NHS
St Helens and Knowsley Teaching Hospitals
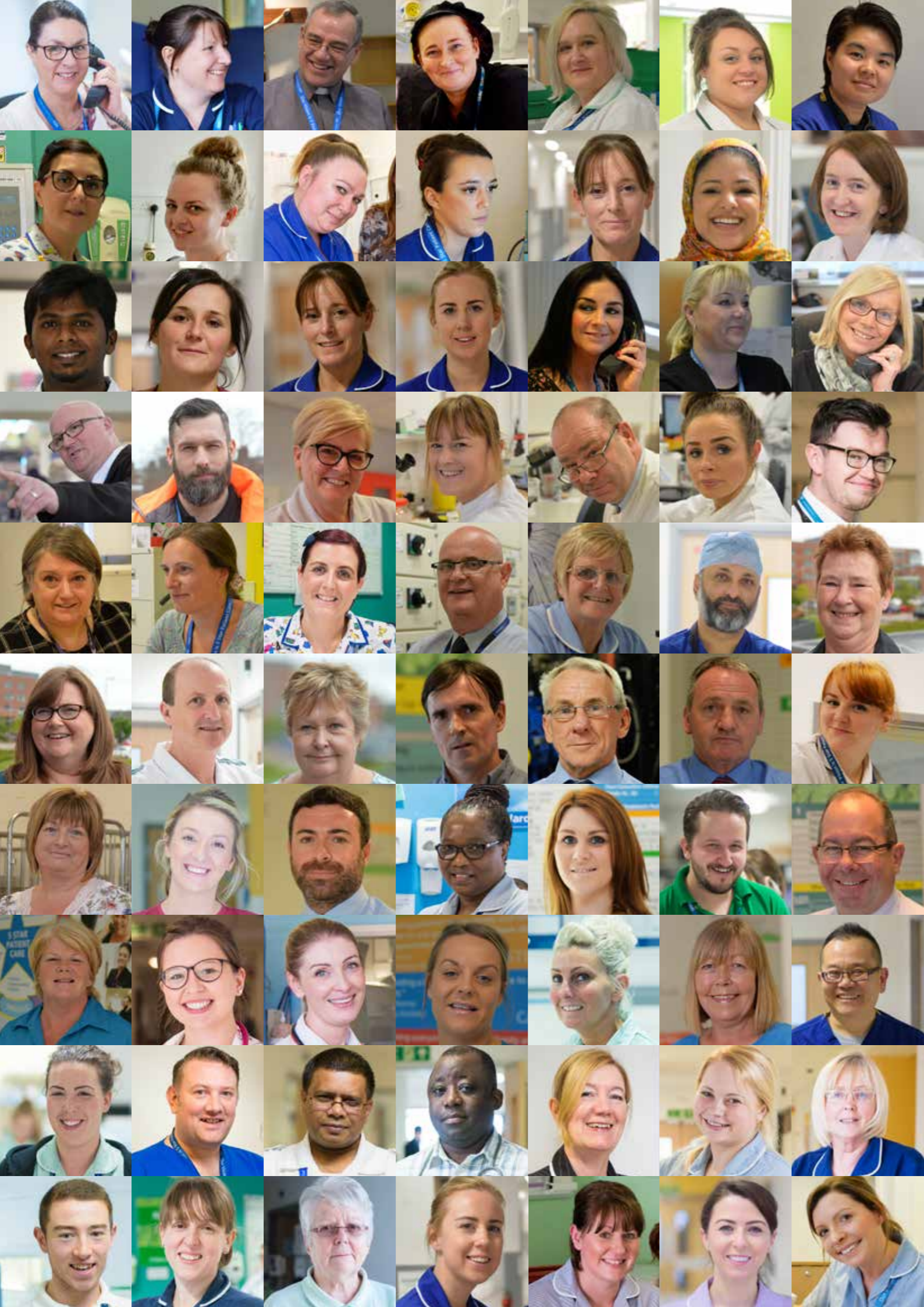**NHS Trust**

Quality Account
2017-18

What our patients said about us...

PLASTIC SURGERY

I just cannot fault this hospital regarding plastic surgery. The staff are so kind and considerate. The surgeon explained exactly what he was going to do as he went along and both he and the theatre staff put me at ease. All- in-all an excellent service.

EMERGENCY DEPARTMENT, RADIOLOGY & VOLUNTEERS

Service was great. Thank you so much. Efficient system. Triaged well. Not waiting long at all considering the numbers in waiting area. Kept informed via TV screen, staff, posters. Pleasant reception staff. Waiting area pleasant, calm, clean. Doctors/nurses helpful, informative, kind. X-rayed quickly, quietly, calmly. Volunteer staff helpful. Good signposting. Toilets clean, no queues. I have no complaints whatsoever.

EMERGENCY DEPARTMENT, INTENSIVE CARE & RESPIRATORY WARD

The Emergency Department doctor reported his findings in a clear and caring manner which helped in putting my wife at ease. From the time of her admission to the intensive care unit, through to her time spent on Ward 2C, the care and treatment my wife received was of the highest quality. The doctors, nurses and support staff all responded to her needs in a warm caring and sympathetic manner and at all times, kept her fully briefed with regards to the treatment administered and their expectations of that treatment. They were happy and at all times ready to answer questions we raised which we felt were always answered openly. Given the pressures we were fully aware the hospital was under in terms of high volumes of patients requiring their services, the service provided to my wife could not have been bettered.

RADIOLOGY

Visited the X-Ray department today for an ultrasound of a lump. The doctor who performed the ultrasound was amazing. Amazing service and lovely people.

MATERNITY

All services and teams I have accessed through Maternity at Whiston Hospital have been excellent. From scanning and dopplers to Labour Ward, Fetal Assessment Unit and Special Care Unit. All staff friendly, helpful. I cannot fault anything from start to finish.

Contents

Section 1

1.1. Summary of quality achievements in 2017-18

Quality of services overall

- Care Quality Commission (CQC) ratings from the latest report (2016) remain in place, with St Helens Hospital, Outpatients and Diagnostic Imaging Services and the caring domain rated as **outstanding** across the Trust, the **best rating possible** and the Trust rated as good overall
- The Trust's Quality Care Accreditation Tool (QCAT), an internal quality assurance measure, has been rolled out across all general inpatient areas, with the highest level gold standard awarded to 12 out of 27 wards assessed.

Patient safety

- Patients received 98.9% new harm-free care during 2017-18. This is harm occurring whilst an inpatient in the Trust and reported via the NHS Safety Thermometer
- No patients experienced a hospital acquired grade 3 or 4 pressure ulcer
- Continued to reduce the number of Clostridium Difficile infections, performing significantly better than the threshold
- Reductions in incidents resulting in harm from 2013-14 benchmarks (Sign up to Safety)
    - 31% reduction in theatre-related episodes of moderate/severe harms
    - 59% decrease in prescribing incidents resulting in harm
    - 17% decrease in falls incidents resulting in harm
- 93.9% fill rate for registered nurses/midwives
- 87% of frontline staff received the flu vaccination
- Michael Lloyd, Research Pharmacist, won the Clinical Pharmacy Congress 2017 award for Excellence in Hospital Pharmacy, for his Trust-sponsored PhD research into the impact of formalised feedback on prescribing errors.

He has been shortlisted for the Health Service Journal (HSJ) Patient Safety Awards (Education & Training Category)
- He won the Taking Research into Practice award at the North West Coast Research and Innovations event for implementing this programme of prescribing error feedback in an acute hospital setting
- The Trust was awarded Best Improvement in Patient Safety for electronic modified early warning system (eMEWS) at the Informatics Skills Development Conference in Blackpool. It was also shortlisted for the HSJ Awards in the "Using Technology to Improve Efficiency" category.

Patient experience

- Best acute trust nationally in the Patient Led Assessments of the Care Environment (PLACE) with top marks in the country for every area of the 2017 inspection; cleanliness, food, privacy and dignity, facilities for patients living with dementia and disabilities, condition, appearance and maintenance of the hospital buildings
- The Trust's cancer unit, the Lilac Centre, was awarded the Pride of St Helens, by the readers of the St Helens Star, for the wonderful care provided to patients, during what was the centre's 25th anniversary year
- 95.8% of inpatients would recommend our services, as recorded by the Friends and Family Test
- Patients rated the Trust 8.9 out of 10 for overall care in cancer, above the national average.

Clinical effectiveness

- Trust rated 2nd in the UK overall in the latest Sentinel Stroke National Audit Programme (SSNAP) delivering sustained excellent

performance with all domains achieving 'A' (Excellent) or 'B' (Good) ratings

- 99% of electronic e-attendance summaries sent for patients attending the Emergency Department (ED) within 24 hours
- 90.3% of stroke patients spent at least 90% of their hospital stay on the Stroke Unit
- Sustained achievement of the cancer performance targets against the national cancer waiting times standards
- Louise Delany, Acute Kidney Injury (AKI) Pharmacist, won the best poster presentation at the Renal Pharmacy Group Conference for her presentation of her work to improve care for patients with AKI

- Specialist nurses Joanne Jones and Siobainn Bathgate, were each shortlisted for the prestigious British Journal of Nursing Awards 2018
- The Stroke Team's multidisciplinary simulation training, in which the whole multidisciplinary team train together to manage common stroke emergencies, has been accepted for presentation at the European Stroke Organisation in May 2018
- Endoscopy Service was awarded the Joint Advisory Group (JAG) on Gastrointestinal Endoscopy reaccreditation in October 2017 in recognition of the high quality of service provided.

Well-led

- Extremely positive national staff survey results, published in March 2018, with the Trust rated as the **best place to work in the NHS** The Trust scored above the national average in 27 of the 32 indicators and **achieved the highest score for 10 of the 32**, including the following areas:
    - Staff recommendation of the organisation as a place to work or receive treatment
    - Percentage of staff who feel able to report errors, near misses or incidents witnessed in the last month
    - Effective use of patient/service user feedback
    - Fewest number of staff feeling unwell due to work related stress in last 12 months
    - Quality of non-mandatory training, learning and development
- The Trust has retained the Disability Confident Employer accreditation which will last for the next two years
- The Trust achieved the bronze Armed Forces Covenant - Employer Recognition Scheme award and is in the process of applying for the silver award
- The Trust was awarded the Navajo Charter Mark in May 2016 and is currently preparing for reassessment in 2018-19. This is an equality mark signifying good practice, commitment and knowledge of the specific needs, issues and barriers facing lesbian, gay, bisexual and transgender (LGBT)
- Awarded the contract to deliver a number of new services, including primary care services at Marshalls Cross Medical Centre and a number of community services
- Paul Siner (Project Manager) won the NHS Unsung Heroes Awards for Leader of the Year in 2018 at the annual awards ceremony that

celebrates the dedication of non-medical staff to the founding principles of the NHS

- Rowan Pritchard-Jones, Chief Clinical Information Officer (CCIO) and Consultant Plastic Surgeon was short-listed for CCIO of the year in the prestigious eHealth Insider Awards
- PatienTrack system was shortlisted for the HSJ Awards in the Using Technology to Improve Efficiency category.

The Trust continues to celebrate success internally, hosting our 13th Annual Staff Awards presentation evening in May 2017. The awards celebrate the hard work and achievements of staff in providing excellent patient care every day of the year. The readers of the St Helens Star newspaper awarded the Emergency 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 first annual awards ceremony for our volunteers to recognise the invaluable contribution they make across the organisation.

The Annual Staff Awards, along with the Employee of the Month and the annual Learning and Development Awards are important ways of recognising and rewarding the ongoing dedication and commitment of staff throughout the year. In addition, positive comments received from patients are shared via a weekly 'Thank you Thursday' email sent to all members of staff.

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

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

The Trust's mission continues to be to provide high quality health services and an excellent patient experience. 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, patient-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.

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.

The Trust's vision and values are illustrated in the following diagrams:

Our vision
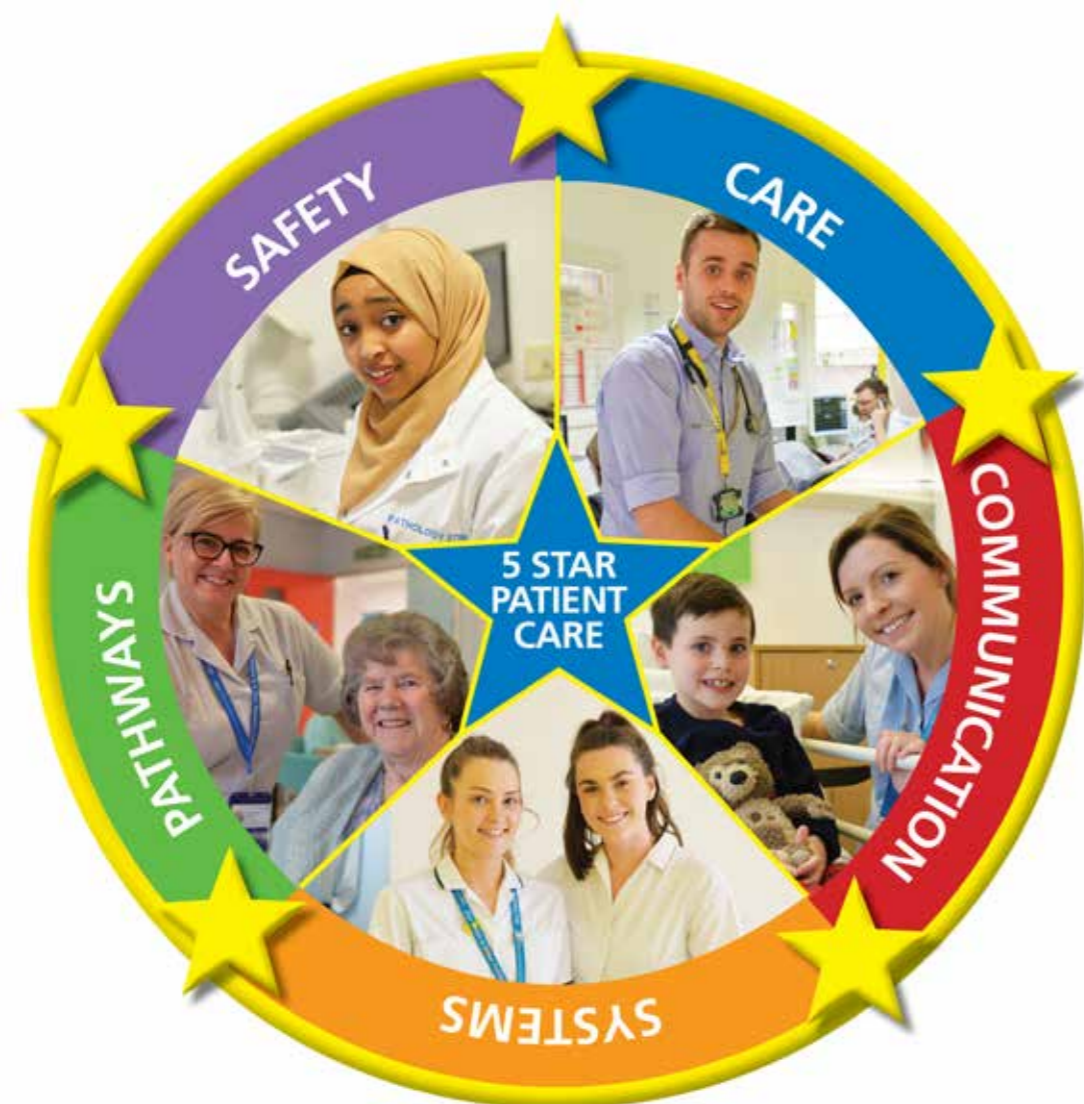
Our values
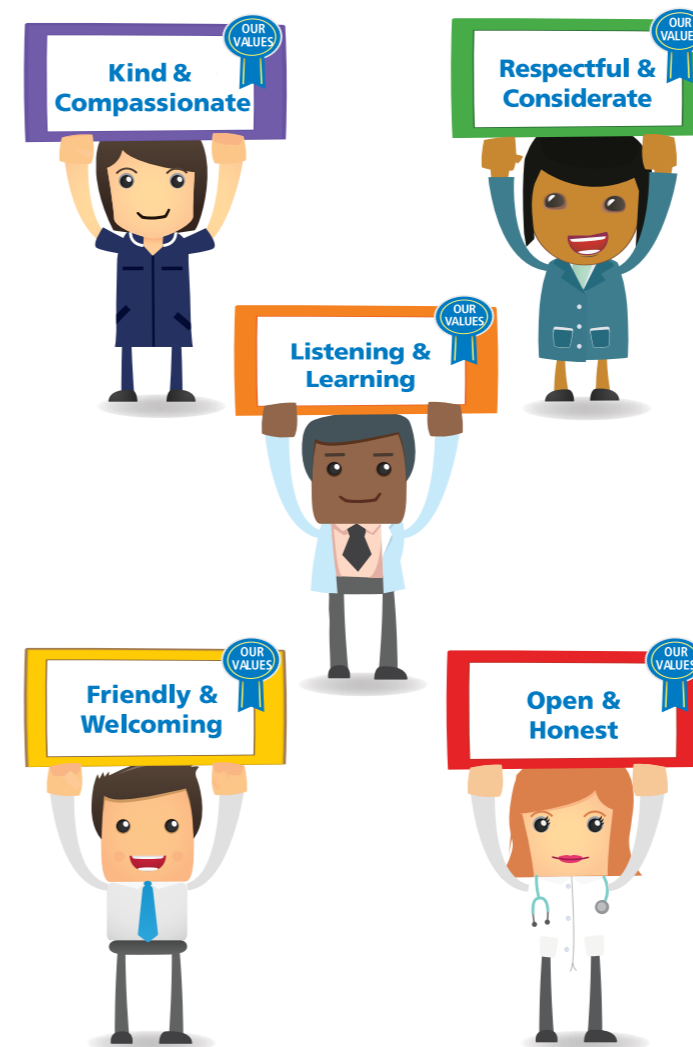
St Helens and Knowsley Teaching Hospitals NHS Trust (STHK) Vision

The Trust's vision is the driving force for our focus on continuous improvement, supported by the Clinical and Quality Strategy, which outlines specific areas for quality improvement to deliver our aspiration to provide the highest standards of care. The strategy focusses on a small number of clinical and quality improvements that were key local health economy priorities. The strategy was refreshed in 2016 and will be rewritten in 2018. The strategy's key performance indicators are monitored monthly by the Trust Board via the Integrated Performance Report, which is also reviewed in detail by the Quality Committee.

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, which are detailed in section 2.4.2. Delivery of the quality improvement and clinical audit programme is reported to the Quality Committee via the Clinical Effectiveness Council.

In addition, the Trust has an embedded 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, staff training and appraisal rates and patient care and safety standards, including nutrition and hydration, falls, pressure ulcers and infections. 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.

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, and Healthwatch representatives are key members of the Patient Experience and the Patient Safety Councils, which report to the Trust Board's Quality Committee, ensuring effective representation in the oversight and governance structure of the Trust.

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 our Clinical & Quality and Nursing & Midwifery strategies. It outlines our quality improvement priorities for 2018-19, 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 2017-18 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 hope that it provides you with the confidence that high quality patient care remains our overarching priority and that it clearly demonstrates the progress we have made.

We recognise that our staff are our greatest asset and we acknowledge their professionalism, commitment and dedication as they work tirelessly to provide excellent care for our patients and their carers. On behalf of the Trust Board, I would like to thank all of our staff who have contributed, during another extremely challenging year, to our many exceptional achievements.

Ann Marr

Ann Marr, Chief Executive Officer
St Helens and Knowsley Teaching Hospitals NHS Trust
May 2018

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, and primary care, maternity and emergency services. In addition, the Trust hosts the mid-Mersey specialist rehabilitation unit, Seddon Suite, 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 just 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 new state-of-the-art, purpose built modern facilities that are well-maintained. Whiston Hospital houses the Emergency Department (ED), 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 intermediate care services at Newton Hospital, which has 30 inpatient beds. The Trust also provides outpatient and diagnostic services in a small number of other settings.

The Trust Board is committed to continuing to deliver safe and high quality care. The Trust has had an extremely challenging year, set within the financial challenges facing the NHS. There has been a continued increase in demand for 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 approximately 350,000 people across St Helens, Knowsley, Halton and South Liverpool, as well as further afield. The Trust was extremely disappointed to have two never events and to fail to achieve the target of zero methicillin resistant staphylococcus aureus (MRSA) bacteraemia, outlined in more detail below. The Trust uses incidents as opportunities for learning and, therefore, has detailed action plans in place to address any issues arising from the investigations of these cases.

The Trust has remained busy during 2017-18 and continues to see an increase in activity across most areas, as shown in the table below, particularly in non-elective admissions and ED attendances. The average length of stay for non-elective admissions is 6.7 days.

	Apr 16-Mar 17	Apr 17-Mar 18	% change
Non-elective admissions	51,560	54,398	5.5%
Elective admissions	48,795	49,866	2.2%
Outpatient attendances	455,552	452,974	-0.6%
Births	4,061	4,095	0.8%
Emergency Department attendances	103,315	111,340	7.8%

2.1.2. Our staff and resources

The Trust's annual total income for 2017-18 was £384m million. We employ more than 5,600 members of staff and we are the lead employer for the Mersey Deanery and West Midland Deanery responsible for nearly 5,000 trainee specialty doctors based in hospitals and general practice (GP) placements throughout Merseyside, Cheshire, East and West Midlands and the East of 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 across the Trust, including a focus on recruitment and retention and creation of new roles.

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

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

The average staff turnover rate in the Trust for 2017-18 was 11.3%, which is slightly lower than the national rate of 13.85%. 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.

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 twelve newly qualified doctors who trained in Brno using the English syllabus. These new recruits joined the Trust for two years as Clinical Fellows at foundation year one and two to fill vacancies resulting from the reduced numbers of allocated posts from the North West Deanery. This 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 nursing and midwifery staff, including:

- An active recruitment programme for the nursing and midwifery workforce, ongoing throughout the year, both locally and internationally, including participating in the international global learner campaign
- Delivering apprenticeship programmes from local health care cadets at further education colleges through to part-time registered nurse degrees
- Supporting the implementation of the new nurse associate role
- Implementing the St Helens and Knowsley Teaching Hospitals NHS Trust Preceptorship,

Mentorship and Leadership (STHK PML) three year foundation programme to enhance retention.

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 Team 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 to support the delivery of high quality care and to maximise patient safety.

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 National Quality Board adult inpatient ward staffing guidance (January 2018) advises that registered nurse (RN) CHPPD should be 3 hours. 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 and the RN CHPPD recommendation.

2.1.3. Our communities

The local population is generally less healthy than the rest of England, with a higher proportion of people suffering from a long-term illness.

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 remains actively committed to working with its health and social care partners across Cheshire and Merseyside to create Integrated Care Systems and clinically and financially sustainable secondary care services to deliver the vision of the NHS Five Year Forward View.

The Trust is an active member of the Cheshire and Merseyside Health and Care Partnership, which includes all local NHS organisations providing care, all Clinical Commissioning Groups (CCGs) and all Local Authorities operating in Cheshire and Merseyside. The Trust is supportive of the initiatives to remove barriers between different parts of the health and social care system and to deliver more integrated and personalised care that responds to the needs of individuals.

Collaborative working with local partners has enabled the Trust to deliver a range of community and Primary Care Services, including:

- Provision of primary care at Marshalls Cross Medical Centre, successfully winning the longer term contract following a period as interim provider with St Helens Rota, who provide GP services
- Collaboration with our commissioning, health and social care partners to develop 'St Helens Cares'
- Delivery of the following community services, in partnership with other providers including North West Boroughs Healthcare NHS Foundation Trust:
    - Frailty Service
    - Intermediate Care Assessment Team
    - Inpatient intermediate care at Newton Community Hospital, with GP cover provided by St Helens Rota
    - Community Matrons
    - District Nursing Teams
    - Continence Team
    - Treatment Rooms

The continued close working in delivering adult community and intermediate care nursing services in St Helens listed above has facilitated better integration and management of patient pathways across the acute and community setting and has complemented the vision of St Helens Cares to create an integrated care system for the Borough. St Helens Cares is a partnership between all the major public services in St Helens, including the Local Authority and NHS, who have come together to explore how services could be delivered differently to meet the specific needs of the population in St Helens and achieve further integration and greater efficiency to meet growing demand.

In addition, the Trust is a member of a number of the Cheshire and Merseyside transformation programmes including; clinical support services collaborations, the Women's and Children's Services Partnership, the Cancer Alliance and the Urgent Care Network. The Trust is also part of the Prevention at Scale work programme, which seeks to work with public health to reduce the incidence of some of the common causes of non-elective hospital attendances, such as alcohol misuse and the prevention of high blood pressure and diabetes, through consistent advice and support for patients across the health system.

The Trust has worked with its commissioners and Warrington and Halton Hospitals NHS Foundation Trust, during 2017-18, to create a single hyper-acute stroke unit at Whiston Hospital, which can deliver more specialist and expert care in the critical period following a stroke.

The Trust is part of a range of other whole health economy partnerships, including the Accident and Emergency Delivery Board, which coordinates a whole system response to the demand for urgent care services, provided by hospitals, community providers, social care and primary care.

Involvement as a member or associate member of the Health and Wellbeing Boards (or equivalent) in the three Boroughs where the Trust principally delivers services, St Helens, Knowsley and Halton, helps to determine the health improvement priorities and development strategies for our local populations.

The Trust actively participates in the mid-Mersey patient safety and healthcare associated infection collaboratives. 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 also attend the North West intravenous/aseptic non-touch technique (ANTT) forum meetings.

In the last year, the Trust has maintained close working relationships with Healthwatch, NHS Improvement and the Care Quality Commission, as well as local voluntary organisations that work to support patients in their own home, such as the Red Cross.

2.1.5. Technology and information

This year, the Trust has continued to deliver a portfolio of technological advancements to enhance patient safety and care. Every day in the NHS, information has to be collected, managed, used and shared. Excellent patient care depends on this fast and accurate flow of information.

Informatics continues to strengthen the infrastructure and platforms on which all the Trust's critical systems are based. The team has demonstrated the Trust's commitment to the security of systems and information by gaining Cyber Essentials Security Standards Accreditation, a set of technical controls to achieve protection from internet-borne threats. This provides assurance that the Trust has met a national standard of cyber security recognised by the UK Government.

Following the national cyber security incident in May 2017, Health Informatics has worked closely with the operational and clinical teams to strengthen and enhance the security of our clinical and operational systems. The following initiatives have taken place:

- All clinical and administrative systems have been amalgamated under a Unified Threat Management solution which has been implemented to further enhance the security of our systems and information
- Enhanced monitoring of all systems is now in place and Health Informatics is working very closely with all Information Asset Owners and Information Asset Administrators in the hospital to ensure systems meet with national requirements
- A dedicated network and security manager has been recruited to support this essential work

The following initiatives have taken place during 2017-18:

- Electronic Prescribing and Medicines Administration (ePMA) went live in two ward areas - Haematology and Stroke Rehabilitation
- A new theatre system, 'Opera' is now live in all theatre areas across both St Helens and Whiston hospitals
- An Electronic Palliative Care Co-ordination System (EPaCCS) was launched, which allows key professionals across various care settings, including the hospital, to view the needs and wishes of patients with a palliative care diagnosis
- The telephone system in the hospital has been upgraded, allowing improved access for patients
- Within the Electronic Medical Early Warning Scores system (PatienTrack), a combined electronic risk assessment form has been launched, which combines information from five paper nursing assessment forms. This saves a great deal of time for nursing staff and ensures that information is captured in a standardised and clear format, as well as automatically alerting clinical staff to any patients whose condition is deteriorating
- In addition, clinical noting to capture fluid balance was launched across the Trust using the same PatienTrack software. This will enhance the information required for early identification of Acute Kidney Injury (AKI) as well as complying with national NICE guidelines
- Upgrades were undertaken to the Electronic Document Management System (EDMS), the Pathology Telepath System and the DOCMAN System which sends letters to GP practices
- Following a successful bid to the Innovation Agency, the Trust commenced a Telehealth project following discharge from hospital for patients who have had a stroke and for patients who have a drain in place following plastics surgery. Telehealth provides the technology for consultants to engage with patients via

webcam technology. This means that patients and consultants do not need to be in the same location to conduct consultations. This project went live and responses to the initiative from both patients and clinicians have been extremely positive

- The hospital launched their transformational Electronic Patient Record programme, which will commence in Spring 2018 and which will see a replacement of the current Patient Administration System (PAS). The new Medway PAS will also link up key clinical systems including EDMS, PACS, Maternity and ICE discharge
- The IT Service Desk software was replaced with a new tool, which allows users to log and track the progress of their calls on a self-service 'portal'
- Internally, the Health Informatics structure has been reviewed and revised to enhance the technical teams and place equal emphasis on innovation and business relationship management to ensure that the future plans of every department are known and understood in advance and can be jointly planned with the clinical teams
- The Trust has worked closely with our CCG colleagues and NHS England to deliver national and local initiatives to improve the use of technology and reduce the need for paper whilst improving patient access, experience and quality of care along with the added efficiency, effectiveness and financial benefits. This has included:
  - Electronic referral system (eRS)/paper switch off
  - Provision of advice & guidance via eRS to primary care colleagues
  - Referral Management System (RMS)

2.2. Summary of how we did against our 2017-18 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.

2016-17 Progress in achieving 2017-18 quality goals

Quality Improvement Goal	Outcome delivered	Progress
Maintain the safety of patients in the Emergency Department (ED)	Achieved	High compliance with the monitoring of modified early warning scores for patients in line with the requirements of the Trust policy was confirmed by audits. There were 6 serious incidents in the ED in 2016-17, which reduced to 5 in 2017-18 despite a 7.8% increase in attendances, this represents a reduction from 0.06 serious incidents per 1000 attendances to 0.04 in 2017-18. There are a number of continuous actions to reduce the waiting times and to ensure the safety of all patients, including: • Ongoing review of medical and nursing staffing rotas to manage demand safely across the 24 hour and 7-day period • Front door streaming to a GP • Pre–assessment in stretcher triage designed solely to fast track patients from that area to the most appropriate clinical area according to need • Multi-specialty Consultant ED in reach is provided, according to demand • Community matron and consultant-led frailty in-reach and clinical huddles at 9.30am and 2.00pm each day • Ring-fenced beds for frailty patients, with fast track processes in place • Funding for healthcare assistants to circulate the walk-in waiting area and repeat observations at peak times • Closely working with North West Ambulance Service (NWAS) to maintain effective ambulance handover times • Opened an additional 21 medical beds to improve flow in ED
Reduce by 50% in the next 3 years avoidable harm from:		
Falls	Partially achieved	• Number of falls resulting in harm reduced by 17% from the 2013-14 baseline
Pressure ulcers	Partially achieved	• Trust had no hospital acquired avoidable grade 3 or 4 pressure ulcers in 2017-18 with continued year-on-year reductions in pressure ulcers relating to all categories since 2014-15
Medication incidents	Achieved	• 59% reduction in harms related to prescribing errors from the baseline

Quality Improvement Goal	Outcome delivered	Progress
Refresh and redesign the process for learning from incidents and complaints	Improved	• Incident reporting through the national reporting and learning system (NLRS) has been maintained at high levels • Improved timeliness of responding to complaints within agreed timescales and improved process for investigating serious incidents within the agreed timeframe to enable earlier identification of lessons • Bi-monthly patient safety newsletter introduced in 2017, with additional newsletters circulated to cascade urgent information • Weekly incident review forum developed to review any significant incidents across the Trust and enable the identification of immediate learning • Care Group sharing of incidents and trends reinforced • Lessons learned from complaints and incidents are shared via the ward managers and matrons meetings A framework for learning from deaths is being implemented which will form the framework for sharing and learning from all incidents and complaints
Provide respiratory ward based non-invasive ventilation (NIV) supported by appropriate equipment and staffing levels in the next 12 months	Due to commence in summer 2018	• The required equipment is in place and staff have been recruited, with imminent start dates to enable the service to be in place in 2018-19
Increase the percentage of e-discharge summaries sent within 24 hours to 90%	Not achieved	• The Trust is currently implementing a new patient administration system that will help to improve the timely dispatch of e-discharge summaries, which achieved 69.5% for 2017-18
Improve the effectiveness of discharge planning	Achieved	• The Trust has increased the number of morning discharges, resulting in an increase in bed availability • The Trust has reduced delays for patients waiting for take home medication as a result of quality improvements implemented in the transfer lounge • Weekend board rounds take place on many wards to ensure consistent practice seven days a week for patient discharge pathways • Multidisciplinary discharge tracking meetings in place twice weekly escalating to CCG with plan, do, see, act (PDSA) cycles to improve productivity and outcomes for medically optimised patients/longest length of stay • Multi-agency discharge event (MADE) attended monthly by executives from the whole system • Community matron in-reach in place since September supporting earlier discharges daily • Discharge leaflet produced to improve communication with patients • Implemented electronic processes for referring inpatients to community nursing services

2.3. Quality priorities for improvement for 2018-19

The Trust's quality priorities for 2018-19 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 on-line 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 and our commissioners were asked for their views on what should be included in the list of priorities.

The consultation was undertaken using SurveyMonkey and a face-to-face survey with 84 responses received. Analysis of the responses has shown overall agreement and support for the proposed quality improvements for 2018-19 with the majority of responses receiving over 94% approval (increase from 90% last year). Patient safety and the continued drive to reduce patient harm scored 99% closely followed by ensuring change is implemented following lessons learned from incidents and complaints, which scored 98%. Ensuring the most effective use of the skills of the nursing workforce through the use of an electronic system, SafeCare, scored the lowest value of 91%. Additional comments submitted have suggested that further information and support is required about the SafeCare system to ensure that staff fully understand the benefits of this work, which will be included in the implementation plans.

Safety			
Priority title	1. Reduce further the rate of avoidable harm from falls, pressure ulcers and medication incidents	2. Implement change as a result of lessons learned from incidents and complaints	3. Maintain effective assessment and monitoring of all patients in the Emergency Department
Rationale	Patient safety remains the key priority and the Trust is committed to reducing avoidable harm to patients, with the focus on 'getting it right for every patient, every time'	Patients sometimes experience unintended harm or a poor experience, despite the hard work of healthcare staff, and when this happens it is important that we learn from these incidents to improve care in the future. The Trust remains committed to improving how these lessons are shared across the whole organisation and embedded in our policies and guidelines for staff	The Trust is aware that some patients may have to wait longer in the Emergency Department at certain times, for example during the winter months when the number of patients in the department increases. The Trust remains committed to providing the timely assessment and monitoring of all patients to ensure they receive appropriate treatment
Measurement	Reduction in avoidable harm of moderate category or above from pressure ulcers, falls and medication errors from a baseline set in 2017-18	Audit the new dissemination process to provide evidence that learning is being shared. Detailed review of repeated incidents or complaints, following the dissemination of learning, to identify why they reoccurred to enable the Trust to take measures that are more effective	Compliance with the Trust's Policy for Modified Early Warning System
Monitoring	Monthly reports to Patient Safety Council	Quarterly reports to Patient Safety Council and Patient Experience Council	Quarterly reports to Patient Safety Council

	Clinical effectiveness		Patient experience	
Priority title	4. Make the most effective use of the skills of the nursing workforce by implementing an electronic system (SafeCare) to ensure optimal deployment of nursing resources	5. Further embed the seven day services clinical standards across the Trust	6. Improve the effectiveness of discharge planning	7. Increase the percentage of e-discharge summaries sent within 24 hours to 85%
Rationale	SafeCare is a live electronic system that will enable us to meet the individual healthcare needs of patients better by the effective allocation of nursing staff according to their specialist skills. It provides real time information about the healthcare needs of patients and then calculates the number of nursing staff required at ward-level	The Trust is committed to ensuring that we provide consistently high quality care, with patients admitted in an emergency having access to the same level of inpatient care every day of the week. This includes consultant assessment and review, access to diagnostic tests and consultant-led interventions by 2020	The Trust has made improvements in the effectiveness of the discharge processes, but recognises that there is further work to do. Commencing discharge planning as soon as patients are admitted should reduce any delays and will improve the patient and carers' overall experience of care	In order to communicate the ongoing treatment plan when patients are discharged it is essential to share the relevant information in a timely and efficient manner. This will ensure that patients' ongoing clinical care is provided effectively and reduce the potential for readmission into hospital. The target has been set to 85% in view of 2017-18 performance
Measurement	Delivery of SafeCare implementation plan	Delivery of Trust's seven day services action plan assessed by national and local audit	Delivery of the implementation plans for each discharge transformation scheme	Numerator - % of summaries issued Denominator - % of discharges
Monitoring	Quarterly reports to Workforce Council	Audit results reported to the Executive Committee	Monthly reports to Operational Transformation Executive meeting	Reported via Integrated Performance Report to the Quality Committee

2.4. Statements relating to the quality of the NHS services provided by the Trust in 2017-18

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 2017-18, the Trust provided and/or sub-contracted £308m 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 2017-18 represents 100% of the total income generated from the provision of NHS services by St Helens and Knowsley Teaching Hospitals NHS Trust for 2017-18.

The other income generated by the Trust relates mainly to education and training, research and development, services to other NHS bodies and private finance initiative (PFI) related income.

2.4.2. Participation in clinical audit

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.

During 2017-18, 35 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 95% 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 following table shows:
- The national clinical audits and national confidential enquiries that St Helens and Knowsley Teaching Hospitals NHS Trust was eligible to participate in during 2017-18
- The national clinical audits and national confidential enquiries that St Helens and Knowsley Teaching Hospitals NHS Trust participated in during 2017-18
- The national clinical audits and national confidential enquires that St Helens and Knowsley Teaching Hospitals NHS Trust participated in, and for which data collection was completed during 2017-18, 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.

2.4.2.1. Participation in Quality Account audits 2017-18

National Clinical Audits and Clinical Outcome Review Programmes	Eligible	Participated	Rate of case ascertainment % submitted
Diabetes (Paediatric): Paediatric National Diabetes Audit (PNDA)	Yes	Yes	100%
CEM Pain in Children (ED)	Yes	Yes	100%
CEM Procedural Sedation in Adults (ED)	Yes	Yes	100%
CEM Fractured Neck of Femur (ED)	Yes	Yes	100%
Diabetes (Adult): *National Diabetes Audit (Adult) (NDA (A)	Yes	Yes	37.5%
UK Parkinson's audit	Yes	Yes	100%
National Dementia Audit Round 3	Yes	Yes	100%
National Blood Transfusion programme:	Yes	Yes	100%
1. Transfusion associated circulatory overload (TACO) 2017	Yes	Yes	100%
2. Transfusion red cell-&-platelets re-audit	Yes		
Learning Disability Mortality review (LeDeR)	Yes	Yes	100%
National Emergency Laparotomy Audit (NELA)	Yes	Yes	>96-100% (9Dec 16-Dec 17)
National Prostate Cancer Audit (NPCA)	Yes	Yes	100%
National Ophthalmology Audit	Yes	Yes	87.8%
National audit-breast cancer in older patients (NABCOP)	Yes	Yes	100%
National Maternity And Perinatal Audit (NMPA)	Yes	Yes	100%
National Audit Of Seizures And Epilepsies In Children And Young People (EPILEPSY 12/Round 3)	Yes	Yes	New - study not yet started
Inflammatory Bowel Disease (IBD) Programme (Registry)	Yes	Yes	100%
BAUS: Stress Urinary Incontinence	Yes	No	Not applicable
BAUS: Nephrectomy Audit	Yes	Yes	100%
BAUS: Urethroplasty	Yes	No	Not applicable
BAUS: Percutaneous Nephrolithotomy (PCNL)	Yes	Yes	100%
National Chronic Obstructive Pulmonary Disease Programme (COPD)	Yes	Yes	100%

National Clinical Audits and Clinical Outcome Review Programmes	Eligible	Participated	Rate of case ascertainment % submitted
Adult Critical Care: Case Mix Programme - Intensive Care National Audit & Research Centre (ICNARC)	Yes	Yes	100%
Severe Trauma: Trauma Audit & Research Network (TARN)	Yes	Yes	100%
Acute Coronary Syndrome or Acute Myocardial Infarction: Myocardial Ischaemia National Audit Project (MINAP)	Yes	Yes	95 -100%
National Cardiac Arrest Audit (NCAA)	Yes	Yes	100%
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Yes	>100%
Neonatal Intensive and Special Care (National Neonatal Audit Programme (NNAP)	Yes	Yes	100%
Bowel Cancer: National Bowel Cancer Audit Programme (NBOCAP)	Yes	Yes	103%
Oesophago-Gastric Cancer:	Yes	Yes	100%
National Audit Oesophago-Gastric Cancer (NAOGC)	Yes	Yes	81-90% 2016 report
Lung Cancer: National Lung Cancer Audit (NLCA)	Yes	Yes	72.7%
National Heart Failure (HF)	Yes	Yes	74% Based on latest published figures available 2015-16
Falls And Fragility Fractures Programme (FFFAP)	Yes	Yes	116.2%
1. National Hip Fracture Database (NHFD)	Yes		
2. National Audit Of Inpatient Falls (NAIF): Round 2	Yes	Yes	100%
National Joint Registry (NJR)	Yes	Yes	93.57% Based on latest published figures available 2015-16
Elective Surgery: national patient-reported outcomes measures (PROMS)	Yes	Yes	71.7% Participation rate - based on latest published figures available 2016-17
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	Yes	Yes	100%

*Please note: The National Diabetes Audit relies on direct data capture from electronic systems but currently the Trust's systems are paper-based; therefore, we have to submit a sample audit.

National Confidential Enquiries			
2017-18	Eligible	Participated	Rate of case ascertainment % submitted
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) - Medical & Surgical Clinical Review Outcome Programme			
Peri-operative management of surgical patients with diabetes study	Yes	Yes	100%
Acute heart failure study	Yes	Yes	100%
Cancer in children, teens and young adult (0-25 years)	Yes	Yes	no eligible cases: - organisational questionnaire only
NCEPOD - Child Health Clinical Outcome Review Programme			
Mental health conditions in young people	Yes	Yes	100%
Chronic neuro-disability	Yes	Yes	100%
MBRRACE-UK - Confidential Enquiries across the UK			
Maternal, infant and newborn clinical outcome review programme (mothers and babies - reducing risk through audits)	Yes	Yes	100%

2.4.2.2. Other national audits (not on Quality Account list 2017-18)

National Audits	Status
British Thoracic Society (BTS) Bronchoscopy audit 2017	Completed
Royal College of Psychiatrists' feasibility study: national depression audit	Completed
National spotlight audit: delirium screen and delirium assessment	Completed
Royal College of Physicians' asthma audit development project-hospital pilot	Completed
Psoriasis re-audit 2017: British Association Dermatologists (BAD)	Completed
British Association of Parenteral and Enteral Nutrition (BAPEN) national nutritional care audit	Completed
Society for acute medicine benchmark audit (SAMBA): 'Against the clock – time for patients'	Completed
National breast surgery IBRA3 team study therapeutic mammoplasty	Completed
National diabetes inpatient audit 2017	Completed
Saving Babies' Lives Project Impact and Results Evaluation (SPiRE)	Completed
British Thoracic Society (BTS): National Adult Bronchiectasis audit 2017	Active
Get it right first time - surgical site infection (GIRFT – SSI)	Active
National pregnancy in diabetes (NPID) 2017/18 ()	Active
Rapid access chest pain clinic (RACPC) audit programme	Active
National bullous pemphigoid (BAD) audit	Active
Neoadjuvant systemic therapy	Active
Imagine (ileus management) - STARSURG	Active
Breast and cosmetic implant surgery	Active
National 3rd corrective jaw treatment audit	Active
Cystic Fibrosis Registry	Active

The reports of 40 national clinical audits were reviewed by the provider in 2017-18 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:

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

Completed study reports have been disseminated and reviewed with report recommendations implemented or planned.

Current active studies:	Completed studies – awaiting national report:
1. Pulmonary embolism 2. Peri-operative diabetes	1. Acute heart failure 2. Cancer in children, teens and young adult study 3. Mental health conditions in young people 4. Chronic neuro-disability

Audit title	Outcome/actions
NCEPOD: Care of patients with mental health problems in acute general hospitals	Mental health triage documentation has been RAG rated to make explicit the referral to mental health. The referral form for liaison collects the necessary data at the point of referral, including risk to self and others and safeguarding. A comprehensive consultant-led team is in place that provides a rapid response to mental health emergencies, and a 24-hour elective response. The alcohol team is dual diagnosis trained, so covers alcohol and substance misuse 7 days a week from 09:00 to 21:00. An expanded and robust liaison psychiatry team is in place to assist in decision-making providing an emergency response, as well as planned response within 24 hours. Senior ED staff have been trained on RIO system, which holds patient data for our partner mental health trust allowing review of care plans.
NCEPOD: Non-invasive ventilation (NIV)	The development of a new NIV unit is currently underway and the unit should be running by June 2018
NCEPOD: Sepsis	Major changes have been implemented in the Trust over the last 12 months in the management of sepsis with actions led by sepsis consultant lead in ED: Sepsis team has been expanded. A Sepsis Policy and pathway have been completed including a specific maternal sepsis pathway. A 'Safe management of sepsis e-learning module' is now available to staff through the Virtual College. Sepsis study days are ongoing and procedures have been updated. Trust Sepsis Patient Information Leaflet produced. A number of specific sepsis trolleys are available for use.

Audit title	Outcome/actions
Royal College of Emergency Medicine (RCEM) 2016-17	
Severe sepsis/septic shock	Findings highlighted the Trust achieved a large percentage of patients having lactate measured and blood cultures taken (above average) prior to leaving the department. Review of ED sepsis pathway with a view to include further information to assist with management of these patients.
Asthma care in ED	Further staff training undertaken on the importance of peak expiratory flow rate (PEFR), early steroids and oxygen prescribing
Consultant sign off in ED	Actions taken: identification of the Consultant shift leader, who now wears a red scrub top with 'shift lead' written on to indicate this. Clinical rota has been changed to improve availability of shift lead consultant.
Severe Trauma: Trauma Audit & Research Network (TARN)	
TARN	Reports have been reviewed - no further actions required at this time. Planned audit to be undertaken to review 'Time to CT' in ED.
National Cardiac Arrest Audit (NCAA)	
NCAA	National Cardiac Arrest Audit reports are circulated to appropriate Trust Groups/Councils and reviewed. Cardiac arrests are reported on the Datix system and reviewed within 72 hours. A further local review is undertaken if any cause for concern is noted.
Sentinel Stroke National Audit Programme (SSNAP)	
SSNAP	Service developments which have contributed to improvements are listed: Additional Speech & Language Therapists (SLT) in post. Group Working: The 7 day SLT service has also made a large impact in assessing patients at a weekend, which allows staff to make better and safer decisions on how to manage our patients. Full allocation of physiotherapists, which has improved the scores. Consultant working: Consultant weekend working changed so that the Hyper Acute Stroke Unit (HASU) receives a full ward round every day by a stroke consultant who is present at weekends. All suspected strokes are called through by the North West Ambulance Service (NWAS) as a standby call. This allows ED to alert the stroke team who will meet the patient at the door giving them direct access to specialist care. Staff training: Individualised training for the whole team to recognise the sick stroke patient.

Audit title	Outcome/actions
Acute Coronary Syndrome or Acute Myocardial Infarction	
Myocardial Ischaemia National Audit Project- MINAP	**Better data completeness for risk-adjusted outcomes:** Improvements in data quality have been addressed through implementation of new minimum data standards during 2017.
UK National Haemovigilance Scheme	
Serious Hazards of Transfusion (SHOT)	Implementation of report recommendation that anti-D should be given up to 10 days after sensitising event. Anti-D is most effective within 72 hours: this was disseminated to staff during 'safety huddle' meetings. Transfusion is now covered as part of local maternity induction education.
Falls And Fragility Fractures Programme	
National Audit of Inpatient Falls (NAIF): Round 2	The issues identified from the report have now been incorporated into the Trust Falls Strategy. **Key focus:** Process for carrying out eye tests has been finalised and the template disseminated for use. Laminated information has been distributed further with education and monitoring of compliance planned to increase number of lying and standing blood pressure recordings.
National Neo-natal Audit Programme (NNAP)	
NNAP audit (2016 data)	Actions: Planned to be completed by January 2019: • Introduction of family integrated care & training to improve breastfeeding • Set up of a dedicated clinic to facilitate a 2-year follow-up of patients.

2.4.2.3. Local clinical audit information

The reports of 182 local clinical audits were reviewed by the provider in 2017-18 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
Acute Medical Unit (AMU)	
Implementation of acute headache pro forma	Re-audit results showed: improved assessment, documentation and an increased number of final diagnoses made. No further actions needed.
Audit of ambulatory admissions of diabetes patients presenting with hyperglycaemia	Developing and implementing an Ambulatory Emergency Care (AEC) hyperglycaemia pathway. Also rapid access clinic appointment for follow-up care. Increased availability of diabetes specialist nurses working for extended hours. Training to be rolled out to ward staff.
Burns & Plastics	
Audit of adherence to delegated consent policy	To incorporate a consultant-led (or post-certificate of completion of training (CCT)-led) training session on delegated consent for all new starters in the department.
Audit of copying letters to patients	'Opt out' approach has been adopted for sending copies of clinic letters to patients when listed for surgery.
Cardiology	
Appropriate use of criteria for inpatient transthoracic echocardiogram	Implement inpatient & outpatient options on the echocardiogram (ECHO) request form in the new electronic patient record (EPR) system. Increase repeat request interval limit from 1 month to 6 months, March 2018.
Critical Care	
Sedation breaks in ICU	A targeted sedation guideline has been developed: including sedation break guidance for how to undertake a sedation break/ how to assess a patient 'off sedation'.
Re-audit efficiency of enteral feeding, ICU	Results show there has been some improvement in the amount of enteral feed delivered since 2016 and is in line with published data. No significant actions to be taken.

Audit title	Outcome/actions
Dept. of Medicine for Older People (DMOP)	
Drug omissions in geriatric medicine	Training nursing staff undertaken to use electronic access system to find where the medication is available from.
How safe are safe patient observations?	Planned actions include: • Review of current guidelines • Formulate risk assessment tool to standardise assessments for patients who may require 1:1 and trial it on key areas and new care plan • New policy to be devised • Introduce 'Make Specialing Special' education programme • Nurses to receive training in delivering 1:1 care • Formulate information leaflets for patients, relatives and staff involved in 'Specialing'.
Re-Audit of Parkinson's Service (Following on from 2015 national audit)	• Parkinson's UK information packs to be given to patients at initial consultation • New patients to have Mini-Mental State Examination and Geriatric Depression Scale prior to consultation • Advance care planning • Social worker referrals - Parkinson's Practitioner has contact numbers for social services & will inform GP, to improve communication and documentation • Leaflet also to be provided on carer support and services • Lee Silverman Voice Treatment, a form of speech treatment, will be available.
Diabetes	
Audit of the discharge times on diabetes ward	To avoid medications to take out (TTO)/transport delays: prioritise morning discharge; increase number of patients discharged before 10am. Inter-specialty referrals wait time to be reviewed. Discharge time to be recorded accurately on admission, discharge and transfer (ADT) system.
Emergency Dept. (ED)	
Management of pain in adults attending ED	Improvements have been shown in pain score assessment at triage (within 15 minutes) since the introduction of a dementia pain score tool being incorporated into the over 65 years ED Casualty Record Card and the displaying of pain management guideline posters in all triage areas. Patients being offered analgesia at triage and receiving analgesia within 30 minutes has also improved with introduction of Patient Group Directives (PGDs) into the department.
Audit of the "Quick Set" blood test requesting in ED	C-reactive protein test (CRP) added to appropriate quicksets.

Audit title	Outcome/actions
ENT	
ENT Rapid Access Clinic (RAC) Referral Pathway	Creation of new referral form and a list of ENT conditions appropriate for the RAC to be distributed among ED, Walk-in Centres, GPs and other specialties.
Surgical management of otitis media with effusion in children	Better management of patient's expectations when offering the options of treatment and a better explanation of physiology and treatment of glue ear. Provide a holistic approach and take into consideration special needs such as patients with Autism, ADHD, etc. Creation of Otitis Media With Effusion form planned to complete in clinic and facilitate patient information completion, in order to decide on further management.
Gastroenterology	
Rectal biopsies in diarrhoea audit	Decision has been made on the standard regime and types of scope to be used
Audit of therapeutic upper gastro-intestinal (UGI) endoscopy - percutaneous endoscopic gastrostomy (PEG)	Continue annual audit to ensure safety standards remain high. Use the pre-assessment checklist & audit its use. Assessment & care of PEGs will fall under Nutritional Specialist Nurse's remit.
Therapeutic UGI endoscopy dilatation	A standardised post procedure care plan has been agreed. Further audits to be undertaken to review patient visits more closely.
30-Day mortality & 8-day non elective surgery	Avoid throat spray if patient high risk of aspiration. Use carbon dioxide for all procedures. Mortality is monitored every six months. The mortality rates are within the nationally expected limits. Mortality & readmission data will be cumulated going forward to identify further learning.
Quality & safety lower gastro-intestinal endoscopy	Documentation of withdrawal times has improved. Continue to improve documentation on the Unisoft system reports particularly with tattooing.

Audit title	Outcome/actions
General Surgery	
Review of waiting times for perianal abscess	Patients will try to be prioritised at the start of each day when clinical condition of other waiting patients allows. All patients with perianal abscess will be referred to a colorectal surgeon for follow-up.
Venous thromboembolism (VTE) prophylaxis in emergency general surgery patients	1st Cycle Key Actions: of those patients eligible for low molecular weight heparin (LMWH) 100% should receive it within 24-hours of admission; otherwise it should be documented by medical personnel. 100% of patients who undergo general surgery, where mobility is expected to be reduced, should receive LMWH; otherwise, decision should be documented. 2nd Cycle Key Actions: Re-write the VTE guidance - in conjunction with advice from VTE lead.
Extended VTE prophylaxis in colorectal cancer patients undergoing major surgery	Planned actions: incorporate extended VTE education in foundation year 1 doctors' induction.
Breast Unit documentation audit	The Breast Unit form is to be re-designed and simplified for use by patients and clinical staff. Re-audit planned following implementation of new form.
Neuro-Physiology	
Waveforms audit- nerve conduction studies	Patients asked to wash hands prior to the test to ensure good skin preparation resulting in a better quality reading.
Obstetrics & Gynaecology	
Stillbirth audit	Bereavement Team to encourage uptake of post mortems (PM) with families. Raise awareness with staff in relation to the importance of PM.
Management of endometrial hyperplasia	Implementation of new Trust guideline based on the Royal College of Gynaecologists' guideline for the management of endometrial hyperplasia to provide consistent approach by all clinicians and to clarify doses and suitable regimes.
Audit of the use of Oxytocin (Syntocinon)	The actions recommended were completed on the day it was requested. Dissemination of the requirement for doctors to prescribe the Oxytocin as an infusion. Draft of a potential sticker has been given to the ward manager and shown to the core midwives for comments. To revisit the sticker with the newly appointed ward manager and trial the sticker once available. Use of the Oxytocin form has been included on the safety bulletin on Delivery Suite and its use will be monitored.

Audit title	Outcome/actions
Paediatrics	
Overnight oxygen study	Amendments to the patient information leaflet and referral form.
Diabetes support for children at nursery and school	New standards have been implemented, which will be reviewed in the coming audit year 2018-19. Extra administration support is needed to support the clinical team.
Paediatric sepsis screening tool and pathway audit	All children have a sticker attached to their notes, which is now incorporated into the ED casualty card. All children who 'trigger' must have screening tool attached and completed.
Audit of inpatient management of patients with eating disorders	New Eating Disorders Pathway has been introduced with continued training and a re-audit will be planned for coming year. Children Eating Disorders team (Mid-Mersey) are activity working with lead key workers.
Audit of the paediatric epilepsy services	Key Actions: Ensure/encourage better compliance with pro forma filling in epilepsy clinic. Amend existing pro forma to include a tick box at the beginning to document if Epilepsy Nurse present in the clinic. Increase the number of epilepsy clinics. Renaming the existing Paediatric Neurology clinics as Epilepsy Clinic. Individual consultant to review appropriateness of new patient bookings/referrals to epilepsy clinical 6-8 weeks in advance. Actions: April 2018.
Respiratory	
Re-audit of insertion, management and removal of chest drains	Planned actions: Develop and implement the use of a specific chest drain checklist pro forma/sticker for clinicians inserting chest drains. Teaching sessions for doctors and nurses to raise awareness of the issues regarding the procedure/further re-audit cycle planned.
Rheumatology	
Rheumatoid arthritis and cardiovascular disease	Planned actions: The rheumatology handbook is to be updated with information on hypertension and what to do in clinic. More detailed information to be included in clinic letters with regards to encouraging exercise/weight loss.

Audit title	Outcome/actions
Trauma & Orthopaedics	
Upper limb neurovascular assessment: pro forma use	Additional teaching undertaken for junior doctors at the start of each rotation.
Post-op. complications in patients taking Apixaban	Stop Aspirin on admission if on Apixaban.
Analgesic management of hip fracture in adults	Re-audit undertaken: significant improvements have been made in overall compliance compared to the audit undertaken in 2015-16. No further actions required.
Safeguarding: Paediatrics	
Safeguarding compliance and assurance audit	A work plan has been compiled in response to the recommendations and relevant changes in processes and documentation are being implemented. A themed audit has also taken place to look specifically at management of 16 and 17 year olds.
Therapies	
Dietetics audit to re-assess compliance with NSPA Guidance: Naso-Gastric (NG) Feeding Tubes	The NG Care Bundle to be rolled out across all wards highlighting the importance of documentation of discussions, NG tube chart use, and using the NG insertion record sticker.
Acquired brain injury: occupational therapists (COT)-Seddon Suite	Planned actions: development of guidelines for commonly identified procedures used on Seddon. Work with Cheshire and Merseyside Rehabilitation Network on agreed format for 'My Rehab' files, and with multidisciplinary team around format/types of family education. Training to be arranged for therapy staff around seizure management. Production of commonly used list of medications and provide training for therapists. Local wheelchair services: Cheshire and Merseyside Network Head /Seddon Suite manager monitoring this issue with the goal of reducing waiting times for wheelchair provision.

Audit title	Outcome/actions
Trust-wide	
Record keeping annual audit programme	Improvements have been demonstrated again during the year. The Trust record keeping policy was reviewed; the programme re-designed and streamlined with the introduction of a new electronic record keeping workbook. Staff reported they found the new tool more user-friendly and time-saving. Submission/data process time has drastically been reduced as a result.
Consent documentation - annual audit programme	The programme has continued with two audits cycles undertaken by the individual specialties in the audit year. Plan to look at the feasibility of introducing an electronic data tool going forward to eliminate paper returns (similar to the record keeping workbook).
Research, Development & Innovation	
Compliance with Good Clinical Practice (GCP) for RDI	For Trust-sponsored studies, a robust and regular monitoring system will be introduced as part of a formal standard operating procedure (SOP). Training regarding SOPs will be carried out and a snapshot audit to follow.
Resuscitation Services	
Resuscitation trolley audit 2016	All errors, omissions or problems identified were corrected at time of audit or via email to responsible manager as a safety measure. Re-audit undertaken 2017-18.
Urology	
Audit of 2-week referral pathway for prostate cancer patients	Planned actions: Implement more of a one-stop service with specific magnetic resonance imaging (MRI) slots. Implementing prostate diagnosis clinic and two transrectal ultrasound-guided biopsy lists a week.
Review of active surveillance protocol for patients with low risk prostate cancer	A plan is in place for converting one of the stable prostate cancer clinics to an active surveillance clinic in 2018-19. The unit has procured fusion biopsy software, which is in the process of being trialled under local anaesthetic.
Pathology	
Audit of thyroid cytological diagnosis on thyroid nodules (THY 1)	Due to high incidence of malignancy, patients with Thy3f, where there is a stable prediction of malignancy, should undergo diagnostic lobectomy. This is an ongoing project.

2.4.3. Participation in clinical research:

The aim of Clinical Research is to offer patients access to new and emerging treatments. The Trust remains committed to delivering safe and effective high quality patient-centred services, based on the latest evidence and clinical research. Focus remains on improving care, developing better treatments and increasing understanding of disease by providing an environment that is conducive to the undertaking of quality research and development activities.

The UK Policy Framework for Health and Social Care in Research was introduced in late 2017. It includes principles to protect and promote the interests of patients, service users and the public in health and social care research, by describing ethical conduct and proportionate, assurance-based management of health and social care research, to support and facilitate high-quality research in the UK that has the confidence of patients, service users and the public. The Trust is fully committed to ensuring that it adheres to these principles.

The Trust is a partner organisation in the North West Coast Clinical Research Network (NWC CRN) and works closely with them to ensure a culture of research and innovation is embedded within the Trust. This partnership working helps the Trust to support the National Institute for Health Research (NIHR) commitments, including improving the quality, speed and co-ordination of clinical research by removing the barriers within the NHS, unifying systems, improving collaboration with industry and streamlining administrative processes.

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.

During 2017-18, the Trust was involved in 104 active studies and the NIHR supported 88 of these, with the remaining 16 studies being local or student studies.

The number of patients receiving relevant health services provided or sub-contracted by St Helens and Knowsley Teaching Hospitals NHS Trust in 2017-18 that were recruited during that period to participate in research approved by a research ethics committee/Health Research Authority:
• 1005 recruited to NIHR adopted studies.

The Trust is pleased that NIHR recruitment figures have exceeded those forecasted during 2017-18 and that it successfully recruited 1005 participants against the proposed target of 500.

The Trust has impressive research activity across a wide range of clinical specialities. Since 1st April 2017, the RDI department produced RDI permission (confirmation of capacity & capability) for 46 new studies of which 37 were NIHR portfolio adopted studies. The following table displays the specialties of the new studies:

Specialty	No. of Studies
Burns and Plastics	1
Cancer	8
Cardiology	2
Critical Care	2
Diabetes	2
Emergency Medicine	2
Gastroenterology	2
General Surgery	3
Genetics	1
Haematology	1
Neurology	1
Orthopaedics	4
Paediatrics	4
Rheumatology	4
Sexual Health	1
Stroke	3
Trust Wide	1
Urology	2
Woman & Child Health	2

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

The Trust reports quarterly to the Department of Health on the initiation and delivery of research (for clinical trials only).

The Trust has a 70-day benchmark to recruit the first patient into a clinical trial. This is a very challenging target and at present the Trust is running at approximately 62.5% for initiating research (10 of the 16 clinical trials met the target). Only two studies closed within the time period for delivering research. The Trust met the target for one of the studies and the other study closed to recruitment early.

2.4.3.2. Commercially sponsored studies

The Trust has continued to increase its participation in commercially sponsored studies, with 14 commercial studies active within the Trust.

2.4.3.3. Key achievements

• The Trust encourages its research staff to work generically across specialties. This has proven to be a really successful initiative as it increased its recruitment figures and offered the nurses an insight into a range of research specialties, with opportunities to develop their skills further.

• The Trust has been recognised as a top recruiting site in a number of areas of research. In addition, the Research Team have been inspirational in the delivery and set up of a number of high recruiting studies including:
   - FUTURE initiative that aims to build up a database of 3,000 healthy volunteers who have been genotyped and are readily available to be recruited for early phase studies
   - Examining the potential side effects of a particular analgesic called Methoxyflurane (Penthrox®) and of other analgesics routinely given to patients in the Emergency Department to compare its safety with that of the other analgesics
   - Saving Babies' Lives Project Impact and Results Evaluation (SPiRE) to review antenatal care

These have collectively recruited 581 patients since April 2017. The success of this is due to team work including setting a recruitment strategy/goals and clarifying responsibilities for each member of the team.

• The Cancer Research Team is committed to providing patients with the opportunity to take part in high quality cancer research studies. At present, there are 17 open studies actively recruiting across different tumour groups. This year 119 patients diagnosed with cancer have participated in a cancer research study. Breast cancer research achieved national recognition in recruiting to a surgical trial and the skin cancer research was highly recognised for its contribution to recruitment into a rare skin cancer trial. These sustained efforts have allowed patients to benefit from access to new treatments and the opportunity to help researchers find better treatments for others in the future

• The Gastroenterology Team at the Trust has successfully expanded its commercial research portfolio. A major achievement has been recruiting the first patient in Europe for one of the studies

• All other research specialties, including diabetes, stroke, cardiology, paediatrics and rheumatology have worked extremely hard and, with their input, the annual NIHR recruitment target for 2017-18 was met by quarter 3

• Michael Lloyd, Medical Education and Training

Pharmacist won the "Excellence in Hospital Pharmacy Award" at the Clinical Pharmacy Congress 2017 for his Prescribing Errors research
• The Trust's Research Practitioner Group (RPG) meets quarterly and plays an important role in the delivery of good quality research. NIHR recruitment is a standing item on the agenda and updates on performance are discussed and plans put in place to achieve compliance
• The RPG is committed to making sure that patients have the chance to participate in clinical trials and encourage patients to discuss research opportunities with their doctors and nurses. The RPG promotes research with regular research awareness stands, which showcase the NIHR "I am Research" campaign
• International Clinical Trials Day is celebrated around the world, on or near 20th May each year, to raise awareness of the importance of clinical trials for advances in research and healthcare. In May 2017, the Research Team celebrated with a stall promoting the campaign. This was a great opportunity to promote clinical research trials and let patients, staff and the public know more about the research trials on offer at the Trust

• The NIHR wants to understand more about patient experience of clinical research taking placing in the NHS and in October 2017 launched a patient experience survey. The Trust made a significant contribution by contacting patients who have been involved in research
• The Trust has promoted research and innovation to staff via social media and regularly post good news stories on the Trust's Facebook and Twitter accounts.

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

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

2.4.3.4. Research aims for 2018-19

Aims for 2018-19 are to maintain:
• A comprehensive performance management system to improve NIHR national targets for RDI approval times and recruiting patients to time and target. Regular performance updates will be disseminated at the Research Team meetings
• Existing strengths and key areas of current research, as well as supporting developments in other health priority areas
• High levels of research conduct within the Trust, providing assurance to the RDI Group and Trust Board through audit and monitoring
• Ongoing and enhanced engagement about clinical research at all levels within the Trust and with the public, in line with CQC requirements. This will be achieved by increasing the number of promotional events, providing speakers at local groups, conducting satisfaction surveys and providing activity reports to the Research Development and Innovation Group

• Engagement with the Research Design Service who provide support to health and social care researchers across England on all aspects of developing a grant application.

2.4.4. Clinical Goals agreed with commissioners

A proportion of St Helens and Knowsley Teaching Hospitals NHS Trust income in 2017-18 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 2017-18 and for the following 12-month period are shown in the following tables:

CQuIN targets 2017-18

Commissioning Organisation	Care Group	Type	Type Ref	Title
Clinical Commissioning Group	Corporate	National	STP	Risk Share - Control Totals
Clinical Commissioning Group	Corporate	National	STP	Risk Share - Participation
Clinical Commissioning Group	Corporate	National	1a	Improvement of health and wellbeing of NHS staff
Clinical Commissioning Group	Corporate	National	1b Part A	Healthy Food For NHS Staff, Visitors & Patients
Clinical Commissioning Group	Corporate	National	1b Part B	Healthy Food For NHS Staff, Visitors & Patients
Clinical Commissioning Group	Corporate	National	1c	Improving The Uptake Of Flu Vaccinations For Front Line Clinical Staff
Clinical Commissioning Group	Medical Care Group	National	2a	Timely identification of sepsis in Emergency Departments (ED)
Clinical Commissioning Group	Medical Care Group	National	2a	Timely identification of sepsis in acute inpatient settings
Clinical Commissioning Group	Medical Care Group	National	2b	Timely treatment of sepsis in emergency departments
Clinical Commissioning Group	Medical Care Group	National	2b	Timely treatment of sepsis in acute inpatient settings
Clinical Commissioning Group	Medical Care Group/Clinical Support Services	National	2c	Assessment of clinical antibiotic review within 72 hours of patients with sepsis who are still inpatients at 72 hours. For the Trust, the local protocol is Modified Early Warning Scores (MEWS) greater than or equal to 5
Clinical Commissioning Group	Clinical Support Services	National	2d	Appropriateness of antibiotic consumption (agent and duration)
Clinical Commissioning Group	Medical Care Group	National	4	Improving services for people with mental health needs who present to A&E
Clinical Commissioning Group	St Helens	National	6	Offering Advice and Guidance (A&G)
Clinical Commissioning Group	St Helens	National	7	NHS e-Referrals

Commissioning Organisation	Care Group	Type	Type Ref	Title
Clinical Commissioning Group	Medical Care Group	National	8 Parts A & B	Supporting proactive and safe discharge
Clinical Commissioning Group	Medical Care Group	National	8 Part C	Supporting proactive and safe discharge
Specialised Commissioning	Medical Care Group	National	WC5	Neonatal Critical Care Community Outreach
Public Health England	St Helens	National		Referral Management - Changes needed to deliver the new pathways and to integrate dental services and patient centred care
Public Health England	St Helens	National		Managed Clinical Networks (MCNS)
Public Health England	Clinical Support Services	National	1a	Improvement of health and wellbeing of NHS staff Adjusted Specifically To Support Cytology Service Team During Cytology Service Transformation Programme. Development of personalised professional development plans for all staff currently involved in the delivery of the cervical screening programme and who will be affected by the switch from cytology to HPV as the primary screen
Alder Hey	Medical Care Group	Local		Cystic Fibrosis
Clinical Commissioning Group	Community	National	STP	Risk Share - Control Totals
Clinical Commissioning Group	Community	National	STP	Risk Share - Participation
Clinical Commissioning Group	Community	National	1a	Improvement of health and wellbeing of NHS staff
Clinical Commissioning Group	Community	National	1c	Improving the uptake of flu vaccinations for front line clinical staff

Commissioning Organisation	Care Group	Type	Type Ref	Title
Clinical Commissioning Group	Community	National	8b	Supporting Proactive and safe discharge - community providers
Clinical Commissioning Group	Community	National	9	Preventing ill health by risky behaviours - alcohol and tobacco
Clinical Commissioning Group	Community	National	9a	Tobacco screening
Clinical Commissioning Group	Community	National	9b	Tobacco brief advice
Clinical Commissioning Group	Community	National	9c	Tobacco referral
Clinical Commissioning Group	Community	National	9d	Alcohol screening
Clinical Commissioning Group	Community	National	9e	Alcohol brief advice or referral
Clinical Commissioning Group	Community	National	10	Improving the assessment of wounds
Clinical Commissioning Group	Community	National	11	Personalised care and support planning

The proposed CQuIN targets for 2018-19 will be published on the Trust's website at www.sthk.nhs.uk following agreement with commissioners.

2.4.5. Statements from the Care Quality Commission (CQC)

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

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

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

The last Chief Inspector of Hospitals CQC comprehensive planned inspection took place in the week commencing 17th August 2015. A large team of inspectors visited both Whiston and St Helens hospitals during that week 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 2017-18.

St Helens and Knowsley Teaching Hospitals NHS Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2017-18:

- Halton Local System Review
- Liverpool Local System Review
- St Helens CCG Safeguarding Children Review
- Merseyside thematic review of Section 136 of the Mental Health Act

St Helens and Knowsley Teaching Hospitals NHS Trust intends to take the following action to address the conclusions or requirements reported by the CQC:

- Consistently apply the Home of Choice Policy
- Proactive ongoing monitoring of delayed transfers of care
- Identify solutions to the community midwifery electronic patient record
- Ensure carer responsibilities of adult attendees to the Emergency Department are identified and documented in order to reduce any risk to dependents resulting from their attendance

St Helens and Knowsley Teaching Hospitals NHS Trust has made the following progress by 31st March 2018 in taking such action:

- Updated the Home of Choice Policy
- Strengthened the processes for effective discharge, including specific training for ward staff and improved information for patients
- Increased the number of Discharge Coordinators to improve patient flow
- Audited compliance with discharge checklists
- Increased levels of safeguarding supervision for community midwives.

St Helens and Knowsley Teaching Hospitals NHS Trust is subject to periodic reviews by the Care Quality Commission and the last review was in August/September 2015. The CQC's assessment of the Trust following that review was good. St Helens Hospital was rated as outstanding and the Trust was rated overall as outstanding for the care it provides to patients, with the Outpatients and Diagnostic Service rated as outstanding on both sites. The Trust's Maternity Services were rated as requires improvement for responsive, safe and well-led, with the Emergency Department also rated as requires improvement for the responsive domain.

Action plans have supported the delivery of the required improvements, with key actions taken outlined in the following section.

CQC ratings table for St Helens and Knowsley Teaching Hospitals NHS Trust January 2016

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

The Trust intends to take the following action to address the points made in the CQC's assessment:
- Ongoing focus on maintaining the improvements that the Trust has implemented as outlined below.

  St Helens and Knowsley Teaching Hospitals NHS Trust has made the following progress by 31st March 2018 in taking such action:
- The key actions identified for improving access to urgent and emergency care are reinforced by the senior leaders across the organisation. There is focus on both the Emergency Department and the inpatient wards, with improvements to the processes identified in the Urgent and Emergency Care Transformation Plan. Actions included the appropriate deployment of clinical resources to meet demand and improved use of information technology to enable real-time tracking of patients within 4 hours. In addition, a number of actions have been taken to improve patient flow in inpatient areas including, clinically-led board rounds on inpatient wards, identifying early morning discharges to support flow; senior daily review and escalation for patients who no longer need care in an acute bed, supported by system-wide Multi Agency Discharge Events (MADE) and an agreed expected number of discharges by ward. The additional actions identified within the Trust's recovery plan will continue with support and focus being provided by the Emergency Care Improvement Programme in order to sustainably deliver the 95% target
- Actions agreed with health economy partners to drive improvements in access to urgent and emergency care, including increasing the capacity within intermediate care in the community and reviewing and developing community services
- Improved the ambulance turnaround times within the Emergency Department by putting in place 7 day/week ambulance clinical coordinators to promote the use of alternative destinations for patients as appropriate and providing a 12 hour day coordination service
- Continue to focus on ensuring staff appraisals and mandatory training are up-to-date
- Roll out of advanced care planning for patients at the end of their lives
- Maintain robust systems for the storage of medications, with regular audits to demonstrate compliance
- Reviewed and improved the systems for managing and responding to serious incidents within Maternity Services, ensuring effective processes for implementing lessons learned. This includes the introduction of daily safety huddles at each shift hand-over, patient safety boards and safety briefings to share lessons learned. In addition, an organisational development plan has been implemented, following a series of staff listening events
- Strengthened the processes and timeliness of risk management within maternity services
- Implemented Maternity Strategy and Midwife-led Unit for low risk births
- Adaptations to the Maternity Unit bereavement rooms to enhance patient experience
- Firmly embedded processes for reviewing staffing levels across the Trust on a daily basis to ensure safe staffing in all areas, with monthly reporting to the Trust Board
- Installed permanent screen in Coronary Care Unit to ensure the privacy and dignity of patients are maintained at all times.

2.4.6. Learning from deaths

2.4.6.1.Number of deaths

During Q1-3 2017-18, 1216 of St Helens and Knowsley Teaching Hospitals NHS Trust's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

145 in the first quarter;

146 in the second quarter;

149 in the third quarter;

Data unavailable for Q4 as data are reported a quarter behind.

By end of Q3, 290 case record reviews and 150 investigations have been carried out in relation to 1216 of the deaths included in item 2.4.6.1.

In 37 cases, 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:

9 in the first quarter;

13 in the second quarter;

14 in the third quarter.

Data unavailable for Q4 as data are reported a quarter behind.

1 representing 0.0008% 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.

In relation to each quarter, this consisted of:

0 representing 0% for the first quarter;

1 representing 0.002% for the second quarter;

0 representing 0% for the third quarter;

Data unavailable for Q4 as data are reported a quarter behind.

These numbers have 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.

2.4.6.2. 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 in the process of establishing a database that collates all learning from deaths, incidents, complaints, PALS and litigation into a single repository for quarterly thematic analysis and sharing. Key lessons from quarters 1 and 2 (reported as single report in the first published report) were the need to:

• Monitor (check, action, repeat) blood gases in patients with chronic obstructive pulmonary disease (COPD)

• Escalate to a senior immediately when intravenous (IV) access cannot be obtained

Key lessons from quarter 3 were:

• Atrial fibrillation (AF) causes strokes, which can be more serious, leave more disability and have a higher mortality. They are preventable and, therefore, if a patient is found to have AF, an assessment of the risks and benefits of administering blood thinning medication (anticoagulation) must be completed and anticoagulation provided if indicated

• There are times when some patients' relatives may become distressed and behave out of character, particularly when trying to do their best for their loved ones in difficult situations. Staff are reminded to consider this and that more understanding and compassion is required in these instances.

2.4.6.3. Actions taken resulting from learning

Lessons 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.

2.4.6.4. 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.

2.4.6.5. Process prior to new nationally mandated system

Like most other organisations, prior to the introduction of the new nationally mandated assessment and reporting system, which was first reported in Q3 (as required), the Trust has for many years undertaken systematic review of deaths, but these systems used different methodologies that are not comparable with the new process. The Trust, therefore, is unable to provide the figures for the number of case record reviews and investigations completed which related to deaths prior to 2017-18.

2.4.6.6. Trust approach to learning from deaths

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

Total Deaths
in Scope[1]

Check against NWB downloaded LD List **'Learning Difficulties Death'**	LeDe R Death Review[2]
Check against MHA and DOLS list **'Severe Mental Illness Death'**	SIR[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]	SIR
Check DATIX for SIRI Investigation **'SIRI Death'**	SIRI
Check DATIX for complaints/PALS/staff concerns **'Concern Death'**	SIR
Check against Surgical Procedure List **'Post-op Death'**	SIR
25% Sample, include all low risk deaths[4.] **'Sample Deaths'**	SIR

1. All inpatient deaths at STHK, transfers to other hospitals or settings not included
2. LeDeR – nationally prescribed process for reviewing LD deaths
3. Structured judgement review, currently STHK tool
4. Low risk deaths as defined by Dr Foster/HED grouping
5. Alert deaths, include any CQC alerts or 12-month internal monitoring alerts from the previous financial year.

2.4.7. Priority clinical standards for seven day hospital services

The seven-day services clinical standards are designed to ensure patients who are admitted as an emergency, receive high quality consistent care, whatever day they are admitted. Trusts are working towards implementing the four priority standards by 2020, which will mean that patients will:
• Not wait longer than 14 hours to initial consultant review
• Get access to diagnostic tests which are reported within 24 hours for non-urgent requests, 12 hours for urgent and 1 hour for critical patients
• Get access to specialist, consultant-directed interventions
• Receive twice-daily specialist consultant review for those with high-dependency care needs, and those patients admitted to hospital in an emergency will experience daily consultant - directed ward rounds

The Trust has identified a number of actions that will improve delivery of these standards. These include:
• Electronic system for identifying patients who have not had a consultant review and are approaching 14 hours of admission
• Targeted ward rounds in assessment areas to prioritise review of these patients
• Better documentation of consultant assessment and input in ED
• Better documentation of post-take consultant review on the surgical assessment unit and surgical wards
• Plans to develop pathways for patients who do not require daily consultant input

2.4.8. 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 continues to benchmark itself against the Information Governance Toolkit. The toolkit is an online system that allows NHS organisations and partners to assess themselves against NHS Digital Information Governance policies and standards. It also allows members of the public to view our commitment to information governance standards. St Helens and Knowsley Teaching Hospitals NHS Trust Information Governance Assessment Report overall score for 2017-18 was 81% and was graded 'green'. This represents an increase on last year's score and means that the Trust is compliant in all sections of the Information Governance Toolkit. This submission was audited by Mersey Internal Audit Agency and once again, the Trust has maintained its assurance level of "significant" which demonstrates the Trust's commitment to protecting the information it holds and uses.

The Trust has a robust Information Governance Framework in place led by Craig Walker, Head of Information Governance and Quality Assurance. Dr Francis Andrews, Assistant Medical Director, as Caldicott Guardian is the dedicated designated individual within the Trust who is responsible 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. These employees are appropriately qualified, trained, registered and accredited.

Work is underway to ensure that the Trust is working towards compliance with the pending General Data Protection Regulations and there is a detailed action plan in place, which is monitored on a monthly basis at the Trust's Information Governance Steering Group.

The Trust has a duty to report any incident regarding the loss of personal data to the Information Commissioner's Office (ICO) and for the financial year 2017-18 there was one such incident. This incident has been closed by the Information Commissioner's Office with no actions taken against the Trust. The reported incident was reviewed by relevant members of staff and members of the Information Governance Team, with actions taken to minimise the likelihood of any reoccurrence.

2.4.9. Clinical coding error rate

St Helens and Knowsley Teaching Hospitals NHS Trust was not subject to the Payment by Results clinical coding audit during 2017-18 by the Audit Commission.

The Trust was subject to an audit of clinical coding, based on national standards undertaken by Clinical Classifications Service approved clinical coding auditors in line with the Information Governance Toolkit requirement 505 during 2017-18. The error rates reported in the latest published audit for that period of diagnoses and treatment coding (clinical coding) were:-

2017-18 data reported in January 2018				
Measure	Primary diagnosis incorrect	Secondary diagnosis incorrect	Primary procedure incorrect	Secondary procedure incorrect
IG Toolkit audit	4.5%	5.76%	5.76%	7.66%

2.4.10. Data quality

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

The data quality framework is fully embedded across the organisation. Robust governance arrangements are in place to ensure the effective management of this process. Audit outcomes are monitored by the Information Steering Group and the Management of Information and Technology Council to ensure that the Trust continues to maintain performance in line with national standards. The data quality framework is reviewed on an annual basis to ensure that any new requirements are reflected in the audit 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

Following the implementation of the new Medway Patient Administration System, the quality of the data we collect will be improved. Medway functionality allows for National Spine integration, giving users the ability to update patient details from national records using the NHS number as a unique identifier. There will also be a decreased number of referral to treatment related data quality issues as the configurability of Medway means that users will only be presented with suitable referral to treatment outcomes in certain scenarios and settings.

2.4.11. NHS number and general medical practice code validity

St Helens and Knowsley Teaching Hospitals NHS Trust submitted records during 2017-18 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	99.8%	99.4%
Outpatient care	99.9%	99.5%
Accident and Emergency care	98.9%	97.3%

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

Care Setting	STHK result	National Average
Admitted patient care	100%	99.9%
Outpatient care	100%	99.8%
Accident and Emergency care	100%	99.3%

(Source: SUS Data Quality Dashboard latest published report: April 2017 - January 2018).

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 continuing to run regular reports to monitor data quality throughout the Trust
- Liaising with line managers and end users to address issues
- Identifying training needs
- Providing data quality awareness sessions about the importance of good quality patient data
- Continuing to identify areas where errors are created, looking for solutions to working practices and/or system configuration to mitigate the issues.

2.4.12. 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. The Health and Social Care Information Centre (HSCIC) 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 can be 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.

Benchmarking Information

Please note the information below is based on the latest nationally reported data with specified benchmarks from the central data sources.

Indicator	Source	Reporting Period	STHK	National Performance			
				Average	Lowest Trust	Highest Trust	
SHMI	NHS IC	Oct-16 to Sep-17	1.030	1.000	0.727	1.247	
SHMI	NHS IC	Jul-16 to Jun-17	1.043	1.000	0.726	1.228	
SHMI	NHS IC	Apr-16 to Mar-17	1.028	1.000	0.708	1.212	
SHMI Banding	NHS IC	Oct-16 to Sep-17	2	2	3	1	
SHMI Banding	NHS IC	Jul-16 to Jun-17	2	2	3	1	Next SHMI data for Jan-17 to Dec-17 due to be published June 2018
SHMI Banding	NHS IC	Apr-16 to Mar-17	2	2	3	1	
% of patient deaths having palliative care coded	NHS IC	Oct-16 to Sep-17	34.6%	31.5%	11.5%	59.8%	
% of patient deaths having palliative care coded	NHS IC	Jul-16 to Jun-17	34.6%	31.1%	11.2%	58.6%	
% of patient deaths having palliative care coded	NHS IC	Apr-16 to Mar-17	32.7%	30.7%	11.1%	56.9%	

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			Comment
				Average	Lowest Trust	Highest Trust	
EQ-5D adjusted health gain: Groin Hernia	NHS IC	Apr-17 to Sep-17 (provisional)	*	0.089	0.055	0.140	
EQ-5D adjusted health gain: Groin Hernia	NHS IC	Apr-16 to Dec-16 (final)	0.051	0.086	0.006	0.135	
EQ-5D adjusted health gain: Hip Replacement Primary	NHS IC	Apr-17 to Sep-17 (provisional	*	0.465	0.472	0.472	
EQ-5D adjusted health gain: Hip Replacement Primary	NHS IC	Apr-16 to Dec-16 (provisional)	0.397	0.445	0.310	0.537	Next PROMs data due to be published May-18
EQ-5D adjusted health gain: Knee Replacement Primary	NHS IC	Apr-17 to Sep-17 (provisional)	*	0.328	0.289	0.368	* data suppressed due to small numbers
EQ-5D adjusted health gain: Knee Replacement Primary	NHS IC	Apr-16 to Dec-16 (provisional)	0.294	0.324	0.242	0.404	
EQ-5D adjusted health gain: Varicose Vein	NHS IC	Apr-17 to Sep-17 (provisional)	*	0.096	0.068	0.134	
EQ-5D adjusted health gain: Varicose Vein	NHS IC	Apr-16 to Dec-16 (final)	0.010	0.092	0.010	0.155	

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 Clinical Effectiveness Council.

Indicator	Source	Reporting Period	STHK	National Performance			Comment
				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 IC	Apr-11 to Mar-12	12.73	11.45	0.00	17.15	2011-12 still latest data available. Next version due TBC
(Indirectly age, sex, method of admission, diagnosis, procedure standardised) % of patients aged 16+ readmitted to the Trust within 28 days of discharge	NHS IC	Apr-10 to Mar-11	12.60	11.43	0.00	17.10	Lowest and best national performance based on acute providers

Indicator	Source	Reporting Period	STHK	National Performance			Comment
				Average	Lowest Trust	Highest Trust	
(Indirectly age, sex, method of admission, diagnosis, procedure standardised) % of patients aged 0-15 readmitted to the Trust within 28 days of discharge	NHS IC	Apr-11 to Mar-12	11.39	10.01	0.00	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 IC	Apr-10 to Mar-11	10.66	10.01	0.00	14.11	

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.

| 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 IC | 2016-17 | 68.7 | 68.1 | 60.0 | 85.2 | Next version due Aug-18 |
| 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 IC | 2015 16 | 70.9 | 69.6 | 58.9 | 86.2 | |

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 inspection in 2015.
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.

| Q21d. If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust | NHS staff surveys | 2017 | 83.4% | 69.8% | 46.8% | 85.7% | All data is for Acute Providers only |
| Q12d. If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust | NHS staff surveys | 2016 | 80.8% | 69.8% | 48.9% | 84.8% | |

Indicator	Source	Reporting Period	STHK	National Performance			Comment
				Average	Lowest Trust	Highest Trust	
% experiencing harassment, bullying or abuse from staff in last 12 months	NHS staff surveys	2017	19%	25%	19%	38%	Low scores are better performing trusts
% experiencing harassment, bullying or abuse from staff in last 12 months	NHS staff surveys	2016	17%	25%	16%	36%	
% believing the organisation provides equal opportunities for career progression/ promotion	NHS staff surveys	2017	93%	85%	69%	94%	
% believing the organisation provides equal opportunities for career progression/ promotion	NHS staff surveys	2016	91%	86%	69%	95%	

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.

Indicator	Source	Reporting Period	STHK	National Performance			Comment
				Average	Lowest Trust	Highest Trust	
Friends & Family Test - A&E - Response Rate	NHS England	Mar-18	21.7%	12.8%	0.0%	45.1%	
Friends & Family Test - A&E - Response Rate	NHS England	Feb-18	17.3%	13.4%	0.0%	69.7%	
Friends & Family Test - A&E - Response Rate	NHS England	Jan-18	19.1%	12.2%	0.0%	49.1%	
Friends & Family Test - A&E - Response Rate	NHS England	Dec-17	18.6%	11.6%	0.0%	45.4%	National data for Mar-18 to be published on 10th May 2018
Friends & Family Test - A&E - % recommended	NHS England	Mar-18	81.6%	84.3%	63.9%	100.0%	
Friends & Family Test - A&E - % recommended	NHS England	Feb-18	86.0%	84.7%	67.3%	100.0%	
Friends & Family Test - A&E - % recommended	NHS England	Jan-18	89.3%	86.4%	65.5%	100.0%	
Friends & Family Test - A&E - % recommended	NHS England	Dec-17	88.8%	85.5%	56.8%	100.0%	
Friends & Family Test - Inpatients - Response Rate	NHS England	Mar-18	30.0%	23.2%	0.2%	100.0%	
Friends & Family Test - Inpatients - Response Rate	NHS England	Feb-18	31.8%	24.5%	3.6%	100.0%	
Friends & Family Test - Inpatients - Response Rate	NHS England	Jan-18	30.4%	23.3%	3.0%	100.0%	

Indicator	Source	Reporting Period	STHK	National Performance			Comment
				Average	Lowest Trust	Highest Trust	
Friends & Family Test - Inpatients - Response Rate	NHS England	Dec-17	29.1%	22.1%	2.6%	100.0%	
Friends & Family Test - Inpatients - % recommended	NHS England	Mar-18	95.9%	95.6%	81.1%	100.0%	National average includes Independent Sector Providers
Friends & Family Test - Inpatients - % recommended	NHS England	Feb-18	96.2%	95.8%	82.1%	100.0%	
Friends & Family Test - Inpatients - % recommended	NHS England	Jan-18	96.2%	95.7%	75.1%	100.0%	
Friends & Family Test - Inpatients - % recommended	NHS England	Dec-17	96.5%	95.6%	64.3%	100.0%	

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 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			Comment
				Average	Lowest Trust	Highest Trust	
% of patients admitted to hospital who were risk assessed for VTE	Internal	Quarter 4 2017-18	94.63%.	/	/	/	National VTE data for Q4 2017-18 will be published in June 2018
% of patients admitted to hospital who were risk assessed for VTE	NHS England	Quarter 3 2017-18	95.01%	95.30%	76.08%	100.00%	All data is for Acute Providers only
% of patients admitted to hospital who were risk assessed for VTE	NHS England	Quarter 2 2017-18	93.21%	95.21%	71.88%	100.00%	
% of patients admitted to hospital who were risk assessed for VTE	NHS England	Quarter 1 2017-18	91.75%	95.11%	51.38%	100.00%	

St Helens and Knowsley Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:
Continued focus on achieving the target of 95% of patients having a VTE risk assessment within 24 hours of admission to ensure that they receive the most appropriate treatment, having achieved 93.67% for 2017-18.
Root cause analysis (RCA) undertaken on VTEs recorded on Datix to ensure best practice is followed. During 2017-18 31 patients developed a hospital acquired thrombosis, of which 28 RCAs have been completed to date and 89% 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.

Indicator	Source	Reporting Period	STHK	National Performance			Comment
				Average	Lowest Trust	Highest Trust	
C Difficile rates per 100,000 bed-days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	Internal	April-17 to Mar-18	11.4* This includes 28 cases of which 9 were successfully appealed due to no lapses in care	/	/	/	Apr-16 to Mar-17 data was published in July 2017. Data for Apr-17 to Mar-18 due to be published in July 2018
C Difficile rates per 100,000 bed-days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	GOV.UK	Apr-16 to Mar-17	11.4	13.2	0	82.7	
C Difficile rates per 100,000 bed-days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	GOV.UK	Apr-15 to Mar-16	16.4	14.9	0	67.2	

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 and Control 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.
All 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:
Focus 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	Average	Lowest Trust	Highest Trust	Comment
Incidents per 1,000 bed days	Internal	Oct-17 to Mar-18	47.66	/	/	/	Next data to be published on 28th September 2018. Based on acute (non-specialist) trusts with complete data (6 months data)
Incidents per 1,000 bed days	NHS Improvement	Apr-17 to Sep-17	40.48	42.10	23.47	111.69	
Incidents per 1,000 bed days	nrls.npsa.co.uk	Oct-16 to Mar-17	38.27	40.55	23.13	68.97	
Incidents per 1,000 bed days	nrls.npsa.co.uk	Apr-16 to Sep-16	38.81	39.64	21.15	71.81	
Number of incidents	Internal	Oct-17 to Mar-18	5944	/	/	/	
Number of incidents	NHS Improvement	Apr-17 to Sep-17	4927	5287	1992	15228	
Number of incidents	nrls.npsa.co.uk	Oct-16 to Mar-17	4629	5137	2061	14506	

Indicator	Source	Reporting Period	STHK	National Performance			Comment
				Average	Lowest Trust	Highest Trust	
Number of incidents	nrls.npsa.co.uk	Apr-16 to Sep-16	4504	4985	1485	13485	
Incidents resulting in severe harm or death per 1,000 bed days	Internal	Oct-17 to Mar-18	0.12	/	/	/	
Incidents resulting in severe harm or death per 1,000 bed days	NHS Improvement	Apr-17 to Sep-17	0.12	0.15	0.00	0.64	
Incidents resulting in severe harm or death per 1,000 bed days	nrls.npsa.co.uk	Oct-16 to Mar-17	0.20	0.15	0.01	0.53	
Incidents resulting in severe harm or death per 1,000 bed days	nrls.npsa.co.uk	Apr-16 to Sep-16	0.12	0.16	0.01	0.60	Next data to be published on 28th September 2018. Based on acute (non-specialist) trusts with complete data (6 months data)
Number of incidents resulting in severe harm or death	Internal	Oct-17 to Mar-18	15	/	/	/	
Number of incidents resulting in severe harm or death	NHS Improvement	Apr-17 to Sep-17	15	19	0	121	
Number of incidents resulting in severe harm or death	nrls.npsa.co.uk	Oct-16 to Mar-17	24	19	1	92	
Number of incidents resulting in severe harm or death	nrls.npsa.co.uk	Apr-16 to Sep-16	14	19	1	98	
Percentage of patient safety incidents that resulted in severe harm or death	Internal	Oct-17 to Mar-18	0.25%	/	/	/	
Percentage of patient safety incidents that resulted in severe harm or death	NHS Improvement	Apr-17 to Sep-17	0.3%	0.4%	0.0%	2.0%	
Percentage of patient safety incidents that resulted in severe harm or death	nrls.npsa.co.uk	Oct-16 to Mar-17	0.5%	0.4%	0.0%	2.1%	
Percentage of patient safety incidents that resulted in severe harm or death	nrls.npsa.co.uk	Apr-16 to Sep-16	0.3%	0.4%	0.0%	1.7%	

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 culture of fair blame.
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 2017. The Trust's overall percentage of incidents that resulted in severe harm or death was 0.28%.
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:
Committing to the Sign up to Safety campaign to reduce avoidable harm by 50% by 2018.
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.

Due to reasons of confidentiality, NHS digital has supressed figures for those areas highlighted with an '*' (an asterisk).
This is because the underlying data has small numbers (between 1 and 5).

2.4.13. Performance against national targets and regulatory requirements

The Trust aims to meet all national targets. Performance against the key indicators for 2017-18 is shown in the table below:

Performance Indicator	2016 17 Performance	2017-18 Target	2017-18 Performance	Latest data
Cancelled operations (% of patients treated within 28 days following cancellation)	Achieved	100.0%	99.4%	Apr-17 to Mar-18
Referral to treatment targets (% within 18 weeks and 95th percentile targets) - Admitted	N/A - no target	N/A	81.8%	Apr-17 to Mar-18
Referral to treatment targets (% within 18 weeks and 95th percentile targets) - Non-admitted	N/A - no target	N/A	96.5%	Apr-17 to Mar-18
Referral to treatment targets (% within 18 weeks and 95th percentile targets) – Incomplete pathways	Achieved	92%	94.0%	Apr-17 to Mar-18
Cancer: 31-day wait from diagnosis to first treatment	Achieved	96%	97.7%	Apr-17 to Mar-18
Cancer: 31-day wait for second or subsequent treatment:				
- surgery	Achieved	94%	98.0%	Apr-17 to Mar-18
- anti-cancer drug treatments	Achieved	98%	100.0%	Apr-17 to Mar-18
Cancer: 62-day wait for first treatment:				
- from urgent GP referral	Achieved	85%	87.4%	Apr-17 to Mar-18
- from consultant upgrade	Achieved	85%	89.9%	Apr-17 to Mar-18
- from urgent screening referral	Achieved	90%	97.7%	Apr-17 to Mar-18
Cancer: 2 week wait from referral to date first seen:				
- urgent GP suspected cancer referrals	Achieved	93%	95.0%	Apr-17 to Mar-18
- symptomatic breast patients	Achieved	93%	95.6%	Apr-17 to Mar-18
Emergency Department waiting times within 4 hours - Type 1 only	Not achieved	95%	78.2%	Apr-17 to Mar-18
Percentage of patients admitted with stroke spending at least 90% of their stay on a stroke unit	Achieved	83%	90.3%	Apr-17 to Mar-18
Clostridium Difficile	Achieved	41	19* *28 in total with 9 successfully appealed	Apr-17 to Mar-18
MRSA bacteraemia	Not achieved	0	1+1 contaminant	Apr-17 to Mar-18
Maximum 6-week wait for diagnostic procedures: % of diagnostic waits who waited <6 weeks	Achieved	99%	100.0%	Apr-17 to Mar-18

Section 3
Quality of care provided

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 2016-2020

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 and, therefore, when the Clinical and Quality Strategy was refreshed in 2016, the Trust Board chose to narrow its focus to ten difficult and challenging goals.

Details of plans to address these targets are discussed at Quality Committee or Finance and Performance Committee and summarised below:

1.
4-hour performance is the only major national standard that the Trust has consistently failed to achieve. An improvement trajectory for 2018-19 has been agreed with NHS Improvement and intensive work is underway to achieve this trajectory.

2.
Weekend mortality has fallen significantly and recent (published) evidence suggests that most of the variance nationally can be explained by patient factors rather than workforce factors.

3.
Overall, 62-day cancer performance is consistently strong. Several pathways, typically involving other hospitals and teams, are less consistent and are subject to intensive improvement work, scrutinised by Quality Committee.

4.
VTE assessment has been subject to intensive support and is of late performing above the required standard of above 95%.
The implementation of an electronic solution

has been delayed by factors outside the Trust's control.

5.
eDischarge targets are not possible with the present system, but implementation of a new Patient Administration System (PAS), which goes live in April 2018, and the ePrescribing solution will improve performance in this area. An interim solution with truncated discharges has gone live (March 2018) for backlog reports, which will then be used for real-time reports.

6.
All falls fell slightly in the last 12 months and, year to date, falls causing moderate or severe harm also reduced, but not by the ambitious 50% stretch target the Trust set itself. The Quality Committee continues to scrutinise this target.

7.
Timeliness of complaints performance has substantially improved with new systems, processes and leadership.

8.
Investment in the Sepsis Team has resulted in very strong performance, not only for ED patients (reported) but also for inpatients.

9.
Time to theatre for fractured neck of femur patients is improving but not yet at the 95% standard. Improvement work is ongoing. A second tier anaesthetic on-call rota has been approved by the Executive Team to strengthen timely emergency surgery.

10.
Critical care mortality has remained within national control limits, but was higher than the English average, although this continues to improve.

The Trust is in the process of revising the strategy to reflect ongoing changes in the local health and social care environment.

3.1.2. Nursing and Midwifery Strategy 2014-2018

The strategy's aim is to embed the Chief Nursing Officer's '6Cs' through strong clinical leadership. Progress has been made in all areas and consultation has commenced on the new strategy, which will embrace the Chief Nursing Officer's ten commitments. The completion of the new strategy is planned for Summer 2018.

Key achievements this year include:

Care
• Continued improvements in patient safety outlined in the section below
• Implementation of the red bag scheme to improve the care for patients during transfer between care homes and hospital

Communication
• Reduced number of complaints relating to communication and staff attitude
• Introduced individual placemats for ward areas with information for patients and their visitors on safety, staff uniforms, mealtimes and discharge information
• Improved template for written patient information leaflets

Compassion
• Trust-wide Compassion in Care Conference where keynote speaker, Dr David Hamilton provided the scientific evidence of the physiological benefits of receiving compassionate care, including lowering blood pressure and increasing immunity
• Implementation of the blue butterfly symbol to denote patients at the end of their lives to all staff

Courage
• Increased number of wards from 6 to 12 being awarded the gold standard in the Quality Care Assessment Tool (QCAT) ward accreditation scheme
• Raised awareness of the confidential routes for staff to raise concerns, including electronic Speak in Confidence reporting system that enables feedback on actions taken to be provided to the anonymous reporter, via a web-based cloud

Commitment
• Review of wards' funded staffing establishments provided assurance that the registered nurse to care staff ratios and registered nurse to patient ratios continued to meet or exceed national guidance
• Reviewed all student placement opportunities and increased the annual capacity from 300 to 345 nursing and cadet students

Competence
• In-house development and implementation of a combined nursing e-risk assessment tool, which simplifies five of the existing required patient risk assessments, releasing time to care by reducing the time taken to complete paper records
• Low attrition rate of newly qualified nurses due to the comprehensive 12 month preceptorship programme.

3.1.3. Equality, Diversity and Inclusion Strategy

The Trust is committed to ensuring that its staff and service users enjoy the benefits of a healthcare organisation that respects and upholds individuals' rights and freedom. 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 are not disadvantaged when accessing services and that all our patients receive the same quality services.

During 2017-18, the Trust developed an Equality and Human Rights Policy, which provided additional support in delivering the vision of 5 star patient care. The Trust's corporate objectives also reflect the rights and values detailed in the NHS Constitution and the policy promotes the Trust's commitment to equality, diversity and human rights in all its activities, whether as a service provider or an employer. Patients remain the Trust's number one priority and involving them in decisions about their care and treating them with dignity and respect at all times is paramount.

Our Diversity and Inclusion Steering Group meets bimonthly to ensure all external standards are fully complied with, 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.

The functions provided by the Trust are subject to an Equality Analysis to ensure that the Trust is not either directly or indirectly discriminating against members of one or more protected groups.

There is a policy for carrying out an Equality Analysis on:
- The development of Trust policies and procedures
- Service redesign or development
- Strategic or business planning
- Organisational changes affecting patients, employees or both
- Cost improvement programmes
- Commissioning or decommissioning of services

These analyses enable the Trust to meet both the general and specific equality duties by carrying out a robust, systematic assessment of all the Trust's activities in order to eliminate actual or potential discrimination at the earliest stage, before there is an adverse impact on patients, employees or visitors to the Trust. They also provide an opportunity to identify any positive impacts on protected groups. The toolkit to support the implementation of the policy is being revised.

The Equality Delivery System 2 (EDS2) is a toolkit designed to support NHS organisations to deliver better outcomes for patients and better working environments for staff. The Trust embarked on a collaborative approach to progressing the EDS2 outcomes with other local trusts and the Merseyside and Cheshire Clinical Support Unit in 2017. Evidence of health inequalities and barriers to accessing healthcare will be presented to a panel comprising members of local Healthwatch groups, community groups and senior leaders in the Trust during 2018 in order that new equality objectives can be set and an action plan to progress EDS2 outcomes developed.

The Trust provides interpreting services for patients whose first language is not English and those who communicate using British Sign Language (BSL). There was a change in the most popular languages requested in 2017-18, with significant increases in the number of Kurdish,

Arabic and Hungarian interpreters, which reflects our changing local communities.

The number of requests received for BSL interpreters is increasing gradually year on year and we are working closely with St Helens Deafness Resource Centre to provide awareness training for staff using BSL interpreters to ensure that both patients and staff are getting the best from BSL interpreting sessions.

The Trust was awarded the Navajo Charter Mark in 2016 and is due for reaccreditation in 2018. This Chartermark is supported by lesbian, gay, bisexual and transgender (LGBT) community networks across Merseyside. It is a signifier of good practice, commitment and knowledge of the specific needs, issues and barriers facing LGBT people in Merseyside. Recent progress includes surveying LGBT staff regarding a staff network, the introduction of a 'virtual' LGBT network and the development of a Care of Transgender Patients Policy. This policy is now in use in the Trust and feedback from ward staff indicates that this policy is supportive for both patients and staff and has recently helped to support staff caring for patients and to improve the patients' experience of care in the Trust.

The Accessible Information Standard (AIS) directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss. The Trust has been partially compliant with this standard due to restrictions within the current electronic patient administration system (PAS), but work has been carried out with the Medway project team to ensure that the new PAS will enable us to be compliant with the standard when it goes live in April 2018.

## 3.1.4. Human Resources and Workforce Strategy 2014-2019

The Human Resources (HR) and Workforce Strategy has been in existence since 2014 and continues to positively contribute to the provision of 5 star patient care throughout the Trust, specifically in developing organisational culture and supporting our workforce. There are a number of key HR Directorate strategies that underpin the Human Resources & Workforce Strategy, including Health, Work & Wellbeing, Recruitment & Retention, Learning & Development, Talent Management Strategy and the Education Strategy.

In September 2016, the Trust became the host for the Merseyside Career Engagement Hub. This involves working collaboratively with local schools, colleges and Job Centre Plus to improve access to structured work placements for a range of local people including, students, the long term unemployed and disadvantaged people from the local community to provide them with the skills and experience to gain employment in the NHS.

The Trust has also signed up to the 'Step into Health' programme, which supports military veterans to gain employment in the NHS. The Trust officially pledged to champion the Step into Health campaign and to value the contribution made by military service leavers and their families.

The Trust continues to work closely with the Armed Forces Community to provide career and development opportunities and Trust achieved the bronze Armed Forces Covenant - Employer Recognition Scheme award in 2017-18.
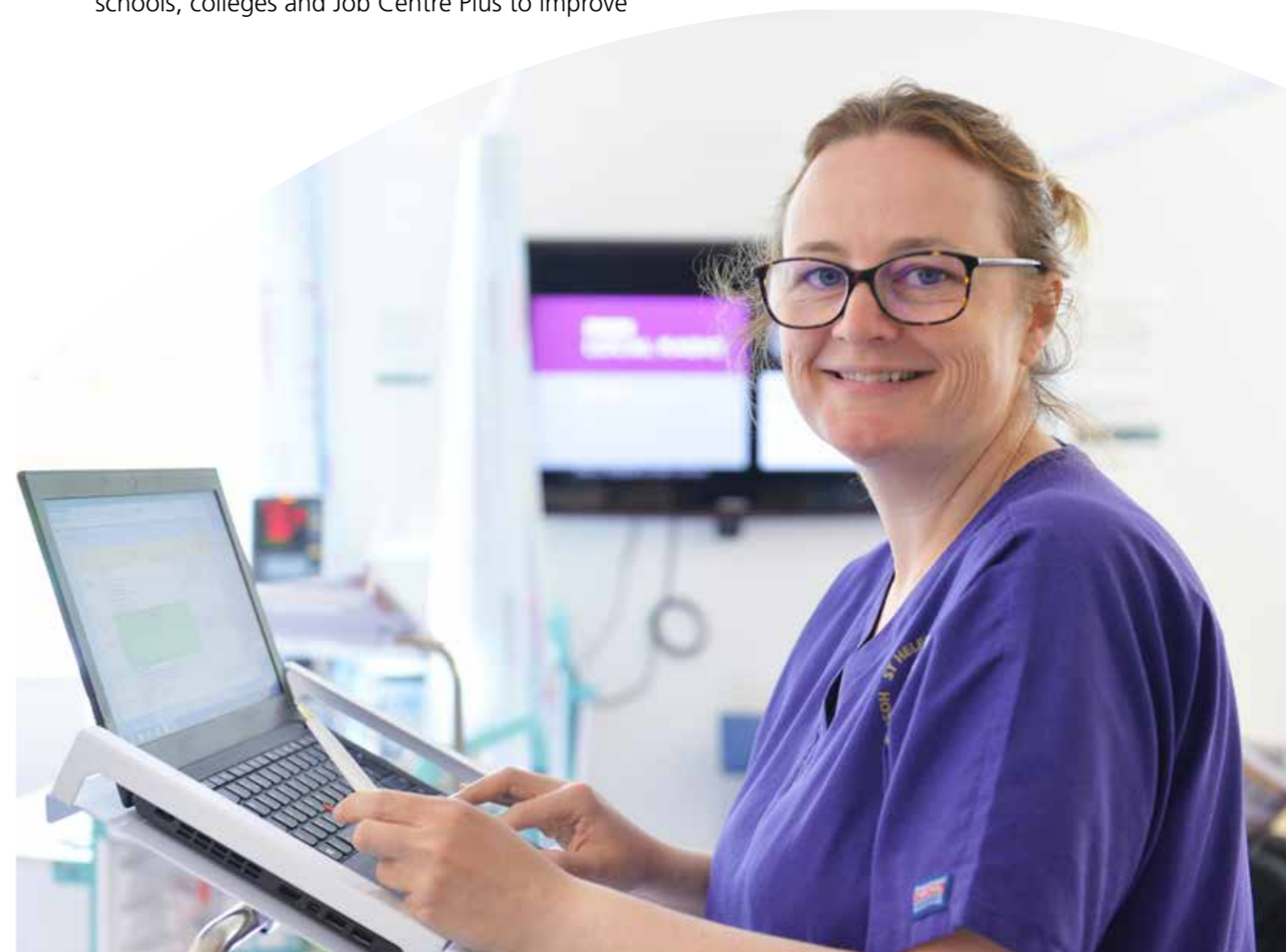
3.1.4.1. Staff survey key questions

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 2017 survey was 51%, which places the Trust in the highest (best) 20% nationally and best response rate in the North West.

The Trust's results for a significant number of the Key Findings have maintained the improvements made in the previous 2 years' surveys.

The Trust was best nationally for staff recommending the organisation as a place to work or receive treatment, with an overall score of 4.12 out of 5. In addition, 85% of staff agreed that care of patients/service users is the organisation's top priority, an increase from 83% last year and well above the national average of 76%.
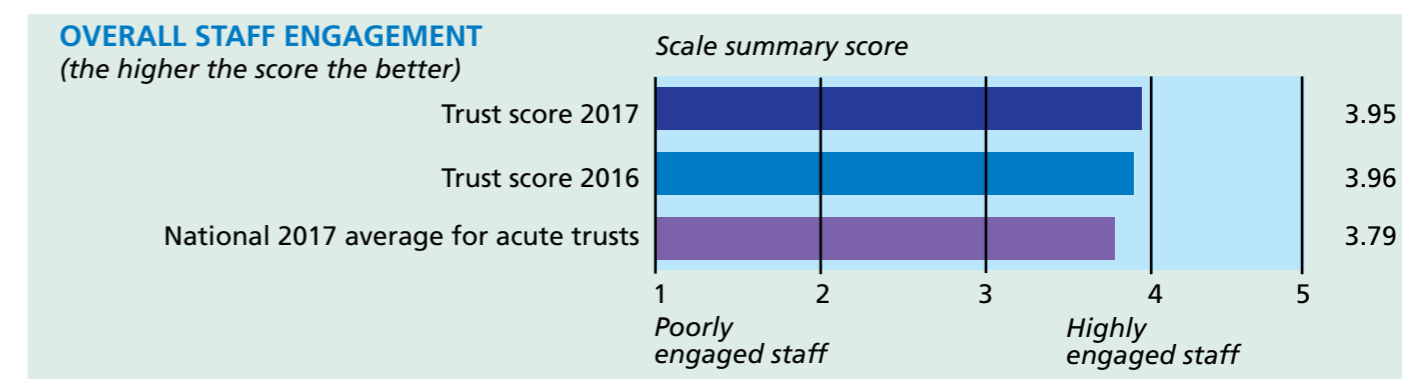
The Trust received the highest score for 10 areas and scored in the best 20% of acute trusts nationally for 22 of the 32 Key Findings and was above the national average for 84% of the areas, with the most notable responses set out in the following tables.

Key Finding	Scores out of 5		
	Trust	National Average	Best
KF1. Staff recommendation of the organisation as a place to work or receive treatment	4.12	3.75	4.12
KF4. Staff motivation at work	3.97	3.92	4.07
KF8. Staff satisfaction with level of responsibility and involvement	4.04	3.91	4.04
KF9. Effective team working	3.85	3.72	3.88
KF14. Staff satisfaction with resourcing and support	3.58	3.31	3.58
KF5. Recognition and value of staff by managers and the organisation	3.55	3.45	3.71
KF10. Support from immediate managers	3.84	3.74	3.94
KF2. Staff satisfaction with the quality of work and care they are able to deliver	4.14	3.91	4.21
KF32. Effective use of patient/service user feedback	3.96	3.71	3.96
KF13. Quality of non-mandatory training, learning or development	4.22	4.05	4.22
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.88	3.73	3.88
KF19. Organisation and management interest in and action on health and wellbeing	3.89	3.62	3.92

Key Finding	%		
	Trust	National Average	Best
KF21. % believing the organisation provides equal opportunities for career progression/promotion	93	85	94
KF29. % reporting errors, near misses or incidents witnessed in last month	98	90	98
KF3. % agreeing that their role makes a difference to patients/service users	89	90	93
KF22. % experiencing physical violence from patients, relatives or the public in the last 12 months	18	15	22
KF27. % reporting most recent experience of harassment, bullying or abuse	55	45	59

The figure below shows how the Trust compares with other acute trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating poorly engaged staff (with their work, their team and their trust) and 5 indicating a highly engaged workforce.

The Trust's score of 3.95 was in the highest (best) 20% when compared with trusts of a similar type nationally and places the Trust best in the North West.

OVERALL STAFF ENGAGEMENT
(the higher the score the better)

	Scale summary score
Trust score 2017	3.95
Trust score 2016	3.96
National 2017 average for acute trusts	3.79

Poorly engaged staff — Highly engaged staff

Whilst the overwhelming majority of responses are positive, three areas were identified for improvement:
- The number of staff experiencing physical violence from patients, relatives or the public in last 12 months (18% compared to the national average of 15%)
- Staff not feeling that their role makes a difference to patients/service users (89% compared to the national average of 90%)
- Number of appraisals (84% compared to national average of 86%)

In order to address these concerns, the Trust is reviewing the detail of the responses to get a better understanding of which service areas are affected. This detailed analysis will enable the Trust to deliver appropriate corrective actions during 2018-19.

3.1.4.2. Health, Work and Wellbeing

The Trust has a Health, Work and Wellbeing Strategy 2016-2021 in place, which is delivered by the Work and Wellbeing Service. The service is nurse led and includes many different specialists who work together collaboratively to provide the service, including occupational health physicians,

occupational health advisors, an occupational psychologist, counsellors and a physiotherapist who are fully supported by an administrative team.

The main aim of the service is to ensure that employees are both physically and mentally healthy, 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).

Every year, the influenza vaccination is offered to NHS staff as a way of reducing the risk of staff contracting the seasonal flu virus and transmitting it to patients or their family members. This year 87.1% of frontline staff at the Trust were vaccinated.

The service successfully underwent the Safe Effective Quality Occupational Health Services (SEQOHS) reaccreditation process in December 2017. The assessment looks at the following aspects of Occupational Health; business probity, information governance, people, facilities and equipment, relationships with purchasers and workers.

There were numerous wellbeing events throughout 2017-18, including the annual Open Day, Know your Numbers…Blood Pressure Monitoring, Sun Awareness and Dry January, as well as stop smoking support services. All of these events were well attended by the staff. In July 2017, the Trust entered the NHS games, which are open to all staff of any grade. The Trust entered teams in the football, netball, rounders and badminton, as well as the golf competition.

3.1.4.3. Clinical education and training

The provision of in-situ simulation training has continued to expand throughout 2017-18. The simulation team has successfully implemented teaching in the Maternity Unit Delivery Suite; this will now link with the simulation education provided in the Special Care Baby Unit.

The simulation team have been instrumental in the redesign of core medical trainees and acute care common stem education, following feedback from postgraduate medical trainees. The comments from the trainees has been positive and its success noted by the North West Training Programme Director.

Most recently, with collaboration of the Stroke Team, the design of a simulation course to support the recognition and management of an acute stroke has been created. This educational programme has been accepted at the fourth European Stroke Organisation Conference, Gothenburg, Sweden and will be presented by the Simulation Team.

The education programme designed to support internationally recruited nurses has continued to excel during the year, with 100% pass rate for nurses sitting their objective structured clinical examinations (OSCE). The OSCE is part of the Nursing and Midwifery Council (NMC) registration process for nurses and midwives trained outside of the European Union. The excellent work by the team has been recognised nationally and, from this, opportunities have arisen to work with Health Education England on the Global Engagement Directorate. There has also been recognition from the NMC for the technology enhanced learning materials in place to support overseas learning, with local practices now used nationally.

3.2. Patient safety

3.2.1. Patient safety improvement plan: sign up to safety campaign

The Trust's patient safety improvement plan includes the Trust's commitment to the 2015 Sign up to Safety plan, which puts safety first by committing to reducing avoidable harm by half and publishing goals and plans that have been developed locally. The Trust pledged to:

1. Put Safety First

Commit to reducing avoidable harm by 50% from 2015 to 2018 and make public our goals and plans developed locally, benchmarked against 2013-14 incident rates. Avoidable harm is harm that can be prevented.

The pledges and progress to end of 2017-18:

- Maintain a 50% reduction in theatre-related episodes of avoidable harm. The following figures are compared to the project benchmark data 2013-14:
  - 26% increase in incidents resulting in all harms, with a 45% increase in low harm incidents; this is likely to be due to an increase in incident reporting, highlighting a better reporting culture
  - The Trust have shown a 31% decrease in incident resulting in moderate, severe harm or death
- Reduce the incidence of **Clostridium Difficile and avoidable MRSA infections**. There was 1 incident of MRSA bacteraemia in 2017-18 plus 1 contaminant, which remains the same as the 2013-14 baseline.
There has been a 12% reduction of cases of Clostridium Difficile measured against 2013-14 with 28 confirmed cases (of which 9 were successfully appealed in 2017-18) significantly

below the threshold of 41
- Reduce **prescribing error rates** through the implementation of an error response and re-education system
  - 59% decrease in incidents resulting in harm from 2013-14 baseline.
  - 74% decrease in low harm incidents from the project benchmark data from 2013-14
  - An increase in incidents recorded as moderate category from two in 2013-14 to six in 2017-18. The increase in moderate harm is likely to be related to improved scrutiny by the newly appointed Medicines Safety Officer ensuring the correct grading of medication incidents.
- Implement an **Electronic Modified Early Warning Score** (eMEWS) System to increase the efficiencies in the identification of the deteriorating patient, ensuring appropriate escalation and timely intervention
  - The roll out of the Electronic Modified Early Warning Score (eMEWS) System to all inpatient wards and Emergency Department has been completed.
- Reduce to zero the number of never events reported in the organisation.
  - There have been two never events related to nasogastric tubes recorded in 2017-18. Actions from these events, included the following:
    - Immediate Trust-wide communication regarding guidance around safety with nasogastric tube insertion and position checking
    - Completed a review and update of Trust policy for insertion and care of nasogastric tube
    - Shared lessons learned locally, with key safety messages shared across the organisation

- Developed a comprehensive learning module with a robust assessment to support skill development for clinicians who interpret x-rays to confirm the correct placement of nasogastric tube
- Strengthened guidance that all medical staff who interpret x-rays for nasogastric tube placement undergo competency training for confirming nasogastric tube position
- Implemented 'hot reporting' facility for x-ray reporting. Hot reporting has been made available during regular x-ray working hours (9-5pm, Monday to Friday and 9-3pm Saturday, Sunday and Bank Holidays)
- Developed unified documentation for recording nasogastric tube checks carried out and care offered

- The Trust will have zero tolerance on **hospital acquired grade 4 pressure ulcers** and will continue to seek to reduce harm from pressure ulcers of all grades by 50% from the 2013-14 benchmark
  - No grade 4 pressure ulcers for the last 5 years
  - Avoidable grade 3 pressure ulcers have decreased from 4 in 2013-14 to 0 in 2017-18
  - 54% decrease in avoidable grade 2 pressure ulcers
  - 74% decrease in avoidable grade 1 pressure ulcers
  - 62% decrease in all pressure ulcers since 2013-14

The Trust proactively reviews all patients who are admitted with a pressure ulcer and liaises with the community tissue viability team to share findings and to ensure continuity of treatment for the patients.

- The Trust will continue to seek a reduction in harm from inpatient falls.
  - 17% decrease in incidents resulting in harm from inpatient falls.
  - 17% decrease in low harm incidents from the project benchmark data from 2013-14.
  - 8% decrease in incidents resulting in moderate, severe harm or death, down from 36 in 2013-14 to 33 in 2017-18

The Trust re-launched the Falls Strategy in Q2 of 2017-18. A number of wards introduced staff falls pledges to reiterate their commitment to reducing falls

- Introduce patient safety briefings to increase staff awareness of risk.
  - Patient safety briefings have been successfully implemented across the organisation. The safety briefing is included in Team Brief on a bi-monthly basis
  - A number of new initiatives have been implemented to review incidents and complaints, where it is thought harm has occurred, including the implementation of a rapid review process for any incidents which may be reportable to the Strategic Executive Information System (StEIS) as per the serious incident reporting framework 2016.

2. Continually learn

Make our organisation more resilient to risks by acting on the feedback from patients and staff, by constantly measuring and monitoring how safe our services are.

- Undertake a programme of safety walks throughout the organisation, which will involve patients, staff and key stakeholders, discussing, identifying and addressing issues/areas for improvement
  - The programme of Quality Ward Rounds has continued with a team including an

Executive and Non-Executive Director visiting each clinical area annually to meet with staff to discuss any issues and areas for improvement
  - As well as quality ward rounds, a programme of falls safety walk rounds and venous thromboembolism (VTE) prevention walk rounds has been implemented
- Continue to develop information systems to support quality and safety dashboards, improving access to clinical outcome data and acting on these to improve
  - Standardised quality and safety dashboards have been implemented across all wards in the form of electronic Qlikview dashboards, which display patient safety data. Each ward has also implemented a public ward display board, which utilises safety crosses to display patient safety data
  - The Patient Safety Team has been working closely with managers to develop Datix dashboards for each area. These dashboards are developed with managers and are intended to provide an overview of incidents that have been reported in respective areas. This has been implemented for Quality and Safety teams, with a plan to roll out to clinical areas across the organisation
- Make improvements to the monitoring and completion of action plans following patient safety incidents, clinical claims, complaints and clinical audit
  - Action planning functionally in the Trust incident reporting system, Datix, has been utilised to monitor progress against actions resulting from investigations of serious incidents reported on Strategic Executive Information System (StEIS)

- Seek opportunities to both share our successes and learn from others' success to increase the efficiency of regional, national and local safety improvement
  - The Trust works closely with the NHS England and regional safety groups to ensure shared learning from patient safety incident
  - Staff from the Trust actively participate in regional Quality and Safety forums
- The Trust had previously faced a number of challenges in terms of investigating serious incidents in a timely fashion. The Trust has reviewed the process for investigating and responding to serious incidents, with input from commissioning colleagues and has developed streamlined processes to improve the management of investigations, supported by redesigned standard operating procedures. This has resulted in a significant reduction of submission breaches from 21 breaches in June 2017 to one submission breach in March 2018
- The rapid review process, which is now fully embedded, allows the Trust to ensure that any immediate learning from incidents is acted upon in a timely manner. All incidents recorded as a serious incident in Datix have a rapid review undertaken.

3. Honesty

Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.

- Always tell our patients and their families/ carers, if appropriate, if there has been an error or omission resulting in harm. The 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 and its statutory duty of candour is delivered under the Trust's Being Open, a Duty to be Candid 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 an open 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 now held, where Duty of Candour requirements are agreed on a case-by-case basis allowing timely action
• Implementation of new serious incident review processes and harm review processes have allowed the organisation to raise the profile of Duty of Candour. Duty of Candour is discussed on a case-by-case basis and this allows the Trust to ensure that it meets its obligations under the Duty of Candour legislation
• Duty of Candour training is now part of Root Cause Analysis training for staff
• The Trust publishes annual reviews and patient safety information, both internally and externally. Internal reporting structures are in place in regard to all aspects of patient safety and the Trust reports information via annual quality accounts. In addition, the Trust publishes monthly safety thermometer figures via participation in the national Safety Thermometer

programme.

4. Collaborate

Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use.

• Work with partners to share best practice and improve clinical pathways for patients.
   - The Trust actively participates in the mid-Mersey patient safety and healthcare associated infection collaboratives. This includes working in partnership with primary care, local authority 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 also attend the North West intravenous/aseptic non-touch technique (ANTT) forum meetings
   - The Trust actively participates in the North West Tissue Viability Collaborative
   - The Trust has expanded its internal training on prevention of pressure ulcers to care home staff and domiciliary care staff. The Trust offers a number of complimentary places for primary care to enrich clinical skills of community-based teams. Similarly, the Falls Service offers training to care providers in the community on falls prevention strategies.
• Ensure good practice and lessons learned are shared and embedded throughout our hospitals
   - Good practice and lessons are shared through the bi-monthly patient safety briefings, root cause analysis reports, weekly incident review meetings and the Trust-wide governance structures
• Roll out and share outcomes from our research and pilot programmes to ensure improvements are implemented across the organisation
   - The Trust participates in a wide-ranging clinical research programme, with details in the research section above.

5. Support

Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the good practice.

• Continue the Trust programme of six audit half days per year. These days focus on learning from experience and audit and celebrating good practice
   - The Trust continues with the programme of audit sessions, which are highly valued by staff
• Continue the Trust Human Factors and Root Cause Analysis (RCA) training programmes to develop a reactive and adaptive workforce capable of recognising and effectively reducing avoidable harm
   - The Trust continues with its programme of human factors in the form of supportive clinical simulation exercises and root cause analysis training which is well attended by all staff groups
• The Trust has established Freedom to Speak up Guardians to support staff who want to raise any safety concerns. The Guardians have a role in being independent and impartial, and ensure the safety issue that has been raised, is investigated and addressed if found to be true. The Guardians also ensure that there are no repercussions for the individual who raised the concern
• The Trust has also subscribed to an anonymous electronic concern raising system, Speak in Confidence, to ensure that all staff irrespective of position feel confident that they can raise concerns anonymously.

3.2.2. 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 who has Trust Board level responsibility and chairs the Hospital Infection Control Group.

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

The Trust's infection prevention and control 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 and control practice across the Trust
• Identify, monitor and prevent the spread of pathogenic organisms, including multi-resistant organisms throughout the Trust
• Reduce the incidence of healthcare associated infections by working collaboratively across the whole health economy

During the reporting period April 2017 to March 2018, the Trust reported the following:
• MRSA bacteraemia (MRSAb): two positive blood samples, including one contaminant against a threshold of zero
• Clostridium Difficile infections (CDI): 19 avoidable cases against a limit of 41 case. The current CDI rate of infection has remained the same of the 2016-17 reporting period
• Methicillin Sensitive Staphylococcus Aureus bacteraemia (MSSAb): The Trust has 22 cases of (MSSAb), of which nine were unavoidable with no lapses in care identified
• The latest surgical site infection rates related to elective hip and knee procedures from April 2017 to February 2018 are well below national

averages as the following shows:

- Hips 0.7% against a national average of 1%
- Knees 0.5% against a national average of 1.4%.

All staff are aware of the lessons learnt from post-infection reviews (PIRs) of MRSAb and CDI cases, via effective communication of information regarding infection alerts between different wards, clinical teams and members within a team.

In May 2016, the Government announced its ambition to halve healthcare associated (HCAI) Gram-negative bloodstream infections (GNBSIs) by 2021. As approximately three-quarters of E. coli BSIs occur before people are admitted to hospital, 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 group meets on a quarterly basis. The Trust continues to work closely with the infection prevention and control, 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 over 87% of front-line staff, exceeding the national flu CQuIN target of 75%. In addition, the Trust promoted the flu vaccination with pregnant women and patients in long stay rehabilitation wards. During quarter 4, at the peak of the flu session, the Trust implemented an innovative flu ward round supported by the Director of Infection Prevention Control and respiratory clinician.

The Trust has 27 Consultant infection control champions and over 70 link nurses who attend education and training and complete local audits to monitor compliance.
Key achievements for 2017-18 were:
- PLACE assessments achieved 100% for cleanliness for Whiston and St Helens hospitals
- Compliance with the prescribed CDI target and was under trajectory for 3rd consecutive year
- Continued surgical site infection surveillance within elective hip and knee
- Achieved aseptic non-touch technique (ANTT) competency for clinical staff
- 100% compliance with Carbapenemase-Producing Enterobacteriaceae (CPE) and MRSA screening
- Ensured that there was infection control input into environmental monitoring systems and implementation of national standards for cleanliness and validation of standards.

3.2.3. 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 venous thromboembolism (VTE) (blood clots). The Trust has continued to achieve over 98% new harm free care, that is harm that has occurred whilst an inpatient.

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 has consistently achieved new harm free care above 98% and is one of the best performing trusts in the region.

Overall, the Trust has made significant progress in maintaining 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
- Forming weekly harm review meeting to look at all incidents across the Trust, including falls
- Monthly Strategic Falls Group to oversee the implementation of the revised Falls Strategy and performance manage the associated action plans
- Convening a task and finish group to review the bedrail policy
- Ensuring, when possible, a one-to-one staffing ratio is implemented when indicated by the risk assessment for falls
- 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
- Staff access to a full day wound management training session
- Providing each ward with a comprehensive tissue viability folder as a staff resource

3.2.4. 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 has a dedicated Safeguarding Team comprising of:
- Named Professional Safeguarding Adults
- Named Nurse Safeguarding Children
- Named Doctor, Safeguarding Children
- Named Midwife

The team is supported by specialist safeguarding nurses, midwives and administration staff. The team provides support and delivers mandated safeguarding supervision, training and advice to all staff throughout the organisation and ensures that policies and procedures are reviewed regularly in line with current legislation. This includes all aspects of safeguarding such as Prevent, child sexual exploitation, trafficking and modern slavery. Standard operational procedures, underpinned with the appropriate staff training, have been introduced to ensure victims of forced genital mutilation are safeguarded effectively and patients are supported if at risk of or are a victim of domestic abuse, forced marriage, honour-based violence and child sexual exploitation.

The Trust's Safeguarding Assurance Framework has separate safeguarding children and adults steering groups, which meet quarterly to discuss required actions, activity and updates on current practice. These steering groups report directly to the Quality Committee quarterly and annual reports are taken to 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.

3.2.4.1. Safeguarding Children

The Trust continues to work pro-actively with St Helens, Knowsley and Halton Local Safeguarding Children Boards (LSCB) as either a board or committee member. Changes to the LSCB structures and statutory function following the Wood Review are ongoing and due to be finalised in 2018, however, the Trust will ensure that safeguarding continues to be a priority and will maintain partnership working across the footprint.

The Safeguarding Team contribute, 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 was reviewed recently as part of a local CCG Safeguarding and Looked after Children Review carried out by the CQC. This was very positive with only a small number of recommendations for the Trust, which are being implemented.

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. Safeguarding compliance is monitored by St Helens CCG through key performance indicators, which also provide assurance to Halton and Knowsley CCG.

The Trust has a dedicated Safeguarding Children Steering Group, which drives the safeguarding children's agenda. Reports are submitted regularly to the Trust's Quality Committee in order to provided assurance to the Trust Board and external commissioners.

3.2.4.2. Safeguarding Adults
The Trust continues to work pro-actively with St Helens, Knowsley, Halton and Liverpool Safeguarding Adult Boards as either a board or committee member. There are plans to create a Pan-Mersey Adult Board, which the Trust will actively participate in.

The Trust, along with partner agencies, continues to work in line with current statutory guidance (The Care Act 2014) which is now fully embedded in practice. 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. 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.

Safeguarding compliance is monitored by St Helens CCG through key performance indicators, which also provides assurance to Halton and Knowsley CCG.

3.2.4.3. Mental Capacity Act and Deprivation of Liberty Safeguards
The Trust's Mental Capacity Act Policy and Procedure is embedded in clinical practice. Applications for Deprivation of Liberty Safeguards have increased in line with local and national trends. The Trust meets regularly with relevant agencies to share best practice and to ensure our practice follows current legislation.

3.2.5. Domestic Abuse
The Trust actively contributes to the local domestic abuse agenda with active participation at both St Helens and Knowsley Multi-Agency Risk Assessment Conferences (MARAC), together with 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 assists the Safeguarding Team in identifying areas of good practice as well as areas for improvement.

3.2.6. 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.

3.3. Clinical effectiveness
The purpose of the Clinical Effectiveness Council is to ensure that the Trust has a robust process for managing and monitoring clinical effectiveness, as well as investigating any potential issues and providing assurance regarding clinical services.

The Council meets monthly and monitors key outcome and effectiveness indicators, such as mortality, nationally bench-marked cardiac arrest data, critical care performance, hip fracture performance, readmissions, clinical audit and application of NICE guidance.

3.3.1. Acute kidney injury (AKI)
Acute Kidney Injury (AKI) affects an estimated 10% of all patients at St Helens and Knowsley Teaching Hospitals NHS Trust, with patients with AKI spending 4.7 days longer in hospital according to NICE. NCEPOD states that appropriate intervention in the identification and management of AKI patients will have a positive impact on their care reducing length of stay, the burden to critical care units and readmissions within 30 days.

The Trust implemented a multidisciplinary AKI Team comprising three advanced nurse practitioners and a specialist pharmacist which is led by an acute medicine consultant. This team was tasked with modernising the quality of care and, therefore, outcomes of patients with AKI. The team has achieved:

- Reduction in length of stay for AKI patients (17.4 days in 2014-15 to 15.2 days in 2017-18)
- Pharmacist-led medicine optimisation within 24 hours of AKI alert, with over 80% compliance, which is now a Pharmacy Department key performance indicator
- National AKI Nurse Event organised and hosted at Whiston Hospital, opened by the Chief Executive, Ann Marr and Dr Richard Fluck, Chair of the 'Think Kidneys' Programme Board and past National Clinical Director for Renal as the key note speaker
- Selected by 'Think Kidneys' (NHS England and Renal Registry Support Programme) to lead on establishing AKI Nurse Education days
- Electronic fluid balance monitoring software implemented
  - Contributed to a 23% reduction in the Hospital Standardised Mortality ratio for fluid and electrolyte disorder indicator
  - 30% improved compliance of input/output documentation
  - 90% improved correct calculations of cumulative balances and running totals
  - Staff reporting that it is "easy to use", "training received was good" and "liked the pictures in the fluid input"
- Content developed for the Cheshire & Mersey version of AKI Care app, winner of the Best Healthcare App at the Building Better Healthcare awards 2016. This app enables region-wide improvement in management of AKI
- AKI Team awarded prize for poster presentation at North West AKI event
- AKI Team awarded prize for poster presentation at Renal Pharmacy Group Conference

- Health promotion on World Kidney Day and patient focus groups.

3.3.2. Promoting health

The Trust actively promotes 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 ensures a healthy environment for staff, patients and visitors, with measures in place to support staff and patients to give up smoking. 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 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 about 350 volunteers currently working across the organisation, with recruitment events held every other month. The Trust's Volunteer Department has continued to work with the Department for Working & Pensions 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. Current 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.

In addition, the Trust has just 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 that we can continuously make improvements and share good practice.

Patient stories are a very valuable part of our learning and are shared via various reporting routes, including the Trust Board, Patient Experience Council and Care Group meetings. Staff and partner agencies are always keen to support and welcome the patients and their families to present their experiences in their own words.

Patient stories this year have focused on reminding staff of the importance of introducing themselves via the "Hello my name is" campaign. Surgical care patients have come to present their experiences and future plans around structured education programmes to prepare patients for major bowel surgery and breast reconstruction. Other patients have come to discuss how the kindness and compassion from staff at the Trust has touched their lives.

Areas for improvement identified through patient stories included the need to give patients realistic timescales for follow up appointments, more time to consider and discuss treatment options and revisions to documentation to record pain scores.

The Patient Experience Manager engages with at least five patients or carers each day in a range

of settings, including wards and outpatients. This gives real-time information about how patients are travelling through their journey and provides an additional opportunity to resolve issues as soon as they arise.

The Dignity Champions and Patient Experience Champions groups merged into one group, now titled Patient Experience and Dignity Champions, to allow a platform for staff, partner agencies and patient representatives to attend. Monthly meetings are held at a time that is in line with nursing handover periods to facilitate attendance.

The topics discussed are informed by senior leadership, actions from the Patient Experience Council and the attendees themselves. Agenda items include the Friends and Family Test to ensure staff are supported at a local level to both celebrate positive feedback and to look at any actions we may need to take to improve across all areas. Other topics that have been covered include care of patients with learning disabilities, safeguarding children and adults, dementia care and how to raise concerns through the Freedom to Speak Up Guardians.

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 FFT has produced well over 30 million pieces of feedback so far across the country, making it the biggest source of patient opinion in the world. The feedback gathered is used to stimulate local improvement and empower staff

to carry out the sorts of changes that make a difference to patients and their care. St Helens and Knowsley Teaching Hospitals NHS Trust uses a variety of survey options, with the majority of feedback captured by sending a text message to our outpatients and Emergency Department attendees on discharge, with over 57,000 text responses received in a year. Postcards and on-line methods are also used for inpatients and maternity services.

The Trust's response rate at the end of March was 30.0%, compared to the national average of 23.2%, with the Trust ranked 58th nationally out of 172 (based on March 2018 inpatient national data and including independent sector providers).

Each ward or department within the Trust monitors the patient feedback and creates 'you said, we did' posters for display. These posters reflect what we did as a result of patient comments and are invaluable in maintaining staff motivation and influencing change.

Some examples are illustrated opposite:

You said…

You said, "Seen quite promptly initially, then kept waiting a hour to be seen by consultants, then kept waiting again whilst consultant saw someone else before my further treatment"

We did… We appreciate comments and feedback relating to your recent visit to our clinic. We are sorry to hear that there was a long wait between consultations. We provide a pager service to allow patients to leave the department and be contacted when you are next to see the doctor. For more information, please ask a member of staff.

You said, "Although my appointment was at 2.30 I was seen about 2.45 the service you provided was excellent as all staff were friendly and helpful. The only improvement I would suggest is that you tell the patient their appointment will be a little late."

We did… "We do apologise that you were seen 15 minutes after your appointment time. The nursing staff are encouraged to make announcements for clinic delays of over 30 minutes. We are pleased to hear that the service you received was excellent."

You said, "No vending machines local to paediatric waiting area, didn't want to leave child to go to adult waiting area."

We did… Vending machines were put in along the corridor to paediatric ED entrance.

You said, "The Labour Ward was absolutely amazing. Every member of staff was attentive to mine and my baby's needs. I had complete trust in every person and everything I experienced was thoroughly explained. I can't thank you enough."

We did…We shared these lovely comments with staff in our meetings and displayed them on staff boards. Staff were pleased you had such a positive experience of our care.

We did…

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. 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.

In 2017-18, the Trust received 224 new complaints that were opened for investigation. This represents a decrease of 44% in comparison to 2016-17, when the trust received 338 new complaints. However, there was a slight increase in the number of complainants that were dissatisfied with the initial response; 44 in 2017-18 compared to 42 in 2016-17. The total number of PALS contacts increased by 15% to 2333 in 2017-18, which reflects the decrease in formal complaints in part.

Work remains ongoing to improve the timeliness of responses to those who made the effort to highlight concerns about their care. The average rate for responding to new complaints within the agreed timescale has improved from 58% in 2016-17 to 67% in 2017-18.

The Trust has continued to conduct the Complaints Satisfaction Surveys throughout 2017-18, with a copy of the survey sent out with all response letters. There were 29 responses in total received in 2017-18. Overall, the majority of respondents to the survey were satisfied with how easy it was to make a complaint (92.5%)

and were provided with a contact number for the complaints team (85%). The majority of respondents (69%) reported that they were either fairly satisfied or very satisfied with the way in which their complaint was handled, which is 1% lower with the previous year's figure.

A number of actions were taken as a result of complaints made in 2017-18. The issues highlighted through a complaint relating to enhanced rapid discharge for end-of-life care was shared at a multi-agency discharge planning workshop. District nurses, palliative care, therapists, nurses, discharge co-ordinators and social services attended the workshop and identified areas for collective improvement, including making more timely referrals and enhancing communication between services and the patient's family. Work is underway to ensure better understanding of the different terminology used across partners and the roles and responsibilities of all those involved in supporting discharges.

Other actions taken include:
- Ensuring that all patients who attend the Emergency Department have their level of pain recorded
- Amendment of documentation to improve pain management for patients with dementia in the Emergency Department
- Provision of additional dermatology clinics
- Revisions and reinforcement of standard operating procedures and protocols relating to endoscopy and laboratories
- Development of a new ambulatory care pathway to improve the care of children who do not require inpatient treatment
- Documentation training for nursing staff
- Reiteration of best practice in relation to communications
- Staff undertaking reflective practice
- Dissemination of lessons learned through team meetings.

3.5. Service developments

3.5.1. Acute Medical Unit (AMU)

The Acute Medical Unit is a dedicated care facility that acts as the focus of care for acute medical care of patients that have presented as medical emergencies to the hospital. This unit delivers 5-star care to over 13,000 patients a year, a 50% increase from four years ago. Over the past year, the AMU has developed a dedicated Enhanced Care Area with four beds that care for patients requiring Level 1 Enhanced Care with a 1:4 nurse ratio. A successful bid to the Trust's charitable funds provided equipment for continuous physiological (including cardiac) monitoring of patients in this area.

Staff have developed additional Ambulatory Emergency Care pathways, including pathways for iron deficiency anaemia and headache amongst others to increase the ability to manage patients with investigations and treatments being provided without an overnight admission to hospital. The Trust has developed enhanced processes to increase the number of patients being offered medical ambulatory care when attending via the Emergency Department. This has increased patient choice and experience.

The assessment area within the Acute Medical Unit has had facilities modernised to enhance patient experience with more seating that is comfortable, television and vending facilities as well as two Dyson pure purifier fans from charitable funds, that automatically remove 99.95% of allergens and pollutants from the air.

There are plans to develop the AMU assessment further to enhance flow in the Medical Care Group that will improve care further by reducing time from arrival to senior/consultant review.

3.5.2. Therapy Services

The Therapy Services have achieved the following in 2017-18:

- Participation in trailblazer for apprenticeship development for physiotherapy
- Excellent Sentinel Stroke Audit National Programme (SSNAP) results in stroke therapy
- Introduced satellite stores for equipment to improve safe discharge
- Improved patient experience and reduced missed appointments through the introduction of opt-in appointments in musculoskeletal (MSK) services and obstetrics and gynaecology
- Invested in equipment to improve patient experience and dignity so that patients can be assessed in therapy areas on wards rather than in outpatients

The rheumatology therapists have been:

- Involved in a gloves research project this is a joint venture between Salford and Lancaster University & Health
- Conducting a survey of rheumatology patients' levels of exercise and what barriers they face in relation to starting and regularly attending exercise. The service is hoping to set up a form of exercise class to try and promote exercise to patients and hopefully keep them exercising in the community, using the outcomes of the survey to more effectively develop the service, working with St Helens Council (Healthy Living Scheme) and/or Reeve Court

The Musculoskeletal Therapy Service has:

- Introduced an ear, nose and throat (ENT) pathway and audit system to triage referrals
- Introduced e-triage for MSK and obstetric, gynaecology and urology (OGU) referrals to allow quicker triaging and reduce delays in appointments being made
- Introduced shoulder school to better prepare patients for surgery

- Introduced a wellbeing session (pain talk) to meet NICE guidelines on the management of pain
- Created an anterior cruciate ligament database, looking at end stage rehabilitation/return to sport utilising outcomes measures to prevent osteoarthritis and re-rupture
- Introduced a functional stability (Pilates) class
- Collaborated with the Royal Liverpool and Broadgreen University Hospitals NHS Trust to create integrated second opinion pathways for complex shoulder instability patients
- Utilised more OGU classes prior to 1:1 physio
- Started OGU 'did not attend' (DNA) audit in Feb 2018
- Ratified all orthopaedic protocols (both upper and lower limb)
- Maintained ongoing discussions around using texts to reduce DNA rates and streamline orthopaedic services

The Dietetics Service has:

- Completed an audit to re-assess compliance with national guidance for patients with nasogastric feeding tubes
- Introduced a telephone clinic to help with efficiency of paediatric outpatient appointments
- Worked with pharmacy to implement a standard structure for prescribing infant formula milks for cow's milk protein allergy with potential cost savings
- Introduced adapted cutlery onto Stroke Rehabilitation Unit based on feedback from patient story to Trust Board
- Provided training to ward staff in the use of the Malnutrition Universal Screening Tool (MUST)
- Developed a dietetic page for the Trust's intranet to include referral forms, referral criteria and starter feeding regimes for enteral feeding
- Benchmarked hospital food and drink provision against national catering guidelines

- Developed FODMAP pathway and associated guideline. FODMAPs are Fermentable Oligosaccharides, Disaccharides, Monosaccharides and Polyols, which are poorly absorbed simple and complex sugars that are found in a variety of fruits and vegetables and also in milk and wheat
- Review of oral nutritional supplements used within the Trust to reduce costs and be clinically effective
- Involved in upper gastrointestinal (UGI) cancer patient event to establish what the Trust does well and where improvements can be made
- In-service training programme for all grades of dietitians and dietetic assistants to ensure our knowledge is up-to-date and evidence-based for a wide variety of clinical conditions

The speech and language therapists have:

- Developed a training package for undergraduate students in the management of Dysphagia, in collaboration with Manchester University; this will better prepare graduates for the workplace and improve patient care
- Introduced seven day working to ensure high risk patients have timely assessments.

3.5.3. Cancer Services

There have been a number of developments within cancer services during 2017-18 and these are summarised below:

- Start of a lymphoma alert system to flag up scans with enlarged lymph glands to ensure patients are directed to the right investigation pathway and given a quicker diagnosis
- Lilac Centre achieved and maintained the Macmillan Quality Environment award
- First Cancer Clinical Nurse Specialist (CNS) annual education day held, "Curious about cancer" which was funded by Macmillan with over 80 delegates from secondary and primary care attending

- Recognised at the Lyndale Cancer Support Group Annual Business meeting for its contribution to patient care and the collaborative work it has done with the Lyndale over the years
- Hairdressing salon opened at the Lilac Centre offering a unique service to all patients undergoing chemotherapy treatment at the Trust, providing a wig service in a pleasant environment close to home
- Number of CNS staff presented and displayed posters at conferences throughout the UK, including acute oncology, experiences of implementing aspects of the recovery package for patients with primary melanoma and skin cancer
- Contributions to an article published in the International Journal of Clinical Practice, entitled "Patient Perception of Telephone Follow-up after Resection for Colorectal Cancer: Is it time for an end to the outpatient clinic?"
- Facilitation by the Upper Gastrointestinal Team of an informal patient world café event, whereby patients and carers were able to come and have discussions with other patients/carers and staff. The event had excellent patient and clinical engagement and provided useful feedback. The event was also attended by the Macmillan sponsors from Scotland and locally who were keen to see how the concept works.

3.5.4. Diabetes

The Diabetes Team were successful in winning a bid for transformation funding from NHS England, which has been invested in the following:

- Inpatient care – six new inpatient Diabetes Specialist Nurses (DSN) have been employed to deliver inpatient diabetes specialist care seven days a week to allow a greater focus on key areas such as reducing emergency admissions in people with diabetes, driving up standards and the quality of diabetes care across the Trust and reducing the length of stay in people with diabetes
- Improved foot service – increased capacity in the diabetes foot clinics for patients with active diabetic foot disease. Regular multidisciplinary team meetings are held, encompassing diabetes consultant, DSN, podiatry, orthopaedics, microbiology, radiology & vascular input. Expansion of the existing foot clinic service allows greater capacity to support a reduction in outpatient waits for assessment, with an anticipated reduction in risk around the deterioration of foot conditions, overall providing an enhanced positive patient experience
- The Specialist Diabetes Team at the Trust has a strong reputation for developing and delivering diabetes structured education programmes and has won national awards for this work. This structured education programme for people with type 2 diabetes has now been improved, with evening and weekend education sessions offered, including input from the newly employed specialist diabetes dietitian. During the last two years, the provision of structured education in St Helens has changed and the current offer has been successful at improving attendance amongst newly diagnosed diabetics

- The 'Cloud' service is improving collaborative working between primary and secondary care, which will include a telephone line for specialist advice for professionals, patients and carers for diabetes advice and support. This will run seven days 8am – 10pm. A new community diabetes specialist nurse has been employed to drive this collaborative working, providing support to practice nurses, care homes, district nurses and other community services and to improve achievement of the NICE recommended treatment targets for cholesterol, blood pressure and blood sugar monitoring
- The Diabetes Team internet page will also be updated to include frequently asked questions (FAQs) for professionals and patients and to include up-to-date guidelines.

3.5.5. Stroke Telemedicine Service

The Trust has introduced 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.

3.5.6. Liver Team

The Trust has a dedicated team of liver nurses and two healthcare assistants who are trained to undertake FibroScans (non-invasive assessments of the extent of liver fibrosis (scarring)), which releases the liver nurses to do more complex work. The service has procured a new portable device to offer this service at St Helens Hospital, with plans to roll this out into the community in the future.

The gastroenterology ward, 3D has opened a new treatment unit, providing day-case management of recurrent ascites (build-up of fluid in the abdomen) for our patients with known cirrhosis of the liver, so that they do not need an overnight stay.

The Trust is one of the first hospitals in Merseyside to register with the Royal College of Physicians improving quality in liver services (IQILS) scheme, with plans to secure level one accreditation by 2019-20. The service has referred over 50 patients for liver transplants in the last 5-years with approximately 90% being listed.

3.5.6.1. Maternity

The last 12 months have seen the leadership strengthened with key appointments made including the Named Midwife for Safeguarding Children. The Trust's safeguarding children arrangements were audited in November 2017, which included maternity services, with excellent feedback received, no required actions and three recommendations. The Specialist Midwives for Safeguarding now conduct a daily ward round and use the opportunity to support staff managing safeguarding issues on the ward and Delivery Suite areas. All staff carrying caseloads of women with safeguarding concerns are provided with safeguarding supervision on the spot and given appropriate support and advice.

A rota for a senior midwife 'helicopter' bleep holder has been implemented. The bleep holder is supernumerary and takes the safety helicopter view of the whole Maternity Unit, taking any actions needed. Safeguarding alerts are carried by the bleep holder ensuring that high-risk women are identified on admission. The bleep holder report is escalated to the senior management team three times per day. In addition, the senior management team formally check for any breach of the maternity red flags, which may indicate that there are staffing issues, at least three times a day and remedial action is taken immediately.

The Delivery Suite now has a supernumerary coordinator on duty on all shifts. All coordinators will soon have access to the Child Protection - Information Sharing System to enable

identification of safeguarding concerns for women who have not booked in at Whiston Hospital but attend the Maternity Unit.

The maternity, neonatal and maternity theatre teams have developed an action plan following national guidance on keeping mothers and babies together and are particularly proud that there is now the introduction of skin-to-skin contact in theatre for women having an elective caesarean section.

The introduction of a newly formed Quality and Safety Team has supported a philosophy of shared handling and investigation of risk across the service.

The 'Quality Bus' has been introduced to roll out key messages quickly to clinical staff without them needing to leave the clinical area. Key messages include changes to a guideline or a change in practice. Any member of the team can use the 'bus' if they have key messages to deliver quickly.

The ward manager or the in-patient matron meets every women on the antenatal and postnatal wards daily, to ask what is important to them and is there anything that can be done to improve their experience, which is then actioned, resulting in 'you said, we did'.

In August 2017, the Maternity Voices Partnership was introduced in association with midwives from Bridgewater Community Healthcare NHS Foundation Trust, which is hosted at Whiston Hospital. In addition, the service receives a high number of positive comments on its Facebook page from service users. The initiative of 'Facebook the Matron' generated thousands of 'hits' and questions which were responded to, with real-time reassurance provided.

A 24/7 Maternity Triage was implemented in October 2017. It is staffed by a dedicated midwife and healthcare assistant and is located within Delivery Suite, consisting of a three-bedded bay with an additional two side-rooms available.

Pregnant women who have any concerns during their pregnancy can contact triage via telephone at any time of the day or night. Our dedicated triage midwife is on hand to obtain a thorough history and provide sound evidence-based advice. Many different issues are often dealt with by maternity triage including, bleeding, waters breaking, contractions /possible labour and concerns about babies' movements. The triage midwife will often provide re-assurance to women and their families over the telephone, as sometimes women are not required to attend. If the midwife feels that the woman requires further assessment they will then direct the woman to the appropriate service depending on her needs and history, for example, Delivery Suite triage, community midwife, GP, Fetal-Maternal Assessment Unit.

The Trust opened its new Midwife-led Unit in the autumn, with an additional two birthing pools. Work continues to adapt the environment to resemble a 'spa like' experience in order to promote oxytocin production and lead to less intervention at birth.

The service introduced the Enhanced Recovery Pathway for women having an elective caesarean section in the last year, which results in a quicker recovery period and a reduced length of stay. Follow up telephone calls to these women have found a high level of satisfaction with the process.

3.5.7. Mohs Service

The continued partnership between Plastic Surgery and Dermatology has enabled the development of a 'gold standard' Mohs Service.

This is a one-stop service for a majority of patients whose facial skin cancer is managed and treated under a local anaesthetic, which can include complex reconstruction and tissue-saving surgery. Our commissioners are now using the model as the benchmark for other services to mirror.

3.5.8. Age-related Macular Degeneration (AMD)

The Trust's AMD service has been moved into a specifically designed area within the Ophthalmology Outpatients and is now a consultant-led, nurse-delivered service. This has enabled us to increase the numbers of patients treated and to enhance the patient experience.

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 www.cqc.org.uk

3.6.1. National inpatient survey

The Trust participated in the annual National Inpatient Survey 2016 coordinated by the Care Quality Commission. The results were published in June 2017 and the Trust's response rate was 36% compared to the national response rate of 44%.

The Trust was included in the best performing trusts nationally for one indicator relating to cleanliness of the bathrooms and toilets and was rated about the same as other trusts for the remaining indicators. The Trust has taken a number of actions to improve patient care including:

- Enhancing the discharge process to reduce the length of time patients arriving at the hospital need to wait for a bed
- Improving the quality of written information provided to patients, including information about medications on discharge
- Reiterating the importance of staff introducing themselves
- Working with volunteers to support patient mealtimes.

3.6.2. National Emergency Department survey

The Care Quality Commission published the results of the 2016 Emergency Department Survey in October 2017. The national response rate was 26% and the Trust's response rate was 23%.

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

- Being given the right amount of information about their condition or treatment
- Those prescribed new medication, being told about possible side effects

The Trust was rated as about the same as other trusts for all other areas, with no scores rated lower. The following actions are being taken to improve the services we provide:

- Continue to provide information about waiting times for patients to be examined
- Trial new ways of working to allow an earlier first point of contact to reduce the time waiting to be examined
- 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.

3.6.3. National children and young people survey

The Care Quality Commission published the results of the 2016 Children and Young People Survey in November 2017.
The national response rate was 26% and the Trust's response rate was 15%.

For the experiences of children aged 8-15 years, the Trust scored 'much better than expected' and was only one of five trusts in the country to achieve this maximum score.

The Trust scored about the same as others for children aged 0-7 years.

There were 15 areas in which the Trust was rated better than other trusts including:

- Children and young people feeling they had enough privacy during their care and treatment
- Children and young people saying staff spoke with them about how they were going to care for them
- Children and young people saying they were able to ask staff questions
- Children and young people saying that hospital staff spoke with them when they were worried
- Parents and carers saying they had confidence and trust in staff treating their child
- Parents and carers saying they received enough information about their child's new medication
- Children and young people saying they were told who to contact if they were worried about anything when they got home
- Children and young people saying they were told what would happen next after they left hospital

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

An action plan is in place to continue to improve the services provided to children and young people, with a number of changes already implemented, including:

- Increased awareness of play facilities available to babies, children and young people:
  - Posters are now displayed clearly on the wards stating the working hours of the play specialists and encouraging utilisation of their services and reminding patients that toys and activities can be taken out of the playroom to bed spaces if required
  - Play specialists undertake daily visits to each patient on their ward
  - Utilisation of volunteer services to support play specialists and further encourage and maximise opportunities for play and activities
- Ensuring consistency of communication regarding care plans with parents, carers and patients to avoid any conflicting information being given:
  - Nurse attendance at doctors' ward round on a daily basis supported by nurse in charge, advanced paediatric nurse practitioners and supernumerary members of staff to attend during times of high occupancy/dependency
  - Medical staff formally reminded of the importance of sticking to a care plan via local induction, handover, Junior Doctors' Forum, Weekly Grand Rounds, Clinical Governance and team meetings

- Improving food satisfaction rates for children in the 0-7 years age group:
  - Ward managers to liaise with Trust catering suppliers to consider engagement sessions with parents and children; e.g. food tasting and menu suggestions.

3.6.4. National maternity survey

The Care Quality Commission published the results of the 2017 Maternity Survey in January 2018. The national response rate was 37.4% and St Helens and Knowsley Teaching Hospitals NHS Trust's response rate was 21%.

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 as about the same as other trusts, other than for 'being able to move around and choose the most comfortable position during labour', which was worse than other trusts.

The Maternity Service has recently opened a Midwife-led Unit supported by midwife-led pathways of care. The unit has two birthing pools, birthing balls and specialised couches for low risk births. Women who are assessed as high risk can use the birthing pool on the Delivery Suite with telemetry monitoring in place, if they choose to do so.

An action plan has been developed with particular focus on the other areas where improvements can be made; including ensuring women know they can have skin-to-skin contact after the birth, as well as providing additional support for emotional wellbeing at home after the birth. In addition, the Maternity Service's community midwives are delivering team continuity of care, which will also enhance the care provided.

3.6.5. National cancer patient experience survey (NCPES)

The NHS England National Cancer Patient Experience Survey (NCPES) has been developed and run by Quality Health for the Department of Health since 2010. It is the largest and most comprehensive survey of cancer patients in the world. The results of the 2016 survey were published in July 2017, with a national response rate of 66% and a Trust response rate of 55%.

There is a robust governance structure in place to ensure that the results are shared with all our partners including CCG, local GPs, the Trust Board and clinical teams. The results are also available online for public viewing.

NCPES is designed to monitor national progress on cancer care, to drive forward quality improvement and to inform the work of groups supporting patients. Organisations are rated as being 'lower', 'within' or 'higher' than an expected range.

Patients treated for cancer within the Trust have highly rated the level of care they received, scoring their overall care as 8.9 out of 10, placing the Trust above the national average rating of 8.7.

The Trust performed above the expected national level across a range of key indicators covering patients' involvement in decisions about their care, their treatment and inpatient experience and the level of advice and support offered to themselves and their families:

• 80% were involved as much as they wanted to be in decisions about their care
• 92% were given the name of a clinical nurse specialist
• 91% said it was easy to contact their clinical nurse specialist
• 91% were always treated with dignity and respect
• 97% were told who to contact if they were worried after leaving hospital.

A comprehensive action plan has been put into place by the clinical teams to address issues raised where the scores were below average for individual tumour sites, for example, to improve collaborative work across all parts of the patient pathway, in colorectal services.

The breast cancer service in particular had excellent results and was rated well above the national average. This is credit to the hard work and dedication of the team. The full results can be found at www.ncpes.co.uk.

The analysis of results is supported by a patient comments report, which gives valuable insight into what patients feel is positive about the care they receive. Opposite are some examples:

I was well informed throughout my treatment for prostate cancer. And still having follow up appointments. I was treated with dignity and respect..
(Urology patient)

From Ward 2A and the Lilac Centre I have been given excellent care. And not forgetting the other departments such as radiology department and biopsy team who saw me as a matter of urgency. Plus the consultants who have been fabulous and helped me beat cancer.
(Haematology patient)

You cannot fault St Helens or Whiston Hospital for treatment and advice, they were marvellous. I would recommend them to anybody.
(Breast patient)

I felt they fully cared for me and my feelings. They fully explained everything so I understood and the timescale in which I was dealt with was fantastic..
(Skin patient)

Once I was diagnosed, I was fast-tracked because of my age, which I was grateful for, with positive treatment and acting quickly. I am just having follow-up appointments with no treatment needed i.e. radiotherapy and chemotherapy
(Gynaecology patient)

Excellent, seeing the consultant very quick and all the treatment explained to me..
(Other)

The care I received from every hospital, St Helens, Whiston, Clatterbridge and Aintree has all been amazing. My experience has been nothing but positive from scans, chemotherapy, radiotherapy, surgery, Herceptin injections and every other test. Staff have all been wonderful, showing kindness, care and compassion. We are extremely lucky to have the NHS, both my husband and myself have had the unfortunate news that we have cancer but have been lucky to come out the other side and without the NHS that wouldn't be possible, so a big thank you !

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 2017-18
- 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

Richard Fraser
Chairman
May 2018

Ann Marr

Ann Marr
Chief Executive
May 2018

4.2. Written statements by other bodies

4.2.1. Healthwatch Knowsley

Commentary on the Quality Account of St Helens and Knowsley Teaching Hospitals NHS Trust by Healthwatch Knowsley.

Healthwatch Knowsley welcomes the opportunity to provide this commentary in support of St Helens and Knowsley Teaching Hospitals NHS Trust Quality Account for 2017-18. A draft copy of the Account was provided to Healthwatch Knowsley in a timely manner to allow for a response to be produced.

Healthwatch Knowsley would like to thank the Trust for the willingness to work with Healthwatch across the year, including the opportunity to meet with the Trust on quarterly basis to raise any issues and trends that are emerging regarding services. In addition to this, Healthwatch Knowsley attends and reports to the Patient Safety and Patient Experience councils on a monthly basis. This collaborative working has been a consistent theme over many years now and is very much appreciated.

The opportunity to be able to contribute to the shaping of priorities as part of the Quality Account process is welcomed and levels of transparency and honest dialogue provides scope for meaningful engagement.

Overall, the Trust currently holds a patient experience rating of 4.4 out of 5 stars (good/excellent) based on the 307 reviews held on the Healthwatch Knowsley online feedback centre. This rating has been collated through feedback provided by patients and family members. Listening Events and information stands at which we have spoken to patients and family members have also contributed to this rating. The Trust has proactively supported this work.

Community members who reviewed this Quality Account found it to be very a comprehensive, easy to read document and an honest reflection of the Trust's levels of quality. It was also felt that the report was very focused on St Helens based activities. The summary of achievements provides a really positive overview of the areas of work in which the Trust has excelled. The work to reach the point of no hospital acquired pressure ulcers is to be commended. The Quality Account also highlights the key challenges that the Trust faces including safe staffing levels and recruitment of key skills.

Healthwatch Knowsley would be keen to see the Trust continuing to look to address the key themes that are reported through patient experience information, particularly around medications available in a timely manner on discharge from hospital and seven day working.

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

4.2.2. Halton Borough Council
Quality Accounts 2017 – 2018

Further to receiving a copy of your draft Quality Accounts and the Joint Quality Accounts event held on 10th May that your colleagues Sue Redfern and Anne Rosbotham-Williams attended to present a summary of your Quality Accounts, I am writing with the Health Policy and Performance Board comments. The Health Policy and Performance Board particularly noted the following key areas:

During the year 2017-18, the Board were pleased to note that the Trust made progress against the following priorities;
• Reduce by 50% in the next three years, avoidable harm from medication incidents and working towards achievement relating to falls prevention
• The redesign of the process for learning from incidents and complaints
• Improvement in the effectiveness of discharge planning

In terms of Patient Safety, the Board were pleased to note the following:
• There were no hospital acquired grade three and four pressure ulcers
• Patients received 98.8% harm-free care during 2017-18
• Continued reduction in the number of Clostridium Difficile infections, performing significantly better than the threshold

Under the Quality of Services overall, the Board were very pleased to note;
• The Trust was rated as good overall by CQC and outstanding for caring.
• The ward Quality Care Accreditation Tool (QCAT) was rolled out across all general inpatient areas and gold standards awarded to twelve wards.

The Board are pleased to note the following improvement priorities for 2018-2019:
• Reduce further the rate of avoidable harm from falls, pressure ulcers and medication incident
• Implement change as a result of lessons learned from incidents and complaints
• Implementation of an electronic system (SelfCare) to ensure optimal deployment of nursing resources
• Improve the effectiveness of discharge planning

The Board were interested to hear about how stroke patients are being offered telemedicine and how the service will expand in the future.

The Board would like to thank St Helens and Knowsley Teaching Hospitals NHS Trust for the opportunity to comment on these Quality Accounts.

Yours sincerely

Councillor Joan Lowe
Chair, Health Policy and Performance Board

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

NHS Knowsley Clinical Commissioning Group and NHS St Helens Clinical Commissioning Group welcome the opportunity to comment on the St Helens and Knowsley Teaching Hospitals NHS Trust Quality Account for 2017-18.

The CCGs commend the Trust on its achievements in 2017/18 including:
- a) Best score nationally for staff recommending the Trust as a place to receive treatment and work
- b) Best acute Trust nationally in the Patient Led Assessments of the Care Environment (PLACE) with top marks in the country for every area of the 2017 inspection
- c) 98.9% harm free care
- d) No grade 3 or 4 pressure ulcers
- e) Reduced number of harms from falls
- f) Reduced number of complaints and improved response times
- g) Clostridium difficile infections significantly below threshold

This Account indicates the Trust's commitment to improve the quality of the services it provides and supports the key priorities for improvement of quality during 2017-18. Commissioners note the 2018-19 priorities of which some are carried over from 2017-18 are:

Priority 1: Reduce further the rate of avoidable harm from falls, pressure ulcers and medication incidents
Priority 2: Implement changes as a result of lessons learned from incidents and complaints
Priority 3: Make the most effective use of the skills of the nursing workforce
Priority 4: Improve the effectiveness of discharge planning

The Care Quality Commission (CQC) rating of Good from the latest report (2016) is to be commended and Commissioner recognise the work undertaken by the Trust to address those areas identified as requires improvement, The Quality Account would benefit if this work was emphasised at the beginning of the report alongside the areas of outstanding work.

The CCGs acknowledge progress by the Trust in relation to Learning from Deaths and look forward to strengthened reporting 2018-19 in line with the National Quality Board guidance to demonstrate this learning and improvement in practice.

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

Yours sincerely,

Dianne Johnson
Chief Executive
Clinical Commissioning Group

Sarah O'Brien
Clinical Chief Executive
NHS St Helens Clinical Commissioning Group

4.2.4 Halton Clinical Commissioning Group
Quality Accounts 2017 – 2018

I am writing to express my thanks for the submission of St Helens and Knowsley Teaching Hospitals NHS Trust Quality Report for 2017-2018 and for the presentation given by Sue Redfern, Chief Nurse to local stakeholders on 8th May 2017. This letter provides the response from NHS Halton Clinical Commissioning Group.

The Quality Account accurately reflects the performance of the Trust during 2017/18 and clearly sets out the priority areas for 2018/19, with rationale and monitoring for each priority for the coming year; it is good to see that the Trust have set ambitious targets for quality improvement. There is evidence of progress and achievements since the 2017/18 quality account and quality targets were exceeded. Examples of patient safety were seen:

- The Trust was awarded Best Improvement in Patient Safety for electronic modified early warning system (eMEWS) at the Informatics Skills Development conference in Blackpool. It was also shortlisted for the HSJ Awards in the "Using Technology to Improve Efficiency" category
- Patients received 98.9% new harm-free care during 2017-18. This is harm occurring whilst an inpatient in the Trust and reported via the NHS Safety Thermometer
- No patients experienced a hospital acquired grade 3 or 4 pressure ulcer
- Continued to reduce the number of Clostridium Difficile infections, performing significantly better than the threshold
- Reductions in incidents resulting in harm from 2013-14 benchmarks (Sign up to Safety)
- 31% reduction in theatre-related episodes of moderate/severe harms
- 59% decrease in prescribing incidents resulting in harm
- 17% decrease in falls incidents resulting in harm
- 93.9% fill rate for registered nurses/midwives [Feb 2018]
- 87% of frontline staff received the flu vaccination

There is strong evidence in this year's account regarding the involvement, engagement and commitment of staff in developing the priority areas for the 2018/19 and it is clear that front line staff have been pivotal to the previous year's success and this should be commended and there is strong evidence of patient engagement and involvement some examples noted were:

- Best acute trust nationally in the Patient Led Assessments of the Care Environment (PLACE) with top marks in the country for every area of the 2017 inspection; cleanliness, food, privacy and dignity, facilities for patients living with dementia and disabilities, condition, appearance and maintenance of the hospital buildings
- 95.8% of inpatients would recommend our services, as recorded by the Friends and Family Test [at end of February 2018]
- Patients rated the Trust 8.9 out of 10 for overall care in cancer, above the national average

There is an open and honest reporting culture and a robust governance structure surrounding quality within the organisation. Commissioners recognise the Trusts commitment to patient and carer involvement and engagement to ensure continual improvement in quality care and patient experience and the Volunteer support was a particular area of praise from stakeholders.

The annual staff awards and annual Learning and Development Awards demonstrated recognition of the hard work and commitment of frontline staff and the staff feedback is testament to a positive organisational culture with examples seen:

- Extremely positive national staff survey results, published in March 2018, with the Trust rated as the best place to work in the NHS. The Trust scored above the national average in 27 of the 32 indicators and achieved the highest score for 10 of the 32, including the following areas:
  - Staff recommendation of the organisation as a place to work or receive treatment
  - Percentage of staff who feel able to report errors, near misses or incidents witnessed in the last month
  - Effective use of patient/service user feedback
  - Fewest number of staff feeling unwell due to work related stress in last 12 months
  - Quality of non-mandatory training, learning and development

Involvement in both National and local audit is evident, as is learning and embedding new practice as a result of audit with some examples noted:

- Trust rated 2nd in the UK overall in the latest Sentinel Stroke National Audit Programme (SSNAP) delivering sustained excellent performance with all domains achieving 'A' (Excellent) or 'B' (Good) ratings
- 99% of electronic E-attendance summaries sent for patients attending the Emergency Department (ED) within 24 hours [at February 2018]
- 90.3% of stroke patients spent at least 90% of their hospital stay on a stroke unit

NHS Halton CCG noted the Trusts Improvement Priorities for 2018 - 2019:

1. Patient Safety
- Reduce further the rate of avoidable harm from falls, pressure ulcers and medication incidents
- Implement change as a result of lessons learned from incidents and complaints
- Maintain effective assessment and monitoring of all patients in the Emergency Department

2. Clinical Effectiveness
- Make the most effective use of the skills of the nursing workforce by implementing an electronic system (SafeCare) to ensure optimal deployment of nursing resources
- Further embed the seven day services clinical standards across the Trust

3. Patient Experience
- Improve the effectiveness of discharge planning
- Increase the percentage of e-discharge summaries sent within 24 hours to 85%

NHS Halton CCG recognises the challenges for providers in the coming year but we look forward to working with the Trust during 2018-2019 to deliver continued improvement in service quality, safety and patient experience and also on the partnership work as we move forward with our One Halton model of service delivery.

NHS Halton CCG would like to congratulate the trust on the hard work of its staff and their commitment to the care of the people of Halton thanking local staff and managers for their on-going commitment locally and for the opportunity to comment on the draft Quality Account for 2017-18.

Yours sincerely,

Michelle Creed
Chief Nurse

4.2.5 Healthwatch Halton

St Knowsley Teaching Hospitals Teaching Hospitals NHS Trust Quality Account 2017-18

We welcome this opportunity to provide a commentary on St Helens and Knowsley Teaching Hospitals NHS Trust Quality Account for 2017-18.

The Trust is to be congratulated on a comprehensive report which gives a clear overview of the work carried out by the Trust to improve the quality of its services.

In responding to this year's Quality Account we have tried to answer the following questions:
1. 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?
2. From what people have told Healthwatch Halton, is there evidence that any of the basic things are not being done well by the provider?
3. 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?
4. 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?

From the feedback we've received on the Trust through our website feedback centre, and during our outreach work in the local community, it's clear that the Trust provides a highly thought of service for local people.

Overall, we believe that this year's Quality Account reflects people's real experiences of using the service. The 'Summary of quality achievements' section in the Quality Account painted a clear picture of some of the excellent work carried out by the Trust during the past 12 months which the they should be congratulated on.

We felt the summary of the progress on the 2017-18 quality goals was clear and very easy to follow.

We were pleased to note the quality priorities for improvement for 2018/19. We believe they are generally challenging enough to drive improvement.

We would though like to see an actual figure set for the 'reduction of avoidable harm of moderate category or above from pressure ulcers, falls and medication errors', rather than just a reduction from the baseline of 2017-18. We were also slightly disappointed to note the reduction of the target for e-discharge summaries being sent with 24 hours, from 90% in 2017/18 to 85% in the 2018/19 quality priorities.

During the next 12 months, we will continue to offer challenge to the Trust on key priorities and work with it wherever we can to help improve the experience of patients who use the service.

4.2.6. Independent Auditor

Independent Auditor's Limited Assurance Report to the Directors of St Helens and Knowsley Teaching Hospitals NHS Trust on the Annual Quality Account

We have been engaged by the Board of Directors of St Helens and Knowsley Teaching Hospitals NHS Trust to perform an independent assurance engagement in respect of St Helens and Knowsley Teaching Hospitals NHS Trust's Quality Account for the year ended 31 March 2018 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS Trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, as subsequently amended in 2011, 2012, 2017 and 2018 ("the Regulations").

Scope and subject matter
The indicators for the year ended 31 March 2018 subject to the limited assurance engagement consist of the following indicators:

- VTE Assessment: % of patients risk-assessed for venous thromboembolism (VTE).
- Patient Safety Indicator: % of patient safety incidents resulting in severe harm or death.

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of the directors and Practitioner
The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health and NHS Improvement has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the 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;
- 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; and
- the Quality Account has been prepared in accordance with Department of Health and NHS Improvement guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 issued by the Department of Health in March 2015 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period 1 April 2017 to 25th May 2018;
- papers relating to quality reported to the Board over the period 1 April 2017 to 25th May 2018;
- feedback from commissioners dated 21/5/2018;
- feedback from other named stakeholder(s) involved in the sign off of the Quality Account dated 14/05/2018;
- the Trust's 2017-18 complaints report published under regulation 18 of the Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009;
- the 2017 national patient survey;
- the 2017-18 Head of Internal Audit's annual opinion over the Trust's control environment;
- the 2017-18 annual governance statement; and
- any other information obtained during our limited assurance engagement.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Board of Directors of St Helens and Knowsley Teaching Hospitals NHS Trust. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and St Helens and Knowsley Teaching Hospitals NHS Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicators tested against supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques that can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health and NHS Improvement. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our limited assurance work has not included governance over quality or non-mandated indicators which have been determined locally by St Helens and Knowsley Teaching Hospitals NHS Trust.

Our audit work on the financial statements of St Helens and Knowsley Teaching Hospitals NHS Trust is carried out in accordance with our statutory obligations. This engagement will not be treated as having any effect on our separate duties and responsibilities as St Helens and Knowsley Teaching Hospitals NHS Trust's external auditors. Our audit reports on the financial statements are made solely to St Helens and Knowsley Teaching Hospitals NHS Trust's directors, as a body, in accordance with the Local Audit and Accountability Act 2014. Our audit work is undertaken so that we might state to St Helens and Knowsley Teaching Hospitals NHS Trust's directors those matters we are required to state to them in an auditor's report and for no other purpose.

Our audits of St Helens and Knowsley Teaching Hospitals NHS Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such directors as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than St Helens and Knowsley Teaching Hospitals NHS Trust and St Helens and Knowsley Teaching Hospitals NHS Trust's directors as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion

Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018
- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account identified as having been subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

Grant Thornton UK LLP

Grant Thornton UK LLP
4 Hardman Square
Spinningfields
Manchester, M3 3EB

25th May 2018

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

Section	Amendment
2.1.1	Included average length of stay for non-elective admissions
2.1.2	Expanded the section regarding maintaining high quality care in the context of increased demand and recruitment challenges
2.2	Included the rate of serious incidents reported in the Emergency Department
2.3	% of e-discharge summaries sent within 24 hours added
2.3	Included rationale for setting target for e-discharge summaries at 85%
3.4.2	Expanded the complaints section to clarify that staff will attempt to rectify concerns at a local level prior to a complaint being made and that the number of PALS contacts in 2017-18 has significantly increased, whereas formal complaints has fallen
2.4.12	Number of thromboses included in section on VTE risk assessments

4.4. Abbreviations

AIS	Accessible Information Standard
AMU	Acute Medical Unit
AKI	Acute kidney injury
ANTT	Aseptic Non-Touch Technique
AQ	Advancing Quality
BAPEN	British Association of Parenteral and Enteral Nutrition
BONE	British Orthopaedic Network Environment
BOTA	British Orthopaedic Trainees Association
BSI	Blood stream infection
BSL	British Sign Language
BSR	British Society for Rheumatology
BTS	British Thoracic Society
CEM	College of Emergency Medicine
CAMHS	Child and adolescent mental health services
CCGs	Clinical Commissioning Groups
COPD	Chronic Obstructive Airways Disease
CPE	Carbapenemase-producing Enterobacteriaceae
CQC	Care Quality Commission
CQuIN	Commissioning for Quality and Innovation
CRN	Clinical Research Network
DATIX	Integrated Risk Management, Incident Reporting, Complaints Management System
DMOP	Department of Medicine for Older People
DoLS	Deprivation of Liberty Safeguards
DSN	Diabetes Specialist Nurse
ED	Emergency Department
EDMS	Electronic Document Management System
EDS or EDS2	Equality Delivery System
eMEWS	Electronic Modified Early Warning Score
eRS	Electronic referral system
FFT	Friends & Family Test
GNBSIs	Gram-negative bloodstream infections
GP	General Practitioner
GI	Gastro-intestinal
GIRFT	Get it right first time

HCAI	Healthcare associated infections
HES	Hospital Episode Statistics
HSCIC	Health and Social Care Information Centre
HSMR	Hospital standardised mortality ratio
HWWB	Health, Work and Well-being
IBD	Inflammatory Bowel Disease
iBRA	Implant Breast Reconstruction Audit
ICD	International Classification of Diseases
ICNARC	Intensive Care National Audit & Research Centre
ICO	Information Commissioner's Office
IGT	Information Governance Toolkit
IQILS	Improving quality in liver services
ISS	Injury severity score
LD	Learning Disabilities
LGBT	Lesbian, gay, bisexual, transgender
LTC	Long-term condition
MARAC	Multi-Agency Risk Assessment Conferences
MDS	Myelodysplastic Syndromes
MHA	Mental Health Act
MET	Medical Emergency Team
MINAP	Myocardial Ischaemia National Audit Project
MODSS	Multidisciplinary Obstetric Drills, Skills, and Simulation
MRSA	Methicillin-resistant staphylococcus aureus
NAOGC	National Audit Oesophago-Gastric Cancer
NBOCAP	National Bowel Cancer Audit Programme
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCPES	National Cancer Patient Experience Survey
NDA(A)	National Diabetes Audit Adult
NDFA	National Diabetes Foot Care Audit
NELA	National Emergency Laparotomy Audit
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NIV	Non-invasive ventilation
NJR	National Joint Registry
NPID	National Pregnancy in Diabetes

NPSA	National Patient Safety Agency
NRLS	National Reporting Learning System
OCS	Order Comms System
OGU	Obstetric, gynaecology and urology
PALS	Patient Advice and Liaison Service
PbR	Payment by Results
PEG	Percutaneous Endoscopic Gastrostomy
PLACE	Patient-Led Assessments of the Care Environment
PNDA	Paediatric National Diabetes Audit
PPE	Personal protective equipment
PROMs	Patient Reported Outcome Measures
PU	Pressure ulcer
RACPC	Rapid Access Chest Pain Clinic
RCA	Root Cause Analysis
RCEM	Royal College of Emergency Medicine
RDI	Research Development and Innovation
ReDEFINe	Rotational Delivery at Full Dilatation
RMS	Referral Management System
RPG	Research Practitioner Group
SAMBA	Society for Acute Medicine (SAM) Benchmarking Audit
SAH	Subarachnoid haemorrhage
SEQOHS	Safe Effective Quality Occupational Health Services
SHMI	Summary Hospital-level Mortality Indicator
SIRO	Senior Information Risk Owner
SJR	Structured Judgement Review
SPiRE	Saving Babies' Lives Project Impact and Results Evaluation
SSI	Surgical site infections
SSNAP	Sentinel Stroke National Audit Programme
SIRI	Serious Incident Requiring Investigation
STP	Sustainability and Transformation Plan
SUS	Secondary Uses Service
TARN	Trauma Audit & Research Network
TDA	Trust Development Authority
TIA	Transient Ischaemic Attack
VTE	Venous Thromboembolism

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