

Annual Report

2012-13



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Foreword from the Chair and Chief Executive

Welcome to the 2012/2013 Annual Report and Annual Accounts for St Helens and Knowsley Teaching Hospitals NHS Trust. The report also includes the Quality Account, which details standards of care, patient experience, the quality of patient safety and clinical effectiveness throughout the year.

This year has been extremely busy and challenging for the Trust, with the demand for services increasing across all wards and departments. This increase in activity exceeds the national trend. The excellent reputation and facilities at Whiston and St Helens hospitals make them the health provider of choice for many people in the region. The provision of outstanding patient care is the cornerstone of the Trust's philosophy.

During the year the Trust has received a number of awards and positive assessments highlighting the high standards of care provided to patients. Some of them include;

Rated as a top performer in the Patient Environment Action Team (PEAT) assessment for the 7th year running.

Rated 15th out of 146 hospital trusts nationally in the MHP Health Mandate Quality Index.

Awarded the Trust the highest score ever given to a hospital trust across England for the NHS Litigation Authority (NHSLA), Level 2 assessment.

The Advancing Quality (AQ) programme rated the Trust as the 'best performer' out of all trusts in Cheshire and Merseyside for the treatment of patients suffering from pneumonia and heart attacks.

The Care Quality Commission inspection gave an extremely positive report stating the Trust provides high standards of care, treatment and support that meets the needs of patients.

The Trust once again has had a successful financial year and has delivered on all its financial obligations. Cost savings have been implemented across all areas of the Trust. This year has marked the completion of the £338 million Private Finance Initiative (PFI) redevelopment of Whiston and St Helens hospitals, completed on time and within budget. The new hospitals offer state-of-the-art facilities and equipment, providing our patients with world-class healthcare services.

The commitment, expertise and compassion of staff combined with their dedication to delivering high standards of patient care is outstanding. The Trust Board thanks each and every one of them for their hard work during the past year. We are also indebted to our volunteers, whose services, help and support are selflessly given, acknowledged and much appreciated.

Les Howell, Chairman and
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.

The Trust's annual income is £279 million and it employs 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 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 & 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. The local population is generally less healthy than that of the rest of England, with a higher proportion of people suffering from 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 (acute and community), Sleep Studies, Stroke Care.

Surgical

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

Women and Children

Gynaecology, Maternity, Children & 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, Electro-Biomedical Engineering (EBME), Imaging, Neurophysiology, Orthoptics, Pathology, Pharmacy.

Non-Clinical Support Services

Clinical Education, Complaints, Contracts and Facilities Management, Finance, Governance, Health Informatics, Health, Work and Wellbeing,



Hotel Services (portering, domestic, catering and security), Human Resources, Learning & Organisational 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.

Additional Services

Chiropody, Dietetics, Occupational Therapy, Orthotics, Physiotherapy, Speech and Language Therapy. Provided by 5 Boroughs Partnership

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 ElderCare.

Visiting Consultants

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



Foundation Trust status update

Becoming a stand-alone Foundation Trust (FT) remains a key objective for the Trust. This year there has been significant activity working towards achieving FT status. This includes the development of a robust Clinical and Quality Strategy that underpins the Trust's 5 year business case and financial model. This has been shared widely with Commissioners and other stakeholders. Their valuable feedback has been incorporated into the strategy.

Formal agreements with neighbouring trusts have been established to work collaboratively, whilst acknowledging each organisation's independence. These agreements will facilitate discussions regarding opportunities for the efficient provision of healthcare services, which will further improve the quality of clinical services across a wider footprint to benefit patients.

A number of external reviews regarding Quality and Corporate Governance as well as historic due diligence have been carried out. The recommendations from these reviews have been implemented in accordance with agreed timescales.

A revised trajectory to achieving FT status has been submitted. This indicates that the Trust should commence public consultation on its proposals in early 2014, with the intention of being ready for assessment in September 2014.

The Strategic Partnership Board comprising senior Trust, Commissioner and Local Authority representation has continued to meet throughout the year. This group is driving forward initiatives through a whole health economy approach including redesigning local care pathways (ensuring people receive the right treatment in the right place) and developing new services primarily to help address the increasing demand for urgent unplanned care.

In addition, during the year an FT Programme Management Board was established, led by the Trust Chairman to manage the overall FT programme. This group meets monthly with stakeholders, monitors progress and reports directly to the Trust Board. This group will ensure that milestones for achieving FT status are met.

Corporate objectives 2012/13

The Trust aims to deliver high quality healthcare with the best possible outcomes and experience for patients and their families. Each year, the Trust's Corporate Objectives establish the Trust's aims for the forthcoming year and sets actions for how these are to be achieved.

In 2012/13, the Trust has made further patient safety improvements and delivered consistently high standards of care. All financial targets were met and new systems of work were introduced that are patient-focussed and fit for purpose. For staff, the Trust continues to invest in their health and wellbeing, recognising the importance of continued learning and development.

The Trust's '5 Star Care' vision revolves around five key action areas: Safety, Pathways, Systems, Care and Communication. This is to ensure that the Trust is patient-centred, reliable and works efficiently.

The 2012/13 Corporate Objectives were as follows:

Safety

"We will embed a culture of safety improvement that at 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."

Aims:

- Further 10% reduction of hospital acquired pressure sores.
- No grade 3 pressure sores.
- Reduction of falls that result in harm by 10%.
- Reduction of hospital acquired catheter associated urinary tract infection.



We will:

- Undertake systematic programme of ward safety audits to ensure care is safe and promotes elimination of harm.
- Implement safety thermometers in all wards.
- Implement the corporate driver chart to ensure that all concerns are identified and lessons are learned.
- Ensure all patients that are at risk of venous thromboembolism (VTE) receive appropriate preventative treatment.

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 the Year 2012/2013

Trust launches Mentor Scheme

The Trust launched its Mentor Scheme, in partnership with the North West Mentoring Scheme, to an audience of over 150 staff across the organisation.

The scheme aims to use the experience and expertise of mentors to provide valuable support to others. Offering guidance to staff to assist career and professional development.



Double Excellent in PEAT Assessments

For the seventh year running, the Trust has been named as one of the top performers in the Patient Environment Action Team (PEAT) assessments.

Both St Helens Hospital and Whiston Hospital scored top marks of "Excellent" for their high standards in the categories of Food, Patient Environment and Privacy and Dignity.

The PEAT assessments inspect NHS hospitals throughout England. They are carried out with the involvement of patients, patient representatives and members of the public.





Top marks for patient safety

The Trust has scored top marks in the latest NHS patient safety assessment.

Assessors for the NHS Litigation Authority (NHSLA) have awarded the Trust the highest score ever given to a hospital Trust across England for the Level 2 assessment.

This year, for the first time, the NHSLA assessment involved visits to wards and departments to assess whether the Trust follows national policy across its clinical practice. Assessors commented on the warm welcome, enthusiasm and high levels of motivation in the staff they met during their visit.

UNICEF award to Maternity and Neo-natal services

Both Maternity and Neo-natal services at Whiston Hospital have successfully passed Stage 2 of the UNICEF Baby Friendly Initiative (BFI) award.

The Baby Friendly Initiative is a worldwide programme that aims to ensure a high standard of care in relation to infant feeding for pregnant women, mothers and babies. The programme supports and encourages Midwives in their teaching of the benefits of breastfeeding, skin-to-skin contact and the on-going support needed for new mothers and their babies.

First Trust to win top UK industry award

The Trust has become the first ever NHS Trust to win the prestigious British Quality Foundation's Lean Six Sigma Award.

Competing against some of the biggest and most prominent award-winning UK companies, the Trust was commended for its exceptional performance in delivering patient care within a strict budget, with staff quick to recognise the benefits of adopting lean methodology to improve patient experience.

Trust rated top performer

Advancing Quality Alliance (AQUA) rated the Trust as 'best performer' out of all trusts in Cheshire and Merseyside for the treatment of pneumonia and heart attacks. The North West's healthcare quality improvement organisation published its figures showing the Trust continues to improve in key clinical areas.

The Advancing Quality programme aims to give patients a better experience of the NHS by ensuring the highest standards of care are consistently delivered.

IT Champion of the Year

Neil Darvill, Director of Informatics, was announced as eHealth Insider's Healthcare IT Champion of the Year 2012.

Neil, who has overseen the transformation of information technology at the Trust, was awarded the honour for his outstanding contribution to IT in the NHS. The development and introduction of many new systems have increased efficiency, accuracy, reduced administration, enhanced patient safety and delivered financial savings of more than £3m over five years.

Trust delivers high standards of care, says the CQC

The Trust passed the inspection for standards of quality and safety by the Care Quality Commission (CQC). A routine, unannounced inspection was carried out at Whiston Hospital in October 2012 to check that the essential following standards were being met:

- respecting and involving people who use services
- care and welfare of people who use services
- cleanliness and infection control
- staffing levels
- assessing and monitoring the quality of service provision

Independent inspectors observed the way in which patients were being cared for at the hospital and reviewed how patients were looked after at each stage of their treatment. This involved observation, checking patient records and talking to patients, their carers or family members, as well as speaking with staff.

Major award success for Outreach

Nurse Specialist Deborah Beck and the Outreach Service have been awarded £15,000 by the North West Regional Innovation Fund. The Fund is designed to help encourage innovations in healthcare and promote best practice; funding is awarded to specific projects in order to support their continued development.



Deborah established the Outreach Service, which enables plastic surgery patients to return home much sooner after surgery, thanks to her support and that of the Plastic Surgery Consultants.

Trust holds its 4th National Dementia Conference

The Trust held its fourth National Dementia Conference on Dementia Care in Hospitals at Aintree Racecourse in September.

The conference, for clinicians with an interest in dementia care, aimed to address some of the critical issues faced by those affected by dementia during their time in hospital from 'the front door', through acute illness and afterwards.



Excellence in HR

Claire Scrafton has won the NHS North West Excellence in HR Award 2012, for her role as Deputy Director of Human Resources at the Trust.

Claire was nominated for the award for her leadership and contribution to Human Resources and Organisational Development, and her wider contribution to the NHS HR community.

Health, Work and Wellbeing pass with flying colours

The Health, Work and Wellbeing service has achieved full accreditation following a Safe Effective Quality Occupational Health Service assessment (SEQOHS).

This accreditation signals a high quality of occupational health provision, with the Trust commended for its investment in modern, accessible and high quality facilities.



First Annual Mersey Burns & Plastic Surgery Prize Meeting

The first Annual Mersey Burns & Plastic Surgery Meeting has been held at Whiston Hospital. Organised by Consultants in Burns & Plastic Surgery, the prize meeting encourages regional junior doctors to further their research interests and present their work formally to their peers. Dr Susie Yao, with her presentation on the non-contact SIA scope in Basal Cell Carcinoma diagnosis, received first prize at the event.

Due to the quality of research and positive feedback received, plans are now in place to expand the meeting for future events and work towards establishing it as a national and international meeting, to be hosted annually by the Trust.



2. Financial Review



Financial Review

In 2012/13 the Trust delivered all its required statutory financial duties as summarised below:

Objective	Outcome
Achieve at least a break-even position on income and expenditure	Achieved: £700k Surplus
To manage capital expenditure within a pre-set limit	Achieved: Total capital spend of £2.9m
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 form required	Achieved

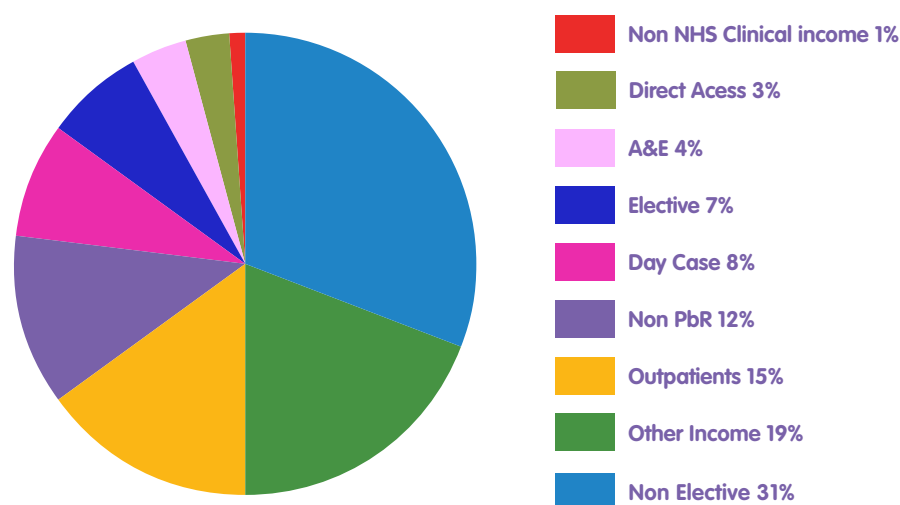
After generating £278.6m worth of income the Trust was able to deliver a surplus of £0.7m.

Trust Income

Of the £278.6m income achieved, £225.1m (81%) came from patient-related activities with the largest contributor being Halton & St Helens PCT whose contract was worth £139.4m.

The remaining 19% of income, in the main, related to PFI support funding, NHS North West Deanery for the education and training of junior doctors, and service level agreements (SLAs) provided to other organisations.

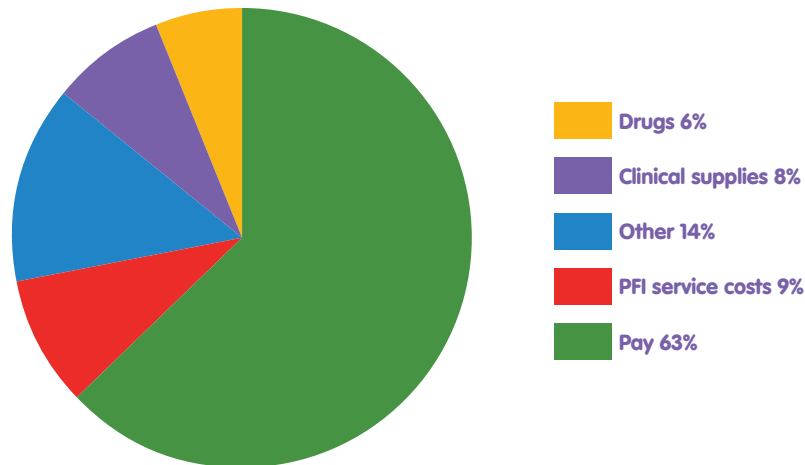
The following graph sets out the proportion of income received by type:



Trust Expenditure

Total operating expenditure (including depreciation and impairments) for the Trust was £251.4m. The largest expenditure type was pay which was £158.1m, representing 63% of the Trust's total operational expenses; £115m, representing 73% of total pay costs, was spent on medical and nursing pay.

The following graph summarises the expenditure by operating type:



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 2012/13 the Trust efficiency requirement was £15m. This was delivered by a combination of greater productivity and cost reductions. 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 productivity improvement.

In this year, the Trust's total capital resource was £2.9m. Investments have included the provision of new and replacement equipment to frontline clinical teams.

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 risk management, governance and internal control processes are operating effectively. The Trust received an audit opinion of "significant assurance". Grant Thornton UK LLP 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.

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

The recent modernisation reforms are intended to ensure that the NHS is built around patients, led by health professionals and focused on outcomes that are world class. The Trust will embrace these reforms by working alongside local health economy partners and ensuring it continues to delivery excellent services for its population.

Ageing population

One of the great success stories of the past century has been the almost continuous rise in life expectancy. Since the NHS was set up in 1948, lifespans have increased by a dozen years for both men and women – and this trend is predicted to continue.

A rise in the ageing population brings with it challenges. The growing number of elderly people means more patients with multiple medical conditions present significant challenges in providing care and support.

Lifestyle factors

Obesity, alcohol and smoking are the three main adverse lifestyles choices which cause disease and death, adding billions of pounds to the NHS bill.

While smoking rates have fallen in recent years, the burden from obesity and alcohol is on the rise. One in four adults are obese – a figure predicted to double in the next 40 years – helping drive up rates of heart disease, diabetes and cancer.

There has been a sustained push to encourage people to live healthier lives for some years. The Government is working with industry on a variety of schemes, such as clearer labelling on food and drinks and reduced levels of salt, sugar and trans-fats.



Meanwhile, from 2013/2014 local authorities will take on responsibility for Public Health programmes in the belief they are better placed to use their influence over schools, planning, green spaces and leisure amenities to help people become healthier.

Financial constraints

Funding in England is rising by 0.1 per cent a year during this Parliament. To cope with flat funding – and the rising costs associated with the ageing population, lifestyle factors and medical advancements – the health service in England has been asked to save £20bn by 2015 – the equivalent of a 5 per cent increase in productivity.

The Trust has a good track record in delivering its operational and financial requirements. This gives a firm foundation to support the local health economy in addressing these medium to long-term issues.

3. Focus on our work



Key Performance Overview

The Trust is monitored on over 400 performance indicators. These include national standards from the Department of Health Operating Framework, contract indicators with local Clinical Commissioning Groups, and the Trust's internal standards. The Trust achieved the majority of its operational targets and continues work to improve all outcomes.

Summary of key national targets	2012/13 Target	2012/13 Performance
Number of Hospital Acquired MRSA bacteraemia incidences	3	10
Number of Hospital Acquired C. Difficile incidences	37	31
A&E Type 1: (Consultant led 24 hour service with full resuscitation facilities) Percentage seen in less than four hours	95%	94.2%
A&E Type 1&3: (As above, plus doctor or nurse led minor injuries and illness service) Percentage seen in less than four hours	95%	95.3%
Percentage of patients first seen by specialist within two weeks when urgently referred by GP with suspected cancer	93%	94.8%
Percentage of patients seen within two weeks when referred with breast symptoms (whether or not cancer is suspected)	93%	97.3%
Percentage of patients receiving first definitive treatment for cancer within 31 days	96%	99.4%
Percentage of patients receiving first definitive treatment within 62 days following an urgent GP referral for suspected cancer	85%	91%
Percentage of non-admitted patients treated within 18 weeks	95%	98.5%
Percentage of incomplete pathways waiting less than 18 weeks	92%	97.6%
Percentage of admitted patients treated within 18 weeks	90%	95.1%
Percentage of patients who have spent 90% or more of their time on a stroke unit	80%	78.5%

NOTES

Number of Hospital Acquired MRSA bacteraemia infections

This is the number of patients who test positive (from a blood sample) for Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia

Number of Hospital Acquired Clostridium Difficile infections

This is the number of patients (aged 2 or over), who show clinical symptoms, assessed and test positive for Clostridium Difficile infections.

A&E Type 1: Percentage seen in less than four hours

This is the number of Accident and Emergency attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge divided by the total number of Accident and Emergency attendances.

Percentage of patients first seen by a specialist within two weeks when urgently referred by their GP with suspected cancer

This is the number of patients urgently referred with suspected cancer by their GP who were first seen within 14 calendar days (within a period) divided by all patients urgently referred with suspected cancer by their GP who were first seen within a period.

Percentage of patients seen within two weeks when referred with breast symptoms (whether or not cancer is suspected)

This is the number of patients who have been urgently referred (for evaluation/investigation of "breast symptoms" by a primary or secondary care professional) who were first seen within 14 calendar days, during the period divided by the total number of patients urgently referred for evaluation/investigation of "breast symptoms" by a primary or secondary care professional within a period.

Percentage of patients receiving first definitive treatment for cancer within 31 days

This is the number of patients receiving first definitive treatment for cancer within 31 days of receiving a diagnosis (decision to treat) within a given period for all cancers divided by the total number of patients receiving first definitive treatment for cancer within a given period for all cancers.

Percentage of patients receiving first definitive treatment within 62 days following an urgent GP referral for suspected cancer

This is the number of patients receiving first definitive treatment for cancer within 62-days following a referral from an NHS Cancer Screening Service during a given period divided by the total number of patients receiving first definitive treatment for cancer following referral from an NHS Cancer Screening Service within a given period.

Percentage of patients whose operation was cancelled at the last minute for non-clinical reasons

This is the number of patients whose operation was cancelled, by the hospital, for non-clinical reasons, on the day of or after admission divided by the total number of general and acute First Finished Consultant Episodes (FFCEs) for elective activity (inpatient ordinary and day case admissions) in the period.

Percentage of non-admitted patients treated within 18 weeks

This is the number of patients attending hospital who were treated within 18 weeks (in a period) divided by the total number of patients attending hospital (in a period).

Percentage of admitted patients treated within 18 weeks

This is the number of patients admitted who were treated within 18 weeks (in a period) divided by the total number of patients admitted (in a period). This indicator is adjusted for patients who have had legitimate reasons for the clock to be paused e.g. on holiday, unwell etc.

Percentage of incomplete patients treated within 18 weeks

This is the number of patients who have waited less than 18 weeks for treatment (at the end of a period) divided by the total number of patients waiting (at the end of a period).

Percentage of patients who have spent 90% or more of their time on a stroke unit

The number of people who have had a stroke and spend at least 90% of their time on a stroke unit divided by the number of people who have had a stroke who are admitted to hospital.



Safeguarding

Safeguarding children

Each year, the Trust Board has to ensure that it is effectively discharging its responsibilities towards the safeguarding of children in accordance with Section 11 of the Children's Act 2004. In August 2012, the Trust received assurance following the publication of a report by Ofsted and the Care Quality Commission (CQC). This followed their Safeguarding Children's Review of St Helens Local Safeguarding Children's Board (LSCB) and all the respective partners during June and July 2012. The CQC Inspector judged "the contribution of health agencies to keeping children and young people safe as 'good' = Grade 2". The report also noted that there are "robust arrangements" for the safeguarding of children at Whiston Hospital's Children and Young People's Emergency Department / Children and Young People's wards and noted many specific examples as "good practice."

The Paediatric (Health Visitor) Liaison Service at Whiston Hospital was noted as providing an 'outstanding' service of comprehensive liaison ensuring GPs, health visitors and school nurses are notified of any emergency attendance. The liaison service extends across Maternity services, Child and Adolescent Mental Health Services (CAMHS), Contraception and Sexual Health services and Substance Misuse services, leading to effective partnership working.

The Trust's own Safeguarding Children's Committee (which meets quarterly) is the vehicle responsible for providing Board assurance. This committee oversees the Trust's Safeguarding Children Work Plan (updated quarterly) which identifies all required developments and changes, as well as the combined individual management review action plan. This is a log of all lessons that have been learned following serious case reviews in which the Trust has been involved since 2004. On inspection, the CQC found these practices to be "very robust".

In the summer of 2012 the Trust updated the LSCBs' Annual Section 11 Audit which scrutinises how effectively the Trust is safeguarding children. Only one of the 52 standards required action which required a review of the Trust's policy on 'Dealing with an allegation of abuse to a child or young person by a member of staff'. This policy was ratified in March 2013. The Trust's policy of Safeguarding Children Supervision was reviewed and ratified in July 2012. The Trust has now increased the number of senior staff available to provide regular and ad hoc supervision to all staff in accordance with statutory guidance. A gap in safeguarding children training attendance numbers was identified at Levels 2 and 3 during 2012 and a robust recovery plan has been implemented in agreement with local commissioners and the CQC Inspector. (A full Trust Safeguarding Children Annual Report is available on request).

Safeguarding adults

The Adult Safeguarding Steering Group is now embedded in the Trust's governance framework. The Trust continues its representation at three Local Safeguarding Adults Boards demonstrating partnership working with local communities. The Trust has developed and implemented an Electronic Safe Alert process on the Patient Information System enabling vulnerable patients to be flagged up at the first point of access.



Domestic abuse

The Trust ratified its Domestic Abuse Policy in May 2012, providing a clear process for staff to follow. This has led to an increasing number of domestic abuse risk assessments completed in the Accident and Emergency Department and ward areas demonstrating improved awareness and proactive intervention. The Trust attends multi-agency risk assessment conferences in two local authorities and provides reports to three others, ensuring more effective management of high-risk cases of domestic abuse.

Mental Capacity Act and Deprivation of Liberty Safeguards

The Trust reviewed and ratified its Mental Capacity Policy in October 2012 and has continued to work in collaboration with local Mental Capacity Act Networks to develop relationships, joint training and individual case collaboration ensuring that authorisations of Deprivation of Liberty Safeguards are managed effectively. This has led to an increased identification of actual and potential 'deprivations of liberty' across the Trust.

Managing people with mental health needs

In May 2012, the Trust extended its registered activity to include the care and medical treatment of people detained under the Mental Health Act. This ensures that the Trust has robust processes in place when people detained under the Mental Health Act also require acute in-patient care.

Learning disability

The Trust has been actively involved in the Strategic Health Authority-initiated Learning Disability Self-Assessment Framework, alongside our community primary and social care colleagues. This has led to significantly better scores than in previous years. The Trust is represented on two Local Learning Disability Partnership Boards, demonstrating its commitment to improve the access to acute care of people with a learning disability.



The Trust has further developed pathways which enable the early identification of special needs and the ability to make reasonable adjustments to support these patients during their time in hospital. In November 2012 the Trust hosted an 'accessibility' event led by Liverpool Mencap which involved testing out the accessibility of Trust signage and access routes to departments within the hospital.

Carer support

The hospital-based Carer Support Team is part of the Integrated Discharge Team signposting carers to their local services, supporting individuals and providing local briefing and awareness to Trust staff.

Medical Care

The Medical Care Group has made an important contribution to Trust-wide initiatives aiming to further reduce waiting times, improve access to services and enhance patient care pathways. In addition, the improvements in services and care pathways have supported the enhancement of patient experience and patient safety.

Accident and Emergency Department

The Accident and Emergency Department (AED) handles both medical emergencies and accidents. During 2012/2013, the AED has seen a significant increase in activity, from 90,599 patient attendances to 96,525. This is an increase of 6.5%.

In September 2012, the Alcohol Liaison Scheme commenced – this supports those patients who have alcohol issues and the consequent impact on their health. In October, the Trust implemented the Adult Mental Health Liaison Service, with a new team supporting both Accident & Emergency and inpatient wards to assure better access to mental health assessment and treatment.

A new lead nurse commenced in May 2012, and two consultants were appointed in January 2013. This addition to the number of consultants is to address the increase in activity, as well as helping to improve accessibility to senior decision makers, seven days a week. The lead nurse is charged with focussing on nursing standards, infection management and control and enhancing the patient experience and environment.

Acute Medical Unit (AMU)

The Acute Medical Unit has continued to develop its clinical services and its reputation within the region and at a national level. In the last year, two new Consultants in Acute Medicine have been appointed, adding to an innovative and dynamic medical team. This has increased the number of hours per day (both during the week and at weekends) during which a consultant is present. The unit is part of the national Ambulatory Care Delivery Network, which assists in providing patients with safe care, without the need for admission to

hospital. The GP Assessment Unit has continued to deliver high quality, efficient patient care. At a national level, the Trust received the best rating of any hospital in the country for training in Acute Medicine in the 2012 GMC Trainee survey.

Maternity

Maternity Services are provided at Whiston Hospital and in the community across St Helens and Knowsley. The service provides early pregnancy booking, antenatal care, delivery and postnatal care, seeing women from as early as six weeks into their pregnancy through to a few weeks after delivery.

The service offers a number of specialist provisions for pregnant women and new parents. In addition, maternity services provide all scheduled antenatal care within the hospital and the community, home births, parentcraft education and weekly unit tours.

During the year, maternity services have continued to expand as a result of an increase in demand. The number of women accessing the service has increased significantly over the past 12 months. With the number of births increasing to 3,800 every year, more women are choosing Whiston Hospital for the care and delivery of their babies.

There is a comprehensive clinical governance structure in place within obstetrics and gynaecology services. The Trust has been assessed as complying with the national risk management safety standard the Clinical Negligence Scheme for Trusts (CNST) at Level 2 and is working towards assessment to attain Level 3 (the highest performing level) before the end of 2013/14.

Maternity services have state-of-the-art electronic baby tagging systems on wards. This is supported by modern effective CCTV.

One of the most important achievements during the year has been the investment by the Trust in a modern clinical IT system for maternity services, which went live in February 2013. This fully-comprehensive system is used both by hospital staff and by community midwives and ensures all valuable patient information is kept centrally. This improves the quality of care delivered, and enhances record keeping and communication between hospital and community teams.

Following the 2012 Royal College of Midwives Annual Award, the Public Health Midwives were invited to present the effectiveness of the service at the Midwives National Annual Conference in December 2012.

Children & Young People

The Children & Young People's Service includes the Special Care Baby Unit (SCBU), two dedicated children's wards, the Children's Investigations Unit and the Children's Hospital at Home Nursing Service. Each of the eight Consultant Paediatricians has a special interest in a sub-speciality of paediatric medicine including diabetes, epilepsy, cystic fibrosis, paediatric cardiology, gastroenterology, neonates and respiratory. During the year, the inpatient service saw an increase in admissions of approximately 20% which required additional inpatient beds and increases in the number of medical and nursing staff.

SCBU continued to enhance the family focus by increasing the accommodation available to newly-delivered mothers whose babies are admitted to SCBU. Six rooms are now available within and immediately adjacent to the unit.



The Children and Young People's Diabetes Team ensured their service complies with the new standards within the Paediatric Diabetes Best Practice Tariff that went live in April 2013. The team has restructured the way in which outpatient clinics operate. All children are now seen by a consultant and a nurse specialist. Trust nursing staff have devised education programmes which have been adopted nationally and have also been invited to work with NICE to review national guidance.

The Whiston Hospital's Children's Community Nursing Team (WHCCNT), pilot commenced in February 2013. The main focus for the new team is to facilitate early discharge or avoid admission by caring for children deemed to be well enough to be cared for at home. The team also has a safeguarding role for vulnerable infants at the point of discharge from hospital. This was considered 'good practice' by the Care Quality Commission in August 2012.

Members of staff have continued to represent the Trust both at a national and international level. The Children and Young People's Respiratory Team have participated in two national audits – the National Paediatric Pneumonia and Asthma Audits. The Trust was praised for performing less invasive blood and microbiology tests on children when compared to the national data.

Children and Young People suffering from pneumonia benefit from having fewer invasive investigations during their treatment yet the same outcomes are still achieved. In the asthma audit, the Trust was found to be performing better than the national average, with children having fewer chest x-rays and antibiotic treatment; a low threshold for admission to Paediatric High Dependency; and a greater amount of information leaflets being distributed to families at discharge.

Critical Care

The Medical Emergency Team (MET), was fully implemented this year. The purpose of the MET is the early recognition of, and response to, changes in a patient's condition; a total of 1,122 MET interventions took place for over 700 patients over the first six months. This has contributed to a reduction of overall hospital mortality and cardiac arrest.

The Trust scored 'green' (compliant) in the Annual Specification Review, which benchmarks critical care units across Cheshire & Merseyside. The Trust works in partnership with the Cheshire and Merseyside Critical Care Network groups, to further develop clinical practice, research and audits.

Patient Support Groups are held every six weeks, enabling those who have spent time in the Unit to come together to report on progress and discuss their feelings. An annual remembrance service is held for the families of deceased patients who received treatment in the Critical Care Unit.

Diabetes

The Trust is running a successful MSc course in diabetes management in collaboration with Liverpool John Moores University. The specialist diabetes team is also continuing its National Institute for Health Research funded project examining ways to improve quality of care and patient experience for people with diabetes admitted to hospital.



The Chair of St Helens & Knowsley Diabetes Patient & User Group presented at the Involve Conference, a collaborative research and patient involvement group.

The Diabetes team has also taken part in four national adult and two paediatric diabetes audits. National Diabetes, Inpatient and the National Insulin Pump Audit. The team was also represented on an expert reference group.

Dermatology

In August 2012, the department welcomed a new consultant dermatologist and the first training grade doctor as part of the Specialist Registrar rotation.

A further consultant dermatologist joined the team in March 2013, providing general dermatology expertise, dedicated to children and young people's dermatology, which will allow the Trust to expand the existing service to meet demand and manage increased referrals.



Rheumatology

The Rheumatology Department achieved re-accreditation of the Cabinet Office Customer Service Excellence Standard. An early arthritis clinic has been established so that patients with early inflammatory arthritis are seen every four to six weeks for assessment in accordance with best practice laid out in NICE guidelines for management of rheumatoid arthritis.

The department's multi-disciplinary team offer flexible clinic hours with out of hours appointments, so patients who work, or carers accompanying elderly patients, do not have to take time off work to attend clinic.

The unit runs a multi-disciplinary Ankylosing Spondylitis service, which alongside the twice-yearly outpatient clinics, offers a monthly exercise group and a monthly support group for patients.

The department also runs a multi-disciplinary clinic at home service. This is a more convenient way of reviewing the individual, resolving their needs and providing a more patient-centred approach for patients with long-standing rheumatoid arthritis who are unable to attend clinic.

Sexual Health

The Trust's sexual health service comprises seven adult and five young people's clinics in and around St Helens, Runcorn and Widnes, as well as a Genito-Urinary Medicine (GUM) clinic based in St Helens Hospital. (Knowsley is served separately by a Liverpool service.)

Each clinic offers broadly the same services, which include:

- testing and treatment for STIs
- supply of all forms of contraception
- cervical cytology, or smear testing
- pre-conception advice (lifestyle advice for those seeking to become pregnant)
- advice and referral for unplanned pregnancies
- psycho-sexual counselling (including transgender counselling and referral)
- erectile dysfunction service
- An HIV service, offering assessment and monitoring.

Young people aged between 13 and 19 years can access these services at any of the young people's clinics.

There is increased provision of treatment for sexually transmitted diseases across all clinics which means that qualified staff are able to treat the majority of STIs without onward referral. Tests for blood-borne viruses are now available at several of the community clinics.

GUM clinic health records are now completely electronic. This record system employs a unique numbering system and is specifically designed to preserve the anonymity of sexual health patients.

The C-Card scheme provides free condoms to young people between 13 and 19 years of age, distributed from a variety of venues across the service. During the year, the number registered on the scheme has increased to 2,500 (an increase of 650 from the previous year) and the number of GP practices signed up to the scheme has risen to over 95%.

The Sexual Health website – www.getiton.org.uk – has seen a total of 34,532 hits during the year. Over 90% of patients who participated in a patient feedback survey rated the service as ‘good’ or ‘excellent’.

Cardiology

The number of beds on the Coronary Care Unit (CCU) has increased from 14 to 17. This additional capacity on CCU allows patients whose condition begin to improve, to remain on CCU for continued specialised care before being transferred to the general cardiology ward. The increased capacity in CCU has also enabled the development of the Acute Coronary Syndrome (ACS) Pathway for patients who have attended the Accident and Emergency Department (AED) with ACS chest pain. The use of this pathway promotes a quicker journey for patients from the AED to CCU, providing timely treatment for their condition.

The Cardiology Specialist Nursing Team continues to ensure that the key quality indicators for Advancing Quality conditions such as myocardial infarction (MI) and heart failure are achieved, ensuring best practice standardised care for patients suffering with these conditions.

Palliative care

The Palliative Care Service now provides a seven day service, providing access to palliative care professionals, as well as operating a helpline for advice. An End of Life Care Steering Group has been established and a member of the team is leading on the development of an electronic palliative care co-ordination system. An Enhanced Rapid Discharge Pathway for patients who wish to die at home has been introduced.

Gastroenterology

To ensure all emergency admissions presenting with an active gastric bleed are treated promptly the department has successfully implemented an ‘Early Bird Bleeder’ list. This has created an efficient pathway for emergency endoscopic diagnostic procedure.

To ensure all patients are adequately prepared for any endoscopic diagnostic procedure a pre-endoscopic checklist has been successfully implemented.

In the outpatients and endoscopy setting, the department continued to provide ‘one stop services’ for patients referred from GPs with suspected gastrointestinal cancer.





Department of Medicine for Older People

In December 2012, the department, in partnership with Social Services, implemented a new system to support nursing homes. The aim of the project is to provide specialist advice to staff and care to complex patients in order to prevent inappropriate hospital admission. Two consultants visit the nursing homes to provide on-going evaluation of elderly patients, enabling them to receive treatment for a range of conditions at home, rather than in hospital.

Outstanding work is on-going within the wards to create an environment that is suitable for patients who live with dementia and cognitive impairment. Ward 5B has converted a day room into a reminiscence room to promote stimulation and enhance communication. The room is used for individual and group therapy. Plans are in place to convert day rooms on all wards within the department.

Stroke Care

The Trust delivers a 24 hour a day, seven day a week service, providing rapid assessment for thrombolysis and specialised stroke care on a combined acute/rehabilitation unit, as well as services for high and low risk Transient Ischaemic Attack (TIAs). The team have taken part in 7 research studies over the past year and which are on-going, with a further 3 research trials.

The stroke team has also been involved in the Stroke Management Project – a national audit looking at improving the patient pathway through the Emergency Department.

The Stroke Unit has seen an increase in the number of volunteers, who provide patients with invaluable support. The volunteers spend time talking to patients, assisting them with activities and promoting communication.

Respiratory

The Trust has recruited additional respiratory specialist nurses to support patients with acute and chronic respiratory disease, including asthma, bronchiectasis and interstitial lung disease. The nursing team undertakes assessment and provides specialist advice and education to patients living with lung disease. The acute nursing and St Helens Community Chronic Obstructive Pulmonary Disease (COPD) Team, who are based in the Trust, are integrated to provide a seamless service for patients with lung disease, specifically COPD.

The team continue to progress services for patients to prevent recurring hospital admissions and to reduce the length of stay, should hospital admission be unavoidable. This includes the development of oxygen clinics and the provision of a portable blood gas machine to support patients at home. The team are also progressing care plans for in-patients with exacerbation of COPD, early detection systems for patients at risk of admission, or with end stage COPD and the development of the Endobronchial Ultrasound Scan (EBUS) service, enabling patients to receive diagnostic tests promptly and locally.

Surgical Care

During 2012/2013 the Trust achieved the Department of Health (DH) target of reducing the percentage of patients who waited more than 18 weeks for surgery to below 90%. This has been maintained despite an increase in activity of approximately 10%.

General Surgery

The department has commenced a period of development and expansion with the recruitment in December 2012 of two laparoscopic colorectal consultants. This service will provide a 'gold standard' treatment for patients diagnosed with bowel cancer, building on the excellent reputation of the department and contributing towards the service redesign of emergency access to general surgery.

General Surgery has continued to achieve the 18 week target and has improved pathways for day case surgery, offering new and innovative treatments such as Transanal Haemorrhoidal Dearterialisation (THD).

Trauma & Orthopaedics

This year has seen a huge transformation in the performance of trauma & orthopaedics, with the reduction of patients waiting longer than 18 weeks for treatment.

The department has expanded with the recruitment of three new consultants, helping to develop both the lower and upper limb service. Both the Enhanced Recovery Programme and dedicated elective ward have continued to develop and improve the care for patients, ensuring a reduced length of stay and standardised care pathways.

Day case trauma and anterior cruciate ligament (knee ligament reconstruction) surgery is provided at St Helens Hospital. The service continues to develop new initiatives, such as Younger Persons Hip Pain Management.

Ear Nose and Throat (ENT)

The ENT and the Head & Neck Department provide routine, specialised and acute ENT services for both adults and paediatric patients. This service is provided at both hospitals and also in the community at Newton Hospital.

All patients with suspected ENT cancers are seen within two weeks of referral from their GP; all cancer patients are seen in the multi-disciplinary joint cancer clinic staffed by a multi-disciplinary team consisting of a radiotherapist, an ENT surgeon and other relevant professionals.

The team provide a Rapid Access Clinic via the Emergency department which ensures speedy access for acute patients.



Audiology

The Audiology Department at St Helens Hospital offers four soundproof rooms and four fitting rooms. The department also provides diagnostic support to ENT departments at other hospitals, as well as delivering a community-based audiology service in Knowsley.

During the last year the department has reduced waiting times, in line with the Any Qualified Provider (AQP) commissioning model. This ensures that all patients are offered a first assessment appointment within 16 working days of referral; a hearing aid fitting appointment (if required) is offered within four weeks following initial assessment (although some patients are seen and fitted with hearing aids on the same day). GPs can make 'direct bookings' to the department via the Choose & Book system.

The department provide high specification, discreet digital hearing aids and provide on-going advice and lifelong support to all patients who require a hearing aid. Support and advice is also offered on environmental aids and lip reading classes to people with hearing impairments.

Urology

The Urology service has developed during the year, both in terms of referrals and in the development of collaborative service with the urology team at Southport and Ormskirk Hospitals NHS Trust. The outpatient nurse-led service in the Urology Diagnostic and Treatment Centre at St Helens Hospital provides:

- rapid access haematuria clinic
- prostate assessment
- flexible cystoscopies
- flow studies
- erectile dysfunction clinic
- prostate biopsies
- urodynamics
- bladder treatment clinic
- treatment clinics – Clean Intermittent Self Catheterisation (CISC) & urethral dilatation
- lithotripsy
- stone disease clinic
- supra-pubic catheter change service
- access and support for staff across the Trust and for GP surgeries.

The Urology department provides a one-stop vasectomy service, offering patients full treatment and after-care. This service also offers circumcision and minor peno-scrotal operations.

The service provides comprehensive management of all urinary tract stones with on-site extra-corporeal shock wave lithotripsy, endoscopic lasertripsy and percutaneous nephro-lithotripsy. The introduction of laser prostatectomy and gyrus prostatectomy has seen further improved care and outcomes for our patients. Laparoscopic surgery and intravesical injection of botulinum, a toxin for the management of urinary incontinence, are now also well-established services.

Anaesthetics

Anaesthetics is an innovative and evolving department providing services at Whiston and St Helens hospitals across a wide range of surgical specialties, obstetric services, pain management and critical care.

The service has 32 consultant anaesthetists, two associate specialists and four specialty doctors. It provides the full range of anaesthetic techniques to meet the clinical and surgical needs for patients.



Gynaecology Services

The service has continued to progress with an enhanced recovery programme for patients who require major surgery; this has had a significant positive impact on women and their subsequent recovery, resulting in earlier safe discharge from hospital and reducing re-admissions.

Gynaecology surgery is performed at both Whiston and St Helens hospitals. The team have continued to increase day case procedures whenever possible, enabling patients to return home without the need to stay in hospital.

Developments and on-going initiatives

- Bleeding in Early Pregnancy (BEP) – an appointment system has been developed to give women quick access for assessment and treatment.
- Compliance with NICE guidance - The Management of Ectopic Pregnancy and Miscarriage
- Enhanced Recovery Partnership (ERP) – the introduction of a Gynaecology School and telephone clinic has been a huge success, resulting in a reduction in re-admissions.
- Miscarriage Support Service – This service is currently being set up. We have a senior nurse who has attended an ultrasound scanning course to enhance the service for women suffering a miscarriage.
- Enhanced Scanning service – the scanning service has been extended to be available at weekends.

Theatre modernisation programme

In October 2012, the Trust won a Lean Six Sigma Award from the British Quality Foundation, the only NHS organisation ever to do so. By following the Lean Six Sigma methodology over a two year period, the Trust has improved theatre productivity (increasing session utilisation by almost 20 per cent), as well as saving around £5 million per year. The Trust was commended for its exceptional performance in delivering patient care within a strict

budget, with staff quick to recognise the benefits of adopting lean methodology to improve patient experience. Representatives from the Trust were invited to speak at the annual winners conference, held in London.

Enhanced Recovery Programme

The Trust's enhanced recovery pathway was initially introduced for colorectal patients and rolled out this year to general surgery, gynaecology, trauma & orthopaedics and urology. The pathway is designed to improve patient outcomes, reduce anxiety and reduce length of stay in hospital.

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 provide feedback to the staff caring for them. It is supported by a multi-disciplinary team to help standardise care.

In addition, the weekly Complex Patient Review, brings together surgeons, matrons and ward managers with the clinical director to discuss complex cases. This encourages clinicians to share expertise to ensure patients receive the best standard of care. This is being rolled out across all surgical disciplines.



Outpatients

Outpatient services are delivered from both St Helens and Whiston hospitals. Activity has risen from last year with approximately 102,000 patients attending their first clinic appointment this year. From October, evening clinics were introduced, further improving patient access to services. A telephone call reminder service has been implemented; patient feedback indicates that this service has been well received.

The department has recently undertaken a survey among both patients and staff to obtain feedback as to how we can further improve its services. The preliminary results of this survey are very positive.

Ophthalmology

The Ophthalmology service continues to grow, with the rapid expansion of the Age-related Macular Degeneration (AMD) service, providing fast track access and treatment to patients suffering from AMD, adopting a robust and NICE-approved pathway. A similar pathway is being developed for patients suffering with Diabetic Macular Oedema (DMO), with a new treatment due to be approved by NICE.

As a response to patient feedback, evening clinics are now provided, and collaborative working between the department and the community diabetic eye screening service has developed in order to improve the patient journey for diabetic patients.

A patient survey has been undertaken to enable the department to continually improve patient experience. Clinical pathways continue to be developed by the consultant team in order to standardise the service that patients can expect, incorporating NICE guidance.

Two new specialty doctors have recently been appointed to the team, along with additional nursing staff, which allows innovative models of care to be developed (including the provision of nurse-led care).

Plans are being developed to create a one stop dacryo cysto rhinostomy (DCR) clinic between Ophthalmology and ENT. (This is a surgical



procedure which improves tear drainage). Patients will receive a joint consultation and investigations in one clinic, reducing the need for multiple attendances. This will improve patient experience and significantly improve the patient pathway.

Mersey Regional Burns and Plastic Surgery Unit

The Regional Mersey Burns and Plastic Surgery Unit is one of the largest units in the UK and has a catchment area of 4.5 million people covering St Helens, Knowsley, Halton and Liverpool, extending to the whole of Cheshire, Merseyside, North Wales and the Isle of Man.

The Plastic Surgery Unit continues to provide high standards of specialised care to patients who require treatment following severe burns, trauma and surgery to treat malignancies and reconstruction following cancer. The department has met or exceeded all national standards for length of stay and treatment outcomes.

The Burns Unit's reputation continues to grow, with the Trust recognised nationally for its research and development. The recently developed (free) Mersey Burns Smartphone App is the first Medicines and Healthcare products Regulatory Agency (MHRA) approved medical App in the UK, and is rapidly becoming the standard tool for the calculation of fluid resuscitation for burns patients (www.merseyburns.com).

Plastic Surgery Trauma

The Trauma Unit is a seven day service, open 8am to 4pm. Patients attend with varying injuries including: hand or facial injuries; head/scalp lacerations; leg lacerations; human and dog bites; hand infections. These patients are referred from accident and emergency departments across the North West, North Wales and the Isle of Man. Patients are seen by the Plastic Surgery Team and assessed for surgery or conservative management.

Burns & Plastic Surgery Laser Service

New state-of-the-art laser facilities at Whiston Hospital are the best of its kind in the UK. The range of services on offer includes: scar treatments for burns patients and for those with conditions such as acne to post-traumatic or post-surgical scarring. Vascular anomalies and hirsutism (excessive body and facial hair) are also treated with these lasers. The aim is to develop the unit as a specialist referral centre for the treatment of scars, and with the new NHS framework under which patients can choose any provider, this becomes a distinct possibility. These lasers also enable us to expand our research and give us the ability to offer training in laser treatments.

Prosthetics

The Prosthetics department delivers innovative life changing solutions, designing a range of custom-made prosthetics to accommodate patients' individual needs.

Scarring following burn injury can be devastating but with early interventions this scarring can be kept to a minimum. The prosthetics department is in the process of manufacturing a series of devices to assess scarring and to teach staff to identify scars at different stages so they may go on to deliver the best possible treatment modalities.

The department has now doubled its patient caseload since taking over the activity of Aintree University Hospitals Maxillofacial Laboratory in early 2012. This work will involve all aspects of maxillofacial and craniofacial surgery planning and complex facial prosthetics. Due to inequalities in service provision across the North West of England, the team is in the process of developing a North West Regional Prosthetic service to give patients access to bespoke prostheses.



Skin Cancer Service

The unit is part of the Supra Regional Centre for skin cancer management, working closely with dermatology and pathology colleagues across the North West & North Wales regions. The Trust runs a weekly specialist multi-disciplinary skin team meeting for the region, to discuss treatment plans for patients with melanomas.

To further improve the skin cancer service, the Trust has established a Mohs surgery service for difficult-to-treat basal cell carcinomas. This procedure, which removes skin cancers under local anaesthetic, reduces both the length of hospital stay and the number of procedures for patients. The Trust is now established as the regional centre for Mohs surgery.

As a result of increased demand for this service, plans are in place to increase operating days and provide dedicated outpatient clinics. In addition, the Trust provides an electrochemotherapy service for the treatment of advanced skin cancers, to improve the quality of life for palliative patients.

Breast Surgery

The Trust is the only healthcare provider in Merseyside to offer the full range of breast reconstruction procedures. The Plastic Surgery Breast Team continues to see an increase in referrals from all over the UK for DIEP flap breast reconstruction (a procedure which uses blood vessels, skin and fat from the abdomen, but saves abdominal muscle) both for immediate and delayed reconstruction post-mastectomy.

This is the only Trust in the North West to offer the free buttock flap reconstruction as an alternative to the DIEP flap. The Plastic Surgery Department also offers muscle-sparing latissimus dorsi flap for breast reconstruction, allowing for enhanced shoulder function and faster recovery with reduced complications.

The Burney Breast Unit at St Helens Hospital continues to offer a high quality service to patients, with a convenient one stop clinic. New patients receive a consultation, diagnostics and review in just one appointment. The breast surgeons continue to work closely with the Plastic Surgery Department and a joint oncoplastic clinic is being developed, in which patients can receive a multi-disciplinary consultation in one visit. An oncoplastic Fellow has joined the unit, which further supports this collaborative working.

In order to make further improvements, a bra ordering service has been set up for those patients who require purpose-made garments, for example following mastectomy. The service enables patients who require prosthetics to be professionally fitted and to purchase items direct from the unit at discount prices. The bras offered through this service are comfortable and give a very natural appearance.

Lower Limb Reconstruction

Lower limb reconstruction work has increased over the past year and the unit continues to provide free flap lower limb reconstruction for severe trauma, preventing amputations. The well-established Merseyside Orthoplastic Group meets on a regular basis, assisting in improving the management of lower limb trauma in line with national standards.

Trauma Rehabilitation Unit

In January 2013, a 10-bed Specialist Rehabilitation Unit opened at St Helens Hospital, part of a co-ordinated rehabilitation service across Cheshire and Merseyside. Patients assessed to be treated on the unit are referred for appropriate therapeutic intervention based on their rehabilitation need; they can be admitted for up to four months if this is considered beneficial. Patients undergoing rehabilitation at this unit have moderate to severe needs and are treated following a care plan aiming for discharge or extended rehabilitation. The multi-disciplinary team includes a specialist consultant, rehabilitation nurses, physiotherapists, occupational therapists, a speech and language therapist, a dietician and psychologists.

Referral to the unit is via a single point of contact through the rehabilitation co-ordination team.

In order to enhance the Trust's rehabilitation service, the unit will increase from April 2013 to accommodate a further 10 patients (20 in total).



Day case surgery

St Helens Hospital continues to be the focal point for day case surgery at the Trust. Activity has increased substantially during the year. Sanderson Suite admits an average of 240 patients for surgery every week (previously approximately 150).

In order to accommodate this increase in activity safely and efficiently, staffing is continuously reviewed.

Host to: Sherdley Medical Centre and ElderCare

Sherdley Medical Centre GP Practice and ElderCare GP Practice have been operating from the hospital since 2009.

Sherdley Medical Centre is open 8am until 8pm weekdays and on Saturday morning from 8am until 12 noon. The service is provided by a standard primary healthcare team of GPs, nurses and healthcare assistants. Health promotion and health checks for existing long-term conditions are key services on offer. The practice has approximately 3,000 patients.

ElderCare is a home visiting practice with extended opening hours. The service is also provided by a standard primary healthcare team of GPs, nurses and healthcare assistants who mainly see housebound patients aged over 65 in their place of residence (either nursing home or their own home). The practice has 650 registered patients.

Allen Day Unit

This award-winning service uses a multi-disciplinary, holistic approach to provide outpatient services for frail, older people. The team approach between consultants, nurses and therapists is further strengthened with strong links with Age UK, Stroke Association, British Red Cross, Carers Support, community matrons and many others.

The unit offers specialist, consultant, therapy and nurse-led clinics, with same day investigation and treatment wherever possible. This is particularly important for the patients with suspected TIA who

need urgent treatment. Appointments are made directly with the unit and are arranged at short notice. The team also participates in national clinical trials in Parkinson's Disease.

Consultant-led clinics include

- Falls
- Contenance
- TIA
- Parkinson's disease
- General medical problems in older people.

Therapist led-clinics

- Assessment and treatment (mainly for poor mobility, falls and functional disabilities)
- Falls Group
- Parkinson's Group
- Driving screen
- BPPV (Benign Paroxysmal Positional Vertigo) clinic (all ages)

Nurse-led follow-up clinics

- Parkinson's Disease
- Stroke
- Specific treatments are also provided, for example, blood transfusion or bisphosphonate infusion for osteoporosis
- Diagnostic tests.

Duffy Suite

This 28-bed ward provides multi-disciplinary, intermediate care to patients recovering from a variety of conditions, promoting the highest possible level of independence. Plans for discharge begin at the point of admission; with close liaison between social services and other external agencies, involving families and carers, it is hoped that patients will return to their own home with the required level of support.

Clinical Support Services

Clinical support provides diagnostic, psychological and cancer treatment services to patients. The Trust has responded to national strategies, aimed at improving outcomes in both cancer and urgent care. This has been achieved through a combination of earlier diagnosis, the expansion of patient access and the improvement of patient pathways.

Cancer services

The Trust has achieved top 10 status in the most recent annual national patient experience survey, confirming the Trust's commitment to providing high quality patient services.

The Trust achieved all of the Department of Health's cancer access targets aimed at ensuring patients receive prompt diagnosis and local treatment or onward referral to specialist centres.

Following the success of national campaigns aimed at raising awareness of the signs and symptoms of a number of cancer conditions, the service has seen a 14% increase in urgent referrals during 2012/2013, with an increase in the number of patients treated with primary cancer conditions.

Additional equipment and staff and the remodelling of patient pathways has resulted in an increase in diagnostic capacity in endoscopy, radiology and pathology to deliver the improvements.

The quality of services has been positively assessed through the peer review process, which scrutinises service delivery and outcomes. The Trust continues to gain assurance from reviews that its services are meeting the required Cancer Network quality standards.

The team has also participated in a number of national projects aimed at improving the patient experience, including the Macmillan Older People's Pilot, the Information Prescription Programme and the Macmillan Electronic Holistic Needs Assessment project.

Weekend and evening services have been introduced to improve access for patients and assist in reducing waiting times for assessment and diagnosis.

Psychology

The Trust's team of highly specialist psychologists has been expanded to provide support to patients across a range of conditions, including:

- burns and plastic surgery
- cancer
- diabetes
- pain management
- sexual health
- stroke

In addition the psychologists provide guidance and support to healthcare professionals who deliver psychological support or counselling to patients in their care.

New intranet and website pages have been published this year, providing a range of information for both health professionals and patients.

Radiology

Imaging services have expanded to support clinical developments in the medical and surgical care groups and has further developed services for patients referred from primary care. Additional consultant radiologists and radiographers have joined the team to ensure that the increased number of patient referrals can be dealt with efficiently and without delay.

The continued expansion of CT, MRI and ultrasound provision at weekends and evenings has helped further reduce patient waiting times. The Trust continues to meet the Department of Health's radiology waiting time targets and is regarded as a 'high performer'.

The investment in additional ultrasound equipment has enabled the development of community based services in Widnes and Newton. New digital x-ray and gamma camera equipment has been installed to ensure the Trust continues to manage increasing referrals, which are supportive of the national early diagnosis strategies.

The Trust has developed a partnership with the Royal Liverpool and Broadgreen University Hospitals NHS Trust to develop interventional radiology services to support both the emerging Merseyside Vascular Network and further enhance image guided treatments to the local population.

Improvements in patient pathways include: new MRI spine pathways for patients with malignancy; one stop clinics for patients who require virtual colon CT scans; and fast track follow-on CT investigations.

A new IT based e-mail alert system, which alerts clinicians to any findings requiring urgent attention, was successfully launched in November.

Neurophysiology

The Trust appointed a consultant neurophysiologist to assist in the further development of the service. New services, including an ulnar neuropathy clinic, have been introduced and are supported by advanced practitioners. These members of staff have helped to enable the department to see more patients, whilst further reducing waiting times.

Neurophysiology has participated in a national audit for carpal tunnel testing; it has confirmed that all clinical standards are being met.

Pathology services

The Trust was delighted to learn that the pathology services were highlighted as an Exemplar Site by NHS Improvement for its continued service improvement initiatives in support of patient care.

The service has met delivery standards for both cancer screening and symptomatic services. The range of tests have been expanded due to collaborative working with other pathology services at a neighbouring Trust.



Phlebotomy services have trialled expanding the service to offer patients greater access early in the day and at weekends. Further improvements have been made to ensure test result turnaround times are faster.

Assessment by a number of external bodies, including Medicines and Healthcare products Regulatory Agency (MHRA), the Health and Safety Inspectorate and Clinical Pathology Accreditation (CPA) have confirmed that the Trust's pathology services are well managed and of a high quality.

Physiology

The physiological measurement service provides scientific and diagnostic services in support of cardiology and respiratory services.

The department has seen an increase of 12% in patient referrals for electrocardiogram (ECG) and echocardiography testing and continues to meet national waiting time targets.

The recent acquisition of 3D trans-oesophageal ultrasound equipment has played an important part in the development of local services.

A recent pilot study to provide community-based services has begun, it is envisaged that this pilot scheme will be rolled out to St Helens Clinical Commissioning Group (CCG) across the financial year 2013/2014.

Infection prevention and control

One of the highest clinical priorities for the Trust is the protection of patients, staff and visitors from the risk of health-care associated infection. The Trust has a robust programme and action plan to prevent infection. These are supported by a comprehensive range of Trust policies. In 2012/2013, the Trust reduced the number of cases of Clostridium difficile infection by 40%, well within the Department of Health target. The number of cases of Meticillin-sensitive Staphylococcus aureus (MSSA) bacteraemia was reduced by 28%. However, the Trust did exceed the target for the number of cases of MRSA (hospital acquired) infection. A Task and Finish Group was set up to address issues identified by root cause analysis and to ensure required actions are taken to reduce infection rates. The routine unannounced Care Quality Commission (CQC) inspection carried out in October 2012 found that the Trust met the standard for cleanliness and infection control.

All staff are provided with regular training sessions on infection prevention. Hand hygiene is strongly promoted throughout the Trust and regular hand hygiene audits are carried out on all wards and departments. All staff who undertake clinical procedures are expected to demonstrate ANTT (aseptic non-touch technique) competency. There is also a strong focus on judicious antimicrobial prescribing. An interactive antibiotic website was launched on the intranet containing the Trust antibiotic policy as well as other educational information on infections and treatment in order to facilitate prudent antimicrobial prescribing. New sterile intravenous (IV) packs were introduced throughout the Trust to promote ANTT and the safe handling of sharps. Blood culture packs were also introduced in order to further facilitate ANTT and to prevent blood culture contamination.

During the year, audits were carried out on all wards, departments and operating theatre areas and performance in the following areas was reviewed: hand hygiene; clinical practice;



MRSA (Meticillin-resistant Staphylococcus aureus) screening compliance: care of equipment; decontamination; environmental hygiene; waste and sharps disposal; laundry management. Standards on all wards are audited by members of the Executive Team during Quality Ward Rounds. Root cause analyses of any health-care associated infections were reviewed by the clinical team at Executive RCA review panel and action taken to address any issues identified.

Consultants from each speciality were nominated as consultant leads to champion excellence in and ownership of infection prevention and control in their own areas. Infection prevention and control messages were reinforced by a variety of communication methods. The Infection Prevention and Control Team visited other Trusts to exchange and share good infection control techniques. The Trust also worked with the community teams to address health-care associated infections across the health-care settings.

Our aim is to make further improvements next year through continued vigilance and sustained good clinical practice.

Performance against targets

Mandatory surveillance	Target	2012/2013
CDT diarrhoea	37	31 (40% reduction from 2011/2012)
MRSA	3	10*
Mandatory reporting of MSSA and E coli bacteraemia	No objectives for these have been set by the Health Protection Agency.	The Trust has seen a reduction of 28% in the number of MSSA blood stream infections (18) compared with the same time period last year (25). The number of E coli bacteraemia infections was 60 (against 59 last year).

*A Task and Finish Group was set up to address issues identified by root cause analysis and to ensure required actions are taken to reduce infection rates.



Informatics

Informatics is responsible for providing a wide range of information communication technology (ICT) services to over 13,000 staff that operate in the local health economy's 'Community of Interest Network' (COIN).

In the five years since the Trust embarked on its digitisation project (which has facilitated the Trust to discontinue the use of paper hospital medical records), the Trust has seen a number of benefits including increased efficiency, reduced administration, and financial savings

The Informatics Programme Team

The Informatics Programme Team provides project management support to clinical leads to meet both corporate and national objectives. These include:

- encouraging and supporting clinical leadership towards the implementation and enhancement of clinical systems
- providing a structured approach to the implementation of IT systems
- encouraging team working and participation from clinical and managerial teams ensuring maximum availability of real-time, structured, patient-centred clinical information
- ensuring systems support the safety agenda by providing clear audit trails of the use of patient information and improvement of information governance practices across the local health economy
- providing access to accurate and timely information

Major projects

Clinical (Red Screen) PCs

Nearly 200 personal computers (PCs) have been dedicated to clinical use to deliver maximum performance in busy clinical areas. The name 'red screen' is derived from the distinctive background screen colour used to identify these devices as 'not for general use'. The PCs can only be accessed via an NHS smartcard, which gives the user access in under 10 seconds.

E-Lloyd George Service

The roll-out of the e-Lloyd George Service (e-LGS), a bespoke digitisation and archiving solution for historical medical records held at the 84 GP practices in the region, commenced in October 2012. This involves scanning all paper patient records and turning them into electronic data, improving both speed of access and security of patient records, as well as freeing up storage space at GP practices. The e-LGS project will see the digitisation of almost half a million Lloyd George envelopes and is expected to be completed by October 2013.





Order Communications System

An electronic infrastructure is now in place to support the ordering of pathology and radiology tests and the checking of results across all in-patient areas and AED. This both eliminates paper orders and results, and gives clinicians one system for ordering and checking results, providing a single point of secondary care information. The system's integration with e-Discharge embeds relevant results within an electronic document, ensuring key messages about patients are communicated to primary care colleagues.

e-Correspondence between Secondary and Primary Care

The traditional paper-based correspondence sent to GPs from AED and outpatient clinics has been replaced with an electronic process. This ensures that information regarding patients who have been seen, but not admitted is received by the GP within 24 hours of discharge and that correspondence related to their outpatient clinic attendance is received by GPs within two weeks.

Medway Maternity System

The Maternity service has undergone a major change in service delivery this year with the introduction of an electronic patient record. The Medway Maternity system enhances continuity of care by replacing the paper-based notes with an electronically-documented obstetric pathway; from referral through to delivery, post-natal care and discharge.

Electronic discharge

The traditional paper-based correspondence sent to GPs when a patient is discharged from hospital after an inpatient stay has been replaced with an electronic process. This ensures that a summary of critical information, regarding the patient's admission, care and treatment whilst in hospital is received by the GP within 24 hours of the patient being discharged.

Emergency Planning & Business Continuity

Under the Civil Contingency Act 2004 the Trust is a Category 1 Responder – this includes, amongst others, the ‘blue light emergency services’, local councils, government agencies and NHS healthcare providers.

The Trust employs a dedicated Head of Emergency Management, and has in place robust major incident plans (MIP) and business continuity management (BCM) plans, which:

- provide assurance of patient safety and care during disruptive challenges
- identify and managing current and future threats to the Trust
- take a pro-active approach to minimising the impact of incidents
- keep critical functions up and running during times of crises
- minimise downtime during incidents and improve recovery time
- demonstrate resilience to commissioners, suppliers and partner agencies.

Auditing

In 2012/2013 the Trust successfully passed audits for Emergency Preparedness (EP) and Business Continuity Management (BCM), which were conducted by the Strategic Health Authority (the Trust scored 100% compliance and a high score of 75%, an increase on last year) and Mersey Internal Audit Agency.

Planning

The Trust has robust BCM plans in place, including an overall Strategic BCM Plan designed to ensure critical functions can continue during periods of disruption, such as the loss of staff, utilities, access or equipment. Important aspects of many of these plans have been tested through exercises and real events throughout the year.



The Trust has also been involved in the development of regional plans for a number of specialties including: burns; critical care; paediatrics; emergency mortuaries; pandemic influenza; infectious diseases; chemical, biological, radiological, nuclear and explosion (CBRNe)/ hazardous materials incidents; and mass casualty incidents.

Incident response

During the year, the Trust revised its major incident and business continuity plans and developed action plans in light of successful responses to the challenges which had an impact on operational services, including industrial action, extended bank holidays, unprecedented levels of activity, extreme weather conditions and planned systems upgrades.

Exercising

Over the last 12 months, the Trust has undertaken two large, full scale, practical emergency planning exercises: Exercise ALERT (to test communications) and Exercise Neutrino (in the Accident and Emergency Department [AED]).

The Trust also works in close partnership with NHS Merseyside and other partner agencies to share best practice, develop and actively participate in several multi-agency exercises and help standardise emergency preparedness planning.

Training

Emergency planning training has been delivered and will continue to all new Trust and partner agency emergency preparedness leads. The Trust's support services staff receiving regular training to ensure compliance in line with national standards.

4. Focus on our people



Education, training and development

Staff are the Trust's biggest asset and resource. The organisation is committed to providing its staff with the highest quality of training. The Education and Training department identify the learning needs of all staff groups and works to equip staff with the skills and knowledge required for their roles, ensuring they are safe to practice.

During the year, the Trust launched the Academy Strategy which describes the changes which will occur within the Trust over the next three years to help us meet the training and educational needs of all staff. This refers specifically to the establishment of a healthcare Education Academy, both to support our commitment to maintain and enhance status as a Teaching Hospital and to help take a leading role within the local, regional and national healthcare community. The Academy Strategy encompasses all education, learning and development and which is supported by four additional strategies:

- **Customer Care Strategy** will support the Trust in its strategic aim to place the patient at the centre of all it does and ensure excellent care.
- **Staff Engagement Strategy** sets out the way in which the Trust is developing an organisational culture that is supportive of, and empowering of its staff.
- **Talent Management & Leadership Development Strategy** focuses on leadership development, supporting leaders in transformational change and the delivery of the Trust's objectives. This strategy covers management and clinical leadership development at all levels.
- **Core Education & Development Strategy** will ensure the Trust provides learning activities for all staff to gain the core skills essential to them carrying out their job to the best of their ability.

The Trust's NVQ scheme has been replaced with an Apprenticeship Programme. This runs in partnership with the Skills Academy for Health North West (SKA) and has supported 186 apprentices (at Bands 1-4 and across all staff groups).

The Trust offers the following apprenticeships:

- Administrative and Clerical
- Customer Services
- Business Administration
- IT Specialist
- Healthcare (including peri-operative support and Pathology).

The department also supports the Cadets Scheme with SKA. This enables a cohort of cadets aged between 16 and 19 years old to gain clinical experience in the Trust, forming a 'gateway' to their future clinical career as a nurse or other healthcare professional.

The Trust is accredited as a Teaching Hospital Trust by Liverpool University. In addition, the Trust works in partnership with several local universities including, John Moores University, Edge Hill University, University of Chester and University of Central Lancashire, to support existing staff, medical students, student nurses and student allied health professionals in their professional development.



In the coming year, a 'Skills Passport Scheme' is to be piloted in association with Skills for Health. This is a core skills framework which seeks to remove the necessity for staff to repeat mandatory training when they move to a new organisation. The scheme will establish agreements between organisations to accept 'in date' mandatory training in cases where they can be certain that incoming staff will have been trained to the same standards as existing staff. This will reduce the time currently spent by staff in training, enabling new staff to enter practice more rapidly when they join a new employer.

This year the Trust has achieved the target of holding an appraisal with 85% of the available workforce. New appraisal training for all managers is to be launched in the coming year.

The Staff Development Awards took place in the Education, Training and Conference Centre, Nightingale House, in September 2012. It was a celebration to recognise and share the success of all members of staff who have worked hard to achieve recognised qualifications. A total of 149 staff were nominated for 153 awards, across 42 different categories.

Clinical Education

The Education, Training and Conference Centre hosted professional development to approximately 37,000 people from across all professional groups and specialties, locally and nationally.

As well as training the Trust's own clinical workforce, the team delivers a range of national and international conferences and educational events. Educational programmes and patient safety initiatives, delivered throughout the year, have helped to further reduce the instances of hospital infections.

In its second full year of operation in the state-of-the-art Education, Training and Conference Centre, the team has continued to deliver innovative education for the Trust's workforce. Some key successes include:

- being named as a finalist in the Public Health sector of Training Programme of the Year Award in the Training Journal Awards (this is a national education award and the Trust was the only NHS body to be shortlisted)
- being named as a finalist in the Simulated Practice in Healthcare category by the National Research Award Association
- running an inter-professional research study for the World Health Organisation (WHO) – the Global Patient Safety Curricular Project. The Trust's work on this project has been published both nationally and internationally.
- over 100 staff trained in human factors – this is an innovative approach in improving patient safety. The Trust has been responsible for producing a significant part of the UK's only dedicated Human Factors in Healthcare Course, which enables staff to anticipate and remove elements of risk to patients.

Over the past 12 months, the team has been developing an Access to Medicine Course. This three-day course is aimed at 16-18 year olds from the local community who are interested in a career in medicine, giving them valuable access to health professionals who can explain exactly what they can expect. Access to Medicine is seen by all as an investment in our future workforce.

Work is currently underway for a new preceptorship (or period of practical training) and nurse development programme, ensuring robust support and training systems for newly-qualified nursing staff and those new to the organisation. This programme will enhance both safety and quality in patient care and is in line with the Francis Report recommendations.

The Trust was selected to host the majority of courses for the Mersey School of Anaesthesia. This charitable organisation provides some of the highest quality training in the UK.

As Lead Employer, the Trust employs around 2,000 trainee doctors, this equates to 600 new starters interviewed during the year which the team is responsible for managing on behalf of the Mersey Deanery.

During the next 12 months, the team will work to expand its range of educational support systems including multiple 'vodcasts' (video on demand-casts) and e-learning systems. This online training system will allow staff to receive ward-based support in clinical practical procedures.



National NHS Staff Survey

The Trust performed well in the 2012 national survey of employee opinion. Based upon the Department of Health's requirements, the Trust issued 850 paper surveys, of which 415 were correctly completed and returned by staff, a response rate of 49 per cent is equal to the average for acute trusts.

A number of programmes of work have been undertaken to address the recommendations made in the previous staff survey. These include: work to improve communication flows; involvement of staff in decision making; and the delivery of robust, meaningful appraisals and access to training. These have had a positive impact on the results of the 2012 survey. This work has shown further improvements in the key findings measured, and a small number of required actions.

The Trust was placed in the top 20 per cent of acute trusts nationally in a number of key findings, with an overall improvement in staff engagement.

Key findings with a score in the best 20% of acute trusts nationally

Percentage of staff saying hand washing materials are always available	Increased
Support from immediate managers	Increased
Fairness and effectiveness of incident reporting procedures	Increased
Staff recommendation of the Trust as a place to work or receive treatment	Increased
Percentage reporting good communications between senior management and staff	Increased
Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month	Reduced
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Reduced
Percentage of staff working extra hours	Reduced

Areas for development, encompassing the recommendations from the Francis Report, will form the basis of the 2013/2014 action plans

Area	Recommendation	The Trust plans are to
Personal Development	<ul style="list-style-type: none"> Undertake further work on the quality of training and its relevance to staff, particularly in relation to patient / service user experience, in accordance with the Francis Report. Work on implementation of training and systems that assure patient-focused services encompassing the recommendations from Francis 	<ul style="list-style-type: none"> Review provision of training in customer service. Introduce revised HCA development to meet the 2013 national minimum training standards.
Staff engagement	<ul style="list-style-type: none"> Ensure that there are clear arrangements in place to listen to staff proposals (individual or collective) for improving processes, systems, and patterns of care, and that these encompass informal meetings with the senior management, formal focus group works and linkage into the business and clinical planning processes. 	<ul style="list-style-type: none"> Increase listening events such as Team Talks and introduce new 'Hot Topic' consultation events. Promote greater involvement of clinical leaders in service line management.
Managers and the organisation	<ul style="list-style-type: none"> Enhance the focus on communications to ensure that key messages are communicated more effectively throughout all grades of staff. 	<ul style="list-style-type: none"> Work on improving the cascade of information through existing processes such as Team Brief and the intranet. Consider the introduction of new approaches to information gathering and sharing.
Health, Wellbeing and Safety at Work	<ul style="list-style-type: none"> Identify the location of spikes in bullying and harassment incidents from patients and the public. Improve awareness of the need to report bullying and harassment in a confidential fashion, by raising awareness of policy process and access to confidential hotline 	<ul style="list-style-type: none"> Set up processes for the routine analysis of incident reporting data relating to bullying and harassment. Use a range of methods to publish and make staff aware of the policy and processes for reporting incidences of bullying or harassment.

Leadership & Organisational Development: Leadership Programme

The Leadership and Organisational Development team have worked with business psychologists to support and strengthen the Trust's strategic approach to staff wellbeing. During the past year the team have undertaken a pro-active approach to understanding staff engagement and wellbeing in a number of areas of the Trust. The ultimate aim of this on-going work is to continually improve the patient's experience, productivity, performance and attendance management.

The team has worked with over 700 staff in a number of areas including AED, Pay & Staff Services, Patient Booking Services, Hotel Services and the Clinical Support Care Group. Staff were invited to complete a questionnaire regarding their wellbeing. Senior managers also completed a leadership style questionnaire, and as a result over a 150 staff are now participating in the Trust Leadership Programme.

Attendance Management

The policy has been fully implemented across the Trust with a successful reduction in short-term absence across most areas. There is continuous monitoring of initiatives to help improve the health and wellbeing of our workforce.

Equality & Diversity

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; the Trust operates a Workforce and Equality Policy to support staff and to inform them of their rights and the actions they should take if 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 & Diversity, in both their roles as employees and as providers of patient care. All new staff receive Equality and Diversity training as part of their induction programme and as part of their on-going mandatory training.

The Equality Lead now encompasses responsibility for both equality and patient experience. This helps to ensure equality & diversity is a consistent process for staff at the Trust, as well as those who receive treatment as our patients.



Complaints and Compliments

The complaints process is an important source of feedback and the Trust encourages patients to give us comments on their experiences, positive or negative. The Trust treats all complaints very seriously and rigorously investigates each one, enabling us to ensure that lessons have been learned and actions have been taken to improve services and patient experience.

The Trust's complaints policy states that all formal complaints are responded to as per the NHS Complaints Regulations and the Trust has an internal target of 25 working days. The policy also states that all complaints are acknowledged, investigated and responded to in line with the complainant's wishes, for instance a face-to-face meeting will be arranged if the complainant requests it. The Trust will also instigate as necessary an independent review of a complaint in order to achieve local resolution for all concerned.

The Patient Advice and Liaison Service (PALS) ensures that NHS organisations listen to patients, their relatives, carers and friends to help resolve their concerns as quickly as possible. It also helps organisations to improve services by listening to what matters to patients and their loved ones and making changes, when appropriate. PALS is the first point of contact to help patients to resolve issues whilst they are in hospital.

The NHS Litigation Authority carried out an assessment which involved all departments across the Trust. The Trust was assessed at Level 2 and achievement of this level was supported by the Complaints Department's compliance score. This assessment involved a review of a number of complaints; these were assessed against the Trust's policy of investigation, as well as a review of the actions taken, the lessons that were learned from the complaint, and the way in which the complaint was closed.

The review also covered the use of the Datix risk management system, which is used to report incidents, PALS enquiries and complaints, as well as cases of negligence and risk management issues. The Trust received 436 complaints during 2012/2013 – an average of 36 complaints a month from over the 500,000 patients who received treatment at our hospitals.

Parliamentary & Health Service Ombudsman (PHSO)

Since April 2012, the Trust has received 15 referrals from the PHSO. Of these, 3 were referred back to the Trust for further resolution. The Trust has high level reporting and monitoring processes in place to assure the Trust Board that recommendations have been acted upon accordingly.

Principles for remedy

1. Getting it right
2. Being customer focused
3. Being open and accountable
4. Acting fairly and proportionately
5. Putting things right
6. Seeking continuous improvement

The Trust also actively sought patients' views of their hospital experience and received 556 recorded positive comments in 2012/2013 (412 in 2011/2012). This is in addition to the several thousand informal cards and letters of thanks received by the Chief Executive, hospital staff, wards, departments, and also including the positive feedback we have received via our website.

5. Focus on our environment





Construction

This year marked the final completion of the £350 million redevelopment of both St Helens and Whiston hospitals.

It is an incredible achievement to deliver such a multi complex project on time and within budget. During the six years of construction and landscaping, it is a testimony to all members of staff who ensured that patient services and care were not affected, resulting in no operations or outpatient clinic appointments being cancelled.

The work, which commenced in 2006, has provided the local community with world-class facilities. This has been the biggest and most significant project in the history of the Trust and the largest investment in healthcare in this community since the NHS was founded.

During the year, the final stages of the redevelopment were completed, including :-

Whiston Hospital

- The completion of all external landscaping of the hospital boundaries

In addition, four vacated accommodation residences, Henley House and the land housing the water storage tanks were sold.

St Helens Hospital

- The redesigned entrance to Elyn Lodge was completed
- A wildlife garden was created in conjunction with staff and pupils from Robins Lane school
- Local Authority (LA) land adjacent to the hospital site, which had been utilised during construction, was vacated and returned to the LA.

The Trust was successful in receiving "Secured by Design" certification (which is the UK Police flagship initiative supporting the principles of 'designing out crime') for the car parks on both hospital sites.

Facilities Management Services

The Trust's Facilities Management (FM), are managed by Vinci FM and Medirest, as part of the Private Finance Initiative (PFI). Vinci FM provide the maintenance services which include: estates, grounds & gardens, waste and energy management. Medirest provides the "hotel" services which include: catering, domestics, laundry, portering and security. Regular monitoring ensures that the strict standards set by the Trust for these support services are maintained.

FM services must be formally periodically reviewed to ensure that they continue to meet the requirements of the Trust and represent value for money. As a result of a detailed benchmarking exercise during the year, Medirest was offered a further five-year term, as of June 2013. The Trust has a strong and close partnership working with Medirest, demonstrating core values to provide high standards of patient care.



Patient Environment Action Team (PEAT)

For 7 years running, St Helens and Whiston hospitals have been named amongst the top performers in the Patient Environment Action Team (PEAT) assessments.

The PEAT inspection is required to monitor 7 key standards across at least 25% of the hospitals' buildings and facilities. Both hospitals have scored 'Excellent', the highest rating possible, for their high standards in all 7 inspection categories. The assessments are carried out with the involvement of patients, patient representatives and members of the public.

The most recent inspections took place in February 2012. The Trust was highlighted as having outstanding cleanliness of both hospitals with excellent adherence to hand hygiene and the impressive Braille and picture menus provided in the hospital restaurants.

The Trust strives to maintain high standards and seeks to improve and enhance the experience for patients and visitors. Due to Government changes there has been no external PEAT assessment during the year, although internal inspections are undertaken at regular intervals.

The coming year will see the introduction of the Government's new assessment process, PLACE (Patient Led Assessment of the Care Environment), which will be carried out by a team consisting of at least 50% patient representatives as well as hospital staff.

Sustainability

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

Staff have undergone training during the year to review the utilisation of both hospital buildings. They will identify areas where additional services could be developed, which could also result in savings by reducing the supporting infrastructure, such as heating, lighting and cleaning.

Monitoring of energy usage in the new buildings suggests they are operating to the exacting high energy efficiency standards that were specified.

Energy efficiency initiatives are being planned for the coming financial year, taking advantage wherever possible of external grants. In addition, a major review of temperature, ventilation and lighting controls has commenced. Examples of other schemes include:

- addressing water leaks, dripping taps and water temperature.
- ensuring waste is efficiently segregated and that recycling is maximised.
- ensuring equipment is well maintained to reduce running costs.
- investment in energy saving technologies.

As part of the plans for our new hospitals, the Trust was required to develop Green Travel Plans in liaison with the local Councils. Initiatives linked to the Trust's plan include:

- improved changing facilities for staff that walk, run or cycle into work
- provision of safe, secure, undercover cycle parking
- cycle to work scheme, which provides staff with cheaper bicycles
- salary sacrifice car scheme promoting cheaper energy efficient vehicles
- the car share scheme.

Despite these measures and the rising cost of running a private car there is an increased demand for staff parking; further green travel initiatives will therefore need to be developed.

During 2012, the hospitals and car parks on both sites received Secured by Design awards from the Association of Chief Police Officers (ACPO) in recognition of the use of effective crime prevention and security standards. Secured By Design supports one of the Government's key planning objectives – the creation of secure, quality places where people wish to live and work.



6. Focus on Governance



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 quarterly 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 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.

As part of the Foundation Trust pipeline work a number of assessments of the Board and its governance arrangements, have been undertaken during the final two quarters of 2012/13, with input from external organisations approved by Monitor (the regulator of FTs). These assessments have contributed to the review of the committee and governance arrangements that was on-going within the Trust. As a result, changes to the governance arrangements, reflecting latest best-practice guidance, were introduced towards the end of the financial year, but due to the timing are not captured within this report.

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 assurance 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 a membership of three non-executive directors including the Chair. Before each full committee meeting, the committee meets with the external and internal auditors without executive board directors 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 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 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 ten 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 Resources 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. Regular 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 the committee and working group responsibilities. It also agrees the governance and risk management

framework annually, ensuring that the Trust responds to the requirements of different review bodies involved in independent verification. It 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 the Trust's 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 wellbeing 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 is accountable for the 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 twice yearly.



Clinical Outcomes Committee (COC)

The COC aims to improve the care of 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 specialties 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. The aims are to share the lessons learned with Trust staff. In addition to referred cases the committee regularly samples others. The committee members also undertake 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 promptly. 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 the 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.



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 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, are risk-assessed and entered on to the Trust Board Assurance Framework - Corporate Risk Register. Any changes to the 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 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 2012/13, there were no serious untoward incidents involving data loss or confidentiality breaches.

The Trust is 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.



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.



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 2012/13 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 on-going 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 2013 and up to the date of the approval of the Annual Report and Accounts.

Ann Marr
Chief Executive April 2013

Corporate objectives 2013/2014

5 Star Care for Patients

The Trust aims to deliver high quality healthcare with the best possible outcomes and experiences 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 action areas below.

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 increase harm-free care – indicated by an improvement of the average across all areas to 97% or more.
- We will develop paediatric indicators for harm-free care.
- Target is zero incidences of MRSA and we will aim to have a further reduction in overall infection rates.
- We will aim to have no avoidable instances of Clostridium Difficile (CDT).
- We will aim to achieve further reduce the occurrence of pressure ulcers by 5%.
- We will maintain our rate of no falls resulting in serious harm and reduce by 5% falls resulting in moderate harm.
- An electronic risk assessment for venous thromboembolism (VTE) will be implemented.
- The medicine management 'security audit' will be improved.
- Improve the system for learning and sharing lessons from complaints and incidents, including root cause analysis (RCA).
- We will continue to develop and improve clinical indicator reporting, to provide assurance and drive action where care falls short of the Trust's 5 Star Care for patients standards.



- We will deliver a programme of research aimed at translating evidence-based best practice into patient care which will deliver improved outcomes and a better patient experience.
- We will develop a Research & Development Strategy that builds a growing portfolio of best quality clinical research.

Pathways

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

We will use intelligence around benchmarking data to reduce variation and improve outcomes.

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 purpose. We will:

- Handle complaints in a timely and candid manner.
- Procure and perform the phased roll-out of a hospital-wide electronic prescribing system.
- Implement a new, integrated AED clinical information system.
- Develop the business case for a hospital-wide electronic medical early warning system.
- Carry out the full deployment of hospital-wide Mobile Device Strategy
- Implement a Data Quality Improvement Programme and Performance Framework.

Care

We will deliver care that is of a consistently high quality and which is well organised. Care will meet best practice standards and provide the best possible experience of healthcare for our patients and their families.

We will demonstrate high quality nursing care, evidenced by:

- The development of a Nursing Strategy based on the six Cs (Care, Compassion, Competence, Communication, Courage and Commitment) with SMART (Specific, Measurable, Attainable, Realistic, Time bound) objectives and with clinical leads identified for each objective. As part of this we will identify core indicators/ measures of nursing care and implement and audit these measures on a regular basis to show effectiveness in terms of outcomes.
- The development of a ward accreditation programme.
- Clinical leadership. The Director and Deputy Director of Nursing will have job plans with time-tabled clinical sessions to allow teaching, visibility, clinical supervision and direct patient care. Different nurse meetings and forums will be established, to enable the engagement of nurse leaders with a wide range of nursing staff.
- Matrons and other lead nurses spending 80% of their time in clinical activities
- An increase in the number of supervisory ward managers.
- Healthcare Assistants being given a competency framework, programme of development and training and supervision.
- The establishment of a clinical training day for trained staff and development programmes for all levels of nursing staff.
- An increase in the number of nurses engaging in research and audit and the number of publications associated with nursing practice.

Communication

We will respect the privacy, dignity and individuality of every patient and we will increase the 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 roll out the Friends & Family Test.
- All wards will have their own ward information leaflet and discharge leaflet for patients.
- We will develop local satisfaction surveys for use in addition to national surveys and HOSPEDIA, amongst others.
- We will continue to identify patient stories and report not only at Trust Board but also at nurse forums.
- We will establish patient focus groups, to better understand the patient experience.
- We will seek and analyse the views of patients and carers on their experience of our services.



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 health and wellbeing. We will promote standards of behaviour that encourage a culture of caring, kindness and mutual respect. We will:

- Deliver the Trust's identified priorities in respect of the recommendations from the Francis Report, aligned to CQUIN and CQC requirements.
- Take staff engagement, listening and feedback process to a deeper level by finding innovative ways to engage with staff about the ACE (Attitudes, Communication, Experiences) Behavioural Standards, to further enhance the delivery of 5 Star Care.
- Develop and implement plans to increase the supervision, and core skills/competency development, of the Trust's Healthcare Assistants (aligned to national guidance).
- Ensure that recruitment processes for all staff include recruiting for values, compassion and care (aligning to national schemes as they become available).
- Take focused action to address sickness absence by targeting the top reasons for absence both nationally and at Trust level. Target areas where sickness absence could be improved by cultural or leadership development.
- Introduce e-rostering for the nursing workforce to improve productivity and efficiency and reduce bank and agency spend.
- Implement the new Medical Workforce Job Planning Policy. Increase levels of appraisal and personal development plans.
- Promote education and development of standards to ensure that only those with relevant skills and competencies are employed by our organisation.



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 our Foundation Trust application in 2014.
- Deliver the cost and productivity improvement programme and develop 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.
- Achieve the next stage development of

service line reporting, integrating, devolving and reporting on all aspects of corporate and operational performance to service and business units. We will report and develop clear strategies to deliver against each of the key areas of quality, finance and performance at service level.

- Develop an improved system of waiting list management, incorporating improvements to scheduling of patients to clinics and theatres to optimise the management of theatre and bed capacity.



Operational performance

We will meet and sustain national and local performance standards.

We aim to achieve all national performance indicators, including:

- four hour standards in the Emergency Department
- cancer treatment standards
- 18 week access to treatment for elective care
- the completion of diagnostic tests within six weeks.

We aim to achieve all local performance indicators including:

- CQUINS
- contract indicators
- objectives within the clinical strategy
- implementation of consistent daily board rounds in every medical ward for every patient
- ensuring there is consistent daily senior review of every inpatient in medicine across the seven days
- ensuring recurrent service provision for:
 - early supported discharge in stroke services
 - nursing home project with St Helens Metropolitan Borough Council
 - Mental Health Liaison Services

Foundation Trust Transition Plan

We will work closely with the National Trust Development Authority (NTDA), commissioning and local authority partners to enable the submission of NHS Foundation Trust application by September 2014. We will meet all licence conditions as required by the NTDA.



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 2012/2013 was as follows:

Chairman

Les Howell, CBE
appointed June 2008

Chief Executive

Ann Marr,
appointed January 2003

Executive Directors

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

Kevin Hardy,
Medical Director
appointed November 2012

Damien Finn,
Director of Finance
appointed February 2010

Chrissie Cooke,
Acting Director of Nursing,
Midwifery and Governance
appointed May 2012

John Tappin,
Deputy Medical Director,
April 2004 - April 2012,
Acting Medical Director
April 2012 - November 2012

Gill Core,
Director of Nursing,
Midwifery and Governance
appointed February 2009;
left the Trust June 2012

Non-Executive Directors

Roy Swainson,
Vice Chair
appointed November 2006,
reappointed November 2010

Bill Hobden
appointed June 2009

Denis Mahony
appointed August 2012

Su Rai
appointed September 2012

Rod Hill,
Vice Chair
appointed December 2005,
reappointed December 2009, until July 2012

Alison Close
appointed November 2008, until October 2012

David Bradbury
appointed June 2004, reappointed June 2008
and June 2012, retired March 2013

Associate Directors

Ian Stewardson,
Director of Service Modernisation
appointed June 2003

Neil Darvill,
Director of Informatics
appointed December 2003

Peter Williams,
Director of Corporate Services
appointed August 2006

Donna McLaughlin,
Director of Operations and Performance
appointed February 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) (until October 2012)
Su Rai, Non-executive Director (Chair) (from September 2012)
David Bradbury, Non-executive Director
Roy Swainson, Non-executive Director

Trust Governance Board

The Governance Board is made up of the following membership:

Members

Ann Marr, Chief Executive (Chair)
Chrissie Cooke, Acting Director of Nursing, Midwifery & Governance (Vice Chair)
Les Howell, Trust Chairman
Neil Darvill, Director of Informatics
Kevin Hardy, Medical Director
Anne-Marie Stretch, Director of Human Resources
Damien Finn, Director of Finance
Donna McLaughlin, Director of Operations & Performance
Sarah O'Brien, Deputy Director of Nursing and Quality
Mike Manning, Clinical Director - Orthopaedics
Karen Edwardson, Patient Safety Manager
Julie Hendry, Clinical Director General Medicine
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

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) (until July 2012)
Denis Mahony, Non-executive Director (Chair) (from August 2012)
Les Howell, Chairman
Ann Marr, Chief Executive
Anne-Marie Stretch, Director of Human Resources
Kevin Hardy, Medical Director
Damien Finn, Director of Finance
Chrissie Cooke, Acting Executive Director of Nursing, Midwifery & Governance
David Bradbury, Non-executive Director
Roy Swainson, Non-executive Director
Bill Hobden, Non-executive Director
Su Rai, Non-executive Director

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
Roy Swainson, Non-executive Director
David Bradbury, Non-executive Director
Bill Hobden, Non-executive Director
Denis Mahony, Non-executive Director
Su Rai, Non-executive Director

Directors' Remuneration Report

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

Name and Title	2012-13		2011-12	
	Salary	Other Remuneration	Salary	Other Remuneration
	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000
Mr L Howell, Chairman (Started 1 June 2008)	20-25	0	20 - 25	0
Ms AM Marr, Chief Executive	165-170	0	160 - 165	0
Mr DP Finn, Director of Finance and Information	105-110	0	100 - 105	0
Dr M Lynch, Medical Director (Started 1 April 2007, second term of office from 1 April 2010, now retired)			15 - 20	115 - 120
Dr J Tappin, Acting Medical Director (Acting with effect from 1 April 2012 until 31 October 2012, pay pro-rata'd)	15-20	95-100	5 - 10	60 - 65
Dr K Hardy, Medical Director (Started 1 November 2012, pay pro-rata'd)	10-15	70-75		
Ms G Core, Director of Nursing, Midwifery & Governance (Left 1 July 2012)	20-25	0	95 - 100	0
Mrs AM Stretch, Director of Human Resources & Deputy Chief Executive	100-105	0	95 - 100	0
Mr D Bradbury, Non-Executive Director (Left 31 March 2013)	5-10	0	5 - 10	0
Mr R Swainson, Non-Executive Director (Started 1 November 2006, second term of office from 1 November 2010)	5-10	0	5 - 10	0
Mr R Hill, Non-Executive Director (Left 1 August 2012)	0-5	0	5 - 10	0
Mr D Mahony, Non -Executive Director (Started 1 August 2012)	0-5	0		
Ms S Rai, Non-Executive Director (Started 26 September 2012)	0-5	0		
Mr W Hobden, Non-Executive Director (Started 18 June 2009, first term of office to 17 June 2013)	5-10	0	5 - 10	0

Notes -

From 28 May 2012 to 21 March 2013 Ms C Cooke was Acting Director of Nursing Midwifery and Governance, seconded from Warrington PCT. Her estimated remuneration range (pro-rata'd for the period) is in the band £65k to £70k. In addition, Ms A Close, Non-Executive Director, left the Trust on 31 October 2012, her remuneration being recharged by her main employer. The estimated banding for the period April to October 2012 is £0k to £5k (prior year £5k to £10k).

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. All the Trust Executive Directors are employed on a full-time substantive contract with a 6 month contract termination notice period either side. There have been no significant awards made to past Executive Directors for early terminations of contract.

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.

In the financial year 2011/12 the remuneration of the highest paid director in St Helens & Knowsley Teaching Hospitals NHS Trust was £168,405.72*. This was 6.86 times the median remuneration of the workforce, which was £24,554.00*.

In the financial year 2012/13 the remuneration of the highest paid director in St Helens & Knowsley Teaching Hospitals NHS Trust was £171,555.00*. This was 7.20 times the median remuneration of the workforce, which was £23,814.08*.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. During the 2012/2013 year there was a change of Medical Director. There has been no pay award during the reference period.

Under HM Treasury guidance PES(2012)17 the Trust is required to disclose information about off-payroll engagements at a cost of over £58,200 per annum that were in place as of 31 January 2012 and about new off-payroll engagements between 23 August 2012 and 31 March 2013, for more than £220 per day and more than six months. The Trust has nothing to declare in either case.

* Please note that these figures are annualised, ie. where a member of staff has not been in post for the full financial year, their salary has been grossed up to an annual equivalent.

B) Pension Benefits

Name and title	Real increase/ (decrease) in pension at age 60	Real increase/ (decrease) in lump sum at aged 60 related to real increase/ (decrease) in pension	Total accrued pension at age 60 at 31 March 2013	
	(bands of £2500) £000	(bands of £2500) £000	(bands of £5000) £000	
Ms AM Marr, Chief Executive	0 - 2.5	0 - 2.5	65 - 70	
Mr DP Finn, Director of Finance and Information	0 - 2.5	0 - 2.5	30 - 35	
Dr K Hardy, Medical Director (Started 1 November 2012 - see note below)	0 - 2.5	5 - 7.5	45 - 50	
Ms G Core, Director of Nursing, Midwifery & Governance (Left 1 July 2012 - see notes)	0 - 2.5	0 - 2.5	40 - 45	
Ms C Cooke, Acting Director of Nursing, Midwifery & Governance (Started 28 May 2012, left 21 March 2013)	0 - 2.5	0 - 2.5	20 - 25	
Mrs AM Stretch, Director of Human Resources & Deputy Chief Executive	0 - 2.5	0 - 2.5	35 - 40	

	Lump sum at age 60 related to accrued pension at 31 March 2013	Cash Equivalent Transfer Value at 31 March 2013	Cash Equivalent Transfer Value at 31 March 2012	Real increase/ (decrease) in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
	(bands of £5000) £000	£000	£000	£000	£000
	205 - 210	1,375	1,258	51	0
	90 - 95	462	409	31	0
	145 - 150	949	836	70	0
	130 - 135	811	742	31	0
	60 - 65	320	294	10	0
	115 - 120	646	585	30	0

