

Part One:  
**Annual  
Report**  
2011 / 2012



# Contents

## Foreword from the Chair & Chief Executive Page 3

## 1. About the Trust Page 4

Summary and services Page 5

Foundation Trust status update Page 7

Corporate objectives 2012/13 Page 8

Highlights of 2011/12 Page 12

## 2. Financial Review Page 18

Financial Review Page 19

Economic Outlook and Environment Page 22

## 3. Focus on our work Page 24

Key Performance overview Page 25

Safeguarding Page 26

Medical Care Page 28

Surgical Care Page 35

Clinical Support Page 38

Infection Control Page 40

Quality and Efficiency Page 41

Informatics Page 44

Emergency Preparedness Page 45

## 4. Focus on our people Page 46

Training and Education Page 47

Case study: Simulation training Page 49

Staff Survey Page 50

Attendance management Page 54

Equality and Diversity Page 54

Compliments and Complaints Page 55

## 5. Focus on our environment Page 58

Environmental & Social Matters Page 59

Sustainability Page 60

Social and Community Issues Page 60

Patient Environment Action Team (PEAT) Page 61

Sustainability Report Page 62

## 6. Focus on Governance Page 64

Governance Statement Page 65

The Trust Board Page 75

Principal sub-committees of the Trust Board Page 76

Remuneration Report Page 78

## Foreword from the Chair & Chief Executive

Welcome to the 2011/2012 Annual Report and Accounts for St Helens and Knowsley Teaching Hospitals NHS Trust. The report also includes the Quality Account, which details standards of care, the quality of patient safety and clinical effectiveness throughout the year.

The Trust has had a successful year, with an increase in demand for its services. The Trust has shown a strong financial performance and has delivered on all its statutory financial duties. By offering a wide range of diagnostic and therapeutic procedures, waiting times continue to fall and patients benefit from faster access to treatment. The Trust has continued to implement measures to improve the standards of care for every patient treated in its wards and departments.

The Trust continues to make significant advancements in its learning and development structures, with the new Education, Training and Conference Centre providing training programmes that are amongst the best in the UK. Developments in informatics systems continue to deliver improvements in diagnostics and patient-centred systems. The Trust continues to support staff with the development of innovations; they are at the forefront of pioneering new techniques to provide patients with better outcomes and improved quality of life.

For the sixth year running, the Trust has achieved the top rating of 'Excellent' in each category for

both St Helens and Whiston hospitals in the Patient Environment Action Team (PEAT) assessment. The Trust has also gained many awards and recognition for exemplary services including Diabetes, Microbiology, Pharmacy, Rheumatology and Informatics, underlining our commitment to providing the very best care for our patients.

On behalf of the Trust Board, we would like to thank all our staff for their hard work throughout the year and for the high standards of care they continue to deliver to patients. We would also like to thank the invaluable contribution made by our volunteers whose services, help and support are greatly appreciated.

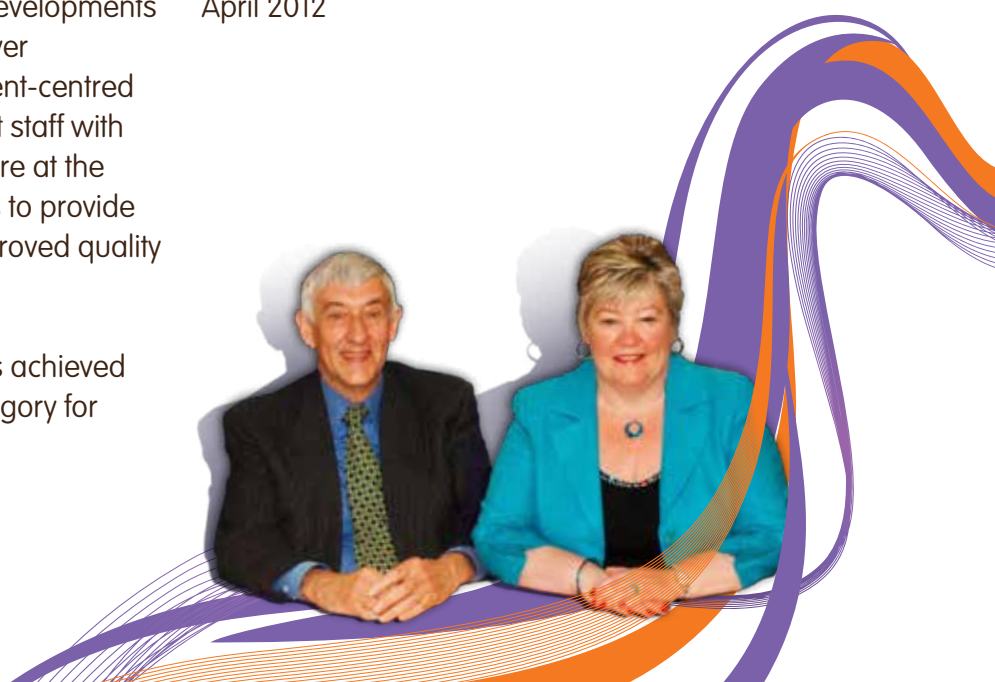
*Les Howell*

**Les Howell,**  
Chairman

April 2012

*Ann Marr*

**Ann Marr,**  
Chief Executive



# 1. About The Trust



## Summary

The Trust provides the full range of acute healthcare services at two sites, Whiston Hospital and St Helens Hospital. It has now reached the final phase of its £300m+ re-development programme. The Trust's annual income is £263.9 million, with more than 4,000 members of staff. In addition to this, the Trust is the lead employer for the Mersey Deanery and on its behalf is responsible for 2,000 trainee specialty doctors based in hospitals and GP practice placements throughout Merseyside and Cheshire.

The Trust provides a high standard of care to a population of approximately 350,000 people across St Helens, Knowsley, Halton, South Liverpool and further afield. In addition, the Mersey Regional Burns and Plastic Surgery Unit at Whiston Hospital provides treatment for patients across Merseyside, Cheshire, North Wales, the Isle of Man and other parts of the North West, serving a population of over four million people.

Clinical services are organised within three care groups – surgery, medicine, and clinical support, which work together to provide integrated care. A range of support services, such as human resources, education and training, informatics, research and development, finance, governance, facilities, estates and hotel services all contribute to the efficient and effective running of the two hospitals.



The local community is characterised by its industrial past. When compared with the rest of England the local population is generally less healthy with a higher proportion of people who have a long term illness.

Many areas suffer high levels of deprivation. This has contributed to significant health inequalities among residents and there tends to be poorer health and a greater demand for health and social care services. Rates of obesity, smoking, cancer and heart disease related to poor general health and poor nutrition are significantly higher in the local community than the national average.

# Services

## Medical

Cardiology, Department of Medicine for Older People, Dermatology, Diabetes, Endocrinology, Gastroenterology, General Medicine, Haematology, Medical Oncology, Palliative Care (acute), Respiratory Medicine, Rheumatology, Sexual Health, Sleep Studies, Stroke Care.

## Surgical

Anaesthetics, Breast Surgery, Burns and Plastic Surgery, Colorectal Surgery, Ear Nose and Throat, General Surgery, Ophthalmology, Oral Surgery and Orthodontics, Pain Management, Prosthetics, Trauma and Orthopaedics, Urology, Vascular Surgery.

## Women and Children

Gynaecology, Maternity, Children and Young People, Special Care Baby Unit.

## Critical Care

Coronary Care, High Dependency, Intensive Care.

## Emergency Services

Accident and Emergency, Acute Medical Unit, Emergency Assessment Unit, GP Assessment Unit.

## Clinical Support Services

Audiology, Clinical Psychology, Cold Decontamination, Dietetics, EBME, Imaging, Medical Photography, Neurophysiology, Occupational Therapy, Orthoptics, Orthotics, Pathology, Pharmacy, Physiotherapy, Speech and Language Therapy.

## Non-Clinical Support Services

Complaints, Contracts and Facilities Management, Finance, Governance, Health Informatics, Health, Work and Wellbeing, Hotel Services; portering, domestic, catering and security, Human Resources, Learning & Development, Legal

Services, Marketing, Media Public Relations and Communications, Patient and Public Involvement and Patient Advice and Liaison Service (PALS), Pay and Staff Services, Purchasing and Supplies, Spiritual Care.

## Host Services at Whiston Hospital

Mental Health: 5 Boroughs Partnership.

## Host Services at St Helens Hospital

Dialysis Unit: Royal Liverpool and Broadgreen University Hospitals NHS Trust, Fresenius Medical Care Renal Services Ltd. GP Practices: Sherdley Medical Centre, and Elder Care .

## Visiting Consultants

Clinical Oncology, Nephrology, Neurology, Oral Surgery, Children and Young People, Vascular Surgery.





The core members of the Strategic Partnership Board include:-

- Trust Chief Executive, Medical Director and other Directors
- St Helens Health CCG Chair and Directors
- Knowsley CCG clinical leads and Directors
- Halton CCG clinical leads and Directors
- NHS Mersey Cluster Directors
- Chief Executive of St Helens Metropolitan Borough Council

## Foundation Trust status Update

The Trust is working towards achieving Foundation Trust (FT) status. In order to do this, the Trust is required to develop an FT business plan and in September 2011 it entered into a tripartite formal agreement (TFA) in partnership with the Strategic Health Authority (SHA) and the Department of Health (DH). This agreement confirmed the commitments being made that will enable achievement of NHS Foundation Trust status.

The TFA was supported by an Accountability Framework (AF) which sets out the milestones for the Trust to become an FT. The parties to the AF; the Trust, Merseyside Primary Care Trusts, and the SHA have jointly agreed a plan of activities intended to ensure that the milestones are met.

In order to be successful the local Health and Social Care system must work to a common purpose across all services and a Strategic Partnership Board (SPB) was established in November 2011 to develop a governance and performance structure to drive the strategy.

The SPB will lead a strategy which will require a level of transformation previously unseen within this economy. It will be implemented through a whole health economy approach, involving NHS partners, commissioners and local authorities. It will be underpinned by two core principles:-

Redesigning local care pathways - improving the patient journey; ensuring people get the right treatment in the right place.

Developing new services - the redesign of services will have the effect of improving patient care and delivering efficiencies, which will in turn create additional capacity for the Trust to develop new services; reducing the proportion of unplanned care to enable more and a wider range of planned care. This will be achieved through greater collaboration between clinicians, local hospitals and commissioners.

A number of work programmes have been established to deliver this and the SPB will performance manage these programmes to ensure that key milestones are delivered in a timely manner. The SPB will govern the overall strategy ensuring appropriate strategic fit with complementary whole system change programmes.

# Corporate objectives

## 2012/13

### 5 STAR PATIENT CARE

The Trust aims to deliver good quality healthcare with the best possible outcomes and experience for patients and their families. The '5 Star Care' vision revolves around five key values and action areas to ensure that the Trust is patient-centred, reliable and works efficiently.

The Trust's objectives are defined by the five key values: Safety, Pathways, Systems, Care and Communication.

#### Safety

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



We will continue to work towards the elimination of avoidable harm by the following goals and actions:

| Goals   | Actions   |
|---|---|
| <ul style="list-style-type: none"> <li>• Further 10% reduction of hospital acquired pressure sores.</li> <li>• No grade 3 pressure sores.</li> <li>• Reduction of falls that result in harm by 10%.</li> <li>• Reduction of hospital acquired catheter associated urinary tract infection.</li> </ul> | <ul style="list-style-type: none"> <li>• Undertake systematic programme of ward safety audits to ensure care is safe and promotes elimination of harm.</li> <li>• Implement safety thermometers in all wards.</li> <li>• Implement the corporate driver chart to ensure that all concerns are identified and lessons are learned.</li> <li>• Ensure all patients that are at risk of venous thromboembolism (VTE) receive appropriate preventative treatment</li> </ul> |



## Pathways

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

We will:

- Develop admission avoidance schemes for patients with chronic conditions in partnership with Clinical Commissioning Groups
- Improve the pathway for emergency surgical patients
- Increase the range of procedures undertaken as day cases
- Improve the trauma pathway and reduce delays
- Improve services for patients with mental health needs who require general health services in our hospitals
- Implement assessment of patients to establish whether they may have dementia or delirium and instigate appropriate specialist care

## Systems

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



We will:

- Introduce direct data entry into Electronic Data Management System (EDMS)
- Implement a new clinical maternity information system
- Develop a business case for hospital wide electronic prescribing system
- Review bed management processes to support earlier discharges and reduce delays

## Care

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

We will:

- Build on the established Quality Ward Round process and ward performance dashboard to develop and implement a ward accreditation programme based on five star care
- Reduce sickness absence in the nursing workforce to 5%
- Implement the S-BAR (Situation-Background-Assessment-Recommendation) communication system for more effective communication between healthcare professionals

## Communication

“We will respect the privacy, dignity and individuality of every patient and we will increase time nurses spend with patients by improving organisation and delivery of care. We will be open and inclusive with patients and provide them with more information.” about their care. We will seek the views of patients, relatives and visitors, and use this feedback to help us improve services.

We will:

- Implement systematic capture of real-time feedback from inpatients
- Ask every patient the key question 'Would you recommend this hospital to friends and family, if they needed healthcare?'
- Ensure each ward provides condition-specific patient information
- Review current information and ensure it is up to date and evidence-based
- Record patient stories to have available on intranet and accessed at high level committees
- Develop and implement an internal Patient Safety newsletter
- Develop and implement a newsletter for patients and public (accessible via the internet and available on bedside TV) to inform patients of quality improvements

## Developing Organisational Culture And Supporting Our Workforce

We will develop a management culture and style that empowers, builds teams and recognises and nurtures talent through learning and development. We will be open and honest with staff, provide support throughout organisational change and invest in their Health and Wellbeing. We will promote standards of behaviour that encourage a culture of caring, kindness and mutual respect.

In order to ensure this, we will:

- Develop improved clinical engagement through the implementation of a new medical management structure
- Develop the Trust's role as Lead Employer for the Mersey Deanery and ensure that all Service Level Agreement (SLA) requirements are met
- Lead a Trust-wide organisational review to



- achieve optimal staffing structures to deliver corporate objectives and improve productivity
- Develop a Trust Staff Engagement Strategy 2012-14 that encompasses responses to the Staff Satisfaction Survey through well being, staff development, effective leadership and the personal development of staff
- Provide support to the Trust's new organisation wide mentoring programme
- Further embed the Trust's Health, Work and Well-being Strategy to ensure continued achievement of the SEQOHS (Safe Effective Quality Occupational Health Service) standards, particularly in the areas of attendance management, achieving further reduction in sickness levels and supporting staff through change

## Financial Performance, Efficiency And Productivity

We will achieve statutory and administrative financial duties within a robust financial governance framework, delivering improved productivity and value for money.

We will:

- Develop service and patient level information to support decision making at a divisional and service level
- Develop inter-organisational service level benchmarking to support the identification of clinical and financial improvements
- Progress the Trust's integrated business plan to ensure organisation readiness for Foundation Trust application in 2013
- Deliver the cost and productivity improvement and programme and development of a rolling three year improvement plan
- Ensure the Trust's capital investment programme supports the achievement of corporate objectives
- Develop and implement a procurement strategy to support the achievement of corporate objectives
- Develop and implement an information strategy to support the achievement of corporate objectives
- Complete the proposals for the rationalisation of the Trust's estate
- Explore opportunities by which the Trust may generate additional income by developing service and repatriating activity



## Operational Performance

We will meet and sustain national and local performance standards, including:

- 4 hour standards in Emergency Department
- Cancer treatment standards
- 18 week access to treatment for elective care
- Diagnostic tests to be completed within 6 weeks

# Highlights of 2011/12

## Spring 2011

### Improving patient care through partnership

The Trust's commitment to improving patient care through education and research took another step forward when we strengthened our relationship with Liverpool John Moores University.

Under a new partnership arrangement, which brings together the experience and talents of the two organisations' experts, we are now undertaking joint research, holding joint education events and sharing learning.



alongside partners from NHS Halton and St Helens and NHS Knowsley, the team will continue to implement measures to improve patient safety as part of a structured programme due to run until December 2012.



### IT streamlines investigations

The new Ward Order Communications System (OCS) has revolutionised the way in which clinical staff can request, book and review pathology and radiology investigations. Rather than filling out hand written forms, staff can request an investigation via their computer through the OCS and clinicians can view results on-screen as soon as they are available. OCS is simple and easy to use and its benefits include:

- Realising more time for patient care
- 'Real Time' result information
- Reduced risk of errors in hand written documents
- Reduced paper trail and associated costs
- Greater efficiency and productivity
- Providing a full patient record for those departments using OCS

### Onboard the Safety Express

The Trust was selected by NHS North West to be one of 15 host organisations for the Safety Express; a new national improvement programme aimed at setting patient safety standards.

The key aims are to improve patient safety in four areas - pressure ulcers, serious harm from falls, catheter acquired urinary tract infections and venous thromboembolism (VTE). It's a collaborative programme between NHS organisations in the North West and those in the North East, York and Humber Strategic Health Authorities. Working

## Summer 2011

### Nightingale House opens

Following extensive renovation of a retained building, Whiston Hospital officially opened its new Education, Training and Conference Centre. It boasts a 200-seat lecture theatre along with two smaller lecture rooms, four dedicated skills labs, two simulation rooms, three IT training rooms and additional training rooms.

It is also home to the new Library and Knowledge Service which provides 24-hour access to a full range of facilities including books and journals, e-learning facilities and quiet study areas.

Pathology services are now provided in state-of-the-art laboratory facilities which are helping to ensure that the Trust continues to provide short waiting times for test results.

Nightingale House also provides modern, purpose built office accommodation.



### Nurse's top research award

Dr Christina Jones PhD, Nurse Consultant in the Critical Care Team at Whiston Hospital won the prestigious 'Medicine Prize' in Biomed Central's 5th Annual Research Awards.

These world-renowned international awards recognise excellence in research and the winners were selected from around 17,000 projects published in more than 200 research journals world-wide. Christina was named as the winner for her work in developing Patient Diaries as part of physical and psychological rehabilitation for patients in the Intensive Care Unit.

### Cleanest hospitals in the country

The Trust is one of the 'best performing trusts in the country' for its cleanliness according to the latest national patient surveys, and achieved the highest score of all acute trusts for how in-patients rated the cleanliness of their room or ward. Both Whiston and St Helens hospitals were amongst the best performing in the country for its environment and facilities, according to the 2011 Out-patient Survey

## Autumn 2011

### Sixth-time top scores for PEAT assessments

For a remarkable sixth year running the Trust achieved top marks again in the Patient Environment Action Team (PEAT) assessments and was the only acute Trust in Merseyside to gain maximum scores in 2011 - despite the additional challenges posed by the demolition of the old Whiston Hospital.

Both St Helens Hospital and Whiston Hospital scored 'excellent' in each category for their high standards in Environment, Food and Privacy and Dignity provided to patients.

To ensure that high standards are constantly met, our Contract and Facilities Team work in partnership with Medirest, NewHospitals and Vinci FM to deliver quality services in catering, maintenance, portering, cleaning, bed linen, security, energy and waste management, car parking and landscaping.



### North West in Bloom trophy for St Helens Hospital

St Helens Hospital was awarded the prestigious North West in Bloom Trophy for the quality of its gardens and hospital grounds. The award celebrated the exceptional maintenance of the grounds and gardens at St Helens Hospital, as well as the range of attractive, colourful flowers and plants on display, and the management of the grounds in an environmentally friendly way.

### Trust hosts national RCN Dementia Conference

In September the Trust held its third national conference on Dementia Care in Hospitals at Aintree Racecourse in partnership with the Royal College of Nursing.

The "Making Sense – Working in Partnership to Improve Dementia Care in General Hospitals" conference featured guest speakers including Professor Alistair Burns, National Clinical Director for Dementia, Rachel Thompson, Dementia Project Lead at the Royal College of Nursing and Angela Rippon OBE, Alzheimer's Society Ambassador, along with the Trust's own experts – Dr Andrew Ashton, Emergency Department Consultant, Marie Honey, Consultant Nurse and Jill Cunliffe, Nurse Specialist Department of Medicine for Older People.





### Forget Me Not

The Trust launched its innovative Forget Me Not scheme, designed to improve patient experience for those with dementia, designed by nurses in the Department of Medicine for Older People. Nurse Specialist Jill Cunliffe came up with the idea as a way to help staff build a better relationship and rapport with dementia patients.

The Forget Me Not scheme enables staff to understand what is important to patients with dementia and interact better with them through patients and their carers sharing practical personal information with what name they are known by, what drinks they like and how they like them served and what type of food they like and dislike written on specially designed Forget Me Not cards. Forget Me Not stickers are also used on request forms to act as a reminder to staff in other departments that the patient may need more time and support.



### Winter 2011

#### Top surgical trainer award

Consultant surgeon Leena Chagla was named Liverpool and North West Surgical Trainer and Teacher of the Year at the annual surgical dinner held in Liverpool. The award is decided by all the trainees in the North West and the Deanery-based Training Committee.

#### Whiston honoured by Healthcare Academy

Two Whiston-based project teams were commended at the Healthcare Academy Awards.

The Whiston Theatres Project, designed to improve patient experience while increasing the efficiency of theatres, was selected as a finalist in the Lean Healthcare Awards while the Accident and Emergency Improvement Team was shortlisted for the Best Impact on Patient Experience 2012 Award.

The Accident & Emergency project focussed on designing a service which best meets the needs of patients using a multi-disciplinary team to develop improved A&E processes.



### Clinical leadership grant award

Nurse clinician Rajesh Karimbath was named as one of just 60 healthcare professionals nationally to receive a £10,000 grant for the National Clinical Leadership Fellowship 2011/12 offered by the National Leadership Academy.

The fellowship is designed to develop the next generation of NHS leaders and as part of the project Rajesh will be responsible for designing and implementing a service transformation for the Trust built on the Quality, Innovation, Production and Prevention (QIPP) principles.



### Top building award for Whiston

Whiston's stunning new hospital was honoured at the Health Business Awards for a new-build project which raises the standard of the healthcare environment while demonstrating value-for-money and project management excellence.

Whiston was particularly commended for involving staff and patients in the light and spacious design as well as being praised for its 15 state-of-the-art, ultra-clean theatres plus its very latest diagnostic facilities.







### **Award-winning community midwives**

The Trust's community midwives were awarded one of the UK's top midwifery prizes at the Royal College of Midwives annual awards.

The team's enhanced community services, which support vulnerable women and their families across the borough to improve their health and wellbeing, won them the Mothercare Award for Supporting Families in the Community.

### **Diabetes Team is the real DEAL**

The Trust's Diabetes Team scooped the silver award in the hotly-contested 'best initiative in supporting self-care' award in the national Diabetes Quality in Care programme.



The team's innovative education programme DEAL (Diabetes Education through Adult Learning) beat off stiff competition from 12 finalists for the award while the North Mersey Diabetes network won the 'Partnership working of the Year' title.

DEAL is a suite of seven learner-centred programmes of structured patient education, which were developed in partnership with patients, to empower patients and their carers to manage their own condition by giving them the confidence and skills to do so.

### **Diabetes Team ranked first in England**

In addition the Diabetes Team was ranked first in England in the national diabetes audit getting the top overall score, top average score and top number of perfect scores in 11 areas of specialist diabetes care.

# 2. Financial review of 2011/12



## Financial review of 2011/12

The Trust is able to state that 2011/12 was very successful with respect to financial performance. The Trust has been able to deliver on all its required statutory financial duties as summarised below:-

| Objective   | Outcome                                  |
|---|--|
| Achieve at least a break-even position on income and expenditure                        | Achieved - £305k Surplus                 |
| To manage capital expenditure within a pre-set limit                                    | Achieved - Total capital spend of £20.9m |
| Achieve a capital cost absorption duty of 3.5%  | Achieved                                 |
| Comply with the better payments practice code   | Achieved                                 |
| Production of a set of annual accounting statements in the format and deadline required | Achieved                                 |

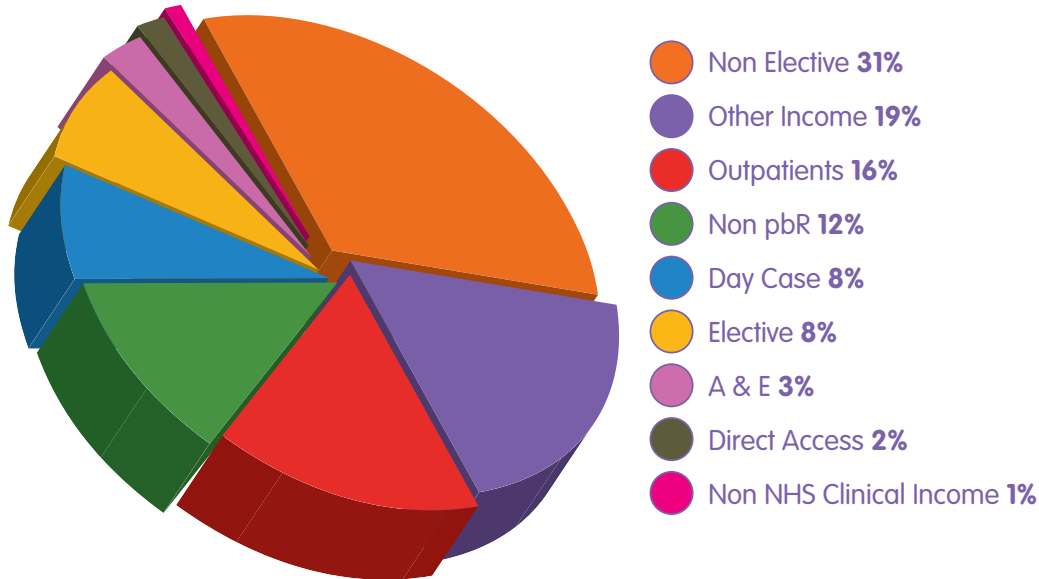
After generating £263.9m worth of income the Trust was able to deliver a surplus of £0.3m, both of which were broadly in line with its original plans.

### Trusts Income

Of the £263.9m income achieved, £212.6m (81%) came from patient related activities with the largest contributor being Halton & St Helens PCT whose contract was worth £128.6m. The additional 19% of income, in the main, relates to support of the PFI, NHS North West Deanery in support of the education and training of junior doctors and service level agreements (SLAs) provided to other organisations.

The following graph sets out the proportion of income received by type:-

### Income by Type 2011 / 2012

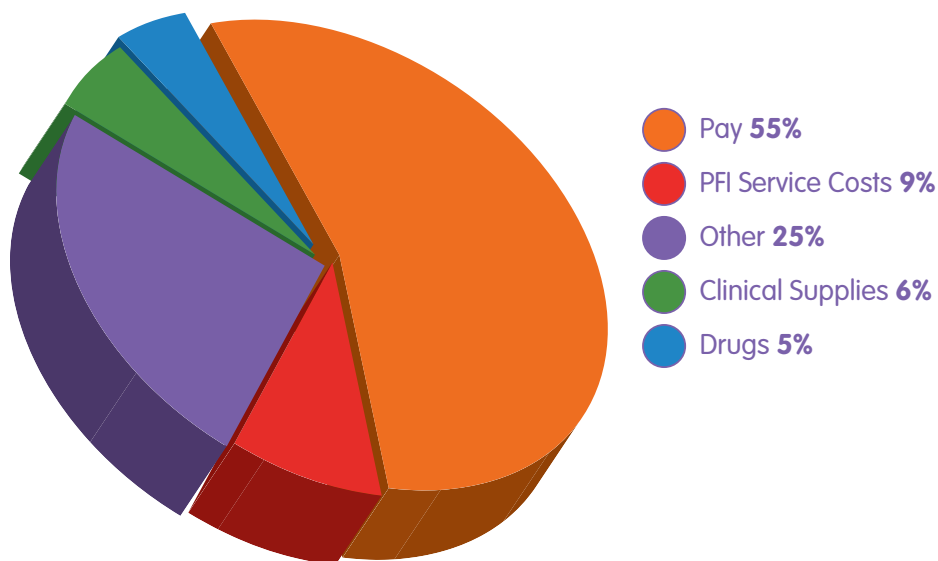


### Trust Expenditure

Total operating expenditure for the Trust was £273.5m which was broadly in line with original plans. The largest expenditure type was pay which was £150.7m representing 55% of the Trust's total operating expense. £108m, representing 72% of the total pay cost, was spent on medical and nursing pay.

The following graph summarised the expenditure by operating type:-

### Operating Expenses for 2011 / 2012





One of the key contributing elements to the Trust's financial performance was the successful delivery of its Cost Improvement and Productivity Programmes (CIPP). For 2011/12 the Trust's efficiency requirement was £13.3m. This was delivered by a combination of being more productive and reducing costs. Both of these were achieved without compromise to operational performance or quality of care to patients. In supporting current and future CIPP opportunities the Trust engaged the support of expert external advisors and developed its own internal project management office. This has provided valuable insight into areas of improvement whilst recognising that the Trust provided patient care within a tight financial envelope.

In this year the Trust's total capital resource was £20.9m of which £17.7m related to final works of the new hospital buildings and PFI Managed Equipment Service lifecycle replacements. Additional investments have also been made in providing equipment to frontline clinical teams to deliver improved services, including Orthopaedic theatre tools, a laser for Plastic Surgery and scopes for Urology.

The Trust has a robust and effective financial governance framework in place, supported through independent scrutiny of the systems, performance and reporting of finances by two organisations. Mersey Internal Audit Agency (MIAA) provides the Trust with independent assurance that our risk management, governance and internal control processes are operating effectively. The Trust received a MIAA Head of Audit opinion of "significant assurance". The Audit Commission provides independent external assurance that the Trust is properly accounting for public money, that it has proper arrangements to secure economy, efficiency and effectiveness in its use of resources and that there is continual improvement in the delivery of health services. The Audit Commission has provided an unqualified opinion on these matters.

### Reporting Standards

The Trust, in line with national requirements, has prepared its accounts in line with International Financial Reporting Standards (IFRS). The Trust has met all of the Strategic Health Authority and External Audit requirements. The Trust's remuneration figures and pension benefits are detailed in the appendices.

# Economic Outlook and Operating Environment

During 2011/12 the Trust was successful in meeting the primary challenge of delivering on all its financial and performance requirements whilst being more effective and economical in its delivery. This drive towards efficiency and performance improvements will remain challenging. A new NHS delivery system has been set out in the white paper: Liberating the NHS and the subsequent Health and Social Care Bill. The Government's vision is to modernise the NHS so that it is built around patients, led by health professionals and focused on delivering world-class healthcare outcomes.

## Changes to Commissioning Landscape

By the end of 2012/13, the NHS will have transformed the commissioning landscape into one focused on local clinical decision making, with the development and authorisation of Clinical Commissioning Groups, assisted by commissioning support vehicles and overseen by the NHS Commissioning Board. Local authorities will take on the lead role in public health, alongside the new Public Health England. Central to the new system will be the establishment of Health and Wellbeing Boards who will provide local systems leadership across health, social care and public health. Communities, patients and their GPs will be empowered to improve their local health services with choice and better information. The Trust will work closely with its commissioning partners during this transition period and support them when required.

## Changes to Provider Landscape

Developments will continue in the provider landscape, through the extension of Any Qualified Provider, progress with the NHS Foundation Trust

pipeline and the establishment of the new NHS Trust Development Authority. The Trust trajectory to attaining foundation status is on track with the Tripartite Formal Agreement having been signed off during the year by the Trust, the Strategic Health Authority (SHA) and the Department of Health (DH). The Trust will be working with what is now called the Single Operating Model developed by the NHS Trust Development Authority on its journey to becoming a Foundation Trust by March 2014.

## Focus on Healthcare Outcomes

At the heart of the Government's modernisation programme is an ambition to deliver outcomes that are amongst the best in the world. The Department of Health has published its NHS Outcomes Framework which described its direction for 2012/13 onwards. The NHS Outcomes Framework will continue to evolve and will be refined annually



to make sure that indicators remain fit for purpose, whilst recognising that continuity of the indicators will be important. Commissioners will build this into their contracts with us and either incentivise improved outcomes or penalise poor performance which will be a significant proportion of the Trust income.

It is imperative that the Trust delivers on its activity requirement, but it must do so ensuring the patient experience, treatment and safety is best practice.

### Continuation of QIPP Savings

The Quality, Innovation, Productivity and Prevention programme (QIPP) is a national Department of Health strategy involving all NHS staff, patients, clinicians and the voluntary sector. It aims to improve the quality and delivery of NHS care while reducing costs to make £20bn efficiency savings by 2014/15. All NHS providers are planning for at

least 4% efficiency savings until 2014/15 to aid the delivery of this target. This level of savings must be achieved through reduced costs and improved productivity but without compromise to the patient experience, treatment and safety. The Trust is working with many of its external partners and internal staff in developing a long term financial efficiency strategy which aids this delivery.

The Trust has an enviable track record in the delivery of all statutory and performance targets which puts it in a good position to tackle these medium-term challenges.



# 3. Focus On Our Work





## Key Performance overview

The Trust continues to maintain high standards of care and its performance is consistently amongst the top performing acute Trusts in the country.

| Summary of Key National Targets   | 2011/12 Target | 2011/12 Performance |
|---|----------------|---------------------|
| Number of Hospital Acquired MRSA bacteraemia incidences   | 5              | <b>Achieved</b>     |
| Number of Hospital Acquired C.Difficile incidences  | 65             | <b>Achieved</b>     |
| A&E Type 1: Percentage seen in less than four hours   | 95%            | <b>Achieved</b>     |
| A&E Type 1&3: Percentage seen in less than four hours   | 95%            | <b>Achieved</b>     |
| Percentage of patients first seen by specialist within two weeks when urgently referred by GP with suspected cancer             | 93%            | <b>Achieved</b>     |
| Percentage of patients seen within two weeks when referred with breast symptoms (whether or not cancer is suspected)            | 93%            | <b>Achieved</b>     |
| Percentage of patients receiving first definitive treatment for cancer within 31 days   | 96%            | <b>Achieved</b>     |
| Percentage of patients receiving first definitive treatment within 62 days following an urgent GP referral for suspected cancer | 85%            | <b>Achieved</b>     |
| Percentage of patients whose operation was cancelled at the last minute for non clinical reasons                                | 0.8%           | <b>Achieved</b>     |
| Percentage of Non-admitted patients treated within 18 weeks   | 95%            | <b>Achieved</b>     |
| Percentage of Incomplete Pathways waiting less than 18 weeks  | 92%            | <b>Achieved</b>     |
| Percentage of Admitted patients treated within 18 weeks   | 90%            | <b>89.3%</b>        |
| Percentage of patients who have spent 90% or more of their time on a stroke unit  | 80%            | <b>78.3%</b>        |
| Percentage of high risk Transient Ischaemic Attack (TIA) patients who are scanned and treated within 24 hours                   | 60%            | <b>46.4%</b>        |
| Percentage of adult patients admitted in the month assessed for risk of Venous Thromboembolism (VTE) on admission               | 90%            | <b>84%</b>          |

1 These figures are the latest available (April 2011-Jan 2012)

2 These figures are the latest available (April 2011-Feb 2012)

# Safeguarding

## Safeguarding Adults and Children

The Director of Nursing, Midwifery and Governance is the executive lead for Safeguarding. In 2010 an external review of Safeguarding Children services within the Trust was commissioned. All recommendations following the review were actioned including the appointment of the dedicated Head of Safeguarding and Public Protection in July 2011. This role now oversees the Trust's safeguarding agenda and is supported by key staff throughout every part of the organisation.

The Trust has a full time Named Nurse and Named Midwife for Safeguarding Children and a Consultant Paediatrician undertakes the role of Named Doctor. The Head of Midwifery and the Lead Nurse, Children's Nursing, are named managers for Safeguarding Children and in the last year, the Trust increased the Safeguarding Children team with the appointment of a part time Safeguarding Children Nurse Specialist in September 2011. The Head of Safeguarding is supported by two Adult Safeguarding Specialist Nurses to meet the challenges of the Adult Safeguarding agenda within the Trust.

## Safeguarding Children

Each year the Trust Board has to assure itself that it is effectively discharging its Safeguarding Children statutory responsibilities in accordance with Section 11 of the Children's Act 2004. The Trust's Safeguarding Children Committee is the vehicle for this assurance and in the last 12 months the following progress, developments and assurances have been achieved. The Trust's Annual Safeguarding Children Report is available on request and holds full details.

- The Trust continues to send active representation to each of the three Local Safeguarding Children's Boards in St Helens, Halton and Knowsley. Halton Local Safeguarding Children's Board (LSCB) had its Safeguarding Children Unannounced Ofsted



inspection in 2011 and the Trust was part of this review. The Ofsted report in April 2011 found 'the overall effectiveness of safeguarding children services' in Halton to be 'good'.

- The Trust completed the LSCBs' annual Section 11 Audit in the summer of 2011 which scrutinises how effectively the Trust is safeguarding children. St Helens LSCB Section 11 evaluation feedback letter received in March 2012 highlights that of the 52 standards requiring evidence, only one standard requires further action in this Trust.
- The Trust's Safeguarding Children Policy was revised to include a raft of Standard Operating Procedures for specific vulnerable patient groups that provide step by step guidance for practitioners. Many of these procedures were produced to embed learning from Serious Case Reviews undertaken by Local Safeguarding Children's Boards (LSCB) into child or infant deaths.
- The Trust updated its Criminal Records Bureau (CRB) staff checking policy in 2011. In accordance with LSCB policies, although all staff had an enhanced CRB check on commencing employment in the Trust, the checks are now repeated every three years.
- Staff continue to receive Safeguarding Children training at different levels in accordance with the Statutory Guidance in Working Together to Safeguard Children. The Trust has a Safeguarding Children training strategy identifying which groups of staff should be



## Safeguarding Adults

The Trust has continued to promote and develop its arrangements for the protection of vulnerable adults:

- Enhanced senior clinical leadership
- Representation at each of three local Safeguarding Adults Boards and sub-groups
- Ratification of a Trust Safeguarding Adults Policy in November 2011
- Involvement in the Strategic Health Authority (SHA) initiated peer review of the access of people with a learning disability to acute trusts
- Establishing housing and homelessness protocols with local housing agencies and providers
- Establishment of a Trust Safeguarding and Vulnerability Steering Group meeting quarterly to provide oversight and direction around all aspects of managing safeguarding and vulnerability

trained at each level and how frequently. This is monitored by the Committee and good progress is being made towards achieving level 3 training targets which proves a challenge for all acute Trusts as staff are required to attend a two day multi-agency safeguarding children course every three years. 65% of staff requiring level 3 training have attended the training, an increase of 30% in the last 12 months.

- It is a statutory requirement that the Trust evidences that as an organisation it identifies any learning required from any Serious Case Reviews it is involved in and can evidence the learning. In the last 12 months, the Trust has been involved in one Serious Case Review and two Serious Incident Reviews undertaken by LSCBs. Learning has included re-vamping the Trust's Domestic Abuse Management Policy, rolling out a staff training programme in risk assessing victims to ensure the appropriate level of multi-agency support is implemented; revising Level 1 Safeguarding Children training delivered to all Trust staff annually at Mandatory Training or Trust Induction to ensure they have a clear message of what to do and when to do it if a staff member suspects a child is being abused. A short quiz is now part of the session to reinforce learning. New flowcharts and trigger lists for staff to follow in cases of suspected abuse have been devised and distributed to all Outpatient Department areas and Radiology.

This group has overseen the development of additional governance reporting mechanisms highlighting the work being undertaken and directing work around restraint and mental incapacity. Particular initiatives have included:

- An 'expression of concern' process providing investigation and feedback of provider concerns around discharge and transfer
- Carer Support Services
- Work with care home providers to develop better communication and understanding
- The establishment of intranet and internet web pages for staff to have access to advice and information at all times

Individual advice and support is provided to wards and areas throughout the Trust developing pathways, networks with communities and ways of improving communication. This is providing a very solid foundation to improve outcomes for our patients, their relatives and carers in the future.



## Medical Care

The full range of services in the medical care division have benefitted from Trust-wide initiatives to further reduce waiting times, improve access to services and enhance patient care pathways.

### Cardiology

Improved care pathways introduced last year for patients suffering from heart attack and other serious heart conditions are now fully embedded ensuring all patients have easy access to diagnostic treatment and cardiology services at Whiston Hospital. The Cardiac Catheter Laboratory is now fully operational which has increased capacity and service delivery to patients.

### Children and Young People

The General Paediatric Service continues to deliver a high quality, efficient service with approximately 5,000 children and young people admitted during the last 12 months into 25 inpatient beds. Approximately 700 surgical procedures were undertaken on children aged 16 years and under. Parent and young people inpatient satisfaction surveys have been introduced during the last 12

months and show excellent results. The following are a couple of highlights of the high standards of care on offer to children:

The National Epilepsy 12 Audit showed the Trust's results to be considerably better than the national average findings for investigation, treatment and management of children and young people newly diagnosed with epilepsy.

The North West CHIMAT self-harm report (July 2011) reported that the rates of admission of young people following a self-harm episode in both Halton and St Helens are high compared to the rest of the North West. This demonstrates a high standard of care being delivered consistently to these vulnerable young people who follow the Trust's multi-agency self harm pathway as admission in all cases is a requirement of the NICE guidance, 'Managing young people who self harm'.

## Department of Medicine for Older People

With an ageing population improvements to this department are proving vital for the communities we serve and we now provide dementia-friendly rooms in various departments, including A&E, to provide a calmer atmosphere.

The Trust's Forget Me Not programme designed to improve the experience of dementia patients is now setting the standard nationally for dementia care and our Falling Leaves campaign is helping us to achieve targets to reduce the number of falls. Included in the Falling Leaves initiative is giving patients with a risk of falling a green wrist band to alert staff to their additional needs.

Colour-coded food trays and water jugs are now used to alert all staff that the patient has additional nutritional needs which range from simply having water poured for them or helping them to eat to monitoring food and drink intake to improve their nutrition.

An outreach nurse in collaboration with the PCT, is based at Whiston Hospital, and works with local care homes to ensure staff working with older people are aware of their additional care and nursing needs.



## Critical Care

Whiston Hospital's Critical Care Unit provided intensive care and high dependency care to over 708 patients during the year. The 14-bed unit has eight level 3 beds and six level 2 beds but is designed to be flexible between the two levels of care depending on need. The unit achieved green rating in 87.4% of the regional benchmarks for critical care.

## Diabetes

The Trust continues to set best practice standards in its delivery of care for patients with diabetes, with the Diabetes Team being ranked first in England in the national diabetes audit and getting the top overall score, top average score and top number of perfect scores in 11 domains of specialist diabetes care

The team's innovative education programme DEAL (Diabetes Education through Adult Learning) gained a silver award in the national Diabetes Quality in Care programme. DEAL is a suite of seven learner-centred programmes of structured patient education, developed in partnership with patients, to empower patients and their carers to manage their own condition by giving them the confidence and skills to do so. The North Mersey Diabetes network also won the 'Partnership Working of the Year' title.

## Emergency Access

The Accident and Emergency (A&E) Department is situated in one of the most densely populated areas of Merseyside and saw attendances increase by over 8% to an average of 250 people coming to the department daily: a total of over 90,000 during the year.

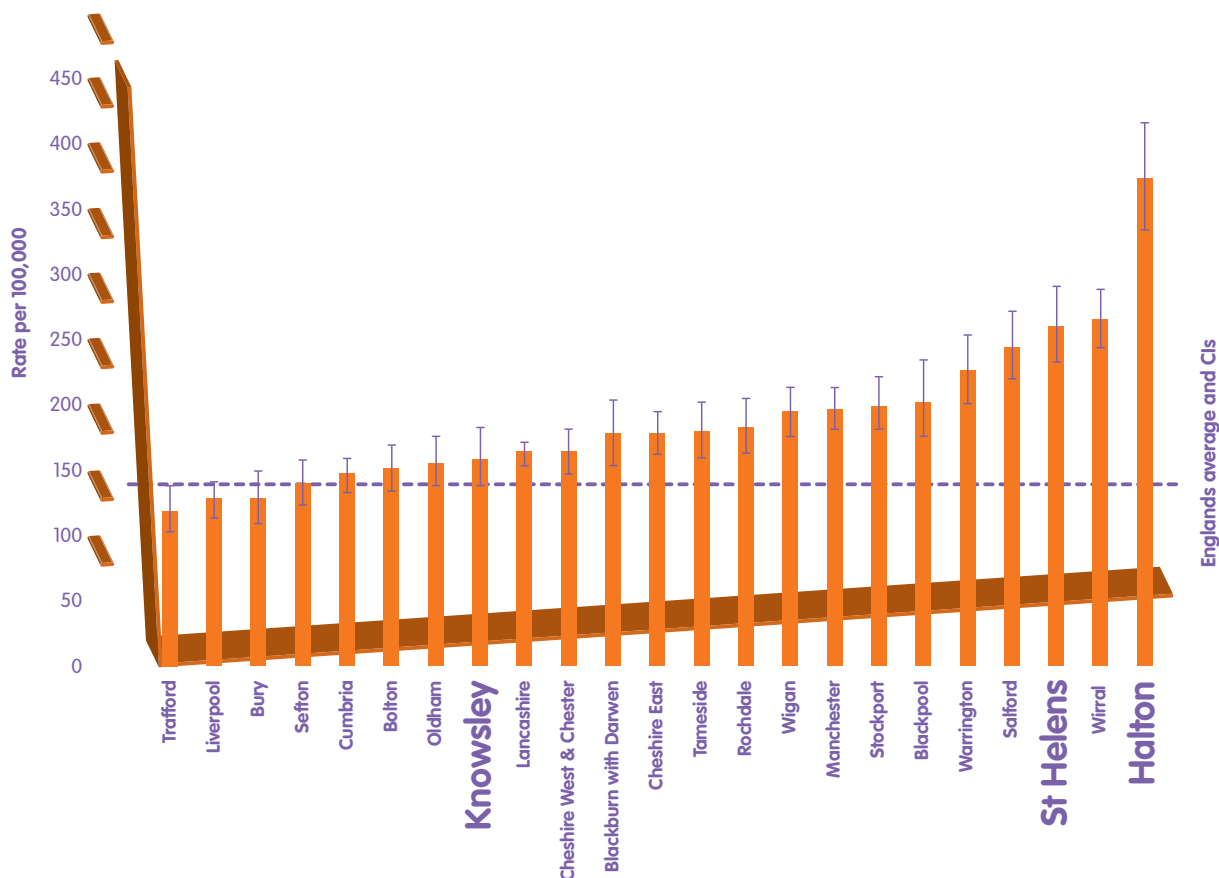
Accident and Emergency is a 24/7 operation with its own team of medical professionals comprising around 100 nurses, 40 doctors and 40 reception, clerical and other support staff.



Despite the increased demand for its services, A&E continues to improve waiting times and reduce the time patients spent in the department: at least 95% of patients were discharged, transferred or admitted within four hours of their stay and 95% of patients who arrived by ambulance were triaged within 15 minutes, ensuring we provide timely, coordinated and seamless care to patients as they are handed over from the ambulance service to A&E.

A&E continues to work on initiatives to improve time to initial assessment and its work has been aided by investment in the recruitment of four enhanced nurse practitioners. The enhanced nurse practitioners have enabled the development of a dedicated 'minors' stream which guarantees a specific and protected service for people attending with minor injuries.

An A&E volunteer programme has been established which provides a meet and greet service for patients and visitors to direct them to the right place and support their needs whilst in the department. Other initiatives include the introduction of a patient experience survey to understand patients' needs and allow the department to further develop and improve, and the introduction of improved pathways, including an acute alcohol service to provide a more effective detox service.



**Figure 1:** Rate of emergency hospital admissions for self-harm (0-18 years) per 100,000 population. North West local authorities, 2007/08-2009/10  
 Source: North West CHIMatters July 2011

All children who self harm are admitted in accordance with NICE guidance. These findings are viewed as a very positive demonstration of our robust following of the NICE Self Harm guidance using our multi-agency Self Harm pathway.

### Acute Medical Unit

The Acute Medical Unit (AMU) at Whiston Hospital is a 48-bed facility which enables the rapid assessment and early treatment of patients with a wide range of medical conditions referred from A&E, GPs, walk-in centres and outpatient clinics.

The unit consists of:

- a 32 -bedded AMU
- a 16-bedded short stay unit
- a GP assessment unit (seven cubicle, trolley bay and seated area)

After patients have been assessed, they are either admitted to an appropriate medical ward, treated on AMU or discharged home. The AMU provides an ambulatory DVT service, an outpatient clinic to enable early discharge and follow up of patients seen in A&E or AMU, daily consultant-led ward rounds across all areas of the AMU and an in-reach service to A&E.

## Gastroenterology and Endoscopy

Although there was increased demand following the national bowel cancer awareness campaign. The team continued to meet all its referral and access targets. This was aided by the expansion of the endoscopy service which now offers sessions on alternative Saturdays and one evening a week.

## Haematology

The haematology service provides acute chemotherapy to inpatients plus day case diagnostic and specialist support.

Collaboration with Warrington Hospital has seen the development of shared haematology services which now provide all in-patient care at Whiston Hospital, giving patients access to a consultant haematologist during their stay. Outpatient services are provided at Warrington.

The anti-coagulation service has continued to improve its efficiency through its collaboration with primary care teams which ensures patients receive the same service, delivered to the same high standards and in the same way whether hospital or community based.

## Medical Emergency Team

A new 24/7 Medical Emergency Team (MET) was launched in January 2012 to provide immediate and specialised response to cardiac arrests and acutely ill patients who have deteriorated to a point that requires an urgent clinical response.

The aim of MET is to increase patient safety, significantly reduce cardiac arrest calls, decrease the length of hospital stays, enhance patient experience and provide reassurance to patients and their families. Their role is to respond immediately to calls, bringing with them all necessary drugs and equipment, and work with the nurse or doctor who made the call to stabilise the patient and prescribe a management plan.

The MET includes a medical registrar, clinical care doctor, specialist nurses, medical and surgical doctors and porters plus additional specialists if needed and in its first three months of operation averaged around six calls a day.

## Outpatients

Medical outpatient services continue to improve following a series of steps to utilise the Trust's outpatient facilities more by combining efficiency with clinical safety. Taking steps to ensure doctors and medical practitioners can start their clinics promptly has increased the number of patients seen and re-arranging of patient appointments has been reduced.

A full review of patient pathways has improved efficiency and outcomes. In Ophthalmology, for example, work continues on rationalising the pathway to ensure patients can have all the tests and diagnostic appointments in one visit instead of the more usual four.

In addition the Age-Related Macular Degeneration (AMD) service is set to expand with the introduction of a new optical coherence tomography camera, which will lead to better quality diagnostics and improved treatment.

## Respiratory

The expansion of the specialist nursing team ensured the continuing achievement of activity and referral targets. A new policy for acute oxygen prescribing, management and administration was introduced supported by a specialist nurse whose role includes training and development of staff for effective implementation. Bed capacity for non-invasive ventilation has also been increased.





## Rheumatology

The unit was reaccruited for Customer Service Excellence in April 2011 and it continues to extend the services and enhance the quality of care it provides to patients.

Staff at the unit are continuing to support the recently-launched local group of the National Rheumatoid Arthritis Society and the Patient Reference Group is very proactive.

In a recent Peer Review report undertaken as part of the British Society of Rheumatology / British Health Professionals in Rheumatology Peer Review scheme, the report noted that the unit:

- is able to deliver high quality care that is compliant with current national guidelines
- offers excellent facilities for both patients and staff
- has a very strong sense of team working
- conducts active research within the department

Looking ahead, the report acknowledges the financial pressures on secondary care and advises that more involvement from primary care be encouraged. One way this can be achieved is by encouraging patient self-care with more direct involvement with their local general practitioners. However, the report reiterates the vital importance of maintaining specialist physiotherapy, occupational therapy and podiatry as part of the Rheumatology multi-disciplinary team with the need to look to the incorporation of psychology input.

## Sexual Health

The Trust's services comprise a specialist sexual health / HIV clinic in St Helens Hospital, six mainstream community sexual health clinics and four teenage sexual health clinics across Halton and St Helens. The Trust also has a health improvement team who manage a Condom Card (C Card) programme and condom distribution to GPs.

The St Helens Hospital Sexual Health service has seen over 5,000 new episodes and dealt with a case load of 62 HIV patients with five new diagnoses and has achieved its DH performance target of 100% all year for the percentage of patients attending their first appointment within 48 hours.

At the Community Sexual Health service for Halton & St Helens there were nearly 20,000 attendances.

The Condom Card (C Card) scheme for 13 to 19-year-olds in St Helens currently has 650 people registered and 52 out of 55 GPs in Halton and St Helens are registered for condom distribution.

## Stroke Care

Collaborative working with Warrington Hospital has led to the development of a hyper-acute service which gives 24/7 access to specialist stroke consultants and nurses for Whiston, St. Helens, Halton and Warrington patients, including thrombolysis (clot busting) treatment.

Outcomes for stroke patients have improved through treatment at the dedicated unit. The specialised facility treats 90% of all stroke patients, helping them to recover and help their rehabilitation. As a result Whiston Hospital has amongst the lowest lengths of stay and re-admission rates in the country.



The Stroke Unit has a speech and language service and specialists work with stroke nurses to provide training to assess swallowing and speech problems. To aid patient communications, stroke patients are also provided with iPads which not only make communicating easier but also provide stimulation and motivation during their stay.

# Surgical Care

The Trust provides an extensive range of surgical services across its two sites. Whiston Hospital primarily provides in-patient surgery and St Helens Hospital performs predominantly day case surgery.

During 2011/12 the Trust achieved its target of reducing the number of patients who waited more than 18 weeks for surgery. It has been a significant achievement to reduce that number from 2000 to less than 250.

The combination of our Theatre Modernisation Programme and Enhanced Recovery Programme has enabled the Trust to treat a greater number of patients.

## Theatre Modernisation Programme

The Trust's Theatre Modernisation Programme, the Whiston Theatres Project, has won a Lean Healthcare Award. Designed to increase the efficiency of theatres and improve patient experience, the project not only involved opening extra bed capacity but also expanded the clinical team.

Working closely and creatively with the Trust's surgeons, 'stretch days' have been introduced which see theatre sessions starting earlier and finishing later. Theatres now operate seven days per week and, where appropriate, have three-session days.

Resourceful use of beds across both sites ensured that despite winter pressures of bad weather, Noro Virus and flu, the Trust continued to meet all its surgical targets.

## Enhanced Recovery Pathway

The Trust's enhanced recovery pathway, introduced last year for colo-rectal patients improved

outcomes, reduced anxiety as well as length of stay in hospital, and has now been rolled out to:

- General surgery
- Gynaecology
- Trauma and Orthopaedic
- Urology

The programme involves working closely with patients on issues such as nutrition and pain management, as well as encouraging them to keep a diary of their treatment and providing feedback to staff caring for them. It is supported by a multi-disciplinary team to help standardise care throughout the process.

In addition, the weekly Complex Patient Review - which brings together surgeons, matrons and ward managers with the clinical director to discuss complex cases, share expertise and ensure patients receive the best standard of care - has also been rolled out across all surgical disciplines.

## Mersey Regional Burns & Plastic Surgery Unit

The unit continues to provide good quality care to patients from across Merseyside, Cheshire, North Wales and the Isle of Man. Our plastic surgery surgeons have an international reputation; most recently a number of the team were invited to be guest speakers at a conference in Toronto, Canada. The directorate has recruited another Consultant Burns and Plastic Surgery Surgeon who took up his post in September 2011 and has also recruited a Consultant Mohs Surgeon. which provides a one-stop-shop for the diagnosis and treatment of common types of skin cancer.

The Trust plans to appoint a further substantive Consultant Plastic Surgery Surgeon at the end of the next financial year.



### Breast Reconstruction

Whiston Hospital is one of only nine centres in the country recognised for training specialist oncoplastic breast surgeons. It is also the only hospital in Merseyside that can offer the full range of breast reconstruction including; using implants only, more complex operations-using the patient's own tissues, or combination of implants and tissues. Oncoplastic breast surgery is an important development for improving the cosmetic outcome and the quality of life for those patients who are diagnosed with breast cancer. The Trust is one of the first in the country to train qualified nurses to specialise in breast reconstruction care. The team now have two specialist nurses caring and supporting those patients who have undergone reconstructive surgery.

### Lower Limb Reconstruction

The Trust meets the national standards for management of severe lower limb injuries and has established the Merseyside Orthoplastic group to improve the management of lower limb trauma in line with national standards.

### Skin Cancer

The unit provides a specialist skin multi-disciplinary team service to any person in the North-West diagnosed with suspected skin cancer. Significant improvements have been made throughout the year to provide those patients who undergo extensive lifesaving treatment and require on-going clinical support, with an extended service to care for them at home.

### Plastic Surgery Trauma Service

A Plastic Surgery Trauma co-ordinator was appointed to further improve the care patients receive. Over 2000 trauma patients from across the region are treated in the unit every year. The introduction of a new monthly 'Hand Multi-disciplinary Team Meeting' has ensured complicated cases and their on-going management can be discussed. The unit has also made further developments to the service that is offered to children and young people with hand deformities or injuries.

### Burns & Plastic Surgery Laser Service

The directorate has recently purchased four new state of the art laser machines and is currently developing a laser suite to enable delivery of all aspects of laser treatment including burn scar management, vascular anomalies and hirsutism (excessive body and facial hair).

This will be a whole region service with potential to expand further afield. The lasers will provide expanded research, training and development opportunities.

The department is also actively involved with research into skin cancer, burn care and hand surgery at The University of Liverpool and Liverpool John Moores University. The Trust also has research and educational relationships with universities in Liverpool, Manchester, Salford, Preston and Bristol and have produced numerous publications and presentations during the year.

### The Prosthetic Department

The work of the department continues to advance along with its reputation, which is demonstrated by the increased amount of referrals received from other hospital Trusts. The department has doubled its patient caseload since taking over the activity of Aintree University Hospitals Maxillofacial Laboratory.

## Day case, outpatients and diagnostics

St Helens Hospital is the focal point for day case surgery including Ear, Nose and Throat, Ophthalmology and Orthodontics plus laparoscopic cholecystectomies, mastectomies and septoplasties.

The introduction of a new zonal outpatient nursing model, which allocates nurses according to the number of suites and rooms rather than the number of doctors, has improved efficiency and the number of patient appointments re-arranged by the hospital has dropped significantly.

## Obstetrics and Gynaecology

Whiston Hospital's maternity unit saw an increase in births of almost 20% since services transferred to the new hospital, with more than 3,600 babies being delivered during the year.

National targets to see 90% of women within 12 weeks and six days of becoming pregnant were met, aided by a comprehensive review of referral and booking processes and creating choice for women, including direct self-referral.

Both Obstetrics and Gynaecology services benefited the appointment of a new consultant to the team.

The unit has a highly skilled consultant responsible for external cephalic version or ECV (antenatally turning babies from a breech first position to a head first position) which has seen the number of women progressing to a normal uncomplicated birth rise to 85% and caesarean sections required for breech births drop significantly.

Screening provisions for pregnant women were enhanced with the introduction of first-trimester combined Down's syndrome testing. The service is also working towards achieving the UNICEF-supported Baby Friendly Initiatives Assessment

stage two, further improving the service provided to women to support successful breast feeding.

The department's miscarriage service has made further improvements by providing a standardised approach for all women who suffer a miscarriage. Women are provided with supportive information and are signposted to community support groups. The service provides women with mementos to acknowledge and support them with their loss, and a follow up telephone contact clinic will commence in 2012.

Bladder scanning has been introduced in order to avoid unnecessary catheterisation of women, thereby reducing the incidence of urinary tract infections.

The Trust remains fully committed to developing robust community maternity services to give women much greater choice and control over their pregnancy and support vulnerable women and their families to improve their health and wellbeing. This successful programme saw two Knowsley-based public health community midwives win a top UK award at the Royal College of Midwives annual awards.

The Maternity Unit is currently at Level 2 status Clinical Negligence Scheme for Trusts (CNST) Maternity Standards and is now working towards Level 3.



# Clinical Support

The Trust continues to open up new ways of working to ensure the best experiences for our patients. During 2011/12 this included the move to seven-day working and investment in new ultrasound imaging technology to maintain shorter, waiting times and rapid report turnaround.

## Cancer Services

The Trust's Lilac Centre, which celebrates its 20th year in 2012, continues to provide excellent day care to cancer patients and has been further enhanced by the development of nurse-led chemotherapy services to help patients manage their treatment and respond rapidly to any problems.

High quality patient information enables patients to make quick contact with a chemo specialist in the event of problems who can then fast-track them to the right place, rather than attending A&E. In addition, holistic services including reflexology, massage, aromatherapy and acupuncture, are proving helpful in managing some of the side-effects of treatment.

Work is now progressing to extend palliative care and the Trust is piloting a new cancer service for older people as well as exploring community integration of cancer care.

## Pathology

Pathology has now moved into its state-of-art laboratory and operates on a much larger footprint. This enables the Trust to work collaboratively with Warrington and Halton Hospitals NHS Foundation Trust to provide excellent service integration, which includes consolidating cervical cytology and increasing the efficiency of cervical screening.

A new, larger mortuary contains state-of-the-art handling and lifting equipment which maintains a dignified and respectful environment.



The new Blood Sciences Laboratory has brought closer working of haematology, clinical biochemistry and specimen reception, this allows for greater efficiencies and better use of available resources to improve the service. Pathology continues to work hard with other colleagues to ensure that the pneumatic air tube is successfully delivering samples to Pathology in a timely manner after it was rolled out across the Trust. Great strides have been made in becoming a paperless service by using technology-based systems which cut down transit times for diagnostic requests and speeds up the patient journey.

## Mohs Surgery

The Trust is set to become the regional centre for Cheshire, Merseyside and North Wales following the commissioning of a new Mohs service which provides a one-stop-shop for the diagnosis and treatment of common types of skin cancer.

## Pharmacy

The Pharmacy Aseptic Unit completed its first year of operation as an Medicines and Healthcare products Regulatory Agency - licensed manufacturing unit, enabling Pharmacy to reduce risk and release clinical staff time by supplying ready-made intravenous infusions and injections to more departments, including Accident & Emergency and Theatres.

Pharmacy has contributed extensively to cost improvement initiatives within the Trust by saving money on medicines. Notable schemes have included medicines procurement, management and development of the medicines formulary and guidelines, homecare delivery of medicines and maximising funding through patient access schemes and the cancer drugs fund. The Pharmacy team has played a key part in a local health economy joint work programme supporting the cost-effective prescribing of medicines, which has achieved savings of over £4m per year for the St Helens & Knowsley local health economy.

The Pharmacy team has developed and supported important schemes that include increased re-use of patient's own medicines and review of medicines on admission; the use of digital pens to capture clinical pharmacists' interventions on wards; the administration of intravenous antibiotics at home; electronic discharge prescriptions and homecare delivery of medicines and these schemes will be expanded in 2012.

## Clinical Psychology

Clinical psychology services for people with long-term and chronic health conditions are proving vital in helping them to better understand and manage their conditions. Providing support for people with

chronic pain, disfigurement, HIV, cancer and a broad range of other conditions can enable them to maximize their well-being and is frequently associated with improved physical health. The Clinical Psychology provision in this Trust has recently been enhanced by the appointment of four additional clinical psychologists, taking the team up to seven, who now provide a service across ten specialties.

## Physiological Measurement

A £1.4 million investment in latest ultrasound scanning equipment and 3D imaging now provides the most detailed scans available which is helping to speed up diagnostics and will allow the Trust to offer additional diagnostic services including trans-oesophageal scanning.

## Radiology

The extension into weekend sessions for MRI and CT scanning has seen an increase in the speed of patient referral and activity and is part of the process of working towards a full seven-day three-session day service.

The appointment of a consultant radiologist specialising in paediatrics has enabled the expansion of on-site services for children and young people and nuchal translucency scanning has been introduced for expectant mothers.



# Infection Prevention and Control

The Trust has a robust programme to reduce and prevent infection at its hospitals.

## Antimicrobial Management Team

The Trust appointed a third consultant microbiologist during the year and established an Antimicrobial Management Team to ensure that antibiotic medicines are prescribed appropriately, as the under or over prescription of antibiotics is known to increase the risk of infections, particularly C. difficile. The team lead regular ward rounds focusing on high risk patients to audit the prescribing of antibiotics and provide feedback to clinicians highlighting good practice and make recommendations on where improvements can be made.

## Infection Control Dashboard

The Trust has invested in an IT solution to better monitor its performance against key performance indicators in infection control. The 'Infection Control Dashboard' became operational during the year and provides readily accessible, up-to-date information of performance and audits across all wards and departments. Dashboard reports link in with the Quality Ward Rounds so that any issues can be immediately highlighted to Matrons, the Executive Team and the Infection Control Team.

## Performance against targets

The Trust has achieved all Infection Control targets set by the Department of Health.

| Mandatory surveillance                              | Target | 2011/12   |
|---|--------|---|
| Clostridium Difficile                               | 65     | 52  |
| MRSA bacteraemia                                    | 5      | 5   |
| Mandatory reporting of MSSA and E. coli bacteraemia |        | Commenced January 2011; no objectives yet set by the Health Protection Agency (HPA) |

## Policies

Thirty eight chapters of the Infection Control handbook were updated during the year.



# Quality and Efficiency

The Innovation and Productivity Team designs programmes and supports projects to ensure that the corporate objectives are met and benefits realised.

Key functions:

- Encourage team working and participation from clinical and management teams to take the most appropriate actions
- Analysis of performance and provision of recommendations to optimise use of Trust assets
- Provide specific targets for department managers to contribute to the realisation of benefits
- Help teams identify the root causes of issues
- Provide evidence of issues using statistical analysis and help teams to demonstrate the impact of their actions
- Provide a structured project approach to improvement initiatives
- Provide different ideas, fresh perspectives, alternative approaches and modern operational techniques

## Focused Improvement Teams

Project delivery is usually far more successful when staff are engaged in the entire problem-solving lifecycle. The Trust has been extremely successful in meeting the challenges of engaging front line staff in improvement projects and creating the necessary time to train people in simple improvement tools.

The Innovation and Productivity Team has developed their Rapid Improvement Event idea into Focused Improvement Delivery teams which combine training with project delivery.

This innovation has been successfully implemented and an in-house training package is in place to



support new facilitators. Regional Innovation Funds have been awarded to the Trust by NHS North West to share this best practice methodology with other trusts.

## The Continuous Improvement Programme

The Innovation and Productivity Team is supporting a number of improvement projects in Accident and Emergency, Acute Medical, Productive Operating Theatre and Outpatient Utilisation.

## Cost Improvement Programme (CIP)

During 2011/12 the Trust was required to deliver a minimum Cost Improvement Programme (CIP) savings target of £13.33m.

Delivery of this target has been supported by the Innovation and Productivity Team using the Managed Successful Projects process (P30) and Projects in Controlled Environment (PRINCE 2) principles.

### Accident and Emergency Improvement Team Project

#### Objective:

Redesign the process in order to consistently deliver the best standard of patient care

| Solutions  | Results  |
|--|--|
| <ul style="list-style-type: none"><li>Standardise pathways in minors from triage utilising emergency nurse practitioners</li><li>Standardise key roles: Nurse coordinator, Medical coordinator, Emergency Admissions Unit (EAU) coordinator, trainee doctor in EAU</li><li>Improve patient flow from Majors to Radiology</li><li>IT system changed to support patient tracking</li></ul> | <ul style="list-style-type: none"><li>Patients will not spend as long in A&amp;E before a decision is made to discharge or admit them</li><li>Patients who need to be admitted to the EAU will not have to wait as long for decisions about their next phase of treatment to be made</li></ul> |

### Acute Medical Project

#### Objective:

Streamline the acute medical care pathway and improve the patient experience

| Solutions  | Results   |
|--|---|
| <ul style="list-style-type: none"><li>Formalise and standardise the role of the Physician of the Day (POD) and the Acute Physician</li><li>Criteria to support selection of patients who will benefit most from treatment on the short stay unit</li><li>Emergency Department patients are reviewed by senior medical staff</li><li>Have eight beds open overnight in the GP Acute Unit (GPAU) to allow the continuity in service</li><li>Clear triggers at times of escalation for use of GPAU</li><li>Introduction of acute clinics for urgent referrals</li></ul> | <ul style="list-style-type: none"><li>Improved handover from Emergency Department to Medicine</li><li>Increase in patients seen on day of admission</li><li>Patients seen earlier in their journey</li><li>Process-led consistency of acute care service delivery</li><li>Provides review of patients in escalation areas</li><li>Provides less variable or geographically fragmented workload for Physician of the Day</li></ul> |

### Outpatient Utilisation Project

#### Objective:

Ensure that clinics are well-utilised and that the number of clinic rearrangements is minimised

| Solutions   | Results   |
|---|---|
| <ul style="list-style-type: none"><li>• Management tool developed to enable managers to see which clinics are starting early/finishing late</li><li>• Processes for booking outpatients mapped, discrepancies identified and operational rules agreed with clinical directors and directorate managers</li><li>• Monitor adherence to the process and continually improve the process in collaboration with the clinical teams.</li></ul> | <ul style="list-style-type: none"><li>• The number of first Outpatients appointments rearranged reduced by 14% between August 2011 and February 2012</li><li>• The number of follow-up appointments that were rearranged reduced by 11% between August 2011 and February 2012</li><li>• Better utilisation of a defined number of clinics: 5,000 patients added to clinic lists</li></ul> |

### The Productive Operating Theatre Project

Objective: Improve patient experience and increase efficiency of theatres

| Solutions  | Results  |
|--|--|
| <ul style="list-style-type: none"><li>• Application of an Industrial measure 'Overall Equipment Effectiveness' to the theatre environment to improve theatre session utilisation</li><li>• Improve the patient journey from ward/ theatre/ward by eliminating causes of delay</li><li>• Improve communication between theatres and wards as session start-up and automate KPI reporting</li><li>• Close working with clinicians during the list planning process to reduce problems on the day of surgery</li><li>• Standardise roles and responsibilities to ensure maximum use of facilities</li></ul> | <ul style="list-style-type: none"><li>• Improvement in Whiston theatre session start times.</li><li>• Improvement of approx. 0.7 cases per Whiston theatre session and 1.5 cases per St Helens theatre session, generating c.£2.6m</li><li>• An estimated £1m reduction in operating costs</li><li>• Improvement in St Helens theatre session start times.</li><li>• Capacity freed up at St Helens is equivalent to an additional theatre</li></ul> |

## Informatics

The Informatics Team is responsible for providing a range of Informatics and Information Communications Technology (ICT) services to more than 13,000 staff in the Local Health Economy's Community of Interest Network (COIN) partners and enables joined-up access to services.

COIN electronically links the Trust with walk-in centres, primary care services, GP practices, mental health services, therapy services and other outreach clinics to ensure medics always have access to up-to-date records for patients, are able to share information quickly and improve continuity of care.

The Trust became the first in the country to eliminate paper case notes in favour of a safer and more efficient Electronic Document Management System (EDMS). This new system means that electronic patient records are at the right place, at the right time when patients attend hospital for treatment. More than 40 NHS organisations visited the Trust during 2011/12 to understand and learn from our systems and seek advice on implementation. Our innovative system has won numerous awards and gained worldwide recognition. In July 2011, EDMS won the Enterprise Application Project in the Techworld Awards, which highlight innovation across the IT industry, the fourth award the team has won for the EDMS project.

The Trust has introduced a number of other new services, including the implementation of an Electronic Patient Discharge system, an Admission, Discharge and Transfer (ADT) system, a Single Sign On system and an extended Electronic Audit and Results system.

The Electronic Patient Discharge system ensures that patient information is efficiently and accurately gathered during an inpatient stay and take-home



drugs are ordered promptly. Electronic discharge letters will shortly be introduced which will mean the GP automatically receives a discharge summary within 24 hours of the patient leaving hospital.

The ADT system records more accurately the patient's journey throughout their stay.

The Single Sign On system ensures fast and secure access to multiple systems and means users only need one password for all systems, and the Electronic Audit and Results system has been extended to Pathology and Radiology resulting in faster turnaround of laboratory and diagnostic tests and improved efficiency of patient care.

The Trust is committed to making the maximum amount of information readily available at minimum inconvenience and cost to the public. The Trust complies with cost allocation and charging requirements laid down by HM Treasury.

# Emergency Preparedness

The Trust has robust plans and policies in place regarding emergency planning for major incidents and business continuity.

The Trust is a Category 1 responder (provides emergency services) as identified by the provisions of the Civil Contingency Act 2004 and has a dedicated Head of Emergency Management in post. As the commissioning landscape changes, evidence of robust business continuity planning will become a key factor in securing contracts.

A Business Continuity sub-group has been established and a new strategic business continuity plan is under development, of which several elements have already been implemented to ensure the Trust's successful negotiation of a number of challenges during the year. In consultation with key staff, Major Incident Plans (MIPs) have been developed for Emergency Department, radiology, burns and plastic surgery, intensive care, acute medical unit, theatres and mortuary; handbooks have been produced for switchboard and general managers. All operational business continuity plans and risk assessments are coordinated by the Head of Emergency Management.

The Trust successfully completed audits by Mersey Internal Audit Agency (MIAA) and the Lead PCT for both Major Incident planning and Business Continuity.

## Incident Responses

The Trust facilitated debriefs, revised business continuity plans and developed action plans in light of:

- Cloudburst incident, St Helens, Merseyside
- Pharmacy HAZMAT Incident
- August riots
- Planned telecoms upgrade
- National Strike in Nov 2011

## Exercises

A series of multi-agency emergency planning exercises were carried out by the Trust including:

- Exercise ALERT - a Major Incident exercise using the tannoy facility on the Cisco phones and a coded message to deliver a fast and effective way of alerting the entire Trust to a Major Incident
- Exercise Toxic Trust – HAZMAT and decontamination incident table top exercise
- Exercise First Call – monthly communication and alert exercise
- Exercise Maintain – a Business Continuity exercise
- Exercise Winter Warmer – extreme winter pressures exercise
- Exercise Castor & Pollux – observer role at Fire Service's live, Control of Major Accident Hazard (COMAH) site exercise
- Preparation for the forthcoming Exercise Neutrino – a live emergency department exercise to practice and refine procedures for the reception and tracking of casualties in a major incident and police liaison regarding documentation of casualties for the Police Casualty Bureau (missing persons tracing)

Details of the Trust's Emergency Planning are accessible via a dedicated web page on the Trust's website.

# 4. Focus on our people



## Our staff are our success

The Trust is fully committed to, and places a high priority on, ensuring effective staff engagement because of its potential impact on morale, productivity and organisational performance. Our staff, whether in clinical, non-clinical or support roles, are essential to our continuing high performance. The Trust engages with staff through a variety of forums, including the Valuing our People Steering Group, where staff have the opportunity to influence how the Trust retains its profile as an employer of choice and ensure the Trust complies with the NHS Staff Constitution.

The delivery of our vision, strategies and objectives is through equipping our staff with the right knowledge and skills to meet the challenges we face and the priorities we set ourselves

We celebrate our successes, and the successes of our staff, through our Annual Staff Awards Presentation Evening which recognises special achievements. In addition our staff news letter News'n'Views features Employees of the Month.

## Training and Education

The Trust's most important asset is its people so providing the highest standard of learning and development opportunities to all staff is one of our major commitments. This was enhanced in July 2011 with the opening of the Education, Training and Conference Centre, Nightingale House.

Between July 2011 and February 2012 more than 20,000 people utilised the state of the art training facilities, which include clinical skills and simulation training rooms as well as multiple training rooms and a 200-seat lecture theatre. The centre also

delivers regional and national courses and conferences, the income from which is utilised to support the Trust in delivering high quality patient care.

The new Library and Knowledge Service, also based in Nightingale House, offers 24-hour access to a wide variety of books and journals, e-learning facilities and quiet study zones in addition to an outreach service that supports staff in their areas of work and in the community.

Amongst the new training initiatives introduced was a Human Factors course designed to bring medical teams together – from consultants to healthcare assistants – to create expert teams, rather than teams of experts. This allows and encourages everyone involved to train and learn proactively together to identify and eradicate potential errors. This collaborative project between St Helens and Knowsley Teaching Hospitals NHS Trust, Aintree University Hospitals NHS Foundation Trust and the Royal Liverpool and Broadgreen University Hospitals NHS Trust is the UK's first NHS-based Human Factors in Healthcare course.



The Trust continues to provide a high standard of continuing professional development, lifelong learning and mandatory training. More than 7,000 individual episodes of learning activities and mandatory training took place in-house during 2011/12.

The Trust also launched its first Apprenticeship Programme offering apprenticeships in administrative and clerical work, customer services, business administration and healthcare. This has provided over 60 apprentice within the Trust.

In addition the Trust works closely with the Skills Academy for Health and local colleges to support the long-term unemployed in the communities we serve back into work by offering placements and then references for future employers.



## Clinical Education

In October, the Trust's Executive Board agreed to combine all of its current clinical education structures into one department of Clinical Education. This development has provided opportunities for clinical teams who work together to now be trained together. This ensures that as well as employing teams of experts, the organisation maximises the standard of patient care that is delivered.

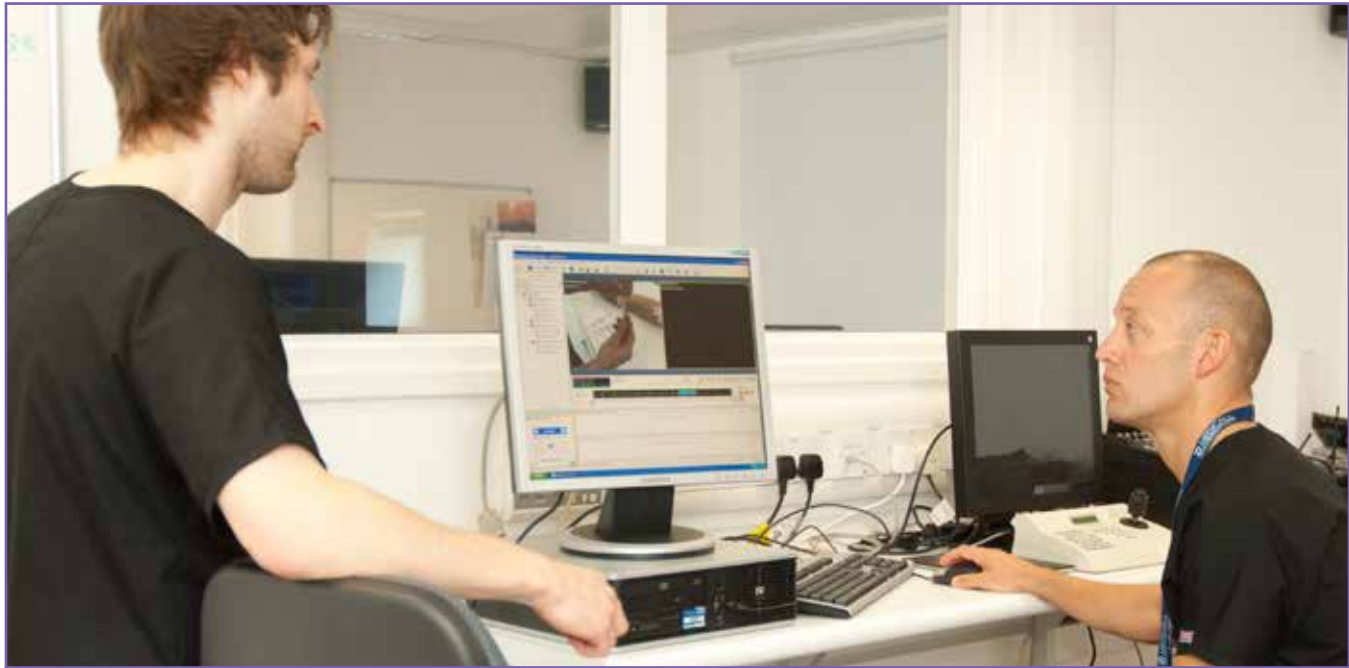
The increase in inter-professional education both at undergraduate and postgraduate level has been shown to directly contribute towards improved patient care and reductions in clinical error. (Centre for the Advancement of Inter-Professional Learning, (CAIPE) 2011).

As part of the development process a new team of educators has been appointed, with the specific function of delivering clinical skills and simulation training across all clinical staff in the organisation. This is ensuring the Trust is leading the way in meeting the Department of Health's 2011 recommendation that all clinical staff should have had the opportunity to learn and rehearse all aspects of clinical practice in a simulated clinical environment prior to delivering these aspects of care on patients. (DH, A Framework for Technology Enhanced Learning, November 2011).

The Clinical Skills team has launched a series of courses to enhance the quality of clinical skills such as venepuncture, i.v. cannulation, catheterisation and i.v. drug administration. These new courses are delivered weekly and are open to all Trust staff who undertake those specific tasks in their clinical practice.

Since being launched in January 2012, the clinical skills courses have seen more than 70 members of staff trained each month and from April 2012 the Trust is on target to see more than 150 members of staff per month trained in new skills.





## Case study

### Robotic simulation training continues to break new ground in clinical education.

During 2011 the Trust's Clinical Simulation team established a series of significant advancements to enhance patient safety.

Robotic patient simulators are now placed in various hospital departments each week, providing the opportunity for clinical teams to rehearse the delivery of care in rare and complex emergencies, as a mechanism of ensuring that each and every member of the team fully understands their role and is able to deliver the highest possible standard of patient care.

Practice makes perfect and currently the Trust's Accident and Emergency Department, operating theatres, intensive care and radiography departments have weekly opportunities to develop their skills.

This is a unique programme of work that is a first in the region and places the Trust at the forefront of national educational innovators by utilising simulation as a dress rehearsal for reality. Prior to this project, simulation based education was delivered in training rooms within education centres which lacked the ability to truly test the hospital's environment, systems and processes and the clinical teams' ability to deliver high quality care in a real patient care setting.

The use of simulation in the clinical setting does not only teach and test the clinical staff, it also provides an opportunity to test the organisation's equipment, systems and processes and provides instant feedback that is used to enhance the working environment and support systems utilised by clinical teams when delivering patient care.



### New innovations: WHO research

The Education Centre has been chosen as a complementary test site to deliver World Health Organisation (WHO) research into multi-professional patient safety.

The research will be undertaken during May 2012 and is unique to the global study as it brings together students from medicine, nursing, pharmacy, physiotherapy and several other clinical professions and provides them with the opportunity to study and practice patient safety-based practice together, which reflects the real world membership of clinical teams. The case study will be available on the WHO website in 2012 and the outcome will contribute towards global recommendations on how to train teams safely.

## Staff Survey

### Listening to our staff

Each year the Trust takes part in the national NHS Staff Survey which gives a clear indication of what the Trust is doing well, and the areas for focussed attention and enhancement of working practices or of the working environment.

This year's survey was conducted by Quality Health between September and December 2011. The sample size of 850 was determined by the total number of staff employed following a nationally agreed protocol. The Trust had 425 responses – a response rate of 55% compared to the national average of 54% across all trusts.

The survey is designed to assess a range of categories:

- Work life balance
- Training
- Managers and appraisals
- About the job
- The organisation
- A worthwhile job and the chance to develop
- Errors, near misses and incidents
- Harassment, bullying and violence
- Occupational health and safety
- Infection control and hygiene

The Trust's scores were broadly in line with other acute trusts both locally and nationally and have highlighted key areas for improvements which will act as our focus for 2012/13.

## Our priorities for our staff

| Category  | RECOMMENDATION  | PROPOSED ACTION  |
|---|---|--|
| Communication of Annual Staff Satisfaction Survey | Ensure that a summary document of the staff survey is widely available to all staff in addition to formal presentations to the Trust Board and HR Council.  | <ul style="list-style-type: none"> <li>• Presentation of Annual Staff Survey report to Trust Board, HR Council, Staff Side committees.</li> <li>• Provide quarterly updates on progress against plan to HR Council.</li> <li>• Presentation of survey results to managers and key stakeholders.</li> <li>• Summary leaflet to staff via payslips.</li> </ul> |
| Work Life balance                                 | Assess staffing levels in areas with higher than average sickness absence with a view to reducing the amount of non-contracted hours worked by staff.   | Review additional hours worked across all departments as part of the Trust's work on rostering and health and well-being.  |
| Training  | As part of the review of the Trust's Training Strategy, investigate ways to increase staff receiving training in key areas (Health and Safety, Equality & Diversity and Prevention of Violence & Aggression against staff).   | Undertake a Trust-wide training needs analysis and consider providing alternative methods of training in key subject areas.  |
| Managers and appraisals                           | <ul style="list-style-type: none"> <li>• Assess the way in which appraisals and reviews are conducted in order to increase their usefulness to staff.</li> <li>• Assess the written information given to staff as a consequence of their appraisal or review.</li> <li>• Check on the coverage of appraisals for hard to reach groups and take steps to increase coverage and monitor the incidence of appraisals.</li> </ul> | <ul style="list-style-type: none"> <li>• Hold managers personally to account for carrying out and reporting robust timely appraisals with their staff.</li> <li>• Audit quality of completed appraisal paperwork.</li> <li>• Explore the use of National Occupational Standards and KSF as a basis for performance and development need.</li> </ul>          |
| About the job                                     | <ul style="list-style-type: none"> <li>• Introduce better work planning and scheduling in order to reduce conflicting demands on staff.</li> <li>• Put in place specific arrangements in each work group to ensure that staff receive clear feedback on how well they have performed in their work.</li> </ul>  | Link to forecasting and scheduling work as part of Innovation and Productivity Strategy.   |

| <b>Category</b>                            | <b>RECOMMENDATION</b>  | <b>PROPOSED ACTION</b>  |
|--|--|---|
| The organisation                           | <ul style="list-style-type: none"> <li>Enhance communications to ensure key messages upwards and downwards are communicated more effectively.</li> <li>Take further steps to communicate the Trust's strategic vision for the future, e.g. service reconfiguration and financial pressures.</li> </ul> | <ul style="list-style-type: none"> <li>Publish the Communications Strategy with supporting action plan.</li> <li>Launch Staff Engagement strategy.</li> <li>Deliver series of 'road shows' for staff.</li> <li>Re-introduction of programme of staff 'conversations' with members of the Executive Team.</li> </ul> |
| A worthwhile job and the chance to develop | <ul style="list-style-type: none"> <li>Ensure that career pathways to jobs with greater responsibility are clear to all staff.</li> <li>Produce simple leaflets explaining the results of the staff survey and the actions the Trust is prioritising.</li> </ul>                                       | <ul style="list-style-type: none"> <li>Develop and communicate career progression pathways.</li> <li>Provide a broader range of methods of communicating staff survey information.</li> </ul>   |
| Errors, near misses and incidents          | Ensure Trust policies on handling errors, near misses and incidents are transparent and communicated to all staff.   | Link to review of incident reporting arrangements and implementation of new incident reporting system.  |
| Harassment, bullying and violence          | Consider publishing in an anonymous manner the action taken by the Trust against those perpetrating violence, bullying, harassment or abuse.   | Combine the launch of the new incident reporting system with communicating to staff how many cases have been raised and resolved to demonstrate cases raised are being appropriately managed.   |
| Health, Work and Well-being                | Identify from reported stress, that may be related to work, workload or work life balance and assess ways the Trust can help to improve the well being of staff.   | Continue to provide support and training on stress management, including the review of staff and skills mix where appropriate.  |
| Infection control and hygiene              | Ensure hand washing facilities are available for staff, patients and visitors to clean their hands.  | Routine checks to ensure provision and effectiveness of washing facilities and hand gel on ward/patient areas.  |



## Improvements achieved from outcomes from the 2010 NHS Staff Survey

The Trust considers the Annual Staff Satisfaction Survey to be an essential tool to empowering our staff. Based on the results of the 2010 survey, the following initiatives were implemented:

### Work life balance

Revised policies include:

- Flexible working
- Maternity, paternity and adoption leave
- Special leave
- Stress management

### Health and wellbeing

The Trust introduced:

- A new intranet site with information and support on a range of health and wellbeing issues
- A physiotherapy and counselling service with a 24-hour Employee Assistance Programme
- Revised guidance on referral to health, work and wellbeing services
- Access to resilience training through a new leadership and talent management programme

### Error and incident reporting

Improved systems for collecting and reporting of incidents and near misses include:

- A new Incident Reporting and Management Policy
- Provision of analysis and feedback
- Progressing the implementation of a web-based reporting system

### Support for better team working

The Trust is managing the risk of harassment, bullying and abuse by:

- Introduced a Raising Concerns Policy
- Reviewing the Respect at Work Policy and ensuring all staff are aware of how to seek support
- Launching a set of agreed standards of behaviour developed by staff
- Providing training to managers on appropriate management

## Improving access to learning and development

Significant improvements include:

- Developing a Core Education and Training Strategy
- Introduced a Talent Management and Leadership Development Strategy and associated programme
- Revised Study Leave policies to support equality for all in line with the needs of the organisation
- Introduced a new simplified Appraisal Policy
- Enhanced access to a mentor programme which is free to all staff

In addition the Trust enhanced job-based learning and training initiatives including:

- Reflective practice
- Supervision
- Project work
- Secondments
- Shadowing
- Coaching (delivering and receiving)
- Involvement in research.



## Attendance Management

By listening and responding to our staff and the introduction of a new Attendance Management Policy in partnership with trade union representatives, sickness absence reduced from 5.3% in 2010/11 to 4.6% in 2011/12.

## Equality and Diversity

The Trust has an Equality and Diversity Strategy and Plan in place that covers all equality strands.

The Trust is committed to ensuring that its staff and service users enjoy the benefits of an organisation that respects and upholds individuals' rights and freedoms. Equality and human rights are at the core of the organisation's beliefs and an Equal Opportunity Policy is in place in the Trust to support and inform staff of their rights and action to take should they feel discrimination has occurred. All current policy and practices were developed and reviewed in line with the Equality Act 2010.

Information has been provided to all staff highlighting the importance of Equality and Diversity both as employees and as providers of patient care. All new staff are also briefed as part of the induction programme.

## Compliments and Complaints

The complaints process is an important source of information that provides feedback ensuring where lessons have been learned and actions have been taken to improve services and patient experience.

In accordance with the Trust's Policy all complaints are acknowledged, investigated and responded to in line with the policy and the complainant's wishes.

In September 2011 the Care Quality Commission (CQC) assessed the Trust in relation to the Complaints Process (Standard 17) and declared the Trust compliant. In line with CQC guidance the Trust has encouraged patients to provide feedback about their experience enabling the Trust to focus on areas for improvement.

The table below demonstrates the number of formal complaints received during the reporting period of April 2011 to March 2012 by month, in comparison to the previous year.

|                 | APR | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC | JAN | FEB | MAR |
|-----------------|-----|-----|------|------|-----|------|-----|-----|-----|-----|-----|-----|
| <b>2010/11*</b> | 31  | 52  | 38   | 43   | 35  | 36   | 39  | 47  | 22  | 15  | 44  | 40  |
| <b>2011/12</b>  | 37  | 33  | 43   | 28   | 40  | 23   | 29  | 26  | 14  | 32  | 45  | 41  |

(\*NB in 2010/11: 22 formal complaints withdrawn)

The comparative review below identifies a reduction in the number of formal complaints received during April 2011 to March 2012 by 29.

| <b>April-March</b>                  | <b>2010/2011</b> | <b>2011/12</b> |
|-------------------------------------|------------------|----------------|
| Total Number of Complaints Reported | 420              | 391            |

On review of the complaint themes the top five trends are identified below:

| <b>April-March</b>   | <b>2011/12</b> |
|--|----------------|
| All Aspects of Clinical Treatment                            | 181            |
| Communication Oral & Written                                 | 50             |
| Staff Attitude/Behaviour                                     | 46             |
| Appointments Delays/Cancellations (inpatient and outpatient) | 34             |
| Admissions/Discharges/Transfer arrangements                  | 21             |

Identified trends provide the organisation with the opportunity to share learning and experience, influencing changes in practice and improvements to be made. Targeted work streams have implemented improvements as identified below:

- Medical Emergency Team (MET) supports the early identification and escalation of patients for appropriate intervention reducing the risk of deterioration.
- Easy Read leaflets to improve communication for all patients.
- Behavioural Standards Attitude Communications and Experiences (ACE) have been implemented across the Trust to ensure patients and staff are treated with dignity, respect and high standards of communication are maintained.
- Communication tool SBAR (Situation, Background, Assessment, Recommendation) has been introduced enabling a structured method for effective multi-disciplinary communication with primary aim of sharing key elements of patient management and treatment plans.
- Dedicated Dignity Champions with specific education and training based on communication, meeting patient's diverse needs, safeguarding and learning disabilities, and end of life care.
- Nutritional Improvement Programme developing protected mealtimes, mealtime co-ordinators on each ward, red tray and red water jug schemes.
- Forget Me Not initiative was designed and implemented to support patients suffering from dementia or memory problems enabling their family members or carers to communicate effectively by using a booklet.
- Falling Leaves campaign; supporting patients who are deemed at risk of falling to wear bright green wristbands, with a leaf symbol above their bed as a visual prompt to promote patient safety.

## Parliamentary & Health Service Ombudsman (PHSO)

Since April 1st 2011 the Trust has received 18 referrals from the PHSO. The table below identifies the various PHSO stages.

|              | Number Pending an initial decision | Number at Preliminary stage | Number referred back to the Trust for further Local Resolution | Number being formally investigated | Number of cases with No Further Action to be taken by the Trust | Total |
|--------------|------------------------------------|-----------------------------|--|------------------------------------|---|-------|
| <b>Total</b> | 1                                  | 2                           | 6  | 1                                  | 8   | 18    |





The Trust has high level reporting and monitoring processes in place to assure the Trust Board that recommendations have been acted upon accordingly.

The Trust also actively sought patients' views of their hospital experience and received 412 recorded positive comments (2010/11: 154), in addition to several thousand informal cards and letters of thanks to wards and departments.

### **Principles for Remedy**

The Trust takes into account the Principles for Remedy established by the Parliamentary and Health Service Ombudsman for every complaint we deal with. The Principles for Remedy are:

- Getting it right
- Being customer focused
- Being open and accountable

- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

It is not always possible to return everyone who complains back to the position they would have been if maladministration or poor service had not taken place. However, we are committed to:

- Providing an explanation
- Offering an apology where it is required
- Taking action to avoid similar incidents occurring in the future

# 5. Focus on our environment





## Environmental & Social Matters

The Trust recognises its role as a good corporate citizen and the need to minimise any negative impact on the environment from its activities.

### Modernising our hospitals, equipment and facilities

2011/12 saw the nearing of the completion of the PFI project when Nightingale House became fully operational. The overall expenditure of over £300m on buildings, equipment and infrastructure will ensure that patient clinical treatment pathways are greatly improved and issues of privacy and dignity, in terms of separate facilities for male and female patients, are overcome. This investment has also enabled the standard of all medical equipment, non-medical equipment and furniture to be improved with benefits in the operational efficiency of the hospitals.

### Utilities Priorities & Targets

The Trust's annual spend on gas and electricity for 2011/12 was £2.6m and the Trust's Carbon Footprint was 16,578 tonnes of CO<sup>2</sup>.

Energy usage is being closely monitored to ensure that the buildings are operating to the exact high efficiency standards that were specified. The results for St Helens Hospital demonstrate that the building is operating as designed and, although further time is required in respect of the Whiston building, preliminary information indicates that both gas and electricity usage figures per m<sup>2</sup> across our estate exceed best practice guidelines.

Looking ahead there are clear arrangements in place to provide incentives for both the Trust and our private sector partners to pursue energy savings to meet extremely challenging targets set for the NHS by the government.

An initiative that will commence in May 2012 is the review of the utilisation of our buildings now that the redefined estate is in place. This will seek to identify areas of low usage where additional services could be developed or identify where savings could be made from reducing the supporting infrastructure such as heating, lighting and cleaning in those areas.

# Sustainability

During the year we developed the Sustainable Development and Carbon Reduction Strategy to reduce the Trust's carbon footprint, save energy and work towards the Government's Carbon Reduction Commitment.

Items include:

- Review lighting times at Whiston Hospital
- Undertaking a water profile survey to identify leakage, dripping taps etc.
- Installation of a combined heat and power unit
- Installation of a Voltage Optimisation unit
- Installation of ultra-efficient lighting for the multi-storey car park and hospital circulation areas
- Installation of PC power management software to enable appliances to be turned off when not in use
- Participation in 'Action Energy' Government initiative 2011
- Ensuring waste is efficiently segregated and that recycling is maximised. The Trust, in liaison with its waste removal contractor is looking to achieve 100% landfill diversion by 2013.

The British Carbon Reduction Commitment Scheme now being introduced is likely to cost the Trust circa £190k per annum. However, it is expected that savings will accrue if energy usage is reduced.

## Transport

As part of the plans for our new hospitals the Trust was required to develop Green Travel Plans in liaison with the local councils. Several initiatives are now in place, including:

- Provision of improved changing and washing facilities for staff that elect to walk, run or cycle into work
- Provision of safe, secure cycle parking

- Cycle to work scheme which provides staff with cheaper bicycles
- Agreement for a commercial bus route into the St Helens Hospital site
- Salary sacrifice car scheme promoting cheaper energy efficient vehicles and giving savings to both staff and the Trust
- Development of the car share scheme

Despite the above measures (and the rise in car tax, petrol prices and parking prices) the Trust continues to experience increased demand for staff parking and further initiatives will need to be developed.

During 2012 the remaining car parks will be completed on both sites and it is hoped that the "Secure by Design" standard can be obtained. In addition, on the Whiston site the landscaping includes provision of safe, secure undercover facilities for both bicycle and motorcycle parking.

# Social and Community Issues

The Trust is aware of issues which affect the whole health economy in the way it conducts business and the service it provides to patients. The Trust has met this challenge by partnership working with the PCTs and Councils. We also share sustainability issues with our Shadow Board of Governors and through participation in local community groups, and embrace any ideas raised and initiatives pursued.

Both our new hospital buildings incorporate open public spaces and courtyards with an array of planting which encourages wildlife into the sites. The opportunity for patients to relax in natural surroundings has proven healthcare benefits.

# Patient Environment Action Team (PEAT)

The Patient Environment Action Team inspection is required to monitor seven key topics in at least 25% of the hospitals. Scores range from 1 (unacceptable) to 5 (excellent).

## Whiston Hospital PEAT inspection

This inspection was carried out in February 2012 by a team comprising nursing, infection control, estates and facilities management specialists plus an external validator from Lancashire NHS Trust and a patient representative.

| Subject                         | 2010/11 | 2011/12 | Additional Notes   |
|---------------------------------|---------|---------|--|
| Specific cleanliness            | 5       | 5       | The external validator commented that the cleanliness at Whiston Hospital was 'outstanding'. |
| Toilet and bathroom cleanliness | 5       | 5       |  |
| Infection control               | 5       | 5       | The team noted the excellent adherence to hand hygiene                                       |
| Environment                     | 5       | 5       | The team commented on the additional installation of wall protection.                        |
| Access and external areas       | 5       | 5       |  |
| Food and food service           | 5       | 5       | The external validator was very impressed with the Braille menus and picture menus.          |
| Privacy and dignity             | 5       | 5       |  |

## St Helens Hospital PEAT inspection

This inspection was carried out in February 2012 by a similar team who carried out the exercise at Whiston Hospital, with the exception that no external validator was appointed.

| Subject                         | 2010/11 | 2011/12 | Additional Notes                            |
|---------------------------------|---------|---------|---|
| Specific cleanliness            | 5       | 5       |   |
| Toilet and bathroom cleanliness | 5       | 5       |   |
| Infection control               | 5       | 5       |   |
| Environment                     | 5       | 5       |   |
| Access and external areas       | 5       | 5       |   |
| Food and food service           | 5       | 5       | Covered within Whiston Hospital submission. |
| Privacy and dignity             | 5       | 5       |   |

# Sustainability Report

The NHS aims to reduce its carbon footprint by 10% between 2009 and 2015. Reducing the amount of energy used in our organisation contributes to this goal.

There is also a financial benefit which comes from reducing the energy bill.

By reducing energy costs by 5% in 2011/12, the Trust has saved £131,606, the equivalent of 23 hip operations.

Plans have been put in place to reduce carbon emissions and improve environmental sustainability. Over the next 10 years it is expected that the Trust will save £1,153,430 as a result of these measures.

The Trust recovered or recycled 817.36 tonnes of waste, which is 54% of the total waste produced.

Total energy consumption has fallen during the year, from 055,445 to 050,637 MWh.

Relative energy consumption has changed during the year, from 0.39 to 0.35 MWh/square metre.

Renewable energy represents 0.0% of the total energy use. The Trust does not generate any energy. Arrangements have been made to purchase electricity generated from renewable sources.

Measured greenhouse gas emissions have reduced by 270 tonnes this year.

The Trust does not currently collect data on annual Scope 3 emissions.

Water consumption has increased by 28,091 cubic meters in the recent financial year.

In 2011/12 the Trust spent £545,000 on water.



During 2011/12 gross expenditure on the CRC Energy Efficiency Scheme was £196,986.

The CRC Energy Efficiency Scheme is a mandatory scheme aimed at improving energy efficiency and cutting emissions in large public and private sector organisations.

During 2011/12 total expenditure on business travel was £316,415.

The Trust has an up to date Sustainable Development Management Plan.

Having an up to date Sustainable Development Management plan is a good way to ensure that an NHS organisation fulfils its commitment to conducting all aspects of its activities with due consideration to sustainability, whilst providing high quality patient care. The NHS Carbon Reduction Strategy asks for the boards of all NHS organisations to approve such a plan.

The Trust considers the potential need to adapt the organisation's buildings and estates as a result of climate change, but not the potential need to adapt the organisation's activities.

Adaptation to climate change will pose a challenge to both service delivery and infrastructure in the future. It is therefore appropriate that the Trust consider it when planning how it best serves patients in the future.

Sustainability issues are included in the Trust's analysis of risks facing our organisation

NHS organisations have a statutory duty to assess the risks posed by climate change. Risk assessment, including the quantification and prioritisation of risk, is an important part of managing complex organisations.

In addition to focusing on carbon, the Trust is also committed to reducing wider environmental and social impacts associated with the procurement of goods and services. This is set out within policies on sustainable procurement.

The Trust plans to start work on calculating the carbon emissions associated with goods and services it procures.

Peter Williams, Director of Corporate Services, is the Board Level Lead for Sustainability.



A Board Level lead for Sustainability ensures that sustainability issues have visibility and ownership at the highest level of the organisation.

Sustainability issues, such as carbon reduction, are not currently included in the job descriptions of all staff.

A staff energy awareness campaign is ongoing.

"A sustainable NHS can only be delivered through the efforts of all staff."

Staff awareness campaigns have been shown to deliver cost savings and associated reductions in carbon emissions.

The Trust has a Sustainable Transport Plan.

The NHS places a substantial burden on the transport infrastructure, whether through patient, clinician or other business activity. This generates an impact on air quality and greenhouse gas emissions. It is therefore important that the Trust considers what steps are appropriate to reduce or change travel patterns.

# 6. Focus on Governance





# Governance Statement

## Scope of Responsibility

The Board is accountable for internal control. As Accountable Officer and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

The Trust recognises the importance of working constructively with NHS North of England, local residents and partner organisations within the local health economy, not only to develop services which meet the health and social needs of the population, but also to manage the risks associated with achievement of our strategic objectives. Additionally, and critical to the Trust's success, is the relationship with NewHospitals, the special purpose vehicle established to deliver the Private Finance Initiative (PFI) development. To support these relationships and delivery of strategic objectives the Trust and its partners have a range of meetings and performance frameworks established. Amongst these are:

- Quarterly Executive Team to Executive Team meetings between the Trust and Merseyside Primary Care Trust Commissioners
- Monthly meetings of the Strategic Partnership Board whose membership includes local authorities, local CCGs and PCT Commissioners
- Quarterly liaison meetings between the Trust and key members of the NewHospitals project team

The Trust's principal partner organisations are the Merseyside Primary Care Trusts; NHS Halton & St Helens, NHS Knowsley and Liverpool PCT. A series of arrangements are in place relating to their role as both commissioners and strategic partners to the Trust.



The Trust has worked with its partners including NHS North of England and NHS Merseyside to develop a Tripartite Formal Agreement setting out development plans, milestones and accountabilities that will enable the Trust to become a Foundation Trust within agreed deadlines.

Contractual commitments between provider and commissioner are regulated via a standard contract. Joint performance review mechanisms are in place, focusing key quality and contract deliverables and NHS Plan target delivery.

Central to the organisation's strategic management of risk identification and control is the business planning process which identifies risks and opportunities from a business perspective and how these issues will be managed. In addition, performance monitoring and management of the Trust's strategic objectives including national and local priorities is regularly reviewed by the Trust Board and supported through sub-committees.

The Trust's Corporate Objectives continue to be reflected in Executive Directors' personal objectives agreed on an annual basis and cascaded through the organisation within individual objectives, appraisals and personal development plans.

## The Governance Framework of the Organisation

The Trust has a governance and risk management infrastructure addressing clinical and non-clinical issues. The Trust Governance Board and the Audit Committee develop the governance and risk management agenda. The Trust Governance Board receives a six-monthly report from each care group. The report includes a general overview of risk management and governance as covered by this framework within the care group. The Audit Committee meets five times per year and is responsible for providing independent assurance to the Board of Directors on the systems in place for corporate risk management. In addition, the Audit Committee oversees financial and governance risk.

### Board of Directors

The Trust Board oversees the work of the Audit Committee and the supporting governance infrastructure as described in this framework ensuring that governance and the management of risk is effective. The Board of Directors is informed of the effectiveness of the governance systems and process of internal control by the Audit Committee, the Governance Board and the Councils reporting to the Governance Board.

A self-assessment of Board members was undertaken using a questionnaire produced by the Foundation Trust network within its Compendium of Best Practice. The results indicated positive scores, with effectiveness (measuring risk management) scoring very high, and Board structure (succession planning) and stakeholder engagement highlighted as areas of attention. The Board was also advised that more in depth, independently validated, assessment has been required of aspirant foundation trusts as described in the DH document Board Governance Assurance Framework for Aspirant Foundation Trusts. It is planned that this will be addressed as part of the foundation trust pipeline work.



### Executive Management Team

The Executive Management Team is responsible for planning, organising, directing and controlling the organisation's systems and resources to achieve service objectives and quality improvement through development and implementation of the Trust's objectives. It provides the Trust Board of Directors with confidence that the systems, policies, and people they have put in place to deliver operational performance of the Trust are effective, comply with standards, are focused on key risks, are driving the delivery of the Trust's objectives and are being managed effectively.

### Audit Committee

The Audit Committee has responsibility to review the establishment and maintenance of an effective system of internal control and risk management across the whole of the Trust's activities (both clinical and non-clinical) that supports the achievement of the Trust's objectives. The committee meets five times per year, and has membership of three non executive directors including the Chair. Before each full committee meeting, the committee meets with the external and internal auditors without any executive board director present.

During the year the Chief Executive was invited to and attended the committee to discuss the process for assuring the Trust Board that there are sound systems of internal control in place. The Director of Finance is invited to, and has attended each of the full committees during the year, along with representatives of both internal and external audit.

Additionally the committee requested the attendance of the Director of Nursing, Director of HR, Director of Operations and the Director of IM&T to report on specific areas of risk.

### Finance Committee

The Finance Committee has responsibility to scrutinise in detail the financial and operational performance of the Trust. The Finance Committee meets six times per year and its membership includes all directors of the Trust.

### Trust Governance Board

The Trust Governance Board develops and supports the implementation of the governance framework, monitoring performance from the three councils that report to it, identifying any issues of concern and reporting to the Trust Board of Directors. The three councils reporting to the Trust Governance Board are the Clinical Performance Council, Patient Safety and Experience Council and the Human Resource Council.

The Governance Board supports the governance and risk management accountability arrangements within the Trust and ensures that all significant risks are properly considered and communicated. During the year, three annual updates have been reported to the Trust Board of Directors through the Board Assurance Framework (BAF).

The Trust Governance Board monitors and receives reports regarding operational and corporate risk registers by exception.

The Trust Governance Board agrees and clarifies committee and working group responsibilities and agrees the governance and risk management

framework annually, ensuring that the Trust responds to the requirements of different review bodies involved in independent verification and reviews the assurances/outcomes as appropriate (including monitoring of progress against action plans). The committee receives and takes necessary action on reports from the three councils.

The Trust Governance Board and the Audit Committee have delegated power in providing Trust Board Assurance. Therefore when deficits are identified in any of the above, the committee will monitor progress with improvement plans to ensure standards are maintained and safety is not compromised through the learning lessons process.

### Clinical Performance Council (CPC)

The CPC is responsible for ensuring high standards of clinical care are achieved and maintained by monitoring Trust clinical outcomes and benchmarking with local, regional and national standards. It is also responsible for ensuring the effective implementation of national quality standards e.g. National Institute for Health and Clinical Excellence (NICE), National Service Frameworks (NSF) and National Confidential Enquiries. The council is also responsible for ensuring that the Trust has a comprehensive and effective clinical audit and research programme, which results in improved clinical service provision.





### **Patient Safety and Experience Council (PSEC)**

The PSEC ensures service compliance with national patient safety mandates, improves analysis and understanding of Trust adverse incidents and enables appropriate remedial action planning to improve patient safety performance. The council ensures that improved patient experience is achieved through monitoring of performance against a range of indicators from the national surveys to local departmental initiatives.

### **Human Resource Council (HRC)**

The HRC is responsible for ensuring best practice human resources standards and all aspects of learning and development, including staff training, staff survey, and work and well-being initiatives. Risk management training is provided to all staff levels and functions. Additionally clinical staff receive specialist training in risk assessment and equipment usage. Best practice guidance is disseminated through the governance councils and sub-groups.

### **Health and Safety Committee (HSC)**

The HSC has responsibility for maintaining a healthy and safe environment for all patients, staff and visitors. The HSC has responsibility for implementation and performance monitoring of the Trust's Health & Safety programme and reports to the Human Resource Council. The HSC is constituted to act as a consultative and advisory forum in addition to its monitoring function.

### **Information Governance Steering Group (IG)**

The IG steering group leads on the information governance agenda and is chaired by the Trust's Caldicott Guardian. The group ensures that employees are aware of their responsibilities for all aspects of information. The group monitors compliance with all matters relating to the information governance agenda including compliance with the information governance toolkit. This group reports directly to the Trust Board of Directors bi-annually.

## Clinical Outcomes Committee (COC)

The COC aims to improve the care of our patients. Anyone working in the Trust may refer a case that they have concerns about. The clinical records are reviewed by senior clinical staff and discussed by the committee which makes recommendations for improvements. The assessors and members of the committee are drawn from a variety of specialities and professional groups. The referrals and cases are treated in a confidential and anonymised manner. The committee has a non-judgmental approach which concentrates on system problems rather than individual performance. We aim to share the lessons learned with Trust staff. In addition to referred cases the committee regularly samples cases. The committee members also do an annual mortality review of 50 deaths, using the Berkshire template. The Chair of the committee reports monthly to the Clinical Performance Committee.

## Improving Outcomes Group (IOG)

The IOG provides assurance to the Trust Board that patient safety and quality of care are being addressed by systems to monitor and act upon internal and external alerts. The IOG actively monitors mortality rates, readmission rates, lengths of stay and patient safety indicators, and ensures where necessary action plans are in place and address alerts are raised. The IOG reports to the Clinical Performance Council.

## Learning from Experience Group (Aggregated Adverse Incident Review Group -AAIRG)

The Learning from Experience group has responsibility to make sure that analysis of all incidents, complaints including concerns/issues identified and claims are undertaken on an aggregated basis to optimise the recognition of trends and themes. In addition, the group is responsible for ensuring trends and themes are acted upon and managed effectively, including lessons learned through the action planning from

deficits identified across the organisation. The group reports to the PSEC bi-annually or more frequently by exception.

## Operational Performance Group (OPG)

The OPG meets monthly and is chaired by the Director of Operations. The Trust's operational performance framework meetings specifically accommodate an update and review of governance issues to ensure the link between strategic goals, operational delivery and governance is maintained and enhanced.

## Risk assessment

New risks have been added to the Board Assurance Framework during the year which included; new Bribery Act, Fraud and Corruption legislation, achieving the requirements of the Tripartite Formal Agreement and Foundation Trust pipeline. Further enhancements have been made to significantly reduce the risks relating to Patient Administration System (PAS), 18 week performance and external funding of the PFI. All changes to the Board Assurance Framework (BAF) are recorded in the summary sheet accompanying the BAF Board paper.

The risk of failing the Trust's national and organisational targets will come from financial and operational performance. Any threats to their delivery such as partial achievement of Commissioning for Quality and Innovation (CQUIN) performance or Cost Improvement Plans (CIPs) are noted and reported with mitigating actions from the Trust.

**Risk assessment** – All service and corporate functions undertake annual risk assessments in accordance with the Trust's Risk Assessment Procedure. Managers review their services, sites and staff roles to identify any hazards or potential hazards.

**Accident/Incident reporting** - by staff is an efficient and effective system for identifying risk. Effective reporting also allows for rapid action in resolving how and why an incident may have occurred and can facilitate the organisation in learning how to avoid repeat occurrences of similar incidents. The Trust has implemented a fair blame culture, to ensure that staff feel safe in being open to report events.

**Complaint reporting** – Any risks highlighted through the complaints process are identified by the assistant directors of operations and heads of corporate functions.

**Health and Social Care Regulations** - The Trust ensures that systems are in place within the organisation to support in-year monitoring against the Health and Social Care Regulations and associated outcomes. Failure to comply with the regulations is deemed a risk to the organisation, risk-assessed and entered on to the Trust Board Assurance Framework - Corporate Risk Register. Any changes to inspection/compliance criteria within the CQC are reflected in this process.

**Patient Safety Alerts** - Safety alerts are issued by the Central Alerting System, which incorporates alerts on behalf of the Medicines and Healthcare Products Regulatory Agency (MHRA), the National Patients Safety Authority (NPSA), Chief Medical Officer's Public Health Link and NHS Estates as well as specific guidance from the Department of Health. The Trust ensures that the system in place supports distribution, assessment of compliance and, where deficits are identified, these are acted upon and consistently monitored until all actions are completed. Failure to comply with alert actions within the required timescales is deemed as a risk to the organisation and is entered onto the risk register.

**Audit** - There is an annual programme of clinical and non-clinical audit within the organisation, which has the potential to highlight risks. The Audit Committee oversees corporate audit activity and is

responsible for the scrutiny of received assurance and exception reports. The Clinical Performance Council performs this same function for clinical audit and the Human Resource Council for health and safety.

## Information Governance and Data Security

The principles of Information Governance require that all reasonable care is taken to protect patient information in NHS organisations. This is not only governed by the law, but also NHS Codes of Practice, Department of Health Guidance and Professional Codes of Conduct.

The Trust is continuously working to ensure compliance with NHS standards and in particular the protection and safe transfer of its information.

The Trust ensures all incidents and risks are identified by the use of security and data audits and also incidents and concerns that are reported to the IT Helpdesk and the Governance team. A risk assessment is performed on each incident reported. These incidents are managed and resolved internally by the Information Governance Manager and IT Security Engineer. In addition, the creation and management of a specific IM&T risk register has been developed and incorporated into the assurance framework. This will ensure appropriate visibility and regular review of IM&T risks within the IM&T management team and the Information Governance Steering group.

During 2011/12 two information security incidents were reported to the Information Governance team. Both of these incidents resulted in information being sent out in error to employees. The Information Commissioner's Office was contacted on both occasions and they confirmed they were satisfied with how the Trust had dealt with these incidents and there would be no action taken.

As a result of these incidents, the Information Governance Steering Group agreed that an external audit would be commissioned in order to identify any areas of concern regarding the handling of information and to make recommendations to improve the security of information within the department where the errors occurred. The Trust is awaiting the final report on this.

The Trust is also committed to ensuring that procedures are in place for the creation and management of reliable and useable corporate records whilst maintaining the confidentiality and security of these.

In order to achieve this, a Corporate Records Audit is planned to commence in May 2012. The Trust will be using a stepped approach as it is the most practical way to begin the Inventory. Specific directorates/departments will be targeted until all records have been covered.

### **CQC Standards and the Quality Risk Profile**

Overall responsibility for ensuring compliance with the CQC standards lies with the Governance Board as a sub-group of the Trust Board. Each of the three councils has a role in developing the evidence needed to ensure compliance against a range of relevant standards. The Governance Board is tasked with undertaking evidence reviews against each of the CQC outcomes which will result in a completed Provider Compliance Assessment for each outcome. The Trust receives regular updates to the CQC Quality Risk Profile and each of the outcome standard indicators is risk-assessed and graded based upon information drawn from a number of sources. Any risk rated red, which signals a performance worse than expected, is subject to remedial action planning and further evaluation.

- The priorities described in the CQC Essential Standards are reflected in the key objectives of the Trust and the risk register reflects relevant risks to achieving those goals.
- The standard owners are required to describe any remedial action needed to ensure continuous quality improvement and provide status updates to the relevant council.
- The Quality and Risk Profile (QRP) is provided to the Trust six times per year by the Care Quality Commission. It is based on the wide variety of external monitoring information comparing Trust performance against CQC desired outcomes and provides an assessment of risk against results. The overall risk profile for each outcome is then summarised from the RAG ratings within the QRP. Each red rating, other than those relating to individual patient opinion, is shared with relevant service leads and subject to action to improve performance and subsequent RAG rating. The QRP is reported via the Trust Governance Board.

### **Corporate Risk Register – Board Assurance Framework (BAF)**

The BAF is utilised by the Trust Board as a planned and systematic approach to the identification, assessment and mitigation of the principal risks that could hinder the Trust achieving its objectives. The BAF is reviewed by the Executive Team and Trust Board three times annually. The BAF contains the major risks and controls in place. Changes and developments are noted following Board discussion. The Assurance Framework reflects each of the corporate objectives and includes both internal and external assurance that Trust goals are being met.

Where risks are identified, mitigations and subsequent action plans are mapped against them. Risks are scored using the same methodology as recommended by the NPSA; (risk= impact x likelihood). The total score generated is known as the risk rating.

## The Risk and Control Framework

Risks are controlled and thereby prevented through the effective risk management processes described in the previous section. The management of risks is undertaken through the Trust risk register database, a single system that holds all departmental and corporate risks, key controls and residual scoring. Specialty risk registers are held by each specialty and monitored monthly at the specialty governance meetings. Any risk that the specialty considers cannot be managed at that level or has the potential to affect the care group in which the specialty is located is escalated to the relevant care group governance and risk meeting for consideration of inclusion on the care group risk register.

Each Care Group manages a risk register which is monitored at least quarterly at their risk governance meetings and is inclusive of risks that cannot be mitigated at Directorate level. Any potential high risk identified is escalated to the relevant Director for consideration or inclusion onto the Trust's risk register/Board Assurance Framework.

The decision to escalate a risk from the operational risk register to the BAF/Risk Register is taken by the Executive Team. Similarly, there may be occasions when it is deemed appropriate to transfer a risk from the BAF to the operational risk register. This will usually be because it is considered that there are adequate controls in place to ensure the risk does not impact on any of the Trust's high level objectives contained within the BAF Framework but there is still a requirement for the risk to be monitored by the Board of Directors.

In relation to fraud risks the Trust agree annually a proactive counter fraud plan using a nominated and nationally accredited Local Counter Fraud Specialist (LCFS). The Trust's plan covers seven



areas of activity including anti fraud culture and deterrence to fraud, supplemented by a local risk assessment which examines local fraud vulnerabilities.

Regular monitoring of counter fraud activity is undertaken with progress reports at each Audit Committee. An annual report is produced which includes the counter fraud activity. The monitoring process includes the identification of any fraudulent activity against the Trust. In December 2011 the Trust received an independent report from NHS Protect on its overall counter fraud work which identified no significant weaknesses in current fraud and corruption arrangements.



## Review of the Effectiveness of Risk Management and Internal Control

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control.

The systems of risk management and internal control are designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives. It can therefore only provide a reasonable and not absolute assurance of effectiveness.

I have formed a view on the effectiveness of these systems in a number of ways. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the assurance framework and on the controls reviewed as part of the work of internal audit. Opinion for 2011/12 has stated that there is an overall significant level of assurance on Trust systems of risk management, control and governance, which are being applied consistently and are designed to support the achievement of Trust objectives.

Executive Directors and managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance.

The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principle objectives have been reviewed.

My review has also been supported by:

- The Trust continuing to hold CQC Registration Without Conditions
- Independent external financial review and diagnostic
- Consistent delivery against all key access targets as reported through the Trust's

performance framework and reviewed by the Trust Board

- Delivery against internal key performance indicators aligned to the Trust's corporate objectives to achieve a higher level of performance than nationally prescribed as the minimum required standard
- Delivery of financial duties
- Internal Audit concluded that the systems and processes in place regarding the Assurance Framework are designed and operated to meet the requirements of the annual governance statement. They have also provided significant assurance regarding the systems and processes underpinning the CQC care outcome standards
- The ongoing maintenance of the Trust's Risk Register to capture, report upon and monitor improvement against all key risk issues raised
- Benchmarking results as provided in staff and patient surveys
- The Trust Board being actively engaged in the governance and assurance process in identifying, quantifying, monitoring and preparing risk mitigation strategies to ensure identified risks are managed appropriately
- Annual self-assessment using the NHS Information Governance Toolkit. The Toolkit provides assurances of the Trust's systems of information governance in protecting patient information through the principles of confidentiality, integrity and availability of patient information
- The achievement of level 2 compliance with NHSLA assessment, which included high praise to the Governance team in the methodology, evidence and work undertaken against the standards.



### Assurances received through the Governance Structure

The Trust Board oversees the work of the Audit Committee and the supporting governance infrastructure (as described in the Governance Framework section) ensuring that governance is effective. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Audit Committee, the Governance Board and the Councils reporting to the Governance Board. Plans to ensure continuous improvement of systems are in place. Progress is continually monitored by the Trust Board.

Key senior managers are continually working on the collation of evidence to demonstrate the Trust's compliance with the new CQC standards. This will be reflected in a revision of the Board Assurance Framework to reflect registration compliance which in turn will ensure continuous improvement of the internal control system that is in place.

In the course of the year I have reviewed the systems of control and governance, attended supporting Boards and Committees and reviewed internal and external reports, ensuring identified areas of risk are being appropriately managed. In doing so I am able to report that there are no significant areas of risk to report.

The system of internal control has been in place at St Helens and Knowsley Teaching Hospitals NHS Trust for the year ending 31st March 2012 and up to the date of the approval of the Annual Report and Accounts.

*Ann Marr*

**Ann Marr**  
Chief Executive  
April 2012

# The Trust Board

The Board of Directors places much emphasis on ensuring governance is effective, robust and works in line with best practice. The Trust's Code of Governance provides the structure to support the many aspects of an effective Board.

**The composition of the Board during 2011/12 was as follows:**

## Chairman

Les Howell, CBE - appointed June 2008

## Chief Executive

Ann Marr - appointed January 2003

## Executive Directors

Mike Lynch, Medical Director - appointed March 2007; retired March 2012

Anne-Marie Stretch, Director of Human Resources - appointed July 2003

Gill Core, Director of Nursing, Midwifery and Governance - appointed February 2009

Damien Finn, Director of Finance - appointed February 2010

Dr Mike Lynch retired during the year after 30 years at the Trust during which he was responsible for the establishment of the excellent multi-disciplinary team approach to the care of rheumatology patients. He also oversaw the development of the role of rheumatology nurse specialists who provide invaluable support and education to patients.

## Non Executive Directors

Rod Hill, Vice Chair - appointed in December 2005, re-appointed in December 2009

David Bradbury - appointed in June 2004, re-appointed in June 2008 and again in 2012

Roy Swainson - appointed in November 2006, re-appointed in November 2010

Alison Close - appointed in November 2008

Bill Hobden - appointed in June 2009

## Associate Directors

John Tappin, Deputy Medical Director - appointed April 2004

Ian Stewardson, Director of Service Modernisation – appointed June 2003

Neil Darvill, Director of Informatics – appointed December 2003

Peter Williams, Director of Corporate Services – appointed in August 2006

Donna McLaughlin, Director of Operations and Performance – appointed February 2008

Kevin Hardy, Director of Clinical Strategy - appointed July 2008

# Principal sub-committees of the Trust Board

## Audit Committee

The Audit Committee consists of three Non-Executive Directors. A number of other directors and senior staff attend the meetings at the request of the members.

| Members                                      |
|--|
| Alison Close, Non-executive Director (Chair) |
| David Bradbury, Non-executive Director       |
| Roy Swainson, Non-executive Director         |

## Trust Governance Board

The Governance Board is made up of the following membership

| Members   |
|---|
| Gill Core, Executive Director of Nursing, Midwifery & Governance (Vice Chair) |
| Neil Darvill, Director of Informatics (Deputy Chair)                          |
| Les Howell, Trust Chairman  |
| Mike Lynch, Medical Director  |
| Anne-Marie Stretch, Director of Human Resources                               |
| Damien Finn, Director of Finance  |
| Donna McLaughlin, Director of Operations & Performance                        |
| Hilda Gwilliams, Deputy Director of Nursing and Quality                       |
| Mike Manning, Clinical Director - Orthopaedics                                |
| Karen Edwardson, Patient Safety Manager                                       |
| Julie Hendry, Deputy Clinical Director Medical Care                           |
| Rani Thind, Clinical Advisory Group Representative                            |
| Amanda Connolly, Head of Quality for Surgery                                  |
| Stephen Beckett, Head of Quality for Clinical Support Services                |
| Cathy Umbers, Head of Quality for Medical Care                                |
| Seamus McGirr, PCT representative   |

## Finance Committee

The Finance Committee is attended by the Executive Directors, Non-executive Directors and the Deputy Director of Finance.

| Members  |
|--|
| Rod Hill, Non-executive Director (Chair)               |
| Les Howell, Chairman                                   |
| Ann Marr, Chief Executive                              |
| Anne-Marie Stretch, Director of Human Resources        |
| Mike Lynch, Medical Director                           |
| Damien Finn, Director of Finance                       |
| Gill Core, Director of Nursing, Midwifery & Governance |
| David Bradbury, Non-executive Director                 |
| Roy Swainson, Non-executive Director                   |
| Alison Close, Non-executive Director                   |
| Bill Hobden, Non-executive Director                    |
| Nikhil Khashu Deputy Director of Finance               |

## Remuneration Committee

The role of the Remuneration Committee is to decide the remunerations, allowances and other terms and conditions of service of the Chief Executive and other Executive Directors.

| Members                                |
|--|
| Les Howell, Trust Chairman             |
| Rod Hill, Non-executive Director       |
| Bill Hobden, Non-executive Director    |
| David Bradbury, Non-executive Director |
| Alison Close, Non-executive Director   |
| Roy Swainson, Non-executive Director   |

# Directors Remuneration Report

The banded remuneration of the highest paid director in St Helens & Knowsley Teaching Hospitals NHS Trust in the financial year 2010/2011 was £191,737.30. This was 7.80 times the median remuneration of the workforce, which was £24,554.00.

In 2011/2012 the banded remuneration of the highest paid director in St Helens & Knowsley Teaching Hospitals NHS Trust in the financial year 2011/2012 was £168,405.72. This was 6.86 times the median remuneration of the workforce, which was £24,554.00.

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

During the 2011/2012 year there was a change of Medical Director. There has been no pay award during the reference period.

Section 234B and Schedule 7A of the Companies Act, as interpreted for the public sector requires NHS bodies to prepare a Remuneration Report containing information about directors' remuneration.

## A) Remuneration

### Notes:

The Trust Board oversees the running and direction of the Trust and is accountable for financial and operational performance. The Chair and five Non-executive Directors are initially appointed for a four-year term by the Secretary of State for Health

and can be reappointed for further similar terms. The Chief Executive post is a standard NHS contract with no time element included and is reviewed by the Trust's Remuneration Committee on an annual basis. In attendance at this committee is the Chairman, Chief Executive and at least two Non-executive Directors, except when the CEO's salary is discussed. The Human Resources Director also serves the Remuneration Committee except when the Human Resources Director's remuneration is discussed. The Finance Director, Human Resources Director and Nursing Director posts are substantive appointments. Along with the Chief Executive their posts would be subject to national competition if they became vacant. The Medical Director is appointed from within the Trust consultant body on a fixed-term contract.

In respect of pay awards for Executive Directors, these are made in line with Department of Health guidance. The Trust has a robust appraisal process in place for Executive Directors but does not operate a performance-related pay framework

Please note that elements of the Remuneration Report are subject to audit, namely the salary and pension entitlements of senior managers (ie. the Board), compensation paid to former directors, details of amounts payable to third parties for the services of a director (if made) and the median remuneration of the Trust's staff and the ratio between this and the mid-point of the banded remuneration of the highest paid director. performance-related pay framework. All the Trust Executive Directors are employed on a full-time substantive contract with a 6 months contract termination notice period either side. There have been no significant awards made to past Executive Directors for early terminations of contract.

| Name and Title  | 2011-12                               |  | 2010-11                            |  |
|---|---------------------------------------|--|------------------------------------|--|
|   | Salary<br>(bands of<br>£5000)<br>£000 | Other<br>Remuneration<br>(bands of<br>£5000)<br>£000 | Salary<br>(bands of £5000)<br>£000 | Other<br>Remuneration<br>(bands of<br>£5000)<br>£000 |
| Mr L Howell, Chairman<br>(Started 1 June 2008)  | 20 - 25                               | 0  | 20 - 25                            | 0  |
| Ms AM Marr, Chief Executive   | 160 - 165                             | 0  | 165 - 170                          | 0  |
| Mr DP Finn, Director of Finance and Information   | 100 - 105                             | 0  | 95 - 100                           | 0  |
| Dr M Lynch, Medical Director<br>(Started 1 April 2007, second term of office from 1<br>April 2010, now retired)   | 15 - 20                               | 115 - 120  | 25 - 30                            | 190 - 195  |
| Dr J Tappin, Acting Medical Director<br>(Acting with effect from 14 November 2011, pay<br>pro-rata'd)   | 5 - 10                                | 60 - 65  |                                    |  |
| Ms G Core, Director of Nursing, Midwifery &<br>Governance   | 95 - 100                              | 0  | 95 - 100                           | 0  |
| Mrs AM Stretch, Director of Human Resources &<br>Deputy Chief Executive   | 95 - 100                              | 0  | 100 - 105                          | 0  |
| Mr D Bradbury, Non-executive Director<br>(Started 1 June 2004, second term of office to 31<br>May 2012)   | 5 - 10                                | 0  | 5 - 10                             | 0  |
| Mr R Swainson, Non-executive Director<br>(Started 1 November 2006, second term of office<br>from 1 November 2010)   | 5 - 10                                | 0  | 5 - 10                             | 0  |
| Mrs A Close, Non-executive Director<br>(Started 1 November 2008, first term of office to<br>31 October 2012 - salary costs recharged from<br>her main employer) | 5 - 10                                | 0  | 5 - 10                             | 0  |
| Mr R Hill, Non-executive Director<br>(Started 1 December 2005, second term of office<br>to 30 November 2013)  | 5 - 10                                | 0  | 5 - 10                             | 0  |
| Mr W Hobden, Non-executive Director<br>(Started 18 June 2009, first term of office to 17<br>June 2013)  | 5 - 10                                | 0  | 5 - 10                             | 0  |

## B) Pension Benefits

| Name and title   | Real   |   | Total accrued pension at age 60 at 31 March 2012<br>(bands of £5000)<br>£000 | Lump sum at age 60 related to accrued pension at 31 March 2012<br>(bands of £5000)<br>£000 | Cash Equivalent Transfer Value at 31 March 2012<br>£000 | Cash Equivalent Transfer Value at 31 March 2011<br>£000 | Real  |   |
|--|--|---|--|--|---|---|---|---|
|  | Real increase/ (decrease) in pension at age 60<br>(bands of £2500)<br>£000 | Real increase/ (decrease) in lump sum at age 60 related to real increase/ (decrease) in pension<br>(bands of £2500)<br>£000 |  |  |   |   | Real increase/ (decrease) in Cash Equivalent Transfer Value | Employers Contribution to Stakeholder Pension<br>£000 |
|  |  |   |  |  |   |   |   |   |
|  |  |   |  |  |   |   |   |   |
| Ms AM Marr, Chief Executive  | 0 - 2.5  | 0 - 2.5   | 60 - 65  | 190 - 195  | 1,258   | 1,132   | 92  | 0   |
| Mr DP Finn, Director of Finance and Information                                    | 0 - 2.5  | 0 - 2.5   | 25 - 30  | 80 - 85  | 409   | 307   | 92  | 0   |
| Dr M Lynch, Medical Director (see note below)                                      |  |   |  |  |   |   |   | 0   |
| Dr J Tappin, Acting Medical Director<br>(Acting with effect from 14 November 2011) | (0 - 2.5)  | (5 - 7.5)   | 80 - 85  | 190 - 195  | 1,644   | 1,595   | 0   | 0   |
| Ms G Core, Director of Nursing, Midwifery & Governance                             | 0 - 2.5  | 0 - 2.5   | 40 - 45  | 120 - 125  | 742   | 648   | 74  | 0   |
| Mrs AM Stretch, Director of Human Resources & Deputy Chief Executive               | (0 - 2.5)  | (0 - 2.5)   | 35 - 40  | 105 - 110  | 585   | 502   | 67  | 0   |

**Please note that the above information has been provided by the NHS Business Services Agency - Pensions Division.**

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

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or



arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. Please note that no figures are shown for Dr Lynch who had retired in March 2011 but returned as Medical Director and has since retired from the post during 2011/12.

The CETV figures, and other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries. The Government Actuary Department (GAD) factors for the calculation of CETVs assume that benefits are indexed in line with CPI which is expected to be lower than RPI which was used previously and hence will tend to produce lower transfer values. However, it should be noted that common market valuation factors have not been used by the NHS Business Services-Pensions Agency for the start and end of the period as new factors have been applied as at 31 March 2012.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer.

