



Annual Report  
2013 - 2014



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# Foreword from the Chair and Chief Executive



It gives us great pleasure to present the Trust's Annual Report for 2013/14. The report also includes the Quality Account, which describes quality of care provided, patient experience, the standards of patient safety and clinical effectiveness throughout the year.

Once again the Trust has had a busy and challenging 12 months, with further increasing demand for most services from a widening catchment. Despite the inevitable pressures that these increases bring, the Trust is proud of providing high standards of care for patients, as well as continuing to meet financial and statutory obligations.

A number of patient surveys were carried out throughout the year, including cancer services, individual ward questionnaires to the implementation of the national Friends and Family Test. The majority of feedback has been very positive, and the Trust continues to ensure that any constructive feedback received is used to inform and improve services. In addition, a number of external and independent assessments and inspections have taken place, including ones by the Care Quality Commission (CQC) that confirmed all standards were being met, and provided recognition of the motivation and commitment shown by staff to deliver a high quality patient experience.

In April, the new Whiston Hospital was officially opened by Her Royal Highness (HRH) The Countess of Wessex, GCVO. Staff and patients were thrilled to meet the Countess on a very special day for our local community.

Whiston Hospital was rated the best acute hospital in England in the Patient-Led Assessment of the Care Environment assessments; St Helens Hospital was ranked third in the same assessment. During the year staff working in clinical and service departments won a number of awards acknowledging the high standards across the organisation.

The Trust celebrated the official opening of the Trauma Rehabilitation Unit at St Helens Hospital; a specialist facility providing care for those who have suffered traumatic injuries or illnesses.

The Trust has progressed its aim to achieve Foundation Trust (FT) status which will enable us to further deliver our vision of 5-star patient care and sustainable clinical services tailored to the local community with specialist services to the wider population.

It is important to acknowledge the hard work and dedication of our staff, striving to ensure patients and their families receive the best possible care, as well as the invaluable input of our volunteers, whose time and support is freely given and gratefully received.

Finally, 2013 saw the retirement of the Trust's Chairman, Les Howell CBE. Les had been with the Trust for 6 years. We thank him for his commitment and wish him the very best in his retirement.

*Richard Fraser*

*Ann Marr*

Richard Fraser  
Chairman

Ann Marr  
Chief Executive

# 1 About the Trust



## Background

The Trust provides the full range of acute healthcare services at two sites: Whiston Hospital and St Helens Hospital, both of which are modern, high quality facilities.

The Trust's annual income in 2013/14 was £288.4 million and more than 4,000 members of staff are employed. In addition to this, the Trust is the lead employer for the Mersey Deanery and responsible for 2,000 trainee specialty doctors, based in hospitals and GP practice placements throughout Merseyside and Cheshire.

The Trust has a good track record of providing high standards 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 4 million people.

Clinical services are organised within three care groups – surgery, medicine and clinical support – working together to provide integrated care. A range of corporate support services, such as Human Resources (HR), education and training, informatics, research and development, finance, governance, facilities, estates and hotel services all contribute to the efficient and effective running of the two hospitals.

The local community is characterised by its industrial past. 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 nutrition, are significantly higher than the national average.

## Our Aims and Objectives

The Trust's goal is to provide high quality health services and an excellent patient experience. This is captured in the Trust's Annual Corporate Objectives describing "5-star patient care" achieved by improving safety, care, systems, communication and pathways of treatment, all supported by robust operational and financial performance.



In addition, the Trust has developed a range of behavioural standards expected of all staff that encompasses attitudes, communication and experiences. These are commonly referred to as ACE and adherence by staff forms part of the annual appraisal process.

## Services we provide

Services provided by the Trust, and grouped into the organisational structure within which they fit are summarised in the following paragraphs.

### Medical

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

### Surgical

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

### Women and Children

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

### Critical Care

Coronary Care, High Dependency, Intensive Care.

### Emergency Services

Accident and Emergency (A&E), Acute Medical Unit, Emergency Assessment Unit, GP Assessment Unit.



### Clinical Support Services

Audiology, Cancer Services, Cardio-Respiratory, Clinical Physiology, Clinical Psychology, Cold Decontamination, Dietetics, Electro-Biomedical Medical Equipment (EBME), Imaging, Medical Photography, Neurophysiology, Occupational Therapy, Orthoptics, Orthotics, Pathology, Pharmacy, Physiotherapy, Speech and Language Therapy.

### Non-clinical Support Services

Complaints, Facilities Management, Finance, Governance, Health Informatics, Health, Work and Wellbeing, Hotel Services (portering, domestic, catering and security), HR, Learning and Development, Legal Services, Marketing, Media Public Relations and Communications, Patient and Public Involvement, Patient Advice and Liaison Service (PALS), Pay and Staff Services, Purchasing and Supplies, Spiritual Care.

### Non-Trust services hosted at Whiston Hospital

Mental Health services provided by 5 Boroughs Partnership NHS Foundation Trust.

### Non-Trust services hosted at St Helens Hospital

Renal Dialysis Unit managed by Fresenius Medical, and linked to the Royal Liverpool and Broadgreen University Hospitals NHS Trust.

GP Practice in the Sherdley Medical Centre and ElderCare facility.

Trauma Rehabilitation Unit in the Seddon Suite, linked to the Walton Centre NHS Foundation Trust.

### Visiting Consultants to the Trust

The Trust is pleased to accommodate visiting consultants from other Trusts specialising in Clinical Oncology, Nephrology, Neurology, Oral Surgery, Children and Young People and Vascular Surgery.

### Foundation Trust Status Update

The Trust Board remains committed to becoming an FT, with additional freedoms to develop local services and offer specialist services to a wider population.

The Trust Board oversees the FT application programme, receiving monthly progress reports. The Trust has worked with the support of the NHS Trust Development Authority (TDA) to prepare for an application to Monitor in due course.

A dedicated FT Programme Director joined the Trust at the beginning of the year and, along with Trust colleagues, has developed the first draft of the Integrated Business Plan (IBP) which has been shared with local commissioners. Substantial progress has been made in responding to external reviews of quality and corporate governance, as well as developing key documents in support of the application, including a membership strategy, consultation proposals and a draft constitution. This sets out how members would be recruited and governors elected to ensure the Trust will be accountable to local people.

Other key strategy documents which have been approved include:

- communications and engagement - including the approach to working with other stakeholders and reputation management
- human resources - recruitment, retention, training and support of the workforce
- Information Technology (IT) - technical innovation and development, improving and simplifying systems and identifying opportunities for the elimination of waste.

## Review of corporate objectives 2013/14

The following section details the 64 objectives set by the Trust Board for 2013/14 and records performance against each. 95% of the objectives were either fully or partially achieved.

5-star Patient Care - 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.		
1.	Increase harm free care to an average across all areas to 97% or more	<ul style="list-style-type: none"> <li>• 95.13% against a target of 97%</li> <li>• This year's National Safety Thermometer performance is not directly comparable with last year but performance benchmarks favourably regionally and nationally</li> <li>• Participating in the transparency project</li> </ul>
2.	Develop paediatric indicators for harm free care	<ul style="list-style-type: none"> <li>• Paediatric indicators for harm free care commenced June 2013</li> </ul>
3.	Zero Methicillin-Resistant Staphylococcus Aureus (MRSA) and aim to have a further reduction in overall infection rates	<ul style="list-style-type: none"> <li>• Substantial improvement in blood-borne MRSA infections with 4 cases</li> <li>• Methicillin-Sensitive Staphylococcus Aureus (MSSA) – 11% improvement on previous year</li> <li>• IPC action plan in place and progressed</li> <li>• Aseptic Non-Touch Technique (ANTT) nurse appointed and embedding practice</li> <li>• ICNET funding from NHS nursing technology fund</li> </ul>
4.	Target reduction in C.Difficile	<ul style="list-style-type: none"> <li>• 26 against trajectory of 31</li> <li>• Reduction of 16% from 2012/13</li> </ul>
5.	Overall reduction of 5% in pressure ulcers	<ul style="list-style-type: none"> <li>• 4 grade 3 pressure ulcers against 5 in 2012/13</li> <li>• No grade 4</li> <li>• Benchmark very favourably</li> </ul>
6.	No falls resulting in serious harm and a 5% reduction resulting in moderate harm	<ul style="list-style-type: none"> <li>• One fall resulting in serious harm</li> <li>• Falls resulting in moderate harm down from 42 to 33 – 21% reduction</li> <li>• Achieved tender for community falls service</li> <li>• Benchmark favourably regionally and nationally</li> </ul>
7.	Implement an electronic risk assessment for Venous Thromboembolism (VTE)	<ul style="list-style-type: none"> <li>• We have introduced electronic VTE assessment and will be implementing an upgrade to the system imminently</li> <li>• However, this is not yet embedded and assessment rate was 90.03% against a target of 95%</li> </ul>
8.	Improve medicine management "security audit"	<ul style="list-style-type: none"> <li>• Medicines safety group established, medicines audit undertaken</li> <li>• Medicines Management security has been improved and audited</li> <li>• Further enhancing IV administration training and peer review process</li> </ul>



9.	A robust system for learning and sharing lessons from complaints and incidents	<ul style="list-style-type: none"> <li>• Systems for recording and learning from incidents and complaints have been revised and improved</li> <li>• Executive representation at Strategic Executive Information System (STEIS) and incident panels supported by policy and algorithm for escalating concerns</li> <li>• Root Cause Analysis (RCA) and process in place for learning from complaints and incidents</li> </ul>
10.	Continue to develop and improve clinical indicator reporting	<ul style="list-style-type: none"> <li>• Now have sophisticated clinical indicator reporting that can be broken down by diagnostic group, procedure group, specialty and consultant</li> <li>• Quality dashboard incorporates safety experience effectiveness and productivity indicators</li> <li>• Safeguarding training revised trajectory achieved December 2013</li> <li>• Participation in safety collaborative and Healthcare Associated Infections (HCAI) group</li> </ul>
11.	Deliver a programme of research aimed at translating evidence based best practice	<ul style="list-style-type: none"> <li>• The Trust's research activities to improve patient care have grown substantially this year</li> </ul>
12.	Develop a Research and Development Strategy that builds a growing portfolio	<ul style="list-style-type: none"> <li>• The Trust have a Board-approved Research and Development Strategy</li> <li>• The Strategy fits with National Institute for Health Research (NIHR) high level objectives and aims to increase the Trust's research capacity and capability</li> <li>• In 2013/14 the Trust has grown the portfolio of research and met the Clinical Research Network (CRN) target for recruitment</li> </ul>

## 5-star Patient Care - Care

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

13.	Development of a Nursing Strategy based on the 6 "C"s with SMART objectives and 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.	<ul style="list-style-type: none"> <li>• Nursing Strategy officially launched on 28th February and the event was hailed a great success by individuals and groups, including the patient body, Healthwatch</li> <li>• An external expert commented "good example of embedding 6 C's"</li> <li>• Quality dashboard revised</li> </ul>
14.	Develop a ward accreditation programme	<ul style="list-style-type: none"> <li>• Ward accreditation scheme in progress as part of nursing strategy courage group</li> <li>• Pilot undertaken across 4 wards at Whiston Hospital</li> </ul>
15.	Clinical leadership – Director of Nursing (DoN) and Deputy Director of Nursing (DDoN) will have job plans with time tabled clinical sessions to allow teaching, visibility, clinical supervision and direct patient care. Establish different nurse meetings and forums to allow engagement of nurse leaders with a wide range of nursing staff	<ul style="list-style-type: none"> <li>• Senior nurses are highly visible and driving better care</li> <li>• DoN and DDoN have scheduled clinical sessions</li> <li>• Red uniforms introduced for senior nurse managers</li> <li>• Senior nurse walkabouts in place</li> <li>• QWR revised</li> <li>• Meeting with all Grades of nursing staff including student nurses (senior nurse forums, matrons, ward managers, multi-disciplinary team re medicines management)</li> <li>• Bi monthly student nurse forums</li> <li>• Patient focus groups</li> <li>• RCA panels for falls, infection prevention and control incidents and pressure ulcers to ensure shared learning</li> <li>• Nurses' Day celebration</li> </ul>
16.	Matrons and other lead nurses to spend 80% time in "clinical" activities and this will be evidenced in job plans	<ul style="list-style-type: none"> <li>• Job Planning for specialist nurses - 70% clinical activities</li> <li>• Matrons and other lead nurses spend approx. 60% time in "clinical" activities and this is evidenced in job plans</li> </ul>
17.	Increase the number of supervisory ward managers	<ul style="list-style-type: none"> <li>• Clear plan in place to increase supervisory ward managers</li> <li>• 50% supervisory time will be achievable when ward establishment at required level</li> </ul>
18.	Healthcare Assistants (HCA) to have competency framework, programme of development and training and supervision	<ul style="list-style-type: none"> <li>• Development programmes for all levels of nursing staff being developed</li> <li>• HCA competency framework established and preceptorship programme in place for new HCAs</li> <li>• HCA secondment to Trainee Assistant Practitioner and Nurse training from Sept 2015</li> </ul>
19.	Establish a clinical training day for trained staff and development programmes for all levels of nursing staff	<ul style="list-style-type: none"> <li>• Partially developed and will be embedded in 2014/15</li> </ul>
20	Increase the number of nurses engaging in research and audit and the number of publications associated with nursing practice	<ul style="list-style-type: none"> <li>• Number of research nurses working in the Trust increased with the support of the Clinical Research Network</li> <li>• Participation in focus groups regarding Care and Compassion which is part of a larger research project being hosted in London, through the work of the Nursing and Midwifery Strategy</li> <li>• A Trust research nurse had her own work published for the first time, and presented at an International Conference</li> </ul>

## 5-star Patient Care - 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.

21.	Roll out Friends and Family Test	<ul style="list-style-type: none"> <li>In place in A&amp;E, inpatients and maternity services with improving response rates</li> </ul>
22.	All wards to have a "ward information" leaflet and discharge leaflet for patients	<ul style="list-style-type: none"> <li>Homeward bound leaflets in all areas</li> <li>Discharge coordinators in medical care group</li> </ul>
23.	Develop local satisfaction surveys to be used in addition to national surveys and Hospedia etc.	<ul style="list-style-type: none"> <li>Local satisfaction surveillance being used</li> <li>Action plans in place for inpatients survey</li> <li>Hospedia and health watch reports are monitored via the Trust's Patient Experience Council (PEC)</li> </ul>
24.	Continue to identify patient stories and report, not only at Trust Board, but at nurse forums.	<ul style="list-style-type: none"> <li>Patient stories part of Board agenda</li> <li>Patient stories are presented to many committees and councils with resulting action plans</li> </ul>
25.	Establish patient focus groups to enable a fuller understanding of the patient experience	<ul style="list-style-type: none"> <li>Patient power group established in addition to the existing focus groups</li> </ul>
26.	Seek, analyse and improve user and carers views and experience of Trust services	<ul style="list-style-type: none"> <li>Ongoing work to understand and learn from user and carer views</li> <li>Patient user views discussed and actions in place. Good examples in diabetes and ophthalmology</li> </ul>

## 5-star Patient Care - Pathways

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

27.	Use intelligence around benchmarking data to reduce variation and improve outcomes	<ul style="list-style-type: none"> <li>Substantial inroads into reducing variation in clinical pathways by aligning practice to National Institute for Health and Care Excellence (NICE) and other best practice guidance</li> </ul>
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## 5-star Patient 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

28.	Handle complaints in a timely manner affording them the priority they deserve	<ul style="list-style-type: none"> <li>• Timeliness of Complaints handling is dramatically improved and CQC felt other aspects were good</li> <li>• Number of complaints reduced from 528 in 2012/13 to 387 – 27% reduction</li> </ul>
29.	Procure and phased roll-out of a hospital wide electronic prescribing system	<ul style="list-style-type: none"> <li>• ePrescribing is approved and funded and procurement underway for 2014/15</li> </ul>
30.	Implement a new integrated A&E clinical information system	<ul style="list-style-type: none"> <li>• MAXIMS 2 has been introduced into A&amp;E</li> </ul>
31.	Develop business case for a hospital wide electronic medical early warning system	<ul style="list-style-type: none"> <li>• eMEWS is approved and funded and procurement underway</li> </ul>
32.	Full deployment of hospital wide Mobile Device Strategy including Bring Your Own Device (BYOD)	<ul style="list-style-type: none"> <li>• Hospital wide deployment of mobile device strategy is underway</li> </ul>
33.	Data Quality Improvement Programme and Performance Framework	<ul style="list-style-type: none"> <li>• Monitored the agreed range of indicators and achieved targets set</li> <li>• Drafted new objectives for 2014/15 with the Director of Operations</li> </ul>



## 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.

34	Deliver the Trust's identified priorities in respect of the recommendations from the Francis Report aligned to Commissioning for Quality and Innovation (CQUIN) and CQC requirements	<ul style="list-style-type: none"> <li>Francis report action plan developed with appropriate progress against each target</li> </ul>
35	Take staff engagement, listening and feedback process to a deeper level by finding innovative ways to engage with staff about the ACE Behavioural Standards to further enhance the delivery of 5-star patient care	<ul style="list-style-type: none"> <li>Use of listening events increased further e.g. as part of Medicine Redesign Project</li> <li>Team Talk programme increased</li> </ul>
36	Develop and implement plans to increase the supervision and core skills/competency development of the Trust's health care assistants aligned to national guidance	<ul style="list-style-type: none"> <li>HCA preceptorship programme in place</li> <li>1<sup>st</sup> cohort planned for July 2014</li> </ul>
37	Ensure that recruitment processes for all staff include recruiting for values, compassion and care aligning to national schemes as they become available	<ul style="list-style-type: none"> <li>Value based questions are incorporated in core interview questions</li> <li>Based on 6Cs</li> </ul>
38	Take focussed action to address sickness absence by targeting the top reasons for absence both nationally and at Trust level; stress and muscular skeletal. Target areas where sickness absence could be improved by cultural or leadership development	<ul style="list-style-type: none"> <li>4.5% sickness target achieved showing an improvement of 0.2% on 2012/13</li> <li>Instigated a range of programmes to further target sickness</li> </ul>
39	Introduce e-Rostering for the nursing workforce to improve productivity efficiency and reduce bank and agency spend	<ul style="list-style-type: none"> <li>e-Rostering business case developed and plans developed for procurement and implementation in 2014/15</li> </ul>
40	Implement the new Medical Workforce Job Planning Policy	<ul style="list-style-type: none"> <li>New Medical Workforce Job Planning system developed and rolled-out</li> </ul>
41	Increase levels of appraisal and personal development plans	<ul style="list-style-type: none"> <li>84.1% achieved against 73.3% in 2012/13, however target of 85% not met</li> </ul>
42	Promote education and development of standards to ensure that only those with relevant skills and competencies are employed by the organisation	<ul style="list-style-type: none"> <li>Mechanisms introduced to ensure appointees are appropriately qualified and competent</li> <li>Potential shortfalls checked such as nursing numeracy testing</li> </ul>

## Financial Performance, Efficiency And Productivity

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

43.	Develop service and patient level information to support decision making at a divisional and service level	<ul style="list-style-type: none"> <li>• Good progress has been made in embedding patient level/ service line reporting within the Care groups</li> <li>• Reviews are now undertaken at individual Care Group performance meetings</li> <li>• Quarterly reviews are now undertaken at the Finance and Performance Committee meetings</li> </ul>
44.	Develop inter organisational service level benchmarking to support the identification of clinical and financial improvements	<ul style="list-style-type: none"> <li>• Benchmarking continues to be undertaken within the organisation</li> <li>• Four specific pieces were undertaken in year with outcomes being monitored through the Cost Improvement Programme (CIP) council</li> </ul>
45.	Progress the Trust's IBP to ensure organisation readiness for FT application in 2014	<ul style="list-style-type: none"> <li>• All targets for submission have been achieved</li> <li>• TDA risk rating and robustness of 5-year plans suggest that readiness for FT application in 2014 will not be achieved</li> </ul>
46.	Delivery of the cost and productivity improvement and programme and development of a rolling three year improvement plan	<ul style="list-style-type: none"> <li>• The in-year CIP was achieved, albeit with c£3m of non-recurrent funding</li> <li>• The three year rolling programme continues to progress with service line reporting being the foundation to its development</li> </ul>
47.	Ensure the Trust's capital investment programme supports the achievement of corporate objectives	<ul style="list-style-type: none"> <li>• Capital programme managed well, and supported delivery of corporate objectives, and within budget</li> </ul>
48.	Develop and implement a procurement strategy to support the achievement of corporate objectives	<ul style="list-style-type: none"> <li>• Procurement strategy has been drafted in line with corporate objectives and external national procurement developments</li> </ul>
49.	Develop and implement an information strategy to support the achievement of corporate objectives	<ul style="list-style-type: none"> <li>• Information strategy drafted to support the achievement of corporate objectives</li> <li>• Development of IM&amp;T strategy continues to progress</li> </ul>
50.	Complete the proposals for the rationalisation of the Trust's estate	<ul style="list-style-type: none"> <li>• Demolition of Eccleston Centre completed</li> <li>• Demolition of 2 vacated residency blocks not achieved but Planning Application submitted for early 2014/15</li> </ul>
51.	To explore opportunities by which the Trust may generate additional income by developing service and repatriating activity	<ul style="list-style-type: none"> <li>• Clinical income has increased in year by 8%</li> <li>• Referrals continue to increase</li> <li>• Marketing developments continue to be explored with the identification of GP surgeries with low referral rates</li> </ul>
52.	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.	<ul style="list-style-type: none"> <li>• Progressing and developing service line reporting</li> <li>• Routine agenda items on Finance and Performance Committee</li> <li>• Service line management monitoring tool in place</li> </ul>
53.	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.	<ul style="list-style-type: none"> <li>• Proof of concept to develop a systemised/automated planning and patient scheduling tool was undertaken and demonstrated significant opportunities</li> <li>• Next stage plans underway with private sector organisations to develop a production system</li> </ul>



## Operational Performance

We will meet and sustain national and local performance standards

54.	4 hour standards in Emergency Department	<ul style="list-style-type: none"> <li>95.1% against a target of 95%</li> <li>High levels of activity have resulted in difficulty achieving consistent performance</li> </ul>
55.	Cancer treatment standards	<ul style="list-style-type: none"> <li>All standards for cancer treatment met</li> </ul>
56.	18 week access to treatment for elective care	<ul style="list-style-type: none"> <li>Standards met</li> </ul>
57.	Diagnostic tests to be completed within 6 weeks	<ul style="list-style-type: none"> <li>Achieved</li> </ul>
58.	CQUINS	<ul style="list-style-type: none"> <li>All areas progressing</li> <li>Failed target for discharge communications</li> <li>Amber RAG rating for stroke performance, although stroke performance has improved from 2012/13</li> </ul>
59.	Contract indicators	<ul style="list-style-type: none"> <li>Met all national indicators with the exception of MRSA and never events</li> <li>Met all local indicators with the exception of VTE, discharge communications and choose and book</li> </ul>
60.	Objectives within the clinical strategy	<ul style="list-style-type: none"> <li>Action plan agreed with milestones</li> <li>Monitored through Quality Committee with bi-annual report to the Trust Board</li> <li>Annual progress report included within the Integrated Performance Report</li> </ul>
61.	Implement consistent daily Board Rounds in every medical ward for every patient	<ul style="list-style-type: none"> <li>Daily board rounds in place in every medical ward for every patient</li> <li>Patient feedback on engagement in discharge planning improved from 37% to 85%</li> </ul>
62.	Ensure there is "consistent daily senior review of every inpatient in Medicine" across the 7 days	<ul style="list-style-type: none"> <li>Invested in additional consultant and support staff to enhance weekend working</li> <li>Daily senior review of every inpatient achieved in a number of specialties</li> <li>Increased the number of patients discharged at weekends</li> </ul>
63.	Ensure recurrent service provision for early supported discharge in stroke services, Nursing home project with St Helens MBC, and Mental Health liaison services	<ul style="list-style-type: none"> <li>Recurrent funding for mental health liaison services achieved</li> <li>Funding for nursing home project with St Helens Council secured</li> <li>Funding of early supported discharge for stroke services secured and the service specification finalised</li> </ul>

## FT Transition Plan

We will work closely with the TDA, commissioning and local authority partners to enable submission of an NHA FT application in due course.

64.	Meet all licence conditions as required by the TDA	<ul style="list-style-type: none"> <li>The Trust met all the compliance conditions as submitted monthly to the TDA namely: <ul style="list-style-type: none"> <li>Fit and proper persons</li> <li>Regard to monitor guidance</li> <li>Registration with CQC</li> <li>Patient eligibility and selection</li> <li>Recording of information</li> <li>Provision of information</li> <li>Assurance report</li> <li>National tariff</li> <li>Constructive engagement re local tariff modification</li> <li>Patient choice</li> <li>Competition</li> <li>Integrated care</li> </ul> </li> </ul>
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## Highlights of the year 2013/14

### Start of Year Conference

The Start of Year Conference, held for senior managers, clinical leaders, matrons and heads of wards and departments, took place in April. Ann Marr, Chief Executive presented the review of the year 2012/13 to staff and a look ahead to the challenges for the coming year with the launch of the Corporate Objectives for 2013/14. Guest speaker Terry Waite, CBE, delivered a talk about his personal experience, which resonated with the culture of kindness and compassion aspired to within the Trust.

### Official opening of the new Whiston Hospital

The Trust was privileged to welcome HRH The Countess of Wessex, GCVO to officially open the new Whiston Hospital on 24th April 2013. The Countess was welcomed and escorted around the hospital by Les Howell CBE, Chairman and Ann Marr, Chief Executive, and visited a number of wards and departments. She met and spoke warmly with patients, visitors and staff before giving a speech and officially unveiling a commemorative plaque.

Following the visit Her Royal Highness sent a sincere letter thanking everyone at the hospital for the warm welcome she had received. The Countess said how very interested she had been to see the excellent new facilities and to meet with dedicated members of staff, commenting that the hard work and commitment that they bring to their jobs is plain to see.

### Trust named top in Merseyside for cancer care

The Trust has been named the top performing acute Trust in Merseyside, and seventh in the country, for providing the best care and support to cancer patients.

An analysis by Macmillan Cancer Support compares the performance of hospitals across England based on patients' responses to a range of questions. Patients treated at St Helens and Whiston hospitals responded to the survey, and their feedback confirmed that the Trust offers excellent quality care to cancer patients.

### Mersey Regional Centre for Mohs surgery

The Trust opened the Mersey Regional Centre for Mohs surgery, located at St Helens Hospital. Mohs surgery is used to treat common types of skin cancer. After tissue is removed, the pathologist immediately examines the specimen for cancer cells and the results inform the surgeon exactly where to remove affected tissue. This approach provides far greater certainty regarding the extent of tissue removal required thereby significantly reducing potential disfiguration.

The new facilities include a specialised theatre suite and purpose-built adjacent laboratory, with technology that takes the centre to the forefront of UK Mohs surgery.





### Clinical Negligence Scheme for Trusts

In March 2014 the Maternity service was proud to achieve the highest safety accolade of CNST Level 3. Following an intensive assessment the service was able to demonstrate high levels of compliance. This achievement provides evidence to women and stakeholders that the service has safety and quality as its priority.

### Official opening of Trauma Rehabilitation Unit, Seddon Suite, St Helens Hospital

The regional specialist trauma rehabilitation unit was officially opened in St Helens Hospital. The bespoke facility cares for people who have suffered traumatic injuries or illnesses, and provides 7-day inpatient and outpatient therapy services.

The unit was opened by former British Army Corporal Andy Reid, who was injured in Afghanistan. The St Helens-born soldier told of his own experiences and spent time meeting patients and their families.

### President of the Royal College of Nursing visits Whiston Hospital

Andrea Spyropoulos, President of the Royal College of Nursing, visited Whiston Hospital in July 2013 to meet with staff and patients. During her visit, the President spent time on wards alongside Sue Redfern, Director of Nursing, and took part in a question and answer session with nursing staff.



### Burney Breast Unit receives European accreditation

The Burney Breast Unit received European accreditation for its care of patients with breast cancer. The Breast Centres Network, part of the European School of Oncology, granted the unit 'full membership' of the network, meaning that the unit is recognised for offering a range of specialised clinical services of international standard.

### Skills for Health Apprenticeship Promise

The Trust pledged its commitment to support apprenticeships within the workplace with the signing of this promise. The health sector is one of the largest employers of apprentices, and there is general agreement that it has an extremely positive impact on quality and productivity as well as providing training designed around the specific needs of the organisation.

### Trust awarded efficiency fund

The Trust is one of only 70 across the country to receive a grant from a new Department of Health (DH) monetary fund, as part of a £500 million initiative to cut energy bills across the NHS. Health Minister, Dr Dan Poulter announced that the Trust had been awarded £22,094 to invest in a new system that will automatically shut down idle and inactive computers.

### Trust receives national accolade for innovative technology

The Trust won the e-Health Insider Award 2013, for the development of the innovative Mersey Burns App. The application, developed for use on mobile devices, enables clinicians to quickly and accurately assess the extent of a burn, which is critical in helping save lives. The app was also named overall winner at the Awards Ceremony.

### Hospital in Bloom Awards

St Helens and Whiston hospitals both won North West in Bloom Gold Medals for the exceptional maintenance of the grounds and gardens. This is down to the dedication of our gardening team, and the sponsorship received from local companies. The range of attractive and colourful flowers and plants provides a huge lift to patients.



### Excellence in Human Resources

Deputy Chief Executive and Director of Human Resources (HR) Anne-Marie Stretch was named Human Resources and Organisational Development (HR/OD) Director of the Year, at the North West Excellence in HR Awards 2013. Anne-Marie received the award for being an outstanding leader who has made a significant professional contribution in the field of HR and OD. Claire Scafton, Deputy Director of HR, was also named as Deputy Director HR/OD of the Year at the same ceremony.

### £30,000 donation from Mullen Family

An extremely generous family raised over £30,000 to help premature babies who need specialist care at Whiston Hospital. Jason and Anita Mullen from Widnes, together with their family and friends, have raised thousands of pounds in memory of their baby son through the Alfie Flynn Mullen Charity.

### Patient-Led Assessment of the Care Environment (PLACE)

Whiston Hospital has been rated the best acute hospital in the country and St Helens Hospital ranked third in the latest environment assessments. PLACE checks all acute and specialist organisations throughout England: Whiston Hospital scored highest overall in England for the condition and maintenance of the hospital building. The assessments included the involvement of patients, patient representatives and members of the public. The programme focuses on: cleanliness; condition, appearance and maintenance; privacy, dignity and wellbeing; and food and hydration.



# 2 Strategic Report



## Financial overview

The task of the finance department is to provide timely quality, performance, workforce and finance information so that high quality clinical care can be provided whilst maintaining long-term sustainability.

All NHS Trusts are tasked for the next three to five years with becoming at least 4% more efficient each year without compromising safety, quality of care or patient experience.

Historically, the Trust has a good track record in the achievement of its financial targets and in 2013/14 delivered the following outcomes:

Objectives	Outcomes
Achieve at least a break-even position on income and expenditure	Achieved: £1.15 million
To manage capital expenditure with a pre-set limit	Achieved: Total capital spend of £4.26 million
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

By generating £288.4 million worth of income, the Trust was able to deliver a surplus of £1.15 million.

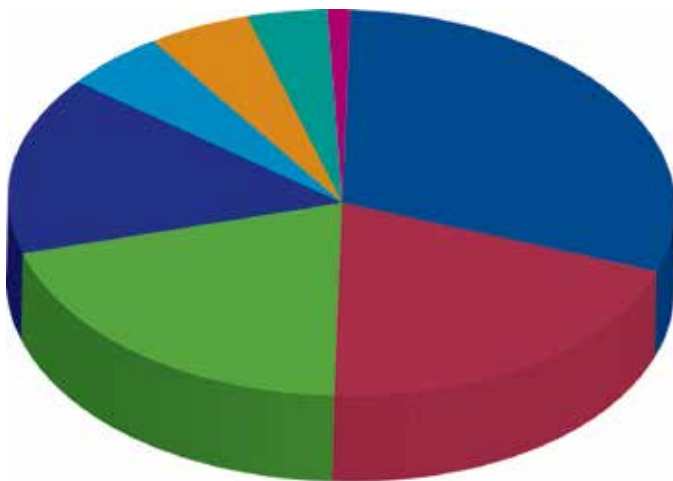
### Income

£244m (85%) of the income received by the Trust came from patient-related activities. The largest contributor was St Helens Clinical Commissioning Group (CCG) at £102.9m.

The remaining 15% of income related to NHS North West Deanery for the education and training of junior doctors; Service Level Agreements provided to other organisations; and Private Finance Initiative (PFI) support funding.

The pie chart sets out the proportion of income received by type:

### Income source



- Non Elective
- NonPbR
- Outpatients
- Other Income
- Day Case
- Elective
- A&E
- Non NHS Clinical Income

### Expenditure

One key financial objective of the Trust is to identify and reduce waste, thereby freeing up resources for direct patient care.

The Trust’s 2013/14 financial performance was greatly assisted by the successful delivery of its Cost Improvement Programme (CIP). The Trust saving requirement was £15 million made up from the Government’s expected 4% rise in efficiencies (around £11 million) and local funding pressures. The target was met through a combination of savings and additional income from higher levels of activity. Going forward the Trust will be looking to secure an increased percentage of CIP targets through partnership working with other health providers.

A robust Quality Impact Assessment (QIA) is undertaken for all proposed cost improvements to ensure the schemes do not impact on the quality of the care provided. It is only following this process that saving schemes are considered for approval by the Medical and Nursing Directors.

In 2013/14 the Trust’s capital expenditure was £4.26 million, primarily for the provision of new and replacement equipment.

The Trust has an effective financial governance framework in place, supported through independent external scrutiny. In 2013/14 Mersey Internal Audit Agency (MIAA) provided the Trust with “significant assurance” that systems for managing risk and internal control processes were operating effectively. Grant Thornton UK LLP provided independent external assurance that the Trust is properly accounting for public money; that it is efficient and effective in its use of resources; and that there is continual improvement in the delivery of health services.



## Reporting standards

The Trust prepared its annual accounts in line with national requirements, using International Financial Reporting Standards (IFRS), and met all of the audit requirements.

The Trust's remuneration figures and pension benefits are detailed later in this report.

## Economic outlook and operating environment

The Trust cares for an increasingly ageing population with complex, ongoing health needs. Due to advances in healthcare, more people are living longer but often with long-term health conditions. The resultant growing demand for healthcare services is well documented, along with the rising expectations of the population.

Whilst the NHS budget has been largely protected from direct funding cuts, community services and social services have seen their resources stretched further, and given the overlap between health and social care this inevitably creates challenges. Going forward, the Trust is working with health partners to put plans in place to ensure the impact of the Better Care Fund (BCF) is positively managed.

## Financial Risk Rating

In 2013/14 the TDA adopted Monitor's new financial rating known as the Continuity of Services Risk Rating (CoSRR) which incorporates two common measures of financial robustness:

**the liquidity ratio** – this represents the days of operating costs held in cash or cash-equivalent forms by the Trust, and;

**the capital servicing capacity** – this represents the degree to which the Trust's income covers its financing commitments.

The mark for each of the above metrics is converted into an overall rating based on the average, ranging from 1 to 4, with 1 representing the highest level of financial risk. In 2013/14 the Trust scored as follows:

Metric	Rating
Liquidity Ratio	2
Capital Servicing Capacity	2
<b>Overall Rating</b>	<b>2</b>

Going forward the Trust's longer-term plans are focussed on improving this rating by increasing financial surpluses through greater efficiency, and by creating larger cash balances.





## Clinical activity

Outturn clinical activity for 2013/14 compared to 2012/13 is detailed in the following table:

Activity Type	2012/13 (000's)	2013/14 (000's)	Variation %
Outpatient 1st Appointments	106	116	9.4%
Outpatient Follow up Appointments	254	274	7.9%
Elective inpatients	9	8	-2.2%
Daycase	31	32	3.4%
Non-Elective	59	57	- 2.6%
A&E Attendances	97	98	1.7%

Performance against key national performance targets in 2013/14 is detailed in the following table:

Summary of Key National Targets	2013/14 Target	2013/14 Performance
A&E Type 1: (Consultant led 24 hour service with full resuscitation facilities) % seen in less than four hours	95.0%	95.1%
A&E Type 1 & 3: (As above, plus doctor or nurse led minor injuries and illness service) % seen in less than four hours	95.0%	95.9%
% of patients first seen by specialist within two weeks when urgently referred by GP with suspected cancer	93.0%	94.1%
% of patients first seen within two weeks when referred with breast symptoms (whether or not cancer is suspected)	93.0%	96.8%
% of patients receiving first definitive treatment for cancer within 31 days	96.0%	99.1%
% of patients receiving first definitive treatment within 62 days following an urgent GP referral for suspected cancer	85.0%	90.7%
% of non-admitted treated within 18 weeks	95.0%	98.0%
% of incomplete pathways waiting less than 18 weeks	92.0%	97.0%
% of admitted patients treated within 18 weeks	90.0%	93.8%
% of patients whose operation was cancelled at the last minute for non-clinical reasons	0.6%	0.7%
Number of Hospital Acquired MRSA bacteraemia incidences	0	4
Number of Hospital Acquired C. Difficile incidences	31	26
% of patients who have spent 90% or more of their time on a stroke unit	80%	81.7%

# Clinical Strategies and Developments

## Nursing and Midwifery Strategy

The Trust's Nursing and Midwifery Strategy (2014-2018) was launched in February 2014. It outlines an ambitious plan for developing and sustaining a flexible, well-educated, confident, competent, caring and compassionate nursing and midwifery workforce.

The strategy will help the Trust to deliver its corporate objectives. It also provides assurance that the Trust's nursing and midwifery services are in an excellent position to respond to key national enquiries and recommendations in relation to standards of care such as the Francis Report, and to further embed the Chief Nursing Officer's 6 Cs.

The strategy aims to focus attention on what matters most to patients, their families and staff, as well as ways to work together to deliver high quality, safe, effective care with compassion and kindness.

The strategy was developed following consultation with all grades of nursing staff, patient user group representatives and nursing students from all three local universities, ensuring that those who will deliver these objectives are fully engaged and informed.

The Trust's overall goals and key annual priorities have been identified. These are supported by a plan which pinpoints specific actions and measurable objectives for that year, with defined timescales and named lead officers. Specialist areas such as paediatrics, maternity and accident and emergency have bespoke action plans.

All nursing staff are given a copy of the yearly action plan. Senior nurses hold 'listening events' to ensure the 5-year vision and annual goals are widely communicated, and that staff are engaged and fully supported.

Some common themes have been identified to help deliver the 6Cs and drive this 5-year strategy:

### **Strong clinical leadership**

Strong clinical leaders will drive change and give staff the courage to be open, to challenge and to speak out.

### **Communicating the vision and the 6Cs**

The 6Cs will be universally adopted. Collaboration with all stakeholders, including staff, patients and families and external partners, is essential to underpin their place in nursing and midwifery care.

### **Creating the right culture**

A culture of openness, in which staff are supported to challenge practices and to work constantly to improve quality and patient experience, will be created.

### **Engagement of frontline staff**

Staff at all levels have been engaged in developing this strategy and will play a key role in its implementation.

### **Support staff health and wellbeing**

There are clear links between the way managers, peers and employers treat and value staff and the way they in turn treat their patients and others. It is vital that staff feel valued, cared for and that communication is effective.





### **Robust action plans and sharing of lessons**

Revised governance arrangements and new nursing forums will help drive the sharing of lessons learned from incidents and complaints and embed high quality, compassionate nursing care.

### **Clinical and Quality Strategy**

In Spring/Summer 2013, following consultation with a wide range of stakeholders, the Trust Board approved its 5-year Clinical and Quality Strategy.

Subsequently, as part of its work developing an IBP for FT status, the Trust Board agreed that it would be helpful to integrate the 5-star vision with the corporate objectives and the Clinical and Quality Strategy.

Progress has been made in improving the performance of the NHS in recent years, but much remains to be done. The shortfalls in the quality of care described in the Francis Report prompted a radical rethink of the delivery, monitoring and regulation of care.

Locally, deprivation and unemployment are high; smoking and drug and alcohol misuse remain high; health outcomes are relatively poor; health inequalities are wide; and emergency attendances and admissions to hospital are amongst the highest in England, and are growing.

There is consensus within the local community that by working together, rather than in isolation, greater improvements in the health and wellbeing of local people are possible.

The aim of the Clinical and Quality Strategy is to present the Trust's clinical and quality priorities in line with the strategic priorities of the wider NHS and the health and social care community.

The aim is to provide best quality care to the wider public. The term '5-star' has become recognised as another term for 'best quality', and the Trust describes its vision as striving to provide 5-star care.

To monitor its progress in delivering the strategy, the Trust has defined 24 Key Performance Indicators (KPIs), alongside the major drivers to the successful delivery of these.

A clinical and quality action plan describes in detail how the Clinical and Quality Strategy will be operationalised; how goals will be realised and how performance towards these goals will be monitored and managed.

The Clinical and Quality Strategy is led by the Trust Board and forms part of the Trust's IBP and the Long-Term Financial Model (LTFM). The Trust Board's position is clear: safety and quality, good health outcomes and a positive healthcare experience are its priorities and underpin all Trust activities.

### Medical Care Group Re-design Project

During the year the Medical Care Group embarked upon a Medicine Redesign programme focusing on increased consultant care over the weekends to improve discharge procedures and reduce delays. In addition, new pathways for the management of patients were introduced avoiding the need for hospital overnight admissions.

Six new consultants were employed with the intention of further recruitment during 2014/15.

A daily multi-disciplinary 'board round' is in place to monitor the pathway of patients and the steps required to advance their care towards discharge, and to ensure where possible these happen earlier in the day.

Since January 2014, all medically admitted frail older people (meeting specified criteria) have been assessed by the Frailty Team, which comprises consultant geriatricians, specialist nurses, social workers and therapists. This enables early intervention by appropriate members of the team to support earlier discharge from an acute setting, or step down into a supported environment.

Since September 2013, patients presenting with certain conditions (e.g. cellulitis, pulmonary embolism, deep vein thrombosis, headache, renal colic and urinary retention) are being managed through the ambulatory emergency care pathways. This means they are cared for on a day attendance basis and do not require an overnight stay.



## Keeping Patients Safe

### Safeguarding children

Ensuring staff are trained and competent to safeguard children remains a top priority for the Trust. The named nurse for safeguarding children ensures staff are trained in their role as set out in the Trust's Safeguarding Children Annual Training Strategy.

A full review of the Trust's Safeguarding Children Policy and Standard Operating Procedures has been undertaken, which included the management of children and young people believed to be victims of child sexual exploitation, honour-based violence or forced marriages. The Trust instigated specialist training programmes to address this issue. A Safeguarding Children Staff Supervision Policy has been devised, enabling staff to access specialist supervision when involved with difficult and sometimes distressing safeguarding children issues.

In the first six months of 2013, the number of young people presenting to the Trust with a history of self-harm doubled prompting a multi-agency workshop in November 2013 led by St Helens Local Safeguarding Children's Board. The outcome of the workshop was agreement to commission services providing earlier emotional wellbeing and behavioural support to young people to prevent escalation to self-harming and crisis behaviours.

Local commissioners have been impressed by the Trust's robust governance and assurance processes for the safeguarding of children, and promoted the Trust's governance and risk management arrangements as a model of good practice to all agencies.

### Safeguarding adults

The Care Bill, which is progressing through Parliament during 2014, is expected to provide a statutory framework for the protection of vulnerable adults on the same level as that designed for the protection of children.

During 2013/14, the Trust gained membership of the Liverpool Safeguarding Adults Board Health Sub-Group, which has increased the opportunities to learn from best practice.

The Trust continues to work with local community safety partnerships to identify and refer high risk cases of domestic abuse to the Multi-Agency Risk Assessment Conference (MARAC). The Trust's referral rate exceeds both the regional and national rates reflecting our pro-active approach.

### Mental Capacity Act and Deprivation of Liberty Safeguards

Throughout 2013/14, the Trust assessed itself against the findings of three national reports around the implementation of the Deprivation of Liberty Safeguards (DoLS). Good practice was identified and an action plan developed to meet the additional challenges. The number of DoLS enquiries and applications is within national normal levels for acute trusts.







### Managing people with mental health needs

In 2012, the Trust's registration was extended to include the care and medical treatment of people detained under the Mental Health Act. Through close collaboration with the local mental health provider staff are being provided with appropriate guidance and procedures to help them manage this group of patients. In January 2014 the Adult service, based in the A&E as a pilot, was granted permanent funding.

### Learning disability

The Trust has continued to develop its pathways to improve access to services for people with a learning disability, with an action plan linked to the recommendations of national reports. In 2014/15 the Trust will be prioritising training and the introduction of electronic alerts on patient records.

### Carer support

The hospital-based Carer Support Service continues to focus on identifying and signposting carers to their local services and providing individual casework support when required.





## Our Services to Patients

The following paragraphs summarise some of the performance and achievements of our services (in alphabetical order) during 2013/14.

### Accident and Emergency

Activity within the Accident and Emergency Department (A&E) has continued to grow during 2013/14 with over 1,000 more attendances than the previous year, making the Trust's A&E department the busiest in Merseyside. More patients were successfully assessed, treated and admitted, transferred or discharged in less than four hours.

The department scored highly on the Friends and Family Test with ratings that put it as one of the top performing departments in the country.

In collaboration with St Helens CCG, a GP divert scheme was introduced within A&E reducing waits and delays for patients presenting with less serious injuries/conditions.

### Acute Medical Unit (AMU)

The standalone AMU has dedicated consultants, ensuring all patients are reviewed on a daily basis. The consultant team also provides three outpatient sessions per week to enable early discharge and follow up of patients.

The AMU also incorporates a GP assessment unit that is receiving excellent patient feedback and will continue to develop over the coming year.

### Allen Day Unit

The multi-disciplinary team within this unit take an all-inclusive approach to provide outpatient services for frail older people. The unit has strong links with Age UK, Carers Support, Stroke Association, Parkinson's UK, clinical community colleagues and has participated in the national clinical trials in Parkinson's disease. The unit offers a number of clinics and groups, which treats: strokes falls, PD, Transient Ischaemic Attack (TIA), and frailty.

### Anaesthetics

The Anaesthetic service supports a wide range of surgical specialties, obstetric services, pain management and critical care and provides the full range of anaesthetic techniques to meet both clinical and surgical needs.

The Pain Management Service continues to develop, adding a therapy-led acupuncture service to enhance the services on offer. The pathway for patients having epidural injections has also been revised, shortening the time between the injection and any further treatment which may be required.

## Audiology

The Audiology department is based in St Helens Hospital and has four fully accessible soundproof rooms and four fitting rooms. The service provides diagnostic support to ENT in other hospitals and delivers a community-based audiology service in the Knowsley area.

Audiology fits high specification, discreet digital hearing aids and provides on-going advice and lifelong support to hearing aid users. Advice on environmental aids, lip reading classes and other support are available, ensuring the local hearing impaired population achieve their full potential.

During the past year the department has reduced waiting times to ensure all patients are offered a first assessment within 16 working days of referral. Where required a hearing aid fitting appointment is offered within four weeks, although some patients are fitted with hearing aids on the same day.

## Breast surgery

Breast surgery patients continue to be seen, diagnosed and treated within the DH cancer targets and the Trust provides a fully-supported service for these patients. The service continues to work collaboratively with plastic surgery colleagues; ensuring women are given the best treatment and reconstruction options. It is envisaged that a new oncoplastic consultant position will be introduced during the calendar year 2014.

## Burns and Plastic Surgery Unit

The Mersey Regional Burns and Plastic Surgery Unit is one of the largest units in the UK with a catchment of approximately 4.5 million people. It provides burns, plastics and plastics-trauma services across St Helens, Halton and Liverpool and extends to the whole of Cheshire, Merseyside, North Wales and the Isle of Man.

Two new consultants specialising in skin cancers and paediatrics and academia were appointed during 2013/14; these surgeons are currently working in collaboration with Alder Hey Children's NHS Foundation Trust and also provide services in Wales.

Planned collaborative ventures for 2014/15 include a joint orthopaedic and plastics consultant post between the Trust and The Royal Liverpool and Broadgreen University Hospitals NHS Trust, which will assist with the major trauma workload. In addition, a joint orthopaedic and plastics hand trauma service is being progressed with Wirral University Teaching Hospital NHS Foundation Trust.

## Cancer services

The Trust has maintained its Top 10 performance in the National Cancer Patient Experience for the second year running and all cancer multi-disciplinary teams are performing to the national standards of the peer review programme.

The number of patients who are receiving chemotherapy locally (instead of having to travel to the Cancer Unit on the Wirral) has increased by 11%.

The Trust acquired a new breast tissue imaging system which will help improve intra-operative assessments.

The Lilac Centre achieved the Macmillan Quality Environment Award for a second term, and Macmillan is also to give additional support to further develop skin cancer services.

The Trust has, in partnership with Age UK and Age Concern, initiated research to improve the experience of older people with cancer.

## Cardiology

Cardiology provides outpatient and inpatient care on the Coronary Care Unit (CCU) and the Cardiac Diagnostic Unit (CDU). The team continues to deliver against both local and national quality indicators related to myocardial infarction and heart failure.

Specialty cardiology outpatient clinics, such as the syncope clinic, have been introduced ensuring patients receive the best specialist advice for their condition.

## Cardio-Respiratory

The Cardio-Respiratory department has successfully increased its capacity to greatly reduce both in-patient and out-patient waits. It has also secured a six month pilot for telemetry electrocardiogram (ECG) working closely with the CCGs to bring the service closer to home. A remote follow-up service for cardiac device patients has also been established providing more local care.

The department has established a Trust-wide healthcare science network, providing a forum for multi-disciplinary working and the sharing of best practice.

## Children and Young People

The service includes Special Care Baby Unit (SCBU), two dedicated children's wards, the Children's Observation Unit and the Children's Community Nursing Team. In May 2013, a new multi disciplinary team of paediatric clinicians was introduced to review children who suffer a critical illness. The team ensure paediatric advanced life support pathways are followed, identifying training and support needs. The team have been praised by regional colleagues as being an excellent review model.

A robust process of auditing nursing care on the children's wards was implemented by the ward managers during the year. The audits are completed on a monthly basis by reviewing in detail individual patient records.

The results have been very positive, showing that the children's wards consistently meet the high standards required.

A Charter of Care for new born babies, children and young people has been implemented based on the Chief Nursing Officer's 6Cs and an action plan devised for the next four years. The Diabetes Paediatric Team was audited against the best practice tariff standards. The auditors reported that the service exceeds the standards.

## Critical Care

During the year the Critical Care Unit has continued to provide a high quality of care to some of the sickest patients in the hospital. The team has further developed the use of regular bedside transthoracic echocardiography, improving access to this valuable service.

Working closely with the burns unit team, staff have developed the ability to bathe patients with large burns (greater than 50% coverage) whilst mechanically ventilated. This reduces infections and improves patient outcomes.

## Day Case Unit (Sanderson Suite)

The Sanderson Suite in St Helens Hospital has treated on average 300 patients per week during 2013/14, which is a year-on-year increase of approximately 20%. The unit now regularly treats patients at the weekend.

The range of day case procedures has been extended and now includes tonsillectomies, vascular surgery and urology, trans-urethral resections and laser procedures.

Other developments include staggered admission times, reducing the time patients have to spend in the hospital, and a system to facilitate the dispensing of medicines on the ward.

### Decontamination

Decontamination services cover the cleaning of both surgical instrumentation and endoscopes. The Trust has worked closely with our external decontamination service provider on a tracking system for surgical instruments that has enabled the service to meet the highest of standards.

Increasing demand for endoscopy has led to the decontamination service extending its working day, and plans are under development for a new unit with increased capacity and providing quicker turn-round times.

### Dermatology

Demand has continued to rise for dermatology services and during the year referrals increased by 17.5%. An expansion to the team means the Trust has increased the number of clinics and can offer special paediatric clinics. During next year the team plans to further develop the service and, in collaboration with the plastic surgery team, to enhance the skin cancer service.

### Diabetes

Diabetes Week took place during June, and to raise awareness the Diabetes Centre held a successful open day which was attended by many staff and members of the public. The service introduced weekend clinics in January 2014 to offer a more flexible service.

### Duffy Suite (Intermediate Care)

Duffy Suite is a 29-bed unit providing intermediate care and short-term multi-disciplinary intervention. It aims to support an early discharge from hospital, promote a faster recovery from illness and maximise independent living.

Daily board rounds have been introduced to support an efficient patient journey, enabling planned and safe discharge to take place at the earliest opportunity.

### Ear, Nose and Throat (ENT)

The ENT department provides routine and specialist ENT services for both adult and paediatric patients.

A multi-disciplinary outpatient clinic is provided for patients with suspected cancer in collaboration with staff from both Clatterbridge and Aintree hospitals. Patients are reviewed within two weeks of referral from their GP and where possible treated as a day case the same day.

### Gastroenterology

Gastroenterology services are provided at both hospitals, with additional services provided at Newton Hospital. Patients referred with a suspicion of cancer are reviewed within rigid timescales and the outpatient clinics remain very busy.

A nurse-led treatment unit opened at St Helens Hospital for patients with conditions such as Crohn's disease and Inflammatory Bowel Disease (IBD). Forthcoming developments include new specialist nurses in pancreatic, liver and IBD and a multi-professional clinic for patients requiring surgery. The endoscopy unit retained accreditation, a national quality indicator for endoscopy services.



## General surgery

During 2013/14 the Trust achieved the DH waiting list target with over 90% of patients treated within 18 weeks of referral. General surgery is working collaboratively with other specialties to expand the range of services we provide; specifically with the continence service, complex abdominal hernia surgery and gastrointestinal laboratory service.

The increase in laparoscopic colorectal surgeons during 2012/13 has enabled new and innovative procedures to be introduced for patients with bowel cancers. Critically, consultant-led, senior decision-making can now take place at the point of referral, helping reduce both non-essential admissions and length of patient stay.

## Gynaecology

Having introduced the Enhanced Recovery Programme in 2012 it is the Trust's aim to increase the proportion of day case procedures undertaken and good progress has been made.

The Trust also offers specialist services in: colposcopy; bleeding in early pregnancy (BEP); urodynamics; minor procedures; and post-menopausal bleeding (PMB). In addition, during 2013/14 we have developed an outpatient hysteroscope service. The service has been complemented by the addition of a nurse-led follow up clinic for all women who have suffered a miscarriage and the provision of a debriefing session.

## Haematology

Referrals for haematology care continue to increase and in particular there has been a 15% increase of referrals into the anti-coagulant service. The team has successfully recruited patients to participate in a clinical trial using genetic testing to guide warfarin dosing which has since been published in the New England Journal of Medicine.

## Imaging

The radiology service has continued to manage increased referrals whilst maintaining its top 10 position for waiting list management within NHS England.

The Trust has invested in new fluoroscopy and ultrasound equipment to support the expansion of vascular and urological services.

New cancer pathways have been established, reducing the time taken for follow up examinations. In addition, the failsafe system, which alerts clinical staff of any unexpected findings, has been expanded.

A new pathway has been established with Psychology to help claustrophobic patients undergo MR scanning, as well as a learning disability pathway, which enables patients to undergo other procedures such as dental care whilst under anaesthetic for MR or CT scanning.

The Trust has replaced its Picture Archiving and Communication System (PACS) delivering this large scale IT project on time and within budget.

## Laser service

The laser service facilities were introduced last year to manage the increasing demand for the Laser service from our own local community and further afield, and are among the best of their kind in the UK. The service includes: scar treatments for burns patients and those with post-traumatic or post-surgical scarring, as well as conditions such as acne; vascular anomalies; and excessive body and/or facial hair. Referrals for the removal of skin lesions and pigmentations are noticeably increasing over time.



## Maternity

The Maternity department has seen a slight decrease in the number of deliveries, which reflects national birth rate statistics; however the number of women booking for future care suggests an increase in the coming year of over 5%.

A perinatal mental health service was introduced at the beginning of the year to tailor packages of care for women who already have mental health needs and for those who develop them during pregnancy. This service provides important support to women and their families both in the community and within a hospital setting should it be required.

The Trust invested in additional midwifery staff and there has been further investment in modern fetal monitors, utilised for monitoring women with high risk pregnancies, and labouring mats and equipment to enhance the choices for women in labour.

Throughout the year the service has been preparing for UNICEF Baby Friendly Initiative Stage 3 assessment, which is due to take place very early in 2015. This has involved significant investment in training for midwives, medical neonatal staff and support staff in addition to the provision of support services to women.

The Maternity Medway IT System is now embedded, producing an electronic patient obstetric record, as part of our journey towards a paper light system.

The Supervisor of Midwives Annual Audit was undertaken in October 2013. Feedback was positive, demonstrating high levels of satisfaction of women and their families in the service, and that midwifery staff were positive about their supervisor.

## Medicine for Older People

The frail elderly care home project, supporting care homes, was introduced in October 2013 in the St Helens and Halton Boroughs. The project aims to reduce A&E attendances and hospital admissions among elderly patients living in care homes by 10%, with geriatricians providing specialist in-reach services and advice to patients being treated in care homes.

The Trust recruited a Parkinson's Disease Specialist Practitioner (PDSP) to provide individual tailored care and disease education to patients and other healthcare professionals. It is anticipated that improving access to specialist nursing care and therapy services could lead to reduced hospital admissions as well as outpatient attendances. A closer working relationship with the charity Parkinson's UK has led to a number of initiatives being put in place including the appointment of a movement disorder specialist practitioner and the location of an emergency Parkinson's drug box on wards.

The Trust has successfully delivered all elements of the commissioning for quality and innovation indicator in relation to caring for patients with dementia, achieving 90% and above for all three indicators for 2013/14. Monthly audits to establish the views of carers of patients with dementia were undertaken aimed at obtaining views about the level of support they received from hospital staff, in order to plan improvements.

The Trust made further investment in to inpatient areas to ensure the environment is as friendly as possible for people with dementia and cognitive impairment.

### Neurophysiology

This service has seen a 25 per cent increase in patient numbers over the past year, some of which can be attributed to the expansion of the service's repertoire on Choose and Book, which enables patients outside the local catchment area to use our services.

The service has been benchmarked as being the best within the English NHS for waiting list management, with all our patients being seen within three weeks of referral.

### Ophthalmology

The ophthalmology department has seen a 14% increase in referrals year-on-year.

The department continues to build improvements in service quality informed by the annual patient survey. 2013/14 included the introduction of evening clinics and Saturday ophthalmic surgeries.

Ophthalmology has worked with diabetes specialists to bring about improvements in care, including a new screening pathway. The service has implemented joint out-of-hours working with a neighbouring Trust, improving both emergency treatment trauma surgery.

### Oral and Maxillo-facial and Orthodontics

This service, providing outpatient consultation and day case procedures, is delivered by a team employed jointly by the Trust and Aintree University Hospitals NHS Trust. In 2013/14 a sedation facility was developed to enable patients to undergo oral surgery outside the operating theatre, an innovation which has proved both successful and popular.

### Outpatients

A range of clinics are provided at both hospitals, and also delivered by Trust staff at several other community hospital settings. Outpatient referral rates have increased by 8%, with approximately 110,000 patients attending for their first appointment throughout the year.

Clinic hours have been extended, with a number of specialties providing access between 8am – 8pm, Monday to Friday and at weekends.

### Palliative Medicine

The palliative service received over 1,000 referrals during the year (an increase of approximately 20%). The department provides higher levels of support for patients within the AMU and oncology ward, who are frail, or who are suffering from non-cancerous terminal illnesses.

The service is part of the transform programme for acute hospitals and has taken part in a pilot of the Amber End of Life Tool on two wards. The number of patients benefitting from the rapid discharge "home to die" pathway increased, and the service continued to work closely with colleagues at the Willowbrook Hospice to help patient transfer. The unified "Do not attempt Cardio-pulmonary Resuscitation" Policy was successfully launched in 2013/14.

## Pathology

The service has seen a significant increase in referrals in the past year, and in particular for microbiology, which is now providing a chlamydia service within a community setting in partnership with the Terence Higgins Trust.

The introduction of the electronic order communication system has led to improvements in the request and reporting processes for both radiology and pathology.

The pathology team has been working collaboratively with other hospitals to develop integrated services across a wider geographical area. We are in the process of establishing a new service configuration with Southport and Ormskirk Hospital NHS Trust, designed to improve the quality of services and reduce costs over a five year period.

All four disciplines within pathology achieved full Clinical Pathology Accreditation (CPA) and Blood Transfusion achieved Medicines and Healthcare products Regulatory Agency (MHRA) compliance following an inspection earlier in the year.

## Prosthetics

This service provides a wide range of clinical prosthetic services to a number of hospitals across the Merseyside and Cheshire region. The service continues to grow and has recently developed links with hospitals in South Manchester.

## Psychology

The psychology service has expanded to provide additional services for cancer and palliative care patients as well as supporting and guiding other healthcare practitioners in the delivery of patient psychological support.

During the past year the team has adapted to changing service needs, with the introduction of a re-designed pain management programme for Knowsley residents, along with partnership working with Sexual Health services within Liverpool.

## Rehabilitation Network Unit

This unit was opened in January 2013 to help patients who have undergone a major injury or trauma, and operates as part of a co-ordinated service across Cheshire and Merseyside.

Patient rehabilitation is carried out by a multi-disciplinary team comprising medical, nursing, occupational therapy and physiotherapy staff. During the past year the unit has expanded to offer 20 beds and improvements have included the creation of a bespoke garden area to help develop cognitive skills and the introduction of a twice weekly craft session.

## Respiratory Medicine

The St Helens Integrated Community Chronic Obstructive Pulmonary Disease (COPD) service supports patients on the gold standard framework register, end stage COPD or who have frequent hospital admissions.

The rapid response Hospital at Home service gives certain patients access to clinical staff seven days a week, 8.30 am – 7 pm to prevent hospital admission. The team is developing a pathway with the North West Ambulance Service (NWAS) to identify high service users who could be redirected to the COPD service for on-going support, reducing inappropriate A&E admissions.

Oxygen clinics are held twice weekly for patients prescribed oxygen at home. In the past year, the service has introduced housebound assessments; ensuring housebound patients continue to receive effective monitoring of their oxygen therapy.

Specialist nurses run COPD education sessions across primary and secondary care, with education sessions for patients enrolled on the Pulmonary Rehabilitation Programme.



A steering group has been set up to implement best practice standards for the increasing number of patients with a long-term tracheostomy.

### Rheumatology

The Rheumatology department provides the full range of general and specialist services and clinics, as well as an osteoporosis service with DXA scanning. Patient referrals to Rheumatology have increased year on year.

The focus of the unit during 2013/14 has been the delivery of NICE quality standards for the care of patients with rheumatoid arthritis. The unit has an early arthritis clinic which ensures rapid, sustained control of the disease.

The Rheumatology unit initiates denosumab drug treatment for osteoporosis and is working with primary care medicine management to enable the transfer of on-going treatment to the community.

A stretch exercise group for patients with ankylosing spondylitis has been introduced.

### Sexual Health

The Sexual Health service offers contraception and family planning advice as well as screening for sexually transmitted infections. It comprises adult clinics in St Helens Hospital, with sessions for 13-19 year olds at the Millennium Centre. Halton has three adult clinics and three clinics for 13-25 year olds.

There has been an increase in demand for the third year running and increases in referrals for erectile dysfunction and psychosexual services. In addition the department is caring for 89 HIV positive patients.

Lifestyle surveys on drug misuse and the use of social media in the lesbian, gay, bisexual and transgender community have been carried out, as well as a survey of young people regarding the C-Card scheme.

### Stroke

During 2013/14 the Trust has seen an increase in patients being treated with stroke and symptoms of stroke, and as a result the number of beds supporting the hyper acute service (first 72 hours post-stroke), and rehabilitation facilities, are increasing.

The Trust continues to provide thrombolysis for St Helens and Knowsley residents and out-of-hours thrombolysis for Warrington residents.

The stroke team plays a pivotal role in ensuring all patients have the best possible pathway, with timely interventions, and all best practice measures are completed. Stroke nurse specialists attend board and ward rounds and provide advice, education and support to ward-based staff, patients and relatives.

Last July a Stroke Awareness Event was held, with over 70 members of the public attending, which raised the profile of Stroke services.



## Theatres

Following a staffing review the theatres department has implemented changes which have delivered a more flexible workforce by amalgamating roles. In addition, the department is preparing for the electronic rostering system by looking at new shift patterns which will enable operating lists to be covered more efficiently and flexibly.

A Trust initiative has re-developed the WHO 5 Steps to Safer Surgery checklist in an easy-to-use standard form which has now been rolled out across other areas including Endoscopy and Radiology.

The launch of the new electronic theatre system is progressing well. This will bring many enhancements to the safety of patient information, improved tracking of implants and surgical instruments and patient-level costings.

## Trauma and Orthopaedics

Trauma and Orthopaedics also continues to achieve the 18 week waiting target and is working to improve patient pathways.

Three new consultants have been appointed and are developing both the lower and upper limb services. The Enhanced Recovery Programme (which encourages patients to work with staff to reduce anxiety and improve their own outcome) has continued to develop. This, combined with a ward dedicated to elective surgery has improved patient care, standardised care pathways and helped reduce the length of stay from an average of 4.19 days in 2011/12 to 3.76 days in 2013/14.

Day case trauma and Anterior Cruciate Ligament (ACL) reconstruction surgery is provided at the St Helens site. The service continues to develop new initiatives such as Younger Persons Hip Pain Management and Meniscal Transplant Surgery.

## Urology

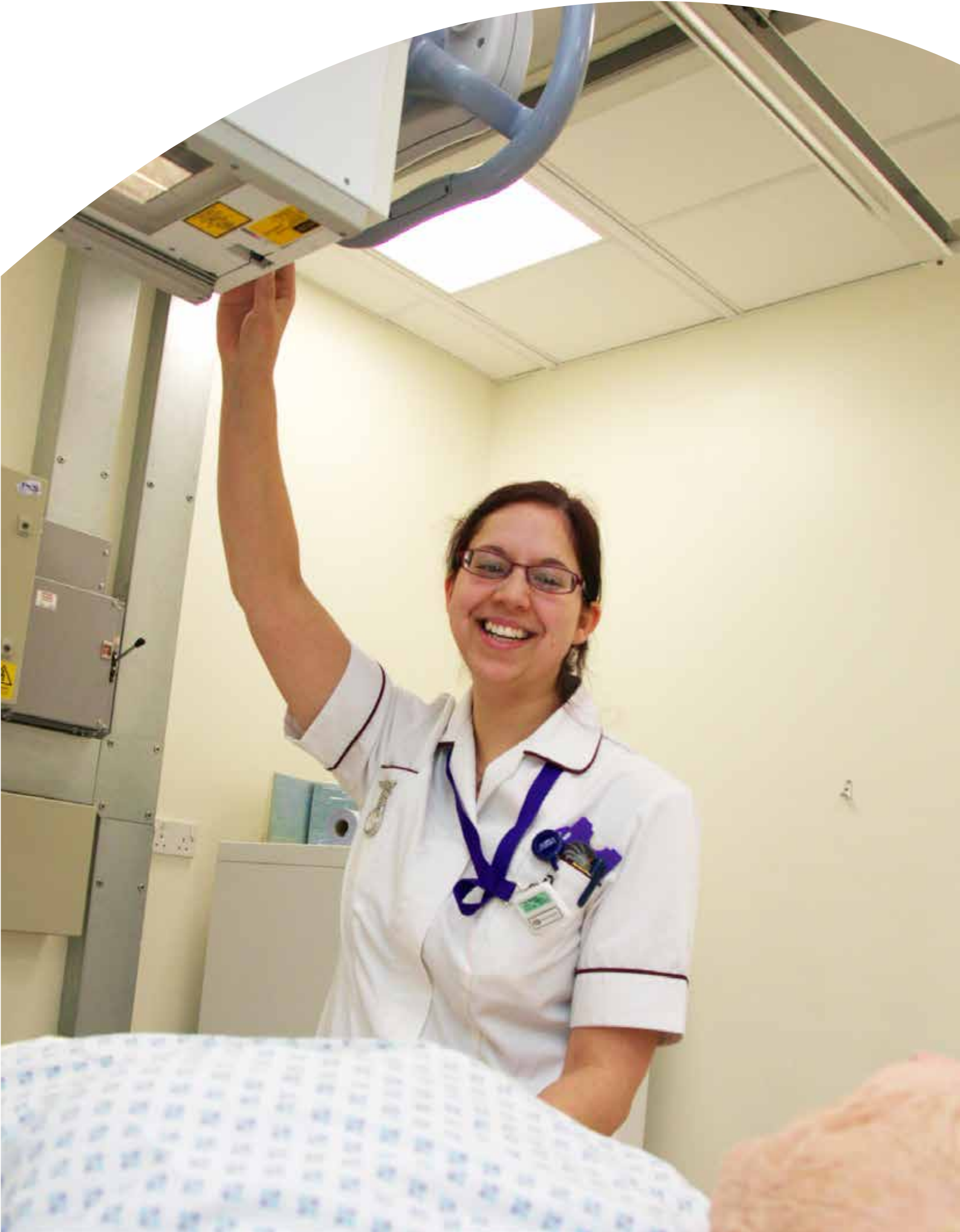
Urology has built on its partnership working with Southport and Ormskirk Hospital NHS Trust with the joint appointment of a consultant urologist who has a sub-specialist interest in upper tract laparoscopy and kidney disease. One of our own surgeons is currently working between the St Helens and Knowsley hospitals and The Royal Liverpool and Broadgreen University Hospitals NHS Trust, undertaking laparoscopic nephrectomies for patients with cancer, a major and highly complex procedure.

The department is also investigating the possibility of appointing another consultant with a speciality in adult urological reconstruction, as part of the development of specialist services within Urology over the next 12 months.

## Vascular

In September 2013, the Trust joined the Liverpool Vascular and Endovascular Service (LiVES), a joint venture between The Royal Liverpool and Broadgreen University Hospitals NHS Trust, Aintree University Hospitals NHS Foundation Trust and Southport and Ormskirk Hospital NHS Trust.

Two new vascular consultants have been appointed. They are providing emergency vascular services, outpatient and day case services, as well as supporting the wards and other specialties, including diabetes and interventional radiology.



## Departments Supporting our Services to Patients

### Infection prevention and control

Good infection prevention and control is essential to ensure that people who use the Trust's services receive safe, reliable and effective care. Infection control remains a high clinical priority for the Trust and is embedded into everyday practice as well as being applied consistently by all staff.

All members of 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 competency. There is also a strong focus on judicious and effective antimicrobial prescribing, and an interactive antibiotic website containing the Trust antibiotic policy was launched on the intranet.

The Trust has continued to remain compliant with the Health Act 2008: code of practice for health and social care on infection prevention and control.

A robust programme and action plan to prevent infection is in place, designed to ensure a year-on-year reduction in infections such as MRSA bacteraemia, MSSA bacteraemia and Clostridium difficile.

Surgical site infections following hip and knee surgery and caesarean sections are monitored and reported to the mandatory surveillance programme. This has been supported through ANTT training and a review of post-operative wound care.

Catheter-associated urinary tract infection (CAUTI) has reduced from the previous year, supported through the use of bladder scanners to avoid unnecessary urinary catheterisation, and removal of catheters as soon as possible.

All hospital-acquired infections are subject to RCA, with Trust Board member representation, to ensure all required actions are taken to reduce infection rates.

During the year, audits were carried out on all wards, departments and operating theatre areas. Standards on all wards are audited by members of the Trust Board during quality ward rounds.

A consultant lead is nominated from each specialty to champion excellence in and ownership of infection prevention and control in their particular areas.

### Informatics

The informatics team provides project management support to clinical leads to meet both corporate and national objectives.

These include:

- Encouraging and supporting the development of clinical systems
- Providing a structured approach to system implementation using Prince2 and MSP principles
- Ensuring maximum availability patient-centred clinical information
- Facilitating the improvement of information governance practices
- Providing accurate, timely information to reduce clinical risk (National Patient Safety Agency).



Achievements in 2013/14 include:

- Order Communication System – The implementation of an electronic ordering and result system for Pathology and Radiology tests within Inpatient areas
- E-Correspondence - The old system of paper-based letters being sent from secondary to primary care has been replaced with an electronic system. Correspondence regarding patients leaving A&E, and inpatient areas is received by GP practices within 24 hours, and correspondence regarding outpatients appointments is received within two weeks
- A&E clinical information system - This enhanced system shows the activity status of the department in real time, and integrates with the Order Communication System
- Electronic VTE - This project replaces the paper-based VTE risk assessment required for patients on admission, with an electronic one integrated with the patient administration system
- Windows 7 has been deployed throughout the hospitals
- Over 1,000 staff now use their own hand-held device (phone, tablet etc.) to access Trust IT services, such as email and calendars, while mobile.

Business cases have been approved for electronic prescribing, electronic early warning scores and theatres, all of which will be deployed in 2014/15.

### Emergency Planning and Business Continuity

The Trust has in place robust major incident plans (MIP) and business continuity management (BCM) plans, audited by Cheshire and Merseyside Commissioning Support Unit and peer reviewed by NHS England, local Clinical Commissioning Groups and Public Health England, which:

- provide assurance of patient safety and care during disruptive challenges such as the loss of staff, utilities, access or equipment
- identify and manage current and future threats to the Trust
- minimise the impact of incidents
- keep critical functions up and running during crises
- minimise downtime during incidents and improve recovery time
- demonstrate resilience to commissioners, suppliers and partner agencies

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, hazardous materials incidents, and mass casualty incidents.

Over the past 12 months the Trust has undertaken two large emergency planning exercises: Exercise Alert to test communications, and a table top exercise of the Theatres MIP.

The Trust also hosted Project Argus and Exercise Revise, in collaboration with police, fire, ambulance and Council representatives, designed to raise awareness of the integrated emergency responses to a marauding attack on the hospital and incidents involving hazardous materials.

There is a programme of staff training in place to ensure our staff remain compliant with national standards.



## Our staff

The Trust recognises that our staff are central to the provision of excellent services to our patients. The HR and Workforce Strategy is split into sub-strategies which set out how the Trust attracts, recruits, manages, engages with, rewards, trains, develops and retains staff.

The quality of patient care and patient safety are paramount to the Trust. Critical to this is the way in which the Trust learns lessons, and engages with staff on the recommendations from reports such as those published by Robert Francis QC in February 2013, Professor Berwick in August 2013, and more recently, Sir Bruce Keogh in November 2013. The Trust has developed an action plan against these recommendations focusing on delivering improvements by:

- putting patients first
- developing a culture of care
- encouraging openness and transparency
- effective leadership and accountability
- empowering staff and working in partnership with others
- improving quality and innovation

One important outcome has been increase in nursing posts across all wards. The method of recruitment for qualified nurses and HCAs has been re-designed, with the introduction of regular recruitment campaigns to ensure that safe staffing levels are maintained. The recruitment process now includes numerical and scenario testing. In addition, all potential recruits are asked values-based questions at interview to ensure that they have values in line with those of the Trust and the NHS Constitution.

### North West Excellence in HR Awards 2013

The Trust's HR team manages over 7,500 personnel records through the NHS Electronic Staff Record (ESR) system, and has published a number of articles throughout the year on e-WIN. This is a national Workforce Information Network portal with helpful reports, articles on best practice and benchmarking data to inform decision making. The Trust was recognised for its use of the portal, being named as one of two finalists in the North West Excellence in HR Awards 2013.

### Electronic Staff Record (ESR)

The Trust is recognised for its use of IT to manage staff details, attendance and training, and contributes towards the national promotion and development of ESR. In the past year the Trust has worked closely with Warrington and Halton Hospitals NHS Foundation Trust and Alder Hey Children's NHS Foundation Trust on ESR initiatives.

### Education, Training and Development

The Trust is committed to providing its staff with the highest quality of training and has excellent on site facilities as well as a Learning Academy. In a year in which the competency of clinical staff has been high on the national agenda, the Academy's teams have developed and delivered a range of innovative programmes designed to ensure patient safety and a positive experience.

## Leadership and Organisational Development

The Leadership and Organisational Development Team have worked with business psychologists this year to support and strengthen the Trust's approach to staff wellbeing. The team has increased its understanding of staff engagement and wellbeing to improve patient experience, productivity, performance and attendance management.

The Leadership and Organisational Development department is underpinned by four strategies:

- The Leadership Development Strategy supports leaders in transformational change and covers management and clinical leadership development at all levels
- The Customer Care Strategy supports the Trust in its aim to place the patient at the centre of all it does and ensure excellent care
- The Staff Engagement Strategy sets out the way in which the Trust is developing an organisational culture that is supportive and empowering of its staff
- The Core Education and Development Strategy ensures 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 Apprenticeship Programme is managed in partnership with the Skills Academy for Health North West (SKA) and has supported over 200 apprentices at Bands 1-4 across all staff groups

The department also supports the Cadets Scheme with SKA, which enables cadets aged between 16 and 19 years old to gain clinical experience in the Trust.

An appraisal training workshop was launched in May 2013, designed to support the Trust in the achievement of its 85 per cent appraisal target and to ensure that these appraisals are meaningful.

The Staff Development Awards took place in October 2013. A total of 90 staff were nominated by their managers, across 21 different qualification types including bachelor's and master's degrees, National Vocational Qualification (NVQ) and apprenticeships.



### Clinical education

In the past year, the Education, Training and Conference Centre has accommodated 41,375 learners from both the local area and nationally.

As well as training the Trust's own clinical workforce, the clinical education team delivers a range of national and international conferences and educational events as part of its income generation portfolio.

Key successes have included the creation and delivery of human factors training programmes for general healthcare staff, theatre teams and senior staff across the medical directorate.

The Trust has launched an Access to Scientific Careers course aimed at local 16-18 year olds who are interested in a career in healthcare.

A registered nursing preceptorship programme was launched ensuring robust support and training systems for newly-qualified nursing staff and those new to the organisation.

Several innovative educational developments were launched, including on-line video tutorials, and the patient simulation team developed new programmes in accident and emergency trauma management, critical care team working and ward-based team working in clinical emergencies.

### Single Lead Employer Service

The Lead Employer Service is responsible for all junior doctors employed in the Mersey region. The Trust was awarded a contract to deliver this service for over 2,000 doctors in training in 2010, and in 2013 this contract was extended for a further five years.

Whilst junior doctors rotate around hospitals, GP practices and hospices to complete their education and training, they remain employed by this Trust. In addition to providing HR advice, the service team recruits over 700 new junior doctors every year. The Trust also provides payroll, health, work and wellbeing, ESR and training record services to the trainees.

The Trust is very pleased to be recognised for adding value through the support our team provides to trainees across the region. Feedback from host Trusts, the trainees, the Mersey Deanery and the British Medical Association about the improvements the Trust has made since taking over the contract three years ago has been very positive.



## National NHS Staff Survey

517 usable responses were received from staff representing a return rate of 63%. This was up 13% from 2012 and places the Trust's response 14% above the national average for all acute Trusts.

A number of programmes of work were completed in response to the recommendations made last year, including a review of information flows, increased involvement of staff in consultation and decision making, the delivery of appraisals and improved access to training. Indications are that all have had a positive impact on the results of the 2013 survey.

The Trust was placed in the top 20% of acute Trusts nationally in a significant number of key findings, and the following table describes a number of the findings:

Finding	Positive results	Score compared to 2012 response
Agreed that patient / service user care is the organisation's top priority	✓	Increased
Agreed that they would recommend their organisation as a place to work	✓	Increased
Agreed that they would be happy with standard of care for friend / relative	✓	Increased
Agreed that staff have clear, planned goals and objectives for their job	✓	Increased
Agreed that organisation encourages staff to report errors, near misses or incidents	✓	Increased
Hand washing facilities are always available for patients / service users	✓	Increased
Agreed that senior managers try to involve staff in important decisions	✓	Increased
Percentage of staff feeling unwell due to work-related stress	✓	Reduced

The following table summarises the actions arising from the survey:

Area	Recommendation	The Trust plans are to
Personal development	Review the provision of violence and aggression training  Assess the way in which appraisals and reviews are conducted	Establish clearly defined and role specific training  Evaluation and revision of current appraisal process
The job	Ensure clear arrangements are in place to listen to staff proposals  Ensure improved training of appraisers	Continue with listening events such as Team Talks  Ensure managers are aware of the importance of feedback to staff
Managers and the organisation	Review and develop the communication skills of managers  Ensure that senior managers involve staff in decision-making	Work on improving the cascade of information  Increase other consultation events such as the Big Conversation
Health, wellbeing and safety at work	Analyse how we can meet problems related to stress at work  Identify the location of spikes in violent incidents	Promote the Health Work and Wellbeing systems  Monitor the prevalence of violent and aggressive incidents

### Equality and Diversity

The Trust is committed to creating a culture that promotes equality and embraces diversity in all its functions, both as an employer and a service provider. Its aim is to provide a safe environment, free from discrimination, and a place in which all individuals are valued and treated fairly.

Patients are cared for by a skilled, supported workforce with a strong focus on delivering compassionate care. The overriding value is always to put patients' needs first, to involve them in decisions about their care and to treat them with dignity and respect at all times.

The Trust has an active Equality and Diversity Steering Group which ensures that the Trust complies with external standards. In addition, the group reviews the achievement of the Equality Delivery System (EDS) which is designed to support the Trust to deliver better outcomes for patients and a better working environment for staff.



## Our environment

Sustainability has become increasingly important as the impact of people's lifestyles and business choices are changing the world in which we live. The Trust shares the government's vision of sustainable development and is concerned with reducing its environmental impact.

A number of developments were achieved during 2013/14.

- Waste services were streamlined, resulting in fewer waste collections each month and providing savings of circa £23,000 per annum
- The main entrance doors at Whiston Hospital were replaced, which has significantly improved the climate control in the main atrium and reduced the heating bills
- LED lighting was installed in the multi-storey car park at Whiston Hospital, which is expected to reduce annual carbon emissions by 142 tonnes and save the Trust circa £18,000 per annum on energy bills
- The Purchasing and Supplies department has run a surplus consumable, equipment and furniture trading scheme that helps avoid unnecessary purchasing
- In addition, a sustainability newsletter has been successfully launched within the Trust
- Greater engagement with building users has encouraged energy saving behaviours. In addition, a regular newsletter has been introduced that offers people tips on what they can do to save energy.
- 100% of our electricity use comes from renewable sources
- 2013/14 saw the lowest quantity of waste generated in the last three years
- The Trust strives to minimise the impact on the environment from waste disposal by gradually shifting to more sustainable methods of disposal
- Unfortunately, reductions in water consumption within the Trust have been offset by the impact of new legislation to control bacteria in water supplies requiring the regular flushing of water tanks. In 2014/15 the Trust is looking to invest in a safe dosing system which will negate the need to waste fresh water by flushing

These environmental efforts have not gone unrecognised and, together with PFI partners, the Trust has won two sustainability awards. The first recognised its contribution to biodiversity, and the second was from The Green Organisation for Environmental Best Practice in 2013.

It is one of the Trust's duties to contribute towards the goal set in 2009 to reduce the carbon footprint of the NHS by 10% in 2015. The following paragraphs summarise Trust performance:



## Comments and complaints

The Trust encourages all patients to give comments on their experiences, whether positive or negative. The complaints process is a very important source of feedback and a vital part of the learning process.

Whilst complying with the NHS Complaints Regulations, the Trust has an internal target of responding to complaints within 25 working days. It is also committed to acknowledging, investigating and responding to complaints in a way which suits the complainant, such as a face-to-face meeting.

The PALS, which ensures that NHS organisations listen to patients, their relatives, carers and friends, is routinely the first point of contact to help patients and their families resolve any issues they may have whilst in hospital.

PALS activity during 2013/14 has seen a decrease of 13% in the number of contacts (1,166 compared to 1,517 contacts for the period 2012/13). The table below provides comparative data on the source of contacts:

Care Group	2013/14
Medical Care Group	461
Surgical Care Group	452
Other clinical related services	98
Non-clinical services	36
Total	1047

The five most frequent topics for contacts are:

Contacts by Subject 2013/14	Total
All aspects of clinical treatment	317
Communication - spoken	258
Communication – written	83
Date of admission/attendance	71
Admission, transfer and discharge	60

During 2013/14 the number of complaints made to the Trust has reduced as has the length of time taken to deal with these complaints. The table below provides comparative data on the source of complaints:

Care Group	2013/14
Medical Care	155
Surgical Care	153
Other clinical related services	11
Non-clinical services	3
Total	323

The five most frequent topics for complaints are:

Complaints by subject
All aspects of clinical treatment
Staff attitude / behaviour
Admission / transfer / discharge procedure
Appointments delay / cancellation (outpatients)
Communication - spoken

The Medical Care Division hosted a trial for a new response system during the year, in which central complaints case managers are given dedicated time and responsibility for dealing with a complaint from start to finish. This was a success and as a result this system will be rolled-out in 2014/15.

An assessment by the CQC has led to an action plan being drawn up to ensure that we continue to deal with all complaints within the statutory and our own stated time limits.

In 2013/14 the Trust received 10 referrals from the Parliamentary and Health Service Ombudsman (PHSO). Of these, two were considered not to require further investigation and the others were referred back to us for resolution. The Trust has high level reporting and monitoring processes in place to assure the Board that recommendations have been acted upon accordingly.

The Trust also actively sought patients' views of their hospital experience and received an immense number of positive comments. 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.

### Friends and Family Test

The Friends and Family Test (FFT) provides an opportunity for patients and their carers to complete a small, anonymous survey asking: "How likely are you to recommend the ward or A&E department to friends and family if they needed similar care or treatment". Responses range from "extremely likely" to "extremely unlikely" with a "don't know" option. The Trust has added a free text box,

enabling the respondent to explain their choice of response, with two additional questions about confidence in staff and the provision of information.

The test was introduced by the Prime Minister, David Cameron, on 1st April 2013. The first areas to implement the FFT were inpatient wards and A&E, followed by its introduction to maternity services on 1st October 2013.

The Net Promoter Score (NPS) which measures responses provided have been consistently in the 'high positive range'.

The Trust will continue to review comments provided by patients to ensure lessons are learned and remedial action is taken.



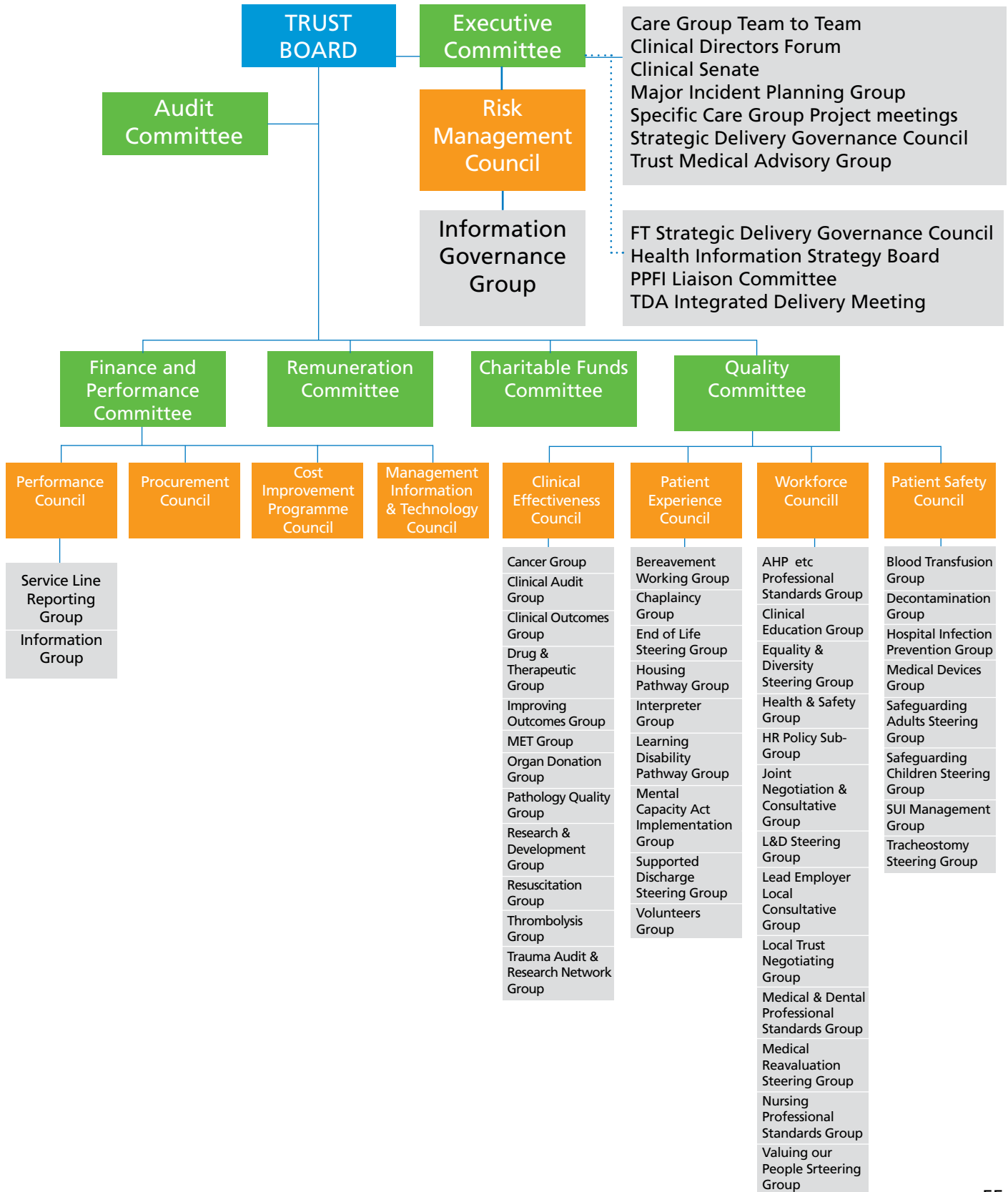
# 3

## Focus on Governance



## The Governance Framework of the Organisation

In 2013/14, the Trust reviewed and revised its governance, assurance and risk management structures, to ensure they met the current best practice standards. The governance structure addresses both clinical and non-clinical issues. The governance meeting structure for 2013/14 is detailed below:





## Trust Board (Board of Directors)

The Trust is managed by a Board of Directors that consists of both Executive and Non-Executive Directors (NED) with a Non-Executive Chairman. The composition of the Board during 2013/14 was as follows:

	Position Membership	Name	Appointment/ Term of Office	Committee
Non-Executive Directors	Chairman	Les Howell, CBE	Appointed Jun 2008 Retired Nov 2013	Remuneration
	Vice Chairman	Roy Swainson	Appointed Nov 2006 Reappointed Nov 2010 Acting Chairman Dec 2013	Remuneration Finance & Performance Audit (part year)
	Senior Independent Director	Bill Hobden	Appointed Jun 2009 Reappointed Jun 2013	Remuneration Quality
	Non-Executive Director	Denis Mahony	Appointed Aug 2012	Remuneration Finance & Performance Audit (part year) Charitable Funds
	Non-Executive Director	Su Rai	Appointed Sep 2012	Remuneration Audit Finance & Performance
	Non-Executive Director	George Marcall	Appointed Apr 2013	Remuneration Audit Quality
Executive Directors	Chief Executive	Ann Marr	Appointed Jan 2003	Executive Quality
	Director of Human Resources	Anne-Marie Stretch	Appointed Jul 2003	Executive Quality
	Medical Director	Kevin Hardy	Appointed Nov 2012	Executive Quality Finance & Performance
	Director of Finance	Damien Finn	Appointed Feb 2010	Executive Finance & Performance Quality
	Director of Nursing Midwifery and Governance	Sue Redfern	Appointed May 2013	Executive Quality
		Sarah O'Brien	Acting for Apr 2013	Executive Quality
Associate Directors	Director of Service Modernisation	Ian Stewardson	Appointed Jun 2003	Executive
	Director of Informatics	Neil Darvill	Appointed Dec 2003	Executive
	Director of Corporate Services	Peter Williams	Appointed Aug 2006	Executive
	Director of Operations and Performance	Donna McLaughlin	Appointed Feb 2008	Executive Finance & Performance Quality

The Trust Board ensures the independence of the Non-Executive Directors in the following ways to maintain the highest standards of Board Governance:

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

Each year voting Board members are required to publically declare any relevant external interests. In 2013/14 the only positive declaration was as follows:

Dr Kevin Hardy	Medical Director	<p>Visiting Professorship with Liverpool John Moores University and Honorary Readership with Liverpool University.</p> <p>Referee for several leading scientific journals. Board member of the Comprehensive Local Research Network.</p> <p>Honorary President of the St Helens Branch of Diabetes UK.</p> <p>(All the above are non-pecuniary)</p>
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The Chief Executive undergoes a formal appraisal each year with the Trust's Chairman.

Throughout 2013/14, the Trust Board members have attended 11 half day and 3 full day facilitated development sessions.

## Organisational meeting structure

The Board maintains a Board Assurance Framework (BAF), to provide assurance that there are robust systems of internal control and assurance across all areas of strategic risk. The governance structure reports through to the Board, with each committee having an agreed business cycle and reporting on a regular basis to provide assurance. The Trust Board's six Committees are:

- Audit Committee
- Charitable Funds Committee
- Executive Committee
- Finance and Performance Committee
- Quality Committee
- Remuneration Committee

The Board Committees have delegated powers, and when deficits are identified against the statement of internal controls or performance framework, they will monitor progress with improvement plans to ensure standards are maintained and safety is not compromised.

With the exception of the Executive Committee, each Board Committee is chaired by a Non-Executive Director, who, after each meeting, provides a report to the Trust Board on matters considered on the agenda, the areas where assurance is being provided and any issues requiring escalation for Board intervention. The Chief Executive's report escalates any matters to the Board from the Executive Committee that are not otherwise covered on the agenda.

### Remuneration Committee

At least annually, the Chairman and all Non-Executive Directors of the Trust meet as a Remuneration Committee to consider the appointment of Executive Directors, and their terms and conditions and remuneration. The Chief Executive and Director of Human Resources are invited to

provide information to the Committee but are not in attendance whilst the Committee members deliberate and reach decisions.

### Audit Committee

The Audit Committee has responsibility to review the effective system of internal control and risk management across the Trust. It is responsible for providing independent assurance to the Trust Board on the systems in place for corporate risk management. In addition, the Audit Committee oversees financial and governance risk. The Committee meets at least three times per year, and has a membership of three Non-Executive Directors. The Trust's external and internal auditors are also regularly invited to attend along with the Director of Finance.

During the year the Chief Executive attended the committee to present the statement of internal control.

### Quality Committee

Each month an Integrated Performance Report (IPR) is produced which details Trust performance against each of its many targets, including those related to activity levels, quality of care and finances. This report was developed during 2013/14 and triangulates quality, activity, and performance information to give a balanced overview of performance for different services, and those factors that can contribute towards improving or deteriorating outcomes. The Quality Committee meets once a month to review all aspects of quality.

The Committee is supported by a number of Councils that consider in detail issues around patient safety and experience as well as clinical effectiveness and workforce matters. The work undertaken by these Councils can be summarised as follows:

### **Clinical Effectiveness Council**

This Council provides assurance on the maintenance and improvement of clinical effectiveness, and investigates any issue that may pose a risk to clinical effectiveness. The Council is also responsible for ensuring the effective implementation of national quality standards, and ensuring that the Trust has a comprehensive and effective clinical audit and research programme, which results in improved clinical service provision.

The Council receives evidence of compliance with relevant CQC standards relating to clinical effectiveness and of remedial actions to address any deficiencies. The Council also recommends appropriate targets for improvements in effectiveness indicators and reviews progress against each, and oversees the implementation of the Clinical Quality Strategy.

### **Patient Safety Council**

The aim of the Patient Safety Council is to seek and receive assurance from departments and services relating to the promotion, maintenance and improvement of patient safety, and where deficiencies are identified to ensure that remedial action is taken. Issues covered include compliance with relevant CQC standards relating to patient safety, and actions resulting from Patient Safety Alerts which are issued by the Central Alerting System and cover 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 Council also recommends appropriate targets for improvements against safety indicators and reviews progress against agreed targets. The Council ensures that lessons are learned from incidents and that any resulting proposals for improvement in care are implemented.

### **Patient Experience Council**

The aim of the Patient Experience Council is to seek and receive assurance from departments and services relating to the promotion, maintenance and improvement of patient experience. The Council receives assurance of compliance with relevant CQC standards relating to patient experience, communication and welfare and where deficient, ensures that remedial actions are planned and implemented. The Council oversees the implementation of the Patient Safety Strategy.

### **Workforce Council**

The Workforce Council is established to ensure the Trust complies with externally set employment standards and to monitor and review all areas of people management. Evidence reviewed includes NHS Litigation Authority, Safe Effective Quality Occupational Health Service (SEQOHS), and CQC standards. The Council also monitors the achievement of action plans concerning key people management activities including response to the annual Staff Survey, the Health, Work and Well Being agenda, and Health and Safety matters. This Council monitors the delivery and implementation of the Workforce Strategy.

### **Finance and Performance Committee**

Like the Quality Committee, the Finance and Performance Committee meets each month and reviews the IPR in detail, however their focus is on performance against financial and activity targets. The Finance and Performance Committee is supported in its work by three Councils exploring performance information, procurement and cost improvements.

### Charitable Funds Committee

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

### Executive Committee

The team of Executive and Associate Directors, led by the Chief Executive, is the senior management decision making group within the Trust and is responsible for planning, organising, directing and controlling the organisation's systems and resources to achieve objectives and quality improvement targets set by the Board. The Executive Committee exercises the authority delegated to the Chief Executive and Directors to ensure that the organisation is effectively managed and the management team is held to account.

The Executive Committee provides the Trust Board with evidence that the systems, policies and people in place to deliver operational performance are effective, comply with standards, are focused on key risks and are being appropriately managed.

In order to effectively monitor and manage risk within the organisation, a Risk Management Council is in place reporting to the Executive Committee:

#### Risk Management Council

The Risk Management Council continuously and systematically identifies and evaluates internal and external risks that could adversely affect the achievement of the organisation's objectives. The Council ensures that measures to prevent or minimise these risks are in place and monitored, and that key risks are escalated to the Executive Committee. In addition, this Council ensures that the risk management and escalation framework is operating effectively.

- The principle areas of risk being managed by the Trust are:
  - Systemic failures in the quality of care
  - Financial sustainability
  - Sustained failure to maintain operational performance/deliver contracts
  - Failure to protect the reputation of the Trust
  - Failure to work in partnership with stakeholders
  - Failure to attract and retain staff with the skills required to deliver high quality services
  - Major and sustained failure of essential assets, infrastructure or IT systems
  - Major and sustained failure of essential IT systems
- The Trust has an active Information Governance Steering Group which meets monthly to ensure the Information Governance Strategy is being adhered to and that patient and staff information is safeguarded at all times
- The Information Governance Steering Group, which is chaired by the Trust's Caldicott Guardian, reports through the Risk Management Council
- In order to protect the information we hold, in particular personal information on behalf of patients and staff, there is an established Information Governance Framework with clear roles and responsibilities assigned as follows:
  - Caldicott Guardian – The Trust Assistant Medical Director has overall responsibility for protecting patient information on behalf of the organisation.
  - Senior Information Risk Owner (SIRO) Strategy – The Director of Health Informatics has overall responsibility for Information Risk Policy and Risk Management



- The Trust continues to benchmark itself against the Information Governance Toolkit standards which include information governance management, confidentiality and data protection assurance, information security assurance, clinical information assurance, secondary use assurance and corporate information assurance.
- The Trust's Information Governance Assessment Report for 2013/14 confirmed that the Trust is compliant in all areas of the Information Governance Toolkit which highlights the Trust's commitment to the evolving Information Governance Agenda.
- The Trust has a duty to report any incident regarding personal data, however minor, to the Information Commissioners Office (ICO) and for the financial year 2013/14 there were two such incidents of which one required no further action. Each reported incident was reviewed by relevant members of staff and members of the information governance team, with actions taken to minimise the likelihood of any recurrence.
- The Trust has an active education and awareness programme aimed at all staff to actively promote Information Governance awareness.
- whether the right people are present
- whether the capacity in which each person attends is clear (e.g. formal voting members)
- whether the duration and frequency of meetings is appropriate to carry out the business
- the schedule of meetings and agenda themes for the coming year
- whether attendance of members is appropriate and in line with the ToR
- whether meeting papers are in the correct format, concise, accurate and informative, with the appropriate summary sheet
- whether agendas and papers are distributed appropriately in advance
- whether there is sufficient constructive challenge in meetings.

A review of the overall meeting structure was undertaken.

An audit of a sample meeting was performed and four areas for improvement were identified regarding timely distribution of papers; compliance with the standard format; timing of the Quality Committee; and the system for posting Board papers on the Trust website.

Meeting attendance surveys were conducted, which concluded that attendance at Trust Board and Committee meetings is generally above the target level for all members (81% average overall) and any exceptions have led to discussions with the relevant meeting Chairman to deliver improvements.

A questionnaire covering such issues as adherence to agenda; concise meeting papers; interaction of members; quality of chairmanship, and degree of challenge was completed. Results from these questionnaires were used by the leads to deliver improvements.

### Reviewing the effectiveness of meetings

The Terms of Reference (ToR) for the Trust Board and each Committee and Council include the requirement for an annual "meeting effectiveness review".

The following paragraphs summarise the scope of the review undertaken in 2013/14.

A chair and lead officer review was undertaken that considered:

A review of ToR was performed which concluded that these continued to reflect the purpose, remit and organisation of meetings. However, it was felt that permitting the use of deputies at Committees and Councils, without relaxing the requirement for core members to attend 70% of meetings, would ensure appropriate debate could always take place, and this was agreed.

In addition, a further evaluation of the Board effectiveness was undertaken at a Board development session facilitated by Prospect Business Consulting Limited. Results that scored particularly strongly were collective responsibility for organisational performance; addressing any perceived weaknesses, and confidence with regulatory requirements. Results that indicated further work required were stakeholder relationships and public and patient engagement on business cases.



### Corporate Objectives 2014/15

Each year the Trust Board sets corporate objectives that support the achievement of the Trust's strategic aims. These objectives, and performance against them, are captured in the monthly IPR.



## Patient Care - Care

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

- Delivery on KPIs outlined in the Nursing strategy action plan for 2014/15
- Implement the ward accreditation programme on 50 per cent of wards by March 2015
- Clinical Leadership – the Director and Deputy Director of Nursing and corporate nursing team will undertake a minimum of 12 clinical sessions per year
- Matrons and lead nurses will spend 60 per cent of their time in clinical activities.
- The Director and Deputy Director of Nursing will have a monthly clinical session to enable teaching, leadership and clinical supervision to facilitate nurse meetings and forums
- All specialist nurses' job plans will ensure there is dedicated clinical time to support education and review of patient care.
- A formal six-monthly review of ward staffing establishments will be undertaken and from April 1st 2014 all wards will publish their staffing levels per shift
- All ward managers will be a minimum of 50 per cent supernumerary ward-based by March 2015
- Improve the patient experience – measured by a 1 per cent increase from the 2013/14 national inpatient survey baseline
- Further develop staff skills, knowledge and competence so that staff can continue to improve standards for patients
- HCA competency framework will be further embedded to include current HCA workforce; this will enable staff development, enhance skills and opportunities for career progression

- We will aim to increase the number of nurses engaging in research and audit and the number of publications associated with nursing practice
- Establish a clinical training day for trained staff and development programmes for all levels of nursing staff in draft will be part of 2014/15

## Patient Care - 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 maintain in-hospital mortality less than the North West average and aim for less than English average
- We will eliminate the difference between in-hospital mortality for weekend and weekday admissions
- We will increase harm free care in line with the stretch target in the Trust Clinical and Quality Strategy (CQS)
- We will achieve zero hospital acquired MRSA blood infections
- We will reduce avoidable hospital cases of C.Difficile to zero
- We will eliminate avoidable hospital Grade 3 and 4 pressure ulcers
- We will prevent 'Never Events'
- We will increase assessments to prevent venous thromboembolism to  $\geq 96\%$  in line with Clinical and Quality Strategy
- We will reduce medication errors and eliminate errors causing serious harm
- We will reduce hospital readmissions to the national average



## Patient Care - Pathways

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

- Use intelligence around benchmarking data to reduce variation and improve outcomes
- Embed the first 3 Ambulatory Emergency Care (AEC) pathways and look to roll out Phase 2 pathways
- Work with CCG colleagues to develop alternative systems, for the benefit of patients, that reduce A&E attendances and emergency admissions
- Through our collaboration with neighbouring health and social care partners explore opportunities for joint working that improve patient care, and simplify the patient journey without destabilising service providers

## Patient Care - 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 continue to improve our response rate and outcome from the Friends and Family test, and expand family and friend test survey to outpatients setting from October 2015
- We will aim to maintain compliance with the timeliness of reporting for complaints i.e. 25 days
- We will aim to reduce complaints related to staff attitude and behaviour by 5% (baseline 2013/14 ) by March 2015

- We will continue to review and improve the patient discharge information and experience measured through patient surveys and patient feed back
- We will continue to identify patient stories to bring to the Board and other Trust forums to learn lessons and share best practice. Explore alternative avenues to obtain and deliver such messages
- To further enhance partnership working with the patient focus groups to enable a fuller understanding of the patient and carers views and experiences, and taking actions for improvement.

## Patient 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

- Handle relevant complaints in a timely manner and to afford them the priority they deserve
- Continue to achieve improvements in data quality
- Procure, roll-out, and embed the next phase of IT systems, including the implementation of a clinical portal, drug prescribing, medical early warnings and staff rostering
- Fully deploy the hospital wide mobile device strategy
- Implement a system for providing Wi-Fi access to patients, staff and visitors to the Trust
- Align performance framework to delivery of the Trusts strategic objectives.



## 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 Well Being. We will promote standards of behaviour that encourage a culture of caring, kindness and mutual respect

- Deliver the Trust's identified priorities in respect of the recommendations from the Keogh, Berwick and Francis reports aligned to local contract and CQC requirements
- Build upon staff engagement, listening and feedback processes to continue to engage with staff about the Trusts values, the ACE Behavioural standards to further enhance the delivery of 5 star patient care. Focus on key areas for improvement from the staff survey
- Implement a new e-Rostering system for the Emergency Department, Theatres and agreed wards to enable improved monitoring of staffing levels and a reduction in bank and agency spend
- Implement a system to align clinical activity planning to Medical Workforce job plans and roll out a new junior doctors e-Rostering policy and system to improve rota management
- Deliver core skills/competency development programme to the Trust's health care assistants aligned to national guidance and the training needs analysis for priority need
- Continue to promote speaking up and the duty of candour to ensure a no blame culture, and the creation of a learning organisation where patient safety always comes first
- Target ward areas where sickness absence could be improved by cultural

or leadership development, continuing target stress and muscular skeletal support to staff and explore other opportunities to improve levels of attendance

- Implement a new incremental pay progression policy aligned to completion of mandatory training appraisals for all staff employed on Agenda for Change terms and conditions
- Promote education and development of standards to ensure that only those with relevant skills and competencies are employed by our organisation
- Continue to promote and enhance communication mechanisms with Trust staff and external stakeholders

## Financial performance, efficiency and productivity

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

- Continue to develop service and patient level information reporting to support decision making at organisational and service level
- Develop inter-organisational service level benchmarking to support the identification of clinical and efficiency improvements
- Deliver the cost and productivity improvement programme and develop a rolling three year improvement plan
- Achieve all statutory financial duties
- Deliver the agreed capital investment programme to support the achievement of corporate objectives
- Finalise and implement a procurement strategy to support the achievement of corporate objectives

- Deliver the year 2 objectives of the information strategy to support the achievement of corporate objectives
- Complete the proposals for the rationalisation of the Trust's estate
- Complete a space utilisation exercise across the Trust and incorporate the findings into an Estate Strategy to support the delivery of the Trust's long term objectives
- Explore opportunities by which the Trust may generate additional income by increasing market share and developing services to meet commissioner requirements
- Implement a commercial assessment framework to support long term strategic planning to achieve financial and clinical sustainability. Use the outcomes to engage with commissioners and develop improvement targets
- Continue to deliver the theatre utilisation project, realising the benefits agreed for year 2
- Pursue options for meeting the increasing demand for on-site car parking
- CQUINS
- Contract performance indicators and compliance
- Activity levels required to meet Trust performance standards
- Implement consistent daily Board Rounds in every medical ward for every patient
- Fully roll-out the Trust's Medicine Redesign Programme to ensure there is "consistent daily senior review of every inpatient in Medicine"
- Ensure that the remedial cladding works are undertaken with minimal disruption to Trust activities or to the quality of patient care

### FT application plan

We will work closely with the TDA, commissioning and local authority partners to progress our NHS FT application

### Operational performance

We will meet and sustain national and local performance standards

- Achieve all objectives within the Clinical and Quality Strategy in line with the Action Plan
- Achieve all national performance indicators 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
  - Achieve all local performance indicators including:
- We will meet all the targets set for us by the TDA in order to maintain our trajectory for achieving FT status
- Working with commissioners and health economy partners develop the Trust's long term plans for a sustainable FT application
- Progress the Trust's IBP to ensure organisation readiness for FT status
- We will continue with the systematic review of capacity utilisation, including theatres, beds, outpatients that underpin our collaborative work with neighbouring organisations
- Deliver the first year implementation plan objectives of the Communications and Engagement Strategy – including upgrade of the Trust's website and introduction of social media
- Develop an integrated marketing plan

## 4 Directors' Remuneration Report

### Remuneration

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) Salaries and Allowances

	2013-14					
	Salary (See note below table) "(bands of £5,000) £000"	Other Remuneration (See note below table) (bands of £5,000) £000	Expense Payments (taxable)total to nearest £100 £00	Performance pay and bonuses (bands of £5,000) £000"	Long term performance pay and bonuses (bands of £5,000) £000	All pension-related benefits (See note below table) (bands of £2,500) £000
Mr L Howell, Chairman (Started 1 June 2008, retired 30 November 2013)	15-20	0	0	0	0	0
Ms AM Marr, Chief Executive*	170 -175	0	0	0	0	15-17.5
Mrs AM Stretch, Director of Human Resources & Deputy Chief Executive*	110-115	0	0	0	0	35-37.5
Mr DP Finn, Director of Finance and Information	110-115	0	0	0	0	32.5-35
Dr K Hardy, Medical Director (Started 1 November 2012, pay part-year in prior year)	30-35	190-195	0	0	0	12.5-15
Mrs S Redfern, Director of Nursing, Midwifery & Governance (Started 6 May 2013, salary therefore part-year)	90 -95	0	0	0	0	132.5-135
Ms G Core, Director of Nursing, Midwifery & Governance (Left 1 July 2012)						
Mr R Swainson, Non-Executive Director /Acting Chairman (Started 1 November 2006, second term of office from November 2010. Acting Chairman from 1 August 2013.)	10-15	0	0	0	0	0
Mr D Bradbury, Non-Executive Director (Left 31 March 2013)						
Mr R Hill, Non-Executive Director (Left 1 August 2012)						
Mr D Mahony, Non -Executive Director (Started 1 August 2012, first term of office)	5-10	0	0	0	0	0
Ms S Rai, Non-Executive Director (Started 26 September 2012, first term of office)	5-10	0	0	0	0	0
Mr W Hobden, Non-Executive Director (Started 18 June 2009, second term of office from June 2013)	5-10	0	0	0	0	0

(\* Prior year figures restated to include benefit from salary sacrifice)

Total (bands of £5000) £000	2012-13						
	Salary (See note below table)	Other Remuneration (See note below table)	Expense Payments	Performance pay and bonuses	Long term performance pay and bonuses	All pension- related benefits (See note below table)	Total
	(bands of £5000) £000	(bands of £5,000) £000	(taxable)total to nearest £100 £00	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £2,500) £000	(bands of £5000) £000
15-20	20-25	0	0	0	0	0	20-25
185-190	170 -175	0	0	0	0	5-7.5	175-180
145-150	105-110	0	0	0	0	7.5-10	115-120
145-150	105-110	0	0	0	0	15-17.5	120-125
235-240	10-15	70-75	0	0	0	10-12.5	90-95
225-230							
	20-25	0	0	0	0	0-2.5	25-30
10-15	5-10	0	0	0	0	0	5-10
	5-10	0	0	0	0	0	5-10
	0-5	0	0	0	0	0	0-5
5-10	0-5	0	0	0	0	0	0-5
5-10	0-5	0	0	0	0	0	0-5
5-10	5-10	0	0	0	0	0	5-10

## Notes

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

From 28 May 2012 to 21 March 2013 Ms C Cooke was Acting Director of Nursing Midwifery and Governance, seconded from Warrington Primary Care Trust. Her estimated remuneration range for the prior year (pro-rata for the period) was 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 was £0k to £5k.

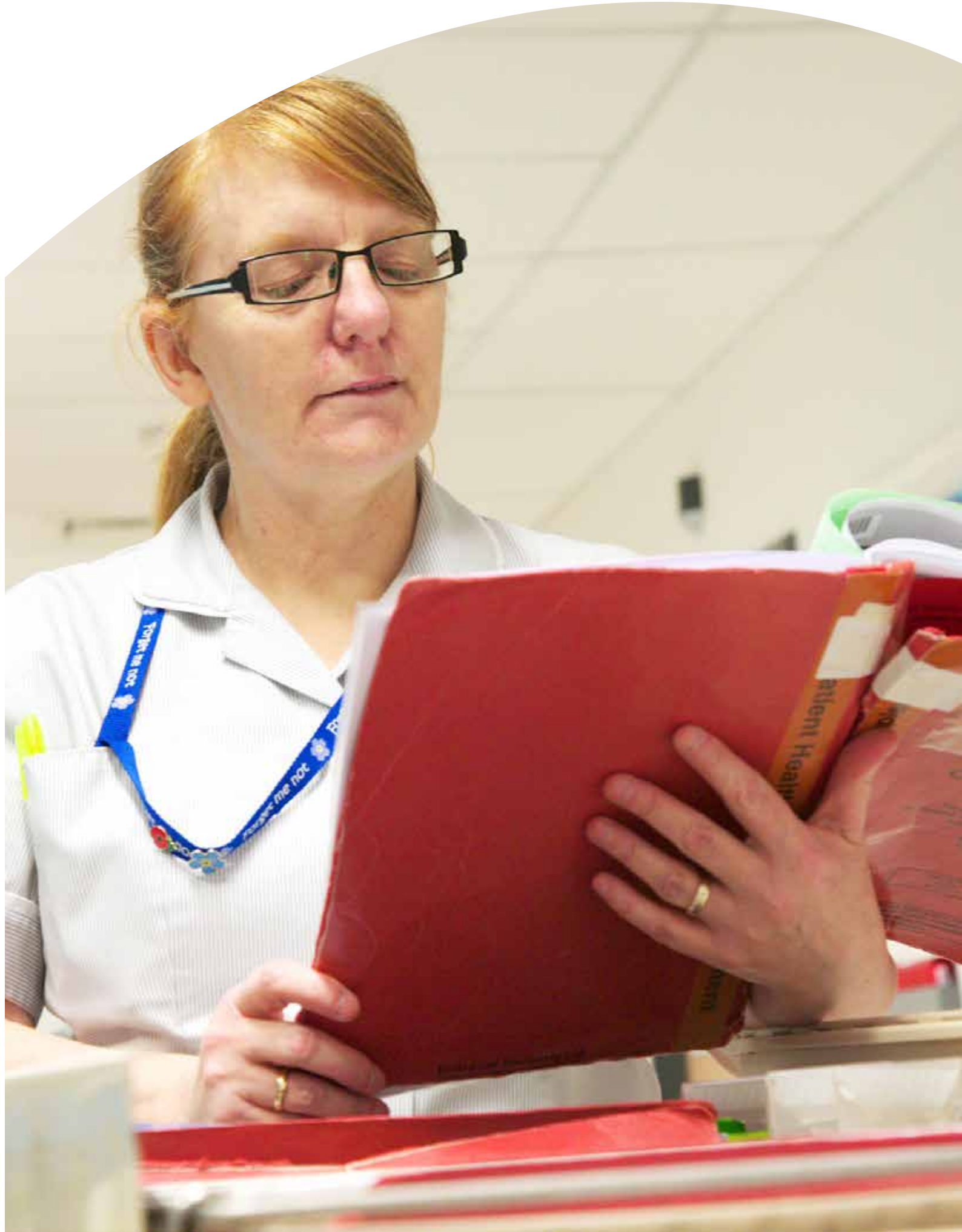
The Chair and five non-Executive Directors are initially appointed for a maximum four-year term by the Secretary of State for Health and can be reappointed for a further similar term. The Chief Executive post is a standard NHS contract with no time element included and is reviewed by the Trust's Remuneration Committee on an annual basis. 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 has been 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. 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 (i.e. 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.

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 or for more than £220 per day and more than six months. The Trust has nothing to declare in either case for the year-ending 31 March 2014 (Prior year also nil).





## 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 2014	Lump sum at age 60 related to accrued pension at 31 March 2014	Cash Equivalent Transfer Value at 31 March 2014	Cash Equivalent Transfer Value at 31 March 2013	Real increase/ (decrease) in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
	(bands of £2500) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000	£000
Ms AM Marr, Chief Executive	0 - 2.5	2.5 - 5	70 - 75	215 - 220	1,475	1,375	70	0
Mrs AM Stretch, Director of Human Resources & Deputy Chief Executive	2.5 - 5	7.5 - 10	40 - 45	125 - 130	728	646	68	0
Mr DP Finn, Director of Finance and Information	2.5 - 5	7.5 - 10	30 - 35	100 - 105	528	462	56	0
Dr K Hardy, Medical Director	0 - 2.5	2.5 - 5	50 - 55	55 - 160	1,023	949	53	0
Mrs S Redfern, Director of Nursing, Midwifery & Governance	10 - 12.5	32.5 -35	45 - 50	135 - 140	900	647	239	0

Please note that the above information has been provided by the NHS Business Services Agency - Pensions Division. The Trust's accounting policy on pensions is shown in note 9.6 of the Trust's published accounts.

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

Please note that the figures shown for Mrs S Redfern for the full year despite their being in post as Board Director only part of the year.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies.

The CETV figures, and other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

## Pay Multiple Disclosure

Year	2013/14	2012/13
Bands of highest paid Directors' remuneration (£'000)	210-215	195-200
Median Total	27,773	23,814
Ratio	7.58	8.39

### Notes

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

The banded remuneration of the highest paid director in the Trust in the financial year 2013/14 was £210,000 to £215,000. This was 7.58 times the median remuneration of the workforce, which was £27,773.

In 2012/13 the banded remuneration of the highest paid director in the Trust in the financial year 2012/13 was £195,000 to £200,000. This was 8.39 times the median remuneration of the workforce, which was £23,814.

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

The Medical Director remains the highest paid member of staff for the 2 years reported. There was a 1% national pay award in 2013/14. The new Medical Director is in receipt of a nationally awarded and centrally funded Clinical Excellence award and this accounts for the £10k increase in the Highest Paid Director.

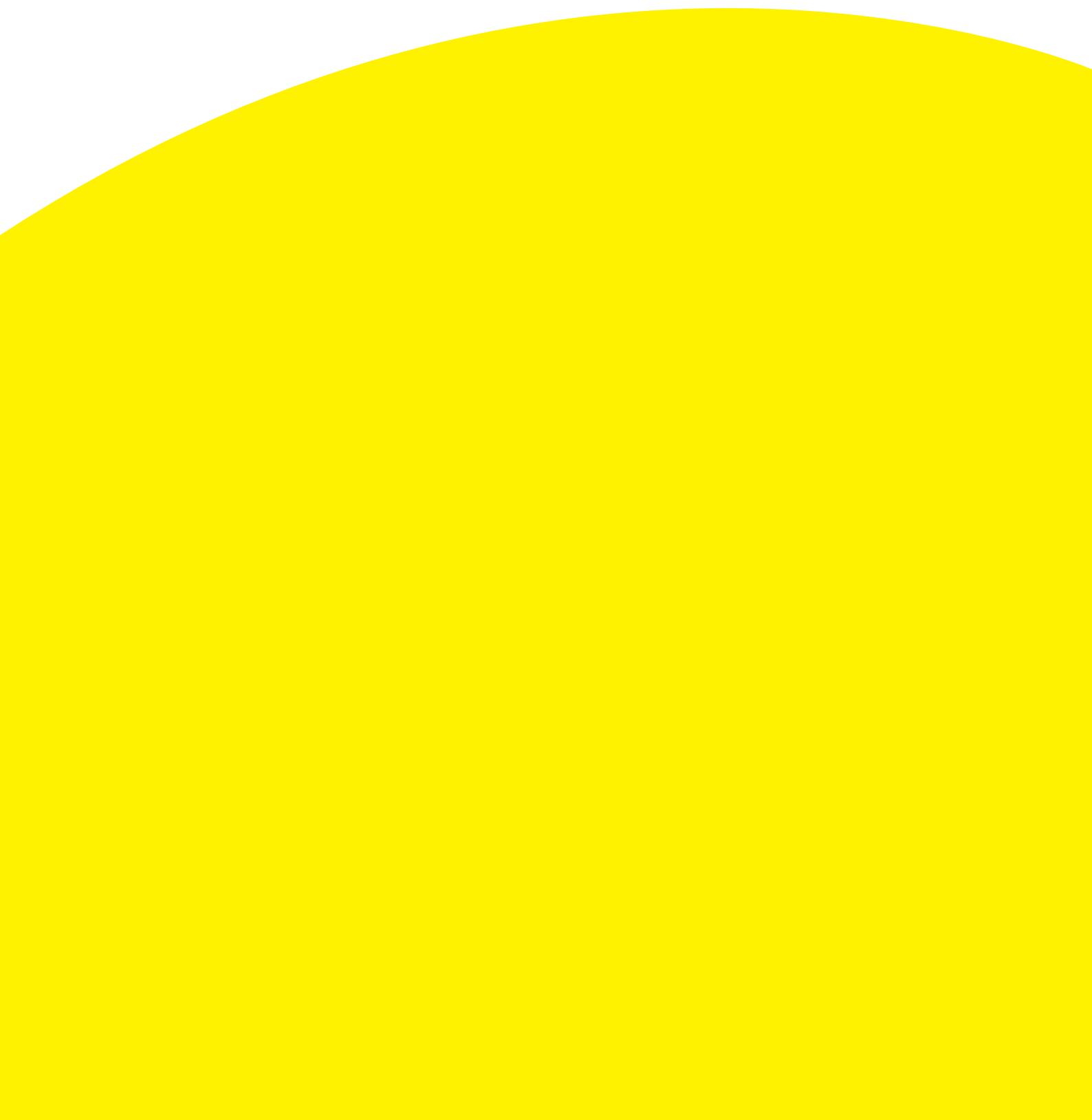
### Explanation for movement in the ratio

The movement from a ratio of 8.39 last year to this year's ratio of 7.58 is mainly due to the inclusion of all worked hours, overtime and enhancements which has raised the median salary (significant numbers of staff fall into this category).

The Trust, this year has followed the Healthcare Financial Management Association (HFMA) Guidance on Pay Multiple Disclosures issued in 2013/14. As such there will be a variance between the prior and current year for this report and thereafter we will be comparing like-for-like.

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## Appendix 1 - Abbreviations used



A&E	Accident and Emergency	IPR	Integrated Performance Record
ACL	Anterior Cruciate Ligament	IT	Information Technology
AEC	Ambulatory Emergency Care	KPI	Key Performance Indicators
AMU	Acute Medical Unit	LiVES	Vascular and Endovascular Service
ANTT	Aseptic Non-Touch Technique	LFTM	Long-Term Financial Model
AQP	Any Qualified Partner	MARAC	Multi-Agency Risk Assessment Conference
BAF	Board Assurance Framework	MHRA	Medicines and Healthcare Products Regulation Agency
BCM	Business Continuity Management	MIAA	Mersey Internal Audit Agency
BEP	Bleeding in Early Pregnancy	MIP	Major Incident Plans
BYOD	Bring Your Own Device	MRSA	Methicillin-Resistant Staphylococcus Aureus
CAADA	Co-ordinated Action Against Domestic Abuse	MSS	Manager Self Service
CAUTI	Catheter-Associated Urinary Tract Infection	MSSA	Methicillin-Sensitive Staphylococcus Aureus
CCG	Clinical Commissioning Group	NED	Non-Executive Director
CCU	Coronary Care Unit	NICE	National Institute for Health and Care Excellence
CDU	Cardiac Diagnostic Unit	NIHR	National Institute for Health Research
CIP	Cost Improvement Programme	NPS	Net Promoter Score
COPD	Chronic Obstructive Pulmonary Disease	NWAS	North West Ambulance Service
CoSRR	Continuity of Services Risk Rating	OD	Organisational Development
CPA	Clinical Pathology Accreditation	OLM	Oracle Learning Management
CQC	Care Quality Commission	PACS	Picture Archiving and Communication System
CQUIN	Commissioning for Quality and Innovation	PALS	Patient Advice and Liaison Service
CRN	Clinical Research Network	PD	Parkinson's Disease
DH	Department of Health	PDSP	Parkinson's Disease Specialist Practitioner
DoLS	Deprivation of Liberty Safeguards	PEAT	Patient Environmental Action Team
ECG	Electrocardiogram	PEC	Patient Experience Council
EDS	Equality Delivery System	PFI	Private Finance Initiative
ENT	Ear, Nose and Throat	PHSO	Parliamentary & Health Service Ombudsman
ESR	Electronic Staff Record	PLACE	Patient Led Assessment of the Care Environment
FFT	Friends and Family Test	PMB	Post-Menopausal Bleeding
FT	Foundation Trust	QIA	Quality Impact Assessment
GCC	Good Corporate Citizenship	RCA	Root Cause Analysis
GMC	General Medical Council	SDMP	Sustainable Development Management Plan
HCA	Healthcare Assistant	SEQQHS	Safe Effective Quality Occupational Health Service
HCAI	Healthcare Associated Infections	SKA	Skills Academy for Health North West
HFMA	Healthcare Financial Management association	SOP	Standard Operational Procedure
HR	Human Resources	STEIS	Strategic Executive Information System
HRH	Her Royal Highness	TDA	Trust Development Authority
IBD	Inflammatory Bowel Disease	TIA	Transient Ischaemic Attack
ICO	Information Commissioners Office	ToR	Terms of Reference
IFRS	International Financial Reporting Standards	VTE	Venous Thromboembolism
IMCA	Independent Mental Capacity Advocate		





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