

Quality Account 2019-20



What our patients said about us in 2019-20

My husband had a stroke ... From a very bleak outlook, explained to us with compassion and care, he is now home. The staff on wards 5D and 5C were amazing. They treated him with dignity and care, and us with compassion. They were always friendly and professional, ensuring both his physical and emotional needs were met.

The catering and cleaning staff worked relentlessly to ensure he had food he liked and could manage and the room was spotless.

The teamwork has continued with regular visits at home from the stroke team, speech and language and physio. As a family we cannot thank everyone enough. You are all truly outstanding. For a system that is clearly under immense pressure from underfunding and stretched staff we just have incredible gratitude and admiration for everyone who cared for our family.

Stroke Services

I attended St Helens Hospital today, three weeks after cataract surgery.

I cannot thank the team enough for their sterling work, from the pre-op where they went through all the steps of the procedure, putting my mind at rest, to the operation itself.

The nurses, anaesthetist and surgeon were absolutely brilliant; this is a gold standard service!

Eye Clinic

I recently had a hip replacement done at Whiston and would just like to pass on my thanks to every single person involved in my treatment.

The ward staff on Ward 3E are an exceptional group of dedicated and professional people. My treatment by them was exemplary...I even enjoyed the food, every meal was hot, well presented and very tasty. All in all I had the best experience I could have had whilst undergoing a medical procedure. I hope you will pass on my praise and thanks to all of the staff on Ward 3E.

Trauma and Orthopaedics

I was recently admitted to Ward 2D and would like to say what a wonderful ward and staff they are. Nothing was ever too much, my care was exemplary, any test I needed was arranged quickly.

I can't commend the staff highly enough – it's a very busy ward but the team work shown was fabulous. A sign of excellence. Thank you to all the staff for their expert care and time.

Endocrinology/General Medicine

Best hospital in the North West. Best staff; been here about 5 times in 10 years. Never had a single fault. Wish they were all like this. Thank you to the CT scan team who treated me today. All three very polite and professional.

Radiology and Trust-wide

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Section 1

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

We are pleased to present the Trust's eleventh annual Quality Account, which reviews our performance and achievements over the past year, as well as outlining the priorities for improving quality in the coming year. It has been an extremely busy and challenging year, during which the Trust has continued to expand and grow, taking on additional services, including St Helens Urgent Treatment Centre and a wider range of community services. The end of the financial year brought with it unprecedented challenges as the Trust responded to the international COVID-19 pandemic, which required the Trust to work in new ways, to care for patients with the virus, as well as maintaining other essential services.

The Trust has continued to focus on its mission to provide high quality health services and an excellent patient experience. I am immensely proud of the key achievements the Trust attained, including the prestigious Acute/Specialist Trust of the Year at the Health Service Journal (HSJ) awards 2019. We have maintained our outstanding CQC rating and were the best in the country for the Patient Led Assessments of the Care Environment (PLACE). We continued to receive exceptional staff survey results, including retaining the top score nationally for quality of care and staff engagement. I was, however, extremely disappointed that during the year there was one never event relating to a retained swab in theatre and we have seen an increase in category 2 pressure ulcers. As a Trust, we are committed to learning from these incidents and putting measures in place to improving the care we provide, which are outlined in more detail in section 3 below.

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

The vision is underpinned by the Trust's values, five key action areas and the ACE behavioural standards of **A**ttitudes, **C**ommunication and the **E**xperiences we create. These are shown in the following diagrams:

St Helens and Knowsley Teaching Hospitals NHS Trust's Vision



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



ACE Behavioural Standards

Attitudes

- We are all empowered to personally challenge inappropriate behaviours directly, or via escalation through management.
- We must never underestimate the power of sincere apology.
- We will act professionally with patients/colleagues and treat them with respect, courtesy and kindness.
- We will show sensitivity to the needs of others, regardless of race, culture, ethnicity, religion, gender, sexual orientation, age or disability.
- We will seek solutions to problems rather than blaming them, complaining or blaming others.
- If things go wrong, we will deal with it appropriately, seeking advice and accurately report the facts.
- We will ensure our behaviour, attitude and appearance always create a positive image of the Trust and ensure we dress appropriately and in accordance with the uniform policy.

Communication

- We will readily provide regular explanation and information to patients/careers.
- We will avoid the use of jargon and explain medical terminology as simply as possible.
- We will introduce ourselves appropriately by name and job title/role both in person and on the telephone.
- We will always wear our name badge or we are easily identifiable.
- We will ask for confirmation that the patient/colleague has understood what we have said by giving them the opportunity to ask questions.
- We will not talk over patients, visitors or colleagues.
- We will not have personal conversations near patients or visitors.
- We will always listen respectfully to other people's views and show we are working as a team.
- We will explain delays in a polite manner, and let the patient or visitor if they are able to wait.

Experiences

- We will never share our work problems or personal issues with patients and relatives as it is not conducive to provision of high quality care.
- We will greet everyone in a welcoming way even if we are not expecting them, don't know who they are, or are already occupied.
- We will create a safe, calm, clean and quiet environment and take personal responsibility, to follow set on breakage/requirements, ensuring signs are relevant, welcoming and useful.
- We will not set up desks in front of patients in clinical areas.
- We will not use the internet or mobile telephones for personal matters in front of patients/relatives. This should be limited to personal time and not during working hours.
- We will not do anything that would bring the reputation of the Trust into disrepute, or cause a loss of confidence in its work.
- We will welcome new employees and students, ensure they have the support they need to learn the job.

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The Trust's vision is the driving force for our focus on continuous improvement, supported by the Clinical Strategy. The Strategy outlines the Trust's commitment to improving both quality and efficiency with the specific aim of promoting a culture of continuous value improvement, underpinned by robust systems and processes and individual and collective accountability. It focusses on a small number of improvements that are key local health economy priorities. The Strategy was refreshed in 2019 and is supported by an implementation plan.

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

In addition, the Trust has a quality care accreditation programme which measures leadership, patient care, safety and experience on all wards. The Quality Care Accreditation Tool

(QCAT) programme ensures that individual ward areas are clear on the quality standards required and any shortfalls requiring an improvement plan. The QCAT incorporates a range of quality indicators into the final score, including CQC fundamental standards, nursing care indicators and harm-free care scores. It also incorporates the Friends and Family Test results, patient care and safety standards, including nutrition and hydration, falls, pressure ulcers and infections, and staff training and appraisal rates. Both the nursing care indicators and the QCAT use peer review to provide assurance on the quality of care being provided to patients. The outcomes of the QCAT programme are reported to the Quality Committee via the Patient Experience Council. In 2019-20, the QCAT was reviewed, strengthened and updated and will continue to be rolled out in 2020-21.

Members of the Trust Board and Executive Team continue to visit the wards and departments across the Trust regularly, completing formal quality ward rounds to review quality and performance, noting areas of good practice and any actions taken at a local level to address areas of concern. This provides the opportunity for the Trust Board to see first-hand the care provided to patients and for the clinical areas to provide both quantitative and qualitative information to demonstrate that the services are safe, effective, responsive, caring and well-led in line with the CQC's domains. Representatives from our local Clinical Commissioning Groups (CCGs) are invited to attend the quality ward rounds.

We have continued to work with patients and carers during the year to ensure that they are able to influence changes made to our services. Patients are able to present their experiences of the care received, in their own words, as a patient story at the start of our public Trust Board meetings.

We continue to work with our local Healthwatch partners to improve our services. Healthwatch representatives are key members of the Patient Experience and the Patient Safety Councils, both of which report to the Trust Board's Quality Committee and the Equality and Diversity Steering Group. This ensures effective external representation in the oversight and governance structure of the Trust. Patients, carers, patient representatives and members of the public are invited to attend the open Patient Engagement Group events and to contribute to discussions about the services provided and future plans.

This Quality Account details the progress we have made with delivering our agreed priorities and our achievement of national and local performance indicators, highlighting any challenges and the initiatives undertaken to work towards realising our vision of 5-star patient care. It also includes a summary of the Clinical and Quality Strategy. It outlines our quality improvement priorities for 2020-21, which were subject to consultation with staff, patient representatives and our commissioners.

I am pleased to confirm that the Trust Board of Directors has reviewed the Quality Account for 2019-20 and confirm that it is a true and fair reflection of our performance and that, to the

best of our knowledge, the information contained within it is accurate. We trust that it provides you with the confidence that high quality patient care remains our overarching priority and that it demonstrates the progress we have made.

Our greatest asset is our staff and our achievements are gained through their continued hard work, their unfailing professionalism, commitment and dedication to the provision of outstanding care for our patients and their carers, as well as to each other and to the Trust. This was recognised by the Trust being awarded the highest accolade, the HSJ's Trust of the Year. I am extremely proud of all our staff and never more than now, when I have seen them respond to the needs of patients during the pandemic, tirelessly working to care for patients and each other; therefore, on behalf of the Trust Board, I would like to offer my heartfelt thanks, admiration and gratitude to all of our staff who have contributed to our many exceptional achievements, during the most challenging times we have faced.

Ann Marr

Chief Executive
St Helens and Knowsley Teaching Hospitals
NHS Trust

1.2. Summary of quality achievements in 2019-20

Quality of services overall

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

Well-led

- Awarded the prestigious Acute/Specialist Trust of the Year at the Health Service Journal (HSJ) awards 2019, following the outstanding CQC rating and being the best in the country for both the NHS Staff Survey and Patient Led Assessments of the Care Environment (PLACE) in 2018
- Ann Marr, Chief Executive awarded an Order of the British Empire (OBE) in the Queen's New Year Honours

National staff survey

- Most recommended acute Trust for care and treatment for second year running
- Top acute Trust for staff engagement for fourth consecutive year
- Top acute Trust for safety culture for third consecutive year
- Best national scores for 5 of the 11 themes and second best for another 5
- Highest marks in the following areas:
 - Staff morale (2018 & 2019)
 - Quality of care (2015, 2016, 2017, 2018 & 2019)
 - Bullying and harassment (2018 & 2019)
 - Positive organisational culture of safety (2017, 2018 & 2019)
 - Staff engagement (2016, 2017, 2018 & 2019)
 - Fairness for career progression (2017, 2018 & 2019)

Staff

- Disability Confident Employer accreditation in place until 2020
- Navajo Charter Mark accreditation, an equality mark signifying good practice, commitment and knowledge of the specific needs, issues and barriers facing lesbian, gay, bisexual, transgender, intersex and questioning (LGBTIQ) individuals
- Gold award for participation in the Ministry of Defence's Employer Recognition Scheme
- Shortlisted in the Reservist Support Initiative HSJ award category for the work supporting veterans' careers following service with the Armed Forces
- Nicola Walsh, Senior Pharmacy Assistant, won 'Apprentice of the Year' at the St Helens Chamber Annual Dinner & Business Awards for excelling in her apprenticeship in warehousing and distribution within Pharmacy
- Jessica Crolla, Senior Buyer, Purchasing and Supplies Department, was shortlisted for the NHS Procurement Rising Star Award at the North Excellence in Supply Awards, which celebrate inspirational examples of businesses, third sector organisations and the NHS working together to provide great patient care
- Victoria Reynolds (Equality, Diversity and Inclusion Lead) won the NHS Advocate for Step into Health award and Carl Walsh (HR Governance and Quality Lead) was highly commended for the Outstanding Impact since joining the NHS award

Patient safety

- Patients received 98.7% new harm-free care during 2019-20. New harm is the harm occurring whilst an inpatient in the Trust and reported via the NHS Safety Thermometer
- For the second year running, there were no methicillin resistant staphylococcus aureus (MRSA) bacteraemia, with one contaminant
- No patients experienced a hospital acquired category 4 pressure ulcer
- Reductions in incidents resulting in harm in 2019-20 compared with 2018-19:
 - 50% reduction in theatre-related episodes of moderate and above harms
 - 29.4% decrease in falls incidents resulting in severe harm or above from 17 in 2018-19 to 12 in 2019-20
 - 0 prescribing incidents of severe harm
 - 27.4% decrease in medicines administration omitted doses, down from 281 in 2018-19 to 204 in 2019-20
- VTE risk assessments were completed in 95.57% of patients from April 2019 to February 2020, when submissions were suspended due to the pandemic (compared to 95.92% of patients in 2018-19, exceeding the national target of 95%)
- 93.9% of frontline staff received their flu vaccination, significantly above the target of 80%
- The average safer staffing fill rate for the year was 95.6%
- Completed the Trust-wide roll out of Electronic Prescribing and Medicine Administration (ePMA), enhancing safe prescribing and administration processes
- The Cellular Pathology, Microbiology, Clinical Biochemistry and Haematology & Blood Transfusion departments based at Whiston, St Helens, Southport and Ormskirk hospitals achieved United Kingdom Accreditation Services (UKAS) ISO15189 accreditation for the first time and at the first attempt since the new standards replaced the previous ones. This

means that pathology is performing to high international standards with regard to quality and competency

- Trust's Radiology Service has achieved the Quality Standard for Imaging (QSI), the first trust in Cheshire and Merseyside to receive this award

Patient experience

- Best NHS trust for Patient Led Assessments of the Care Environment (PLACE) results for the third consecutive year, scoring 100% for cleanliness and condition, appearance and maintenance of the hospital buildings
- Runner up in the National Dementia Awards for the most dementia friendly hospital
- 95.6% of inpatients would recommend our services, as recorded by the Friends and Family Test (April 2019 to February 2020 as submissions were suspended in March 2020)
- Maternity Bereavement Team nominated for a Butterfly award
- Maternity Service nominated for the Royal College of Midwives Caring for You award 2020
- Jenny Baxter (RM) was shortlisted for RCM Midwife of the Year award 2020

Clinical effectiveness

- Maternity Service were the top performer for the PReCePT project 2020, for significant improvements in administering magnesium sulphate to reduce the risk of cerebral palsy in pre-term babies
- Urology Specialist Nurses won the 'Team of the Year' award at the British Association of Urology Nurses (BAUN) meeting in November 2019 for their innovative and transformational service
- Research poster presented by the cancer nurses at BAUN meeting describing the outstanding work they have done in transforming the prostate cancer pathway at the Trust

- Gastroenterology Research Team won the Excellence in Commercial Life Science Research Award at the North West Coast Research and Innovation Awards, which is an outstanding achievement and demonstrates the commitment to offering patients and public the opportunity to take part in research
- Diabetes Team were the runners up for the annual Rowan Hillson Inpatient Safety Award for the Best Inpatient Educational Diabetes Programme for Health Care Professionals, reflecting the excellent diabetes education initiatives delivered at the Trust
- Consistently maintained high rating overall in the Sentinel Stroke National Audit Programme (SSNAP), delivering sustained excellent performance despite 30% increase in activity since becoming the regional centre for Mid-Mersey from April 2019
- 89.3% of stroke patients spent at least 90% of their hospital stay on a stroke unit, above the national target of 83% and better than last year's performance of 85.7%
- 94.9% of electronic E-attendance summaries sent for patients attending the Emergency Department (ED) within 24 hours
- Gastroenterology Service successfully secured Joint Advisory Group (JAG) accreditation for a further year
- Sustained achievement of the cancer performance targets against the national cancer waiting times standards prior to the impact of COVID-19 pandemic in March 2020
- St Helens and Knowsley Library and Knowledge Services won a British Burn Association award for a poster presentation in conjunction with the clinical service leads

Technology

- Telehealth solution won many accolades during 2019, including:
 - Highly commended at the inaugural Digit@ll awards at the iLinks Event in Liverpool
 - Shortlisted for the HSJ Value award
 - Highly commended in the Leading Healthcare Awards 2020 in the Most Promising Pilot category announced on 2nd April 2020
- St Helens Shared Care Record was shortlisted for the HSJ Partnership award for system and data integration

1.3. Celebrating success

The Trust continues to celebrate success internally, hosting our 15th Annual Staff Awards presentation evening in June 2019. The awards celebrate the outstanding contribution of staff and the difference they make to the lives of many patients every day of the year. The readers of the St Helens Star newspaper awarded the Dermatology Department the prestigious People's Choice Award, highlighting the appreciation that patients and their families have for the excellent care they receive.

The Trust held its third annual awards ceremony to celebrate the invaluable contribution our many volunteers make across the organisation.

These ceremonies, along with the Employee of the Month, are important ways of recognising and rewarding the ongoing dedication and commitment of staff throughout the year. In addition, positive comments received from patients continued to be shared via a weekly 'Thank You Thursday' email sent to all members of staff.



2. Section 2

2.1. About us

2.1.1. Our services

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

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

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

The Trust provides community adult nursing services in St Helens, which were delivered by North West Boroughs Healthcare NHS Foundation Trust under contract. These services were rated as good by the CQC at their last inspection in 2018-19. The Trust is now directly providing these services since April 2020.

The Intermediate Care Service has multidisciplinary input including GP, therapy, nursing and geriatrician to ensure patients receive the right level of care, in a less acute setting, admitting patients either from their own homes or from an acute hospital.

The Community Frailty Service provides Comprehensive Geriatric Assessments (CGA) for frail older people in St Helens, to enable a plan to be put in place to support them to continue to live at home. The service provides a 2 hour response for those patients who are at risk of hospital admission and a 72 hour response time for assessment of complex patients to help prevent crisis and promote wellbeing.

The Healthy Heart Team provides the cardiac rehabilitation service for patients who have had a heart attack on an 8 week programme and is based at Fingerpost Medical Centre, in St Helens town centre. The Healthy Heart Team also provide a Community Heart Failure service to the patients of St Helens, which is a Consultant-led service, delivered with nurse specialists. It offers community clinics and home visits by the nursing team. The COPD service is a community service based in Lowe House in the centre of St Helens town. This is a nurse specialist led/consultant supported service that provides home visits to avoid hospital admissions and early supported discharge from the Trust.

The CaSH Service operates clinics across St Helens and Halton. Community based clinics offer predominantly contraception services and asymptomatic screening for sexually transmitted infections (STIs). This includes provision of long acting reversible contraception (LARC). St Helens Hospital provides predominantly STI and HIV based services with an on-site laboratory offering microscopy. The service also has a dedicated health improvement team and TAZ young person's clinic (19 and under) open six days per week at The Millennium Centre in St Helens.

The Trust Board is committed to continuing to deliver safe and high quality care, set within the on-going demand and financial challenges facing the NHS. There has been a continued increase in

demand for the majority of services, as the Trust continues to be one of the busiest acute hospital trusts in the North West of England. It has an excellent track record of providing high standards of care to its population of over 350,000 people across St Helens, Knowsley, Halton and South Liverpool, as well as further afield, including Warrington, West Lancashire, Wigan and the Isle of Man.

The Trust has continued to see an increase in activity in both elective admissions and Emergency Department attendances during 2019-20, as shown in the table below. The average length of stay for non-elective admissions is 6.5 days.

	2017-18	2018-19	% change 2017-18 to 2018-19	2019-20	% change 2019-20 to 2018-19
Outpatient attendances (seen)	453,343	451,040	-0.51%	467,633	3.68%
Non-elective admissions	54,423	57,456	5.57%	56,458	-1.74%
Elective admissions	49,873	50,443	1.14%	52,141	3.37%
Births	4,094	4,051	-1.05%	3,983	-1.68%
Emergency Department attendances (as reported)	111,340	115,734	3.95%	119,158	2.96%
Emergency Department attendances (excluding GP Assessment Unit)	106,319	109,605	3.09%	112,720	2.84%

2.1.1.1. Primary and Community Services Care Group

Primary and Community Services as a Care Group was formally established in 2019 following an increase in the delivery of different community services. It was recognised that focussed energy was required to develop these further and to take advantage of future opportunities to deliver more care outside of hospital. Provision of a wider range of community services enables the effective development of pathways and joining together of resources in a consistent fashion, with a focus primarily on keeping people well in their own homes. It also allows the development and improvement of discharge pathways from the hospital.

2.1.1.1.1. Care Group Vision

The Care Group's aim is to develop consistent pathways and models of care delivery which centre around and firmly engage with the local Primary Care Networks. This helps professionals to support patients, both children and adults, to be cared for in their own home.

The focus is on ensuring consistency and consolidation of delivery and clinical pathways to ensure equitable cover for all of our population. The sharing of learning and expertise across different sectors and the strengthening of resilience in what are often underfunded and/or isolated services will also be a key benefit. This will include adult community services by strengthening the relationship and pathways between key services such as community matrons, frailty, intermediate care, specialist nursing and urgent treatment centres, recognising that these are key components of complex and same day emergency care provisions which patients may need support in accessing in the most effective way.

District nursing services, based directly in localities, engage with local GPs from the Primary Care Network to manage and coordinate care for patients. They can understand what is available locally and work as part of the multidisciplinary team (MDT) to improve the health of the localities' population.

The Trust has strengthened its role within Primary Care over the last 12 months through education and engagement, set within the context of changes arising from the new GP long term plan (NHS England 2019) and subsequent contract.

2.1.1.1.2. Developing relationships

A key role for the Trust is the proactive engagement with the developing Primary Care Networks. This interaction opens up the potential for practical discussions between services and primary care to resolve local issues and support the system to deliver care differently across historical boundaries. It also presents opportunities to pilot and trial changes using the collective resources of the network, community services and secondary care.

2.1.1.1.3. Primary Care delivery

In 2018, the Trust started to directly deliver a primary care practice in Marshalls Cross Medical Centre, on the site of St Helens Hospital. The focus has been on meeting the challenges of raising the quality of care and recruitment, to meet CQC standards and efficiently deliver a GP contract and its associated funding streams. A key driver for the Trust is to support the delivery of robust Primary Care and to look at how resources could start to be shared across multiple practices to increase resilience and standardise pathways.

2.1.1.1.4. Horizon scanning and bringing the vision to life

There are a number of development opportunities spanning the three main boroughs we serve, St Helens, Halton and Knowsley. These are outlined in more detail below:

Within St Helens, the Trust is identified as a key provider of physical health services as a successful acute trust and, more recently, as a provider of community services. This has included the direct delivery of some specialty nursing services such as a new frailty team, healthy heart (Cardiac Rehab and Heart Failure functions) and continence services. Alongside these we also deliver two intermediate care units; Duffy and Newton and sub-contract the delivery of all community nursing services including district nursing, community matrons, treatment rooms, as well as, phlebotomy services to North West Boroughs NHS Foundation Trust.

There has been a planned transition of services from Bridgewater Community Healthcare NHS Foundation Trust to both this Trust and North West Boroughs Healthcare NHS Foundation Trust, which was completed by April 2020. This saw the Urgent Treatment Centre (UTC) and IV Therapy Service join the Trust in December 2019 and a range of community children services and GP with special interests (GPSI) outpatients on 1st April 2020. These services include community paediatrics serving St Helens residents and children's continence and children's complex needs community nurses which are pan-borough with Halton.

As the Care Group has formed and the leadership capacity has strengthened, the ability to effectively deliver and support the next phase of community service transformation has begun to grow. There is a growing appetite within the system and particularly the Trust to see how we

can further enhance and develop community nursing services alongside end-to-end clinical pathways within the Trust.

2.1.2. Our staff and resources

The Trust's annual total income for 2019-20 was £447 million.

We employ more than 6,100 members of staff and we are the lead employer for Health Education North West, Health Education Midlands, Health Education East of England and Palliative Care London and are responsible for nearly 10,000 trainee specialty doctors based in hospitals and general practice (GP) placements throughout England.

The Trust recognises the importance of maintaining high quality patient care in the context of year-on-year increases in demand and on-going recruitment challenges facing the NHS. There are a number of measures in place, which are outlined below, to ensure the right staffing is in place across the Trust, including a continued year-on-year focus on recruitment and retention and the creation of new roles.

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

- LGBT+ Network
- Building a Multicultural Environment (BAME) Staff Network
- Carers Staff Network
- Armed Forces Network
- Disability Network

The Trust strives to meet the best standards of professional care whilst being sensitive and responsive to the needs of individual patients. Clinical services are organised within four care

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

The Trust acknowledges the challenges that it faces in maintaining high quality care when delivering the increased activity levels highlighted above and is working to ensure appropriate staffing levels across all areas, within the financial pressures facing the NHS. During the pandemic, a

redeployment hub was established to support the effective movement of staff to those wards and departments requiring additional staff, including Critical Care, and to provide additional training to enhance staff skills when working in different areas. In addition, the Trust saw over 250 students join the workforce supported by the Practice Education Facilitators in various roles. These new employees made a valuable contribution to patient care across the Trust.

The average staff turnover rate in the Trust for 2019-20 was 11.74%, which is 3.90% better than the national rate of 15.60% for the national acute teaching sector (latest data available is March 2020).



Significant recruitment challenges remain within specific specialties and for specific roles, in particular: medical, nursing and scientific staff. The Trust is proactive in addressing these challenges and has established the Trust 'brand' via social media as an employer of choice, using online and other media advertisement with open days and nursing campaigns. There have been on average 25 medical gaps since April 2019 and a number of actions have been taken to address these, including developing new roles such as physician associates, physician assistants and advanced clinical practitioners. The full rollout of e-rostering for the junior doctors has been completed and will support improved demand and capacity modelling to ensure the most effective use of the Trust's medical workforce.

In addition, the Trust hosts regular recruitment events and uses international recruitment to ensure vacancies are filled. The Trust has collaborated with Masaryk University, Brno, Czech Republic in the recruitment of newly qualified doctors who trained in Brno using the English syllabus since 2014. These new recruits join the Trust for two years as Clinical Fellows at foundation year one and two, to support our wards and fill the gaps and vacancies resulting from reduced numbers of allocated posts from the North West Deanery. The scheme returned to Brno in March 2020 to recruit more newly qualified doctors for the August 2020 intake, to maintain a constant stream of medical support for the Trust. To ensure these Doctors are prepared for working in the UK and at the Trust we also support their undergraduate placements with up to 14 weeks placement within Medicine, Surgery and Paediatrics before they qualify. The Brno Project provides the opportunity to reduce agency spend and maintain continuity of care. The doctors have the same opportunities to access further training in the North West, which keeps the talent pool local. They are a valuable asset to the Trust and our delivery of patient care.

The Trust is also exploring all possible opportunities to attract and retain nurses, midwives, operating department practitioners (ODPs) and allied health professionals (AHPs), including:

- On-boarding and retention of new and existing staff including flexible working, self-rostering, itchy feet discussions, career clinics, assigning a buddy, welcome packs/information, retire and return initiatives
- An active recruitment programme for the nursing and midwifery workforce, ongoing throughout the year, both locally and internationally
- Delivering apprenticeship programmes, from local health care cadets at further education colleges through to part-time registered nurse degrees and ODP apprenticeships
- Implementation of the new nursing associate role with 15 trainees due to complete their training in March 2021 and a further 24 to commence training in September 2020
- Implementing the St Helens and Knowsley Teaching Hospitals NHS Trust Preceptorship Plus and Foundations in Clinical Leadership, alongside a nursing leadership development programme which will be further developed across other professions
- Implementation of e-rostering, e-job planning and activity manager for allied health professionals to ensure the most effective rostering and planning of work

Nursing and midwifery safer staffing levels are reported externally, with details of the total planned number of hours of registered and care staff measured against the total number of actual hours worked to produce a monthly fill rate as a % for nights and days on each ward. Agency, bank, overtime, extra time hours, discharge coordinators and ward managers' supernumerary management days are included in the actual hours worked totals in accordance with the guidance. The acceptable monthly fill rate is 90%

and over, which the Trust consistently exceeds overall. There is Executive Committee scrutiny of the individual areas that fall below 90% each month to review the actions in place to reduce the risk of any recurrence. The safer staffing figure, however, does not analyse skill mix or the impact of temporary staff on a shift-by-shift basis, which can have an impact on the quality of care provided. The Trust has an embedded daily process for reviewing nurse staffing levels across the Trust, with a daily matron huddle, that ensures all areas have appropriate nursing staff and skill mix to support the delivery of high quality care and to maximise patient safety. The introduction of SafeCare Allocate in 2018-19 has enabled more effective review of staffing levels and patient acuity by ward.

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

2.1.3. Our communities

The communities served by the Trust are characterised by their industrial past, with the local population being generally less healthy than the rest of England, with a higher proportion having at least one long-term health condition. Many areas suffer high levels of deprivation, which contributes to significant health inequalities among residents, leading to 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. In addition, it is anticipated

that the elderly population will continue to grow significantly over the next ten years, which is likely to increase the incidence of diseases linked to older age and potentially increase demands on health and social care services in our local area. The local population is growing faster than the national average, with an increasing proportion of people aged over 65 as noted above.

2.1.4. Our partners

The Trust continues to be fully engaged in the work of the health and care partnership in Cheshire and Merseyside, leading on a number of the priority work programmes on behalf of the health system. In line with the requirements of the NHS Long Term Plan, published in January 2019, the Trust contributed to the development of the Cheshire and Merseyside system five year transformation plan and is planning on a system basis for future years.

The Trust continues to work with other providers across Cheshire and Merseyside to develop the detailed plans for a Pathology Services Network. Work is also progressing to establish Rapid Diagnostic Centres for cancer diagnosis and create an Eastern Sector Cancer Hub that will improve access to chemotherapy for patients with cancer who live in St Helens, Knowsley, Halton or Warrington.

The Trust is a partner in three "Place" systems, working with the Local Authority and Clinical Commissioning Groups (CCGs) and other agencies to create local care systems for St Helens, Knowsley and Halton. Each Borough has a different approach and is proposing different solutions based on their geography and populations, with a common purpose to facilitate greater collaborative and integrated working across organisational boundaries to improve the health of residents.

Examples of how the Trust has worked with its partners to deliver more integrated care during 2019-20 include;

- Working with Halton, Knowsley and St Helens boroughs to reduce the number of delayed discharges and long stay patients, who can be cared for in community settings and do not need to stay in an acute hospital bed
- Employing reablement staff to support rota gaps in community teams and delivering the discharge to assess model of care to support a reduction in long-term social care needs
- Expanding Community Frailty Services, which provides early assessment and intervention in the Emergency Department or in the individual's home to prevent a hospital admission
- Direct delivery of the entire Frailty Team in St Helens and providing clinical leadership and oversight for Knowsley and Halton Frailty Teams
- Participating in the Primary Care Networks (PCNs) that have been created in each CCG to improve access to primary care
- Hosting of PCN pharmacists
- Creation of an integrated discharge team and common assessor roles
- Working with Halton CCG to improve the utilisation and performance of the Widnes Urgent Treatment Centre (UTC)
- Direct management of the UTC in St Helens with a view to transforming urgent care pathways, supporting better patient experience and reducing the number of patients deflected to the Emergency Department (ED)
- Working collaboratively with St Helens CCG to improve diabetes care in primary and community care with specialist support, which will be expanded to other CCG areas
- Working with care homes to provide education and training on pressure ulcer prevention
- Expansion of the shared care record to other agencies, which allows all parts of the health and care system to view a patient's information
- Working together to maximise both community and hospital bed capacity to cope with the increased demands of winter
- Leadership of the Mid-Mersey Accident and Emergency Delivery Board, which coordinates and standardises the approach to urgent and emergency care across primary, community and secondary care services. This includes the inputs from Social Care services that enable a whole system response, to seeing and treating people in the most appropriate setting in a timely manner
- The Trust became the Hyper Acute Stroke Unit for Mid-Mersey from 1st April 2019, with all patients receiving their initial specialist care and treatment for a stroke at Whiston Hospital
- Clinically leading the Cheshire and Merseyside endoscopy optimum pathway work stream
- Developed the vague symptom and site specific Rapid Diagnostic Services (RDS)
- Led on the implementation for faecal immunochemical test (FIT) for Cheshire Merseyside Cancer Alliance, which went live in February 2020
- Working in partnership as part of the collaborative commissioning forum to support development of sustainable services for the local population

Attendance at the Health and Wellbeing Boards (or equivalent) in our catchment boroughs helps the Trust to respond to the local health improvement priorities and develop strategies with commissioners to target specific population groups.

The Trust actively participates in the mid-Mersey patient safety and healthcare associated infection collaborative. This includes working in partnership with primary care, Local Authorities and commissioners to ensure the services we provide meet the needs of our local population and to share lessons learned as widely as possible.

Staff attend and contribute to a wide range of expert clinical groups both locally and nationally to ensure that the Trust continues to provide services based on best practice evidence. This includes;

- Hosting the North West Hospitals Falls Forum which allows falls nurses from across the region to share best practice and to learn from each other.
- North West Infection Prevention Society meetings to share new guidance, innovations and best practice
- North West intravenous/aseptic non-touch technique (ANTT) forum meetings
- Antimicrobial resistance collaborative which is, for example, standardising the guidance and pathways for urinary tract infection management
- Work on the identification and timely thromboprophylactic management of atrial fibrillation to prevent stroke
- Well-established collaboration with Edge Hill University on the development of their new undergraduate medicine curriculum to widen access to medical training
- Collaboration with University of Liverpool to widen access to medical training (the Anfield Project)
- Working with Liverpool John Moores University to develop extended roles (including non-medical prescribing) for nurses, physiotherapists and other health professionals

On 21st November 2019 the Sepsis Team held its first conference with the event introduced by Ann Marr, Chief Executive. Dr Ron Daniels, one of the founders of the UK Sepsis Trust gave an overview of sepsis and a 27 year old sepsis survivor shared their difficult journey. Key speakers came from Urgent Care 24, North West Ambulance Service, Alder Hey Children's NHS Foundation Trust, St Helens and Knowsley Teaching Hospitals NHS Trust and the UK Sepsis Trust.



The Trust continues to maintain close working relationships with Healthwatch, NHS England/Improvement (NHSE/I) and the Care Quality Commission, as well as local voluntary organisations that work with people in their own communities and homes to prevent hospital admissions.

There is excellent partnership working with the construction and facilities services providers at the Trust which ensures that we continue to offer an excellent environment and facilities for patients, visitors and staff. The Estates and Facilities Team provided an incredible service in making adaptations in a number of areas in response to the pandemic, including structural changes to support infection prevention.

At the end of 2019-20, the first effects of the COVID-19 pandemic were felt with a major incident being declared nationally by the UK government at the end of January and for the health service in March. This resulted in the suspension of much of the routine business for the whole of health and social care, as the main focus turned to preparing for and managing the expected surge in coronavirus cases.

A command and control structure was put in place by NHSE/I for the North West region and within each of the localities there were hospital and out of hospital “cells” which directed and coordinated the service response. The Trust’s Chief Executive was the hospital cell commander for Cheshire and Merseyside, ensuring that the 12 acute hospital trusts in the region worked closely together to optimise the capacity to care for acutely ill patients with coronavirus symptoms.

2.1.5. Technology and information

St Helens and Knowsley Health Informatics Service (HIS) continues to deliver organisational and integration projects across the health and social care organisations within the St Helens and Knowsley footprint. Making the right choice when it comes to optimising existing or new technology, whilst ensuring a strategic fit to the wider integrated programme of change, has been the key to the successes that have been achieved to date. All developments are in full alignment with the Trust’s objectives as well as the NHS Long Term Plan, Sustainability and Transformation Plan (STP) Digit@ll strategy, Place Based and Shared Care support.

The Trust has already achieved the largest digital change it has undertaken to date, with the replacement of the previous Patient Administration System with the new Medway in 2018. The implementation included Order Communications for Pathology and Radiology

tests and results and the Emergency Department IT system. The Trust is now well on the way towards having a comprehensive, fully digitised patient record. Since the initial implementation, the Trust’s digital journey has continued with the deployment of eVitals (to collect and record patients’ observations) across ward areas and the Emergency Department in a fast paced eleven week deployment. The replacement of the wireless network in February 2019 was a key enabler to this allowing the collection of electronic observations using mobile devices at the patient bedside.

As a result of these improvements, the Trust is now demonstrating more than 99% compliance with NHS England's Commissioning for Quality and Innovation (CQUIN) framework for patient observation recording and, more importantly, improving the quality and timeliness of care for patients who are deteriorating.

2.1.5.1. Clinical Systems

An upgrade to Medway in autumn 2019 saw the inclusion of past history data to assist clinicians with their planned care of patients. In addition, child protection information is now available to appropriate users across the Medway user base.

Again, supporting our clinicians and patient journeys through the hospital, an electronic handover (eHandover) system was deployed, enabling clinicians to collaborate with each other to refer patients for surgery, paediatrics and other types of care using mobile technology and safe, secure communications.

The implementation of two-way text messaging now allows patients to cancel or rearrange outpatient appointments on their mobile devices, opening up yet more channels of communication and helping to avoid unforeseen non-attendance at hospital appointments which is costly and inefficient.

The Trust has also implemented a Telehealth solution, initially within the Stroke and Burns and Plastics services, through partnerships with other technology software suppliers. Telehealth offers a wider choice for some patients who are now able to have appointments with clinicians from the comfort of their home. Within these specialties, this option of appointment is unanimously supported as the patients preferred method of contact, which in turn, results in greater and more efficient utilisation of clinical resources and provision in outreach areas. This award-winning Telehealth project is already a huge success amongst patients and clinicians alike, improving access for patients and reducing did not attend (DNA) rates. A follow-up project is in progress to extend the solution across other specialties using the tried and tested processes across the wider health economy.

In June 2019, e-Prescribing (the electronic generation, transmission, and completion of a medical prescription) was launched across Surgical wards in the hospital, after a successful deployment in 2018 across Medicine. This means appropriate medication is given to patients, reducing unnecessary life-threatening exposure to adverse drug related accidents and reducing delayed and missed doses. It also means, for clinicians, the provision of decision support at the point of prescription, improved legibility, a reduction in transcription errors and improved and effective communication between pharmacists and medical and nursing staff. The number of missed doses has decreased significantly, and throughout 2019 there was a steady decrease in reportable incidents.

2.1.5.2. Safe and Secure Systems

Cyber-attacks to the NHS have increased and, as the Trust moves forward in its digital maturity, the safety and security of the IT systems and infrastructure are of utmost importance. The Informatics Team has moved forward, significantly, in its cyber technology programme with the implementation of state of the art systems to protect its partner organisations' systems and data from cyber threats. With the implementation of a dedicated cyber security and management team and the investment in an Intrusion Detection System, Informatics will ensure adequate protections for the Trust and partner organisations.

2.1.5.3. Back to Basics Technology

The safety of the infrastructure is an ongoing priority for St Helens and Knowsley Health Informatics Service and any clinical system deployments can only be successful if the underlying technical infrastructure is robust. The Informatics Team has continued to strengthen the infrastructure and IT platforms on which all the Trust's critical systems reside. A 'back to basics' approach has included significant replacement of the fundamental IT infrastructure including core network equipment, server equipment and the replacement of several hundred computers as part of the NHS mandate to migrate to the Microsoft Windows 10 operating system. This project will ensure that all computers across the Trust and its partner organisations are fit for purpose, faster and therefore allow increased productivity for staff and services.

The deployment of Windows 10 allows for improved security of both staff and patient data using enhanced security features, delivered in real time, to protect against cyber threats. This includes the detection of viruses, phishing and malware before they are able to spread. These enhanced security features allow the protection of devices and users 24 hours a day, 7 days a

week and with the new hardware users will experience a reduction in downtime, which will in turn reduce the impact of such events on patients. The new hardware, with all its benefits, enhances the staff experience, thereby developing confidence in the Digital Systems which are so intrinsic to patient care.

The Windows 10 project is a cross-organisational initiative, led by St Helens and Knowsley Health Informatics Service, meaning that partner organisations will reap the same benefits in terms of safe, secure and reliable hardware. This is critical because the needs of the local population can only be achieved through the collaboration between the hospital and the other key health and social care services in this area.

2.1.5.4. St Helens Shared Care Record

Aside from the hardware, the Informatics Team has been a key enabler for the digital innovations that are required for the system-wide collaboration and this can be seen particularly through the St Helens Shared Care Record (SHSCR). A year following implementation, the SHSCR is a key enabler to those clinicians whose role relies on access to complete and accurate patient data.

The shared care record has developed over the last year so that:-

- Health and social care workers have the most up-to-date and accurate information about each patient's health, medications, treatment and care plan
- Patients get the right treatment and care in the most appropriate place
- There is a reduction in duplicate appointments and tests
- There is a reduced need for patients to repeat their medical or social care history to different care providers

The SHSCR is now accessed by staff at the Trust, Social Care teams, North West Boroughs Healthcare NHS Foundation Trust clinicians, GPs and community workers. The SHSCR presents information digitally and directly to care professionals, removing the need for staff to send emails or make phone calls for information about a patient. This important initiative has brought significant time savings, efficiency and care benefits.

Clinicians working in the hospital's ED now have access to primary care information, including current medications and medical history, at the touch of a button. This has become especially relevant in the evenings or at weekends where previously the staff would have had to phone the GP out of hours' services to try and locate the relevant GP record, wasting valuable time in an area of healthcare where time is often of the essence.

Clinician

"The shared care record is a life-saver! Having all the GP information easily accessible has absolutely been a Godsend. It cuts down time spent trying to access a patient's record and is invaluable out of hours".

Pharmacist, Whiston Hospital

"SHSCR has saved us time when completing medicines reconciliation as we do not have to ring a GP surgery and request a fax of patients' medications. I would say it can save a minimum of 10 minutes per patient."

2.1.5.5. Health and Social Care Network (HSCN)

Again, helping to improve the sharing of appropriate data across care providers, the HSCN is a new data network for health and care organisations which replaced N3. It provides the underlying network arrangements to help integrate and transform health and social care services by enabling them to access and share information more reliably, flexibly and efficiently.

The Trust migrated to HSCN from N3 in August 2019. The introduction of GovRoam, a national system which promotes agile working means that clinicians and staff can now access systems from any NHS location in the Health and Social Care Network footprint.

We continue to support the formation of Primary Care Networks, providing shared infrastructure, as well as shared projects across the health and social care partnership footprint.

2.1.5.6. Significant Assurance

Locally and nationally the IT services within the Trust are recognised as leading edge.

Mersey Internal Audit Agency (MIAA) completed an audit of the Trust's Informatics Governance Toolkit submission (as required of larger NHS organisations) and the Trust maintained their rating of 'Significant Assurance'.

The operational and technical teams continue to be committed to delivering the technology that will culminate in every healthcare professional being able to access real time, comprehensive and secure patient information, wherever they are delivering care. The Trust will continue along its Digital Maturity journey, working with our strategic supplier, System C, to deliver the new functional components of the CareFlow solution.

We will continue to harness our Chief Clinical Information Officer (CCIO) expertise and their clinical networks to engage and collaborate widely across the clinical user base, promoting clinical champions and ultimately delivering the Trust vision of 5-star patient care.

The journey for Clinical Digital Maturity is well underway and it is evident that clinicians are benefitting from digital systems, which are supporting the delivery of care. The drive to deliver digital transformation of our hospitals and financial constraints remain and despite this, the Trust moved from being the 178th ranked Trust on the Clinical Digital Maturity Index (CDMI), to 19th in less than a year which is a significant achievement.

2.2. Summary of how we did against our 2019-20 Quality Account priorities

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

2.2.1. Progress in achieving 2018-19 quality goals

Quality Improvement Goal	Outcome delivered	Progress
Ensure timely and effective assessment and delivery of care within the Emergency Department	<p>Achieved</p> <p>Achieved</p> <p>Achieved</p> <p>Improvement</p>	<p>First Clinical Assessment < 2hours The average time to first clinical assessment for 2019-20 was 100 minutes, which is under the 120 minute target.</p> <p>Compliance with national early warning score (NEWS) policy All patients have observations completed on arrival in line with the NEWS2 protocol. Any patients who require repeat observations or who trigger, are escalated accordingly so that acutely unwell patients are reviewed by a middle grade or senior medic in a timely manner. To improve compliance with the escalation protocol, daily audits have been implemented, undertaken by senior nursing staff. This has improved compliance as planned; from August 2020, all NEWS scores will be visible on the Emergency Department Tracker screen on Medway, clearly highlighting acutely unwell and deteriorating patients at a glance.</p> <p>Sepsis screening The Trust achieved over 93% compliance with sepsis screening and treatment for Q4 against the previous CQuIN targets in ED.</p> <p>Triaged within 15 minutes The average time to triage remained above 15 minutes due to the increased activity, however, this reduced over the year from 28.3 minutes in quarter 1 to 24.8 minutes by quarter 4. Further improvements were made in quarter 1 of this year to 17.1 minutes.</p>
Maximise the effectiveness and utilisation of new electronic systems to improve the timeliness and effectiveness of patient care	Achieved	<ul style="list-style-type: none"> Following further rapid deployments in June across a number of wards, electronic prescribing and medicines administration (ePMA) is now live across all of Medicine and Surgery at St Helens and Whiston sites with the exception of Critical Care step down/Endoscopy and Radiology. Implementation into these 3 areas is currently in scope for phase 4 of the ePMA project, which will be completed in Q1 2020-21. Work is underway in conjunction with the Information Team to review the process of transfer/discharge to Newton to ensure the maximum benefits of ePMA are achieved. <ul style="list-style-type: none"> Early indications demonstrated a significant reduction in the number of recorded medication incidents on Datix. Electronic recording of patient observations is now live across all of the Trust inpatient areas via NEWS2, paediatric early warning score (PEWS) and modified early obstetric warning score (MEOWS) and supporting staff in the early

Quality Improvement Goal	Outcome delivered	Progress
		<p>detection of deteriorating patients. Additional work is underway with our suppliers to develop observation models that will support paediatric patients who attend ED. This will be live by the end of 2020.</p> <ul style="list-style-type: none"> - NEWS2 is a sensitive tool, altering the Medical Emergency Team (MET) to deteriorating patients. There has been an increase of patients who have alerted and have consequently been reviewed prior to requiring a full MET call (newly identified as Tier 1 calls), particularly out of hours when the patients' own clinical team are not on site. There has been a reduction in the number of cardiac arrests from April 2019 to January 2020 from 0.87 per 1000 admissions to 0.66 and a reduction in transfers to critical care (following an emergency call). This indicates that the detection and initial treatment of deteriorating patients are being made in a more timely fashion. • eHandover (Careflow Connect) is live in Paediatrics, General Surgery, Urology and ED. Plans to progress eHandover to medicine are underway along with Burns and Plastics and Trauma and Orthopaedics. Functionality to include photography is also being explored. Specialist Nursing Teams are being engaged with to continue with expansion of the system. • Child Protection Information Sharing (CP-IS) went live in May 2019 and is now being used across urgent care settings and maternity departments. This alerts the relevant authorities when a child or expectant mother with a child protection plan in place presents to these settings. <ul style="list-style-type: none"> - Within the first 5 weeks, 81 children from across the UK passed through the care of the Trust creating alerts on CP-IS. These notifications ensure that the relevant authorities in the different areas were alerted so that the right action could be taken by safeguarding teams. • Patient Communications – 2-way text messaging went live in July 2019. This enhanced the appointment reminder texts already in place, by giving the patient the option to reply with a confirmation/cancel/re-book. <ul style="list-style-type: none"> - This showed a reduction in “do not attend” incidents by around 2% across the Trust. • Major Medway Upgrade completed in September 2019 providing a foundation on which future digital solutions will be built, maximising the investment in the Patient Administration System in 2018. • Windows 10 – deployment commenced across the Trust to move all personal computers (PCs) and laptops to the Windows 10 platform, removing Windows 7 from the Trust's infrastructure, as this will no longer be supported by Microsoft in January 2021. • TeleHealth – following successful pilots in 2 areas, (6 months Stroke Review and Drains Outreach Service), the Refero platform was upgraded to enable integration with Medway. This means that appointments can be booked via the Trust standard business process for booking patients into Telehealth clinics and sending out instruction emails.

Quality Improvement Goal	Outcome delivered	Progress
		<p>Appointment reminders can be pushed direct to patients' devices.</p> <ul style="list-style-type: none"> - Early implementation saw non-attendance rates for the six-month Stroke Review service drop from around 25% to 10% • Maternity Upgrade – In February 2020, the first of three upgrades to the Maternity Medway System was successfully completed. These upgrades will allow the Trust to comply with Maternity Service Data Set (MSDS) requirements. Clinicians will now be able to input the required data, and together with a Business Intelligence upgrade, the Trust can report on these in accordance with Clinical Negligence Scheme for Trusts (CNST) national requirements.
<p>Increase the proportion of patients who report that they have received an appropriate amount of information to meet their needs in a way they can understand</p>	<p>Improved</p>	<ul style="list-style-type: none"> • Detailed analysis of the information questions in the latest patient survey report highlights some initial improvement in the questions relating to receiving appropriate information following surgery and receiving understandable answers to questions from doctors. • Further work is required to improve the information provided on discharge and embedding the recently re-launched discharge leaflet, which includes space for personalised information.



2.3. Quality priorities for improvement for 2020-21

The Trust's quality priorities for 2020-21 are listed below, with the reasons why they are important areas for quality improvement. The views of stakeholders and staff were considered prior to the Trust Board's approval of the final list. The consultation included an online survey that was circulated to staff, commissioners and patient representatives, as well as placed on the Trust's website for public participation. In addition, Healthwatch members of the Trust's councils were asked for their views on what should be included in the list of priorities.

The consultation was undertaken using SurveyMonkey with 77 responses received in total. This was a significant reduction on the 163 received last year, potentially due to the impact of the pandemic as the survey was undertaken in March. Analysis of the responses has shown overwhelming support, in particular for improving the effectiveness of discharge. All priorities received over 93% agreement.

Quality Domain: Patient Safety				
Objective	Rationale	Lead Director	Measurement	Governance Route
Continue to ensure the timely and effective assessment and care of patients in the emergency department	The Trust remains committed to providing the timely assessment and delivery of appropriate care to maintain patient safety, whilst also responding to increased demand for services	Director of Operations and Performance	<ul style="list-style-type: none"> • Patients triaged within 15 minutes of arrival • First clinical assessment median time of <2 hours over each 24 hour period • Compliance with the Trust's Policy for National Early Warning Score (NEWS), with appropriate escalation of patients who trigger confirmed via regular audits • Compliance with sepsis screening and treatment guidance confirmed via ongoing monitoring • Compliance with safety checklists to ensure timely assessment and treatment of patients confirmed via regular audits 	Quality Committee

Quality Domain: Patient Safety				
Objective	Rationale	Lead Director	Measurement	Governance Route
Reduce incidents of pressure ulcers due to possible lapses in care	A key Trust priority is patient safety and embedding a culture of safety improvement that reduces harm. In 2019-20 there has been an increase in the number of category 2 pressure ulcers (denoting an open wound), although the Trust has maintained its performance in reducing/preventing category 3 (a wound reaching the deeper layers of the skin) and category 4 pressure ulcers (very deep wounds reaching muscle or bone).	Director of Nursing, Midwifery and Governance	<ul style="list-style-type: none"> Quarterly audit to confirm compliance with Trust policy in the identification of patients at risk of developing pressure ulcers 10% reduction in category 2 pressure ulcers due to possible lapses in care from 2019-20 baseline 	Quality Committee

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

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

2.4. Statements relating to the quality of the NHS services provided by the Trust in 2019-20

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

2.4.1. Review of services

During 2019-20, the Trust provided and/or sub-contracted £357m NHS services.

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

The income generated by the NHS services reviewed in 2019-20 represents 97% of the total income generated from the provision of NHS services by St Helens and Knowsley Teaching Hospitals NHS Trust for 2019-20.

The above figures relate to income from patient care activities. The remaining 18% of total operating income mainly arose from NHS North West Deanery for the education and training of junior doctors, services provided to other organisations, such as IT, HR and Pathology Services, and Private Finance Initiative (PFI) support funding.

2.4.2. Participation in clinical audit

2.4.2.1. Participation in Quality Account audits 2019-20

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

It should be noted that some audits are listed as one entity on the published list, however, will

involve a number of individual projects being undertaken under this single heading, e.g. NCEPOD; as detailed below:

Therefore, the total number of individual audits undertaken equates to 49 during 2019-20.

- National Confidential Enquiry into Patient Outcome and Death (NCEPOD) - 3 individual audits
- Chronic Obstructive Pulmonary Disease (COPD) Audit Programme - 3
- National Gastro-intestinal Cancer Programme - 2

During 2019-20, 40 national clinical audits and 3 national confidential enquiries covered relevant health services that St Helens and Knowsley Teaching Hospitals NHS Trust provides.

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

The table below shows:

- The national clinical audits and national confidential enquiries that St Helens and Knowsley Teaching Hospitals NHS Trust was eligible to participate in during 2019-20
- The national clinical audits and national confidential enquiries that St Helens and Knowsley Teaching Hospitals NHS Trust participated in during 2019-20
- The national clinical audits and national confidential enquiries that St Helens and Knowsley Teaching Hospitals NHS Trust participated in, and for which data collection was completed during 2019-20, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry

National clinical audits and clinical outcome review programmes		Eligible	Participated	Rate of case ascertainment % submitted
1.	National Cardiac Audit Programme (NCAP) (includes the Myocardial Infarction National Audit Programme- MINAP)	Yes	Yes	Continuous monitoring
2.	National Heart Failure Audit	Yes	Yes	Continuous monitoring
3.	British Association of Urological Surgeons (BAUS): Female Stress Urinary Incontinence	Yes	Yes	100%
4.	BAUS: Urology Audits: Nephrectomy	Yes	Yes	100%
5.	BAUS: Percutaneous Nephrolithotomy	Yes	Yes	100%
6.	Rheumatoid/Early Inflammatory Arthritis Ncareia	Yes	Yes	Continuous monitoring
7.	British Thoracic Society (BTS) Smoking Cessation	Yes	Yes	100%
8.	UK Cystic Fibrosis Registry	Yes	Yes	Continuous monitoring
9.	National Joint Registry (NJR)	Yes	Yes	Continuous monitoring
10.	Inflammatory bowel disease (IBD) programme (registry)	Yes	Yes	Continuous monitoring
11.	National Cardiac Arrest Audit (NCAA)	Yes	Yes	Continuous monitoring
12.	Intensive Care National Audit & Research Centre (ICNARC) Case Mix Programme (CMP)	Yes	Yes	100%
13.	Sentinel Stroke National Audit Programme (SSNAP)	Yes	Yes	100%
14.	NCEPOD (surgery and medical) <ul style="list-style-type: none"> • Acute bowel obstruction • Dysphagia • Out of hospital cardiac arrests (OHCA) 	Yes	Yes	85% 100% 100%
15.	National audit of care at the end of life (NACEL) - round 2	Yes	Yes	100%
16.	Elective Surgery National Patient Reported Outcome Measures (PROMs) Programme	Yes	Yes	Continuous monitoring
17.	National Diabetes Audit (NDA) (18-19 Data Set)	Yes	Yes	Active
18.	National gastro-intestinal cancer programme <ul style="list-style-type: none"> • Oesophago-gastric cancer (NAOGC) • Bowel Cancer (NBOCA) 	Yes	Yes	Continuous monitoring

National clinical audits and clinical outcome review programmes		Eligible	Participated	Rate of case ascertainment % submitted
19.	UK Parkinson's Audit 2019	Yes	Yes	100%
20.	Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	Yes	Yes	Active
21.	Reducing the Impact of Serious Infections (Antimicrobial Resistance and Sepsis)	Yes	Yes	Active
22.	Surgical Site Infection Surveillance Service	Yes	Yes	Active
23.	Perioperative QI programme	Yes	Yes	Active
24.	National Emergency Laparotomy Audit (NELA)	Yes	Yes	Continuous monitoring
25.	College of Emergency Medicine (CEM) ED Cognitive Impairment Older People	Yes	Yes	Active
26.	CEM ED Care of Children	Yes	Yes	Active
27.	CEM ED Mental Health Care	Yes	Yes	Active
28.	National Ophthalmology Audit	Yes	Yes	Continuous monitoring
29.	Epilepsy 12-(round 3)-paediatrics	Yes	Yes	Active
30.	National Maternity and Perinatal Audit (NMPA)	Yes	Yes	Continuous monitoring
31.	National Neonatal Audit Programme (NNAP)	Yes	Yes	Continuous monitoring
32.	(Paediatric) NPDA 19-20	Yes	Yes	100%
33.	National Hip Fracture Data Base	Yes	Yes	Continuous monitoring
34.	National Asthma and COPD Audit Programme (NACAP) <ul style="list-style-type: none"> • COPD audit • National NACAP Asthma (adults) • NACAP asthma (children) 	Yes	Yes	Continuous monitoring
35.	National Lung Cancer Audit (NLCA)	Yes	Yes	Continuous monitoring
36.	National Audit of Dementia (NAD)	Yes	Yes	Active
37.	National Audit-Breast Cancer in Older Patients (NABCOP)	Yes	Yes	Active

National clinical audits and clinical outcome review programmes		Eligible	Participated	Rate of case ascertainment % submitted
38.	National Prostate Cancer	Yes	Yes	Active
39.	Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Yes	Yes	Continuous monitoring
40.	Society for Acute Medicine's Benchmarking Audit - Acute Medical Unit (SAMBA – AMU)	Yes	Yes	100%
41.	Trauma Audit & Research Network (TARN): Major Trauma Audit-ED	Yes	Yes	Continuous monitoring
42.	National Audit of Seizure Management (NASH3)	Yes	Yes	100%
43.	National Audit of Cardiac Rehabilitation: NACR	Yes	Yes	Continuous monitoring



2.4.2.2. Other National Audits n29 (Not on Quality Account list 2019-20)

National audits
Fitness for older patients
Magseed and wire/roll localisation
Rapid access chest pain clinic (RACPC) audit programme
Flash glucose monitoring audit – paediatrics (freestyle libre)
Flash glucose monitoring audit - adults (freestyle libre)
National diabetes foot care audit (NDFA)
Tranexamic acid in hip fracture surgery: the paths study
Seven-day hospital services
National audit of neo-adjuvant systemic therapy
Diverticular abscess management: an international snapshot audit
Management of major haemorrhage
National diabetes inpatient audit 2019
National audit of intermediate care (NAIC)
Each baby counts – national quality improvement project (QIP)
Perinatal mortality review tool (PMRT) programme
Gap score audit (standardised case outcome review and evaluation) missed cases
National children and young people diabetes and quality programme
Breast and cosmetic implant surgery
National 3rd corrective jaw treatment audit
Learning disability mortality review programme (LeDeR)
National comparative re-audit of the medical use of red cells 2019
National audit of non-melanoma skin cancer excisions by plastic surgery
Haem-star “flash-mob” thrombotic thrombocytopenic purpura (TTP) audit
Diverticular abscess management: an international snapshot audit (DAMASCUS)
Compass: Management of complicated intra-abdominal collections after colorectal surgery
Mastitis and mammary abscess management: mamma- multicentre/ national
BAD 2020: national clinical audit on management of hidradenitis suppurativa
Sepsis review Health & Care Partnership for Cheshire & Merseyside through AQuA

The reports of 60 national clinical audits were reviewed by the provider in 2019-20 and St Helens and Knowsley Teaching Hospitals NHS Trust has taken and intends to take the following actions to improve the quality of healthcare provided:

Audit Title	Outcome/actions
Emergency Department	
National RCEM: 2017-18 procedural sedation audit: 733 17/18	A new pro forma has been designed and education delivered to staff New advice leaflets have been written.
National RCEM 17/18: management of pain in children: 732 17/18	Looking at developing triage prompts/stickers and how we can incorporate this into nurse training in Paediatrics Emergency Department (ED). Pain charts and posters have been displayed. A quality improvement project (QIP) is being undertaken to look at the best ways to empower parents to re-evaluate pain and request more analgesia as/when required.
National RCEM audit 2017-18 : fractured neck of femur audit (#NoF) 734 17/18	ED consultant link with Orthopaedics established. Amendments have been made to the Trust's NoF pathway. This is to include guidance on the use of computerised tomography (CT) and magnetic resonance (MR) scans for patients with normal X-rays, who are still felt clinically to have a query fracture NoF. Also to include guidance on pain relief, including the use of fascia iliac blocks. Amending the pathway to incorporate prompts for pain scores at 30 minutes, after analgesia, and then hourly thereafter.
RCEM Feverish Child	The audit showed some positive results, appropriate screening and management as per NICE guidance and good use of sepsis screening tool. Further review of the pathway and tool will be undertaken to assist with decision making
RCEM Vital Signs	The audit showed some areas of 100% compliance To ensure that the 15 minute target for triage is met, staffing was reviewed and a second triage nurse will be trialled. In order to ensure repeat abnormal observations are taken and acted upon, ER Doctors are to review NEWS >5 patients in the zones or waiting room
RCEM VTE Risk Assessment in Lower Limb Immobilisation	Improvements in VTE prophylaxis assessment shown throughout the audit period. A new patient advice leaflet for VTE risk in patients in lower limb immobilisation to be developed. To improve documentation further a sticky label is to be designed to go on the notes to show decision making following assessment
Severe Trauma: Trauma Audit & Research Network (TARN)	Reports and TARN Dashboard are continuously reviewed locally and by the Cheshire & Mersey Major Trauma Network / Operational Delivery Network - no further clinical actions

Audit Title	Outcome/actions
Paediatrics	
National Paediatric Diabetes Audit Results 2017/18 data	<p>Improvements have been shown compared to the previous audit data (2016/17)</p> <p>Monthly MDT meetings to discuss and monitor patients with high HbA1c</p> <p>Further work has been undertaken to improve the did not attend (DNA) rates so annual health reviews can be undertaken:</p> <ul style="list-style-type: none"> • Review undertaken during a hospital admission • Telephone reminders and appointment cards handed out / posted for each clinic
Critical Care	
ICNARC Intensive Care National Audit Research Centre	<p>Whiston Hospital participates in ICNARC – Case mix programme – collecting information on all patients admitted to Critical Care – this information produces quarterly quality reports measuring quality indicators with other Critical Care Units – 100% General Critical Care Units participate within England, Wales & Northern Ireland.</p> <p>This information is shared with all relevant members of staff highlighting areas of excellence & any areas that require review – robust systems in place to ensure information is reviewed and relevant action plans are implemented.</p>
Cardiology	
MINAP Myocardial Ischaemia National Audit Programme	<p>This ongoing project is now part of the National Cardiology Audit Programme. After the implementation of the new NICOR Portal last year, all initial teething problems appear to have been overcome and the portal runs smoothly. Data are submitted on a daily basis and, validated monthly, by the MINAP co-ordinator. A new system for exporting data has been introduced which makes validation and reporting easier. While this data is used nationally to improve patient pathways, it is also used by our own clinicians for local audit purposes.</p> <p>As part of this Trust's continuous monitoring, compliance with the provision of Secondary Prevention Medication on discharge is reported, our Trust consistently achieves a high standard with compliance and systems are in place to ensure that any deviation from this is addressed without delay.</p>

NCEPOD: (National Confidential Enquiry into Patient Outcome and Death)/Child Health Programme

<p>The Trust has participated in all eligible studies during 2019-20. Completed study reports have been disseminated and reviewed with report recommendations implemented or planned.</p>	
<p>Current Active Studies:</p> <ul style="list-style-type: none"> • Dysphagia In Parkinson's Disease <p>Completed Studies 2019/20:</p>	<ul style="list-style-type: none"> • Out of Hospital Cardiac Arrest • Mental Health Conditions in Young People • Pulmonary Embolism • Acute Bowel Obstruction

Audit Title	Outcome/actions
Child health chronic neuro-disability 252 15 16	<p>Actions include the creation of a joint policy for cerebral palsy with Community Paediatricians</p>

2.4.2.3. Local clinical audit information

The reports of 172 local clinical audits were reviewed by the provider in 2019-20 and St Helens and Knowsley Teaching Hospitals NHS Trust has taken and intends to take the following actions to improve the quality of healthcare provided:

Audit Title	Outcome/actions
Emergency Dept. (ED)	
Management of cervical-spine fractures	Implementation of c-spine pathway to aid management of this injury
Flu swabs in the ED: quality improvement project (QIP)	Results found that generally flu swabs are being taken on appropriate patients Posters to highlight indications for the flu swabs have been put up around the ED leading up to and during the Flu season 2019-20. Re-audit planned
General Surgery: Breast Surgery	
Breast referrals to Burney Breast Unit–(NICE)	The audit found inappropriate referrals related to breast pain were in the majority. To target the most common issue of breast pain, a new pro forma has been introduced.
General Medicine:	
Acute Medical Unit (AMU) /Haematology	
Ambulatory anaemia management pathway audit	General Anaemia Clinic to be set up in order to follow up ambulatory patients to help expedite investigations and ensure referrals are made in a timely manner
Cardiology	
Audit on stress Echocardiography Service	100% compliance was noted in several aspects audited Some referrals were not always appropriate and within 6 weeks. Implementation of a new protocol for requesting a stress echo test Implement specific meetings for double reading/double review of stress echo test: (April 2022)
Care of the Elderly:	
Promotion of patient centered care	The results of the audit demonstrated an aggregate percentage increase of 27% of individual needs captured. This finding was supported by themes in the interviews with the nurses highlighting improvements in their interpersonal skills, self-awareness and practice relating to person-centred assessment.
Dermatology	
Audit of introduction of a phototherapy referral/consent form	Following the introduction and use of specific Phototherapy Referral Form the results of the audit found significant improvements

Audit Title	Outcome/actions
Diabetes	
Patients presenting with a random plasma glucose >11.0MMOLS/L (NICE)	The audit showed that patients were not always being managed as per guidelines. This has prompted the diabetes team to consider the implementation of 1 page tick-list pathway for hyperglycaemia in Acute Coronary Syndrome to ensure the appropriate actions are taken. An easily accessible referral system to Diabetic Specialist Nurses (DSNs) has been implemented and posters displayed on all wards to show how to refer to DSNs. Diabetes Teaching sessions for junior doctors undertaken.
Respiratory Medicine	
Venous thromboembolism (VTE) champion review: improving VTE risk assessment completion within 24 hours	Significant improvement in patients having VTE risk assessment documented and carried out within 24 hours following the introduction of the VTE Champion.
Oxygen prescription re-audit	Prescription of oxygen target saturations improved to achieve 100% and improved accuracy of prescriptions overall: – 7% accuracy pre-intervention, 12% accuracy post-intervention. Electronic Prescribing (EPMA) is being rolled out across the Trust and has been adopted on medical wards with plan to re-audit once the system is embedded. Further education with medical and nursing staff planned.
Palliative Care	
Preventable admissions from care homes	The audit helped to identify local care homes that need extra education/guidance on the use of Advance Care Planning (ACP). The use of ACP will be monitored going forward; need to raise awareness across the Trust in particular in ED in relation to ACP. Support cross boundary work streams to support education and staff development. Education will be delivered to staff across these units
Paediatrics	
Prolonged jaundice care audit	Implementation of an integral pathway which will include prompts for action. Implementation of a new prolonged jaundice service.
Management of prolonged and recurrent febrile seizures in children	Integrate first aid information into the febrile seizures leaflet. Re-education given to staff.
Paediatric sepsis screening tool and pathway audit	Continuous audits are undertaken to review documentation and practice. Improvements have been noted throughout the year; however more needs to be done to reach all the required targets. Further staff education and actions are planned
Diagnosis and management of children with coeliac disease	Good adherence to guideline was found with annual review and patients being seen by specialist dietician. Referral pro forma for coeliac clinic in place.

Audit Title	Outcome/actions
Obstetrics & Gynaecology	
Audit of Management of women with antenatal & postnatal mental illness	The audit showed good compliance against the guideline standards and information sharing. Actions to be taken include: To introduce the "Continuity of Carer" with perinatal mental health To liaise more effectively with other trusts outside of STHK to enable women, to receive secondary care mental health input during their perinatal period. More education for multidisciplinary professionals who care for women during the perinatal period who are diagnosed with mental health disorders.
Substance misuse in pregnancy	Good information sharing via use of information, cause for concerns/email and phone updates. Success in contacting those women who need to be seen Very good relationship with Care Grow Live (CGL) – sharing information. Good liaison with keyworkers and work well in seeing the women together. Yearly training for Gap and Grow is in place to improve documentation
Intrauterine deaths: management of delivery	The audit found that 100% of all auditable standards were met, and there were no causes for concern or improvement needed.
Stillbirth audit	Continue with the 'Saving Babies Lives' programme New Care bundle introduced Staff training has been completed and continues going forward The Trust's 'Baby Garden' is now ready Implementation of Butterfly team underway.
Orthopaedics/Therapies	
Orthopaedics/Therapies Attendance at the foot/ankle school pre-surgery	The audit was initially difficult to progress due to issues identifying all the patients who should have been invited to foot school. Lack of documentation made it impossible to know if an invitation had been sent. However; there is good evidence that indicates attendance improves the outcome following surgery. Actions taken to resolve this issue going forward: List of appropriate procedures sent to the appointments staff so they can identify who should be invited to foot and ankle school. All patients who are invited to attend the foot/ankle school will have this recorded on Medway going forward. This will facilitate re-audits going forward. Results: Evidence suggests a drastic improvement in levels of Foot School attendance since the implementation of the actions. A further review is planned to evidence a sustained improvement.
Pharmacy	
Review of neonatal prescriptions for parenteral nutrition (PN)	Neonatal parenteral nutrition prescription form has been updated to include a space and prompts for staff to ensure accurate prescribing and safe administration is undertaken.

Audit Title	Outcome/actions
Quality Improvement-Clinical Audit Dept. (QICA): Quality and Risk (Q&R)	
Action plan documentation and submission review	<p>Although action plans (AP) are produced following review of project results, the audit found that they varied in quality and completeness. Actions to address this short fall have now been taken with the implementation of the new monitoring and escalation process for action plans.</p> <p>A new post has been developed in QICA to monitor action plans as part of the role. Stage 2 of the project: trialling the new monitoring system to be completed when the new post starts</p>
Safeguarding /Maternity Services	
Audit of safeguarding compliance for young parents within the maternity service	<p>The specialist midwife for young parents will receive safeguarding supervision as additional support</p> <p>Safeguarding plans and paediatric liaison forms are to be generated for all young parents and communicated to the Community Midwives/General Practitioner/Health Visitor for all young parents with safeguarding concerns</p> <p>Specialist Midwives to receive additional training</p> <p>The child sexual exploitation (CSE) tool to be used for every young parent booking.</p>
Sexual Health	
Did Not Attend (DNA) rates at HIV clinics	<p>Text to be sent out for all upcoming appointments</p> <p>Overall the 2 audit cycles found a 54.5% decrease in DNAs over the 12 month period since the introduction of text reminders.</p>
Trust-wide Programme	
Record Keeping Audit Programme	<p>The annual record keeping (RK) audit programme has continued during 2019-20</p> <p>Most specialties have seen consistent improvements in the areas audited. Some specialties have met all targets on occasions, with most specialties scoring highly in several areas.</p> <p>Some improvements are still needed, which are being worked towards and drill-down audits recommended to target the areas of poor compliance, where errors are consistently found.</p>

2.4.3. Participation in clinical research

Research is built into the NHS Constitution which states that the NHS is committed “to innovation and to the promotion and conduct of research to improve the current and future health and care of the population”.

Clinical research is about improving the clinical treatments available to patients and discovering new ways of managing conditions. The Trust is passionate about the contribution that clinical research can make to patient care. Our engagement with clinical research demonstrates that our patients are able to gain access to the best available treatments and services, which have been rigorously tested, as well as innovative and leading edge treatments that can significantly improve health outcomes.

The Trust is a partner organisation in the Clinical Research Network, North West Coast, (CRN NWC) and works collaboratively with them to increase the opportunities for patients to take part in clinical research. We ensure that studies are carried out efficiently and meet the National Institute for Health Research (NIHR) high level objectives, which include increasing the number of patients recruited to NIHR portfolio studies.

The Trust employs a team of specialist research staff to support clinical research across the organisation and to increase recruitment to high quality clinical trials and other robust research studies.

The number of patients receiving relevant health services provided or sub-contracted by St Helens and Knowsley Teaching Hospitals NHS Trust in 2019-20 that were recruited during that period to participate in research approved by a research ethics committee/Health Research Authority was 1151.

During 2019-20, the Trust was involved in 131 active studies, and the NIHR supported 124 of these, with the remaining 7 studies being local or student studies.

The Trust is pleased that NIHR recruitment figures have exceeded those forecasted during 2019-20 and that the Trust successfully recruited 1151 participants against the proposed target of 1026.

The Trust has impressive research activity across a wide range of clinical specialties. Since 1st April 2019, the RDI department produced RDI permission (confirmation of capacity & capability) for 33 new studies of which 28 were NIHR portfolio adopted studies. The following table displays the specialties of the new studies:

Speciality	Number of Studies – NIHR Portfolio	Non – Portfolio
Cancer	2	
Care of the Elderly	1	
Critical Care	4	
Gastroenterology	6	
General Surgery	4	
Obstetrics & Gynaecology	2	
Paediatrics	4	
Pharmacy		2
Rheumatology	2	
Sexual Health	1	
Stroke	2	1
Trust Wide		2



2.4.4. Performance in initiation and delivery of research (PID data)

Performance benchmarks have been introduced by the National Institute of Health Research (NIHR) for the time taken to initiate and deliver clinical trials within the NHS. The Trust's performance against these benchmarks is published quarterly and the reports are available at: www.Trust PID data

2.4.5. Commercially sponsored studies

We have continued to increase our participation in commercially sponsored studies, with 18 commercial studies active within the Trust.

2.4.6. Key achievements

The Trust has been recognised for the following during the year:

- Being a top recruiting site in a number of research specialties across the CRN NWC including:
 - Cancer
 - Critical Care
 - Diabetes
 - Gastroenterology
 - General Surgery
 - Palliative Care
 - Stroke
 - Rheumatology

The success of this is due to teamwork, including setting recruitment strategies/goals and clarifying responsibilities for each member of the team.

- In August 2019, the Trust was the first Trust to recruit a patient to the SCIENCE study (Surgery or Cast for Injuries of the Epicondyle in Children's Elbows) over a weekend
- Two studies recruited the first patient within one day of the site being given the green light to begin recruitment. This included the Pre BAR study (Pre-pectoral Breast Reconstruction Evaluation) and the BSR-PSA study (The British Society for Rheumatology Psoriatic Arthritis Register)
- Also, in September 2019, our Research Team helped recruit the 600th patient to the BLING III trial (a phase III randomised controlled trial of continuous beta-lactam infusion compared with intermittent beta-lactam dosing in critically ill patients). The Trust has made a significant contribution to this multi-centre trial and has so far recruited 45 patients to this study, the most in the CRN NWC.

Other achievements include:

- Performing well against the NIHR High Level Objectives (HLOs). In particular, delivering a vast improvement with HLO9b; in 2019-20 86.67% of non-commercial studies recruited their first participant, within the NIHR 60-day ambition target, (date site selected to first recruit).

High Level Objective	Definition	Performance
HLO1	Number of participants recruited to NIHR trials	Number - 993 Target = 1026 Achieved = 1151
HLO 2a	Number of commercial studies achieving or surpassing their recruitment target during their planned recruitment period.	100%
HLO 2b	Number of non-commercial studies achieving or surpassing their recruitment target during their planned recruitment period.	90%
HLO 9b	Non-commercial studies - Date site selected to first recruit (Ambition of 60 days)	87.5%

- NIHR want to understand more about patient experience of clinical research taking place in the NHS, therefore the Trust has increased and promoted research to both staff and patients. In particular, we have made a significant contribution to the NWC CRN Patient Research Experience Survey (PRES). Since April 2019, the PRES has been recognised as one of the NIHR HLOs and we have sent out over 200 questionnaires to patients who have participated in research
- In January 2020, the Gastroenterology Team won the Excellence in the Delivery of Commercial Life Science Research in the North West Coast Research and Innovation awards. This is an outstanding achievement for the team and demonstrates their commitment to offering patients and public the opportunity to take part in research
- The Gastroenterology Team has a well-established commercial portfolio and has continued to open more new studies in 2019-20 (n2). They have also been extremely successful in recruiting to a non-commercial study, IBD Bio Recourse study (The Inflammatory Bowel Disease Bio-Resource: Progressing from Genetics to Function and Clinical Translation in Crohn's Disease & Ulcerative Colitis) and during 2019-20 they recruited 185 participants to this important study
- One of our success stories of 2019-20 is the opening of 4 new NIHR portfolio research studies in General Surgery, which historically has been a specialty naïve to research. This is thanks to the enthusiasm of Mr Raj Rajaganeshan and Mr Ahsan Javed, who have encouraged the team to become actively involved in research. Due to this input, the General Surgery Department has now embedded research as business as usual, with support from the Research and Clinical Nurse Specialists. They encourage junior members of staff to get involved in research and are extremely supportive of their career progression
- This year, 135 patients diagnosed with cancer have participated in a cancer research with an additional 87 patients taking part in a Care of the Dying studies. The Cancer Research Team are committed to providing patients with the opportunity to take part in high quality cancer research studies. Life science lung cancer research has developed and grown in 2019 and is the tumour group that has the most patients recruited to research. These sustained efforts have ensured that patients are involved in their cancer care pathway, and by being involved in research they are contributing to the development of cancer treatments for the future
- Congratulations to our Paediatric Research Nurse, Shelley Mayor, who was recognised as an Inspirational Nurse on International Nurses Day 2019
- Dr Constanta Amoasii (Rheumatology Registrar) was successful in winning the poster prize (at the Royal College of Physicians annual conference in Manchester) for her systematic literature review investigating whether methotrexate causes chronic pulmonary fibrosis
- In July 2019, the Chief Executive received a letter of gratitude from a patient who was taking part in the Mini tub trial (prospective registry of Sentinel Node (SN) positive melanoma patients with minimal SN tumour burden who undergo Completion Lymph Node Dissection (CLND) or Nodal Observation). The patient expressed how fortunate they felt to be part of this important research trial
- The Trust has continued to promote research and innovation to staff and patients via:
 - [Social media, regularly posting good new stories on Facebook and Twitter](#)
 - [TV screens in the Diabetes outpatient clinic](#)
 - [Library Services](#)
 - [Training and education](#)
 - [Volunteer induction day](#)

- International Clinical Trials Day (iCTD) is an annual event that takes place on 20th May, to raise awareness of clinical trials to encourage patients, carers and the public to get involved in research. We also celebrate our achievements and take time to be grateful for the improvements made to public health. In May 2019, the Research Team celebrated with a stall promoting the campaign



These achievements are only possible because of the continued support from the committed consultants, who take the roles of Chief and Principal Investigators, the Research Nurses, Research Administrative teams, support services and, most importantly, the patients who give up their time to take part in clinical trials.

82 publications (research and academic) have resulted from our involvement in both NIHR and Non-NIHR research, which shows our commitment to transparency and our desire to improve patient outcomes and experience across the NHS.

2.4.7. Research aims for 2020-21

Our aims for 2020-21 are to:

- Update the Trust Research Strategy and Vision to ensure that over the next three years the Trust fulfils its clinical research obligations to its patients, staff, the NHS and the wider economy
- Increase participation in research and clinical trials
- Ensure that we build on existing strengths and key areas of current research, as well as supporting developments in other health priority areas

- Continue to work in partnership with the CRN NWC to ensure that the NIHR high level objectives are met
- Increase our Research Nurse Workforce. Research at the Trust has grown exponentially over recent years; therefore, more support is required for the delivery of important research
- Maintain the quality of research undertaken at the Trust by introducing and adapting to new systems and processes
- Promote and increase engagement in Trust research by raising awareness of research activities amongst all staff and patients

2.4.8. Clinical Goals agreed with commissioners

A proportion of St Helens and Knowsley Teaching Hospitals NHS Trust income in 2019-20 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2020-2021 and for the following 12-month period are shown below.

As a consequence of the COVID-19 pandemic, guidance was released by NHS England/NHS Improvement (NHSE/I) on the 27th March 2020, which confirmed suspension of CQuIN data submissions for the Quarter 4, 2019-20 period. Commissioners took the pragmatic approach of awarding full payment for this period to the Trust. Prior to March, the Trust had been working towards the targets in place at the beginning of the year as shown in the table below.

2.4.8.1. CQuIN targets 2019-20

Commissioner	Indicator Brief Description
CCG1	AMR - Lower Urinary Tract Infections in Older People
CCG1	AMR - Antibiotic Prophylaxis in Colorectal Surgery
CCG2	Staff Flu Vaccinations
CCG3	Alcohol and Tobacco - Screening
CCG3	Alcohol and Tobacco - Tobacco Brief Advice
CCG3	Alcohol and Tobacco - Alcohol Brief Advice
CCG7	Three high impact actions to prevent Hospital Falls
CCG11	SDEC - Pulmonary Embolus
CCG11	SDEC - Tachycardia with Atrial Fibrillation
CCG11	SDEC - Community Acquired Pneumonia
Spec Comm	PSS1 Pss1: Medicines Optimisation and Stewardship
PHE	No CQUIN Scheme Allocated To The Trust
Community 1	Staff Flu Vaccinations
Community 3	Alcohol and Tobacco - Screening
Community 3	Alcohol and Tobacco - Tobacco Brief Advice
Community 3	Alcohol and Tobacco - Alcohol Brief Advice
Community 7	Three high impact actions to prevent Hospital Falls
Community 8	Community Sepsis
Community 9	UTC appointments
Cardiac & Heart	Alcohol and Tobacco - Screening
Cardiac & Heart	Alcohol and Tobacco - Tobacco Brief Advice
Cardiac & Heart	Alcohol and Tobacco - Alcohol Brief Advice

2.4.8.2. CQuIN Proposals 2020-21

Continuation of the COVID-19 pandemic into the 2020-21 financial year has resulted in NHSE/ suspending the operational delivery of 2020-21 CQuIN schemes for all providers during 2020-21. Providers are to be awarded full payment of their CQuIN allowance during the COVID-19 period as part of the COVID-19 central top up allocation arrangement.

2.4.9. Statements from the Care Quality Commission (CQC)

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

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

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

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

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

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

The Care Quality Commission has not taken enforcement action against St Helens and Knowsley Teaching Hospitals NHS Trust during 2019-20.

St Helens and Knowsley Teaching Hospitals NHS Trust has not participated in any special reviews or investigations by the Care Quality Commission in 2019-20.

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

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

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

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

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

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

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

St Helens and Knowsley Teaching Hospitals NHS Trust has made the following progress by 31st March 2020 in taking such action:

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

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

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

2.4.10. Learning from deaths

2.4.10.1. Number of deaths

During Quarters 1-4, 2019-20, 1,757 of St Helens and Knowsley Teaching Hospitals NHS Trust's patients died (in hospital). This comprised the following number of deaths which occurred in each quarter of that reporting period:

408 in the first quarter;
415 in the second quarter;
456 in the third quarter;
478 in the fourth quarter.

By end of Q4, 522 case record reviews and 12 investigations (reds and ambers) have been carried out in relation to 1,757 of the deaths included in item 2.4.10.1 (above).

In 12 cases (reds and ambers), a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

151 in the first quarter;
123 in the second quarter;
127 in the third quarter;
121 in the fourth quarter.

4 - representing 0.2% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient (red rated).

In relation to each quarter, this consisted of:
0 representing 0.0% for the first quarter;
0 representing 0.0% for the second quarter;
1 representing 0.2% for the third quarter;
3 representing 0.7% for the fourth quarter.

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

167 (reviews) case record reviews and 3 (reds and ambers) investigations completed after 31-12-2018 which related to deaths which took place before the start of the reporting period.

0 representing 0.0% (reds) of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the St Helens and Knowsley Teaching Hospitals NHS Trust Structured Judgement Review (SJR) (which uses NCEPOD Quality Score and RAG rating similar to Royal College of Physicians SJR and consistent with Royal College of Physicians and NHS Improvement guidance. This represents the final position for Quarter 4 of 2018-19.

5 representing 0.3% of the patient deaths during 2018-19 are judged to be more likely than not to have been due to problems in the care provided to the patient. This represents all four quarters of 2018-19.

2.4.10.2. Summary of learning from case record reviews and investigations

The Trust has focussed on two key learning priorities for each quarterly report to the Trust Board and is establishing a database that collates all learning from deaths, incidents, complaints, PALS and litigation into a single repository for quarterly thematic analysis and sharing. The key lessons shared in 2019-20 are:

- Ensuring staff, patients and carers understand what is meant by the term 'fast track discharge'. This relates to fast-track assurance of funding and does not guarantee that discharges from hospital will be achieved before death. A number of reasons such as complexity of needs, family/patient preferences and availability of care in the community may impact on the ability to facilitate this

- Improving the shared information platform between community and hospital care to ensure that advance care plans (DNACPR, preferred place of death) can be met as often as possible
- Encouraging staff in all disciplines to identify vulnerability in a patient and engaging with the Safeguarding Team as soon as it is recognised, to assist in fact finding and future planning
- Using a card communication scheme to facilitate timely joint conversations between consultants and patients and their families/carers. This is especially poignant in deteriorating or dying patients and discussion of uDNACPR
- Learning from Deaths Mission Statement
To put the patient at the forefront of what we do by being empowered to question our peers, without fear of reprisal, judgement or blame,

in order to learn so that learning can lead to change and accepting that, in questioning, we may raise more questions with the ultimate aim of improving care

- Our challenge is:
By building and nurturing an improved culture, new ways of thinking and working can be introduced, but these new ways will only become embedded within the team if they enable people to work more effectively than before. Effective culture change, therefore, is about building and nurturing an environment that allows culture change to occur naturally. When trying to encourage the adoption of a new way of doing things, we must make sure that our expectations are realistic. Culture change cannot be delivered overnight so we must try not to drive change too rapidly. Ref: NHSI Improvement Leaders Guide 2017



- **Accurate Record Keeping**
During investigations it has become apparent that not all staff adhere to the instructions in the Record Keeping Policy when it comes to identifying themselves in patient's notes. You must ensure that all records are accurately dated, timed, signed and the signature printed to certify that each entry can be attributed to an individual, also adding your role
- **Key Senior Decision Making**
Care groups must ensure that they drive forward practice to ensure that delays in assessment by doctors are addressed. Timely senior decisions have a crucial bearing on the outcome of the patient's care. We must ensure standards are maintained, despite times of pressure or when the patient may not be in the ideal environment

2.4.10.3. Actions taken resulting from learning

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

Lessons identified from the structured judgement reviews have been shared with the Trust Board, Quality Committee, Finance & Performance Committee, Clinical Effectiveness Council, Patient Safety Council, Patient Experience Council, Grand Rounds, Team Brief, Intranet home page, global email, Medical Care Group (Governance), Surgical Care Group (Governance), Medical Care Group Directorate Meetings, Surgical Care Group Directorate Meetings and Clinical Support Directorate meetings.

In addition to sharing the learning identified above, the following actions are being taken:

- A working group, including the Trust's Solicitors, are developing a learning package for clinicians to support patients at the end of their lives and those with a do not attempt cardiopulmonary resuscitation (DNACPR). This will guide the timely identification of a dying patient and the moral and legal position when making decisions
- Seminar to share with the Trust staff the learning so far from end of life cases, the changes achieved so far and ongoing work to be held on 25th November 2020: Dying Matters – the Next Steps (Insight to Learning from Deaths)
- Aggregated, comprehensive review of patients who have required multiple calls to the Medical Emergency Team (MET) to determine learning or gain assurance that the MET policy is followed and that an appropriate senior decision maker is involved in the patient's ongoing care
- Review of death certificates with learning shared with junior doctors, via case review teaching. This will be superseded by the forthcoming appointment of senior clinicians into the Medical Examiner role
- Recognition of exceptionally good care, which is acknowledged by the Mortality Surveillance Group in writing and used by individual clinicians to support appraisal and revalidation

2.4.10.4. Impact of actions taken

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

2.4.10.5. Trust approach to learning from deaths

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

Total Deaths in Scope¹

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

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

2. LeDeR – nationally prescribed process for reviewing LD deaths

3. Structured judgement review, currently STHK tool (see Appendix A)

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

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

2.4.11. Priority clinical standards for seven day hospital services

The Seven Day Hospital Services Programme aims to ensure that patients requiring emergency treatment receive high quality, consistent care every day of the week. Ten clinical standards for seven-day services (7DS) have been developed, which the Trust's performance is measured against. Audits are routinely carried out 6-monthly to monitor performance against standards 2 and 8, the priority standards, however only one audit was completed this year due to COVID-19.

Clinical Standard 2 (CS2) - All emergency admissions must be seen and have a clinical assessment by a Consultant as soon as possible, but at the latest within 14 hours of admission to hospital. The target set by NHS England (NHSE) is that 90% of patients meet CS2 by 2020.

Clinical Standard 8 (CS8) - Patients should be reviewed by a Consultant (or their delegate) at least once every day, seven days a week. The target set by NHSE is that 90% of patients meet CS8 by 2020.

A sample of patients admitted to the Trust during the period of September 7th-14th 2019 was audited by the Deputy Medical Director, with the following results:

CS2 - The audit showed that 78% of the Consultant reviews on weekdays and 90% of the Consultant reviews at weekends occurred within 14 hours of admission to hospital, showing an improvement in performance from the Spring 2019 audit (73% on weekdays and 78% at weekends).

CS8 - The audit demonstrated that CS8 was met on both weekends and weekdays for the first time, showing an improvement in weekend performance from 80% in April 2019 to 91% in September 2019.

The Trust continues to meet standards 5 and 6, which are described below:

CS5 – Access to diagnostic tests
Hospital inpatients must have scheduled 7 day access to specialist diagnostic services including magnetic resonance imaging (MRI), echocardiography and endoscopy.

CS6 – Access to consultant-directed interventions
Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions, either on-site or through formally agreed networked arrangements. These interventions include: interventional radiology, interventional endoscopy, emergency renal replacement therapy, urgent radiotherapy, stroke thrombolysis, percutaneous coronary intervention and cardiac pacing.

While improvements have been made in Trust performance against the 7DS standards, further work must be undertaken to meet and maintain CS2 and CS8, 7 days a week. The individual specialties' performance will be discussed with the relevant Divisional and Clinical Directors to allow them to continue to improve delivery of timely, consistent Consultant review. This will sit alongside work which continues to be carried out by the Trust Urgent and Emergency Care Council to improve the efficiency of non-elective patient care.

Actions for 2020-2021 to improve 7DS

- The most common reason for patients failing to meet CS2 is delay in transfer to the relevant clinical assessment area. The planned increases in capacity for inpatients are anticipated to relieve pressure on the assessment areas, allowing patients to be moved from ED to see the appropriate Consultant sooner
- Extension of the Acute Medical Unit outreach pilot to provide Consultant presence in the ED to review medical patients who remain in the ED for a longer period of time
- A Trust-wide review will be carried out to identify the number of clinicians required across each clinical area and to identify ways to deliver safe and sustainable medical staffing

2.4.12. Information governance and toolkit attainment levels

Information Governance is the term used to describe the standards and processes for ensuring that organisations comply with the laws and regulations regarding handling and dealing with personal information. Within our organisation, we have clear policies and processes in place to ensure that information, including patient information, is handled in a confidential and secure manner.

The Trust benchmarks itself against the Data Security and Protection Toolkit (DSPT), which provides a mechanism for organisations to assess themselves against the National Data Guardian (NDG) 10 data security standards, through confirming assertions and providing supporting evidence. The assertions and evidence items within the DSP Toolkit are designed to be concise and unambiguous. Documentary evidence is only requested where this adds value.

St Helens and Knowsley Teaching Hospitals NHS Trust Information Governance Assessment Report overall submission position for 2019-20 was rated as meeting the required standards. This submission was audited by Mersey Internal Audit Agency who provided a “Substantial” level of Assurance for the DSPT 2019-20 which demonstrates the Trust’s commitment to protecting the information it holds and uses.

The Trust will continue to enhance its robust Information Governance Framework which is led by Joanne Fitzpatrick, Head of Information Governance and Data Protection Officer. Dr Alex Benson, Clinical Director for Burns and Plastic Surgery, is the Trust’s Caldicott Guardian and is the dedicated designated individual with responsibility for ensuring confidentiality of personal information. The Trust also has a Senior Information Risk Owner (SIRO), Christine Walters, Director of Informatics, who is responsible for reviewing and reporting on the management of information risk to the Trust Board. The SIRO is supported by a network of Information Asset Owners (IAOs), who ensure that any identified information risks are appropriately managed in line with the Trust’s Risk Management Policy.

The Data Protection Officer, SIRO and Caldicott Guardian are appropriately qualified, trained, registered and accredited.

The Trust has a duty to report any incidents regarding breaches of the Data Protection Act to the Information Commissioner’s Office (ICO) and for the financial year 2019-20 there was one such reportable incident. As a result of the incident steps have been taken to improve processes to prevent this reoccurring. A procedure has been introduced with further training for the team concerned. The ICO has reviewed the incident and the actions taken by the Trust and has confirmed that no further action is required.

2.4.13. Clinical coding error rate

St Helens and Knowsley Teaching Hospitals NHS Trust was not subject to the Payment by Results clinical coding audit during 2019-20 by the Audit Commission.

The Trust was subject to an audit of clinical coding, based on national standards undertaken by Clinical Classifications Service (CCS) approved clinical coding auditors in line with the Data Security & Protection Toolkit 2019-2020. The error rates reported in the latest published audit for that period of diagnoses and treatment coding (clinical coding) were:

2019-20 data reported in January 2020				
Measure	Primary diagnosis incorrect	Secondary diagnosis incorrect	Primary procedure incorrect	Secondary procedure incorrect
Data Security & Protection Toolkit	3.5%	7.44%	3.82%	4.97%

2.4.14. Data quality

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

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

The standard national data quality items that are routinely monitored are as follows:-

- Blank/invalid NHS number
- Unknown or dummy practice codes
- Blank or invalid registered GP practice
- Patient postcode

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

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

2.4.14.1. NHS number and general medical practice code validity

St Helens and Knowsley Teaching Hospitals NHS Trust submitted records during 2019-20 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which:

Included the patient's valid NHS number was:

Care Setting	STHK result	National Average
Admitted patient care	99.6%	99.5%
Outpatient care	99.9%	99.7%
Accident and Emergency care	99.2%	97.8%

Included the patient's valid General Medical Practice Code was:

Care Setting	STHK result	National Average
Admitted patient care	100%	99.8%
Outpatient care	100%	99.8%
Accident and Emergency care	99.8%	98.2%

(Source: SUS Data Quality Dashboard)

In all cases, the Trust performed better than the national average, demonstrating the importance the Trust places on data quality.

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

- Data Quality Team will continue to monitor data quality throughout the Trust via the regular suite of reports
- Awareness raising sessions in order to focus on addressing any specific issues
- Providing data quality awareness sessions about the importance of good quality patient data and the impact of inaccurate data recording

2.4.15. Benchmarking information

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

2.4.15.1. Benchmarking Information

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

Indicator	Source	Reporting Period	STHK	National Performance			Comments
				Average	Lowest Trust	Highest Trust	
SHMI	NHS Digital	Jan-19 to Dec-19	1.088	1	0.689	1.2	Next SHMI data (for Apr-19 to Mar-20) due to be published Aug 2020
SHMI	NHS Digital	Oct-18 to Sep-19	1.076	1	0.698	1.188	
SHMI	NHS Digital	Jul-18 to Jun-19	1.053	1	0.697	1.192	
SHMI	NHS Digital	Apr-18 to Mar-19	1.036	1	0.707	1.206	
SHMI Banding	NHS Digital	Jan-19 to Dec-19	2	2	3	1	
SHMI Banding	NHS Digital	Oct-18 to Sep-19	2	2	3	1	
SHMI Banding	NHS Digital	Jul-18 to Jun-19	2	2	3	1	
SHMI Banding	NHS Digital	Apr-18 to Mar-19	2	2	3	1	
% of patient deaths having palliative care coded	NHS Digital	Jan-19 to Dec-19	37.50%	36.40%	9.90%	59.80%	
% of patient deaths having palliative care coded	NHS Digital	Oct-18 to Sep-19	36.9%	36.2%	12.0%	58.7%	
% of patient deaths having palliative care coded	NHS Digital	Jul-18 to Jun-19	36.00%	35.80%	14.60%	59.60%	
% of patient deaths having palliative care coded	NHS Digital	Apr-18 to Mar-19	36.90%	35.30%	12.30%	60.00%	

St Helens and Knowsley Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:
 Information relating to mortality is monitored monthly and used to drive improvements.
 The mortality data is provided by an external source (Dr Foster).
 St Helens and Knowsley Teaching Hospitals NHS Trust has taken the following actions to improve the indicator and percentage, and so the quality of its services, by:
 Monthly monitoring of available measures of mortality.
 Learning from Deaths Policy implemented with continued focus on reviewing deaths to identify required actions for improvement and effective dissemination of lessons learned.

Indicator	Source	Reporting Period	STHK	National Performance			Comments
				Average	Lowest Trust	Highest Trust	
EQ-5D adjusted health gain: Groin Hernia	NHS Digital	Apr-19 to Sep-19 (provisional)	N/A	N/A	N/A	N/A	Next PROMs data due to be published Aug 20 The mandatory varicose vein surgery and groin-hernia surgery national PROMS collections have now ended * data suppressed due to small numbers
EQ-5D adjusted health gain: Groin Hernia	NHS Digital	Apr-18 to Mar-19 (final)	N/A	N/A	N/A	N/A	
EQ-5D adjusted health gain: Groin Hernia	NHS Digital	Apr-17 to Mar-18 (final)	0.076	0.089	0.029	0.137	
EQ-5D adjusted health gain: Hip Replacement Primary	NHS Digital	Apr-19 to Sep-19 (provisional)	*	0.475	0.406	0.562	
EQ-5D adjusted health gain: Hip Replacement Primary	NHS Digital	Apr-18 to Mar-19 (final)	0.428	0.465	0.348	0.557	
EQ-5D adjusted health gain: Hip Replacement Primary	NHS Digital	Apr-17 to Mar-18 (final)	0.411	0.468	0.376	0.566	
EQ-5D adjusted health gain: Knee Replacement Primary	NHS Digital	Apr-19 to Sep-19 (provisional)	*	0.349	0.262	0.435	
EQ-5D adjusted health gain: Knee Replacement Primary	NHS Digital	Apr-18 to Mar-19 (final)	0.309	0.338	0.266	0.405	
EQ-5D adjusted health gain: Knee Replacement Primary	NHS Digital	Apr-17 to Mar-18 (final)	0.28	0.338	0.234	0.417	
EQ-5D adjusted health gain: Varicose Vein	NHS Digital	Apr-19 to Sep-19 (provisional)	N/A	N/A	N/A	N/A	
EQ-5D adjusted health gain: Varicose Vein	NHS Digital	Apr-18 to Mar-19 (final)	N/A	N/A	N/A	N/A	
EQ-5D adjusted health gain: Varicose Vein	NHS Digital	Apr-17 to Mar-18 (final)	*	0.096	0.035	0.134	

St Helens and Knowsley Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:
 The questionnaire used for PROMs is a validated tool and administered for the Trust by an independent organisation, Quality Health.
 St Helens and Knowsley Teaching Hospitals NHS Trust has taken the following actions to improve these outcome scores, and so the quality of its services, by:
 Delivering a number of actions to improve patient experiences following surgery.
 Monitoring the PROMs data at the Trauma and Orthopaedic bi-monthly clinical effectiveness meeting.

Indicator	Source	Reporting Period	STHK	National Performance			Comments
				Average	Lowest Trust	Highest Trust	
(Indirectly age, sex, method of admission, diagnosis, procedure standardised) % of patients aged 16+ readmitted to the Trust within 28 days of discharge	NHS Digital	Apr-11 to Mar-12	12.73	11.45	0	17.15	2011-12 still latest data available. Date of next version to be confirmed. Lowest and best national performance based on acute providers
(Indirectly age, sex, method of admission, diagnosis, procedure standardised) % of patients aged 16+ readmitted to the Trust within 28 days of discharge	NHS Digital	Apr-10 to Mar-11	12.6	11.43	0	17.1	
(Indirectly age, sex, method of admission, diagnosis, procedure standardised) % of patients aged 0-15 readmitted to the Trust within 28 days of discharge	NHS Digital	Apr-11 to Mar-12	11.39	10.01	0	14.94	
(Indirectly age, sex, method of admission, diagnosis, procedure standardised) % of patients aged 0-15 readmitted to the Trust within 28 days of discharge	NHS Digital	Apr-10 to Mar-11	10.66	10.01	0	14.11	
<p>St Helens and Knowsley Teaching Hospitals NHS Trust considers that this data is as described for the following reasons: The data is consistent with Dr Foster's standardised ratios for re-admissions. The data is monitored monthly by the Trust Board. St Helens and Knowsley Teaching Hospitals NHS Trust has taken the following actions to improve these scores, and so the quality of its services, by: Working to improve discharge information as a patient experience priority. Reviewing and improving the effectiveness of discharge planning.</p>							
Patient experience measured by scoring the results of a selection of questions from the national inpatient survey focussing on the responsiveness to personal needs.	NHS Digital	2018-19	69.5	67.2	58.9	85	Next version expected Aug-20
Patient experience measured by scoring the results of a selection of questions from the national inpatient survey focussing on the responsiveness to personal needs.	NHS Digital	2017-18	70.5	68.6	60.5	85	
<p>St Helens and Knowsley Teaching Hospitals NHS Trust considers that this data is as described for the following reasons: The Trust's vision and drive to provide 5-star patient care ensures that patients are at the centre of all the Trust does. The Trust was rated outstanding overall for caring by the CQC following their latest inspection in 2018. The survey is conducted by an independent and approved survey provider (Quality Health), with scores taken from the CQC website. St Helens and Knowsley Teaching Hospitals NHS Trust has taken the following actions to improve this data, and so the quality of its services, by: Promoting a culture of patient-centred care. Responding to patient feedback received through national and local surveys, Friends and Family Test results, complaints and Patient Advice and Liaison Service (PALS). Working closely with Healthwatch colleagues to address priorities identified by patients, including improving discharge planning.</p>							

Indicator	Source	Reporting Period	STHK	National Performance			Comments
				Average	Lowest Trust	Highest Trust	
Q21d. If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust.	NHS staff surveys	2019	87.40%	70.50%	39.70%	87.40%	All data is for Acute Providers only
Q21d. If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust.	NHS staff surveys	2018	87.30%	71.20%	39.70%	87.30%	
% experiencing harassment, bullying or abuse from staff in last 12 months	NHS staff surveys	2019	12.90%	20.30%	26.50%	12.90%	Low scores are better performing trusts
% experiencing harassment, bullying or abuse from staff in last 12 months	NHS staff surveys	2018	11.80%	20.40%	28.40%	11.80%	
% believing the organisation provides equal opportunities for career progression/ promotion	NHS staff surveys	2019	91.90%	84.40%	70.70%	91.90%	
% believing the organisation provides equal opportunities for career progression/ promotion	NHS staff surveys	2018	94.30%	84.00%	69.30%	94.30%	
<p>St Helens and Knowsley Teaching Hospitals NHS Trust considers that this data is as described for the following reasons; The Trust provides a positive working environment for staff with a proactive Health, Work and Wellbeing Service. An independent provider, Quality Health, provides the data. St Helens and Knowsley Teaching Hospitals NHS Trust has taken the following actions to improve these percentages, and so the quality of its services, by: Embedding a positive culture with clear visible leadership, clarity of vision and actively promoting behavioural standards for all staff. Engagement of staff at all levels in the development of the vision and values of the Trust. Honest and open culture, with staff supported to raise concerns via Speak Out Safely, Freedom to Speak Up champions and anonymous Speak in Confidence website.</p>							
Friends & Family Test – A&E – Response Rate	NHS England	Feb-20	17.80%	12.10%	0.00%	44.40%	
Friends & Family Test – A&E – Response Rate	NHS England	Jan-20	18.80%	11.70%	0.00%	43.70%	
Friends & Family Test - A&E - Response Rate	NHS England	Dec-19	13.40%	11.60%	0.0%	40.0%	
Friends & Family Test - A&E - Response Rate	NHS England	Nov-19	17.80%	12.00%	0.00%	33.20%	
Friends & Family Test - A&E - Response Rate	NHS England	Oct-19	18.20%	12.60%	0.00%	43.80%	
Friends & Family Test – A&E - % recommended	NHS England	Feb-20	86.70%	85.00%	40.00%	98.50%	
Friends & Family test – A&E - % recommended	NHS England	Jan-20	88.80%	85.50%	34.40%	100.00%	

Indicator	Source	Reporting Period	STHK	National Performance			Comments
				Average	Lowest Trust	Highest Trust	
Friends & Family Test - A&E - % recommended	NHS England	Dec-19	85.30%	84.2%	50.0%	100.0%	National average includes Independent Sector Providers
Friends & Family Test - A&E - % recommended	NHS England	Nov-19	84.00%	84.00%	13.30%	100.00%	
Friends & Family Test - A&E - % recommended	NHS England	Oct-19	88.30%	84.60%	59.10%	100.00%	
Friends & Family – Inpatients – Response Rate	NHS England	Feb-20	28.70%	24.40%	1.10%	100.00%	
Friends & Family – Inpatients – Response Rate	NHS England	Jan-20	33.00%	24.00%	1.60%	100.00%	
Friends & Family Test – Inpatients – Response Rate	NHS England	Dec-19	24.20%	22.60%	0.50%	100.0%	
Friends & Family – Inpatients – Response rate	NHS England	Nov-19	33.40%	24.80%	1.10%	100.00%	
Friends & Family Test - Inpatients - Response Rate	NHS England	Oct-19	30.20%	25.00%	1.60%	100.00%	
Friends & Family Test – Inpatients - % recommended	NHS England	Feb-20	96.10%	95.90%	73.10%	100.00%	
Friends & Family – Inpatients - % recommended	NHS England	Jan-20	95.30%	95.80%	80.00%	100.00%	
Friends & Family Test - Inpatients - % recommended	NHS England	Dec-19	95.20%	95.80%	82.00%	100.00%	
Friends & Family Test - Inpatients - % recommended	NHS England	Nov-19	96.40%	95.80%	77.20%	100.00%	
Friends & Family Test - Inpatients - % recommended	NHS England	Oct-19	95.50%	95.80%	78.10%	100.00%	

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

Indicator	Source	Reporting Period	STHK	National Performance			Comments
				Average	Lowest Trust	Highest Trust	
% of patients admitted to hospital who were risk assessed for VTE	NHS England	Quarter 3 2019-20	96.24%	95.25%	71.59%	100.00%	All data is for Acute Providers only
% of patients admitted to hospital who were risk assessed for VTE	NHS England	Quarter 2 2019-20	95.23%	95.40%	71.72%	100.00%	
% of patients admitted to hospital who were risk assessed for VTE	NHS England	Quarter 1 2019-20	95.23%	95.56%	69.76%	100.00%	

St Helens and Knowsley Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:
 Sustained delivery of the 95% target for patients having a VTE risk assessment within 24 hours of admission to ensure that they receive the most appropriate treatment, having achieved 95.4% for April 2019 to February 2020. Submissions were suspended from March 2020 due to the pandemic.
 Root cause analysis (RCA) undertaken on VTEs recorded on Datix to ensure best practice is followed. During 2019-20, 26 patients developed a hospital acquired thrombosis, of which 21 RCAs have been completed to date and 100% were found to have received appropriate care.
 Data on VTE risk assessments are submitted to NHS England each month.
 St Helens and Knowsley Teaching Hospitals NHS Trust is taking the following actions to improve this percentage, and so the quality of its services, by:
 Maintaining focus on, and closely monitoring, the rate of risk assessments undertaken by the Quality Committee.
 Undertaking audits on the administration of appropriate medications to prevent blood clots.
 Completing RCA investigations on all patients who develop a hospital acquired venous thrombosis to ensure that best practice has been followed.
 Sharing any learning from these reviews and providing ongoing training for clinical staff.

C Difficile rates per 100,000 bed-days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	Internal	April-19 to Mar-20	16.9* *Trust acquired				2019-20 figures include community onset
C Difficile rates per 100,000 bed-days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	GOV.UK	Apr-18 to Mar-19	10.2	12.2	0	79.7	2019-20 figures include community onset
C Difficile rates per 100,000 bed-days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	GOV.UK	Apr-17 to Mar-18	11.4	13.6	0	90.4	

St Helens and Knowsley Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:
 Infection prevention and control remains a priority for the Trust.
 All new cases of C. difficile infection are identified by the laboratory and reported to the Infection Prevention Team, who co-ordinate mandatory reporting to Health Protection England.
 The Trust is maintaining compliance with the national guidance on testing stool specimens in patients with diarrhoea.
 Cases are thoroughly investigated using RCA, which is reported back to a multidisciplinary panel chaired by an Executive Director to ensure appropriate care was provided and lessons learned are disseminated across the Trust.
 St Helens and Knowsley Teaching Hospitals NHS Trust has taken the following actions to improve this rate, and so the quality of its services, by:
 Focussing on ensuring staff compliance with mandatory training for infection prevention and control.
 Actively promoting the use of hand washing and hand gels to those visiting the hospital.
 Providing a proactive and responsive infection prevention service to increase levels of compliance.
 Ensuring comprehensive guidance is in place on antibiotic prescribing.

Indicator	Source	Reporting Period	STHK	National Performance			Comments
				Average	Lowest Trust	Highest Trust	
Incidents per 1,000 bed days	Internal	Oct-19 to Mar-20	36.70	/	/	/	<p>Next data to be published in September 2020</p> <p>Based on acute (non-specialist) trusts with complete data (6 months data)</p>
Incidents per 1,000 bed days	NHS Improvement	Apr-19 to Sep-19	35.70	48.80	26.29	103.84	
Incidents per 1,000 bed days	NHS Improvement	Oct-18 to Mar-19	35.77	45.07	16.9	95.57	
Incidents per 1,000 bed days	NHS Improvement	Apr-18 to Sep-18	34.95	44.1	22.08	107.37	
Number of incidents	Internal	Oct-19 to Mar-20	4715	/	/	/	
Number of incidents	NHS Improvement	Apr-19 to Sep-19	4429	6314	1392	21685	
Number of incidents	NHS Improvement	Oct-18 to Mar-19	4401	5881	1580	22048	
Number of incidents	nrls.npsa.co.uk	Apr-18 to Sep-18	4228	5714	1285	23692	
Incidents resulting in severe harm or death per 1,000 bed days	Internal	Oct-19 to Mar-20	0.16	/	/	/	
Incidents resulting in severe harm or death per 1,000 bed days	NHS Improvement	Apr-19 to Sep-19	0.01	0.15	0.00	0.67	
Incidents resulting in severe harm or death per 1,000 bed days	NHS Improvement	Oct-18 to Mar-19	0.08	0.14	0.01	0.49	
Incidents resulting in severe harm or death per 1,000 bed days	nrls.npsa.co.uk	Apr-18 to Sep-18	0.09	0.15	0	0.54	
Number of incidents resulting in severe harm or death	Internal	Oct-19 to Mar-20	21	/	/	/	
Number of incidents resulting in severe harm or death	NHS Improvement	Apr-19 to Sep-19	1	19	0	95	
Number of incidents resulting in severe harm or death	NHS Improvement	Oct-18 to Mar-19	10	19	1	72	
Number of incidents resulting in severe harm or death	nrls.npsa.co.uk	Apr-18 to Sep-18	11	19	0	87	
Percentage of patient safety incidents that resulted in severe harm or death	Internal	Oct-19 to Mar-20	0.4	/	/	/	
Percentage of patient safety incidents that resulted in severe harm or death	NHS Improvement	Apr-19 to Sep-19	0.02%	0.3%	0.0%	1.6%	
Percentage of patient safety incidents that resulted in severe harm or death	NHS Improvement	Oct-18 to Mar-19	0.20%	0.30%	0.00%	1.80%	

Indicator	Source	Reporting Period	STHK	National Performance			Comments
				Average	Lowest Trust	Highest Trust	
Percentage of patient safety incidents that resulted in severe harm or death	nrls.npsa.co.uk	Apr-18 to Sep-18	0.30%	0.30%	0.00%	1.20%	
<p>St Helens and Knowsley Teaching Hospitals NHS Trust considers that this data is as described for the following reasons: The Trust actively promotes a culture of open and honest reporting within a just culture framework. The data has been validated against National Reporting and Learning System (NRLS) and HSCIC figures. The latest data to be published is up to September 2019. The Trust's overall percentage of incidents that resulted in severe harm or death was 0.02%. St Helens and Knowsley Teaching Hospitals NHS Trust has taken the following actions to improve this number and rate, and so the quality of its services, by:</p> <ul style="list-style-type: none"> Undertaking comprehensive investigations of incidents resulting in moderate or severe harm. Delivering simulation training to enhance team working in clinical areas. Providing staff training in incident reporting and risk management. Monitoring key performance indicators at the Patient Safety Council. Continuing to promote an open and honest reporting culture to ensure incidents are consistently reported. 							
<p>Due to reasons of confidentiality, NHS digital has suppressed figures for those areas highlighted with an * (an asterisk). This is because the underlying data has small numbers (between 1 and 5)</p>							



2.4.16. Performance against national targets and regulatory requirements

The Trust aims to meet all national targets. Performance against the key indicators for 2019-20 is shown in the table below:

Performance Indicator	2018-19 Performance	2019-20 Target	2019-20 Performance	Latest data
Cancelled operations (% of patients treated within 28 days following cancellation)	Not Achieved	100.0%	98.3%	Apr19-Mar20
Referral to treatment targets (% within 18 weeks and 95th percentile targets) – Incomplete pathways	Achieved	92%	90.3%	Apr19-Mar20
Cancer: 31-day wait from diagnosis to first treatment	Achieved	96%	97.1%	Apr19-Mar20
Cancer: 31-day wait for second or subsequent treatment:				
- surgery	Achieved	94%	96.5%	Apr19-Mar20
- anti-cancer drug treatments	Achieved	98%	96.6%	Apr19-Mar20
Cancer: 62-day wait for first treatment:				
- from urgent GP referral	Achieved	85%	86.2%	Apr19-Mar20
- from consultant upgrade	Achieved	85%	87.4%	Apr19-Mar20
- from urgent screening referral	Achieved	90%	92.5%	Apr19-Mar20
Cancer: 2 week wait from referral to date first seen:				
- urgent GP suspected cancer referrals	Not Achieved	93%	91.0%	Apr19-Mar20
Emergency Department waiting times within 4 hours – all types	Not achieved	95%	83.9%	Apr19-Mar20
Percentage of patients admitted with stroke spending at least 90% of their stay on a stroke unit	Achieved	83%	89.3%	Apr19-Mar20
Clostridium Difficile	Achieved	48	42 avoidable	Apr19-Mar20
MRSA bacteraemia	Not achieved	0	1 contaminant	Apr19-Mar20
Maximum 6-week wait for diagnostic procedures: % of diagnostic waits waited <6 weeks	Achieved	99%	99.7%	Apr19-Mar20

Section 3

This section of the Quality Account reviews the Trust's performance for quality and quality improvement indicators not covered in the report so far. It includes an update on progress in delivering the Trust's own strategies.

3.1. Summary of how we did in achieving our strategies

3.1.1. Clinical and Quality Strategy 2019-22

The Trust's vision to provide 5 star patient care encapsulates the Trust's approach to quality in striving to achieve the best possible care for patients. The Trust performs very strongly against national, regional and local targets, therefore, when the Clinical Quality Strategy was revised in 2019 its aim was to promote a culture of continuous value improvement, underpinned by robust systems and processes and individual and collective accountability.

Safety has been improved with the Mortality Surveillance Group that has trained doctors to appraise care with Structured Judgement Reviews and to identify learning in individual cases. This is supported by the deployment of Copeland Risk Adjusted Barometer (CRAB) into the Trust's medical groups, which provides detailed interrogation of the themes that sit behind outcomes and the creation of robust plans to improve care wherever possible.

Timely care has been enhanced with a rapid and successful deployment of NEWS-2 in the electronic Careflow Vitals system. Sepsis mortality has improved since deployment and in-hospital cardiac arrest is almost half the national average.

Healthy Care has included improving the adoption of NICE guidance and importantly evidencing its implementation across all parts of the organisation. Monthly data is gathered to ensure staff always use the best evidence to support care.

Kind care has seen the St Helens Cares Record deploy in record time to strengthen the data

shared with GPs and other agencies to allow clinical staff to have the best information possible and avoid duplicating the questions staff ask at a time of heightened distress for patients coming into hospital acutely unwell.

3.1.2. Nursing and Midwifery Strategy 2020

The previous Nursing and Midwifery Strategy's aim was to embed the Chief Nursing Officer's '6Cs' through strong clinical leadership. Significant progress has been made in all areas and a new strategy has now been developed to build on our current successes.

The new strategy is built around the Chief Nursing Officer for England's key priorities shown below:

- Workforce fit for the future including Workforce Race Equality Standards (WRES)
- Pride in the profession
- Collective voice

This is underpinned by the aspiration for a national Shared Governance Collective Leadership Programme, of which the 3 central components are:

- Local accreditation
- Nursing & midwifery excellence
- Shared decision-making

The core elements of the previous Nursing & Midwifery Strategy are still being delivered and significant work in delivering the aims of the new strategy have begun. Examples that were delivered in 2019-20 include:

- Strengthening the reviews of the staffing ratios based on the needs of our patients to ensure the consistent provision of safe effective patient centred care. This has been achieved by the introduction of an electronic tool which measures the dependency of each patient.

Staff with the right skills are then able to be deployed to areas of greatest need in a timely manner.

- The introduction of telemedicine for the 6 month reviews for stroke patients, which has been a great success so far in improving patient experience and increasing the effectiveness of the service, by reducing inconvenience and travel times for patients.
- Delivery of a project to improve the experiences of cancer patients when they have worries or fears

Our senior nursing, midwifery and allied health professionals' leadership team is focussed on supporting teams to deliver the best possible care for patients by investing in bespoke development programmes and opportunities for the creation of advanced roles. This is in addition to ensuring that teams are led with compassion, as this directly affects the outcomes and experience of our patients.

The newly developed strategy includes a focus on communities working together to prevent unnecessary ill-health through an improved focus on health and wellbeing and a continuous drive to deliver person-centred care in collaboration with families and other valued partners.

3.1.3. Workforce Strategy 2019-20

The Trust is committed to developing the organisational culture and supporting our workforce. The Workforce Strategy 2019-20 outlined the six key workforce priorities and detailed how each objective and outcome would be measured through the delivery of an action plan during the year. The priorities were:

- Culture and our values
- ACE place to work
- Flexible working and wellbeing
- Equality, diversity and inclusion
- Education, training and careers
- Leadership and development

The Trust's Workforce Strategy was developed to support the Trust's vision to deliver five star patient care and to align with our Trust values. The following diagram shows the elements of the strategy which will support the successful delivery of the Trust's Workforce Strategy.



STHK Strategic Workforce Priorities 2019/20

The following 6 workforce priorities were developed following engagement across the Trust with staff from all departments, professional groups and staff side colleagues:

STHK Workforce Priorities 2019/20 - we will ...

Culture & our values

Create a compassionate, kind and inclusive work environment
Ensure our staff feel engaged, motivated with a supportive, just and learning culture
Have common values and a shared purpose in line with our ACE Behavioural standards

ACE place to work

Create a workplace that attracts & retains staff
Challenge behaviour regardless of role and promote insight to ensure that staff feel safe to have difficult conversations
Continue to recognise the value staff bring to patient care

Flexible working & Well-being

Offer our staff the opportunity to work flexibly to improve their working lives and enhance their well being
Roll out e-job plans and e-rostering to all staff to improve the way services are delivered
Enable the "Wellbeing Champions" to signpost support networks/help to our staff

Equality, diversity & inclusion

Create a network of ED&I champions to support staff at all levels across the Trust
Promote active staff groups to support staff members with disabilities or who identify as e.g. BME, LGBT
Support BME staff to access development and career progression opportunities within the Trust

Education, training & careers

Develop new and existing roles to allow carer progression and job enrichment
Make the best of the apprenticeship levy for staff at all levels and professions
Create new clinical roles to support working across professional boundaries

Leadership & development

Provide managers with the leadership skills to support staff and manage with kindness
Extend the offer of coaching skills to a broader range of Clinical Directors & Matrons, Ward Managers
Ensure that leaders have the right skills, values and attitude to deliver efficient, effective, safe and high quality services

The delivery of the Workforce Strategy and the six 2019-20 priorities was executed through the following strategies and their associated action plans which were presented to the Workforce Council as part of the annual reporting schedule:

- Recruitment & Retention Strategy
- Volunteer Strategy
- Workforce Development Strategy
- Leadership & Talent Management Strategy
- Staff Engagement Strategy
- Workforce Equality, Diversity & Inclusion Strategy
- Health, Work & Wellbeing Strategy

3.1.4. Equality, Diversity and Inclusion Strategy

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

The Trust's Diversity and Inclusion Steering Group meets quarterly to ensure full compliance with all external standards, including those statutory requirements conferred on the Trust by the Equality Act 2010. The membership of the steering group is drawn from a wide range of staff from all disciplines, clinical, non-clinical, trade union representatives, Healthwatch representatives and independent service users.

A new toolkit for carrying out equality analyses (equality impact assessments) was rolled out across the Trust early in 2019, to guide and support staff when carrying out these assessments. It has been well received by staff and is enabling robust assessments to be carried out. The toolkit is especially useful when assessing proposed changes to services or cost improvement programmes as it allows staff to clearly demonstrate that due regard has been given to decisions made. These analyses enable the Trust to meet both the general and specific equality duties by carrying out a comprehensive and systematic assessment of all the Trust's activities in order to eliminate actual or potential discrimination at the earliest stage and before there is an adverse impact on patients, employees or visitors to the Trust. These assessments also

provide an opportunity to identify any positive impacts on people from all protected groups, carers and hard to reach groups. The toolkit includes a section to evidence where consultation has taken place, in line with the Gunning Principles, and a section to provide assurance that the Public Sector Equality Duty (PSED s149) has been met.

Equality Objectives 2019-23

Early in 2019, the Trust held its Equality Delivery System (EDS2) panel assessment, which was attended by senior leaders in the Trust, representatives from all local Healthwatch groups and CCGs. The following equality objectives and a robust action plan were developed following the panel discussion. We aim to:

- Improve access and outcomes for patients and communities who experience disadvantage
- Improve our equality performance by collaboration and partnership working
- Engage and consult with all our local communities and to raise awareness of health inequalities both within our workforce and in our local communities
- Take steps to ensure that our workforce is broadly representative of the communities we serve at all levels
- Improve the wellbeing of staff employed in the Trust
- Improve the experiences of Black and Minority Ethnic staff employed in the Trust

Actions relating to the Equality Objectives are being steadily progressed and those already completed are highlighted in the sections below.

Improving access to services and information for patients whose first language is not English:

- During 2019, the Trust jointly led on the development of quality standards for interpreting services, following consultation with community groups and local CCGs. These standards have now been approved and should be included in any contracts that trusts across Cheshire and Merseyside enter into with providers of interpreting services
- STHK contracted with a new provider of foreign language interpreting services and the quality standards form part of the contract, including the standard of qualifications and experience that interpreters provided to the Trust must meet

- Established regular engagement events with refugees and asylum seekers from Halton to understand any barriers they may face when accessing the services we provide, with plans to extend this engagement to St Helens and Knowsley during 2020

Improving access to services for patients who are D/deaf:

- Ensured the quality standards for interpreting services also set the minimum qualifications required for interpreters of British Sign Language, which were developed in collaboration with St Helens Deafness Resource Centre
- Introduced two way text messages for appointments, allowing patients to accept/decline or reschedule appointments using a two-way text messaging service, thereby allowing patients to take control of their own appointments



- Staff and clients from St Helens Deafness Resource Centre are now invited to carry out access audits around the Trust to ensure that any new building works are accessible to patients who are D/deaf
- Provided awareness training for trainee doctors and other clinical staff in collaboration with St Helens Deafness Resource Centre
- Actively engaged with D/deaf service users to update our patient access system with details of any additional communication needs in line with the Accessible Information Standard

Improving the experiences of LGBTQ patients accessing services:

- Currently engaged in Merseyside and Cheshire Task and Finish group to address some of the issues trans patients face when accessing services in the Trust
- Review of patient literature in progress to ensure it provides relevant information on services/procedures to people who identify as LGBTQ.
- Steadily progressing actions in the Navajo Chartermark Action Plan
- Continuing to provide quarterly patient engagement events, ensuring that the LGBTQ community is represented at all meetings
- Continuing to work with Merseyside Trans Community Action Group to identify any health inequalities and to provide the group with information about our services
- The Trust's LGBT Health Promotion Specialist delivered HIV training to the Trans Community Action Group and provided details of the Trust's Sexual Health Services to the group

Improving the experience of disabled members of staff in the Trust by:

- Implemented the Workforce Equality Disability Standard (WDES) in line with timescales provided by NHS England, with a Board approved report and action plan

- Established a Disability and Wellbeing Staff Network, with attendees including staff with disabilities and line managers representing staff with disabilities

Hate Crime Reporting

- Following the launch of the Trust's Hate Crime Reporting System in February 2019 in collaboration with Merseyside Police there have been successful prosecutions for hate crime related incidents reported by members of our local communities and staff during 2019

Improving the experience of BAME staff in the Trust:

- Establishment of a staff network for BAME staff

3.1.5. Freedom to speak up

The Trust is committed to providing and developing a culture where all staff feel empowered to speak up or raise concerns. The Trust values include being open and honest and listening and learning. There a number of supportive facilities for staff to raise concerns, including:

- **Freedom to Speak Up**

The Trust has appointed four Freedom to Speak Up Guardians, who provide support to staff across the organisation. The guardians are representative of various staff groups and backgrounds. They provide an alternative way for staff to discuss and raise concerns and act as an independent and impartial source of advice to staff at any stage of raising a concern.

The work of the Guardians has a direct impact on continuously improving safety and quality for our patients, carers and families, as well as enhancing the experience of our staff, by acting on the concerns raised. The Guardians provide feedback

to the staff who have raised a concern, in a manner that is supportive, whilst ensuring that there are no repercussions for the person raising a concern.

The Trust works in partnership with the National Guardian's Office and North West Regional Network of Freedom to Speak Up Guardians to enhance staff experience with raising concerns. The Trust achieved 81% in the Freedom to Speak Up Index published by the National Guardian's Office in 2019, demonstrating improvements in the speaking up process measured from staff survey feedback.

The Guardians have offered support and advice to staff members and have received very positive feedback on the help offered.

- **Speak in Confidence system**

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

- **Raising concerns hotline**

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

- **Health, Work and Wellbeing hotline**

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

- **Hate crime reporting**

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

- **Policies and procedures**

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

3.1.6. Staff survey key questions

The national staff survey provides a key measure of the experiences of the Trust’s staff, with the findings used to reinforce good practice and to identify any areas for improvement. The Trust’s response rate for the 2019 survey was 46%, a decrease from last year’s 51%.

A new theme has been introduced, which measures team working, so there are now 11 themes, positively scored on a 0 to 10 point scale, with a higher score indicating a better result.

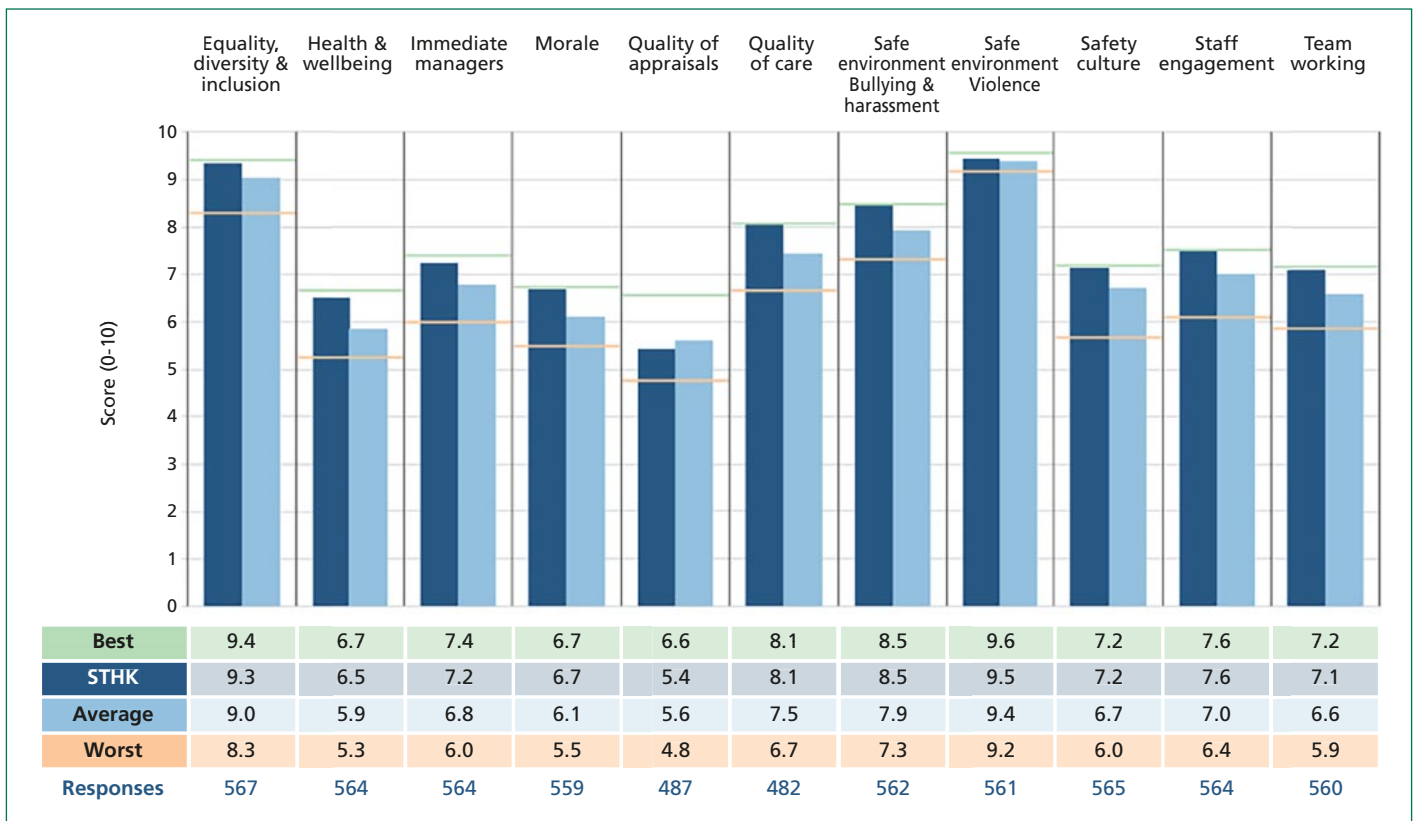
Overall, the Trust has the highest national score for the following five themes:

- Quality of care
- Safety culture
- Staff engagement
- Morale
- Safe environment – bully and harassment

The Trust has the second best national score for the following 5 themes:

- Equality, diversity & inclusion
- Health & wellbeing
- Immediate managers
- Safe environment – violence
- Team working

These are shown in the chart below:

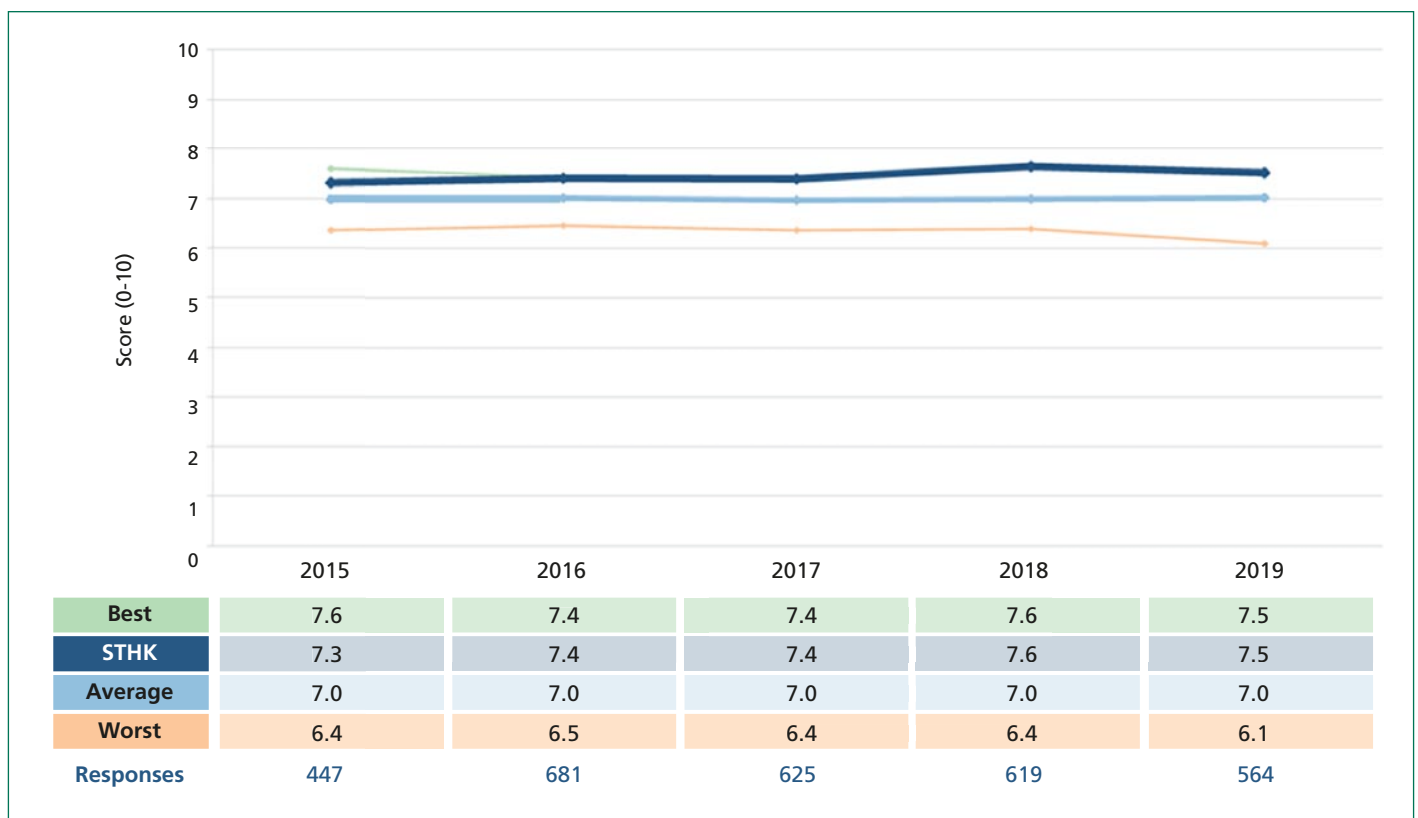


The Trust has been rated as the best place to receive care or treatment in the NHS for the third consecutive year. In addition, 87.2% of staff agreed that care of patients/service users is the organisation’s top priority.

Also, for the third consecutive year, the Trust has recorded the highest national score for staff’s belief that it acts fairly with regards to career progression.

Overall Staff Engagement is measured as an average across three themes: advocacy, motivation and involvement. Staff engagement scores fall between 0 and 10, where the higher the score, the more engaged the staff. The graph below shows that the Trust has the best score nationally for the fourth consecutive year, with a significant improvement since 2015.

Graph showing the Trust’s staff engagement scores from 2015 to 2019



The most notable contributory responses to this overall indicator of staff engagement is the staff friends and family test question, which measures staff members’ willingness to recommend the Trust as a place to receive care or treatment (87.4%), for which the Trust has had the best scores nationally, since 2017.

Whilst the overwhelming majority of responses are positive, the quality of appraisals has been identified as an area for improvement. This area has the potential to impact on both staff morale and development; therefore, it is imperative that the Trust takes steps to address these. A deep dive has identified the specific areas and staff groups where focussed action will be taken and an action plan is being developed to support this work.

3.1.7. Health, Work and Wellbeing

The Trust has a Health, Work and Wellbeing Strategy 2016-2021 in place, which is delivered by the Health, Work and Wellbeing Service. The service is nurse-led and includes many different specialists who work together collaboratively. The team includes Occupational Health Physicians, Occupational Health Nurse Advisors, Screening Nurses, Counsellors (telephone and face-to-face), Psychology, and a physiotherapy service (online and face-to-face) which is supported by an administrative team. In addition, the Trust offers staff a 24/7 employment assistance service which provide telephone and online staff support.

The main aim of the service is to ensure that employees are both physically and mentally healthy whilst in work, as a healthy motivated workforce is integral to achieving better care for patients. Research shows that supporting the wellbeing of the workforce is paramount to achieving higher levels of performance (Boorman Review, 2009).

The Health, Work and Wellbeing Service is SEQOHS accredited, which means that the service continues to meet the national minimum standard when delivering a Safe Effective Quality Occupational Health Services (SEQOHS). The assessment looks at the following aspects of Occupational Health; business probity, information governance, people, facilities and equipment, relationships with purchasers and workers.

2018 saw the recruitment of the wellbeing champions and throughout 2019 the number of wellbeing champions increased. There are plans to recruit more to ensure that all areas within the Trust are represented. Wellbeing champions assist the Health, Work and Wellbeing Team to implement the Health, Work and Wellbeing

calendar, ensuring key health messages and Public Health England campaigns are accessible to all employees.

2019 also saw the beginning of the training for Mental Health First Aiders in the work place, two groups of employees from clinical and non-clinical sites have already had training and there are plans to offer more staff this opportunity.

The annual Health, Work and Wellbeing Open Day was held in September 2019, which attracted over 400 staff from all over the Trust. The session provided information on a range of health and wellbeing topics, for example, mental health support (mindfulness, employee assistance programme and counselling), increasing physical activity and healthy eating. Other wellbeing events are being planned for the other Trust sites throughout 2020.

Following on from the success of the Menopause awareness sessions the 'Menopause café' was launched. This is a drop-in support session where staff can talk and support each other and educate others on the Menopause.

The successful flu vaccination programme was launched at the Health, Work and Wellbeing open day. The 2019-20 campaign saw an increase in the number of peer vaccinators and an increase in the number of areas achieving 100% staff vaccinations. The first 'jabathon' (mass flu immunisation at work) took place and feedback from staff indicated this was very popular as staff found it difficult to leave their work area. 93.9% of frontline healthcare workers were vaccinated, which far exceeds the 80% national CQuIN target.

2020 saw the launch of the Health, Work and Wellbeing calendar, and to date has seen two national public health campaigns implemented within the Trust.

3.1.7.1. Clinical education and training

Providing excellent education remained a priority in 2019-20 for the Clinical Education Team. Both postgraduate and undergraduate education portfolios have grown and seen significant change. To comply with the GMC's quality framework, new educational governance systems have been established within postgraduate medical education for medical trainees, ensuring there are clear systems in place to support their educational experiences and opportunities. Undergraduate medical education has undergone a review and the curriculum aligned to the General Medical Council's 2018 document, Outcomes for Graduates.

The use of simulation as an educational modality has continued to grow following the procurement of specialty paediatric equipment and the appointment of a second simulation tutor. We now provide regular in-situ simulation programmes, across multiple directorates within the Trust, with a vision to cross pollinate education to multi-speciality teams, which will improve team work, communication and patient safety. The Simulation Team have continued to support teams across the Trust, such as, sepsis, intensive care and stroke.

The team have again increased the dentistry simulation portfolio, following positive feedback. In addition, the appointment of a clinical skills and simulation lead for foundation trainees further increased the delivery of simulation training in the foundation training programme.

In April 2019, a new Preceptorship Programme was launched. This 10 day programme follows a patient's journey from admission to discharge using both simulation and theory and feedback from participants has been excellent. Newly qualified nurses are also invited to attend ongoing development sessions and professional discussion meetings at 3, 6, 9, 12 and 18 months facilitated by the Clinical Education Support Tutor and other healthcare professionals. The professional discussion meetings explore progress and their thoughts on the Trust's Preceptorship Programme, with early evidence suggesting this can support retention. The development sessions provide newly qualified nurses with more advanced skills such as dealing with difficult conversations and resilience training. In addition, the Care Certificate Programme for Health Care Assistants has been further developed, since appointing the Clinical Education Support Tutor.

International recruitment continues to be successful. In 2019-2020, the Clinical Education Team supported 52 nurses to pass their OSCE exams and progress to practice at the Trust. The Nursing Midwifery Council planned to amend the OSCE criteria for international recruited nurses in June 2020, however, this has been delayed due to the pandemic, with no date confirmed at the time of writing.



3.2. Patient safety

One of the Trust's key priorities in 2019-20 was to continue to embed a culture of safety improvement that reduces harm, improves outcomes and enhances patient experience.

3.2.1. Pressure ulcers

The Trust remains focussed on delivering five star patient care and is committed to patient safety. The Trust has continued to prevent any hospital acquired category 4 pressure ulcers, as a result of lapses in care since 2015.

During 2019-20, there was one incidence of hospital acquired category 3 pressure ulcer reported due to the deterioration of a category 2 pressure ulcer which was present on admission. A thorough and in-depth investigation was commissioned to identify the root cause of this incident with the following improvement actions taken:

- Education for staff members to improve early risk identification and appropriate action planning to prevent the development of a pressure ulcer or deterioration of an existing pressure ulcer
- Development of new documentation to improve information about care of pressure ulcers and wounds
- Development of refined electronic risk assessment in the electronic patient administration system, Medway

The Trust was very disappointed to have an increase in the number of Trust-acquired category 2 pressure ulcers, increasing from 23 in 2018-19 to 59 in 2019-20. This was partially attributable to long waits in the Emergency Department and to strengthening the criteria for ascertaining lapses in care to ensure robust identification of lessons learned. The Trust has set its priority for the reduction in the number of hospital acquired pressure ulcer by 10% in 2020-21.

A number of interventions and actions were implemented last year to reduce the risk that a patient will develop pressure ulcers, listed below:

Improving access to prevention equipment/devices

- Improving access and availability of devices to support prevention of pressure ulcers for e.g. prevention devices designed for heels
- Implementation of early to bed initiative in the Emergency Department resulting in all patients being risk assessed and placed directly on appropriate pressure relieving mattresses or air mattresses to prevent tissue damage. This includes establishing contracts with specialist mattress providers to provide access to specialist pressure prevention mattress round the clock.
- Introduction and ensuring availability of specialist mattresses like TurnCair pressure relieving mattress for patients with complex conditions and to enhance patient comfort

Development of new processes and pathways

- Development of new pathway documentation, enabling better recording of risk and interventions implemented. New care plan and charts have already been developed and implemented across the Trust inpatient areas to support improved care and treatment planning
- Development and implementation of Plaster of Paris Passport for improving and recording of care for patients requiring casts.

The following further actions are currently being implemented:

Education and resource development

- Focussed education to high risk areas and increased availability of specialist input to support ward clinical professionals
- Development of a Trust App acting as a resource for staff, readily available on Trust devices

- Development of tissue viability ward champions to provide additional expertise and support for staff at a local level

Development of new processes and pathways

- IT based solution for risk assessment and identification of prevention interventions, by innovative use of Datix and Medway Vital module, is in progress for implementation in 2020/21

3.2.2. Falls

The Trust has sustained improvements in falls prevention for patients admitted to the hospital. The Falls Team continue to develop strategies to minimise the occurrence of inpatient falls and as a result have been able to reduce the number of harm incidents compared to last year.

In 2019-20, the Trust reported:

- 0.88% decrease in all inpatient falls; a further improvement from the 2.7% decrease seen in 2018-19 compared to 2017-18
- 13.89% decrease in falls incidents resulting in moderate harm or above
- 29.4% decrease in falls resulting in severe harm or above category, with 12 in 2019-20 compared to 17 in 2018-19

The Trust has developed and implemented a new falls strategy covering 2018 to 2021. The strategy focuses on seven key areas for improvement:

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

3.2.3. Venous thromboembolism (VTE)

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

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

VTE risk assessments were completed in 95.57% of patients from April 2019 to February 2020, when national reporting was suspended due to the pandemic, compared to 95.92% of patients in 2018-19, exceeding the national target of 95%.

The Trust has increased the number of risk assessments completed and the appropriate prevention interventions by:

- Implementing an electronic VTE risk assessment tool, integrated to the new patient administration system (Medway), enabling real time performance reviews
- Introducing and sharing of compliance dashboards twice daily
- Undertaking a root cause analysis investigation of all cases of Hospital Acquired Thrombosis in order to prevent it happening again
- Providing immediate feedback/education to ward staff, disseminating learning points and implementing any actions for improvement
- On-going VTE training for all clinical staff

3.2.4. Medicine safety

The inpatient electronic prescribing and medicines administration (ePMA) system is live in most inpatient locations in the Trust (with the exception of Paediatrics, Intensive Care and Maternity). The implementation of ePMA has delivered the following benefits:

- Removed the need for drug charts to be re-written thus reducing transcription errors
- Drug charts no longer have to leave the ward and can be accessed anywhere across the Trust, removing the need for them to be sent to pharmacy for example
- Information is available for ward rounds
- Previous admissions are retained on the system which can be accessed to provide information regarding previous medication
- Quality of the information is improved as it is legible and the prescriber can be identified and contacted as required
- Audit log allows the prescriptions to be reviewed to see why a drug has been stopped or suspended or why a drug has been modified
- Course lengths, for example, of antibiotics can be added to the system and the prescription will stop automatically rather than requiring a doctor to stop it

The system also has a number of reports that can be run, including reports of any outstanding medicines reconciliations and any drugs not available to prescribe on the system. A report has also been built to identify patients prescribed a specific drug and a report which lists medicines by prescriber and date should this be needed for a drug recall, for example, or if a prescription needed to be queried.

A missed and omitted doses report has also been generated which is sent to ward staff each day. This has subsequently been added to the ward dashboard. Work will be undertaken to roll this

out across the Trust. Omitted and missed doses are now more obvious on the system. If a dose has not been signed for then this will be flagged to the nurses during their administration rounds and they will be made aware that the dose has not been given. If a dose is missed then the reason for the omission has to be recorded.

The Trust has continued to reduce the number of medication incidents in 2019-20 compared to 2018-19, supported through proactive work streams led by pharmacy, including:

- No severe harm incidents relating to medication administration or prescription
- 27.4% decrease in omitted doses

3.2.5. Theatre safety

The Trust Operating Theatre Department have a number of initiatives to improve safety of patients, which are highlighted below:

- Development and implementation of National Safety Standards for Invasive Procedures (NatSSIPs) to reduce the number of patient safety incidents related to invasive procedures in which surgical never events could occur
- Development and implementation of Local Safety Standards for Invasive Procedures (LocSSIPs), as per the national guidance. These documents provide a framework for ensuring safety checks are carried out using a nationally approved methodology
- Further work to improve the structure and content of the communication tool used in theatre, enabling all team members to contribute to ensuring safety and minimising errors
- Commitment to 'being open' and enabling staff to speak up in case of any concerns. The Operating Department continues to use the hierarchy challenge tool (HALT), which offers a series of prompts for any team member to tell the team they have a concern. The

development and adoption of this tool by the Trust has been recognised as a national pioneer in CQC publication 'Opening the door report' published in December 2018

https://www.cqc.org.uk/sites/default/files/2018_1224_openingthedoor_report.pdf

- Introduction of crisis trolleys in the Operating Department, providing a multipurpose equipment base to replace multiple trolleys and equipment used in challenging emergency situations in theatre. This ensures the right equipment is available for clinical teams in the event of a clinical emergency, enabling the right care and treatment to be given to the patient as soon as possible
- Introduction of clinical practice leads, to support the safe development of newly qualified Operating Department Practitioners (ODPs) and registered nurses newly employed to theatre settings. Clinical practice leads provide training and clinical supervision enabling the development of a safe and effective clinical workforce
- Support for the workforce and safe staffing levels through active recruitment process, with higher retention rates. The department has very low turnover rates and has improved retention rates compared with previous years, demonstrating recognition of the support offered to all levels of staff members and higher levels of staff satisfaction
- Operating theatres have also reengineered the patient journey to theatre, by developing forward wait areas. The new processes help improve the overall patient experience with reduced delays before surgery. The innovative process also offers enhancement in patient safety, by facilitating streamlined checking processes to be carried out before surgery
- The department has also invested in innovative approaches in obstetric care with the introduction of a second midwife or midwife assistant in theatre. Additional resources available allows the midwife to attend to and

support new mum and baby, as well as the family member present, allowing the clinical teams to focus on the surgical procedure, enhancing both the safety and the experience for the mother

- Continued to invest heavily in training of clinical and non-clinical skills, in recognition of the value of highly skilled staff to delivering safe care. Simulation exercises are regularly carried out involving multi-disciplinary team members. These exercises are undertaken to familiarise staff members with unfamiliar situations and rare clinical emergencies. The training is underpinned with the principles of human factors and just culture. Incremental challenging scenarios are used to develop skills and confidence amongst staff members

The Operating Department has been able to achieve:

- 50% reduction in theatre-related episodes of moderate harm and above
- 17% reduction in all theatre related incidents

3.2.6. Being open – duty of candour

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

The Trust promotes a culture of openness, honesty and transparency. Our statutory duty of candour is delivered under the Trust's Being Open - A Duty of Candour Policy, which sets out our commitment to being open when communicating with patients, their relatives and carers about any failure in care or treatment. This

includes an apology and a full explanation of what happened with all the available facts. The Trust operates a learning culture, within which all staff feel confident to raise concerns when risks are identified and then to contribute fully to the investigation process in the knowledge that learning from harm and the prevention of future harm are the organisation's key priorities.

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

3.2.7. Never Events

Never Events are described by NHS England as serious incidents that are wholly preventable. Guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should be implemented by all healthcare providers.

Each Never Event has a potential to cause serious harm or death. However, serious harm or death is not required for the incident to be categorised as a Never Event. Never Events include incidents such as: wrong site surgery, retained foreign object post-surgical procedure and chest or neck entrapment in bedrails.

The Trust had one Never Event in 2019-20, relating to retained foreign body during surgery. The Trust remains committed to using Root Cause Analysis (RCA) to investigate adverse events. This

approach is underpinned by the Trust's commitment to ensuring an open and honest culture in which staff are encouraged to report any errors or incidents and encourage feedback in the knowledge that the issues will be fairly investigated and any learning and improvement opportunities implemented. Improvement actions include strengthening theatre checking processes and enabling a safer theatre working environment to provide assurance that lessons have been learned.

3.2.8. Safety Thermometer

The NHS Safety Thermometer is a national improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care during hospital stays. This measures four key harms: pressure ulcers, falls, catheter acquired urinary tract infection and VTE (blood clots). The Trust has continued to achieve over 98% new harm free care, that is harm that has occurred whilst an inpatient and is one of the best performing trusts in the region.

Data for all inpatients is collected on one day every month. This identifies patients who are admitted from home with harms and harms which occurred whilst in hospital. Specialist nursing staff validate the results from this audit. Once validated, the information is then submitted to the NHS Information Centre.

The Trust maintains good practice in relation to the prevention of pressure ulcers, falls with harm and VTE by:

- Ensuring education and training is available for all ward staff to enable them to complete and submit the NHS Safety Thermometer as required

- Weekly harm review meeting reviews all incidents across the Trust, including falls
- Bi-monthly Falls Improvement Group oversees the implementation of the revised falls strategy and performance manages the associated action plans
- The implementation of a new Supplementary Care Policy, helping to ensure appropriate levels of additional supervision are in place when required
- Providing non-slip anti-embolic stockings
- Continuing to provide education for all clinical staff on VTE, resulting in increased compliance with the prescribing and administration of anticoagulants to prevent these occurring
- Nursing staff attending one hour tissue viability training every three years
- Access to a full day wound management training session
- Providing each ward with a comprehensive tissue viability folder as a staff resource
- Working towards meeting the Falls CQuIN
- Development and implementation of risk assessment tools and care intervention pathways (Bristol Royal Infirmary Checklist) in Emergency Department
- Introduction of 'Heels RED - think BED' initiative aimed at reducing the chances of developing heel pressure risks associated with electric profiling beds
- Development of new pathway documentation for Tissue Viability, enabling better recording of tissue status

3.2.9. Infection control

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

The Infection Prevention Team undertakes a rolling programme of infection prevention audits of each ward and department, with individual reports discussed with ward managers and teams for action. Infection prevention indicators are included within the Quality Care Accreditation tool (QCAT).

The Trust's infection prevention priorities are to:

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

During the reporting period April 2019 to March 2020, the Trust reported the following:

- MRSA bacteraemia (MRSAb): one positive blood sample, which was a contaminant, against a threshold of zero
- Clostridium Difficile infections (CDI): The threshold for cases of CDI set for our Trust in 2019- 2020 by NHS Improvement (NHSI) was no more than 48 cases. NHSI issued new definitions detailing which cases would be assigned towards the Trust's threshold. Prior to April 2019, this only included cases that were

detected in the hospital 4 or more days after admission (if day of admission is day 1). From April 2019 onwards, the Trust's threshold included the two following categories of cases:

- a) **Hospital onset healthcare associated:** cases that are detected in the hospital 3 or more days after admission (if day of admission is day 1)
- b) **Community onset healthcare associated:** cases that occur in the community (or within 2 days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 4 weeks

These changes contributed to an increase in the number of cases assigned towards the Trust's threshold, with 61 cases recorded, of which 19 were successfully appealed as there were no lapses in care.

Methicillin Sensitive Staphylococcus Aureus bacteraemia (MSSAb): The Trust has 25 cases of (MSSAb), To date, seven cases were deemed avoidable following post infection review (PIR).

Lessons learned from PIRs of MRSAb and CDI cases are shared Trust-wide via a monthly infection prevention report. Lessons learned include good practice identified, as well as areas for improvement. This information is also shared monthly with the CCGs.

The latest surgical site infection (SSI) rates related to elective hip and knee procedures from April to March 2020 are shown below:

- Hips 0.6% against a national average of 0.9%
- Knees 0.3% against a national average of 1.2%

In May 2016, the Government announced its ambition to halve Gram-negative bloodstream HCAI by 2021. As approximately three-quarters of E. coli bloodstream infections (BSIs) occur before people are admitted to hospital and, therefore, reduction requires a whole health economy approach. The Trust, in collaboration with CCGs and partners, has developed a health

economy action plan particularly focusing on a 10% in-year reduction in urinary tract infections and to learn and share lessons. The Trust continues to work closely with the infection prevention, patient safety and quality teams in the wider health economy, attending collaborative meetings across the region in order to improve infection prevention and control practices and monitoring.

The Trust vaccinated 93.9% of front-line staff, exceeding the national flu CQuIN target of 80%. In addition, the Trust promoted the flu vaccination with pregnant women and patients in long stay rehabilitation wards. This season the Trust introduced flu vaccinators/ champions for every ward and department to make it easier for staff to access vaccination. There were also peripatetic vaccinators throughout the Trust. During the flu season, the Trust had daily flu ward rounds undertaken by the DIPC and respiratory clinician.

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

Key achievements for 2019-20 were:

- PLACE assessments achieved 100% for cleanliness for Whiston and St Helens sites
- Continued SSI surveillance within elective hip and knee
- Introduced e-learning for mandatory infection prevention training
- Introduced e-learning for aseptic non-touch technique (ANTT)
- There are 439 Aseptic Non Touch Technique key trainers in the Trust who are responsible for ensuring all staff are compliant with ANTT
- 100% compliance with carbapenemase-producing enterobacteriaceae (CPE) and MRSA screening
- Ensured that there was infection prevention input into environmental monitoring systems

and implementation of national standards for cleanliness and validation of standards

- Ensured there was infection prevention input into new builds and building modification
- Continued to use electronic assessments for recording patients' bowel habit, monitoring using the Bristol Stool Chart and also for CPE risk/screening assessment using the Patientrack system.
- Introduced bi-weekly multi-disciplinary ward inspections with estates and facilities, Medirest, Vinci and new buildings to monitor ward cleanliness and estates and facilities provision
- Changes to the RCA processes to improve and prioritise cases that require oversight and input from the executive and clinical teams. Timely RCA reviews for CDI cases has improved the dissemination of lessons learned and targeted the infection prevention team input to ward areas that require support

3.2.9.1. COVID-19

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a pandemic affecting many countries globally.

The most common symptoms of COVID-19 are fever, dry cough, and tiredness. Other symptoms that are less common and may affect some patients include aches and pains, nasal congestion, headache, conjunctivitis, sore throat, diarrhoea, loss of taste or smell or a rash on skin or discoloration of fingers or toes. These symptoms are usually mild and begin gradually. Some people become infected but only have very mild symptoms.

The disease spreads primarily from person to person through small droplets from the nose or mouth. People can catch COVID-19 if they breathe in these droplets from a person infected

with the virus. These droplets can land on objects and surfaces around the person such as tables, doorknobs and handrails. People can become infected by touching these objects or surfaces, then touching their eyes, nose or mouth.

The Trust began to prepare for potential COVID patients in January 2020 and instigated its emergency preparedness response and business continuity plans. The first patient admitted to the organisation was on the 12th March 2020.

The Infection Prevention Team members were responsible for:

- Advising the Trust on the most up-to-date and continually changing guidance from Public Health England (PHE) and NHS England via silver and gold command
- Education for staff on how to care for COVID patients, providing the highest quality care and protecting themselves while caring for them
- Working closely every day with the Procurement Department ensuring provision of personal protective equipment (PPE) to wards and departments was available and fit for purpose. Communicated Trust-wide any changes to PPE requirements issued by PHE and NHS England.
- Working with estates and facilities in altering existing services and buildings to create additional non-invasive ventilation (NIV) and critical care unit beds, COVID wards, staff changing and break out rooms etc.
- Provided the fit test service and expertise throughout the pandemic, including training staff on the new quantitative fit testing machines purchased during the pandemic
- Visiting wards and departments providing support and reassurance for staff.
- Provision of learning aids, posters on PPE, hand hygiene and environmental cleaning
- Providing advice to community colleagues and care homes

- Contributed to clinical protocols for COVID patients
- Providing a 7 day week infection prevention service on site
- Providing advice and support to our Medirest and Vinci colleagues
- Surveillance and reporting throughout the day on new COVID cases
- Providing support to staff self-isolating or at home with suspected/confirmed COVID

3.2.10. Safeguarding

The Trust takes its statutory responsibilities to safeguard vulnerable patients of all ages very seriously and welcomes external scrutiny of its robust policies, procedures and processes. The Trust submits quarterly key performance indicator data to the CCGs, including the Trust's policies, for external scrutiny. The Safeguarding Team submitted weekly then fortnightly position statements during the COVID-19 pandemic and evidence to CCGs and to the Safeguarding Boards, as requested. The Trust also submits responses to the Commissioning Standards template and reports progress against any required actions. Safeguarding compliance is monitored by St Helens CCG through key performance indicators and St Helens CCG then provide assurance to Halton and Knowsley CCGs.

The Trust has a dedicated Safeguarding Team comprising of:

- Assistant Director of Safeguarding
- Named Nurse, Safeguarding Children
- Named Doctor, Safeguarding Children
- Named Midwife
- 2 x Safeguarding Specialist Nurses
- 1.6 whole time equivalent clerical support

The Named Midwife is supported by a Specialist Midwife and administration staff.

The following additional staff joined the Safeguarding Adults Team from March 2020:

- Named Nurse Safeguarding Adults
- Learning Disability Specialist Nurse
- Mental Capacity Act Specialist Practitioner

The Safeguarding Team provides support and advice to staff and delivers mandatory safeguarding supervision and training to all staff throughout the organisation. The Team ensures that policies and procedures are reviewed regularly in line with current legislation, including all aspects of safeguarding, Prevent, child exploitation, trafficking and modern slavery.

The Trust's safeguarding assurance framework had separate safeguarding children and adults steering groups, which met quarterly to discuss required actions, activity and updates on current practice and drive the safeguarding agenda within the Trust. In September 2019, the children and adults groups were combined to become the Safeguarding Assurance Group due to the crossover of some agendas and to support cross working across family generations. The Safeguarding Assurance Group reports to the Patient Safety Council. Designated Nurses from the CCG and Healthwatch colleagues are invited to the meetings for external scrutiny and to facilitate information sharing.

Annual reports are approved by the Trust Board for both Safeguarding Children and Safeguarding Adults. These reports are subsequently shared with Local Safeguarding Adult and Children's Multi-Agency Boards and inform their annual reports accordingly.

3.2.10.1. Safeguarding Children

The Trust continues to work pro-actively with St Helens, Knowsley and Halton Safeguarding Partnership Boards in line with the new

arrangements that came into being in June 2019, following the publication of Working Together to Safeguard Children 2018 as a consequence of the Wood Review recommendations.

The Trust is involved in the Partnership Forum and sub-groups across the three local authority areas ensuring that the acute Trust perspective is considered and that safeguarding continues to be a priority, as well as maintaining partnership working across the footprint.

The Safeguarding Team contributes, as required, to multi-agency reviews including serious case reviews, practice learning or management reviews. Any identified learning points are shared across the Trust and any necessary actions implemented to improve practice.

The Trust continues to support and safeguard children at risk of all forms of abuse contributing to the 'early help' agenda and multi-agency safeguarding procedures.

3.2.10.2. Safeguarding Adults

The Trust continues to work pro-actively with St Helens, Halton and the Merseyside Safeguarding Adult Boards as either a board or sub-group member.

The Trust, along with partner agencies, continues to work in line with current statutory guidance. The Safeguarding Team contributes to any multi-agency reviews including safeguarding adult reviews, domestic homicide reviews and management reviews. Any identified learning points are shared across the Trust and any necessary actions implemented to improve practice as required.

The Trust continues to support the patient journey of adults who have additional needs or

who are identified as potentially being adults at risk. This cohort of patients includes people with a learning disability, mental health issues, substance misuse or any other vulnerability factor. The Safeguarding Team works closely with staff to identify and safeguard these individuals, also advising regarding reasonable adjustments.

3.2.10.3. Mental Capacity Act and Deprivation of Liberty Safeguards

The Trust's Mental Capacity Act (MCA) Policy and Procedure is embedded into clinical practice. Applications for Deprivation of Liberty Safeguards (DoLS) continue to increase. An audit into referrals this year generated an information sheet for front line staff to support decision making.

Quarterly information is supplied to the CCG regarding the applications that are made and the outcome of the application. The Trust will review all MCA/DoLS processes in line with the forthcoming Liberty Protection Safeguards (LiPS), to ensure robust arrangements are in place when the Trust becomes the Responsible Body for reviewing applications, signing off authorisations and monitoring any restrictions that are deemed necessary, under the new arrangements. The Trust is included in multi-agency meetings regarding the LiPS and is awaiting the publication of a Code of Practice.

Funding for an additional post within the Safeguarding Team was agreed which will support this agenda in the following year with the new staff in post from March 2020.

3.2.10.4. Domestic Abuse

The Trust actively contributes to the local domestic abuse agenda with completion of MERIT risk assessment tools, signposting to relevant support agencies or Multi-Agency Risk

Assessment Conferences (MARAC), active participation at both St Helens and Knowsley MARAC meetings and reports by exception to Halton and Warrington.

The Trust Domestic Abuse Policy ensures support is offered to both patients and staff members who may be affected by domestic violence and/or abuse. Training is embedded in all levels of both safeguarding children and adult sessions to ensure that the workforce is competent in the identification and support of domestic abuse victims and children.

Contribution to Domestic Homicide Reviews is undertaken as required by Community Safety Partnerships. There have been two Independent Management Reviews required this year, both of which had minimal learning for the Trust.

3.2.10.5. Learning Disability

Guidance has been implemented for patients with a learning disability attending any department within the Trust on how to meet their individual needs. This is supported by a toolkit to ensure that staff are able to provide the highest standards of care. The Trust works with partner agencies to support the patient journey and to share best practice. Safeguarding Adult staff support this agenda, highlighting and supporting those patients who attend the Trust requiring reasonable adjustments and support with communication whilst using Trust services.

The Trust is working to implement the NHS England Learning Disability Improvement Standards and has been part of the NHS England and Improvement benchmarking exercise again this year. The Trust has agreed funding for a Learning Disability Specialist Nurse and, following successful recruitment, the successful candidate took up the post in March 2020.

All those with a Learning Disability who die in the Trust have their case reviewed by a member of the Safeguarding Team looking at any lapses in care or reasonable adjustments. There is also a Structured Judgement Review on each case to look at clinical care and review if there are any lessons to learn. The Trust is part of local LeDeR panels and is supportive of reviewers accessing Trust records to undertake external reviews. Learning Disability work streams are reported through the Patient Experience Council and subsequently the Quality Committee. The Safeguarding team support staff with reasonable adjustments required for patients. Carers are also supported with those who have difficulties accessing the Trust due to a Learning Disability, which may be due to health or behaviour complexities or those requiring adjustments to facilitate a visit or treatment.

The newly appointed Learning Disability Specialist Nurse will support the Trust in ensuring training is fit for purpose and that staff can access specialist advice as required. The Trust has employed a Mental Capacity Act Specialist Practitioner who will also support those with a Learning Disability and staff treating patients under the Mental Capacity Act. The Trust employs 18 whole time equivalent staff with a Learning Disability.

3.3. Clinical effectiveness

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

3.3.1. National Institute for Health and Care Excellence Guidance

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

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

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

207 pieces of new or updated NICE guidance were released during the year 2019-20. There is a system in place to ensure all relevant guidance is distributed to the appropriate clinical lead to assess its relevance and the Trust's compliance with the requirements. Action plans are produced for any shortfalls to ensure compliance is achieved. Compliance will be rigorously assessed by mandatory departmental compliance audits reportable through the Trust audit meetings. The Trust is fully compliant with 79 of those guidance papers issued and working towards achieving the remainder.

3.3.2. Clinical audit

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

3.3.3. Intensive Care National Audit & Research Centre (ICNARC)

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

3.3.4. Mortality

The Government's preferred measure for mortality is the Summary Hospital Level Mortality Indicator (SHMI). The latest published data is for the 12 month period Oct-18 to Sep-19. The Trust's SHMI for this period is 1.08, which is as expected.

The Trust's mortality is also within expected levels for both of the other commonly used measures, with the Standardised Mortality Ratio (SMR) at 104.3 and the Hospital Standardised Mortality Ratio (HSMR) at 104.9.

3.3.5. Copeland risk adjusted barometer (CRAB)

The Trust has established the use of CRAB to review complications and mortality trends across the surgical specialties in the Trust. The CRAB Benchmarking Group is made up of representatives from each of the surgical specialties and as a group reviews these trends on

a monthly basis. With this powerful tool, surgical mortality and complications trends can be examined across the whole Trust, within surgical departments and even at the individual surgeon level. CRAB creates an accurate picture of surgical consultants' practice, adjusting for presenting risk, operation complexity and intra-operative complications. It prevents harmful misuse of crude mortality statistics and helps to identify best practice. Until recently, CRAB Surgical only reflected the activity of surgical in-patient episodes and did not reflect the management of medical patients within the Trust. However, owing to the success of CRAB Surgical, the Trust has now obtained CRAB Medical, thus broadening the benefits across both surgical and medical patients.

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

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

Outcomes from this group are fed into the Clinical Effectiveness Council (CEC) on a quarterly

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

Issues and concerns identified at the CRAB meetings are reviewed by the group as a whole and reviewed in more depth by specialty CRAB representative. This more detailed review is fed back to the CRAB lead and the reports are adjusted to reflect this. If improvements in performance are not seen then it is the responsibility of the CRAB representative to escalate to the clinical director of that specialty and persistent concerns relayed to the CEC meetings.

3.3.6. Promoting health

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

and tobacco CQuIN, whereby patients are asked on admission about smoking and alcohol intake and then provided with support and guidance as required. In addition, the Maternity Service actively promotes breast-feeding.

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

The Trust has an effective volunteering service and has 325 volunteers currently working across the organisation, with recruitment events held every other month. The Trust's Volunteer Department has continued to work with multidisciplinary agencies to support people back into employment, through building confidence, learning new skills and improving both mental and physical wellbeing through becoming a volunteer at the Trust. Volunteers are offered a variety of training opportunities that will be advantageous should they wish to apply for Trust jobs or employment outside of the organisation.

Due to COVID-19, all volunteers over 70 years of age and those with underlying health conditions were required to self-isolate, which impacted on many of our volunteers. In order to minimise the impact of this there has been continued recruitment of new volunteers throughout the pandemic, supported by furlough schemes and the closure of higher education institutions. Ward volunteers were redeployed into new roles that could speed up the discharge process.

New roles included;

- Volunteer Responders were contactable by telephone to run errands and deliver items from relatives to patients
- Volunteer Pharmacy Drivers delivered medication to patients in the local community who were shielding/self-isolating
- Family Liaison volunteers supported the PenPALS by delivering messages from families

Trust staff volunteered their time to support vulnerable volunteers with a Check in and Chat telephone service.

In addition, the Trust has signed the Step into Health Pledge to champion and assist the transition of ex-military staff into NHS employment. NHS Employers and the Royal Foundation support the pledge.



3.4. Patient experience

Patient experience is at the heart of the Trust's vision to deliver 5 star patient care and we are keen to learn from all our patient and carer experiences so we can continuously make improvements and share good practice.

Patient stories remain a pivotal part of the patient experience agenda throughout the Trust. Patient stories are shared in a number of forums including the Trust Board, Patient Experience Council and the Patient Experience and Dignity Champions group. Patients and their families are welcomed and encouraged to present their experiences in their own words and make suggestions to improve the patient journey.

Patient stories have contributed to a number of positive service improvements throughout the Trust, including the introduction of telehealth which enables video consultations for patients requiring outpatient speech and language therapy, providing a more flexible and inclusive service. There are plans to implement this within other services such as Frailty, Liver Surveillance and Breast reconstruction. The community intravenous therapy (IV) team have enhanced the responsiveness of their service by offering additional drug therapies to support patients' preference to stay at home and continue with their normal day to day activities, reducing the need for hospital attendance or admission. The Trust is considering whether this can be further developed to benefit more patients.

A range of mediums have been used to deliver patient stories including patient films, patients and their relatives attending in person, and submitting stories for staff to deliver on their behalf.

Prior to the pandemic, the Patient Experience Manager engaged with 5 patients or carers each day in a range of settings, including wards and outpatients clinics. This provided valuable 'real time' feedback from patients and carers about their experience and allowed early identification of any individual problems which could be easily resolved. More complex issues and any emerging themes or trends across the Trust were escalated to senior teams.

A number of actions have taken place this year to enhance patient and carer experience. These include the implementation of a carer's passport developed in conjunction with local carers groups; the passport recognises the Trust's commitment to working together with carers as partners, identifying and supporting their needs.

Further developments include the planned introduction of a pager system for patients waiting for prescriptions in the Pharmacy Department to enable patients and carers to leave the department and return once the prescription is ready for collection.

The Trust has continued to engage with patients via a number of patient participation groups. Forums take place within the specialties of paediatrics, maternity, diabetes, gastroenterology, the continence service and rheumatology. The Trust-wide patient engagement group continued to meet regularly and was attended by a wide range of participants. This provided the opportunity for staff to share the Trust's developments with patients, carers and members of the community and gain their feedback in relation to service developments, priorities and progress of the Patient Experience Strategy for 2019-2022.

What our patients said about us in 2019-20

Sanderson Suite

Just returned from having cataract surgery and have to send such a positive review! The staff were amazing and were so kind and professional! Have to mention one of the nurses who put my mind at rest as I was very nervous before hand! Thank you all very much

Dermatology Clinic

I attended the Dermatology clinic in a state of worry and dread as I am a nervous person and I feared the worst! As it was I could not have been treated better. I did not have a long wait and was greeted by a caring nurse. The consultant was very understanding and allayed my fears and assured me of choices. The outcome was much better than I'd feared and I am very thankful for all the care I received. Thank you all so much!

Urology Department

I've attended hospital for the last 7 Fridays in the urology department. The nursing staff and the consultant were very professional ...so understanding about the traumatic situation my life had taken and the stressful life I am facing. All the staff were amazing. I've visited 3 different hospitals and the quality of service I have received is outstanding. I've got surgery coming up shortly and have every confidence in the team treating me. Thank you all you are all so very special people to me.

3.4.1. Friends and Family Test

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

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

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

The Trust's inpatient response rate at the end of February 2020 was 29.7% compared to the national average of 24.4% based on February 2020 inpatient national data and including independent sector providers). Wards and departments across the Trust monitor the patient feedback and create 'you said, we did' posters for display. These posters reflect our response as a result of patient comments and are invaluable in maintaining staff motivation and influencing change. Some examples include:

Diabetes

You said The staff treated me as if I was the only patient they had when there were very many. Any questions I had were answered honestly and professionally and I couldn't ask for better treatment.

We did Our team are always on hand to offer expertise, advice and answer any questions you may have. Our staff are often under a lot of pressure within such a busy department therefore it is heart-warming to hear that they make our patients feel so special and individual

Emergency Department

You said I was not happy with the time I waited while I was in so much pain and I was not offered any pain killers.

We did We apologise about the delay to be seen. We will place notices in the waiting room to ask patients to speak with the triage nurse if they require analgesia.

Ward 1B

You said The care I received whilst on 1B was very professional and the staff were lovely and caring.

We did Staff are encouraged to be professional at all times and adhere to ACE behavioural standards

Eye Clinic

You said Professional service as usual but the 2 hour wait is still an annoyance. In the bigger picture I am extremely grateful that my sight is being preserved, and look forward to the prospect of a more permanent fix being made available.

We did Thank you for your comments we appreciate waiting times can be inconvenient, we do have a buzzer system so you are able to go for a drink and we keep our delay board updated so that you can be informed of any delays.

Postnatal Ward

You said I was here 4 years ago and again now. Everything has been amazing I can't fault the care and I always recommend friends and family should have their babies here.

We did Thank you so much for your kind comments. It is lovely to know you recommend our Maternity Unit to your friends and family.

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

3.4.2. Complaints

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

In 2019-20, the Trust received 325 new complaints that were opened for investigation. This represents an increase of 19% in comparison to 2018-19, when the Trust received 273 new complaints. Many of the additional complaints

were associated with the very challenging winter period when there was additional pressure on the Trust's capacity.

There were 36 complainants that were dissatisfied with the initial response and raised a stage two complaint, compared to 36 in 2018-19. The total number of PALS contacts increased by 3.84% to 3298 in 2019-20.

Work remains ongoing to improve the timeliness of responses to those who made the effort to highlight concerns about their care. The average time to respond to new complaints within the agreed timescale has increased from 92.1% in 2018-19 to 93.4% in 2019-20.

The Trust has continued to conduct the Complaints Satisfaction Surveys throughout 2019-20, with a copy of the survey sent out with all response letters. There were 22 responses in total received in 2019-20, a 7% response rate. A summary of the findings is below, noting that the % figures provided are based on the number of respondents answering the specific question:

- 81.8% confirmed that our written response included a clear explanation of the options available to them if they weren't satisfied with our findings
- 77.2% found it very or fairly easy to complain, with three finding it fairly difficult and one finding it very difficult
- 69% felt that their complaint had been responded to in a reasonable timescale whilst 31% felt that their complaint had not been responded to in a reasonable timescale
- 63.6% confirmed that the reasons for the Trust's decision was made clear to them
- 59% were very or fairly satisfied with the way the complaint was handled

- 54.4% confirmed that they felt that they had been treated with respect throughout the process whilst 22.7% confirmed that they had been treated with respect some of the time in the process

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

A number of actions were taken as a result of complaints made in 2019-20 and a sample of these actions is recorded on the Trust's internet in keeping with the Francis Inquiry recommendations.

Actions taken include:

- Additional nurses have been recruited to provide further triage facility in the Emergency Department
- A pathway has been implemented in conjunction with North West Ambulance Service to ensure that dialysis patients are admitted directly to the local dialysis provider
- The Emergency and Paediatrics departments have reviewed the referral pathways and a more robust referral process between the two departments is now in place
- Processes and systems have been changed within the cardiology clinic and the booking clerk will cross check to ensure that an appointment has been made when a procedure is marked as urgent
- Spot check audits undertaken of documentation regarding wound care management, risk assessment, rounding tool, catheter monitoring forms and moving & handling assessments and associated equipment
- All staff in the department (Ward 5A) to review the Pressure Ulcer Prevention Policy



3.5. Service developments during 2019-20

3.5.1. Surgical Care Group

3.5.1.1. General Surgery and Urology

- Increased the numbers of trainee nurse clinicians across General Surgery and Urology, with three new recruits to the training posts, leading to two in urology, two in general surgery and one joint post
- Introduced 7 day cover for the Emergency Surgery Coordinators/'Hot' Gallbladder service, in October 2019, from five days, following a period of training for a second coordinator
- Involved in trial with radiology for ward-based scanning, both for inpatients and GP patients who might not require admission and will return for scan the following day. This happened throughout February 2020 and the benefits were that all inpatients who needed a scan were highlighted and scanned and also patients who were reviewed the previous day in GP triage were asked to return the following morning for their scan. This avoided the patients moving from department to department and also had an impact on length of stay as patients did not wait lengthy periods for scans
- Increase in pharmacy cover across wards 4A and 4B with new pharmacists in post, which improves both the patient journey and allows earlier discharges to be facilitated during each day to improve patient flow
- Clinical space provided to enable the pull up model from ED to Ward 4B. This area has been created to "pull" patients from ED who are deemed fit to sit. They are reviewed on the ward and investigations carried out before a decision to admit is made. Often these patients avoid admission and are reassured that a plan of action has been put in place to manage their condition
- A second nutritional nurse has been employed by the Gastroenterology Team, which has improved the service to patients who are artificially fed. Ward 4C have the majority of the inpatients who require Total Parental Nutrition (TPN) and the wards have close links with the team to ensure feeding is set up in a timely manner
- Increase in hot slots for lithotripsy on Ward 4A from January 2020, with an additional session created in the clinic taking the days from two to three. Currently there are four additional slots for this, which includes a slot for inpatients who need the procedure
- The Urology Team, in collaboration with Edge Hill University, is developing a Post Graduate Certificate in Urology Practice starting in September 2020, which will be hosted at the Trust with the majority of the teaching being delivered by clinicians who are experts in their field from throughout the region. Funding has been secured from the Cheshire and Merseyside Cancer Alliance to establish the programme and develop the Urology Unit into a training hub for nurses, based on the recommendations of the Get It Right First Time (GIRFT) report
- Urology hot clinics implemented daily on Ward 4A which has very positive feedback. The clinics aim to reduce length of stay as patients can be discharged home, with a follow up review as required in the clinic on the ward. This service has been expanded to long standing urology patients who may require interventions which would previously have been listed as an elective admission
- Expansion and development of the services within Urology Unit continue with the establishment of a laser bladder tumour service, allowing for more appropriate triaging and treatment of patients which in turns frees

up theatre capacity. The two trainee Urology Nurse Practitioner posts highlighted above will allow the service to move to 6 day working, once trained, therefore increasing capacity. Existing staff within the unit have been undertaking Advanced Masters level modules allowing them to advance their practice further to enhance the patient journey. Work is also ongoing to move the transperineal prostate biopsy service from theatre to the Urology Unit

- The Uro-Oncology Clinical Nurse Specialist continues to expand their nurse-led clinics and now sees the vast majority of patients who have undergone nephrectomy regardless of risk in the nurse-led clinic. A nurse-led active surveillance clinic for men with prostate cancer has also been established and both these developments have freed up capacity in Consultant clinics. The Urology Support work now attends board rounds, as well as completing patient information ward rounds, which allows for further assessment of the potential information needs of urological cancer patients
- The Continence Team are developing a complex catheter care service within the community for patients who experience problems with catheters to prevent unplanned attendances at the Emergency Department and the Urology Hot clinic. A member of the Continence Team has been accepted on the Nurse Associate allowing for further development

3.5.1.1. Ophthalmology

The Ophthalmology Service has recently entered into a collaborative arrangement with Warrington and Halton Hospitals NHS Foundation Trust to provide out-of-hours emergency ophthalmology services to the patients of both hospitals. This arrangement provides sustainability to the two providers after the previous collaboration ended with the merger of the Royal Liverpool Hospital and Aintree University Hospital.

The service has expanded its nurse-led services by training and introducing the nurse-led clinics in Botox for the treatment of eyelid disorders and laser surgery for YAG (yttrium aluminium garnet) capsulotomy, a special laser treatment used to improve vision after cataract surgery.

3.5.1.2. Maternity

The Maternity Service has been involved within the National Maternal and Neonatal Health Safety Collaborative and is focussing on the recognition and management of deterioration in babies, including improved processes relating to the neonatal sepsis pathway. The aim of phase one of the locally designed Improving Neonatal Sepsis Pathway Outcomes (INSPO) Project was to increase the number of eligible babies who receive intravenous (IV) antibiotics within an hour, without separation of mum and baby, by 75% by March 2019. The project has achieved 100% of all babies from the Delivery Suite receiving IV antibiotics, within an hour, from decision to delivery, without separation from mum, since December 2018. Phase two of the project will spread the improvement to the whole of the Maternity Service concentrating on the postnatal ward.

The Maternity Service has developed pathways of care to achieve the national ambition of Continuity of Carer. As a service we achieved the first milestone of 20% of women booked on to a Continuity of Carer pathway in March 2019 and achieved the 35% target by March 2020. This means that we will continue current pathways in place for women who are suitable for midwifery-led care and next birth after caesarean section (NBAC).

The NBAC pathway was successfully launched in August 2019 and is now providing continuity of carer to women who have previously had a caesarean section. The team has a dedicated consultant obstetrician who is working in

collaboration with the NBAC midwives to provide continuity of carer for these women regardless of their birth choices.

The third Continuity of Carer pathway has been identified for vulnerable women who use our service. The Amethyst Team has been formed by the specialist midwives to develop a team that facilitates continuity for our most vulnerable women. This team is combining the specialist services to provide continuity to women with severe perinatal mental health concerns, substance misuse, young parents, high level safeguarding concerns and black, Asian and minority ethnic women. Women often do not have these vulnerabilities in isolation and often have a complex social, psychological and medical background. The team is highly experienced in delivering care for vulnerable groups and by combining as a Continuity Team they will enable women to build a trusting and meaningful relationship with their midwife and her team that will provide choice and personalisation in a supportive and non-judgemental environment. This team have started taking referrals and were fully operational by June 2020.

Plans are being made to incorporate the proposed Community Hub into the enhancing choice and personalisation for women and improving service provision. Women eligible for pathways will be identified at booking with the aim of team continuity in the antenatal, intrapartum and postnatal period from a dedicated birth team.

3.5.2. Medical Care Group

3.5.2.1. Gastroenterology

Endoscopy

- Trust continued to lead the regional Cheshire and Mersey Cancer Alliance Endoscopy Improvement Programme
- Maintained Joint Advisory Group on gastrointestinal endoscopy (JAG) accreditation in October 2019
- Expanded bowel scope screening programme to detect cancer earlier improving outcomes
- Introduced 7 day week endoscopy

Nutrition

- Introduction of nutrition nurse led and multidisciplinary clinics
- Continued use of 'Pill Cam' and gastrointestinal (GI) physiology to further aid diagnostics for patients with GI disorders

Inflammatory Bowel Disease (IBD)

- Participated in extensive national IBD research trials
- Introduced virtual biologics clinics and other non face to face clinics avoiding hospital visits for IBD patients

3.5.2.2. Diabetes and Endocrinology

Transformation programme delivered with the following benefits:

- Structured education for St Helens residents (79%)
- Improved specialist nurse input for inpatients (62% increase)
- 7 day service and daily clinics to facilitate discharges
- Reducing length of stay for inpatients with diabetes from 9.3 pre-transformation to 3.91 days currently
- Diabetic foot service increased with reduced waiting times

- Working with 28 GP practices, to improve diabetes related outcome measures and provided education to the primary care teams
- Achieved an outstanding GIRFT report
- 15 posters shortlisted for presentation at national conference

3.5.2.3. Dermatology

- Developed nurse led phototherapy and skin cancer follow up clinics
- Advice and Guidance service in place to improve GP access to consultant advice
- Won People Choice's Awards at the Trust's annual staff awards ceremony in June 2019
- Launch of regional melanoma clinic in St Helens Hospital, one of the first outside London to offer this service

3.5.2.4. Rheumatology

- Commenced AMU rheumatology rapid access clinic to enable timely review and treatment for patients
- Maintained the Customer Service Accreditation award with yearly re-accreditation and patient reference group
- Launched the Early Inflammatory Arthritis and Giant Cell Arteritis clinics in January 2020

3.5.2.5. Department of Medicine for Older People/Frailty

- Development of North West Ambulance Service (NWAS) direct admission pathways to the ambulatory area on the frailty ward resulting in earlier comprehensive geriatric assessment for frail older people
- Further development of Community Frailty Service provided in St Helens, Knowsley and Halton to support review and care of older people at home, reducing hospital admissions
- Ongoing reductions in length of stay for

patients with fractured neck of femur (#NoF), achieving targets for older people following surgery

- Continued excellence in dementia care and a finalist for the Best Dementia Friendly Hospital Award

3.5.2.6. Stroke

- Remained as one of the top performing stroke units as demonstrated by Sentinel Stroke National Audit Programme (SSNAP) performance across both the Hyper Acute and Acute Stroke Units
- Prevention of Stroke in Atrial Fibrillation (AF) nurse post commenced, resulting in 60 patients whose treatment was optimised by the service leading to an average of 2.5 strokes prevented per year
- Telemedicine used for 6 month reviews and tested for out of hours thrombolysis leading to faster access and treatment

3.5.2.7. Cardio-respiratory

- Established community heart failure clinics and developed Community Entresto (blood pressure medication) clinics, giving a better patient experience and releasing acute capacity
- Collaborated with CCG, GPs and Trust clinicians on the chronic obstructive pulmonary disease (COPD) pathway to improve access to services across both primary and secondary care
- Virtual working in the lung cancer pathway became firmly embedded, reducing time from GP referral to CT scan from 7 days to 4 days and from GP referral to diagnosis from 20 days to 11 days
- Introduced a pilot scheme in the Emergency Department to reduce admissions with approximately 15% of patients seen by COPD nurses avoiding an admission to hospital

3.5.2.8. Haematology

- Undertook trial to implement Point of Care Testing (PoCT) devices at home for eligible anti-coagulated patients that are unable to switch from Warfarin to new oral anticoagulant (NOAC) drugs to reduce the need to attend appointments
- Pilot site for stratified self-management programme to ensure patients receive the most appropriate care to meet their identified needs
- Appointed Haematology Nurse Clinician to provide further capacity to see patients in a timely manner
- Continued to deliver 100% 2 week wait (2WW) cancer performance

3.5.2.9. Paediatrics

- Introduced Tongue Tie Clinic
- Consultant body introduced dedicated GP advice hotline (1 hour/5 days a week initially)
- Accepted referrals directly from ED into weekly Paediatric Ambulatory Clinics
- Pilot neonatal hospital at home continues, with 21 babies discharged under the new criteria, saving 100+ cot days
- Joint Walton Centre and STHK Epilepsy Transition Clinics set up
- Did not attend (DNA) rate reduced from 17% to 13% following ring and remind service
- National Paediatric Diabetes Audit 2018-19 results published, with the Trust ranked as best performer in North West (3rd highest previously) for most children/young people with an HbA1C (average blood glucose (sugar) levels) of less than 58 mmol/mol

3.5.2.10. Critical Care Unit

- Two Research Fellow jobs with Manchester Metropolitan University (MMU) (40% MMU and 60% Trust funded) created for critical care and burns research

- Expansion of the rehabilitation/follow up/counselling for patients with post-traumatic stress and their relatives

3.5.2.11. Emergency Department

- Involved in a national pilot with Health Education England to provide additional clinical educators within ED; this has been a big success and feedback scores from trainees within ED has significantly increased
- GP streaming was embedded; patients who do not need the services of an ED medic are streamed at triage to a co-located GP
- Trainee Advanced Clinical Practitioners commenced in post to strengthen the skill set within the department and to reduce waiting times
- Estate remodelling was completed to increase stretcher triage spaces, enabling smoother ambulance handovers and to provide a new waiting area for majors patients, improving efficiency in managing of non-ambulant and walk-in patients
- Paediatric Emergency Medicine Consultant training undertaken in partnership with Alder Hey Children's NHS Foundation Trust



3.5.3. Primary and Community Services Care Group

3.5.3.1. Community nursing

- Developing locality based multidisciplinary teams with GPs to review complex cases and patients at highest risk of admission to ensure they receive optimal care within the community

3.5.3.2. Community IV

- Staff transferred into the Trust in December 2019
- Pharmacy service level agreements (SLAs) developed with local distributors to ensure fast access to medication
- Joint Service Specification between St Helens and Knowsley CCGs being developed

3.5.3.3. Marshalls Cross Medical Centre

- Achieved a total of 98% for the Quality Outcomes Framework (QOF), with 10.8 out of a possible 11 points in total
- Established a clinical pharmacist post, whose remit will include clinical reviews of patients' medication, NICE assessment, audits and searches/reviews to assess safety and quality, including prescribing safely. The new post holder is due to start in the summer of 2020

3.5.3.4. Intermediate Care

- In the top 3 intermediate care providers nationally for accessing step up and step down beds (national intermediate care audit), meeting the NICE standard of 48 hours from referral to admission and achieving 80% for the same day referral to admission when audited
- Reduced length of stay to below national intermediate care average, whilst improving the overall patient journey as part of a quality improvement project

3.5.4. Clinical Support Services Care Group

3.5.4.1. Pathology Services

- All pathology departments are accredited to the UKAS ISO:15189 (2012) standard
- Laboratories provide training for Junior Medical Staff, Biomedical Scientists (BMS) and medical students. Medical and Biomedical Science staff actively participate in research and development, both internally and in conjunction with hospital colleagues.

3.5.4.2. Patient Booking Services (PBS)

- Introduced two-way text reminders, which allows patients to respond to text reminders indicating if they will attend, or need to cancel or rebook. This service maximises clinic utilisation and reduces the number of patients who do not attend (DNAs) thus improving patient waiting times and improving the pathways of care for patients.
- Expanded evening and weekend outpatient clinic availability on the St Helens Hospital site, with weekly Saturday clinics and Thursday evenings to improve appointment waiting times and increase patient choice

3.5.4.3. Radiology

- One of only a few departments nationally with Quality Standards for Imaging (QSI) accreditation. The Trust was the first trust in Cheshire and Merseyside to achieve this accreditation and currently only 1 of 2 in the North West
- Developed pathway to achieve the challenging targets required of ensuring the patient is offered a CT scan on the same day or within 24 hours if a radiographer sees an abnormality on their GP requested chest X-ray, in response to the National Optimal Lung Cancer pathway.

Future developments with Artificial Intelligence (AI) may improve this pathway further

- Involved at a regional level in the development of standard protocols to facilitate faster diagnosis for all the optimised pathways and to speed up the pathway for the patient, detecting cancer earlier and improving prognosis
- Radiology is proactive in encouraging staff development and skill mix and in 2019 supported:
 - 2 newly qualified plain film reporting radiographers
 - 1 plain film reporting radiographer in training
 - 1 chest reporting radiographer in post
 - 1 MRI knees and spines reporting radiographer in post
 - 1 CT head reporting radiographer in post
 - 1 trainee Assistant Practitioner in post
- Trialled a system of ward-based ultrasound (US) scans on the Surgical Assessment Unit (SAU). Patients are booked into an early morning ward based US list and a sonographer attends SAU every morning to scan the patients booked in and to give results as soon as the scan is finished. This facilitates earlier discharge for patients and supports the 'home for lunch' initiative
- Replaced all CT and MR scanners ensuring the most up-to-date technology is available for outpatients. At the same time, an additional CT and a MR scanner were also installed, increasing capacity and reducing waiting times. The new MR scanners have had mood lighting installed to help patients with claustrophobia and anxiety. This investment in high quality, state of the art equipment provides the highest quality images at the lowest radiation doses

- Trialling artificial intelligence (AI) products to help support the identification of abnormalities for diagnosis. AI can be applied to chest X-rays to speed up a patient's pathway and AI is also being implemented to check the brain perfusions of a suspected stroke speeding up the pathway to thrombectomy if appropriate

3.5.4.4. Therapy Services

- Respiratory work streams developed and strengthened physiotherapy competencies across all multi-disciplinary teams to upskill the workforce
- Integrated analysis of CRAB mortality data between therapy services and surgical directorate to identify ways to reduce respiratory complications post operatively
- Reablement Therapy team successfully integrated into Therapy Services to strengthen links with community provision and aid patient flow
- Telehealth developments during the pandemic allowed a platform to be used to provide telephone and virtual appointments for patients minimising delays to outpatient care
- Rheumatology Therapy continue to participate in the WORKWELL research
- Critical Care and Surgery Therapy Team successfully piloted an outreach model during the pandemic to follow up critical care step down patients on the wards

3.5.4.4.1. Speech and Language Therapy Team (SALT)

- Implemented an International Dysphagia Descriptor Standardisation Initiative (IDDSI) to improve the safety of patients with eating, drinking and swallowing disorders
- Introduced e-referral pathway for inpatients, which has improved the governance of patient data and reduced delays in assessment
- Introduced e-triage for outpatient referrals to allow quicker triaging and reducing delays in appointments being offered
- Speech and Language Therapists, in collaboration with the University of Manchester, delivered simulation based learning for under graduate students

3.5.4.4.2. Trauma & Orthopaedics Therapy Team

- Trialled early supported discharge for patients with fractured neck of femur, who can be supported at home, reducing their length of stay and promoting independence at home
- Multidisciplinary team working on an enhanced recovery pathway for total hip replacement and total knee replacement patients
- Implemented an amputee pathway with resource pack to ensure best practice

3.5.4.4.3. Medicine for Older People (MOP) Therapy Team

- Parkinson's Disease Group has moved from an 8 week to a 12 week programme, incorporating a more graded programme of exercises and more structured external speakers, following feedback in a patient survey

3.5.4.4.4. Dietetics Team

- Completed project ratifying the prescribing choice for cow's milk protein allergy (CMPA) and implemented a training programme to support
- Provided education programme to staff on paediatric wards to optimise support of young people with Type 1 Diabetes
- Carbohydrate (carb) counted new ward menus (in a format that allows families to learn how to carb count i.e. carbs per 100g) for use with patients and their families
- Dietitians were awarded the Trust's Audit Heroes in 2019
- Developed a therapy communication board that will go behind the patients' beds on Critical Care to document therapy input with the patient, for example, how they transfer/mobilise, what diet they are having and speech and language recommendations
- Breast school education developed with the first cohort commenced January 2020
- One year Macmillan funded Upper Gastrointestinal Cancer Virtual Optimisation Hub scoping project was completed and identified that dietetic intervention stabilised or improved nutrition impact symptoms in 70% of patients

3.5.4.4.5. Seddon Team

- Developed and implemented dysphagia e-learning to use with ward nursing staff
- Developed and implemented traffic light menu, colour co-ordinated breakdown for patients to increase knowledge of food content and to allow them to make more informed, healthier food choices
- Reviewed and re-developed the spasticity service to include more specific assessment, use of goal attainment scaling and patient information leaflets

3.6. Summary of national patient surveys

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

3.6.1. National Inpatient Survey

The Trust participated in the annual National Inpatient Survey 2018 coordinated by the Care Quality Commission. The results were published in June 2019 and the Trust's response rate was 39% compared to the national response rate of 45%.

The Trust was included in the best performing trusts nationally for the following indicators:

- Cleanliness of rooms or wards – (9.5/10)
- For feeling well looked after by non-clinical staff (9.6/10)
- For being given enough privacy when discussing their condition or treatment (9.0/10)
- For being given enough privacy when being examined or treated (9.7/10)
- For hospital staff discussing if any further health or social care services were needed when leaving hospital (8.7/10)

The Trust was rated about the same as other trusts for the remaining indicators, other than for being told how the operation or procedure had gone in a way they could understand, which was rated in the lowest 20%.

The Trust is taking a number of actions to improve patient care including:

- Enhancing the discharge process
- Improving the quality of written information provided to patients
- Reiterating the importance of staff introducing themselves

3.6.2. National Urgent and Emergency Care Survey

The Care Quality Commission published the results of the 2018 Urgent and Emergency Care Survey in October 2019. The national response rate was 30% and the Trust's response rate was 25%.

The Trust was rated better than other trusts in the following area:

- Being given the right amount of information about their condition or treatment

The Trust was rated as about the same as other trusts for all other areas, with no scores rated lower.

The following actions were taken following the previous survey to improve the services we provide:

- Ongoing provision of information about waiting times for patients, including installation of TV screens in the new extension opened in February 2019
- Increased availability of cubicles within the main department, with a new reception area and triage room
- Provision of a water fountain in the waiting room, accessible for both patients and relatives
- Introduced new ways of working to allow an earlier first point of contact to reduce the time waiting to be examined and assessed. A doctor is identified every shift to be available to assess patients in various clinical areas (triage/stretchers triage/paediatric unit)
- A doctor is identified per shift to be the "Emergency Response" doctor to attend to any patient within the department who triggers an alert via the national early warning score (NEWS), thus reducing any delays for reviews and treatments

- Increased training and development for nursing staff and implementation of patient group directives to allow nursing staff to provide simple pain relief prior to patients being seen by medical staff remains ongoing

The staff continue to work on delivering five-star patient care and have focussed on reducing waiting times by introducing allocated GP slots for out-of-hours patients whose presenting complaints would be suitable for a GP, but one was not on duty at that time. In addition, volunteers are positioned in the waiting area to be a visual point of contact for patients. The volunteers are also able to identify any patients that may require assistance. Nursing staff in major waits area will reassess pain in patients who are waiting and assess the efficacy of any pain relief given when observations are repeated.

3.6.3. National Children and Young People Survey 2018

The survey rated the experiences of patients (and their families/carers) who were admitted to hospital as an inpatient or day case during November and December 2018 and the results were published in November 2019. There were tailored questions that were levelled at three specific age groups:

- Parents/carers of 0-7 year olds
- Patients aged 8-11 years and their parents/carers
- Children and young people aged between 12-15 years

The overall response rate for the Trust was 13% (126 out of 969 questionnaires sent) against an average for all trusts of 25% (total 33,179 respondents).

Scores were received for the 0-7 year old category only (with 73 responses) as there were insufficient amounts of responses for those in the other two age brackets, with 13 responses for ages 8-11 years and 14 responses for the 12-15 years.

There were over 40 questions specifically related to the 0-7 year old category, but not all were answered.

The Trust scored amongst the best performing trusts for:

- Cleanliness of ward (9.6/10)
- Appropriateness of ward (10/10)
- Facilities for parents and carers staying overnight (8.1/10)
- Understandable explanations given prior to procedures (e.g. 'what to expect') (9.8/10)

All other scores were the about the same as other trusts, with better than average scores for:

- Friendliness of staff
- Respondents feeling well looked after
- Being treated with dignity and respect
- Ward facilities being excellent
- Good level of patient privacy
- Good communication
- Confidence and trust in staff
- Respondents feeling involved in decision making
- Good pain management
- Staff working well together
- Families feeling comfortable when raising concerns with staff
- Having a good overall experience

There were no questions where the Trust scored within the lowest performing trusts.

The Paediatric team have developed an action plan to address three specific areas where responses were on the lower end of the scale within the 'about the same bracket'; which will be closely monitored by the team and progress will be reported on a quarterly basis to the Patient Experience Council. These relate to:

- Having enough things for your child to do in hospital
- Staff playing with your child whilst in hospital
- Your child liking the hospital food provided

3.6.4. National Maternity Survey

The Women's Experience of Maternity Care Survey was undertaken between April and August 2019 and involved 126 NHS acute trusts in England. The Care Quality Commission published the full results at the end of January 2020. The national response rate was 36.5% and St Helens and Knowsley Teaching Hospitals NHS Trust's response rate was 23.23%, compared to 27% the previous year.

The survey provides information on women's experiences during all aspects of their maternity care, including antenatal care, postnatal care, the care received during labour and birth. The Trust was rated better for the following indicators and about the same as other trusts for the remaining indicators:

- Having skin to skin contact with the baby shortly after birth
- Having confidence and trust in the staff caring for them during labour and birth
- Thinking the hospital room or ward was clean

The women surveyed all had their babies at the Trust; however, a percentage of the women surveyed may have received their antenatal and postnatal care from other maternity care providers. Women were surveyed using a total of 72 questions across five areas of care. Overall,

the 2019 survey demonstrated a sustained improvement in the majority of areas and an action plan has been developed to address areas where further improvements can be made.

The Continuity of Carer pathway for Midwife-Led Care has commenced across the Community Teams. A woman will receive joined up care between a small community midwifery team and the midwives on the Midwife-Led Unit (MLU) throughout her pregnancy, birth and post-natal period. Community midwives will be able to attend the MLU and provide some aspect of care for their own women when they are in labour. The Maternity Services will be able to provide wider choice of place of birth for women who are eligible for Midwifery Led Care with the launch of the Community Hub in St Helens. This will have two state of the art birthing suites for women with a low risk pregnancy. The Community Hub will have a dedicated community birth team that will care for women who are low risk and have chosen to birth at home of the Community Hub.

3.6.5. National cancer patient experience survey (NCPES)

Patient comment

From seeing my GP to my OPD with the consultant and ongoing surgery and treatment, all staff (from consultant to ancillary staff) were excellent. All were knowledgeable and caring in their roles and had a caring manner. I was treated with care and speed. My disabled husband needs a wheelchair and was allowed to visit outside of visiting hours, which made parking easier.

The NHS England National Cancer Patient Experience Survey (NCPES) is designed to monitor national progress on cancer care, to drive forward quality improvement and to inform the work of groups supporting patients. The survey was developed and has been run by Quality Health for the Department of Health since 2010 until 2018. It is the largest and most comprehensive survey of cancer patients in the world and is now run by Picker.

Patients treated for cancer within the Trust rated the overall level of care they received as 8.8 out of 10.

In the 2018 NCPES results, published in September 2019, the Trust's score for patients being able to talk to staff about worries and fears when an inpatient, whilst above the national average, was 59%, lower than the 75% reported in 2014. Evidence from Macmillan suggests that patients report that they do not want to disturb staff and, therefore, do not talk about worries and fears.

The Trust's Cancer Services, in collaboration with the Service Improvement Team and Wards 4C and 3A participated in a NHS England (NHSE) programme to improve patient experience. The programme aim was to increase the number of inpatients who found someone to talk to about their worries and fears by 10% by 2020. The programme was considered a success by NHSE and initial findings suggest an increase of 9% of patients are able to have these conversations, within three months of the project starting.

The programme has resulted in the implementation of Information and Support Ward Rounds. Trained staff, who are known as Cancer Support Workers, arrange to meet with cancer patients during their hospital admission and discuss any worries and fears. They are able to signpost patients to local support groups,

benefits advisors and much more to help them with non-clinical worries and fears. The initial results are really positive and the project has been rolled out to all the cancer teams.

A number of other developments are in place to address areas highlighted by the survey, including:

- Breast School which provides support and education for breast cancer patients pre-operatively
- Supported self-management in haematology and colorectal cancer pathways
- Facilitation of three patient focus groups to inform the teams' work programmes and improve patient experience
- Worked in collaboration with patients to develop a new multidisciplinary leaflet
- Introduced a bell on the Lilac Centre to enable patients to celebrate an important stage in their cancer pathway
- Breast team are reviewing the waiting area to improve patient experience
- Ward training on cancer pathways following feedback from staff about the barriers to talking to patients
- Developed a competency framework for new nurse specialists to ensure they are competent and can develop in their role
- Implementation of telehealth in skin cancer follow up
- Macmillan project on upper gastrointestinal cancer patient pathway and experience which will inform a service redesign and business case to include a dietitian

The Trust continues to strive towards improving patient experience and a comprehensive action plan has been put into place by the clinical teams to address any issues raised where the scores were below average for individual tumour sites.

The full report can be found at <http://www.ncpes.co.uk>

Section 4

Annex

4.1. Statement of Directors' responsibilities in respect of the Quality Account

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

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

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

- The Quality Account presents a balanced picture of the Trust's performance over the period covered 2019-20
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions and is subject to appropriate scrutiny and review
- The Quality Account has been prepared in accordance with Department of Health guidance.

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

By order of the Trust Board



Richard Fraser
Chairman



Ann Marr OBE
Chief Executive

4.2. Written statements by other bodies

4.2.1. Knowsley Clinical Commissioning Group and St Helens Clinical Commissioning Group

Quality Account 2019/20

NHS Knowsley Clinical Commissioning Group and NHS St Helens Clinical Commissioning Group thank you for the opportunity to comment on the St Helens and Knowsley Teaching Hospitals NHS Trust draft Quality Account for 2019/20, and the presentation provided at the Mid-Mersey Quality Accounts 2019/20 Presentation Day on Friday 16th October 2020.

We would firstly like to acknowledge that the end of 2019/20 brought unprecedented challenges due to the COVID-19 global pandemic. The Trust responded by working in new ways, whilst remaining committed to maintaining safe, high quality care which has been reflected in the account.

CCGs have the following comments on the Quality Account 2019/20:

- Positive achievements, awards, and work in the Quality Account, including integration with CCGs and Health and Social Care;
- Acknowledgment of feedback from the Quality Account 2018/19 embedded into the Quality Account 2019/20;
- Praise for including relevant partners in setting objectives and priorities;
- Openness and transparency in accounting both successes and areas for improvement and learning. It was positive to see that quality priorities have been set around some of the improvement areas moving into 2020/21, including reducing the number of pressure ulcers;
- Excellent account of the improvements made with regard to the Learning from Deaths agenda and identified learning;
- Maintained a wide range of methods to speak up and provide support available to staff as part of Freedom to Speak Up.

This account highlights the priorities identified in 2019/20 and provides a clear review of outcomes demonstrating how well the Trust did in achieving those priorities to deliver high quality care to patients. Commissioners note the Quality priorities for 2020/21 as:

Safety:

- Ensure timely and effective assessment and delivery of care within the Emergency Department;
- Reduce incidents of pressure ulcers due to possible lapses in care.

Effectiveness:

- Ensure patients in hospital remain hydrated.

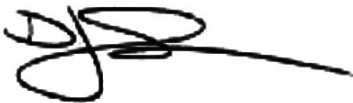
Patient Experience:

- Increase the proportion of patients who report that they have received an appropriate amount of information to meet their needs in a way they can understand;
- Improve the effectiveness of the discharge process for patients and carers.

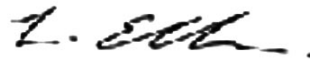
The Quality Account reporting arrangements for 2019/20 required Acute Providers to include a statement regarding progress in implementing the priority clinical standards for seven days hospital services. The CCGs note that whilst improvements have been made in Trust performance against the 7DS standards, further work is required to be undertaken to meet and maintain CS2 and CS8, 7 days a week. Actions for 2020/21 to further improve 7DS have been well documented within the quality account.

NHS Knowsley Clinical Commissioning Group and NHS St Helens Clinical Commissioning Group will continue to monitor St Helens and Knowsley Teaching Hospitals NHS Foundation Trust through the Clinical Quality and Safety Group meetings to gain assurance that the quality and safety of services delivered to patients continues to improve and that effective governance processes remain in place and embedded throughout the organisation.

Yours sincerely



Dianne Johnson
Chief Executive
NHS Knowsley Clinical Commissioning
Group



Lisa Ellis
Chief Nurse / Director of Quality
NHS St Helens Clinical Commissioning Group

4.2.2. Healthwatch Halton

Re: Quality Account 2019-2020

We welcome this opportunity to provide a commentary on St Helens & Knowsley Teaching Hospitals NHS Foundation Trust Quality Account for 2019-2020.

A draft copy of the Quality Account report was provided to Healthwatch Halton in a timely manner to allow for a response to be produced.

The Trust has once again produced a comprehensive Quality Account report which gives a very full picture of its performance and operation.

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

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

Overall, we believe the Quality Account reflects accurately people's real experiences of using the service.

The report provided many examples of a learning culture with results showing improvements and successes in various comparative exercises.

Through Healthwatch involvement in the Patient Experience and Patient Safety Councils, and the regular quarterly meetings Healthwatch holds with the Trust, we have noted a continued willingness to learn and improve from the patient stories we have brought to the Trust.

The progress made on the 2019 quality goals was very positive to see. We noted the achievements and improvements in ensuring timely and effective assessment and delivery of care within the Emergency Department. It was pleasing to see the target for Sepsis screening being met. While Triage times saw a small improvement it's an area which we hope the Trust will still focus on during the coming year.

We were interested to read about the improved utilisation of new electronic systems to improve the timeliness and effectiveness of patient care. The benefits were highlighted in the improvements across a number of areas including reductions in the number of recorded medication incidents and the reduction in 'do not attend' incidents across the Trust.

We noted that there is still improvement to be made on the information provided upon discharge. This is an area we hope to see the Trust improve on during the coming year. We'd welcome the opportunity to work with the Trust during 2020-2021 on improving the discharge process for patients and carers.

We felt the Chief Executive's report was well balanced presenting some of the failures as well as the many successes.

We'd like to thank the Trust for working in such a collaborative manner with Healthwatch during the past year.

Finally, we would like to echo the comments in the report highlighting how staff had responded to the needs of patients during the pandemic. Everyone involved with Healthwatch Halton would like to offer their thanks, admiration and gratitude to the staff at the Trust on their efforts during the past year.

Kind regards

A handwritten signature in black ink that reads "Dave Wilson". The signature is written in a cursive, flowing style.

Dave Wilson
Manager - Healthwatch Halton

4.2.3. Healthwatch Knowsley

St Helens and Knowsley Teaching Hospitals NHS Trust Quality Account Commentary 2019- 20

Healthwatch Knowsley welcomes the opportunity to provide this commentary in support of the St Helens and Knowsley Teaching Hospitals NHS Trust Quality Account for 2019/20, which was provided to Healthwatch Knowsley in a timely manner to allow for a response.

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

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

The positive progress in achieving the 2019-20 quality goals has been noted and is welcomed. The key achievements including Acute/Specialist Trust of the Year at the Health Service Journal (HSJ) awards 2019; being ranked best in the country for the Patient Led Assessments of the Care Environment (PLACE) and maintaining an outstanding CQC rating reflects the quality of the services Knowsley patients access.

All quality priorities for 2020-21 appear suitably challenging and appropriate, specifically, the timely and effective assessment and care of patients in the emergency department; the reduction of incidents of pressure ulcers; and improving the effectiveness of the discharge process.

Overall, the Trust currently holds a patient experience rating of 4.5 (good) out of 5 stars based on the 593 reviews held on the Healthwatch Knowsley on line feedback centre. This rating has been collated through feedback provided by patients and family members. Listening Events and information stands at which we have engaged with patients and family members have also contributed to this rating and the Trust has proactively supported this work.

Healthwatch Knowsley wishes to place on record their appreciation of the Trust's work on behalf of our local community.

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

There were no required amendments following verbal feedback or the written statements received from other bodies.



Section 5

Abbreviations

AF	Atrial Fibrillation
AHPs	Allied Health Professionals
AI	Artificial Intelligence
AKI	Acute Kidney Injury
AMD	Age-related Macular Degeneration
AMU	Acute Medical Unit
ANTT	Aseptic Non-Touch Technique
BAPEN	British Association of Parenteral and Enteral Nutrition
BAUN	British Association of Urology Nurses
BAUS	British Association of Urological Surgeons
BPH	Benign prostatic hyperplasia
BSI	Blood stream infection
BTS	British Thoracic Society
CCGs	Clinical Commissioning Groups
CDI	Clostridium Difficile Infection
CHPPD	Care Hours per Patient per Day
CMPA	Cow's milk protein allergy
CNS	Clinical Nurse Specialist
COPD	Chronic Obstructive Airways Disease
CPE	Carbapenemase-producing Enterobacteriaceae
CQC	Care Quality Commission
CQuIN	Commissioning for Quality and Innovation
CRAB	Copeland Risk Adjusted Barometer
CRN, NWC	Clinical Research Network, North West Coast Research
CT	Computerised tomography
Datix	Integrated Risk Management, Incident Reporting, Complaints Management System
DNA	Did not attend
DNACPR	Do not attempt cardiopulmonary resuscitation
ED	Emergency Department
EDS or EDS2	Equality Delivery System
ePMA	Electronic Prescribing and Medicine Administration
ePR	Electronic Prescribing Record
eTCP	Electronic Transfer of Care to Pharmacy
FFFAP	Falls and Fragility Fractures Audit Programme
FFT	Friends & Family Test
GI	Gastrointestinal
GIRFT	Get It Right First Time
GNBSIs	Gram-negative bloodstream infections
GORD	Gastroesophageal reflux disease
GP	General Practitioner
GPSI	GP with special interest
HCAI	Healthcare associated infections
HF	Heart Failure
HNA	Holistic Needs Assessment
HSCIC	Health and Social Care Information Centre
HSJ	Health Service Journal
HSMR	Hospital Standardised Mortality Ratio
HWWB	Health, Work and Well-being

IBD	Inflammatory Bowel Disease
ICNARC	Intensive Care National Audit & Research Centre
ICO	Information Commissioner's Office
IDDSI	International Dysphagia Descriptor Standardisation Initiative
IQILS	Improving quality in liver services
JAG	Joint Advisory Group
LARC	Long-acting reversible contraception
LGBT	Lesbian, gay, bisexual, transgender
LGBTIQ	Lesbian, gay, bisexual, transgender, intersex and questioning
LSCB	Local Safeguarding Children Board
LUTS	Lower urinary tract symptoms
MARAC	Multi-Agency Risk Assessment Conferences
MBRRACE- UK	Mothers and Babies - Reducing Risk through Audits and Confidential Enquiries across the UK
MDT	Multi-disciplinary Team
MEOWS	Modified Early Obstetric Warning System
MINAP	Myocardial Ischaemia National Audit Project
MLU	Midwife-led Unit
MMU	Manchester Metropolitan University
MOP	Medicine for Older People
MR	Magnetic Resonance
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-resistant staphylococcus aureus
MTI	Medical Training Initiative
NAOGC	National Audit Oesophago-Gastric Cancer
NBOCAP	National Bowel Cancer Audit Programme
NCAA	National Cardiac Arrest Audit
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCPES	National Cancer Patient Experience Survey
NELA	National Emergency Laparotomy Audit
NEWS	National Early Warning Score
NG	Naso-gastric
NHSE	National Health Service England
NHSE/I	National Health Service England/Improvement
NICE	National Institute for Health and Care Excellence
NIPE	Newborn and Infant Physical Examination
NIHR	National Institute for Health Research
NIV	Non-Invasive Ventilation
NJ	Naso-jejunal
NJR	National Joint Registry
NLCA	National Lung Cancer Audit
NMC	Nursing and Midwifery Council
NNAP	National Neonatal Audit Programme
NOAC	New oral anticoagulant
NoF	Neck of femur
NPCA	National Prostate Cancer Audit
NPSA	National Patient Safety Agency
NRLS	National Reporting Learning System
NWAS	North West Ambulance Service

OBE	Order of the British Empire
ODPs	Operating Department Practitioners
OT	Occupational Therapist/Therapy
PALS	Patient Advice and Liaison Service
PBS	Patient Booking Services
PCN	Primary Care Networks
PCNL	Percutaneous Nephrolithotomy
PE	Pulmonary Embolus
PEG	Percutaneous Endoscopic Gastrostomy
PEWS	Paediatric Early Warning Score
PFI	Private Finance Initiative
PHE	Public Health England
PLACE	Patient-Led Assessments of the Care Environment
PN	Parenteral Nutrition
PoCT	Point of Care Testing
PPE	Personal Protective Equipment
PROMs	Patient Reported Outcome Measures
QCAT	Quality Care Accreditation Tool
QIP	Quality Improvement Project
QOF	Quality Outcomes Framework
QSI	Quality Standard for Imaging
RACPC	Rapid Access Chest Pain Clinic
RCA	Root Cause Analysis
RCEM	Royal College of Emergency Medicine
RCM	Royal College of Midwives
RN	Registered Nurse
SALT	Speech and Language Therapy Team
SAMBA	Society for Acute Medicine (SAM) Benchmarking Audit
SAU	Surgical Assessment Unit
SEQOHS	Safe Effective Quality Occupational Health Services
SCR	Summary Care Record
SHMI	Summary Hospital-level Mortality Indicator
SHSCR	St Helens Shared Care Record
SIRO	Senior Information Risk Owner
SLA	Service level agreement
SMR	Standardised Mortality Ratio
SSI	Surgical Site Infection
SSNAP	Sentinel Stroke National Audit Programme
STI	Sexually Transmitted Disease
STP	Sustainability and Transformation Plan
SUS	Secondary Uses Service
TARN	Trauma Audit & Research Network
TPN	Total Parenteral Nutrition
UKAS	United Kingdom Accreditation Services
US	Ultrasound
VTE	Venous Thromboembolism
2WW	Two week waits



www.sthk.nhs.uk