continue to monitor data quality throughout the Trust via the regular suite of reports
- The Data Quality Team will identify areas within the Trust that would benefit from additional training on the PAS system to the Trust's training team
- Provide data quality awareness sessions about the importance of good quality patient data and the impact of inaccurate data recording



## 2.4.11. Benchmarking information

The Department of Health specifies that the Quality Account includes information on a core set of outcome indicators, where the NHS is aiming to improve. All trusts are required to report against these indicators using a standard format. NHS Digital makes the following data available to NHS trusts. The Trust has more up-to-date information for some measures; however, in the main only data with specified national benchmarks from the central data sources is reported, therefore, some information included in this report is from the previous year or earlier and the timeframes are included in the report. It is not always possible to provide the national average and best and worst performers for some indicators due to the way the data is provided.

### 2.4.11.1. Benchmarking Information

Please note the information below is based on the latest nationally reported data with specified benchmarks from the central data sources. Any internal figures included are displayed in purple font.

Indicator	Source	Reporting Period	STHK	National Performance			Comments
				Average	Lowest Trust	Highest Trust	
SHMI	NHS Digital	Dec-19 to Nov-20	1.094	1	0.695	1.187	
SHMI	NHS Digital	Nov-19 to Oct-20	1.072	1	0.678	1.178	
SHMI	NHS Digital	Oct-19 to Sep-20	1.070	1	0.687	1.180	
SHMI	NHS Digital	Sep-19 to Aug-20	1.075	1	0.695	1.182	
SHMI Banding	NHS Digital	Dec-19 to Nov-20	2	2	3	1	
SHMI Banding	NHS Digital	Nov-19 to Oct-20	2	2	3	1	
SHMI Banding	NHS Digital	Oct-19 to Sep-20	2	2	3	1	
SHMI Banding	NHS Digital	Sep-19 to Aug-20	2	2	3	1	
% of patient deaths having palliative care coded	NHS Digital	Dec-19 to Nov-20	42.20%	36.30%	8.10%	59.20%	
% of patient deaths having palliative care coded	NHS Digital	Nov-19 to Oct-20	42.10%	36.30%	8.00%	59.40%	
% of patient deaths having palliative care coded	NHS Digital	Oct-19 to Sep-20	41.60%	36.30%	8.60%	60.10%	
% of patient deaths having palliative care coded	NHS Digital	Sep-19 to Aug-20	41.50%	36.30%	8.50%	60.70%	

<p>St Helens and Knowsley Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:                  Information relating to mortality is monitored monthly and used to drive improvements.                  The mortality data is provided by an external source (NHS Digital).                  St Helens and Knowsley Teaching Hospitals NHS Trust has taken the following actions to improve the indicator and percentage, and so the quality of its services, by:                  Monthly monitoring of available measures of mortality.                  Learning from Deaths Policy implemented with continued focus on reviewing deaths to identify required actions for improvement and effective dissemination of lessons learned.</p>							
EQ-5D adjusted health gain: Groin Hernia	NHS Digital	Apr-19 to Mar-20 (provisional)	N/A	N/A	N/A	N/A	<p>The mandatory varicose vein surgery and groin-hernia surgery national PROMS collections have now ended</p> <p>* data suppressed due to small numbers</p>
EQ-5D adjusted health gain: Groin Hernia	NHS Digital	Apr-18 to Mar-19 (final)	N/A	N/A	N/A	N/A	
EQ-5D adjusted health gain: Groin Hernia	NHS Digital	Apr-17 to Mar-18 (final)	0.076	0.089	0.029	0.137	
EQ-5D adjusted health gain: Hip Replacement Primary	NHS Digital	Apr-19 to Mar-20 (provisional)	0.422	0.468	0.330	0.536	
EQ-5D adjusted health gain: Hip Replacement Primary	NHS Digital	Apr-18 to Mar-19 (final)	0.428	0.465	0.348	0.557	
EQ-5D adjusted health gain: Hip Replacement Primary	NHS Digital	Apr-17 to Mar-18 (final)	0.411	0.468	0.376	0.566	
EQ-5D adjusted health gain: Knee Replacement Primary	NHS Digital	Apr-19 to Mar-20 (provisional)	0.255	0.342	0.243	0.421	
EQ-5D adjusted health gain: Knee Replacement Primary	NHS Digital	Apr-18 to Mar-19 (final)	0.309	0.338	0.266	0.405	
EQ-5D adjusted health gain: Knee Replacement Primary	NHS Digital	Apr-17 to Mar-18 (final)	0.280	0.338	0.234	0.417	
EQ-5D adjusted health gain: Varicose Vein	NHS Digital	Apr-19 to Mar-20 (provisional)	N/A	N/A	N/A	N/A	
EQ-5D adjusted health gain: Varicose Vein	NHS Digital	Apr-18 to Mar-19 (final)	N/A	N/A	N/A	N/A	
EQ-5D adjusted health gain: Varicose Vein	NHS Digital	Apr-17 to Mar-18 (final)	*	0.096	0.035	0.134	
<p>St Helens and Knowsley Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:                  The questionnaire used for PROMs is a validated tool and administered for the Trust by an independent organisation, Quality Health.                  St Helens and Knowsley Teaching Hospitals NHS Trust has taken the following actions to improve these outcome scores, and so the quality of its services, by:                  Delivering a number of actions to improve patient experiences following surgery.                  Monitoring the PROMs data at the Trauma and Orthopaedic bi-monthly clinical effectiveness meeting.</p>							
(Indirectly age, sex, method of admission, diagnosis, procedure standardised) % of patients aged 16+ readmitted to the Trust within 28 days of discharge	NHS Digital	Apr-11 to Mar-12	12.73	11.45	0	17.15	<p>2011-12 still latest data available. Date of next version to be confirmed.</p>
(Indirectly age, sex, method of admission, diagnosis, procedure standardised) % of patients aged 16+ readmitted to the Trust within 28 days of discharge	NHS Digital	Apr-10 to Mar-11	12.60	11.43	0	17.10	



(Indirectly age, sex, method of admission, diagnosis, procedure standardised) % of patients aged 0-15 readmitted to the Trust within 28 days of discharge	NHS Digital	Apr-11 to Mar-12	11.39	10.01	0	14.94	Lowest and best national performance based on acute providers
(Indirectly age, sex, method of admission, diagnosis, procedure standardised) % of patients aged 0-15 readmitted to the Trust within 28 days of discharge	NHS Digital	Apr-10 to Mar-11	10.66	10.01	0	14.11	
<p>St Helens and Knowsley Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:  The data was consistent with Dr Foster's standardised ratios for re-admissions.  The readmissions: 30 day relative risk score is monitored monthly by the Trust Board.  St Helens and Knowsley Teaching Hospitals NHS Trust has taken the following actions to improve these scores, and so the quality of its services, by:  Working to improve discharge information as a patient experience priority.  Reviewing and improving the effectiveness of discharge planning.</p>							
Patient experience measured by scoring the results of a selection of questions from the national inpatient survey focussing on the responsiveness to personal needs.	NHS Digital	2019-20	66.2	67.1	59.5	84.2	
Patient experience measured by scoring the results of a selection of questions from the national inpatient survey focussing on the responsiveness to personal needs.	NHS Digital	2018-19	69.5	67.2	58.9	85	
Patient experience measured by scoring the results of a selection of questions from the national inpatient survey focussing on the responsiveness to personal needs.	NHS Digital	2017-18	70.5	68.6	60.5	85	
<p>St Helens and Knowsley Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:  The Trust's vision and drive to provide 5-star patient care ensures that patients are at the centre of all the Trust does.  The Trust was rated outstanding overall for caring by the CQC following their latest inspection in 2018.  The survey is conducted by an independent and approved survey provider (Quality Health), with scores taken from the CQC website.  St Helens and Knowsley Teaching Hospitals NHS Trust has taken the following actions to improve this data, and so the quality of its services, by:  Promoting a culture of patient-centred care.  Responding to patient feedback received through national and local surveys, Friends and Family Test results, complaints and Patient Advice and Liaison Service (PALS).  Working closely with Healthwatch colleagues to address priorities identified by patients, including improving discharge planning and patient information.</p>							
Q18d. If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust.	NHS staff surveys	2020	88.10%	73.40%	50.00%	92.00%	Data for 2020 is for Acute and Acute & Community Providers only
Q21d. If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust.	NHS staff surveys	2019	87.40%	70.50%	39.70%	87.40%	Data for 2018 and 2019 Acute Providers only
Q21d. If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust.	NHS staff surveys	2018	87.30%	71.20%	39.70%	87.30%	



% experiencing harassment, bullying or abuse from staff in last 12 months	NHS staff surveys	2020	12.20%	19.80%	26.30%	12.20%	Low scores are better performing trusts
% experiencing harassment, bullying or abuse from staff in last 12 months	NHS staff surveys	2019	12.90%	20.30%	26.50%	12.90%	
% experiencing harassment, bullying or abuse from staff in last 12 months	NHS staff surveys	2018	11.80%	20.40%	28.40%	11.80%	
% believing the organisation provides equal opportunities for career progression/ promotion	NHS staff surveys	2020	93.20%	84.90%	66.50%	94.30%	
% believing the organisation provides equal opportunities for career progression/ promotion	NHS staff surveys	2019	91.90%	84.40%	70.70%	91.90%	
% believing the organisation provides equal opportunities for career progression/ promotion	NHS staff surveys	2018	94.30%	84.00%	69.30%	94.30%	
<p>St Helens and Knowsley Teaching Hospitals NHS Trust considers that this data is as described for the following reasons;                      The Trust provides a positive working environment for staff with a proactive Health, Work and Wellbeing Service.                      An independent provider, Quality Health, provides the data.                      St Helens and Knowsley Teaching Hospitals NHS Trust has taken the following actions to improve these percentages, and so the quality of its services, by:                      Embedding a positive culture with clear visible leadership, clarity of vision and actively promoting behavioural standards for all staff.                      Engagement of staff at all levels in the development of the vision and values of the Trust.                      Honest and open culture, with staff supported to raise concerns via Speak Out Safely, Freedom to Speak Up champions and anonymous Speak in Confidence website.</p>							
Friends & Family Test – A&E – Response Rate	NHS England	Mar-21	15.10%				
Friends & Family Test – A&E – Response Rate	NHS England	Feb-21	16.30%				
Friends & Family Test – A&E – Response Rate	NHS England	Jan-21	15.60%				
Friends & Family Test – A&E – Response Rate	NHS England	Dec-20	13.40%				
Friends & Family Test – A&E – % recommended	NHS England	Mar-21	84.70%				
Friends & Family Test – A&E – % recommended	NHS England	Feb-21	89.30%				
Friends & Family Test – A&E – % recommended	NHS England	Jan-21	89.80%				
Friends & Family Test – A&E – % recommended	NHS England	Dec-20	90.60%				
Friends & Family Test – Inpatients – Response Rate	NHS England	Mar-21	34.40%				
Friends & Family Test – Inpatients – Response Rate	NHS England	Feb-21	25.00%				
Friends & Family Test – Inpatients – Response Rate	NHS England	Jan-21	33.30%				

Friends & Family Test – Inpatients – Response Rate	NHS England	Dec-20	28.10%				National data for Dec-20 to Mar-21 not yet published
Friends & Family Test – Inpatients – % recommended	NHS England	Mar-21	95.80%				
Friends & Family Test – Inpatients – % recommended	NHS England	Feb-21	94.90%				
Friends & Family Test – Inpatients – % recommended	NHS England	Jan-21	96.70%				
Friends & Family Test – Inpatients – % recommended	NHS England	Dec-20	95.60%				

St Helens and Knowsley Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:  
The Trust actively promotes the Friends and Family Test across all areas.  
The data was submitted monthly to NHS England (December 2020-March 2021).  
St Helens and Knowsley Teaching Hospitals NHS Trust has taken the following actions to improve these percentages, and so the quality of its services, by:  
Continuing to promote Friends and Family Test (FFT) using a variety of methods, including face-to-face and technology.  
Actively working with ward staff and the Trust's Patient Experience and Dignity Champions to improve levels of engagement with the system, to ensure the latest results are shared at local level.

% of patients admitted to hospital who were risk assessed for VTE	NHS England	Quarter 3 2019-20	96.24%	95.25%	71.59%	100.00%	All data is for Acute Providers only
% of patients admitted to hospital who were risk assessed for VTE	NHS England	Quarter 2 2019-20	95.23%	95.40%	71.72%	100.00%	
% of patients admitted to hospital who were risk assessed for VTE	NHS England	Quarter 1 2019-20	95.23%	95.56%	69.76%	100.00%	Data for Q4 2019-20 onwards is suspended

St Helens and Knowsley Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:  
Sustained delivery of the 95% target for patients having a venous thromboembolism (VTE) risk assessment within 24 hours of admission to ensure that they receive the most appropriate treatment, having achieved 95.4% for April 2019 to February 2020, prior to submissions being suspended nationally due to the pandemic.  
Root cause analysis (RCA) undertaken on VTEs recorded on Datix to ensure best practice is followed. During 2020-21, 69 patients developed a hospital acquired thrombosis, of which 59 clinical reviews have been completed to date and 100% were found to have received appropriate care. 47 of the 59 patients reviewed who had developed a hospital acquired thrombosis tested positive for COVID-19 and were receiving treatment. COVID-19 related VTE has been identified nationally and internationally as a complication of the virus and, therefore, in response the Trust developed new guidance in 2020 for clinicians to consider in planning VTE prophylaxis.  
St Helens and Knowsley Teaching Hospitals NHS Trust is taking the following actions to improve this percentage, and so the quality of its services, by:  
Undertaking audits on the administration of appropriate medications to prevent blood clots.  
Completing RCA investigations on all patients who develop a hospital acquired venous thrombosis to ensure that best practice has been followed.  
Sharing any learning from these reviews and providing ongoing training for clinical staff.

C Difficile rates per 100,000 bed-days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	GOV.UK	Apr-19 to Mar-20	15.7	13.6	0	51	
C Difficile rates per 100,000 bed-days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	GOV.UK	Apr-18 to Mar-19	10.2	12.2	0	79.7	
C Difficile rates per 100,000 bed-days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	GOV.UK	Apr-17 to Mar-18	11.4	13.6	0	90.4	
<p>St Helens and Knowsley Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:                      Infection prevention remains a priority for the Trust.                      All new cases of C. difficile infection are identified by the laboratory and reported to the Infection Prevention Team, who co-ordinate mandatory external reporting.                      The Trust is maintaining compliance with the national guidance on testing stool specimens in patients with diarrhoea.                      Cases are thoroughly investigated using RCA, which is reported back to a multidisciplinary panel to ensure appropriate care was provided and lessons learned are disseminated across the Trust.                      St Helens and Knowsley Teaching Hospitals NHS Trust has taken the following actions to improve this rate, and so the quality of its services, by:                      Focussing on ensuring staff compliance with mandatory training for infection prevention.                      Actively promoting the use of hand washing and hand gels to those visiting the hospital.                      Providing a proactive and responsive infection prevention service to increase levels of compliance.                      Ensuring comprehensive guidance is in place on antibiotic prescribing.</p>							
Incidents per 1,000 bed days	Internal	Oct-20 to Mar-21	29.92	-	-	-	Next data to be published in September 2021  Based on acute (non-specialist) trusts with complete data (6 months data)
Incidents per 1,000 bed days	Internal	Apr-20 to Sep-20	41.94	-	-	-	
Incidents per 1,000 bed days	NHS Improvement	Oct-19 to Mar-20	35.31	49.70	27.52	110.21	
Incidents per 1,000 bed days	NHS Improvement	Apr-19 to Sep-19	35.70	48.80	26.29	103.84	
Incidents per 1,000 bed days	NHS Improvement	Oct-18 to Mar-19	35.77	45.07	16.90	95.57	
Incidents per 1,000 bed days	NHS Improvement	Apr-18 to Sep-18	34.95	44.10	22.08	107.37	

Number of incidents	Internal	Oct-20 to Mar-21	3595	-	-	-	
Number of incidents	Internal	Apr-20 to Sep-20	4221	-	-	-	
Number of incidents	NHS Improvement	Oct-19 to Mar-20	4370	6607	1758	22340	
Number of incidents	NHS Improvement	Apr-19 to Sep-19	4429	6314	1392	21685	
Number of incidents	NHS Improvement	Oct-18 to Mar-19	4401	5881	1580	22048	
Number of incidents	nrls.npsa.co.uk	Apr-18 to Sep-18	4228	5714	1285	23692	
Incidents resulting in severe harm or death per 1,000 bed days	Internal	Oct-20 to Mar-21	0.15	-	-	-	
Incidents resulting in severe harm or death per 1,000 bed days	Internal	Apr-20 to Sep-20	0.27	-	-	-	
Incidents resulting in severe harm or death per 1,000 bed days	NHS Improvement	Oct-19 to Mar-20	0.04	0.15	0.00	0.52	
Incidents resulting in severe harm or death per 1,000 bed days	NHS Improvement	Apr-19 to Sep-19	0.01	0.15	0.00	0.67	
Incidents resulting in severe harm or death per 1,000 bed days	NHS Improvement	Oct-18 to Mar-19	0.08	0.14	0.01	0.49	
Incidents resulting in severe harm or death per 1,000 bed days	nrls.npsa.co.uk	Apr-18 to Sep-18	0.09	0.15	0.00	0.54	
Number of incidents resulting in severe harm or death	Internal	Oct-20 to Mar-21	18	-	-	-	
Number of incidents resulting in severe harm or death	Internal	Apr-20 to Sep-20	27	-	-	-	
Number of incidents resulting in severe harm or death	NHS Improvement	Oct-19 to Mar-20	5	19	0	93	
Number of incidents resulting in severe harm or death	NHS Improvement	Apr-19 to Sep-19	1	19	0	95	
Number of incidents resulting in severe harm or death	NHS Improvement	Oct-18 to Mar-19	10	19	1	72	
Number of incidents resulting in severe harm or death	nrls.npsa.co.uk	Apr-18 to Sep-18	11	19	0	87	

Percentage of patient safety incidents that resulted in severe harm or death	Internal	Oct-20 to Mar-21	0.50%	-	-	-	
Percentage of patient safety incidents that resulted in severe harm or death	Internal	Apr-20 to Sep-20	0.64%	-	-	-	
Percentage of patient safety incidents that resulted in severe harm or death	NHS Improvement	Oct-19 to Mar-20	0.10%	0.30%	0.00%	0.90%	
Percentage of patient safety incidents that resulted in severe harm or death	NHS Improvement	Apr-19 to Sep-19	0.02%	0.3%	0.0%	1.6%	
Percentage of patient safety incidents that resulted in severe harm or death	NHS Improvement	Oct-18 to Mar-19	0.20%	0.30%	0.00%	1.80%	
Percentage of patient safety incidents that resulted in severe harm or death	nrls.npsa.co.uk	Apr-18 to Sep-18	0.30%	0.30%	0.00%	1.20%	
<p>St Helens and Knowsley Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:                      The Trust actively promotes a culture of open and honest reporting within a just culture framework.                      The data has been validated against National Reporting and Learning System (NRLS) and Health and Social Care Information Centre (HSCIC) figures. The latest data to be published is up to March 2020. The Trust's overall percentage of incidents that resulted in severe harm or death was 0.1%.                      St Helens and Knowsley Teaching Hospitals NHS Trust has taken the following actions to improve this number and rate, and so the quality of its services, by:                      Undertaking comprehensive investigations of incidents resulting in moderate or severe harm.                      Delivering simulation training to enhance team working in clinical areas.                      Providing staff training in incident reporting and risk management.                      Monitoring key performance indicators at the Patient Safety Council.                      Continuing to promote an open and honest reporting culture to ensure incidents are consistently reported.</p>							
<p>Due to reasons of confidentiality, NHS digital has suppressed figures for those areas highlighted with an * (an asterisk). This is because the underlying data has small numbers (between 1 and 5)</p>							



## 2.4.11.2. Performance against national targets and regulatory requirements

The Trust aims to meet all national targets. Performance against the key indicators for 2020-21 is shown in the table below:

Performance Indicator	2019-20 Target	2019-20 Performance	2020-21 Target	2020-21 Performance	Latest data
Cancelled operations (% of patients treated within 28 days following cancellation)	100.0%	Not Achieved 98.3%	100.0%	97.3%	Apr20-Mar21
Referral to treatment targets (% within 18 weeks and 95th percentile targets) – Incomplete pathways	92%	Not Achieved 90.3%	92%	70.6%	Apr20-Mar21
Cancer: 31-day wait from diagnosis to first treatment	96%	Achieved 97.1%	96%	97.5%	Apr20-Mar21
Cancer: 31-day wait for second or subsequent treatment:					
- surgery	94%	Achieved 96.5%	94%	96.0%	Apr20-Mar21
- anti-cancer drug treatments	98%	Not Achieved 96.6%	98%	100.0%	Apr20-Mar21
Cancer: 62-day wait for first treatment:					
- from urgent GP referral	85%	Achieved 86.2%	85%	86.5%	Apr20-Mar21
- from consultant upgrade	85%	Achieved 87.4%	85%	88.8%	Apr20-Mar21
- from urgent screening referral	90%	Achieved 92.5%	90%	94.8%	Apr20-Mar21
Cancer: 2 week wait from referral to date first seen:					
- urgent GP suspected cancer referrals	93%	Not Achieved 91.0%	93%	94.3%	Apr20-Mar21
Emergency Department waiting times within 4 hours – all types	95%	Not Achieved 83.9%	95%	86.8%	Apr20-Mar21
Percentage of patients admitted with stroke spending at least 90% of their stay on a stroke unit	83%	Achieved 89.3%	83%	90.4%	Apr20-Mar21
Clostridium Difficile	48	Achieved 42 avoidable	48	26 (43 total, 15 appealed, 2 outstanding)	Apr20-Mar21
MRSA bacteraemia	0	Not Achieved 1 contaminant	0	2	Apr20-Mar21
Maximum 6-week wait for diagnostic procedures: % of diagnostic waits waited <6 weeks	99%	Achieved 99.7%	99%	67.6%	Apr20-Mar21

## Section 3. Additional information

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### 3.1. Equality, Diversity and Inclusion Strategy

The Trust remains committed to ensuring that its staff and service users enjoy the benefits of a healthcare organisation that respects and upholds individuals' rights and freedoms. Equality and human rights are at the core of our beliefs and the Trust strives to ensure that people with protected characteristics, as defined by the Equality Act 2010, and those individuals from traditionally hard to reach groups are not disadvantaged when accessing the services the Trust provides.

The Trust's Equality, Diversity and Inclusion Steering Group meets regularly to ensure full compliance with all external standards, including those statutory requirements conferred on the Trust by the Equality Act 2010. The membership of the group is drawn from a wide range of staff from all disciplines, clinical, non-clinical, trade union representatives, Healthwatch representatives and members of the Trust staff networks (LGBTQ+, Building Abilities, Building a Multi-Cultural Environment (BAME), Carers and Menopause).

#### 3.1.1. Equality Objectives 2019-23

In April 2021, the Trust held its Equality Delivery System (EDS2) panel assessment, which was attended by senior leaders in the Trust, representatives from all local Healthwatch groups and the CCGs' equality team. Progress on EDS2 goals and the Equality Objectives 2019-23 action plan were presented and the current grades outlined.

#### 2021 EDS2 approved grades

Goal	Outcome	2018	2019	2021
Better health outcomes	1.1	Developing	Achieving	Achieving
	1.2	Developing	Achieving	Achieving
	1.3	Developing	Achieving	Achieving
	1.4	Achieving	Achieving	Achieving
	1.5	Developing	Achieving	Achieving
Improved patient access and experience	2.1	Achieving	Achieving	Achieving
	2.2	Developing	Achieving	Achieving
	2.3	Achieving	Achieving	Achieving
	2.4	Developing	Achieving	Achieving
A representative and supported workforce	3.1	Achieving	Achieving	Achieving
	3.2	Excelling	Excelling	Excelling
	3.3	Developing	Developing	Achieving
	3.4	Achieving	Achieving	Achieving
	3.5	Achieving	Achieving	Achieving
	3.6	Excelling	Excelling	Excelling
Inclusive leadership	4.1	Achieving	Achieving	Achieving
	4.2	Achieving	Achieving	Achieving
	4.3	Developing	Achieving	Achieving

All parties present at this assessment approved the Trust's self-assessment of their grades and congratulated the Trust on the work that had been carried out to support both patients and staff during what has been a very difficult 12 months for everyone.

The patient goals/outcomes were assessed as remaining at 'achieving' based on the significant amount that was achieved during the last year and the need to address both the existing and newly emerging health inequalities in our local communities as highlighted by COVID, which require ongoing commitment to review and address.

Progress of the Equality Objectives Action Plan is outlined below.

### 3.1.1.1. Improving access and outcomes for patients and communities who experience disadvantage

#### Communication support for those with disabilities

We have increased the number of patients who told us they had additional communication needs due to their disability (in line with the Accessible Information Standard) by:

- Additional training for admissions staff to ensure they ask the right questions
- Increased publicity via GPs, social media, Healthwatch, posters
- Regularly auditing the alerts on patients' records to ensure the correct information is recorded
- Training with team from St Helens for our doctors in training

#### Increasing accessibility

- Introduction of 'virtual' foreign language interpreters
- Virtual British Sign Language (BSL) interpreters launched
- Additional 'virtual clinics' (telehealth) launched
- Introduction of 'carers' passport'
- Cancer symptoms advice line set up (2020)
- Virtual COVID ward established
- Access audits carried out with local community group members

#### Collaborative working

- Worked together to develop formal guidance for reasonable adjustments for patients and staff which is being incorporated into our policies and procedures (patients and staff)
- Developed quality standards for interpreting services, for inclusion in contracts with providers by all trusts and incorporated into this Trust's contracts with providers in January 2020

- More robust equality analysis toolkit developed, to meet all statutory requirements with more in-depth assessments being carried out
- Working as a collaborative on overcoming barriers to accessing healthcare for all people with protected characteristics (work carried out on disability, transgender, reasonable adjustments, interpreting services, military veterans and armed forces)
- Cultural sensitivity on the work plan for 2021

### 3.1.1.2. Engagement and consultation

Although the COVID pandemic greatly reduced our opportunities to consult and engage with our local communities, we did maintain activity where we were able to including:

- Patient participation group members consulted electronically as required for views on the cancer portal, bereavement website and Trust's new website
- Access audits – next audits on new discharge lounge and PALS offices
- Lay reader scheme for Trust leaflets and literature
- Focus groups for people from protected groups – most recently regarding the Trust's new website
- Healthwatch groups participated in focus groups for new website
- Advocate from Deafness Resource Centre participated in the recruitment of the new Patient Experience Manager
- Advocate from Deafness Resource Centre advised/contributed towards interpreting quality standards
- Feedback surveys carried out with users of foreign language interpreting service, with the majority of responses being positive
- Surveys, for example, Every Experience Counts, based on inpatient survey questions
- Advice on policies and standard operating procedures from specialist groups

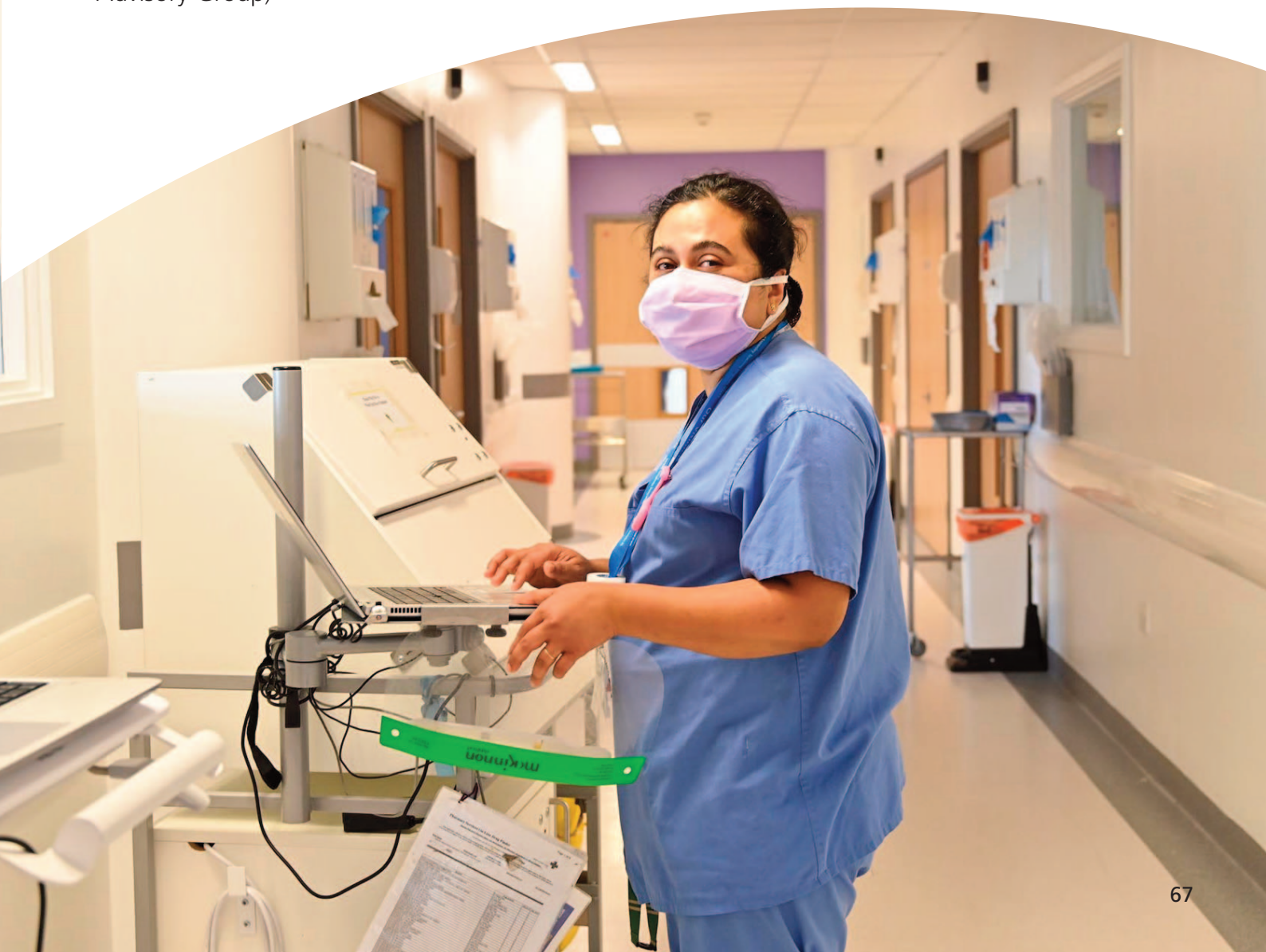
### 3.1.1.3. Improving the experience of disabled members of staff in the Trust

- Gained Disability Confident Leader Status accreditation and will participate in a working group of private and public sector organisations across Merseyside to share best practice and encourage other organisations to develop their Disability Confident status
- Completed the Workforce Disability Equality Standard and supporting action plan
- Celebrated International Day of Disabled Persons (December 2020) with personal blogs from staff
- Established and grew Building Abilities@STHK staff network, with representation from the network at key governance meetings (Equality, Diversity and Inclusion Group and Strategic Advisory Group)

- Revised Redeployment and Flexible Working policies and guidance are being developed for staff and managers

### 3.1.1.4. Improving the experience of BAME staff in the Trust

- Completed the annual Workforce Race Equality Standard and supporting action plan
- Celebrated Black History Month with the staff network running an art contest for staff
- Established and grew the Building a Multicultural Environment staff network, with member representation at key governance meetings (Equality, Diversity and Inclusion Group and Strategic Advisory Group) and Chair involvement in the development of the workplace risk assessments throughout COVID





### 3.2. Workforce Strategy 2020-2021

The Trust’s Workforce Strategy and action plan is built upon the principles and direction of the **NHS People Plan 2020-21** and the **NHS Long Term Plan**. The Trust is committed to developing the organisational culture and supporting our workforce. Our experiences during COVID-19 have given us focus and intent to drive forwards our aims and ambitions as a Trust. The Workforce Strategy outlines the six key workforce priorities and their interconnectivity with the regional and system landscape which are:

1. Health and wellbeing
2. Culture and leadership
3. Recruitment and retention
4. Flexible working
5. Workforce development and deployment
6. Equality and diversity

The Workforce Strategy action plan detailed our objectives and actions to deliver the plan in 2020-21 and beyond. The plan is a live document which will be used to provide oversight of and track delivery of the strategy.

Fundamental to the strategy is ‘Our People Promise,’ which sets out ambitions for what people working in the NHS will say about it by 2024. The people promise is central to the NHS People Plan and has been developed to help embed a consistent and enduring offer to all staff in the NHS.

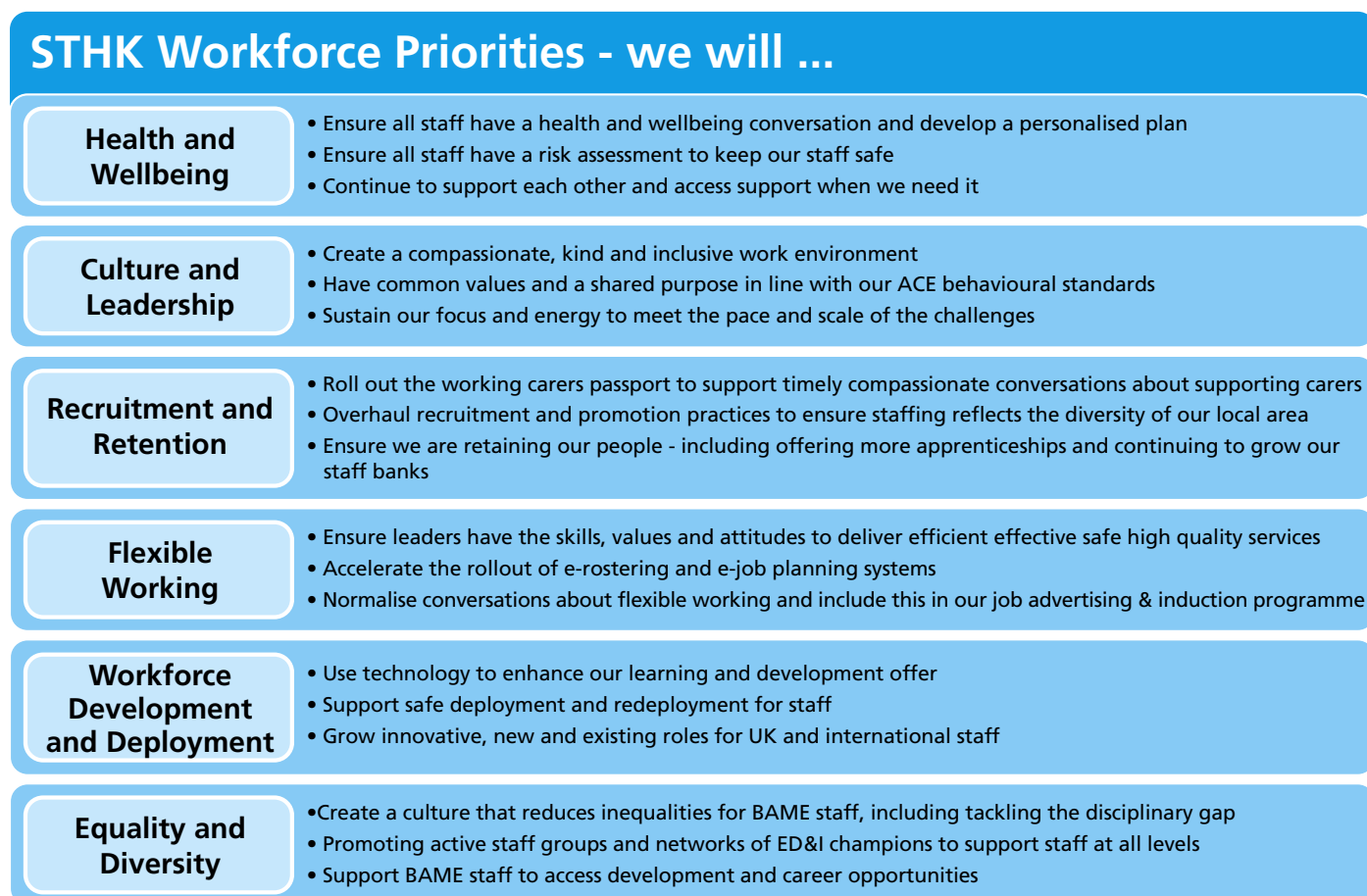


The Trust’s Workforce Strategy has been developed to support the Trust’s **Vision and Values**, to deliver 5 Star Patient Care. The following diagram shows the six priorities of the strategy which are supporting the successful delivery of the strategy. In designing the plan it considers:

- Our current position in relation to objectives and actions
- How we mature our actions to meet our longer term goals
- Our drivers for change
- How the Trust works together to achieve our ambitions
- How we measure success



The diagram below describes the six workforce priorities and our overarching commitments within them.



The Key Workforce Strategy achievements during 2020-21 were:

- An agile, adaptive and robust approach to risk assessing all staff – agile working guidance and alternative approaches to working arrangements developed to support the workforce during the pandemic
- Every member of staff offered a health and wellbeing conversation
- COVID risk assessments completed for all staff
- Additional staff support during the COVID pandemic to support wellbeing
- Enhancing flexible working opportunities with the development of a new policy
- Equality and inclusion for our BAME staff, with an Equality Advisory Group established
- Ongoing international recruitment throughout the pandemic
- Internal staff transfer scheme launched as an aid to retention
- Quality of appraisals – new e-appraisal form implemented

### 3.2.1. Freedom to speak up

The Trust has continued with its commitment and support to ensure a culture where all staff feel empowered to speak up or raise concerns. The Trust values include being open and honest and listening and learning. There are a number of supportive facilities in place across the Trust for staff to raise concerns, including:

- **Freedom to Speak Up**

All staff members across the organisation, including sub-contracted staff, have access to any of the Trust's four appointed Freedom to Speak Up Guardians, to raise concerns. The Guardians are representative of various staff groups and backgrounds. They provide an alternative way for staff to discuss and raise concerns and act as an independent and impartial source of advice to staff at any stage of raising a concern.

The work of the Guardians has a direct impact on continuously improving safety and quality for our patients, carers and families, as well as enhancing the experience of our staff, by acting on the concerns raised. The Guardians have continued to engage with staff members who have raised a concern, in a manner that is supportive, whilst ensuring that there are no repercussions for the person raising a concern. The Guardians have received very positive feedback on the help offered.

During COVID-19, accessibility to information about speaking up was made widely available through displays and IT systems. Staff members were encouraged and supported to raise concerns, either personal or service-related, to the Guardians or to use alternative raising concerns portals available. Improvements and changes have been made based on the concerns raised.

The Trust works in partnership with the National Guardian's Office and North West Regional Network of Freedom to Speak Up Guardians to enhance staff experience with raising concerns. The Trust recorded a mean Freedom to Speak Up Index score of 82.3% in 2020 (published in 2021), an increase from 81.9% for the previous year. The Trust score is significantly higher than the national mean score for acute trusts of 77.9%, confirming the positive culture for raising concerns. In the latest national staff survey results, published in 2021, the Trust scored highest in North West and was in the top 10 nationally for % of staff "agreeing" or "strongly agreeing" that they feel safe to speak up about anything that concerns them in their organisation. The Trust has the national best scores compared to similar trusts in terms of staff engagement and safe environment and second best scores for staff morale, equality and diversity and safe culture.

- **Speak in Confidence system**

The Trust has continued to provide staff members with access to an anonymous reporting system, Speak in Confidence, which enables all staff, irrespective of their role, to raise concerns without disclosing their identity. The system uses a browser-based interface to ensure anonymity so that the concern raiser remains anonymous at all times. However, the manager receiving the concern is able to provide a response to the concern, to request further information and/or to provide assurances of actions taken to mitigate the risks associated with the concern raised via the online system. The system has been used by staff members to raise concerns, which have been addressed.

- **Raising concerns hotline**

The Trust also has a telephone hotline, which provides access to report any concerns, which are reviewed and actioned by the Deputy Medical Director.

- **Health, Work and Wellbeing hotline**

Staff members have access to a dedicated helpline, to provide advice and support regarding health and wellbeing aspects relating to work or impacting on the individual. Bespoke support can be offered dependent on the needs and circumstances. Concerns about the workplace can be raised through the hotline.

- **Hate crime reporting**

A hate crime is when someone commits a crime against a person because of their disability, gender identity, race, sexual orientation, religion, or any other perceived difference. The Trust, in partnership with Merseyside Police, launched and continues to support staff members with the first ever Hate Crime Reporting Scheme based at an NHS Trust. This is a confidential online reporting service that enables anyone from across our organisation and local communities to report, in complete confidence, any incidents or concerns around hate crime to Merseyside Police.

- **Policies and procedures**

There are a number of Trust policies and procedures that facilitate the raising of staff concerns as follows: Grievance Policy and Procedure, Respect and Dignity at Work Policy and Being Open Policy. Staff are also encouraged to informally raise any concerns to their manager, nominated HR lead or their staff-side representative, as well as considering the routes listed above.

### 3.2.2. Staff survey key questions

The national staff survey provides a key measure of the experiences of the Trust's staff, with the findings used to reinforce good practice and to identify any areas for improvement. 510 completed questionnaires were returned from the initial sample of 1250 for the latest survey reported in 2021. This provided a 41% response rate (510 usable responses from a final sample of 1244), which is a slight reduction compared to last year.

It is important to note that this year saw some significant changes to the questionnaire content driven by the COVID pandemic. The questions and theme relating to personal development were replaced with a section on the COVID-19 pandemic, focusing on staff experience of working through this period. Furthermore, additional COVID questions included 2 free text questions;

- Q21a. Thinking about your experience of working through the COVID-19 pandemic, what lessons should be learned from this time?
- Q21b. What worked well during COVID-19 and should be continued?

The Survey Coordination Centre is working with text analytics specialists to process the free text data received in response to these questions and the release date is yet to be confirmed. Once we have received this analysis, any resultant actions will be added into the overall action plan.

The survey compares results with similar trusts via the use of benchmarking groups, which comprises the data for 'like' organisations, weighted to account for variations in individual organisational structure. It should be noted that the Trust's benchmarking group was amended in 2020 to incorporate organisations that were previously in both the benchmarking groups for acute and acute & community trusts.

This has increased the number of organisations in the Trust's benchmarking group from 85 in 2019, to 125 in 2020.

Results are reported both as individual question responses and as ten themes, which for 2020 are:

- Equality, diversity & inclusion
- Safe environment - bullying & harassment
- Health & wellbeing
- Safe environment - violence
- Immediate managers
- Safety culture
- Morale
- Staff engagement
- Quality of care
- Team working

The themes are scored on a 0 to 10 point scale, a higher score indicating a better result. When compared to similar organisations STHK has the highest national score for the following 4 themes:

- Quality of care
- Staff engagement
- Immediate managers
- Safe environment – bullying & harassment

The Trust has the second best national score for the following 4 themes:

- Team working
- Morale
- Equality, diversity & inclusion
- Safety culture

Following the successful implementation of the 2019-2020 survey action plan, the Trust now has the best national score recorded for a number of questions:

- My organisation encourages us to report errors, near misses or incidents
- When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again

- Staff experiencing musculoskeletal problems (MSK) as a result of work activities
- Staff feeling enthusiastic about their job

90.4% of staff agreed that care of patients/service users is the organisation's top priority, returning the best score regionally.

Whilst the overwhelming majority of responses are positive, consideration is being given to the areas with lower scores, work related stress and work related improvements. Both of these areas have the potential to impact on staff morale and development. A deep dive has identified the specific areas and staff groups where focussed action will be taken and an action plan is being developed to support this work. Although quality of appraisals did not feature in the 2020 staff survey, work is continuing to improve this and it will remain as part of the updated action plan.

### 3.2.3. Clinical education and training

The pandemic led to unprecedented challenges for clinical education and the impact has required new methods of delivery with alternative education options, dynamic clinical placements and a degree of pragmatism.

The combination of reduced exposure to clinical sessions and the suspension or cancellation of attachments has had noticeable impacts, particularly on final year medical and nursing students. To support this the Trust, in collaboration with the Liverpool School of Medicine and with direction from the Nursing and Midwifery Council, developed final year student placements with a sub-foundation year 1 clinical placement and a final clinical nurse placement.



This provided the opportunity to consolidate the required competencies and skills before commencing their careers, whilst practising as a core member of the healthcare team, providing direct patient care.

Clinical education also provided training to support the upskilling of the workforce who were redeployed in acute areas such as critical care and COVID-19 specific cohort wards. Simulation was used extensively to achieve this.

The education teams were required to develop education programmes that could be delivered remotely, providing education to learners whose clinical placements had been suspended. It is anticipated that more remote teaching will now be developed, building on this experience.

The Clinical Education Team, in collaboration with the Department for Education, has secured an external education centre at Vortex House. This has created an opportunity to support NHSE/I's international recruitment programme. The Trust, in partnership with the Pan-Mersey collaborative, will now provide objective structured clinical examination (OSCE preparation training) to over 200 internationally recruited nurses. The OSCE requires the candidates to complete scenarios they are expected to face when assessing, planning, delivering and evaluating care, in order to meet UK pre-registration nursing standards.

The Clinical Education Department have also been involved in the training of staff to become vaccinators, and in doing so, helped enable the roll out of the vaccination programme at pace across the region.



### 3.3. Patient safety

One of the Trust's key priorities in 2020-21 was to continue to embed a culture of safety improvement that reduces harm, improves outcomes and enhances patient experience. There was a particular focus on reducing avoidable harm by preventing pressure ulcers, with a target to reduce category 2 pressure ulcer incidents with possible lapses in care by 10% from 2019-20 baseline, which was achieved.

#### 3.3.1. Pressure ulcers

The Trust has continued to prevent any hospital acquired category 4 pressure ulcers, as a result of lapses in care since 2015. During 2020-21, there was one incidence of a hospital acquired category 3 pressure ulcer reported. A thorough and in-depth investigation was commissioned to identify the root cause of this incident, with improvement actions taken, including education for staff members to improve risk identification and appropriate action planning to prevent the development of a pressure ulcer on unusual body locations. The Trust also developed new transfer of care documentation from Critical Care to improve information about the care of pressure ulcers and wounds and support more effective handover of care.

The Trust is pleased to have achieved a reduction in the number of Trust-acquired category 2 pressure ulcers with lapses in care, decreasing from 59 in 2019-20 to 32 in 2020-21. The Trust has achieved its priority for the reduction in the number of hospital acquired pressure ulcer by 10% in 2020-21.

A number of interventions and improvement actions were implemented to reduce the risk that a patient will develop pressure ulcers, which included improved access to preventative devices and specialist mattresses. The improvement was also supported by new documentation, development of care pathways and enhanced education.

#### 3.3.2. Falls

The Falls Team continues to develop strategies to minimise the occurrence of inpatient falls. In 2020-21, the Trust reported:

- 3.1% increase in total falls from 1941 in 2019-20 to 2003 falls in 2020-21
- 5% increase in falls incidents resulting in moderate harm
- Increase in falls resulting in the severe harm or above category, from 12 in 2019-20 to 31 in 2020-21

Detailed investigations were undertaken for all falls resulting in severe harm, which identified that the COVID-19 pandemic had a major impact on the usual planning and delivery of patient care. This included staff being redeployed to work in unfamiliar areas, restricted visiting by relatives and carers and infection prevention measures, including staff being required to put on additional personal protective equipment.

The Trust has continued to implement its Falls Prevention Strategy 2018 to 2021. The strategy focuses on seven key areas for improvement:

- Using data to drive improvement
- Lesson learning and information sharing
- Procurement of equipment/services
- Changing culture
- Education and awareness
- Planning and implementation of falls prevention care
- Planning and implementation of post falls care

In addition, the senior nursing team, supported by the Falls Team, will provide intense support to the areas with the highest falls risks to ensure that risk assessments are completed fully, with individualised care planned and delivered based on the outcome of the risk assessment.

### 3.3.3. Venous thromboembolism (VTE)

VTE covers both deep vein thrombosis (DVT) and its possible consequence pulmonary embolism (PE). A DVT is a blood clot that develops in the deep veins of the leg. However, if the blood clot becomes mobile in the blood stream it can travel to the lungs and cause a blockage (PE) that could lead to death.

Preventing VTE is a national and Trust priority. The risk of hospital-acquired VTE can be greatly reduced by risk assessing patients on admission to hospital and taking appropriate action. This might include prescribing and administration of appropriate medication to prevent blood clots and application of specialised stockings.

National reporting for VTE risk assessment compliance has been suspended since April 2020.

The Trust responded to the scientific evidence on the higher risk of thrombo-embolic events in patients with COVID-19 and developed and implemented revised prescribing guidelines for clinicians for prophylaxis of VTE in patients with suspected or confirmed COVID-19 infection. The guideline has been integrated with the electronic prescribing and medicines administration (ePMA) system.

The Trust has continued to maintain the increase in the number of risk assessments completed and the appropriate prevention interventions by:

- Using an electronic VTE risk assessment tool, which is integrated into the patient administration system, enabling real time performance reviews
- Sharing compliance dashboards twice daily
- Undertaking a root cause analysis investigation of all cases of hospital acquired thrombosis in order to prevent it happening again
- Providing immediate feedback/education to ward staff, disseminating learning points and implementing any actions for improvement
- On-going VTE training for all clinical staff

### 3.3.4. Medicine safety

The inpatient electronic prescribing and medicines administration (ePMA) system is live in most inpatient locations in the Trust (with the exception of Sanderson Unit, Paediatrics, Critical Care and Maternity). The implementation of ePMA across the Trust has continued to deliver additional benefits during COVID-19 as shown below:

- ePMA supported remote consultation, virtual clinics and remote prescribing
- Removed the need for drug charts to be re-written thus reducing transcription errors
- Drug charts no longer have to leave the ward and can be accessed anywhere across the Trust, removing the need for them to be sent to pharmacy for example
- Information is available for ward rounds, supporting faster dispensing of drugs and infection prevention measures
- Previous admissions are retained on the system which can be accessed to provide information regarding previous medication and any drug allergies

- Quality of the information is improved as it is legible and the prescriber can be easily identified and contacted as required
- Audit log allows the prescriptions to be reviewed to see why a drug has been stopped or suspended or why a drug has been modified
- Course lengths, for example, of antibiotics, can be added to the system and the prescription will stop automatically rather than requiring a doctor to stop it
- Enable prescribing and dosage guidance to be flagged for prescribers in COVID-19 treatment.

As a result of improved systems, the Trust saw a 20.1% decrease in administration errors reported, reducing from 562 reported in 2019-20 to 449 in 2020-21. There was also a 42.11% decrease in omitted doses causing harm, reducing from 38 in 2019-20 to 22 in 2020-21.

There was a reduction in the number of overall medication incidents by 35% in 2020-21 compared to 2019-20. In addition, there was a notable 60.87% reduction in prescribing incidents causing harm, decreasing from 23 incidents reported in 2019-20 to 9 in 2020-21. There were no severe harm incidents relating to medication administration or prescription. Pharmacy and the medicines safety team have supported an improvement project with clinical teams, to reduce the risk of wrong route administration of liquid medication and to reduce wastage of liquid controlled drugs intended for oral administration, by using bottle bungs and promoting the use of oral syringes.

Pharmacy has maintained the availability of medication for treatment and provided supportive information to develop treatment guidelines and protocols, throughout the pandemic.

### 3.3.5. Theatre safety

The Trust Operating Theatre Department has continued to implement a number of initiatives to improve safety which include implementation of National Safety Standards for Invasive Procedures (NatSSIPs) and of Local Safety Standards for Invasive Procedures (LocSSIPs), to reduce the number of patient safety incidents related to invasive procedures.

The department reported 2 never events during 2020-21, relating to wrong site administration of nerve block prior to surgery. Intensive improvement work has been carried out across theatres and the Anaesthetic Department to embed robust safety checking processes during the administration of anaesthetic nerve block. Changes to anaesthetic documentation and recording of safety checks for nerve block administration have already been implemented, with high compliance noted.

The Operating Department has been able to achieve 53.1% reduction in all theatre related harm incidents, decreasing from 64 incidents reported in 2019-20 to 30 in 2020-21, with an overall 46.3% reduction in all theatre-related incidents decreasing from 456 incidents reported in 2019-20 to 245 in 2020-21. This is a further sustained reduction in incidents from 2019-20, where a 17% reduction in all theatre related incidents were reported compared with 2018-19.



### 3.3.6. Being open – duty of candour

The Trust is committed to ensuring that we tell our patients and their families/carers if there has been an error or omission resulting in harm. This duty of candour is a legal duty on trusts to inform and apologise to patients if there have been mistakes in their care that have, or could have, led to significant harm (categorised as moderate harm or greater in severity).

The Trust promotes a culture of openness, honesty and transparency. Our statutory duty of candour is delivered under the Trust's Being Open - A Duty of Candour Policy, which sets out our commitment to being open when communicating with patients, their relatives and carers about any failure in care or treatment. This includes an apology and a full explanation of what happened with all the available facts. The Trust operates a learning culture, within which all staff feel confident to raise concerns when risks are identified and then to contribute fully to the investigation process in the knowledge that learning from harm and the prevention of future harm are the organisation's key priorities.

- The Trust's incident reporting system has a mandatory section to record duty of candour
- Weekly incident review meetings are held, where duty of candour requirements are agreed on a case-by-case basis allowing timely action and monitoring. This allows the Trust to ensure that it meets its legal obligations
- The Trust has continued to raise the profile of duty of candour through the lessons learned processes and incident review meetings
- Duty of candour training is also included as part of mandatory training and root cause analysis training for staff

### 3.3.7. Never Events

Never Events are described by NHS England in its framework published in 2018 as serious incidents that are wholly preventable. Each Never Event has a potential to cause serious harm or death. However, serious harm or death is not required for the incident to be categorised as a Never Event. Never Events include incidents such as, wrong site surgery, retained foreign object post-surgical procedure and chest or neck entrapment in bedrails.

The Trust reported 3 Never Events in 2020-21, 1 relating to the administration of a drug via the wrong route and 2 incidents relating to wrong site surgery by administration of nerve block on the wrong side prior to surgery. The Trust remains committed to using Root Cause Analysis (RCA) to investigate adverse events. This approach is underpinned by the Trust's commitment to ensuring an open and honest culture in which staff are encouraged to report any errors or incidents and encouraged to feed back in the knowledge that the issues will be fairly investigated and any learning and improvement opportunities implemented.

Improvement actions undertaken in the operating department include strengthening of anaesthetics nerve block safety checking processes and enabling a safer theatre working environment to provide assurance that lessons have been learned. Improvements have been made with the management and administration of liquid medication intended for oral use, especially controlled drugs, through the provision of safety bungs attached to liquid controlled drug bottles and the use of oral syringes for administration of oral medication in liquid form.



### 3.3.8. Coroner's Regulation 28 Prevention of Future Deaths Reports

Coroners are required to hold inquests to investigate certain deaths to establish a number of facts. The Coroner has a duty to issue a report, when a concern is identified as part of the inquest that there is a risk other deaths will occur, to a person, organisation, local authority or government department or agency. This is a Coroner Regulation 28 Report which sets out the concerns and requests that action is taken to prevent this. The Trust received a Regulation 28 report in March in relation to an electronic patient discharge summary not reaching the GP. The Trust provided assurance to the Coroner in April 2021 that the technical issue that had caused this had been resolved and that the error could not occur in the future.

### 3.3.9. Infection prevention

The Health and Social Care Act 2008 requires all trusts to have clear arrangements for the effective prevention, detection and control of healthcare associated infection (HCAI). The Trust's Director of Infection Prevention and Control (DIPC) is the Director of Nursing, Midwifery and Governance. She has Board level responsibility for infection control and chairs the Hospital Infection Prevention Group.

The Infection Prevention Team undertakes a rolling programme of infection prevention audits of each ward and department, with individual reports discussed with ward managers and teams for action.

The Trust's infection prevention priorities are to:

- Promote and sustain infection prevention policy and practice in the pursuit of patient, service user and staff safety within the Trust
- Adopt and promote evidence-based infection prevention practice across the Trust
- Identify, monitor and prevent the spread of pathogenic organisms, including multi-resistant organisms throughout the Trust
- Reduce the incidence of HCAI by working collaboratively across the whole health economy

During the reporting period April 2020 to March 2021, the Trust reported the following:

- MRSA bacteraemia (MRSAb): two bacteraemia cases against a threshold of zero
- Due to the pandemic NHS Improvement (NHSI) did not set a threshold for Clostridium difficile infection (CDI) cases for 2020-21, therefore the Trust worked to the previous year's threshold of 48 cases, reporting 43 cases. 2 cases are awaiting appeal by the CCG, if successful the total will be 26 cases.
- Methicillin Sensitive Staphylococcus Aureus bacteraemia (MSSAb): The Trust had 29 cases of (MSSAb). Post-infection reviews (PIRs) were suspended for the majority of the year due to the pandemic

Lessons learned from the PIRs of MRSAb and CDI cases are shared Trust-wide via a monthly infection prevention report. Lessons learned include good practice identified, as well as areas for improvement. A new process for undertaking PIRs was initiated this year resulting in the care groups having increased ownership and targeted lessons learned. This information is also shared monthly with the CCGs.

The latest surgical site infection (SSI) rates related to elective hip and knee procedures from April to March 2021 are shown below:

- Hips 1.6% against a national average of 0.8%
- Knees 0.6% against a national average of 1.2%

In May 2016, the Government announced its ambition to halve gram-negative bloodstream HCAI by 2021. Approximately three-quarters of E. coli bloodstream infections (BSIs) occur before people are admitted to hospital and, therefore, reduction requires a whole health economy approach. The Trust, in collaboration with CCGs and partners, has developed a health economy action plan particularly focusing on a 10% in-year reduction in urinary tract infections and to learn and share lessons. The Trust continues to work closely with the infection prevention, patient safety and quality teams in the wider health economy, attending collaborative meetings across the region in order to improve infection prevention and control practices and monitoring.

The Trust has 21 consultant infection prevention champions and over 70 link nurses who attend education and training and complete local audits to monitor compliance.

Key achievements for 2020-21 were:

- 439 Aseptic Non-Touch Technique (ANTT) key trainers in the Trust who are responsible for ensuring all staff are compliant with ANTT
- 100% compliance with carbapenemase-producing enterobacteriaceae (CPE) and MRSA screening
- Ensured that there was infection prevention input into environmental monitoring systems and implementation of national standards for cleanliness and validation of standards
- Ensured there was infection prevention input into new builds and building modifications

- Bristol Stool Chart observations and CPE risk/screening assessment undertaken electronically via vitalpac
- Continued bi-weekly multi-disciplinary ward inspections with estates and facilities, Medirest, Vinci and new buildings to monitor ward cleanliness and estates and facilities provision
- Changes to the root cause analysis (RCA) processes to improve and prioritise cases that require oversight and input from the Executive Team and clinical teams. Timely RCA reviews for CDI cases has improved the dissemination of lessons learned and enabled the infection prevention team to target input to ward areas that required support

The Trust was pleased to report that 94.95% of frontline staff received their flu vaccination, above the target of 90%

### 3.3.9.1. COVID-19

Members of the Infection Prevention Team were responsible for the following during the pandemic:

- Advising the Trust on the most up-to-date and continually changing guidance from Public Health England (PHE) and NHS England via silver and gold command
- Education for staff on how to care for COVID patients, providing the highest quality care and protecting themselves while caring for them
- Working closely every day with the Procurement Department to ensure the provision of personal protective equipment (PPE) to wards and departments was available and fit for purpose
- Communicating Trust-wide any changes to PPE requirements issued by PHE and NHS England

- Working with estates and facilities in altering existing services and buildings to create additional non-invasive ventilation (NIV) and critical care unit beds, COVID wards, staff changing and break out rooms etc.
- Providing the fit test service and expertise throughout the pandemic, including training staff on the new quantitative fit testing machines purchased during the pandemic
- Visiting wards and departments providing support and reassurance for staff
- Providing of learning aids, posters on PPE, hand hygiene and environmental cleaning
- Providing advice to community colleagues and care homes
- Contributing to clinical protocols for COVID patients
- Providing a 7 day week infection prevention service on site
- Providing advice and support to our Medirest and Vinci colleagues
- Surveillance and reporting throughout the day on new COVID cases
- Providing support to staff self-isolating or at home with suspected/confirmed COVID

### 3.3.10. Safeguarding

The Trust takes its statutory responsibilities to safeguard patients of all ages very seriously and welcomes external scrutiny. The Trust submitted quarterly key performance indicator data to the CCGs from quarter 2 2020-21, with regular position statements being provided in place of key performance indicators during the COVID-19 pandemic between quarter 4 2019-20 and quarter 1 2020-21.

The Trust has a dedicated Safeguarding Team covering safeguarding children and the unborn child, safeguarding adults, domestic abuse, those with a learning disability or autism, those lacking capacity and those who require a Deprivation of

Liberty authorisation. The Safeguarding Team provides support and advice to staff and delivers mandatory safeguarding supervision and training to all staff as per requirements throughout the Trust. The Safeguarding Team has remained on site during the pandemic and this year has seen a significant rise in activity across all areas of safeguarding.

The Safeguarding Assurance Group reports to the Patient Safety Council. Quarterly safeguarding activity reports are also presented at the Quality Committee. Designated Nurses from the CCG and Healthwatch colleagues are invited to the meetings for external scrutiny and to facilitate information sharing. A safeguarding annual report is approved by the Trust Board and shared with external safeguarding boards and CCGs.

Partnership work has continued during the pandemic with the majority of meetings held virtually. This has included Safeguarding Board meetings and Board sub-group attendance, strategy meetings, learning events and review meetings. Partnership working with external Community Learning Disability Teams has been significant and promoted improved communication and information flow for those patients with a Learning Disability, with significant numbers of Health Passports being updated and shared at the start of the pandemic, given the increased risk for this client group to ensure a smooth transition between community and hospital care.





## 3.4. Clinical effectiveness

The Clinical Effectiveness Council meets monthly and monitors key outcome and effectiveness indicators, such as mortality, nationally benchmarked cardiac arrest data, critical care performance, hip fracture performance, readmissions, clinical audit, National Emergency Laparotomy Audit (NELA) performance, departmental performance and application of National Institute for Health and Care Excellence (NICE) guidance.

### 3.4.1. National Institute for Health and Care Excellence Guidance

St Helens and Knowsley Teaching Hospitals NHS Trust has a responsibility for implementing NICE guidance to ensure that:

- Patients receive the best and most appropriate treatment
- NHS resources are not wasted by inappropriate treatment
- There is equity through consistent application of NICE guidance/quality standards

The Trust must demonstrate to stakeholders that NICE guidance/quality standards are being implemented within the Trust and across the health community. This is a regulatory requirement that is subject to scrutiny by the CQC. The Quality Improvement and Clinical Audit (QICA) Team are responsible for supporting the implementation and monitoring NICE guidance compliance activity.

A total of 198 pieces of new or updated NICE guidance were released during 2020-21. 103 of these were identified as applicable to the Trust by the Assistant Medical Director. There is a system in place to ensure all relevant guidance is then distributed to the appropriate clinical lead to assess its relevance and the Trust's compliance

with the requirements. Action plans are produced for any shortfalls to ensure compliance is achieved. Compliance will be rigorously assessed by mandatory departmental compliance audits reportable through the Trust audit meetings. The Trust is fully compliant with 51 of the relevant guidance issued and is working towards achieving the remainder.

### 3.4.2. Clinical audit

The Trust has an active clinical audit programme and is an active participant in required national audits where performance is strong. Details of the work undertaken this year are contained in section 2.4.2 above.

### 3.4.3. Intensive Care National Audit & Research Centre (ICNARC)

The Trust's Critical Care Unit performs well in the patient centred quality indicators, as externally benchmarked by the Intensive Care National Audit and Research Centre (ICNARC), which collects data from 100% of all Intensive Care Units in the country (<https://www.icnarc.org>).

### 3.4.4. Mortality

The Government's preferred measure for mortality is the Summary Hospital-level Mortality Indicator (SHMI). The latest published data is for the 12 month period December 2019 to November 2020. The Trust's SHMI for this period is 1.09, which is as expected.

For the same time period, the Trust's mortality is also within expected levels for both of the other commonly used measures, with the Standardised Mortality Ratio (SMR) at 98.9 and the Hospital Standardised Mortality Ratio (HSMR) at 97.5.



### 3.4.5. Copeland Risk Adjusted Barometer (CRAB)

The Trust has used CRAB data for a number of years to review complications and mortality trends across the surgical specialties and has a CRAB Benchmarking Group in place, with representatives from each of the surgical specialties, who review the data on a monthly basis. With this powerful tool, surgical mortality and complications trends can be examined across the whole Trust, within surgical departments and even at the individual surgeon level. CRAB creates an accurate picture of surgical consultants' practice, adjusting for presenting risk, operation complexity and intra-operative complications. It prevents harmful misuse of crude mortality statistics and helps to identify best practice.

The CRAB methodology is based on the POSSUM system which is the clinical audit system of choice recommended by the Royal College of Surgeons of England and Scotland, NCEPOD, the Vascular Society of Great Britain and Ireland, the Association of Coloproctology of Great Britain and Ireland, and the Association of Upper Gastrointestinal Surgeons.

With the advent of clinical governance CRAB provides high quality clinical process and outcome information. It provides a wide range of reports based on extensive data captured before or at the time of operation documenting the patient's condition. For each case, the risk of mortality or morbidity is calculated using POSSUM algorithms and the raw data may be reviewed by looking at individual cases in the risk report. Any concerning trends or higher than expected complication or mortality rates are examined for potential causality within the CRAB Benchmarking Group and by each of the core members of the specialty in question.

Monthly reports for the benchmarking group meetings are prepared prior to the meetings taking place and distributed to the members for review. During the meetings, the report is reviewed for performance at the Trust level and sub-specialty level and recommendations for review are made. It is the responsibility of each CRAB specialty representative to feed back the review to the CRAB lead and the reports are amended accordingly. Action plans are generated for each of the monthly meetings and reviewed by all members of the CRAB team to ensure that the issues have been addressed.

Issues and concerns identified at the CRAB meetings are reviewed by the group as a whole and reviewed in more depth by specialty CRAB representatives. This more detailed review is fed back to the CRAB lead and the reports are adjusted to reflect this. If improvements in performance are not seen then it is the responsibility of the CRAB representative to escalate to the clinical director of that specialty and persistent concerns are relayed to the Clinical Effectiveness Council. These can then be further escalated up to the Quality Committee.

Until recently, CRAB only reflected the activity of surgical in-patient episodes and did not reflect the management of medical patients within the Trust. However, owing to the success of CRAB Surgical, the Trust has now obtained CRAB Medical, thus broadening the benefits across both surgical and medical patients.

We are able to assess departmental performance, individual performance and crucially move to better support the consent process by accurately describing risk for individual patients. The system is being evolved by the Trust to stratify risk on the waiting list and identify those at highest risk of deterioration if their surgery is delayed.

We have used the system to triangulate our performance during COVID where HSMR/SMR/SHMI were unable to function with the new diagnosis, and thus confirm a quality performance benchmarked against a large number of trusts across the UK also using the CRAB methodology.

### 3.4.6. Promoting health

The Trust continues to actively promote the health and wellbeing of patients by undertaking a holistic assessment on admission that looks at physical, social, emotional and spiritual needs. Patients are referred or signposted to relevant services, for example; dieticians, stop smoking services and substance misuse. The initial review of patients includes a number of risk assessments that are used to highlight specific concerns that are acted upon, including nutrition and hydration and falls. The Trust has a Smokefree Policy in place that promotes a healthy environment for staff, patients and visitors, with measures in place to support staff and patients to give up smoking. Patients are asked on admission about smoking and alcohol intake and then provided with support and guidance as required. In addition, the Maternity Service actively promotes breastfeeding.

The Trust works in partnership with other agencies to provide holistic services throughout the patient's journey to ensure a seamless service, supported by integrated pathways across the hospital and community settings. Examples of this include the work of our Community Falls Team, who work collaboratively with the local council, primary and community care and our Infection Prevention Team who liaise closely with community teams and GP services.

The Trust has a robust and effective volunteer service, which was the recipient of the prestigious Queen's Awards for Voluntary Service in June 2020. A dedicated team of over 300 volunteers provide support and companionship to patients by donating their time, skills and enthusiasm to enhance patient experience.

Throughout COVID-19 many of our volunteers were required to shield or self-isolate, however, the Trust continued to recruit new volunteers, many of those being in the younger age bracket, who required hospital experience for their future career path. Volunteering is recognised as a key route into employment and, therefore, the Trust continues to offer volunteers an automatic interview for the temporary staffing bank once they have completed 6 months and 50 hours of volunteering.

Whilst volunteers were not allowed to support clinical areas during the pandemic, the Trust continued to redeploy their services in other areas, for example, as volunteer pharmacy drivers. This facility was set up in April 2020 and is still very active 5 days a week; they have delivered over 900 prescriptions to vulnerable patients. Volunteer responders undertook duties that were vital to keeping up patient morale by delivering patients belongings that were dropped off by relatives to wards and by distributing over 500 messages received through the PenPALS scheme. PenPALS is available via [pals@sthk.nhs.uk](mailto:pals@sthk.nhs.uk).

The Trust is the lead employer for the large scale vaccination programme across the Cheshire & Merseyside region. Many of the Trust's volunteers have been redeployed as stewards to provide effective marshalling, support for each patient and to improve the flow of people attending for vaccination.





### 3.5. Patient experience

The Trust acknowledges that patient experience is fundamental to quality healthcare and that a positive experience leads to better outcomes for patients, as well as improved morale for staff. Patient experience is at the heart of the Trust's vision to provide 5 star patient care and we continuously learn from patient and carer experience to drive improvements and share best practice.

Patient stories continue to be a critical part of the patient experience agenda throughout the Trust and whilst patients have not been able to present their stories in person this year, these have been shared in their own words in a number of forums across the Trust. These include the Trust Board, Patient Experience Council and the Patient Experience and Dignity Champions Group.

Patient stories have contributed to a number of service improvements including the further roll out of telehealth video consultations in many outpatient areas such as physiotherapy, dermatology, speech and language and orthopaedics.

The living with and beyond cancer event was delivered virtually this year, with really positive patient engagement and there are now plans to continue in this format. Many patients have reported that virtual appointments are more flexible and safer, however to avoid digital exclusion the Trust continues to offer telephone or face to face consultations for those patients who prefer this.

The ongoing psychological impact of COVID-19 and the benefit of clinical psychology during rehabilitation was highlighted by a patient and shared with clinical staff across the Trust, noting that such sharing and learning is extremely valuable.

Prior to the pandemic, the Patient Experience Manager engaged with 5 patients or carers each day in a range of settings, including wards and outpatients clinics. This provided valuable, real-time feedback from patients and carers about their experience and allowed early identification and resolution of any individual problems. This will be reinstated when it is safe to do so.

The Trust promotes patient and family engagement through a number of forums, many of which have continued virtually during the year. These include collaboration with carers' centres as the Trust is committed to identifying carers and valuing their role as partners in care, supported by the carers' passport and our plans to introduce carers awareness training. Patient support groups take place within different specialties including gastroenterology, paediatrics, maternity, diabetes, continence, rheumatology and clinical psychology. The Trust-wide patient engagement group consists of patients, carers and members of the public and although they have not met formally during this period, they have provided feedback and supported service developments to ensure progress with the Patient Experience Strategy 2019 -22.

During 2020-21, the Trust expanded patient engagement and feedback by introducing a number of new initiatives and surveys. The Trust implemented a family support service using staff who required redeployment to a non-patient facing area during the first wave of the pandemic. The service consisted of welfare telephone calls to patients within 7 days of their discharge from hospital. The service proved to be very successful with over 95% of patients feeling listened to and supported and felt that the Trust was looking after their welfare.

A number of changes were made as a result of patient feedback, including, reviewing procedures for managing patient property. The Trust reviewed its procedures for communicating decisions about do not attempt cardiopulmonary resuscitation (DNACPR) following a number of concerns raised. This included reiterating to staff the Trust's guidance and the importance of liaising with families and carers, as well as ensuring decisions are reviewed by a senior clinician prior to the patient being discharged. In addition, a number of actions were taken to improve communication as outlined in the paragraphs below.

The Trust introduced a PenPALS initiative, with the support of the PALS team and volunteers. Relatives of inpatients can email messages, cards and pictures to PALS and the team print and deliver the messages daily. Overall the service has received 100% positive feedback.

The Patient Experience Team implemented a new communication service for inpatients. Each inpatient area has a dedicated patient experience iPhone for communication needs. The iPhones allow patients to telephone or have virtual visits with their relatives, as well as being used for virtual interpreting services.

During the Christmas period, the Patient Experience Team launched an appeal for school pictures/messages for our inpatients to receive on Christmas Eve. The appeal was very successful and the team received over 3000 messages. These were included in the packs distributed to all inpatients, with a Christmas message from the Trust and quizzes. The packs were delivered with the support of the volunteers, on Christmas Eve at Whiston, St Helens and Newton hospitals. In total there were approximately 600 packs created and delivered to each inpatient. The Patient

Experience Team has written to every child and school who sent pictures in with a thank you from the Trust. The team also worked with the Digital Alliance Team regarding supporting the wards with virtual visiting and telephone calls, throughout the Christmas and New Year period. Staff from all over the Trust volunteered their personal time to support this initiative and were allocated wards to attend.

Thanks to everyone at Whiston Hospital front line and all the admin and support staff. It is a team effort that keeps you all going for the sake of the patients

I thought the Christmas packs were a lovely idea and when one of our patients opened hers she was in tears when she saw the paintings and drawings. You could see how much effort the children had put into them

New patient experience surveys have been developed Trust-wide and via specialties. The Trust introduced an Every Experience Matters survey, surveying discharged patients following their inpatient stay. The Open and Honest Care survey has been redesigned to align with services.

In January 2021, the Trust developed a COVID virtual ward, whereby COVID patients can be cared for at home supported by an agreed escalation plan (details of monitoring arrangements, oximeter, leaflets, instructions and diary, designated telephone number). Patients are then discussed on the daily virtual ward round and proactively contacted by phone every day.



100% of patients who responded to feedback said they understood why they were asked to monitor their oxygen saturations. 89% felt fully supported by the team with 100% feeling they had some degree of support from the team. 90% of patients felt they benefitted from being discharged with the support of the Virtual Ward Team. 95% were happy to be discharged to COVID Virtual Ward rather than staying in hospital.



### 3.5.1. What our patients said about us in 2020-21

#### Accident & Emergency

I was seen very quickly and despite the added pressure for medical staff everybody was very warm, professional and kind and did their best to make me feel comfortable and in safe hands, staff at Whiston Hospital are absolutely outstanding and a credit to the NHS

#### General Surgery

With the current pandemic of COVID-19, I was extremely anxious with going into a hospital environment. I had absolutely nothing to be worried about. All staff were polite and very helpful, the hospital was quiet, extremely clean like always. Staff were all caring and answered any questions with care, thank you

#### Ward 3D

From the moment I was admitted until I was discharged I have been amazed at the care, patience, sympathy and understanding given to me and every other patient despite the staff being exceptionally busy. Everyone was treated with enormous dignity and made to feel valued and not just another patient. Mere words are inadequate at expressing my sincere thanks and gratitude at the way I was dealt with by everyone. Ten out of ten is not a high enough mark for this ward.

### 3.5.2. Friends and Family Test

The Friends and Family Test (FFT) asks patients if they would recommend the ward or department where they recently received healthcare to their friends or family if they needed similar care or treatment. It is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback in real-time about their experience.

The feedback gathered is used to identify themes or trends, stimulate local improvement and empower staff to carry out changes that make a difference to patients and their care.

The Trust uses a variety of survey options, with inpatient ward areas and maternity services providing patients with a postcard on discharge and Emergency Department and outpatient areas use texting and interactive voice mail service.

The Trust's inpatient recommended care rate at the end of March 2021 was 95.83%. Wards and departments across the Trust monitor the patient feedback and create 'you said, we did' posters for display. These posters reflect our response as a result of patient comments and are invaluable in maintaining staff motivation and influencing change.

You Said	We Did
<p>Questions about weight became repetitive and intrusive and it was felt that we were not being listened to. Otherwise, standard of care was very good, from all members of the ward team, from domestics to consultant, thank you. <b>(Ward 3F)</b></p>	<p>Sorry you felt like this. Unfortunately, various professionals are involved who need to clarify information. However, good that team work was recognised as positive.</p>
<p>It's been a long time since having an appointment due to COVID the staff are always friendly very helpful &amp; offer lots of advice, I was given new Libra 2 which will be a tremendous help for me living alone to get my blood sugars to normal <b>(Diabetes Centre)</b></p>	<p>Unfortunately due to the COVID-19 pandemic we had to put a lot of measures in place to keep everyone safe which did cause a delay in some patients being seen face to face – this included switching some clinics to telephone clinics, providing advice &amp; guidance via post rather than face to face appointments and delaying some appointments.</p>
<p>Staff fabulous, very busy and overworked! I would have appreciated more information what was happening to me and the reasons why. <b>(Ward 4C)</b></p>	<p>We are working on our written patient information and restocking the ward with our current information leaflets.</p>

In April 2020, the Trust implemented the new NHS England Guidance 'Using the Friends and Family Test to improve patient experience'. NHS England no longer publish response rates as there is no limit on the number of times someone can leave feedback, the focus is now on the quality of feedback received. However, the Trust continues to monitor response rates internally to ensure that the feedback is representative of the number of patients using our services.

### 3.5.3. Complaints

The Trust takes patients' complaints extremely seriously. Staff work hard to ensure that patients and carers concerns are acted on as soon as they are identified and that there is a timely response to rectify any issues that are raised at a local level, through the Trust's PALS Team, or through the AskAnn email ([askann@sthk.nhs.uk](mailto:askann@sthk.nhs.uk)). Ward and departmental managers and matrons are available for patients and their carers to discuss any concerns and to provide timely resolution to ensure patients receive the highest standards of care. Each area has a patient experience notice board to highlight how patients and carers can raise a concern and this is also included on the information table placemats available for patients. At times, however, patients and their carers may wish to raise a formal complaint, and these are thoroughly investigated so that patients are provided with a comprehensive written response. Complaints leaflets are available across the Trust and information on how to make a complaint is also available on the Trust internet.

In 2020-21, the Trust received 251 new complaints that were opened for investigation. This represents a decrease of 22.8% in comparison to 2019-20, when the Trust received 325 new complaints.

There were 23 complainants that were dissatisfied with the initial response and raised a stage two complaint in 2020-21, a 36.1% reduction compared to the 36 in 2019-20.

Despite the challenges of the COVID-19 pandemic, work remains ongoing to improve the timeliness of responses to those who made the effort to highlight concerns about their care. The average in responding to new complaints within the agreed timescale has increased from 93.4% in 2019-20 to 94% in 2020-21.

The Trust has continued to conduct the Complaints Satisfaction Surveys throughout 2020-21, with a copy of the survey sent out with all response letters. There were 18 responses in total received in 2020 -21, a 7.1% response rate. A summary of the findings is below, noting that the % figures provided are based on the number of respondents answering the specific question:

- 88.8% (16 respondents) confirmed that the written response included a clear explanation of the options available to them if they were not satisfied with the findings
- 83.3% (15 respondents) found it very or fairly easy to complain, with two finding it fairly difficult and one said it was inapplicable
- 61.1% (11 respondents) felt that their complaint had been responded to in a reasonable timescale whilst 38.9% (7 respondents) felt that their complaint had not been responded to in a reasonable timescale
- 61.1% (11 respondents) confirmed that they felt that they had been treated with respect throughout the process whilst 22.2% (4 respondents) confirmed that they had been treated with respect some of the time in the process
- 66.6% (12 respondents) were very or fairly satisfied with the way the complaint was handled
- 50% (9 respondents) confirmed that the reasons for the Trust's decision was made clear to them whilst 38.8% (7 respondents) stated that the decision was not made clear to them

The Complaints Team are continuing to work hard on reducing the time taken to provide complaints responses, whilst maintaining the quality of the investigation and response.

A number of actions were taken as a result of complaints made in 2020-21:

- A new pathway has been implemented within Maternity Services to ensure patient referrals for women requesting or offered a debrief are managed from a central point and then referred on to the most appropriate professional for appointment
- Patients are now provided with an advice leaflet on how to manage the latent phase of labour, when to call the midwife and the contact numbers for Maternity Triage Unit
- Staff were reminded in ED of the 'Bleeding in Early Pregnancy Pathway' to ensure that patients who experience bleeding in early pregnancy are transferred to the gynaecology ward after review from an ED doctor
- Refresher training arranged for staff in Ward 3C around tissue viability and wound care
- Ward Manager in Ward 1C has set up a system with the housekeeping team to ensure that nebuliser masks are checked on a daily basis and changed accordingly
- A number of initiatives have been introduced in the Trust including Patient Experience 'iPhones' that were donated to ward areas. These allow virtual calls, as well as phone calls for patients to speak directly to their relatives
- During the peak of the COVID pandemic, a scheme was launched in the Trust where relatives received a daily telephone call from a member of staff nominated as the 'family support ward link' on participating wards
- Virtual Fracture Clinic guidelines were reworded to be made clearer for the staff who need to refer to them
- A new information leaflet regarding squint surgery was produced by the Ophthalmology Clinic to be given to patients at their initial consultation so they can read about the options and risks of treatment





## 3.6. Care Group Summary

### 3.6.1. Surgical Care Group

The past year has presented unprecedented challenges for the NHS, for the Trust and particularly for surgical care services.

Key achievements during this difficult period include the rapid and successful establishment of staff and patient COVID testing services, not only internally, but also through the establishment of home swabbing services, enabling an increased number of patients to safely access services. A further key achievement was the rapid establishment of a clean cancer hub at St Helens Hospital, enabling the Trust to continue with urological, colorectal, breast and skin cancer procedures. The hub also provided mutual aid for other local trusts to enable patients to receive their cancer surgery in a timely manner and in a safe, COVID-free environment.

Although some routine elective activity was maintained through the use of the independent sector, all routine elective activity was cancelled at St Helens and Whiston hospital sites, with theatre and anaesthetic staff deployed in large numbers to support the required expansion in critical care capacity. This enabled the Trust to increase capacity in critical care up to 21 beds, which included the establishment of the theatre recovery as an critical care annex.

The Care Group also established a 4-bedded post-operative care unit in recovery to further support critical care, which incorporated the provision of resident anaesthetic cover. Surgical wards (4A and 3Alpha) were subsequently converted to COVID medical wards, 3F Gynaecology was converted into a discharge lounge and 3E clean orthopaedics was converted to an orthopaedic trauma ward. In addition,

medical patients were housed on 3E Gynaecology, 3A plastics and 3B orthopaedics. Surgical staff also compiled a rota in order to act as 'proning' teams within critical care, consisting of ward nurses, nurse clinicians, surgeons, anaesthetists and operational managers.

During this period, outpatient activity continued, albeit at reduced levels due to social distancing requirements. Expansions to telephone and virtual consultations were introduced and full non-elective and maternity services were able to be maintained throughout the year.

Other key achievements included the facilitation of home working for large numbers of administrative staff, with a full risk assessment programme to support this, the setting up of a Bronze command centre and the provision of staffing rotas for the mass vaccination centre.

As COVID-19 rates reduce the priority going forward will be to re-establish operating capacity and to address the waiting list pressures facing all NHS organisations.

### 3.6.2. Medical Care Group

The response from the staff within the Medical Care Group (and entire Trust) has been phenomenal in doing everything possible to continue to provide the highest standards and safest care possible to our patients during the extraordinary circumstances brought about by the pandemic.

Right from the very beginning of the pandemic, all disciplines of staff had to adapt to a changing environment and learn new clinical skills and protocols in caring for COVID-19 patients whilst also managing their own and their families' anxiety and safety. The courage and commitment displayed by all our staff is commendable.



Our first achievement was to safely manage the first few very scared COVID-19 inpatients which quickly grew in numbers as the pandemic took hold in the first wave and was then repeated in a smaller local second wave. The third wave (January to March 2021) was even more challenging owing to cases reaching nearly 300 inpatients (almost double that of wave one) and the usual winter pressures.

Strict adherence to infection prevention procedures led to a bespoke patient flow arrangement with all patients who were potentially COVID positive being nursed in single rooms as isolation cubicles to minimise hospital onset (nosocomial) COVID-19 infections. As the volume of COVID-19 positive patients increased a number of wards were reconfigured to become COVID-19 cohort wards to continue to meet infection prevention requirements. The medical wards that became COVID-19 positive wards were, Ward 2C, Ward 5A, Ward 2A, Ward 2D, Ward 3C and the surgical wards as outlined in the section above.

The physical layout of Ward 2C was adjusted so that we could safely deliver Non-invasive ventilation (NIV) and continuous positive airway pressure (CPAP) therapy in a safe physical environment owing to the high risk of spread of airborne infection whilst delivering NIV and CPAP which are aerosol generating procedures. The usual capacity of 3 beds was increased up to a peak of 19 to manage the surge in demand from positive COVID-19 patients. The staffing of this area was hugely challenging, requiring the key skills of the respiratory ward nursing staff, NIV nurses and respiratory medical staff, who rose to the challenge with support from colleagues across the Trust.

Staffing in all areas was also a significant challenge owing to increased sickness, staff having to shield or self-isolate, the need to manage the increased complexity and acuity of the patients with COVID-19 and an overall increased medical bed occupancy that needed to be cared for by medical consultants. This could only be achieved through the cancellation of some planned activity such as outpatients and through many of our nursing, medical staff and non-clinical staff cancelling leave and working additional hours.

The use of technology helped the Trust maintain as much outpatient activity as possible with telephone clinics replacing traditional face-to-face appointments and virtual media supporting other reviews. This has been so successful for some groups of patients, such as in Parkinson's clinics, that this will continue.

In recent months, technology has also supported a 'virtual ward' whereby COVID-19 positive patients who would otherwise have needed to stay in hospital owing to the need to have oxygen, have been able to be discharged home using home pulse oximetry (measures oxygen concentration) and monitored by respiratory nurses with the support of the medical consultants and the collaborative work with our neighbouring Trust, Liverpool Heart and Chest Hospital NHS Foundation Trust.

The immense efforts and personal sacrifice made by our staff to manage the often heart breaking care delivery for our patients and their distressed relatives is an incredible achievement to celebrate in what has been the most difficult of times for all of us. So much so a number of local and national media reports have been made over the last year reflecting this.

During the year there have been a number of achievements within directorates, including maintaining accreditation for Joint Advisory Group (JAG) on gastrointestinal endoscopy (JAG) and introduction of the Endoscopy Pre-swabbing service to ensure patients are COVID-19 swab tested 48-72 hours before attending for their procedure. There has been an additional room added to the endoscopy suite at St Helens Hospital, which will help to support the Trust's recovery plan.

The Cardiology Service established a Rapid Access Acute Heart Failure Referral system for GPs based on NICE guidelines. The service continued to perform well in the national cardiac audit programme, achieving above national average scores.

The Dermatology Service worked hard to meet the 93% 2 week wait target during the pandemic, achieving this for the last 10 months. A see and treat clinic for suspected cancers was introduced which is recognised as gold standard and meets NICE recommendations. The development of nurse-led clinics and increased use of advice and guidance to provide education and advice to local GPs and Advanced Nurse Practitioners has also ensured increased access and appropriate treatment.

The Rheumatology Service developed a day-case ward to facilitate intravenous infusions with specialist biologic medicines and used telephone/virtual clinics to meet patients' needs during the pandemic where appropriate. The service improved access by introducing a nurse-led osteoporosis service and by continuing the expansion of the spinal ambulatory clinics to prevent re-admissions to the ED. They have maintained the Customer Service Accreditation Award.

The Diabetes and Endocrinology Team developed an ante-natal service to reduce a variety of foetal and maternal complications including shoulder dystocia and neonatal death in line with NICE guidance and successfully implemented the offer of continuous glucose monitoring to all pregnant women. The Diabetes Inpatient Nursing Team devised a number of educational videos, now uploaded to the online educational hub.

All paediatric outpatient clinics continued throughout pandemic either through virtual/telephone clinics or face-to-face for urgent cases, maintaining pre-pandemic waiting times. Working closely with commissioners the service has delivered consultant paediatric outpatient clinics, children's phlebotomy and a pilot paediatric GP with extended role (GPwER) service at Lowe House Women & Children's Community Hub. The GPwER service was the first of its kind in the country and has been extended due to its success. These new services improved access and provided a one-stop shop for paediatrics. In addition, the service provides regular webinar awareness/teaching sessions to local GPs and has introduced an Advanced Neonatal Nurse Practitioner role on the neonatal unit.

The Stroke Service maintained an overall Sentinel Stroke National Audit Programme (SSNAP) score of A for both the hyper-acute and acute stroke units in the latest ratings. They have fully implemented tele-medicine to support out-of-hours thrombolysis and collaboration with the Walton Centre shows an increasing number of patients are benefiting from thrombectomy treatment, leading to better outcomes.

The Emergency Department has significantly invested in medical and nursing workforces to reduce the time to triage and time to initial clinical assessment for patients attending. The resuscitation area has been remodelled to convert all bays to glazed cubicles to enhance infection prevention and privacy. The embedding of Same Day Emergency Care (SDEC) principles and pathways within designated facilities in the department has supported the Trust in providing the right care, in the right place, at the right time for patients, by reducing waiting times and hospital admissions, where appropriate. In addition, work has been undertaken to enhance mental health pathways to improve assessment times for patients.

Within Critical Care all bays have been converted to glazed cubicles and gold standard dialysis machines have been purchased. In response to the pandemic, during which visiting was severely restricted, there has been an increase in provision of family liaison and bereavement counselling. The appointment of three new consultants and two Critical Care Network funded nurse advocate posts has enhanced the staffing within the unit.

The 'Shape of Training Review' was carried out by the General Medical Council (GMC) in 2013 to ensure the NHS continues to train effective doctors who are fit to practise in the UK, provide high quality care and meet the needs of patients and the public. The review led to the introduction of a new training programme known as Internal Medicine Training (IMT). The IMT3 post replaces the old Specialty Trainee Level 3 posts (ST3) within the medical specialties.

The changes to training are mandatory and investment is essential in additional trainees/Advanced Care Practitioners within the Medical Care Group to ensure the successful implementation of IMT3 training posts in August 2021 as part of the national 'Shape of Training' strategy but also to ensure safer staffing levels as set out by the Royal College of Physicians.

The mandatory requirements of the IMT3 rota allow for 2 x Tier 2 trainees on-call 24 hours, 7 days per week with the pairing of an IMT3 trainee with an ST4-ST7 therefore always supported and supervised. Also all Higher Specialist Trainees (HST) are to have only 25% of their work schedule dedicated to the acute take/on-call. There has been a significant investment agreed in the new financial year with recruitment and new rotas commencing from August 2021. This increased staffing will not only support the requirements of IT training but also ensure the Trust continues to deliver high quality safe patient care alongside excellence in training for all doctors of the future within the Medical Care Group.

### 3.6.3. Primary and Community Services Care Group

As noted above, this year has been like no other with regards to the demands on health and social care teams and the need for services to respond flexibly to the changing picture.

Over 250 staff transferred into the Primary and Community Services Care Group from two other NHS providers, North West Boroughs Healthcare NHS Foundation Trust and Bridgewater Community Healthcare NHS Foundation Trust, as the pandemic was coming to its peak in Wave 1. These included children's services, GP with special interest (GPSI) outpatients' team and community nursing services.

All of our services were involved in changing the provision of their services to meet the changing needs of their care delivery or to support other areas. A national document provided guidance as to which service should stop completely, which should scale back and which should remain unchanged other than within COVID secure rules.

Some of the larger changes included:

- Maintaining care for high priority groups within sexual health services, with the wider staff group supporting maternity, critical care and inpatient wards
- Suspension of most treatment room appointments with a focus on providing the domiciliary district nursing services across the Borough
- Relocation of one of our Intermediate Care Units, Duffy Suite, to open up a brand new medical ward of 32 beds in Ward 1A on the Whiston site

Many of our services then moved to remote and virtual monitoring, keeping in touch with patients and care homes to try and maintain a level of input whilst many vulnerable people were shielding at home.

The demand on our district nursing services has been relentless throughout this period with high levels of activity and more complex visits post COVID, whilst managing the impact of staff shielding to meet this demand.

Marshalls Cross Medical Centre successfully recruited to become fully established with permanent GPs and a Lead GP for the practice which will further support the development of this service.

### 3.6.4. Clinical Support Services Care Group

The Clinical Support Services Care Group includes Pathology, Radiology, Clinical Psychology, Therapy Services, Neurophysiology, Outpatient Services, Patient Booking Services and Cancer Support Services. These services have been integral to the Trust's response to the pandemic and in the delivery of key achievements during this time.

Successful implementation of telehealth and virtual appointments within clinical psychology, cancer and therapy services has maximised the ability to maintain both in and out-patient activity during the restrictions imposed by social distancing and the suspension of non-urgent face-to-face outpatients. It has also enabled health and wellbeing patient education to support self-care. This was particularly beneficial in allowing clinicians who were required to shield in line with national guidance to continue to work from home, as well as maximising clinical space required for urgent care.



Cancer Support Workers in haematology and colorectal services have now secured recurrent funding following the successful roll out of Personalised Supported Self-management.

Two-way texting has been expanded across radiology outpatients to reduce the number of did not attend (DNAs) in line with therapy, cancer services and outpatient appointments across the other Care Groups. This ensures that available capacity is used more efficiently.

Maximising service capacity in order to continue with timely support has been pivotal and an exciting pilot project is now underway with GE Medical to improve patient pathways. This project has already started to yield beneficial outcomes in utilisation of available capacity, including the development of one-stop clinics to streamline care. Neurophysiology has continued to develop services and improve turnaround times, in particular with GP access to physiologist led carpal tunnel/ulnar neuropathy clinics with a 4 week turnaround.

Pathology continues to strive towards forming a network across the Cheshire and Merseyside footprint. The Trust has maintained ISO15189:2012 accreditation in all departments, with the inspections being undertaken virtually. Much of the emphasis for the year has been focused on the introduction and scaling up of COVID testing, with the department going from a capacity of 0 to 2,000 requests per day across 4 platforms.

Radiology Services have retained their Quality Standard for Imaging (QSI) accreditation. Capacity was increased with an extra ultrasound room at the St Helens Urgent Treatment Centre, which supports the community deep vein thrombosis (DVT) pathway and reduces the need for patients to attend the acute hospital.

In addition, an extra CT scanner funded from the region to support post COVID recovery within the radiology network (currently supporting network activity 2 days a week) has helped to reduce wait times across the region. The service has also reported into a national research database which is researching the effects of COVID-19.

Therapy services worked together collectively to respond flexibly to demand. Fast track staff development was employed to upskill competencies safely, developing additional skills, where appropriate, outside of the usual scope of practice to support critical care and to buddy with nursing staff.

Therapy services joined forces with community colleagues to utilise mutual aid in order to maximise patient flow in line with the discharge to assess model, breaking down barriers and working in a truly integrated fashion with external organisations. Services proactively responded to the real time risk of insufficient feeding pump supply to meet demand by developing and ratifying a standard operating procedure for gravity feeding to prevent this having an impact on patient management.

Cancer services have continued to maintain performance in contrast to the local and national picture. A Cancer Symptoms Advice Line was implemented in May 2020 in response to the significant reduction in cancer referrals from GPs during the pandemic. This enabled patients who were anxious about potential cancer symptoms to discuss these with a member of the team and the Trust was awarded second place at the UK's virtual Oncology Nursing Society conference in November 2020, for the section on the cancer nurses' response to the COVID-19 pandemic for this initiative. The roll out of the Faecal Immunochemical Test (FIT) test project to all CCGs in the catchment area during COVID-19

has improved endoscopy prioritisation and capacity utilisation. The Lilac Centre retained the Macmillan Quality Environment Award, achieving the highest possible score.

Outpatient services devised an asymptomatic COVID swabbing clinic for cancer patients undergoing surgery and increased clinic capacity to include more evenings and weekends. This was put in place to support other care groups in maximising capacity, as well as creating two additional consultation rooms by redesigning existing floorplans. Outpatients have also supported the set-up of staff swabbing clinics. In line with this, Patient Booking Services have worked seamlessly to review amended process and clinic templates to incorporate the move to telephone and telehealth appointments. They have also supported social distancing within outpatient clinic areas, ensuring the continuation of urgent outpatient appointments and procedures during COVID-19 and implemented temperature checks provided for patients within outpatient departments.

The priority going forwards is to build on these efficiencies to support the care groups to optimise service delivery, improve patient flow and to deliver truly integrated patient pathways to support recovery and the Integrated Care System agenda.

### 3.6.5. Covid Vaccination Programme

The Trust provided first dose vaccinations for staff commencing in December 2020 and vaccinated nearly 7000 Trust and health & social care staff over a 4 week period. Second doses were completed by the end of March 2021. In addition, the Trust was commissioned to deliver the first Mass Vaccination Centre (MVC) in Cheshire & Merseyside at St Helens Rugby Ground and commenced vaccinating the general population using the AstraZeneca (Oxford) vaccine on 18th January 2021 providing a 7 day 8am to 7pm service. Second doses started in early April and on the 13th April 2021 the service was the first of 20 sites nationwide to introduce the Moderna vaccine.

The MVS has been used as an exemplar site in the UK with other MVS providers visiting to support the development of their local services. The service is proud of its multidisciplinary approach to service design and delivery. It has developed its own training faculty and has worked closely and collaboratively with a range of health professionals, volunteers, St John Ambulance, Mersey Fire and Rescue Service and Armed Forces as well as supporting our local Primary Care Network (PCN) vaccination programme. The Trust was also the lead employer/provider for the workforce supplied to the vaccination programme for Cheshire and Merseyside.

## 3.7. Summary of national patient surveys reported in 2020-21

The full results for all the latest Care Quality Commission's national patient surveys can be found on their website at [www.cqc.org.uk](http://www.cqc.org.uk)

### 3.7.1. National Inpatient Survey

The Trust participated in the annual National Inpatient Survey 2019 coordinated by the Care Quality Commission. The results were published in July 2020 and the Trust's response rate was 39% compared to the national response rate of 45%.

The Trust scored better for the following areas compared to most other trusts that took part in the survey:

- Cleanliness of rooms or wards
- For doctors not talking in front of them as if they were not there

The Trust was rated about the same as other trusts for the remaining indicators other than for waiting a long time from arrival to get a bed on a ward.

The Trust has taken a number of actions to improve patient care including:

- Building an additional inpatient facility and recruitment of a patient flow matron to reduce waiting time for beds
- Continuing to improve the information provided to patients
- Further developing opportunities to gather real-time patient feedback to support timely improvements
- Enhancing the integrated discharge processes to promote patient centred discharge planning
- Continuing to maintain safe staffing levels with increased visibility of nursing staff on wards

- Developing and implementing a programme of role specific communication skills training for Trust staff

### 3.7.2. National cancer patient experience survey (NCPES)

The NCPES provides the organisation with a picture of the cancer patient's experience. It highlights areas of good practice and provides an opportunity to focus on the priorities for the year ahead. The 2019 NCPES report was published in June 2020, with feedback from the 281 patients who took part in the survey (58% response rate).

The Trust was ranked as second best acute trust for overall patient care with a score of 9.1.

Key achievements include:

- The site specific cancer teams scored 9.0 for overall care, with the colorectal service achieving an excellent 9.4 and the breast services maintaining their high standard at 9.3
- In top10 for three questions and top 20 for 20 questions
- The results demonstrated that there had been a significant improvement on previous year's results with 58% (n30) questions scoring higher than in 2018, 11% (n6) no change and 31% (n16) lower

The priorities for 2020-2021 were:

- Celebration and shared learning
- Engagement with the ward teams to help them understand patient experience
- Engagement with teams to understand their own results, with teams taking accountability for their patients' experiences
- Recognising the need for a skilled workforce to undertake patient engagement, focus groups, patient stories and to provide support for patient experience across all teams

The Cancer Patient Experience Delivery Plan 2020-2021 confirmed that each cancer team needed a work programme specifically for cancer patient experience, underpinned by an effective governance structure within the care group, evidencing clinical and managerial accountability for patient experience and developed collaboratively with outpatients, wards, Directorate Managers, members of the multidisciplinary team and patients.

Trust-wide there was a focus on providing easy to understand information with the introduction of information ward rounds, which were further developed to include support by providing personalised health needs assessment (HNA) and care planning. Teams developed information boards in clinical areas and the Cancer Nurse Specialists were present daily on the wards. Further actions include the development of a standard operating procedure for documentation and establishing key performance indicators for the teams with a Cancer Support Worker, supported through clinical supervision. A further phase of this work is to extend the information and support ward rounds to non-cancer wards.

The full report can be found at [www.ncpes.co.uk](http://www.ncpes.co.uk)







## Section 4

### Statement of Directors' responsibilities in respect of the Quality Account

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The Trust Board of Directors is required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2012) to prepare a Quality Account for each financial year.

The Department of Health issues guidance on the form and content of the annual Quality Account, which has been included in this Quality Account.

In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered 2020-2021
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions and is subject to appropriate scrutiny and review
- The Quality Account has been prepared in accordance with Department of Health guidance.

The Trust Board of Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

By order of the Trust Board



Richard Fraser, Chairman



Ann Marr OBE, Chief Executive

## Section 5

### Written statements by other bodies

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## 5.1. Knowsley Clinical Commissioning Group and St Helens Clinical Commissioning Group

### Quality Accounts 2020 - 2021

NHS St Helens Clinical Commissioning Group and NHS Knowsley Clinical Commissioning Group welcome the opportunity to feedback on the St Helens and Knowsley Teaching Hospitals NHS Trust Quality Account for 2020/21.

Due to the Covid-19 Global pandemic, 2020/21 has been the most challenging year the NHS has ever experienced. We would like to start by acknowledging and thanking the Trust for continuing to maintain essential services throughout, whilst also treating and meeting the needs of patients with the virus. The account evidences that high quality patient care remained an overarching priority for the Trust and demonstrates the care and services that continued to be delivered during the unprecedented and challenging times faced as a result of the pandemic.

We would also like to thank all the staff at the Trust, who have worked so hard to support the national effort during the crisis, whilst continuing to deliver the best possible care to our patients. The Trusts recognition and praise of staff achievements, courage and commitment is evident throughout the 2020/21 Quality Account.

Whilst reviewing the Quality Account we were pleased to note many of the specific actions that the Trust has taken during 2020/2021 to improve its services and work in different ways to ensure the quality of care that it provides.

The CCGs would like to congratulate the Trust for the following key achievements during 2020/2021:

- No patients acquired a category 4 pressure ulcer, with overall reduction in hospital acquired pressure ulcers
- 94.95% of frontline staff received their flu vaccination, above the target of 90%
- 95.83% of inpatients would recommend services, (Friends and Family Test)
- Responded to 94% of first stage complaints within the agreed timeframe
- Ranked second best acute trust for overall patient care in the national cancer patient experience survey (NCPES)
- Exceptional staff survey results including: highest national score for the themes of quality of care, staff engagement, immediate managers, safe environment – bullying and harassment. Second best national score for the themes of team working, morale, equality, diversity and inclusion, safety culture.
- Awarded a prestigious High Sheriff Award, in recognition of the great and valuable services which enhance the life of the community on behalf of the people of Merseyside
- Nominated to receive the prestigious 'Freedom of the Borough' for both St Helens and Knowsley Councils - nomination was put forward by each local council to thank and celebrate all the staff, for their tireless work caring for the people of our local community throughout the COVID-19 pandemic
- Queen's Award for Voluntary Service, the highest award a voluntary group can receive in the UK. The Award aims to recognise outstanding work by volunteer groups to benefit their local communities



The Trust Cancer performance in 2020/21 is to be commended given the impact on services during the pandemic, alongside the Trust playing a crucial part in providing mutual aid across the system to ensure the most clinically urgent cancer patients continued to be seen and treated.

In 2020/21 we are aware that the Trust reported three Never Events, two methicillin-resistant staphylococcus aureus (MRSA) bacteraemia and received a prevention of future deaths Regulation 28 report from the Coroner in relation to discharge letters. Whilst we appreciate these were disappointing, we welcome the Trust being open and honest by highlighting these within the Chief Executive Statement on Quality at the start of the Account.

Commissioners are assured that the Trust is committed to learning from these incidents and have put measures in place to improve the care provided. The account clearly documents that root cause analysis has been undertaken, improvement actions implemented and lessons learned have been shared Trust wide.

The CCGs recognise that whilst a number of planned collaborative projects and work programmes were curtailed due to the Covid-19 pandemic, the 2020/21 Quality Account clearly describes how the Trust has worked closely with health and social care partners across Cheshire and Merseyside and also across local community and primary care to ensure that patients received the care they needed in the most appropriate setting.

The work with Primary Care Networks in St Helens to deliver the Covid-19 vaccination programme demonstrates how a complex system can be joined up quite simply when working in collaboration. Commissioners acknowledge the positive relationships the Trust has built with Primary Care throughout 2020/21 and welcome further development and capitalisation of this integrated way of working moving forward into 2021/22.

The Quality Account provides a comprehensive section around the Trusts Workforce Strategy however, we would suggest that further detail be provided within the final published Quality Account to demonstrate how the Trust is linked in with the Cheshire and Mersey work regarding the Nursing Workforce Development Programme.

Now more than ever, we recognise that all staff should feel able to raise concerns safely and the Account clearly articulates the Trusts continued commitment to supporting a culture where all staff feel empowered to speak up or raise concerns. The Freedom to Speak Up Index Report 2021 has recently been published and this shows that the Trust is in the top 10 nationally for the newly added question from the staff survey and are also the top performing general acute provider in Cheshire & Merseyside. We would recommend for this detail from the index report be included within the final published Quality Account.

As CCGs, we understand that the Trust faced significant challenges throughout 2020-21 and the pandemic led to a number of business as usual activities being suspended. We recognise this led to limited and delayed progress in achieving the 2020-21 quality objectives and therefore support the Trust to roll forward the majority of quality priorities to 2021-22. In 2020-21 the Trust saw an increase in the number of falls resulting in severe harm, as well as falls per 1000 bed days. Commissioners therefore particularly endorse the objective and focus on reducing inpatient falls in 2021-22.

The quality account is comprehensive and the report reflects an accurate picture of the Trust. The CCGs have worked closely with the Trust during the year, gaining assurance of the delivery of safe and effective services. A range of indicators in relation to quality, safety and performance is presented and discussed at monthly Clinical Quality & Safety Group meetings between the Trust and CCGs. The information presented within the Quality Accounts is consistent with information supplied to the commissioners throughout the year.

We commend the Trust on its commitment to working with the CCGs in a collaborative and transparent manner, and we look forward to continuing to work in partnership over the coming year.

Yours sincerely



**Lisa Ellis**

Chief Nurse/Director Of Quality  
NHS St Helens Clinical  
Commissioning Group



**Helen Meredith**

Chief Nurse  
NHS Knowsley Clinical  
Commissioning Group

## 5.2. Warrington Clinical Commissioning Group and Halton Clinical Commissioning Group

### Quality Accounts 2020 - 2021

I am writing on behalf of partners to express our thanks for the submission of St Helens & Knowsley Hospitals NHS Trust Quality Report for 2020 – 2021 and this letter provides the response from both NHS Halton and NHS Warrington Clinical Commissioning Groups.

NHS Halton and NHS Warrington CCGs and Halton and Warrington Local Authorities understand the pressures and challenges for the Trust and the local health economy in the last year and recognise during the Global Covid pandemic, that these challenges were beyond anything the NHS has experienced before.

The impact of the pandemic as you have stated has led to a number of business as usual activities being suspended so that resources could focus on providing an effective response, in line with national directions. In turn this has delayed progress in achieving some of the quality priority objectives set. For this reason, there will be a continuance of some quality priorities into 2021-2022.

### **We note the Priorities, key achievements and progress made in 2020 – 2021:**

1. Continue to ensure the timely and effective assessment and care of patients in the emergency department
  - Patients triaged within 15 minutes of arrival
  - First clinical assessment median time of <2 hours over each 24-hour period
  - Compliance with the Trust's Policy for National Early Warning Score (NEWS), with appropriate escalation of patients who trigger confirmed via regular audits
  - Compliance with sepsis screening and treatment guidance confirmed via ongoing monitoring
  - Compliance with safety checklists to ensure timely assessment and treatment of patients confirmed via regular audits
2. Ensure patients in hospital remain hydrated, to improve recovery times and reduce the risk of deterioration, kidney injury, delirium or falls
  - Quarterly audits to ensure all patients identified as requiring assistance with hydration have red jugs in place
  - Quarterly audits to ensure fluid balance charts are up-to-date and completed accurately
  - Reduced rates of hospital-acquired acute kidney injury (AKI) and electrolyte disorders with associated reduction in mortality from these disorders, measured by Copeland Risk Adjusted Barometer (CRAB) data
3. Reduce avoidable harm by preventing pressure ulcers
  - Quarterly audit to confirm compliance with Trust policy in the identification of patients at risk of developing pressure ulcers and in the provision of appropriate equipment to support prevention
  - 10% reduction in category 2 pressure ulcer incidents with possible lapses in care from 2019-20 baseline

We have also noted that the following 2 priorities have been rolled forward to 2021 -22 as all national patient surveys were suspended during 2020-21.

- Improve the effectiveness of the discharge process for patients and carers
- Increase the proportion of patients who report that they have received an appropriate amount of information about their care

The extensive national and local audits undertaken are to be commended in gaining assurance of the effectiveness of care delivered and the impact on patient outcomes. Alongside this, the launch of the Research Development and Innovation Strategy 2020 -2023.

**NHS Halton & NHS Warrington CCGs noted the Trusts Improvement Priorities for 2021 - 2022:**

1. Continue to ensure the timely and effective assessment and care of patients in the emergency department
2. Reduce avoidable harm by preventing falls
3. Ensure patients in hospital remain hydrated
4. Increase the proportion of patients who report that they have received an appropriate amount of information about their care
5. Improve the effectiveness of the discharge process for patients and carers

NHS Halton & Warrington CCGs recognise the challenges for providers in the coming year as we recover from the Covid pandemic and we look forward to working with the Trust during 2021 – 2022 to deliver continued improvement in service quality, safety and patient experience and also on strengthening integrated partnership working to deliver the greatest and fastest possible improvement in people's health and wellbeing by creating a strong, safe and sustainable health and care system that is fit for the future.

NHS Halton & Warrington CCGs would like to take this opportunity to say Thank You to the trust and your staff for their care, courage, and commitment to the ensuring the people of Halton and Warrington receive high quality, safe and effective care and for your on-going commitment locally to system partnership working.

Yours sincerely,



Michelle Creed  
Chief Nurse

Cc  
Sue Redfern  
Dr Andrew Davies

### 5.3. Healthwatch Knowsley Response to STHK Quality Accounts 2020/2021

Healthwatch Knowsley welcomes the opportunity to provide this commentary in support of the St Helens and Knowsley Teaching Hospitals NHS Trust Quality Account for 2020/21, which was provided to Healthwatch Knowsley in a timely manner to allow for a response.

We would like to thank the Trust for their willingness to work with Healthwatch Knowsley across the year, especially in the face of such challenging times and for continuing with the opportunity to meet on a quarterly basis to discuss any patient experience issues and trends in feedback that are emerging. We also attend and report to the Patient Experience and Patient Safety Council on a monthly basis. This collaborative working has been a consistent theme over many years and is very much appreciated.

We welcome the opportunity to contribute to the shaping of the priorities as part of the Quality Account process and the levels of transparency and honest dialogue provides scope for meaningful engagement.

It is noted that the progress in meeting the quality goals for 2020-21 has been impacted by the need to respond to the coronavirus pandemic and the decision to roll over the current priorities into 2021-22 is understandable. The achievement in reduction in avoidable harm by preventing pressure ulcers is extremely positive and the hard work in this area is acknowledged. The agreed objective to reduce avoidable harm by preventing falls is welcomed and is a theme that Healthwatch Knowsley feel is extremely important. It is also encouraging to see that the Trust has continued to implement its Falls Prevention Strategy 2018 to 2021.

All quality priorities for improvement for 2021-22 appear suitably challenging and appropriate, specifically, reducing avoidable harm by preventing falls, ensuring patients in hospital remain hydrated and improving the effectiveness of the discharge process for patients and carers.

The 2021 Equality Delivery System (EDS2) approved grades are also reassuring to see and highlights the amount of work that the Trust is doing to address health inequalities across the services provided.

The development of the Covid-19 virtual ward is a really encouraging initiative allowing the patient to be discharged with support rather than needing to stay in hospital longer than required.

The Outstanding rating awarded by the Care Quality Commission (CQC) and the nomination to receive the prestigious 'Freedom of the Borough' for both St Helens and Knowsley Councils reflects the hard work and quality of the services Knowsley patients receive from STHK.

Overall, the Trust currently holds a patient experience rating of 4.5 (Good/Excellent) out of 5 stars based on the 635 reviews held on the Healthwatch Knowsley online feedback centre. This rating has been collated through feedback provided by patients and family members.

Healthwatch Knowsley wishes to place on record their appreciation of the Trust's work on behalf of our local community throughout 2020-21, a year like no other.



## 5.4. Healthwatch St Helens Response to STHK Quality Accounts 2020/2021

Healthwatch provide support and enjoy a fantastic working relationship with StHK.

Healthwatch would like to express how impressed we are with how, during these testing times, there has been a continuation of essential services and how others have been adapted to suit the needs of both patient and professional alike.

It is pleasing to read of the level of communication with patients. From the work Healthwatch has done around the pandemic, lack of communication and information was highlighted many times. The focus of Healthwatch is to gather patient experiences and it is always good to see actual experiences quoted and to learn and adapt from these experiences is very encouraging. To see a positive and proactive approach is testament to the ethos of the Trust.

It was very reassuring to see how staff have been supported throughout the past year and help made available when necessary.

Healthwatch will continue to do all it can to assist StHk Teaching hospitals maintain the excellent reputation and quality service that we have come to expect.

## 5.5. Healthwatch Halton Response to STHK Quality Accounts 2020/2021

We welcome this opportunity to provide a commentary on St Helens & Knowsley Teaching Hospitals NHS Foundation Trust Quality Account for 2020-21, which was provided to Healthwatch Halton in a timely manner to allow for a response.

In reviewing the Quality Account, we considered the following questions:

- Does the draft Quality Account reflect people's real experiences as told to local Healthwatch by service users and their families and carers over the past year?
- From what people have told Healthwatch Halton, is there evidence that any of the basic things are not being done well by the provider?
- Is it clear from the draft Quality Account that there is a learning culture within the Trust that allows people's real experiences to be captured and used to enable the provider to get better at what it does year on year?
- Are the priorities for improvement as set out in the draft Quality Account challenging enough to drive improvement and it is clear how improvement has been measured in the past and how it will be measured in the future?

We found the report to be clear and informative.

From our experience working with the Trust throughout the past year and from the public feedback we've received on the Trust we believe this report reflects people's real experiences of the service.

We'd like to thank the Trust for its willingness to work with us during the past 12 months in what has been a very difficult and challenging period. We have found the Trust to be cooperative and responsive at all times to any issues that we have brought to its attention.

During the year we had raised issues with the Trust regarding lost patient property, we were pleased to note that the procedures for managing patient property have been reviewed. It's clear from the number of changes made due to patient feedback that the Trust has a learning culture.

We were pleased to note the very high inpatient recommendation rates as recorded by the Friends and Family Test results. The Trust is to be congratulated for its work in maintaining patient safety during the pandemic.

The reductions in prescribing incidents causing harm and theatre-related incidents causing harm were both very positive to note.

While we noted that there has been limited progress on the 2020-21 quality objectives, due to the impact of the pandemic, we were pleased to note the objective to reduce avoidable harm by preventing pressure ulcers had been achieved. We fully support the decision to roll forward the majority of quality priorities to 2021-22 and the addition of an objective to reduce avoidable harm by preventing falls.

Healthwatch Halton would like to place on record our appreciation of the efforts of all the staff at the Trust during the pandemic on behalf of the local community.

Kind regards



Dave Wilson, Manager - Healthwatch Halton

## 5.6. Amendments made to the Quality Account following feedback and written statements from other bodies

The following amendments were made following feedback from other bodies:

- Additional information relating to the pan Mersey Workforce Collaborative in section 2.1.2, Our staff and resources
- Updated Section 3.2.1, Freedom to Speak Up, to include latest published information from the Freedom to Speak Index Report 2021
- Addition of email addresses for PenPALS, askAnn and to contact the Trust



## Section 6

### Abbreviations

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ACE	Angiotensin-converting enzyme
ACP	Advance care planning
AF	Atrial fibrillation
AHPs	Allied Health Professionals
AI	Artificial Intelligence
AKI	Acute Kidney Injury
AMD	Age-related Macular Degeneration
AMU	Acute Medical Unit
ANTT	Aseptic Non-Touch Technique
App	Application
AQuA	Advancing Quality Alliance
BAF	Board Assurance Framework
BAME	Black, Asian and minority ethnic
BAPEN	British Association of Parenteral and Enteral Nutrition
BAUN	British Association of Urology Nurses
BAUS	British Association of Urological Surgeons
BBA	Born before arrival
BC	Blood culture
BPH	Benign prostatic hyperplasia
BSI	Blood stream infection
BSL	British Sign Language
BTS	British Thoracic Society
CaSH	Contraception and Sexual Health
CBT	Cognitive behavioural therapy
CCGs	Clinical Commissioning Groups
CCS	Clinical Classification Service
CCU	Coronary Care Unit
CDI	Clostridium difficile infection
CHPPD	Care Hours per Patient per Day
CMPA	Cow's milk protein allergy
CNS	Clinical Nurse Specialist
COPD	Chronic Obstructive Airways Disease
CP	Chest Pain
CPAP	Continuous Positive Airway Pressure
CPE	Carbapenemase-producing Enterobacteriaceae
CQC	Care Quality Commission
CQuIN	Commissioning for Quality and Innovation
CRAB	Copeland Risk Adjusted Barometer
CRN / NWC	Clinical Research Network, North West Coast Research
CS	Clinical standards
CT	Computerised tomography
CTG	Cardiotocography
DAP	Digital Aspirant Programme
Datix	Integrated Risk Management, Incident Reporting, Complaints Management System
DIPC	Director of Infection Prevention and Control



DKA	Diabetes keto-acidosis
DNA	Did not attend
DNACPR	Do not attempt cardiopulmonary resuscitation
DQMI	Data Quality Maturity Index
DSPT	Data Security and Protection Toolkit
DVLA	Driver and Vehicle Licensing Agency
DVT	Deep vein thrombosis
EAP	Employee Assistance Programme
ED	Emergency Department
EDS or EDS2	Equality Delivery System
EoLC	End of life care
ePMA	Electronic Prescribing and Medicines Administration
ePR	Electronic Patient Record
eTCP	Electronic Transfer of Care to Pharmacy
FFFAP	Falls and Fragility Fractures Audit Programme
FFT	Friends & Family Test
FFP3	Filtering Face Piece
FIT	Faecal Immunochemical Test
GAP SCORE	Growth Assessment Protocol Standardised Case Outcome Review and Evaluation
GI	Gastrointestinal
GIRFT	Get It Right First Time
GMC	General Medical Council
GNBSIs	Gram-negative bloodstream infections
GORD	Gastroesophageal reflux disease
GP	General Practitioner
GPSI	GP with special interest
GPwER	GP with Extended Role
HASU	Hyper-acute Stroke Unit
HCA	Healthcare Assistant
HCAI	Healthcare associated infections
HES	Hospital Episode Statistics
HF	Heart Failure
HNA	Health Needs Assessment
HR	Human Resources
HSCIC	Health and Social Care Information Centre
HSJ	Health Service Journal
HSMR	Hospital Standardised Mortality Ratio
HSRC	Hyper-acute Stroke Research Centre
HST	Higher Specialist Trainees
HWWB	Health, Work and Well-being
IBD	Inflammatory Bowel Disease
ICNARC	Intensive Care National Audit & Research Centre
ICO	Information Commissioner's Office
IDDSI	International Dysphagia Descriptor Standardisation Initiative
IG	Information Governance

IMT	Internal Medicine Trainee
IPR	Integrated Performance Report
IQILS	Improving quality in liver services
IT	Information Technology
IV	Intravenous Therapy
JAG	Joint Advisory Group
LARC	Long-acting reversible contraception
LGBT	Lesbian, gay, bisexual, transgender
LGBTQ+	Lesbian, gay, bisexual, transgender and questioning
LocSSIPs	Local Safety Standards for Invasive Procedures
LSCB	Local Safeguarding Children Board
LUTS	Lower urinary tract symptoms
MAMMA	Mastitis and mammary abscess management
MARAC	Multi-Agency Risk Assessment Conferences
MBRRACE- UK	Mothers and Babies - Reducing Risk through Audits and Confidential Enquiries across the UK
MDT	Multi-disciplinary Team
MEOWS	Modified Early Obstetric Warning System
MET	Medical Emergency Team
MINAP	Myocardial Ischaemia National Audit Programme
MLU	Midwife-led Unit
MMU	Manchester Metropolitan University
MOP	Medicine for Older People
MR	Magnetic Resonance
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-resistant staphylococcus aureus
MSSA	Methicillin - sensitive staphylococcus aureus
MTI	Medical Training Initiative
MUST	Malnutrition Universal Screening Tool
MVC	Mass Vaccination Centre
NABCOP	National audit-breast cancer in older patients
NACAP	National asthma (adults) and COPD audit programme
NAOGC	National Audit Oesophago-Gastric Cancer
NBOCAP	National Bowel Cancer Audit Programme
NatSSIPs	National Safety Standards for Invasive Procedures
NCAA	National Cardiac Arrest Audit
NCAP	National Cardiac Arrest Programme
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCPES	National Cancer Patient Experience Survey
NDA	National Diabetes Audit
NELA	National Emergency Laparotomy Audit
NEWS	National Early Warning Score
NG	Naso-gastric
NHSE	National Health Service England
NHSE/I	National Health Service England/Improvement
NHSI	National Health Service Improvement

NHSX	National Health Service X - joint unit of NHS England and the Department of Health and Social Care
NICE	National Institute for Health and Care Excellence
NIPE	Newborn and Infant Physical Examination
NIHR	National Institute for Health Research
NIV	Non-Invasive Ventilation
NJ	Naso-jejunal
NJR	National Joint Registry
NLCA	National Lung Cancer Audit
NMC	Nursing and Midwifery Council
NMPA	National Maternity and Perinatal Audit
NNAP	National Neonatal Audit Programme
NPDA	National Paediatric Diabetes Audit
NOAC	New oral anticoagulant
NoF	Neck of femur
NPCA	National Prostate Cancer Audit
NPSA	National Patient Safety Agency
NRLS	National Reporting and Learning System
NSTEMI	Non-ST-segment elevation myocardial infarction
NWAS	North West Ambulance Service
OBE	Order of the British Empire
ODPs	Operating Department Practitioners
OHCA	Out of hospital cardiac arrests
OT	Occupational Therapist/Therapy
OSCE	Objective Structured Clinical Examination
PALS	Patient Advice and Liaison Service
PAS	Patient Administration System
PBS	Patient Booking Services
PCN	Primary Care Networks
PCNL	Percutaneous Nephrolithotomy
PE	Pulmonary Embolus
PEG	Percutaneous Endoscopic Gastrostomy
PEWS	Paediatric Early Warning Score
PFI	Private Finance Initiative
PHE	Public Health England
PI	Principal Investigator
PIR	Post infection review
PLACE	Patient-Led Assessments of the Care Environment
PMRT	Perinatal mortality review tool
PN	Parenteral Nutrition
PoCT	Point of Care Testing
PPD	Preferred place of death
PPE	Personal Protective Equipment
PRES	Patient Research Experience Survey
PROMs	Patient Reported Outcome Measures

QCAT	Quality Care Accreditation Tool
QICA	Quality Improved Clinical Audit
QIP	Quality Improvement Project
QOF	Quality Outcomes Framework
QSI	Quality Standard for Imaging
RACPC	Rapid Access Chest Pain Clinic
RAG	Red, Amber, Green
RCA	Root Cause Analysis
RCEM	Royal College of Emergency Medicine
RCM	Royal College of Midwives
RN	Registered Nurse
SALT	Speech and Language Therapy Team
SAMBA	Society for Acute Medicine (SAM) Benchmarking Audit
SAU	Surgical Assessment Unit
SDEC	Same Day Emergency Care
SEQOHS	Safe Effective Quality Occupational Health Services
SCR	Summary Care Record
SHMI	Summary Hospital-level Mortality Indicator
SHOT	Serious Hazards of Transfusion
SHSCR	St Helens Shared Care Record
SIREN	SARS-COV2 Immunity and Reinfection Evaluation
SIRO	Senior Information Risk Owner
SJR	Structured Judgement Review
SLA	Service level agreement
SMR	Standardised Mortality Ratio
SSI	Surgical Site Infection
SSNAP	Sentinel Stroke National Audit Programme
ST	Specialty Trainee
STEMI	ST-segment elevation myocardial infarction
STI	Sexually Transmitted Disease
STP	Sustainability and Transformation Plan
SUS	Secondary Uses Service
TARN	Trauma Audit & Research Network
ToP	Termination of pregnancy
TPN	Total Parenteral Nutrition
TWOC	Trial without catheter
UKAS	United Kingdom Accreditation Services
UPH	Urgent Public Health
US	Ultrasound
VTE	Venous Thromboembolism
WALANT	Wide-Awake Local Anaesthesia, No Tourniquet
2WW	Two week waits
7DS	Seven day hospital services



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