NHS
St Helens and Knowsley
Teaching Hospitals
NHS Trust

Quality Accounts
2016 - 2017

What our patients say about us

At first I was worried about coming in for my operation, however, everyone I spoke to was lovely and friendly and put my mind at ease. The nurses were especially fantastic and looked after me until I left. Nothing was too much trouble. I'd definitely recommend St. Helens Hosital.

SANDERSON SUITE

The Dietitian had wonderful social skills and made me feel totally at ease - very knowledgeable and gave me useful information. Lovely lady whom I would recommend to all.

DIABETES OUTPATIENTS

The whole end-to-end service was exemplary. Staff at all levels were attentive & efficient. The day bed that I was allocated was superb - couldn't have been bettered if I'd have gone private. I can't thank the hospital & its employees enough.

GENERAL SURGERY DAY CASE

Treated with care and courtesy. Professional staff; a credit to the NHS.

EMERGENCY DEPARTMENT

WARD 4A SURGICAL CARE GROUP

General care very good. I felt safe at all times.

The doctor was very thorough with his examinations on me and allowed me the time to understand what was wrong with me.

Contents

Section 1

1.1. Summary of quality achievements in 2016-17

Quality of services overall

- Care Quality Commission (CQC) ratings from their latest report in 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
- Quality care accreditation tool (QCAT) rolled out across all general inpatient areas, with gold standards awarded to six wards

Patient safety

- Patients received 98.8% new harm-free care during 2016-17. This is harm that has occurred whilst an inpatient in the Trust in 2016-17 reported via the NHS Safety Thermometer
- No patients experienced a hospital acquired grade 4 pressure ulcer
- Continued to reduce the number of Clostridium Difficile infections, performing significantly better than the target
- Reductions in incidents resulting in harm from 2013-14 benchmarks (Sign up to Safety)
    - 69% reduction in theatre-related episodes of moderate/severe harms
    - 54% decrease in prescribing incidents resulting in harm
    - 17% decrease in falls incidents resulting in harm
- 94.9% fill rate for registered nurses/midwives
- 82% of frontline staff received the flu vaccination

Patient experience

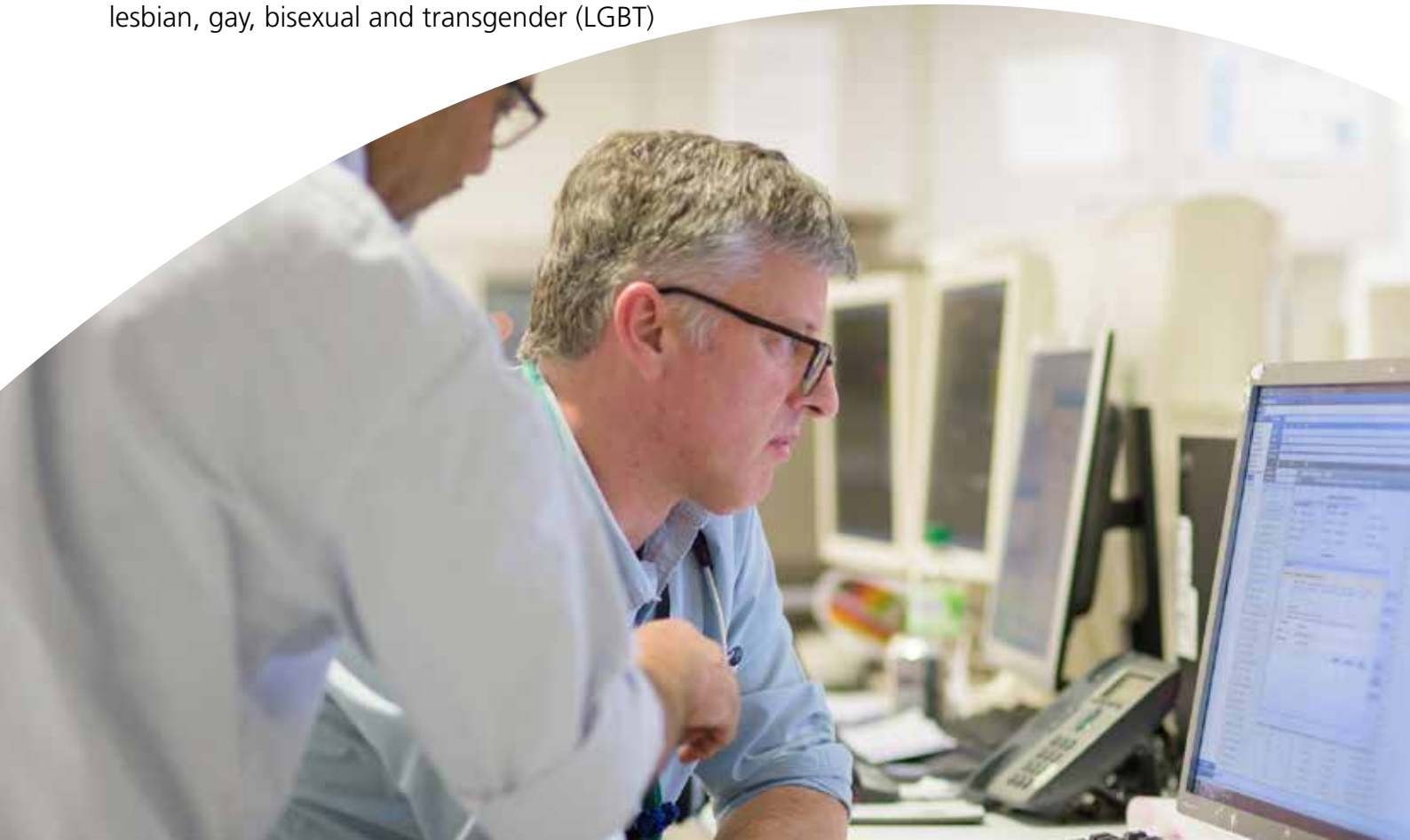
- Top five for patient experience (CHKS Top Hospitals Best in the UK awards)
- 2nd nationally in the Patient Led Assessments of the Care Environment (PLACE)
- 95.5% of inpatients would recommend our services, as recorded by the Friends and Family Test
- Patients rated the Trust 8.9 out of 10 for overall care in cancer, above the national average

Clinical effectiveness

- 99% of electronic E-attendance summaries sent for patients attending the Emergency Department (ED) within 24 hours
- A-rated with sustained excellent performance in the Sentinel Stroke National Audit Programme
- 94% of stroke patients spent at least 90% of their hospital stay on a stroke unit
- Sustained achievement of the cancer performance targets against the national cancer waiting times standards
- Introduced a pathway to provide rapid access to expert oncology advice for patients referred to the Primary Care Musculoskeletal Clinical Assessment Service (MCAS) who have suspected serious pathology following imaging. This supports earlier diagnosis of cancer and appropriate management with timely key worker support. This was a joint project with the MCAS Team from North West Boroughs Healthcare NHS Foundation Trust

Well-led

- Extremely positive national staff survey results with the Trust being placed **6th nationally and best in the North West for overall staff engagement**. The Trust achieved the highest score for 8 of the 32 indicators and was in the top 20% of Trusts in the following areas:
  - Care of patients is the organisation's top priority
  - Organisation acts on patient concerns
  - Staff would recommend organisation as a place to work
  - Staff satisfaction with the quality of work and patient care they are able to deliver
  - Staff ability to contribute towards improvements at work
  - Quality of appraisals
- The Trust was highly commended in the HSJ Patient Safety Awards for Best Organisation
- The Trust was awarded the Navajo Charter Mark. 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 adult community services in St Helens, in partnership with North West Boroughs Healthcare NHS Foundation Trust and St Helens Rota
- The Trust's Payroll Service provides payroll, pensions and HR administration services to 23 NHS organisations across Cheshire and Merseyside (about 65% of trusts, including Clinical Commissioning Groups (CCG) and hospices)
- During 2016-17, the Trust was awarded contracts to provide Human Resources Lead Employer services on behalf of Health Education England to General Practitioners (GPs) in Training based in West Midlands, East of England and more recently East Midlands. This is in addition to the Lead Employer service for trainees in Cheshire and Merseyside



1.2. Summary of 2016-17 external awards, nominations and high profile visits

The following staff and teams were recognised by external bodies for their outstanding contributions in their own professional areas of work:

Patient Safety

Debbie Gleeson, Lead Tissue Viability Nurse, won a **European Pressure Ulcer Advisory Panel travel award** to present her pioneering work on reducing the incidence of heel pressure ulcers in the hospital using the Parafricta - a low friction technology invented in the UK. Her work has confirmed the importance that rubbing friction and shear plays in the formation of such wounds, as well as pressure, and the improvement that taking simple measures such as using the Parafricta bootees in patients at risk could make. Over a 5 year period the initiative resulted in 84% reduction in heel pressure ulcers in the hospital. The initiative means the hospital is well below the national average for such injuries.

Debbie has been shortlisted for the **British Journal of Nursing's Pressure Care Nurse of the Year 2017.**

Valya Weston, Lead Infection Prevention and Control Nurse, won one of the **'Rising Stars of IV Therapy'** at the British Journal of Nursing awards in March 2017.

Rachel Duncan, Macmillan Skin Cancer Clinical Nurse Specialist, and the Skin Team won first prize at the UKONS conference in Brighton for their poster, **Education Clinic in Skin Cancer Patients.**

The Communications Team was shortlisted for the Best Digital and Social Media Campaign at the **NHS Flu Fighter Awards 2017** for the Trust's innovative #ProtectYourself campaign which encouraged staff to protect themselves against flu.

Informatics Skills Development Awards:
The electronic modified early warning score (eMEWS) project was shortlisted for **"Best Improvement in Patient Safety"** in 2016.

Debbie Warburton, Business Change Lead Nurse, was shortlisted in the **"Clinician in Informatics"** category for her work on the eMEWS project.

E-Handover solution, a joint project between Dr Chakri Molugu, Consultant Acute Medical Unit, and Informatics was shortlisted in the **"Innovation"** category.

Patient Experience

The Cancer Clinical Trials team were the first nationally to be **adopted by Macmillan Cancer Support.** This is a kite mark for the high standard of care that the team support.

Julie Sanderson, Bereavement Midwife, was named **Bereavement Worker of the Year** in the prestigious National Butterfly Awards 2016 and named North West Nurse of the Year at this year's North West Pride Awards for her outstanding commitment to bereaved parents.

Natalie Hayes, Diabetic Clinical Nurse Specialist, received a **Beacon of Hope Award** at the Lymphoma Association's annual awards ceremony for her amazing work in providing a "buddying service" to young lymphoma patients at St Helens Hospital.

Julie Parr, Macmillan Cancer Information and Support Manager, was awarded the Lymphoma Association **Beacon of Hope Award**, following her nomination by a young Lymphoma patient and her family for support given to them during her lymphoma treatment and recovery period.

Amanda Lomax, Cancer Support Worker won second prize in the Macmillan poster completion for **Holistic Needs Assessment - Our Experience**

The Acute Oncology Macmillan Clinical Nurse Specialists, Christine Rhall, Maureen Scotton and Jeannette Ribton and physiotherapist Ruth Sephton were **finalists in the Nursing Times Cancer Nursing category.**

Lilac Centre achieved the **Macmillan Quality Environment Mark award (MQEM)**

Clinical Effectiveness

Helen Thornton, Clinical Nurse Specialist for Children & Young People with Diabetes, has been **shortlisted for the RCN 'Child Health Award'** 2017.

Acute Kidney Injury Team were awarded the **best overall abstract** at a joint Greater Manchester & Eastern Cheshire Strategic Clinical Network and National Institute for Health Research conference.

The Trust's Urology Cancer Team was part of an award winning pilot for an IT system, **My Medical Record**, developed by University Hospital Southampton NHS Foundation Trust. The system, which allows patients to access their test results from home, won the Health Service Journal's Using Technology to Improve Efficiency award.

Baroness Cumberlege attended to launch the Trust's **Midwifery Strategy**, which actively promotes midwifery led care.

David Mowat, MP (Warrington South) visited the Trust to see how we are **reducing delayed discharges** and working collaboratively with partners across St Helens to glean any practical lessons which could be applied elsewhere.

The Trust continues to celebrate success internally and hosted its 12th Annual Staff Awards presentation evening in May 2016 to celebrate the hard work and achievements of staff in providing excellent patient care. The annual awards and the Employee of the Month Award are important ways of recognising and rewarding the on-going dedication and commitment of staff throughout the year.

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

We are pleased to present the Trust's eighth 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.

Our mission is 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. This continues 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

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. The Strategy was refreshed in 2016 and covers the next 4 years. It outlines the specific areas for quality improvement that will deliver our aspiration to provide the highest standards of care. The Strategy focusses on a small number of clinical and quality improvements that are key local health economy priorities. Delivery of the Strategy will ensure we maintain our CQC rating of outstanding for caring and move from good to outstanding for the other domains.

The strategy's key performance indicators are monitored monthly by the Board via the Integrated Performance Report, which is also reviewed in detail by the Quality Committee.

The Trust has delivered a comprehensive programme of clinical audits throughout the year, with a number of quality improvements delivered as a result of the audit findings. The audit programme is reported to the Quality Committee via the Clinical Effectiveness Council.

In addition, the Trust has rolled out a quality care accreditation programme which measures leadership, patient care, safety and experience on all wards. The quality care accreditation tool (QCAT) programme ensures that individual ward areas are clear on the quality standards required and any shortfalls requiring an improvement plan. The QCAT incorporates many 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,

Our values

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.

Members of the Board and Executive Team continue to regularly visit the wards and departments across the Trust, completing formal annual quality ward rounds to review quality and performance, noting areas of good practice and any actions being taken at a local level to address areas of concern. This provides the opportunity for the Board to see first-hand the care being 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 more widely with patients and carers during the year to ensure that they are able to influence changes made to our services. The Trust has a Patient Participation Group and has patient representatives on several Trust groups. 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 Board meetings.

We continue to work with our local Healthwatch partners to improve our services, particularly in respect of seldom heard groups within the community. This is shown in the progress achieved in meeting the agreed targets for the Equality Delivery System (EDS2) outcomes. Healthwatch representatives are key members of the Patient Experience and the Patient Safety Councils which report to the 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 progress in delivering the plans set out in our Clinical & Quality and Nursing & Midwifery Strategies. It outlines our quality improvement priorities for 2017-18, which were subject to consultation with staff, patient representatives and our commissioners.

I am pleased to confirm that the Board of Directors has reviewed the Quality Account for 2016-17 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 very challenging year, to our very many exceptional achievements.

Ann Marr, Chief Executive Officer
St Helens and Knowsley Teaching Hospitals NHS Trust
May 2017


Our Vision is 5 Star Patient Care

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, maternity and emergency services. In addition, the Trust hosts the Mersey Regional Burns and Plastic Surgery Unit providing services for around four million people living in the North West of England, North Wales and the Isle of Man.

The Trust has just over 780 inpatient beds and provides the majority of its services from two main sites at Whiston and St Helens hospitals, both of which are state-of-the-art, purpose built modern facilities that are well-maintained. Whiston Hospital houses the Emergency Department, the Maternity Unit, Children and Young People's Service and all acute care beds. St Helens Hospital houses day-case and elective surgery, outpatients, diagnostic facilities, as well as rehabilitation beds and a dedicated cancer unit. 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 a 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 a good 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, but was 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.

There has been a significant annual increase in activity in most areas, other than the Emergency Department which showed a similar number of attendances to the previous year. The biggest increase was in unplanned admissions, as shown by the activity figures below:

51,565 non-elective admissions	8.1% increase
48,790 elective episodes	7.2% increase
455,433 total outpatient attendances	5.3% increase
4,061 births	4.1% increase
103,323 ED attendances	0.6% decrease

2.1.2. Our staff and resources

The Trust's annual total planned income for 2016-17 was £335 million. We employ more than 5,000 members of staff and we are a lead employer for the Mersey Deanery & West Midland Deanery responsible for nearly 4,000 trainee specialty doctors, based in hospitals and general practice (GP) placements throughout Merseyside, Cheshire and West Midlands.

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 (HR), education and training, informatics, research and development, finance, governance, facilities, estates and hotel services, all contribute to the efficient and effective running of the two hospitals.

The average staff turnover rate in the Trust for 2016-17 was 9.8%, which is lower than the national rate of 15.7%. However, this overall rate masks variations between disciplines and the significant recruitment challenges which remain within specific specialties and for specific roles, in particular: medical, nursing and scientific staff. The Trust is proactive in addressing these challenges, holding regular recruitment events and using international recruitment to ensure vacancies are filled.

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. The Trust is required to externally report nurse and midwifery staffing levels, with details of the total planned number of hours worked by 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 guidance. A monthly ward fill rate of 90% and over is considered acceptable nationally and the Trust consistently exceeds this standard. The safer staffing figure, however, does not analyse skill mix or the impact of temporary staff on a shift by shift basis, which can impact on the quality of care provided. There is an embedded process for reviewing nurse staffing levels across the Trust on a daily basis to support the delivery of high quality care and to maximise patient safety.

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. This has contributed 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.

2.1.4. Our partners

The Trust continues to actively work with its health and social care partners across Cheshire and Mersey to improve the way services are delivered, to implement the NHS Five Year Forward View for the local population and to secure a sustainable health system.

This is being driven by the Alliance Local Delivery System that brings together four CCGs, five NHS service providers and the Local Authorities covering St Helens, Knowsley, Warrington and Halton to work collectively to develop the services of the future.

The three acute hospital care providers in this locality are also working collaboratively to ensure that patients can access high quality clinical services when they need them. An example of this is the recent stroke services collaboration with Warrington and Halton Hospitals NHS Foundation Trust, whereby all stroke patients are now treated at a Hyper Acute Stroke Unit at Whiston Hospital, receiving the specialist expert care they need in the immediate aftermath of their stroke.

There are several specialist service work streams that form part of the Cheshire and Mersey future planning process including cancer services, cardio-vascular disease, neurology and neurosciences, women's and children's services. The Trust is a full participant in all of the groups related to acute care provision, as they develop guidance on how best to achieve high quality care and eliminate unwarranted variation in outcomes for patients.

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.

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

In 2016-17, the Trust formed a partnership with North West Boroughs Healthcare NHS Foundation Trust and St Helens Rota GP out-of-hours services. Together we have been awarded the contract to provide Adult Community Nursing services for St Helens residents. These new services are an exciting opportunity to further integrate services and could be the foundations of an accountable care system for the Borough of St Helens. This approach is designed to enable more patients to be treated in community settings, with access to a range of services and health care staff that can help to keep people well, rather than reacting when they become seriously ill and need to be admitted to hospital.

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.

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.

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 accreditation to the Cyber Essentials Security Standards, a set of technical controls to achieve basic protection from Internet-borne commodity threats. This provides assurance that the Trust has met a national standard of cyber security recognised by the UK Government.

Key achievements in 2016-17 have been:

- Embedding the electronic modified early warning score system, (eMEWS), across all inpatient wards and in the Emergency Department, working closely with nurses and doctors. Clinicians now use mobile devices to record and review patient observations, replacing the paper process that existed previously. Some of the benefits are already being realised, due in part to the system, with a reduction in the number of high risk admissions from patient wards to the Critical Care Unit, nursing time being released to spend on caring for patients and financial savings through reduced paper usage
- A number of clinical forms and information can also be accessed to inform clinical decision -making including apps on burns care, antibiotic advice and general prescribing advice and recommendations
- Continued enhancements of the eMEWS technology, maximising this technology to prepare for future digitisation of patient processes and elimination of paper forms
- Upgrade to the Electronic Document Management System (EDMS) across the hospital

This is a system where all documents related to patient attendances in the hospital are stored. The upgrade makes doctors' access to the system much faster and has provided some additional functionality such as 'timelines' which are helpful to clinicians as they can instantly see when the patient attended the hospital and go straight to the documents that are related to that particular visit.

Reflecting on the upgraded EDMS, Rowan Pritchard-Jones (Consultant Burns and Plastic Surgeon & Chief Clinical Information Officer) said:

'Version 4 brings a contemporary look with improved features to support our clinical care. The thumbnails make for slick navigation. The upgrade also opens the door for other critical projects that integrate with the EDMS system to move forward.'

- Upgraded systems in cancer services and in the Critical Care Unit
- Upgrades to the system used to order and receive pathology and radiology results to provide more functionality as requested by the clinicians
- Implementation of an extension of the current 'my prostate health' system which now incorporates a breast care module, providing patients with up-to-date, approved documentation and results

- Commencement of a project to replace paper, hand-written prescriptions by clinicians electronically prescribing and administering drugs at the patient bedside. Over the forthcoming year, this will mean a significant system deployment in the hospital and will achieve many benefits including reduction in missed doses and prescribing errors, reduction in drug spend and releasing clinical time for patient care
- Deployment of a new printing and scanning solution across the Trust, SMART PRINT which has increased the security of patient information. Documents do not now automatically print, and users have a unique PIN number to be input to allow printing of their documents from a work queue. Financial benefits will be realised from this project based on saving money on printing, consumables and paper and reducing the Trust's carbon footprint
- The New Trust SharePoint website providing easier navigation for users
- Development of eHandover clinical app, in collaboration with one of our Acute Medicine consultants. The app facilitates safer and more efficient handover of patient care from the Emergency Department to the inpatient ward
- Implementation of an electronic pathway with the Cancer Services Team, across all tumour sites which facilities patients who present as an emergency with a suspected cancer diagnosis being seen in a specialist clinic within seven days. The aim is to facilitate an early diagnosis and avoid unnecessary admissions
- Improvements in discharge planning for patients requiring Social Services intervention prior to discharge, by digitising the manual, paper process, improving information flow between the Trust and Social Services and significantly reducing medically fit patients' length of stay

It has been a busy year for the Informatics Team and next year will be even busier with continuous improvements and innovations to Trust systems and infrastructure as we embrace the challenges and opportunities this will bring.

2.2. Summary of how we did against our 2016-17 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 2016-17 quality goals

Quality Improvement Goal	Outcome delivered	Progress
Reduce avoidable harm by 50% in the next 3 years (falls, pressure ulcers, medication incidents) using 2013-14 as the benchmark	Partially achieved	• 17% reduction in falls resulting in harm • 23% reduction in all pressure ulcers since 2013-14, with no hospital acquired grade 4 pressure ulcers • Action plans in place to reduce pressure ulcers, never events and MRSA bacteraemia
To further embed the process for learning from incidents and complaints	Partially achieved	• Evidence of learning from complaints reported to the Board, the Quality Committee and the Patient Experience Council • Improvements have been made to the electronic system, Datix, in order to better capture the actions taken, lessons learned and outcomes of complaints and incidents investigations • Further work is required to ensure there is a systematic process for identifying and sharing lessons learnt across the Trust, with increased medical leadership and input in place in 2017-18
Further reduce mortality of weekend admissions.	Not achieving	• Latest figures (February 2017) show a slight increase in the hospital standardised mortality ratio (HSMR) from 112.9 to 115.1 • The Executive Team has increased investment in weekend working, but national shortages have left some consultant posts unfilled • The Trust is constantly striving for new ways to improve the quality of care in the face of staff shortages, including challenging historic professional boundaries and exploring innovative new ways of working • The Trust Board and Quality Committee will continue to monitor mortality figures, however, it is unclear why nationally there is higher mortality in weekend admissions and, therefore, this will not be included as a quality priority in 2017-18

Quality Improvement Goal	Outcome delivered	Progress
Earlier identification and initiation of appropriate treatment thus reducing mortality due to sepsis for patients attending the Trust	Achieved	• Delivery of CQuIN target • Reduced length of stay (currently 10.5 days versus 13.8 days in 2014) and reduced readmissions • Work will continue to reduce mortality from sepsis, which has seen a reduction from 17% to 14% since the introduction of the Sepsis Team
To deliver 5-star care to patients admitted to hospital with an Acute Kidney Injury (AKI), demonstrated by reduced lengths of stay and achievement of the local Commissioning for Quality and Innovation (CQuIN) target for effective discharge communication for patients with AKI	Achieved	In the short time that the AKI team has been established, a number of successful achievements have been demonstrated: • STHK was the only participating Trust to achieve the appropriate care score target for AKI set by Advancing Quality Alliance in 2015-16 • The AKI team enabled achievement of the National CQuIN for 2015-16 and local CQuIN for 2016-17 that focussed on enhancing communication regarding AKI and further plans between secondary and primary care • An average of a 2 day reduction in length of stay for all patients with AKI and a 2.6 day reduction in AKI survivors with hospital-acquired AKI • A reduction in readmissions after a diagnosis of AKI on the previous admission • A reduction in utilisation of critical care for AKI
Increase the percentage of e-discharge summaries sent within 24 hours to 90%	Not achieving	• Annual figure (75.7%) is lower than last year (79.9%), due in part to increased activity and fewer trainee doctors • Medium-term plan is to supplement trainee doctor numbers with advanced nurses

2.3. Quality priorities for improvement for 2017-18

The Trust's quality priorities for 2017-18 are shown in the following table, with the reasons why they are important areas for quality improvement. The views of a wide number of stakeholders and staff were considered prior to the Board's approval of the final list. The consultation included a survey that was circulated to staff, commissioners and patient representatives, as well as placed on the Trust's website for public participation. Also, 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 received 102 replies, a 44% increase (31 replies) from the previous year. There was positive support for the proposed priorities, all receiving more that 90% agreement. The priority to improve the effectiveness of discharge received the most support (99%) and provision of respiratory ward based non-invasive ventilation (NIV) supported by appropriate equipment and staffing levels received the lowest (92%).

Safety			
Priority title	1. Maintain the safety of patients in the Emergency Department	2. Reduce avoidable harm from falls, pressure ulcers and medication incidents by 50% in the next 3 years	3. Refresh and redesign the process for learning from incidents and complaints
Rationale	The Trust is aware that some patients may have to wait longer in the Emergency Department at certain times than at other times. The Trust remains committed to ensuring that patient safety is paramount at all times	Patient safety remains our top priority. 2017-18 will be the third year of the Trust's commitment to the three year Sign up to Safety Campaign and the Trust remains focussed on continuing to reduce avoidable harm to patients, with the aim to 'get it right for every patient, every time'	Patients sometimes experience unintended physical or emotional harm, despite the hard work of healthcare staff. The Trust remains committed to reducing harm by strengthening Trust-wide and local learning from incidents and complaints and is proposing to keep this as a priority for the next year
Measurement	• Meeting the ambulance handover time of less than 30 minutes • All patients to have a two hourly check (intentional rounding), which will assess the safety of the environment, the need for pain relief, levels of nutrition, the need to have their position changed, the requirement for bedrails and toileting requirements • All patients to have their vital signs monitored and their modified early warning system (MEWS) score recorded in line with the frequency stipulated by the Trust's MEWS Policy This will be measured by a quarterly audit of 25 casenotes of patients waiting more than 6 hours in the Emergency Department. This will include a review of any new harms that have occurred in relation to falls and pressure ulcers	• Reducing the rate of falls which result in moderate to severe harm by 50% from 2013-14 baseline data • Maintaining a 50% reduction in theatre-related episodes of avoidable harm (measured against 2012-13 Human Factors service redesign data) • Reducing the incidence of Clostridium Difficile and avoidable MRSA infections • Having zero tolerance to hospital acquired grade 3 and 4 pressure ulcers and continue to seek to further reduce harm from pressure ulcers at all grades by 5% in year • Reducing the incident of prescribing errors by 50% from 2013-14 baseline data • Improving the recognition and treatment of the deteriorating patient through technology and education • Introducing patient safety briefings at ward level	• Demonstrate a learning safety culture through increased reporting of incidents • Improve on the timeliness of investigating and reporting serious incidents • Improve timeliness of responding to complaints to meet the Trust target of 90% of complaints responded to within the agreed timescale • Implement a lessons learnt framework Trust-wide to increase the sharing of lessons learnt from incidents, complaints and claims
Monitoring	This will be monitored by the Quality Committee	This will be monitored by the Patient Safety Council and reported to the Quality Committee	This will be monitored by both the Patient Safety and Patient Experience Councils and reported to the Quality Committee

	Clinical effectiveness	Patient experience	
Priority title	**4. Provide respiratory ward based non-invasive ventilation (NIV) supported by appropriate equipment and staffing levels in the next 12 months**	**5. Increase the percentage of e-discharge summaries sent within 24 hours to 90%**	**6.Improve the effectiveness of discharge planning**
Rationale:	The benefits of ward-based NIV, provided outside the Critical Care Unit (CCU), include: • Early intervention to prevent further respiratory deterioration • Improved patient experience by the provision of support in a less intimidating setting • Reduced need to use critical care beds for patients who would otherwise not require admission to the CCU • Improved patient outcomes, particularly for those patients with Chronic Obstructive Pulmonary Disease (COPD) associated with hypercapnoeic ventilatory failure (abnormally elevated carbon dioxide levels in the blood), demonstrated by: - Decreased mortality - Decreased length of hospital stay - Rapid clinical improvement within the first hour - Decreased need for intubation - Reduction in treatment failure - Reduced complications associated with treatment	In order to communicate the on-going treatment plan when patients are discharged it is essential to share the relevant information in a timely and efficient manner, particularly for patients with complex needs. This will ensure that patients' on-going clinical care is provided effectively and will reduce the potential for readmission into hospital.	A key theme of patient feedback during the year has been the need to continue to improve the Trust's discharge planning processes for patients and carers. Commencing discharge planning as soon as patients are admitted, actively involving patients and their carers in the process and reducing delays in discharge will improve the patient and carers' overall experience of care.
Measurement	• Increase in registered nursing by 5.6 whole time equivalents to ensure one registered nurse with relevant competencies to deliver ward-based NIV per shift • Purchase, installation and training in the use of 3 remotely monitored beds with 3 NIV machines on Ward 2C • Introduction of appropriate use of NIV in COPD patients with hypercapnoeic respiratory failure outside the ITU • Improve overall survival at discharge for COPD patients based on standard mortality ratios for the appropriate disease grouping	Numerator - % of summaries issued Denominator - % of discharges	• Quarterly audits to confirm that: - Daily multidisciplinary board rounds are taking place, with input from senior clinicians, with escalation of internal and external delays - Patient Journey leaflets and discharge information are given out on admission with the first home of choice letter - All patients with delays of 6 days or more are reviewed at the weekly length of stay meetings • Roll out of daily board rounds to include weekends
Monitoring	This will be monitored by the Clinical Effectiveness Council and reported to the Quality Committee	This will be monitored by the Clinical Effectiveness Council and reported to the Quality Committee	This will be monitored by the Patient Experience Council and reported to the Quality Committee

2.4. Statements relating to the quality of the NHS services provided by the Trust in 2015-16

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

2.4.1. Review of services

During 2016-17, the Trust provided and/or sub-contracted £280m 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 2016-17 represents 100 per cent of the total income generated from the provision of NHS services by St Helens and Knowsley Teaching Hospitals NHS Trust for 2016-17.

The other income generated by the Trust relates 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 Accounts (QA) for that year. This will include projects that are on-going and new items.

During 2016-17, 35 national clinical audits and 2 national confidential enquiries covered NHS services that St Helens and Knowsley Teaching Hospitals NHS Trust provides.

During that period, the Trust participated in 97% (n34) individual national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2016-17, 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.

It should be noted that some audits are listed as one entity; however, several individual audit projects have been undertaken under the single heading, such as NCEPOD, and in some instances may include a programme of work, such as chronic obstructive pulmonary disease (COPD); as detailed below:

- **National Confidential Enquiry into Patient Outcome and Death (NCEPOD)** - 6 individual audits, including the Child Health Review programme
- **COPD Audit Programme** - 2 audits

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data was collected during 2016-17, 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 2016-17

National Clinical Audits and Clinical Outcome Review Programmes	Status	Rate of Case Ascertainment
Diabetes (Paediatric): Paediatric National Diabetes Audit (PNDA)	Completed	100%
Asthma (Paeds & Adult) (Care in Emergency Department ED) (Royal College of Emergency Medicine: RCEM)	Completed	100%
Severe Sepsis & Septic Shock (Care in ED) (RCEM)	Completed	100%
Inflammatory Bowel Disease (IBD) UK - 4th Round	Completed	100% - main audit 100% - biologics
British Society for Rheumatology (BSR) Rheumatoid and Early Inflammatory Arthritis	Completed	100%
Adult Asthma (British Thoracic Society (BTS)	Completed	100%
National Audit of Dementia (NAD)	Completed	100%
Diabetes (Adult)* National Diabetes Audit (Adult) (NDA (A)	Completed	2015-16 data 50%
Paediatric Pneumonia (BTS)	Completed	100%
Chronic Obstructive Pulmonary Disease (COPD) secondary care dataset pilot	Completed	100%
Stress Urinary Incontinence Audit	Active	-
Nephrectomy Audit	Active	-
Learning Disability Mortality Review (LeDeR)	Active	-
National Emergency Laparotomy Audit (NELA)	Active	-
National Prostate Cancer Audit (NPCA)	Active	-
National Ophthalmology Audit	Active	-
National COPD Programme: (BTS) National COPD Secondary Care Audit: Start: Feb-17	Continuous monitoring	-
Percutaneous Nephrolithotomy (PCNL)	Continuous monitoring	100%
Adult Critical Care: Case Mix Programme - Intensive Care National Audit & Research Centre (ICNARC)	Continuous monitoring	100%
Severe Trauma: Trauma Audit & Research Network (TARN)	Continuous Monitoring	100%
Acute Coronary Syndrome or Acute Myocardial Infarction: Myocardial Ischaemia National Audit Project (MINAP)	Continuous Monitoring	100%

National Clinical Audits and Clinical Outcome Review Programmes	Status	Rate of Case Ascertainment
National Cardiac Arrest Audit (NCAA)	Continuous Monitoring	100%
Sentinel Stroke National Audit Programme (SSNAP)	Continuous Monitoring	100%
Neonatal Intensive and Special Care (National Neonatal Audit Programme (NNAP))	Continuous Monitoring	Jan-Dec 2016 100%
Cystic Fibrosis Registry	Continuous Monitoring	100%
Bowel Cancer: National Bowel Cancer Audit Programme (NBOCAP)	Continuous Monitoring	97% - Based on latest published figures available - 2015-16
Oesophago-Gastric Cancer: National Audit Oesophago-Gastric Cancer (NAOGC)	Continuous Monitoring	89-90% -Ascertainment rate group – based on latest published figures available - 2015-16
Lung Cancer: National Lung Cancer Audit (NLCA)	Continuous Monitoring	304 cases – ascertainment level not set - figure based on latest published figures available – 2016 report (cases diagnosed 2015)
National Heart Failure (HF)	Continuous Monitoring	75% - based on latest published figures available – 2014-15
Falls And Fragility Fractures Programme (FFFAP) -Includes National Hip Fracture Database (NHFD)	Continuous Monitoring	91.8% (NHFD) based on latest published figures available – cases reported in 2015
National Joint Registry (NJR)	Continuous Monitoring	108.6% - based on latest published figures available – 2014-15
Elective Surgery: National patient-reported outcomes measures (PROMS)	Continuous Monitoring	85.5% Participation rate – based on latest published figures available – 2015-16

* 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 labour-intensive sample audit.

National Confidential Enquiries (3)			
2016-17	Participation	Status	Rate Of Case Ascertainment
NCEPOD – (Medical & Surgical Clinical Review Outcome Programme)			
Non-invasive ventilation (NIV)	Yes	Completed	100%
Acute Pancreatitis	Yes	Completed	100%
Mental Care Health in Acute Hospitals	Yes	Completed	100%
Cancer in Children, Teens and Young Adult (0-25 years)	Yes	Active	100% to date Participating in 18-25 years age group only
Child Health Clinical Outcome Review Programme (NCEPOD)			
Mental Health Conditions in Young People	Yes	Completed	100%
Chronic Neuro-disability	Yes	Completed	100%
Confidential Enquiries across the UK (MBRRACE-UK)			
Maternal, Infant and Newborn Clinical Outcome Review Programme (Mothers and Babies - Reducing Risk through Audits)	Yes	Continuous Monitoring	100%

In addition to the audit activity undertaken through participation in the National Clinical Audits and Clinical Outcome Review Programmes, the Trust also participated in 17 other National Audits.

2.4.2.2. Trust paticipation in other National Audits (not included on the Quality Accounts list)

National Audits 2016-17	Participation	Status
British Orthopaedic Trainees Association (BOTA)/ British Orthopaedic Network Environment (BONE) - Paediatric Orthopaedic Trauma Snapshot (POTS)	Yes	Completed
National BTS smoking cessation audit	Yes	Completed
Consultant sign-off in ED CEM	Yes	Completed
Society for Acute Medicine (SAM) Benchmarking Audit (SAMBA) 2016	Yes	Completed
Rapid Access Chest Pain Clinic (RACPC) audit programme	Yes	Continuous monitoring
Rotational Delivery at Full Dilatation (ReDEFINe)	Yes	Completed
National Pregnancy in Diabetes Audit (NPID) 2016-17	Yes	Completed
Implant Breast Reconstruction Audit (iBRA)	Yes	Completed
iBRA2 Study for Plastic Surgery	Yes	Completed
Audit of impact of immediate breast reconstruction on the delivery of adjuvant therapy (iBRA)	Yes	Completed
iBRA3 TeaM Study - therapeutic mammoplasty (Plastics)	Yes	Active
iBRA3 TeaM Study - therapeutic mammoplasty (Gen Surgery)	Yes	Active
National 3rd Corrective Jaw Treatment Audit	Yes	Active
National Nutritional Care Audit - BAPEN	Yes	Active
Identification of patients with a learning disability using International Classification of Diseases (ICD) codes	Yes	Active
National audit of breast cancer in older patients (NABCOP)	Yes	Active
Breast and Cosmetic Implant Registry	Yes	Continuous monitoring

The reports of 38 national clinical audits were reviewed by the provider in 2016-17 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

The Trust has participated in all eligible studies during 2016-17. Completed study reports have been disseminated and reviewed with report recommendations implemented or planned.

Reports published in 2016-17 or due 2017-18:

- Care of Patients with Mental Health Problems in Acute General Hospitals (January 2017)
- Chronic Neurodisability – Cerebral Palsy (due December 2017)
- Mental Health Conditions in young people (due December 2017)
- Non-invasive ventilation (due June 2017)

Current in-progress NCEPOD studies

- Cancer in Children, Teens and Young Adult Study
- Acute Heart Failure

NCEPOD Sub-arachnoid Haemorrhage (SAH) Study:

- A headache pathway is in use that now covers the management of SAH

NCEPOD Sepsis study:

Actions implemented or on-going are listed below:

- Trust team leading on sepsis includes a Consultant, Sepsis Nurse Lead and sepsis team with 5 specialist nurses at present
- Plans to expand the team by 2 more nurses (at least one with paediatric training/experience)
- Approval sought for all sepsis specialist nurses to work towards clinical skills accreditation
- Updated sepsis screening tool in place in the Emergency Department and a management pathway consistent with NICE guidance (July 2016) is in place
- Aim for members of the sepsis specialist nurse team to be included in medical emergency team (MET) bleep by May 2017 to alert them to potential in-patient sepsis - currently awaiting approval
- Development of online sepsis course to enable further staff training and education, as well as free up specialist nurses to provide clinical care
- Sepsis study days on-going with dates for the course every month until December in place. So far excellent attendance on the course
- Sepsis policies and standard operating procedures to be updated for both adults and paediatrics by end April
- A paediatric sepsis screening tool was introduced in the Emergency Department in November 2016, as well as a sepsis screening section in the paediatric admission pro forma. Staff education from paediatric leads has been delivered, with future plans for a paediatric sepsis study day
- Sepsis team now following up patients reviewed in ED, to ensure those admitted have antibiotic review within 72 hours, by specialist nurse or competent clinician, as per CQuIN guidance 2016-17
- Plan for Sepsis Team to extend services to assist GP Admissions Unit at weekends, to ensure patients are screened and treated for sepsis captured within the hour
- GP Admissions Unit and Acute Medical Unit admissions areas now using new Trust pathway in accordance with NICE guidelines to screen all emergency patients for sepsis
- New intranet page will provide updated link to sepsis information for staff to access updated resources and training materials

National Paediatrics Diabetes Audit (NPDA) 2015-16

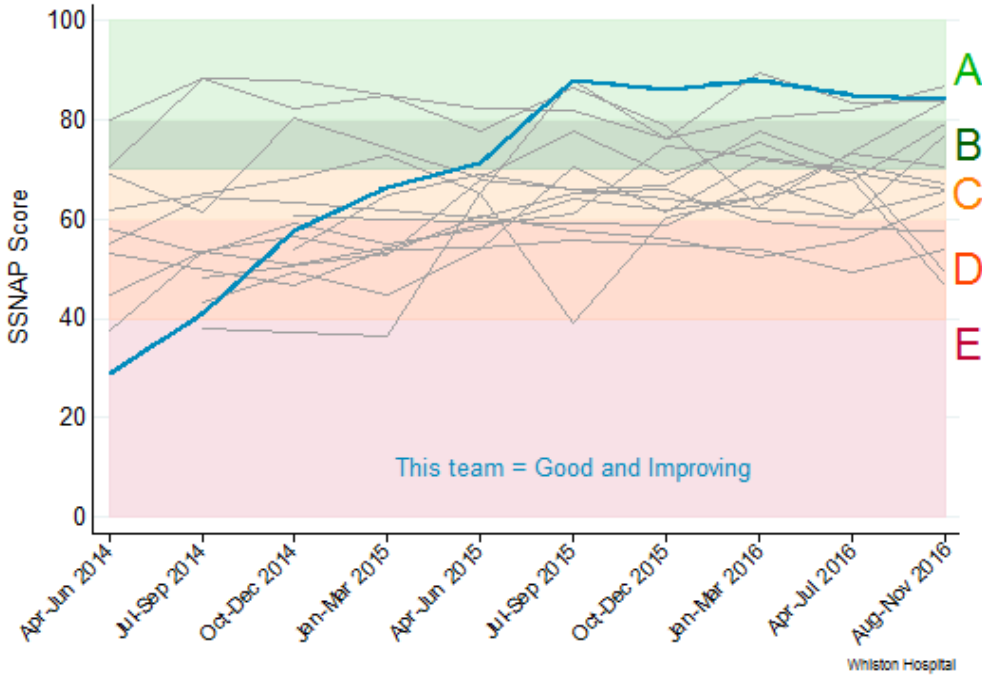
All children admitted with Type 1 diabetes are checked to see if annual review bloods are required.

A link between the pathology Order Comms System (OCS) and the Twinkle Database (Paediatric patient management system) is currently being planned which will assist with automated data collection; reducing the risk of errors via manual entry, and result in freeing up clerical and nurse specialist time.

Sentinel Stroke National Audit programme (SSNAP)

The Sentinel Stroke National Audit Programme (SSNAP) is the National Clinical Audit for Stroke and the main source of stroke data in the NHS. Data is collected on every stroke patient admitted to hospital in England, Wales and Northern Ireland.

The report summary received for the overall SSNAP score performance over two and half years (April 2014 to November 2016) of the stroke care provided by our hospital stated that performance recently was **'Good'** and the performance over the last 2 years was **'Improving'** as shown by the chart below:



We have remained one of the highest performing Trusts in the UK in this audit, remaining one of the approximately 20 stroke units rated as 'outstanding' ('A') based on performance benchmarking in the national audit.

One of the key improvement changes we have made this year has been to increase access to our stroke unit for residents living in Warrington and Halton. Evidence shows that larger and better-performing Hyperacute Stroke Units deliver better outcomes for patients in terms of mortality and disability. All patients with a suspected stroke within four hours of onset across the St Helens, Knowsley, Halton and Warrington area are now admitted to Whiston Hospital's Hyperacute Stroke Unit for the acute portion of their care.

Vital signs in children (care in ED) – College of Emergency Medicine (CEM)

A separate paediatric triage sheet included on ED casualty card is now in place.

Vital signs in children (care in ED) – College of Emergency Medicine (CEM)

Clexane prophylaxis for patients with immobilised lower limbs is in place.

Procedural Sedation in Adults (care in ED) – College of Emergency Medicine (CEM)

A safe sedation pro forma has been developed by CEM and this has been implemented.

BTS Smoking Cessation audit

The audit found that this Trust was better than the national average for documentation as a whole and offering smoking interventions to our patients. Smoking cessation is being monitored by the smoking key performance indicators (KPI) and the national COPD continuous audit currently underway. This Trust became a smoke free hospital on 1st April 2017.

BTS Paediatric Asthma National Audit 2015

Provision of a clear asthma plan and discharge planning information for families is given.

NNAP National Neonatal Audit Programme 2014

Babies who are delivered at or below 30 weeks will have follow up in the Neonatal Leads baby clinic, so early developmental problems are picked up and babies are referred accordingly.

Breastfeeding rates are below the national average and the Breastfeeding Team will be leading actions to address this.

ICNARC

The ICNARC- Case Mix Programme produces quality indicators and comparable data with similar units & all other units participating. The Trust performs well for all indicators, other than delayed discharges from the Critical Care Unit, for which a robust discharge dashboard has been produced and implemented.

ICNARC data is also used to ensure systems are in place for reviewing any unplanned readmissions, risk adjusted acute hospital mortality, out-of-hours discharges & unit acquired infections.

2.4.2.3.Local clinical audit information

The reports (results) of 163 local clinical audit projects were reviewed by the provider in 2016-17 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:

Quality Improvement Project: Inpatient Post Fall Review

A new falls review pro forma has been designed, piloted and implemented.

Management of Headaches

A pro forma and pathway have been implemented.

Ward Round Efficiency Audit - General Medicine

Role cards are now used for every consultant-led ward round.

Audit of Performance & Consent gained for Lumbar Punctures

Lumbar puncture (LP) procedure documentation aid and patient information leaflet created.

Plan to create an LP consent form and an LP pack, which includes apparatus/documents needed to efficiently and safely perform an LP. This is to be included in the Acute Medical Unit induction for junior doctors.

Omitted Doses Audit

Omission of medications seemed to be reducing since 2013.

A "safety huddle tool" to improve hand-over by nursing staff has been implemented, which now features a specific medication issues section.

Management of Acute Gallstone Disease

A new position of an Emergency Surgery Co-ordinator for Cholecystectomy is now in post to review all 'hot' gallbladders. Increased theatre sessions for 'hot' gallbladders are in place.

Management of moderate/severe acute pancreatitis

Patients should be investigated appropriately for cause of acute pancreatitis and a flowchart has been created for use on the Surgical Assessment Unit to aid this.

Education provided to junior doctors regarding this matter.

Palliative Care: Enhanced Rapid Discharge Audit (ERD)

Documentation and systems have been amended to aid ERD discharges.

Opioid Prescribing in Palliative Patients

Patients provided with information relating to opioids by Pharmacy with 'to take out' (TTO) medicines.

Management of Henoch-Schonlein Purpura (HSP) Patients

HSP proforma designed, based on tertiary guidelines, and the HSP leaflet has been updated.

Critical Care Audit of the use of Albumin in Burns Patients

Update to burns fluid guidance and minor changes made on Critical Care Unit protocol file (electronic).

Review of Time of Injury to Surgery for Hand Trauma Patients (Burns & Plastics)

A new triage process has been introduced.

Audit of Antibiotic Prescribing in Hand Trauma (Burns & Plastics)

A new hand trauma pro forma has been designed and implemented.

Audit of Perineal Trauma

National (UK) incidence has risen to 2.9%. The Trust guideline has been updated to reflect current data and to clarify the incidence of third and fourth degree tears. Audit data collection tool has been updated accordingly, to reflect the changes in preparation for re-audit.

Stillbirth Audit

The audit tool has been redesigned following the introduction of Growth Assessment Protocol.

A request for more post mortem training from Alder Hey Children's NHS Foundation Trust was implemented.

Heath, Work and Wellbeing - Screening Nurse Records Maintenance 2015

A standardised pro forma for MRSA and dermatology conditions has been created and is in use.

Trust wide - Record keeping audit programme

The Trust-wide record keeping programme continues to be undertaken annually.

Improvements have been demonstrated with a large number of record keeping standards being consistently met in all specialties. The Trust Record Keeping Policy will be reviewed again and the data collection tool re-designed to reflect changes in the hospital information systems and rolled out during 2017.

Trust-wide Consent Audit Programme

Changes to the consent audit programme were undertaken during 2015-16 as a result of new guidance and the Trust's revised Consent Policy, with 2 audits undertaken by the individual specialties during the audit year. This approach has continued this year with results shared/ discussed following each round of audit and improvements have been demonstrated.

Endoscopy Global Rating Scale (GRS) audit programme

The Endoscopy Department participates in approximately 15 audits undertaken annually/bi-annually as part of the GRS audit programme.

All results are discussed and circulated with examples of actions implemented, including the introduction of new consent forms, reviewing of guidelines, possible expanding clinics and implementing system updates to improve services and care.

Care of the Deceased Patient Audit

The new communication checklist is currently being piloted and early indications are that it is going well; provided no changes are required, the new checklist will be rolled out in the summer of 2017.

Once the new checklist is finalised the procedure will be updated accordingly. Presentations for nursing staff will be developed on the care of the deceased to inform them of changes and updates.

SILVER TRAUMA: Audit on Management of Patient aged > 75yrs (TARN)

A prospective Injury Severity Score (ISS) chart is to be developed and validated.

A Silver Trauma Fast-Track Form is under development and the feasibility of a new pathfinder option for local ambulance services is being reviewed. The trauma team activation system has been adapted.

Efficiency of Naso-Gastric Feeding On Critical Care Unit

Enteral feeding guidance has been amended.

Development of a chart for nursing staff to follow if altering a patient's feeding rates.

Change of feed to be planned in conjunction with the Pharmacy Department.

Education to nursing staff to be undertaken to reinforce these changes/provide information.

Re-Audit of Non-Hip Fragility Fractures

Aim to admit the majority of patients with non-hip fragility fractures under the care of geriatricians.

All patients who present with fragility fractures need to be assessed for bone protection and protection commenced if felt to be appropriate.

Consider development of multidisciplinary team meetings to include non-hip fragility fracture patients.

Continue to assess pain and ensure that adequate analgesia is provided to all patients who present with fragility fractures.

Audit of Dermatology HIV Clinic Service: St Helens & Broadgreen hospitals

Plan to open up HIV Dermatology Clinic service to a wider geographical area in the region and consider doing more joint sessions between BGH and St Helens hospitals (at present once a year).

Palliative Care: End of Life (EoL) Complaints Audit

Review the best way to identify themes of complaints received.

A gap analysis is to be undertaken as per recommendations in the EoL Strategy. An integrated education development programme to be rolled out for all staff, to include advanced communication, and continued on-going education for all health professionals on EoL care.

Compliance with National Patient Safety Agency Guidance for patients with Nasogastric (NG) Feeding Tubes

- The audit tool has been updated to include more sensitive data
- Re-auditing every 6 months and presenting at relevant audit meetings
- The NG tube chart has now been implemented and, from our most recent audit, been shown to improve compliance with national guidance
- Emails sent to nursing staff regarding NG insertion training available at Nightingale House
- Discussions held at Nutrition Link Nurse meetings regarding importance of insertion checks and subsequent position checks
- Doctors are to complete training on NG insertion and position checks.
- Senior nurse drafting article for Speak Out Safely magazine
- POWTOON been developed for training purposes
- All documentation for NG tubes have been reviewed and put into one document for trial on wards 3D, 4C and the Stroke Unit, awaiting trial and outcome
- Competencies are being developed for insertion and initial position checks and subsequent position checks

Delays in Transferring Women to Delivery Suite after Induction

Continue with cycle of induction of labour audits, including rapid re audits and review management. A specific audit of feto-maternal outcomes in relation to induction of labour is planned.

Re-audit of Outpatient Hysteroscopy Services

2-year robust plan of audits has been devised for the coming audit years (2017-18 and 2018-19) with the focus on those areas highlighted in the audit as in need of improvement.

Twelve audits reviewed in this year indicated that no changes were necessary, as standards had been met.

2.4.3. Participation in clinical research

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

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

In April 2016, a new national research approval system was implemented, the Health Research Authority (HRA). The Trust has worked hard to put in place mechanisms to ensure a smooth transition.

During 2016-17, the Trust was involved in 168 studies and the NIHR supported 150 of these.

The number of participants, including patients and staff, receiving NHS services provided or sub-contracted by St Helens and Knowsley Teaching Hospitals NHS Trust between April 2016 and March 2017 was 913. The total recruitment was made up of:

- 868 recruited to NIHR adopted studies
- 45 recruited to non-NIHR adopted studies, that is local and student

We were pleased that NIHR recruitment figures have exceeded those forecasted during 2016-17, and that the Trust successfully recruited 868 participants against the proposed target of 500.

In 2016-17, the RDI Department produced RDI Permission (Confirmation of Capacity & Capability) for 26 new studies and the Trust rigorously adhered to the national benchmark for approving studies within the NIHR timeframe of 70 days.

The Trust has impressive research activity across a wide range of clinical specialties. Since 1st April 2016, we have approved 26 NIHR studies in the following areas:

Specialty	Number of Studies
Anaesthetics	2
Cancer	5
Cardiology	2
Critical Care	3
Diabetes	1
Gastroenterology	5
Paediatrics	1
Renal	1
Rheumatology	1
Stroke	1
Surgical	1
Trust Wide	2
Woman & Child Health	1

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

We report quarterly to the Department of Health on the following performance measures (for clinical trials only):

- Non-commercial studies: meeting a 70-day benchmark to recruit the first patient following site selection
- Commercial studies: recruiting to time and target for closed studies

St Helens and Knowsley Teaching Hospitals NHS Trust met the 70-day benchmark in two of the non-commercial study trials submitted in the data collection period for 2016-17. The 70-day benchmark was not achieved in seven studies, due to patients being approached but declining to take part. The Trust, however, did meet the recruiting to time and target for all four commercial studies that closed in 2016-17.

2.4.3.2. Commercially sponsored studies

We have continued to increase our participation in commercially sponsored studies, with 30 commercial studies active within the Trust in cancer, diabetes, dermatology, gastroenterology, rheumatology and emergency medicine.

2.4.3.3. Key achievements

- In line with NWC CRN objectives to increase the number of Chief Investigators (CI) in the region and increase the commercial contract studies, we are extremely pleased that Dr Himanshu Kataria (Consultant in Emergency Medicine) and local Specialty Research Group (SRG) lead for Injuries and Emergencies was appointed CI for two commercial studies:
    - Post Authorisation Safety Study (PASS) to Evaluate the Risk of Hepatotoxicity and Nephrotoxicity from Administration of Methoxyflurane (Penthrox®) for Pain Relief in Hospital Accident & Emergency Departments in the United Kingdom
    - PenthroxTM Survey to evaluate the educational materials of Penthrox
- The Trust is pleased to have been the first site in the UK for both of the above studies and we continue to recruit to these two studies ahead of time and target
- The Trust has appointed a Research Nurse in ED as a part-time secondment opportunity for two ED nurses, which will help to improve the ED nursing staff morale, recruitment and retention
- Cancer research at the Trust has continued to make excellent progress in 2016-17. At present, there are 17 open studies actively recruiting across all tumour groups. This year, 119 patients diagnosed with cancer have participated in a cancer research study. The Cancer Research Team at the Trust is the first research team in the country to be adopted by Macmillan (August 2016), which is a truly great and praiseworthy achievement. The team have also been recognised for recruiting the 3000 patient to the Mammo-50 breast cancer study
- The Trust was the first site in the North West Coast to recruit to the ARCHIE study, a paediatric study looking at the early use of antibiotics in at risk children with influenza
- The Gastroenterology Team at the Trust are extremely pleased with the expansion of their research portfolio. In the last 12 months, they have been involved in three major commercial studies.

They have recruited to two studies looking at new treatments for Ulcerative Colitis and Crohns Disease and one observational study for patients on biologic therapies for Ulcerative Colitis. A major achievement for the team has been recruiting the 1st patient in Europe to one of the studies. This has been a very busy year for the team, with a number of new studies in the pipeline and they are fast becoming recognised as a site that exceeds in this specialty

- In June and October 2016, the Trust was also the top recruiter to the MAMMO 50 study, mammographic surveillance in breast cancer patients aged 50 years or over
- In July 2016, the Trust was again the top recruiter to the Outcome of Treatment in Psoriatic Arthritis study (OUTPASS)

These achievements have only been made possible by 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.

In order to promote research in January 2017, the Trust launched its own Research Twitter account to keep the public and staff up to date with latest research developments and events at the Trust.

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

2.4.3.4. Research aims for 2017-18

Our aims for 2016-17 are to continue to:

- Ensure that we build on existing strengths and key areas of current research, as well as supporting developments in other health priority areas
- Continue to work in partnership with the CRN NWC to meet the NIHR high level objectives
- Continue in the direction of travel in line with the Trust Strategy for RDI and the Department of Health objectives to increase recruitment into NIHR portfolio adopted studies
- Support and encourage the growth of commercial studies
- Provide first rate support for applications and administration through the Research Office and ensure that effective information and advice is given to all researchers
- Maintain the quality of research undertaken at the Trust by introducing and adapting to new systems and processes
- Promote research to patients and public by increasing the use of social media, as well as liaising with the Trust's Patient Experience Manager and Communications Team

2.4.4. Clinical Goals agreed with commissioners

A proportion of the Trust's income in 2016-17 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 NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2016-17 and for the following 12 month period are shown in the tables below:

CQuIN targets 2016-17

Type	CQuIN Ref 2016-17	CQuIN summary for 2016-17
CCG Commissioner CQuINs		
National	HWB	Healthy food for NHS staff, visitors & patients
National	Flu	Improving the uptake of flu vaccinations for front line clinical staff
National	Sepsis	Timely identification & treatment of sepsis in Emergency Departments and acute inpatient settings, including screening, administration of intravenous antibiotics and review
National	Cancer	Cancer 62 day waits - urgent GP referral for suspected cancer to first treatment within 62 days and root cause analysis on all long waiters and a clinical harm review for a positive diagnosis
National	Antimicrobial resistance	Antimicrobial resistance & antimicrobial stewardship, including, submission of consumption data, 1% reduction in total antibiotic consumption per 1000 admissions from 2013-14 baseline, 1% reduction in carbapenem per 1000 admissions from 2013-14 baseline, 1% reduction in piperacillin-tazobactam consumption per 1000 admissions from 2013-14 baseline and empiric review of antibiotic prescriptions
Local	Acute Kidney Injury	Acute Kidney Injury treatment and diagnosis in hospital
Local	Fetal monitoring training	Fetal Monitoring Training, including all midwives annual training in antenatal cardiotocography, errors & limitations of fetal monitoring using K2, acid base & physiology and cardiotocography K2 training
Specialised Commissioning CQuINs		
National	Dose band	Cancer: chemotherapy (adult) dose banding - dose banding adult intravenous systemic anticancer therapy
National	Neonatal Critical Care	2 Year outcomes <30 weeks gestation, prevention hypothermia preterm babies - babies <34 weeks - 1st temperature taken <1hr and prevention hypothermia preterm babies - babies <34 weeks - 1st temperature taken <1hr range >=36°C

Proposed CQuIN targets 2017-18

Commissioner	CQuIN Ref	Scheme Title	Indicator Title
CCG	1a	NHS Staff Health & Wellbeing	NHS Staff survey results for the provider
CCG	1b	NHS Staff Health & Wellbeing	Healthy food for NHS staff, visitors & patients (maintaining the four changes that were required in the 2016-17 CQuIN & introducing three new changes to food and drink provisions)
CCG	1c	NHS Staff Health & Wellbeing	Improving the uptake of flu vaccinations for front line clinical staff
CCG	2a	Reducing the Impact of Serious Infections	Timely identification & treatment for sepsis in ED & acute inpatient settings
CCG	2b	Reducing the Impact of Serious Infections	Empiric review of antibiotic prescriptions
CCG	2c	Reducing the Impact of Serious Infections	1] Appropriate use of antibiotics 2] Usage duration review
CCG	4	Improving services for people with mental health needs who present to ED	Improving services for people with mental health needs who present to ED
CCG	6	Advice & guidance	Advice & guidance
CCG	7	E-referrals	E-referrals
CCG	8	Proactive & safe discharge	Proactive & safe discharge
Specialised Commissioning	5b	Right setting: to ensure patients are cared for in the most clinically appreciate setting	WC5: Neonatal community outreach
Public Health England	1a	NHS staff health & wellbeing	Specific CQuIN for cytology programme
Public Health England		Dental e-referrals & managed clinical network involvement	Dental e-referrals & managed clinical network involvement

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 care being delivered. 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 2016-17.

St Helens and Knowsley Teaching Hospitals NHS Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

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 also 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 are in place to deliver the required improvements, with key actions noted in the following section.

2.4.5.1. 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:

- The key actions identified for improving access to urgent and emergency care are being driven forward by the senior leaders across the organisation. There is focus on both the Emergency Department and the inpatient wards and improvements to the processes are identified in the Urgent and Emergency Care Transformation Plan. Actions include 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 are being 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 weekly 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
- Continue to focus on ensuring staff appraisals and mandatory training are up-to-date
- Complete the assessment of the impact of the amber care bundle in light of the development of the national initiative, recommended summary plan for emergency care and treatment (ReSPECT)

St Helens and Knowsley Teaching Hospitals NHS Trust has made the following progress by 31st March 2017 in taking such action:

- Maintain robust systems for the storage of medications, with regular audits to demonstrate compliance
- 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
- Reviewed and improved the systems for managing and responding to serious incidents within Maternity Services, ensuring effective processes for implementing lessons learnt. This includes the introduction of daily safety huddles at each shift hand-over, patient safety boards and safety briefings to share lessons learnt. 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
- Development of a specific Maternity Strategy, with a focus on midwifery-led care
- 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 Board
- Installed permanent screen in Coronary Care Unit to ensure the privacy and dignity of patients is maintained at all times

2.4.6. 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 which 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 2016-17 was 80% and was graded 'green'. This means that the Trust is compliant in all sections of the Information Governance Toolkit.

The Trust are continuing to monitor patterns and trends of Information Governance incidents and implementing measures to reduce these to the lowest level practicable.

The designated individual within the Trust who is responsible for ensuring confidentiality of personal information is the Caldicott Guardian. This position is currently held by the Assistant Medical Director, who is Caldicott trained, registered and accredited. The Trust also has a Senior Information Risk Owner (SIRO), who is responsible for reviewing and reporting on the management of information risk to the Board. This role is held by the Director of Informatics, who is SIRO trained, registered and accredited.

2.4.7. Clinical coding error rate

The Trust was subject to an audit of clinical coding, based on national standards undertaken by Clinical Classifications Service (CCS) approved clinical coding auditors in line with the Information Governance Toolkit requirement 505 in March 2017.

The error rates reported for diagnoses and procedure coding (clinical coding) were:

2016 data reported in March 2017				
Measure	Primary diagnosis incorrect	Secondary diagnosis incorrect	Primary procedure incorrect	Secondary procedure incorrect
IG Toolkit audit	4%	2.7%	2.9%	1.8%

2.4.8. 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 within 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 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

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

- Continuing to run regular reports by the Data Quality Team 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

2.4.9. NHS number and general medical practice code validity

St Helens and Knowsley Teaching Hospitals NHS Trust submitted records during 2016-17 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	99.4%	99.3%
Outpatient care	99.5%	99.5%
Accident and Emergency care	98.7%	96.7%

- 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%	99.0%

(Source: SUS Data Quality Dashboard latest published report: April 2016 – January 2017)

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

2.4.10. Benchmarking information

The Department of Health specifies that the Quality Account includes information on a core set of outcome indicators, which the NHS should be aiming to improve against. All Trusts are required to report against these indicators using a standard format. The following data is made available to NHS Trusts by the Health and Social Care Information Centre (HSCIC). 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 must, out of necessity, be 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.

Data highlighted in purple text provides local data on the Trust's most recent performance.

Indicator	Source	Reporting Period	National Performance				Comment
			STHK	Average	Lowest Trust	Highest Trust	
SHMI	NHS IC	Oct-15 to Sep-16	1.048	1.000	0.690	1.164	Next SHMI data (for Jan-16 to Dec-16) due to be published in June 2017
SHMI	NHS IC	Jul-15 to Jun-16	1.020	1.000	0.694	1.171	
SHMI	NHS IC	Apr-15 to Mar-16	1.034	1.000	0.678	1.178	
SHMI Banding	NHS IC	Oct-15 to Sep-16	2	2	3	1	
SHMI Banding	NHS IC	Jul-15 to Jun-16	2	2	3	1	
SHMI Banding	NHS IC	Apr-15 to Mar-16	2	2	3	1	
% of patient deaths having palliative care coded	NHS IC	Oct-15 to Sep-16	33.1%	29.7%	0.4%	56.3%	
% of patient deaths having palliative care coded	NHS IC	Jul-15 to Jun-16	30.6%	29.2%	0.6%	54.8%	
% of patient deaths having palliative care coded	NHS IC	Apr-15 to Mar-16	29.3%	28.5%	0.6%	54.6%	

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 in (a) and (b), and so the quality of its services, by:
Monthly monitoring of available measures of mortality.
Embedding mortality and morbidity reviews in all directorates for inpatient deaths, with detailed, multi-disciplinary review of selected cases to ensure patients have received appropriate care and lessons learnt are disseminated to further improve the care provided.

Indicator	Source	Reporting Period	STHK	National Performance			Comment
				Average	Lowest Trust	Highest Trust	
EQ-5D adjusted health gain: Groin Hernia	NHS IC	Apr-16 to Dec-16 (provisional)	0.067	0.087	0.032	0.142	
EQ-5D adjusted health gain: Groin Hernia	NHS IC	Apr-15 to Mar-16 (provisional)	0.051	0.088	0.021	0.157	
EQ-5D adjusted health gain: Hip Replacement Primary	NHS IC	Apr-16 to Dec-16 (provisional)	0.449	0.449	0.334	0.551	
EQ-5D adjusted health gain: Hip Replacement Primary	NHS IC	Apr-15 to Mar-16 (provisional)	0.413	0.438	0.320	0.512	Next PROMs data due to be published early Aug-17 * data suppressed due to small numbers
EQ-5D adjusted health gain: Knee Replacement Primary	NHS IC	Apr-16 to Dec-16 (provisional)	0.325	0.330	0.252	0.414	
EQ-5D adjusted health gain: Knee Replacement Primary	NHS IC	Apr-15 to Mar-16 (provisional)	0.288	0.320	0.198	0.398	
EQ-5D adjusted health gain: Varicose Vein	NHS IC	Apr-16 to Dec-16 (provisional)	*	0.093	0.011	0.169	
EQ-5D adjusted health gain: Varicose Vein	NHS IC	Apr-15 to Mar-16 (provisional)	0.067	0.096	0.018	0.150	
St Helens and Knowsley Teaching Hospitals NHS Trust considers that the outcome scores are 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.							
(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	
(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	

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	2011-12 is the latest data available. Date to be confirmed when the next version is due. Lowest and best national performance based on acute providers
(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 these percentages are 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 Board. 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: Working to improve discharge information as a patient experience priority. Reviewing and improving 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	2015-16	70.9	69.6	58.9	86.2	Next version due Aug-17
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	2014-15	71.3	68.9	59.1	86.1	
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 through patient forums, 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.							

Indicator	Source	Reporting Period	STHK	National Performance			Comment
				Average	Lowest Trust	Highest Trust	
Q21d. If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust	NHS staff surveys	2016	80.8%	69.8%	48.9%	84.8%	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	2015	81.7%	69.2%	46.0%	85.4%	
% experiencing harassment, bullying or abuse from staff in last 12 months	NHS staff surveys	2016	17%	25%	16%	36%	
% experiencing harassment, bullying or abuse from staff in last 12 months	NHS staff surveys	2015	21%	26%	16%		
% believing the organisation provides equal opportunities for career progression/ promotion	NHS staff surveys	2016	91%	86%	69%	95%	
% believing the organisation provides equal opportunities for career progression/ promotion	NHS staff surveys	2015	92%	87%		96%	
St Helens and Knowsley Teaching Hospitals NHS Trust considers that this percentage is as described for the following reasons; The Trust provides a positive working environment for staff with a proactive Health, Work and Wellbeing Service The data is provided by an independent provider, Quality Health. St Helens and Knowsley Teaching Hospitals NHS Trust has taken the following actions to improve this percentage, 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 Champions and Speak in Confidence website.							
Friends & Family Test - A&E - Response Rate	NHS England	Mar-17	18.5%	12.9%	0.3%	44.0%	FFT national data for Mar-17 to be published early May-17
Friends & Family Test - A&E - Response Rate	NHS England	Feb-17	19.0%	12.7%	0.7%	45.5%	
Friends & Family Test - A&E - Response Rate	NHS England	Jan-17	19.9%	12.3%	0.5%	44.4%	
Friends & Family Test - A&E - Response Rate	NHS England	Dec-16	16.9%	11.0%	0.3%	43.3%	
Friends & Family Test - A&E - % recommended	NHS England	Mar-17	85.3%	87.1%	45.9%	100.0%	
Friends & Family Test - A&E - % recommended	NHS England	Feb-17	88.4%	87.4%	47.8%	100.0%	
Friends & Family Test - A&E - % recommended	NHS England	Jan-17	86.4%	86.7%	45.5%	100.0%	
Friends & Family Test - A&E - % recommended	NHS England	Dec-16	86.1%	86.0%	58.1%	100.0%	

Indicator	Source	Reporting Period	STHK	National Performance			Comment
				Average	Lowest Trust	Highest Trust	
Friends & Family Test - Inpatients - Response Rate	NHS England	Mar-17	28.6%	26.1%	2.4%	79.4%	National average includes Independent Sector Providers
Friends & Family Test - Inpatients - Response Rate	NHS England	Feb-17	29.5%	25.1%	4.0%	100.0%	
Friends & Family Test - Inpatients - Response Rate	NHS England	Jan-17	30.0%	23.6%	3.8%	95.5%	
Friends & Family Test - Inpatients - Response Rate	NHS England	Dec-16	25.0%	22.6%	4.9%	96.7%	
Friends & Family Test - Inpatients - % recommended	NHS England	Mar-17	95.9%	95.9%	82.2%	100.0%	
Friends & Family Test - Inpatients - % recommended	NHS England	Feb-17	96.0%	95.8%	75.6%	100.0%	
Friends & Family Test - Inpatients - % recommended	NHS England	Jan-17	95.9%	95.7%	79.5%	100.0%	
Friends & Family Test - Inpatients - % recommended	NHS England	Dec-16	95.4%	95.4%	76.3%	100.0%	

St Helens and Knowsley Teaching Hospitals NHS Trust considers that these numbers and rates are 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 this number and rate, 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 2016-17	94.4%	*	*	*	*National VTE data for Q4 2016-17 will be published early June 2017 All data is for Acute Providers only
% of patients admitted to hospital who were risk assessed for VTE	NHS England	Quarter 3 2016-17	94.7%	95.6%	76.5%	100.0%	
% of patients admitted to hospital who were risk assessed for VTE	NHS England	Quarter 2 2016-17	94.3%	95.5%	72.1%	100.0%	

Indicator	Source	Reporting Period	STHK	National Performance			Comment
				Average	Lowest Trust	Highest Trust	
% of patients admitted to hospital who were risk assessed for VTE	NHS England	Quarter 1 2016-17	89.9%	95.6%	80.6%	100.0%	
St Helens and Knowsley Teaching Hospitals NHS Trust considers that this percentage 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 93.36% for 2016-17. Root cause analysis (RCA) undertaken on VTEs recorded on Datix to ensure best practice is followed. 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 each month 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. Providing on-going training for clinical staff.							
C Difficile rates per 100,000 bed-days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	Internal	April-16 to Mar-17	9.76	/	/	/	Apr-15 to Mar-16 data was published in July 2016
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	16.5	14.9	0	66.0	
C Difficile rates per 100,000 bed-days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	GOV.UK	Apr-14 to Mar-15	18.6	15.0	0	62.6	
St Helens and Knowsley Teaching Hospitals NHS Trust considers that this rate 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 learnt 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: Proactive awareness raising campaign 'Let's C off C-Difficile' to support the on-going reduction of cases. Ensuring that all staff are compliant with mandatory training for infection prevention and control. Actively promoting the use of hand washing and hand gels to those visiting the hospital. Providing a proactive and responsive infection prevention service to increase levels of compliance. Ensuring comprehensive guidance is in place on antibiotic prescribing.							

Indicator	Source	Reporting Period	STHK	National Performance			Comment
				Average	Lowest Trust	Highest Trust	
Incidents per 1,000 bed days	Internal Datix system	Oct-16 to Mar-17	38.26	*	*	*	Based on acute (non-specialist) trusts with complete data (6 months data) *National data not yet available
Incidents per 1,000 bed days	nrls.npsa.co.uk	Apr-16 to Sep-16	38.81	39.64	21.15	71.81	
Incidents per 1,000 bed days	nrls.npsa.co.uk	Oct-15 to Mar-16	39.27	38.60	14.77	75.91	
Number of incidents	Internal Datix system	Oct-16 to Mar-17	4517	*	*	*	
Number of incidents	nrls.npsa.co.uk	Apr-16 to Sep-16	4504	4985	1485	13485	
Number of incidents	nrls.npsa.co.uk	Oct-15 to Mar-16	4761	4835	1499	11910	
Incidents resulting in severe harm or death per 1,000 bed days	Internal Datix system	Oct-16 to Mar-17	0.25	*	*	*	
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	
Incidents resulting in severe harm or death per 1,000 bed days	nrls.npsa.co.uk	Oct-15 to Mar-16	0.14	0.16	0.00	0.97	
Number of incidents resulting in severe harm or death	Internal Datix system	Oct-16 to Mar-17	29	*	*	*	
Number of incidents resulting in severe harm or death	nrls.npsa.co.uk	Apr-16 to Sep-16	14	19	1	98	
Number of incidents resulting in severe harm or death	nrls.npsa.co.uk	Oct-15 to Mar-16	17	20	0	94	
Percentage of patient safety incidents that resulted in severe harm or death	Internal Datix system	Oct-16 to Mar-17	0.6%	*	*	*	
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%	
Percentage of patient safety incidents that resulted in severe harm or death	nrls.npsa.co.uk	Oct-15 to Mar-16	0.4%	0.4%	0.0%	2.0%	

St Helens and Knowsley Teaching Hospitals NHS Trust considers that these numbers and rates are 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 2016. The Trust's overall percentage for 2016-17 of incidents that resulted in severe harm or death was 0.48%.
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 Human Factors 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).

2.4.11. Performance against national targets and regulatory requirements

The Trust aims to meet all national targets. Performance against the key indicators for 2016-17 is shown in the table below:

Performance Indicator	2015-16 Performance	2016-17 Target	2016-17 Performance	Latest data
Cancelled operations (% of patients treated within 28 days following cancellation)	Not achieved	100.0%	100.0%	Apr-16 to Mar-17
Referral to treatment targets (% within 18 weeks and 95th percentile targets) - Admitted	No target set	N/A	76.6%	Apr-16 to Mar-17
Referral to treatment targets (% within 18 weeks and 95th percentile targets) - Non-admitted	No target set	N/A	95.5%	Apr-16 to Mar-17
Referral to treatment targets (% within 18 weeks and 95th percentile targets) – Incomplete pathways	Achieved	92%	93.5%	Apr-16 to Mar-17
Cancer: 31-day wait from diagnosis to first treatment	Achieved	96%	97.9%	Apr-16 to Mar-17
Cancer: 31-day wait for second or subsequent treatment:				
- surgery	Achieved	94%	98.2%	Apr-16 to Mar-17
- anti-cancer drug treatments	Achieved	98%	100.0%	Apr-16 to Mar-17
Cancer: 62-day wait for first treatment:				
- from urgent GP referral	Achieved	85%	88.4%	Apr-16 to Mar-17
- from consultant upgrade	Achieved	85%	95.3%	Apr-16 to Mar-17
- from urgent screening referral	Achieved	90%	93.7%	Apr-16 to Mar-17
Cancer: 2 week wait from referral to date first seen:				
- urgent GP suspected cancer referrals	Achieved	93%	95.1%	Apr-16 to Mar-17
- symptomatic breast patients	Achieved	93%	95.5%	Apr-16 to Mar-17
Emergency Department waiting times within 4 hours - Type 1 only	Not achieved	95%	76.1%	Apr-16 to Mar-17
Percentage of patients admitted with stroke spending at least 90% of their stay on a stroke unit	Achieved	83%	94%	Apr-16 to Mar-17
Clostridium Difficile	Achieved	41	22	Apr-16 to Mar-17
MRSA bacteraemia	Achieved	0	3	Apr-16 to Mar-17

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 Clinical and Quality Strategy was refreshed in 2016 and the Board chose to narrow its focus to ten difficult and challenging goals that will support the achievement of the vision.

These are to achieve:

- 4 hour access target for 95% of patients in the Emergency Department to be seen, treated and admitted or discharged in under four hours
- English average standard mortality ratio (SMR) for weekend versus weekday mortality
- 62-day cancer target for all tumour groups
- National target for 95% of patients admitted to have their risk of a VTE assessed
- Improved number of eDischarges sent within 24 hours of discharge
- Reduced number of moderate and severe harms as a result of inpatient falls
- Improved timeliness of complaint responses
- Improved timeliness of first dose antibiotics in sepsis
- Improved timeliness of surgery for fractured neck of femur
- English average standard mortality ratio (SMR) for Critical Care mortality

A review of progress against the strategy was undertaken in January 2017 and reported to the Quality Committee. The update noted the actions being taken by the Trust to meet the targets outlined above. These included:

- Working with the Emergency Care Improvement Programme (ECIP) staff and others and significant investment in additional task-specific management capacity, better ways of working and whole-system reform to improve performance in meeting the 4 hour access target
- Reviewing how best to deploy consultant resource across the hospital to ensure review of emergency admissions, whilst maintaining other aspects of performance
- Establishing realistic deadlines for responding to complaints and continuing with the new systems and processes, as well as overseeing a review of complaints and incidents to make them medically-led and streamlined to ensure effective lessons learnt framework in place
- Investment in the Sepsis Team resulting in significantly improved performance and better patient outcomes
- Work to improve out of hours anaesthetic and consultant support for trauma to improve the timeliness of surgery for fractured neck of femur

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.

The outstanding work of some of our nurse leaders to improve patient care has resulted in national recognition during 2016-17, as highlighted in section 1.2 above.

Care

The focus on effective management of medication errors, falls, pressure ulcers and infection control prevention remains a high priority. The Trust ran a successful 'Let's C off C-Difficile' campaign, launched early in the year to ensure the number of cases of this unpleasant infection acquired within the hospital continue to reduce.

The lessons learnt from the cases of MRSA bacteraemia were shared with all clinical frontline staff in a Trust newsletter, through the provision of direct clinical supervision and the usual communication channels.

The number of patients experiencing moderate or severe harm as a result of an inpatient fall remains below the national benchmark. A new additional initiative includes the recent introduction of hip protectors to prevent the harm occurring in very high risk patients.

The e-prescribing system roll out is to commence shortly Trust-wide optimising medication prescribing and administration.

Compassion

Feedback from patients surveyed across the Trust using the national Friends and Family Test informs us that we are continuing to deliver compassionate care.

Working towards 'Excellence in Dementia Care' continues, with the successful pilot of John's Campaign.

Carers of patients with cognitive impairment are welcomed to stay, with their loved ones throughout their hospital stay if they wish to. John's Campaign is now being cascaded out to all inpatient wards.

The End of Life Care Strategy was ratified earlier in the year and is being progressed through a steering group to ensure the end goal of 'Excellence in End of Life Care' is achieved.

The Trust launched its Maternity Strategy which incorporates all the learning from recent national reports. The increasing activity within the Maternity Department, with the birth rate achieving over 4,000 births for the first time in over 10 years, has resulted in an increase in the number of midwives and the successful implementation of a new role of maternity support workers within the service. In addition, the service launched a very successful Facebook page, to provide information to women about

maternity services. To date, the Introduction to Maternity Services film has been viewed more than 26,000 times, which is the most viewed film to date on the Trust's social media. The 'Facebook the Midwife' video content surrounding the live chat gained more than 8,400 views, providing the opportunity for women to interact with our staff and get instant feedback.

Nursing documentation has been redesigned to ensure holistic assessments of patients and effective care planning, including discharge planning, is optimised.

The electronic observations system, which calculates each patient's modified early warning score (e-MEWS), is now operational in all adult and paediatric inpatient areas. Scoring pain is part of this assessment, ensuring all patients routinely have their pain and discomfort assessed.

Courage

All 25 adult inpatient wards have been audited using the ward Quality Care Accreditation Tool (QCAT) and awarded a bronze, silver or gold based on the results of this comprehensive assessment of the quality of care and leadership provided.

Six wards have achieved a gold award to date:

- Ward 4D, Mersey Regional Burns Unit
- Ward 5B, Department of Medicine of Older People
- Ward 4A, General Surgery
- Ward 3 Alpha, Elective Joint Surgery
- Ward 3A, Plastic Surgery
- Ward 1B, Acute Medical Unit and GP Admissions Unit

Two wards have achieved bronze and 17 silver. Action plans are produced for each element that requires improvement.

Staff are encouraged at all times to speak out safely if they have concerns regarding patient care. The Trust has appointed four designated safety guardians and a Freedom to Speak up Guardian. In addition, an on-line anonymous system to encourage staff to report any concerns was launched in the summer of 2016. This enables staff to report issues in confidence and to receive personal feedback within 72 hours on any actions taken as a result of their concern.

Commitment

The Trust is committed to ensuring that the right staff, with the right skills are caring for patients.

The recruitment of registered nurses remains an on-going challenge nationally. The Trust was delighted to welcome the first cohort of registered nurses from India in 2016. Recruitment days are held regularly throughout the year to attract newly qualified staff to the Trust where they will receive a very well-evaluated 12 month preceptorship programme to support them to be effective, caring and competent registered nurses.

Monthly safer staffing reports are submitted to the NHS Choices website and evidence that the average fill rate of registered and care staff on all inpatient wards is approximately 95% throughout the year. The fill rate is the number of actual staff working each shift against the planned number for the shift. The matrons meet daily to review staffing to ensure safety and patient care is prioritised on each ward. The Board reviews the funded ward establishments of registered nurses and care staff twice a year, looking at the levels of patient need and complexity to observe if the staffing levels remain at the correct level across inpatient areas.

The Trust is committed to becoming a smoke-free site and offers support to patients and staff to stop smoking, including onward referral to community specialist services.

Competence

On-going continuous professional development (CPD) is in place for qualified nurses and midwives to complete post-registration education modules at degree and masters level. This year focussed on mentorship, non-medical prescribing and clinical examination modules to ensure students and newly qualified staff are appropriately mentored and to enhance timely, effective patient care.

The go-live of the Nursing and Midwifery Council (NMC) revalidation process for registrants every 3 years commenced in April 2016. All registrants who were required to were able to revalidate successfully, with support given where necessary.

A Trust-wide review of almost 200 nurses employed in specialist roles was undertaken and a roles, responsibilities and key performance indicators framework was devised to enable effective career progression and succession planning. The review highlighted the invaluable contribution nurse specialists and advanced nurse practitioners make to the patient journey.

Communication

The Trust implemented a documented adult transfer of care form for patients transferring internally, to ensure improved and consistent information about the patient is shared.

A revised format for the ward patient experience communication boards was introduced with input from patient representatives to ensure that meaningful information about the care provided for patients is presented on each ward.

A network of Patient Experience Champions was established across different wards and departments to act as a point of contact for patients and to focus on improving FFT response rates. The network looked at innovative ways of supporting staff to reduce noise at night, by developing visual reminders for roll out to inpatient areas in 2017-18.

Bedside information was collated for patients and carers, including a guide to staff uniforms, mealtimes and discharge information for roll out in 2017-18.

Case study examples to illustrate the need for effective communications were shared across the Trust.


5 Star Patient Care

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 the organisation's beliefs and the Trust strives to ensure that people with protected characteristics under the Equality Act 2010 are afforded the same quality services as everyone else.

During 2016-17, the Trust developed an Equality, Diversity and Inclusion Strategy 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 strategy 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.

The Trust has an Equality and Diversity Steering Group which meets quarterly to ensure all external standards are fully complied with. The steering group is composed of a range of staff from all disciplines: clinical, non-clinical, staff-side unions, Healthwatch representatives and independent service users.

All Trust policies are reviewed in line with the Equality Act 2010 and are subject to an equality analysis before they can be formally ratified. In addition, all staff have equality and diversity training as part of their induction programme and mandatory training.

The refreshed Equality Delivery System (EDS2) has continued to be developed. This is a toolkit designed to support NHS organisations to deliver better outcomes for patients and better working environments for staff. The Trust has worked closely with local Healthwatch organisations to develop those EDS outcomes which are important to the local population. Ways of engaging with stakeholders from all equality groups will remain a priority.

The Trust, as a public body, is subject to the Public Sector Equality Duty (PSED). The PSED is comprised of two elements, the general duties and the specific duties. One of the specific duties is the requirement to publish Equality Objectives.

During 2016, the Trust's equality objectives were revised based on evidence derived from the National Inpatient Survey, the National Staff Survey and feedback from local Healthwatch organisations, patient representatives, complaints and FFT results.

The agreed equality objectives are as follows:-

1. The Trust's services are fully accessible to all patients and are responsive to their individual needs, including those patients from protected groups.
2. Patients report positive experiences of their care and are fully involved and supported in making decisions about their treatment.
3. The Trust's workforce is appropriately skilled to provide compassionate, personalised care to meet the needs of all its patients, including those from protected groups.
4. The Trust's senior leaders demonstrate their commitment to equality.

Progress against the objectives is embedded into the Trust's governance structures and is monitored by both the Patient Experience and Workforce Councils who report to the Quality Committee and Trust Board.

The Trust is required to provide communication support in the form of Interpreter Services for patients who do not use English as a first language (Foreign Language Interpretation) and for those who communicate using British Sign Language (BSL).

The Trust has an Interpreter and Translation Policy which governs the use of interpreters informing all staff of the duties, accountabilities and responsibilities in respect of patients who require interpreter and/or translation facilities. In addition, it provides guidance and support for staff and details all actions which must be carried out.

The Trust's use of interpreters has increased significantly over the last twelve months, for both foreign languages and for British Sign Language. This is principally due to both the greater usage of Trust services by an increasingly diverse local population and a greater awareness on the part of Trust staff of their responsibilities. For the first time Polish has taken over from Chinese Cantonese as the most called for language requiring interpretation.

The Trust was awarded the Navajo Charter Mark. This is an equality mark 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.

The application process was designed to assess the Trust in terms of LGBT friendliness and the application included five distinct elements:

- Practices and Policies
- Training
- Staff Recruitment & Engagement
- Monitoring
- Service users and LGBT Engagement

Achieving the Charter Mark means that the Trust can demonstrate that it:

- Is in line with statutory requirements and promotes best practice in engaging with the LGBT community
- Recognises and is addressing the difficulties in ensuring that its services are accessible to the LGBT community
- Has raised awareness amongst staff with regard to particular issues that affect LGBT people accessing services

The Accessible Information Standard (AIS) was rolled out across the Trust during the year. The standard 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 Standard pays particular reference to patients who are blind, deaf, deaf/blind or who have a learning disability. The Standard specifically aims to improve the quality and safety of care received by individuals with information and communication needs, and their ability to be involved in autonomous decision-making about their health, care and wellbeing.

There are five basic steps which make up the Accessible Information Standard:

1. Ask:
Identify/find out if an individual has any communication/information needs relating to a disability or sensory loss and if so what they are.

2.Record:
Record those needs in a clear, unambiguous and standardised way.

3. Alert/Flag:
Ensure that recorded needs are highly visible whenever the individual's record is accessed and prompt for action.

4. Share
Include information about individuals' information or communication needs as part of existing data sharing processes (and following existing information governance frameworks).

5. Act:
Take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it.

An AIS standard operating procedure was developed which formed the basis for each area to roll out the standard in a manner which took account of the particular needs of each individual area but which followed a basic agreed Trust approach.

A range of publicity material was developed in the form of posters, information leaflets and communication cards to be issued to patients on request.

3.1.4. Human Resources and Workforce Strategy 2014-19

The provision of excellent services to patients, their loved ones and local communities is the Trust's top priority, as highlighted by the most recent 2016 NHS Staff Survey. Supporting this are a number of strategies including the five year HR and Workforce Strategy, which sets out the Trust's plans to develop a management culture and style that empowers, builds teams and recognises and nurtures talent through learning and development. The Trust encourages a culture of caring, kindness and mutual respect. The delivery of the strategy will enable staff to continue to provide 5-star patient care throughout the Trust. There are a number of other supporting strategies to help achieve this:

- Health, Work & Wellbeing Strategy 2016-2021
- Recruitment & Retention Strategy 2015-2020
- Equality, Diversity & Inclusion Strategy 2016-2017
- Learning & Development Strategy 2016-2021

The Trust is committed to providing employment opportunities for local people and in September 2016, became the host for the Merseyside Career Engagement Hub. The Hub, working in collaboration with local schools, colleges and Job Centre Plus is improving access to structured work placements for a range of local people including, students, the long term unemployed and disadvantaged people from the local community in an effort to provide them with the skills and experience to gain employment in the NHS.

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 2016 survey was 55%, which is equivalent to last year and is amongst the highest response rates for acute trusts nationally.

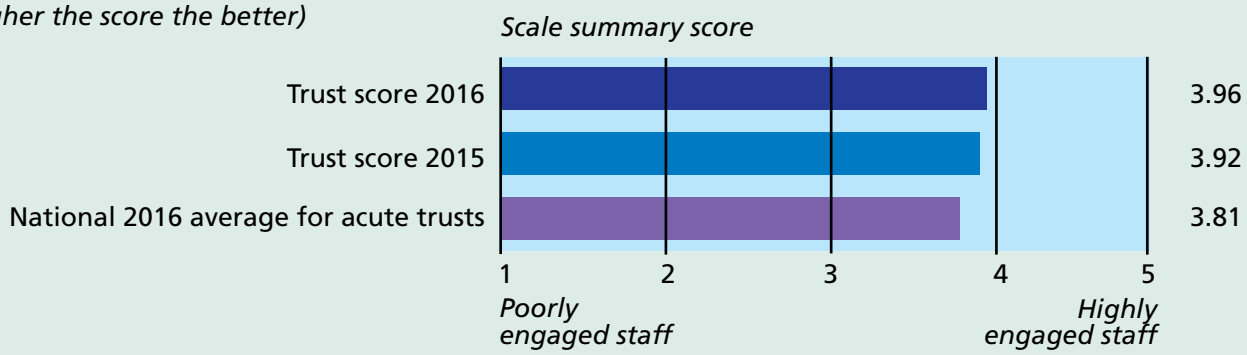
The Trust has once again improved its performance, being in the top 20% of all acute trusts nationally for 24 of the 32 indicators, including:

- Providing equal opportunities for career progression/promotion
- Staff recommending the organisation as a place to work and receive treatment
- Staff motivation at work
- Staff satisfaction with the quality of work and patient care they are able to deliver

In addition, staff stated that care of patients is the organisation's top priority, with the percentage of staff confirming this in the top 20% of acute trusts nationally and improving from 79% last year to 83% this year. These measures can be used as further indicators that the care provided to patients is of a high-quality.

The chart below shows how the Trust compares with other acute trusts on an overall indicator of staff engagement.

OVERALL STAFF ENGAGEMENT
(the higher the score the better)



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 3.96 showed an increase since 2015 and was the **6th nationally when compared with Trusts of a similar type and was the best in the North West.**

The table below highlights the scores for some of the areas where the Trust was among the highest nationally:

Key Finding	STHK % score 2016	STHK % score 2015	National acute average
Care of patients is the organisation's top priority	85	83	76
Organisation acts on patient concerns	82	80	74
Staff would recommend organisation as a place to work	75	71	62
Staff satisfaction with the quality of work and patient care they are able to deliver	86	84	79
Staff ability to contribute towards improvements at work	72	68	70
Staff feeling unwell due to work related stress	25	28	35
Quality of appraisals	67	63	62

Whilst the overwhelming majority of responses to the 2016 survey were positive, there were 2 areas where staff experience was not as positive as the Trust would want:

- Whilst the score 81% of staff would 'be happy with standard of care if a relative needed treatment' is significantly better than the national average, it has seen a 1% reduction from the 2015 survey score
- The number of respondents stating they have experienced physical violence from patients, relatives, public and staff is very low, however, this is a concern as it is greater than the national average for similar Trusts

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 2017-2018.

3.1.4.2. Health, Work and Wellbeing

The Health, Work and Wellbeing Strategy 2016-2021 was launched at the Health Work and Wellbeing Day in September 2016. It was developed to meet the requirements of current national guidance and recommendations, to ensure that the improvement of health and wellbeing of the Trust workforce remains a priority.

The aim of the strategy is to work with the staff to integrate health & wellbeing into the day-to-day activities, so that the Trust creates a sustainable, positive and healthy working environment. A healthy motivated workforce is integral to achieving better care for patients. It is well researched that supporting the wellbeing of the workforce is paramount to achieving higher levels of performance (Boorman Review, 2009).

The Health, Work and Wellbeing Service continued to encourage staff wellbeing by promoting a number of initiatives for staff throughout the year. These included:

- Annual Open Day
- Know Your Numbers… Blood Pressure Monitoring
- Dry January
- Weight Management
- Sun Safety
- Staff Counselling Awareness
- NHS Games in July 2016, which is now an integral part of the wellbeing calendar. It is open to all staff and includes a 5k run, golf, badminton, football, netball and rounders

The Health, Work and Wellbeing Service continued to ensure that all front-line staff received a flu vaccine in order to protect themselves, their patients and their families. The overall percentage uptake for the Flu Campaign 2016-17 was 82% which was amongst the highest in Cheshire and Merseyside.

The service is involved with numerous training initiatives, for example, "You and Your Wellbeing" which supports staff who need extra support to manage stress.

The Health, Work and Wellbeing Service continued to meet the standards and achieved accreditation for Safe Effective Quality Occupational Health Services (SEQOHS). This year, there has been an increase in internal audits of both clinical and non-clinical activity, thus ensuring that improvements are continually being made.

3.1.4.3. Clinical education and training

Developments within the Clinical Education Team have continued over the past year. A key success was the implementation of a clinical skills teaching programme to support international recruitment. The programme is designed to prepare candidates to sit their final exams, with a 90% pass rate to date.

The simulation team have successfully procured a neonatology simulator, following on from last year's work in the Emergency Department regarding paediatric in-situ simulation. The Trust is in the process of implementing neonatology simulation training, initially in the Special Care Baby Unit. The team will then provide neonatology simulation in obstetric theatres. Future plans are to expand the provision of simulation training across multiple directorates, allowing teams to train together in the transfer of sick patients across the Trust.

In January 2017, the Medical Undergraduate Team provided evidence to Liverpool University and Health Education England North West as part of the Quality Review Process. The initial feedback was very positive; the quality of education and support provided to the medical undergraduates was described as an "exemplar for undergraduate medical education". The final report has not yet been issued.

3.2. Cancer Services

There have been a number of developments within our Cancer Services during 2016-17 and these are summarised below:

- Rolled out the Macmillan Recovery Package, including a Living With and Beyond Cancer event which includes a health and wellbeing clinic, facilitated by the Clinical Nurse Specialists. Patients have access to health trainers and information and support on work, finance, lifestyle and physically activity, as well as access to support groups and psychological support
- The Lilac Centre, the Trust's chemotherapy day unit received additional investment in its 25th anniversary year to expand its treatment capacity and to equip the staff with specialist skills. The unit is now open between 8am and 8pm Monday to Friday, with plans to open on Saturdays in the coming year. This enables our patients to have more flexibility for scheduling of appointments and means we can offer treatment closer to home for more people
- The Macmillan Information Centre has been enhanced this year by the appointment of a welfare benefits advisor, ensuring that cancer patients have access to finance and benefits advice on site. There have been over 3,000 benefits contacts since April 2016
- Charitable funding donations to our chemotherapy unit have enabled us to purchase additional cool cap facilities for patients who are undergoing chemotherapy that causes hair loss
- In addition to the cool caps, we have also refurbished a room to create a hair dressing salon where patients can have consultations with our Trust employed hairdresser regarding choice of wigs, styling and wig care education. We plan to launch this in May 2017
- Introduced a cancer breach review meeting to ensure every patient's pathway that goes beyond 62 days is individually reviewed and any lessons learned are shared and acted upon
- Development of a pathway to provide rapid access to expert oncology advice for patients referred to the Primary Care Musculoskeletal Clinical Assessment Service (MCAS) who have suspected serious pathology following imaging. This supports earlier diagnosis of cancer and appropriate management with timely key worker support. This was a joint project with the MCAS Team from North West Boroughs Healthcare NHS Foundation Trust

3.3. Patient safety

3.3.1.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. Avoidable harm is harm that can be prevented. The pledges and progress to end of 2016-17 are shown below:

- Maintain a 50% reduction in **theatre-related episodes of avoidable harm.** The following figures are compared to the project benchmark data 2013-14:
    - 42% increase in incidents resulting in all harms, with a 115% increase in low harm incidents; this is likely to be due to an increase in incident reporting, highlighting a better reporting culture
    - 69% decrease in incident resulting in moderate, severe harm or death
- Reduce the incidence of **Clostridium Difficile and avoidable MRSA infections.** There were 3 incidents of MRSA bacteraemia in 2016-17; which is a 50% increase on the 2013-14 baseline. There has been an 15% reduction of cases of Clostridium Difficile measured against 2013-14, with 22 cases in 2016-17 significantly below the target of 41. The Trust has implemented an MRSA pathway and care bundle to enhance care. There is additional information below relating to further actions taken to eliminate MRSA infections
- Reduce **prescribing error rates** through the implementation of an error response and re-education system
    - 54% decrease in incidents resulting in harm from 2013-14
    - 62% decrease in low harm incidents from the project benchmark data from 2013-14
    - 100% increase in incidents recorded as moderate (up from 2 in 2013-14 to 4 in 2016-17)
- 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 was completed in March 2016. Roll out in Emergency Department is due for completion in September 2017
- Reduce to 0 the number of **never events** reported in the organisation
    - There have been 2 never events recorded in 2016-17. Actions from these events, included the following:

Retained guide-wire:

- Development, implementation and on-going monitoring of Local Safety Standards for Invasive Procedures (LocSSIP) checklist for line insertion in line with NHS England guidance (2015) including awareness of the possibility of a retained guide wire
- LocSSIP to be included in Trust policy with staff training and audit plan in line with NHS England guidance
- Development, implementation and monitoring of training strategy including written competency assessment framework for medical staff who undertake central line insertion

- Development and implementation of Human Factors training for Critical Care Unit multidisciplinary team
- Review discharge follow up processes for patients discharged home directly from the Critical Care Unit
- Review medical staffing requirement on Critical Care Unit to ensure there is sufficient senior staff on site to support junior staff to maintain patient and staff safety

Retained drain cap in surgical wound:

- Review of local safety standards and local theatre standard with the following changes made:
  - Clearly defined countable products.
  - Reiterated procedure for how sharps items are handled
  - Standardised practice around management of waste items
  - Added a process to record cut items on the surgical white board.
  - Clarified the process for recording items retained purposefully

These changes have been implemented within various theatre settings across the organisation.

- 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 4 years
  - 75% decrease in avoidable grade 3 pressure ulcers – one grade 3 in 2016-17
  - 32% decrease in avoidable grade 2 pressure ulcers

    No change in avoidable grade 1 pressure ulcers
  - 23% 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
  - 19% decrease in low harm incidents from the project benchmark data from 2013-14
  - 5% increase in incidents resulting in moderate, severe harm or death, up from 36 in 2013-14 to 39 in 2016-17

A thematic review of falls reported on Strategic Executive Information System (StEIS) has been conducted which has highlighted the need for re-launch of the Falls Strategy and reinvigoration of falls training. A falls training pilot is currently planned for the Medical Assessment Unit along with the establishment of a bedrails working group. The Trust plans to re-launch the Falls Strategy in Q1 of 2017-18.

- Introduce patient safety briefings to increase staff awareness of risk
  - Patient safety briefings have been successfully implemented in the Maternity Department. A number of tools have been piloted in different areas in preparation for a Trust-wide roll out in 2017-18.

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
  - A programme of quality ward rounds is now in place with each clinical area

being visited annually by a team which includes Executive and Non-Executive members of the Board who meet with staff to discuss any issues and areas for improvement

- 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 for all wards. Each ward has also implemented a public ward display board which utilises safety crosses to display patient safety data
- Publish a quarterly Human Factors in Healthcare Newsletter, accessible to all staff, detailing areas of risk reduction and sharing lessons learnt
  - This newsletter is published quarterly and made available to all staff via the intranet. The effectiveness of the newsletter will be reviewed in 2017-18 and other methods of communication will be explored
- 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 has been utilised to monitor progress against any actions from investigations of Strategic Executive Information System (StEIS) reported serious untoward incidents. Further roll out of this facility is planned for 2017-18 to include all incidents
- 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 incidents
- The Trust faces a number of challenges in terms of investigating serious incidents in a timely fashion. In order to address this, the Trust has reviewed the process for investigating and responding to serious incidents, with input from commissioning colleagues and is working to develop streamlined processes to improve the management of investigations, supported by redesigned standard operating procedures. The Trust is also piloting the use of formalised 72 hour reviews for all StEIS reportable incidents.

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 systems record the information provided to the patient, family or carers to ensure that the Trust's ambition to be 100% compliant with this national statute is both measurable and delivered consistently in line with the Trust's policy. Every patient who suffers or is suspected of suffering an incident of harm categorised as moderate harm or above will receive an apology in person, followed by a letter of apology within 10 working days of the date that the incident was identified. The letter explains the investigation process and provides assurance that the organisation will learn lessons and implement change to ensure that the risk of any further episodes of avoidable patient harm is reduced
- In 2017-18, the Trust will carry out a comprehensive review of all cases of moderate harm or above to confirm that the Duty of Candour requirements have been met

- Undertake an awareness raising campaign to support our staff in the 'Being Open' Process and incorporate this further into Patient Safety Training
  - An awareness raising campaign is planned for 2017-18 following a Trust-wide review of Duty of Candour
- Publish 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 figures via participation in the Open and Honest: Driving Improvement 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
- Ensure good practice and lessons learnt are shared and embedded throughout both of our two hospitals
  - Good practice and lessons are shared through the quarterly patient safety newsletter, root cause analysis reports 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 progress.

- Continue the Trust programme of 6 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, deconstructing and effectively reducing avoidable harm
  - The Trust continues with its programme of human factors and root cause analysis training which is well attended by all staff groups

3.3.2. Infection prevention and control

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

In February 2016, the hospital became concerned about the potential transmission of multi-drug resistant pseudomonas aeruginosa (MDR P) in the Burns Unit and Critical Care Unit (CCU). This is an opportunistic pathogen rarely affecting healthy individuals but it can cause a wide range of infections in patients with a compromised immune system. It is a well-recognised cause of infections acquired in hospital settings among burns and intensive care patients. An action plan was developed following a detailed investigation and a review by Public Health England (PHE) and this is being delivered in line with the deadlines stated.

Up until July 2016, the Trust had not reported a single case of MRSA bacteraemia since September 2014. However, since July 2016 the Trust has reported three cases of MRSA bacteraemia. Detailed post-infection reviews (PIRs) have been undertaken on all cases in conjunction with the CCG and Public Health England and the lessons learned from each case have formed the basis of a detailed Trust-wide action plan. A summary of the key lessons learned from the PIRs is listed below:

- Ensure that all staff are aware of the lessons learnt from PIRs of MRSA bacteraemia cases, via effective communication of information regarding infection alerts between different wards, clinical teams and members within a team
- Ensure timeliness of MRSA screening and of the commencement of topical suppression for patients with a history of, or newly positive for, MRSA
- Ensure that all new starters are aware of their responsibilities with regards to Aseptic Non-Touch Technique (ANTT), are competent and that the ANTT competency status of staff is easily identifiable
- Ensure that all clinical staff with a responsibility for taking blood cultures are aware of and adhere at all times to the Trust Blood Culture Policy for Adult Patients and that there is an audit trail of who takes a blood culture sample
- Devise and implement a standardised process within the Trust for taking paediatric blood cultures, ensuring staff are aware of the best practice as stated in the Paediatric Blood Culture Policy
- Devise and implement a standardised process within the Trust for the insertion and care of urinary catheters ensuring staff are aware of the best practice as stated in the Urinary Catheter Policy
- Ensure all patients are correctly assessed for the most appropriate vascular access device

- Ensure that all clinical staff with prescriber responsibilities are aware of and adhere at all times to the Trust Antibiotic Policy
- Ensure staff accountability with regards to appropriate care and provision for patients with MRSA

A number of actions will be supported by the implementation of e-prescribing across the Trust in 2016-17.

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.

3.3.3. 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 harms that patients are admitted with from home and harms which occurred whilst in hospital. The results from this audit are validated by specialist nursing staff. 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 embedding good practice in relation to the prevention of pressure ulcers, falls with harm and VTE.

This was achieved by:

- Ensuring education and training is available for all ward staff to enable them to complete and submit the NHS safety thermometer as required
- Establishing tissue viability link nurses within the ward areas
- Identifying trends and themes from the five most recent root cause analysis investigations of falls that resulted in harm
- Evaluating the performance of the implementation of the action plans and their effectiveness
- Formation of a monthly panel to review the Trust's moderate harmful falls with input from ward staff
- Formation of the Strategic Falls Group to meet monthly to oversee the implementation of the revised Falls Strategy and performance manage the associated action plans
- Convening a bedrails working group
- Ensuring, when possible, a one-to-one staffing ratio is implemented when indicated by the risk assessment for falls
- All patients over the age of 65 having a lying and standing blood pressure performed as soon as practicable
- 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

3.3.4. 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
- Doctor, Safeguarding Children
- Named Midwife

The team is supported by Specialist Safeguarding Nurses 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.

3.3.4.1. 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 Sub-Committee member. It is expected that there will be some changes to the LSCB structures and statutory function following the Wood Review (2016), however, the Trust will ensure that safeguarding continues to be a priority and will maintain partnership working across the footprint.

The Safeguarding Team contribute to any 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 has been inspected recently as part of a local CCG Safeguarding Children inspection carried out by the CQC and is participating in the subsequent actions to address the recommendations from the report.

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 provides assurance to Halton and Knowsley CCG.

3.3.4.2. Safeguarding Adults

The Trust continues to work pro-actively with St Helens, Knowsley, Halton and Liverpool Safeguarding Adult Boards as either a Board or Sub-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.

3.3.4.3. Mental Capacity Act and Deprivation of Liberty Safeguards

The Trust complies with the Mental Capacity Act Guidance, supported by up-to-date policy and process. 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 ensure practice follows current legislation.

3.3.4.4. 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) along with reports by exception to Halton and Warrington. The Trust policy is due to be reviewed to ensure compliance with the NICE Quality Standard published in 2016. Training is embedded in all levels of both safeguarding children and adults 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.

3.3.4.5. Learning Disability

Guidance has been implemented for patients with a learning disability attending any department within the Trust on how to meet their individual needs. This is supported by a toolkit to ensure that staff are able to provide the highest standards of care.

3.4. Clinical effectiveness

The Clinical Effectiveness 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.

3.4.1. National Institute for Health and Care Excellence (NICE)

178 pieces of new or updated NICE guidance were released during 2016-17. There is a system in place to ensure all relevant guidance is distributed to the appropriate clinical lead to assess its relevance and the Trust's compliance with the requirements. Action plans are produced for any shortfalls to ensure compliance is achieved. The Trust is fully compliant with 54 of those issued in 2016-17 and working towards achieving the remainder.

3.4.2. Mortality

The Trust monitors its mortality statistics monthly and undertakes in-depth reviews for Clinical Diagnostic Groups that flag higher than the national average. The Trust is currently reviewing its mortality review processes in line with the recommendations put forward by the National Quality Board to ensure we are fully compliant and learn lessons accordingly.

3.4.3. Clinical audit

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

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

The Trust performs well against the national quality indicators, except for delayed discharges from Critical Care, therefore work is on-going to ensure the timely step down of patients to wards and substantial progress is being made to ensure patients are discharged from intensive care into a ward bed within 4 hours of being identified as suitable.

3.4.5. Copeland risk adjustment barometer (CRAB)

The outcomes of patients who have had inpatient surgery in the Trust are reviewed with trends in mortality and complications for the Trust as a whole and within surgical specialties identified using the CRAB methodology. As a whole, the Trust performs well and reviews all deaths that occur in low risk groups, as well as those scoring high risk.

3.4.6. 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, smoking cessation 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 Smoke Free 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 was awarded the Baby Friendly Initiative, which 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's Volunteer Department has continued to build community partnerships by forging new links with the Department for Working & Pensions who are promoting volunteering as a platform to build confidence, learn new skills and improve both mental and physical wellbeing but ultimately help people back into employment. In addition, Activate, a charity that delivers personalised education programmes for young adults with disabilities, is keen to form a working partnership to provide volunteer opportunities for their students.

3.5. Patient experience

The Trust implemented its Patient Experience Strategy in 2016-17, which focuses on ensuring that the Trust effectively engages with patients, their families and carers so that care is of the highest quality from the start of the patient's journey from admission through to discharge.

St Helens and Knowsley Teaching Hospitals NHS Trust was in the top five for the CHKS Top Hospitals award for patient experience in 2016, recognising the consistently high standards of care provided to patients at the Trust.

The Trust is committed to listening to its patients and engaging with them to improve the services delivered. The Patient Advice and Liaison Service (PALS) provides an invaluable service, working with patients, relatives and carers to provide help, advice and support.

In addition, the Trust actively engages with patients through a number of initiatives:

- Patient Participation Group looking at services across the Trust and ways to further improve care and the environment on a quarterly basis. Topics have included hospital food, falls prevention and the Emergency Department
- Resolution of issues at a local level, via the five-a-day initiative, when the Patient Experience Manager visits five patients each day to ask about their care, their level of involvement and any issues they may have
- Patient stories at the Trust Board and the Patient Experience Council to discuss both experiences that were positive and where improvements can be made, no matter how small the change. This has included working with catering to provide finger food, supporting stroke patients to eat their meals at a shared dining table, raising awareness of the need for clear communications and the provision of a separate entrance and exit to the Delivery Suite to allow bereaved parents to enter and leave through a designated area. In addition, communication flows were improved between the pre-operative team and ward staff to ensure key information about individual patient needs and treatment plans was shared in a timely manner

Further improvements to patient care made as a result of feedback include:

- The introduction on Ward 3 Alpha of a joint replacement dressing clinic for patients who have undergone hip and knee replacements for them to return for removal of clips/sutures or for a postoperative wound review. Patients were concerned that they were unable to get appointments in the community. The feedback has been very positive from both patients and staff. The initiative has allowed patients to go home sooner in the knowledge that any issues can be picked up at their clinic appointment
- Revision of the fractured neck of femur pathway
- Introduction of question and answer sessions for families and carers of patients on Ward 5D Stroke Unit, to provide general information about strokes, how they are caused, the different impact and effects of strokes on individual patients and possible future outcomes. The sessions were attended by a consultant, speech therapist, physiotherapist and a nurse and were well received by those that attended
- Provision of infection control compliant bladeless fans to ensure end-of-life patients are made as comfortable as possible.

3.5.1. Friends and Family Test

The national Friends and Family Test (FFT) evaluates patient experience as soon after treatment as possible, highlighting when there are high levels of patient satisfaction and where improvements could be made.

The Trust has embedded the use of the new system for Friends and Family Test that was introduced in January 2016. The system enables local areas to obtain and review their responses and to use the comments to drive improvements and reinforce good practice.

The list below provides examples of some of the comments received and the responses provided to this feedback during 2016-17:

You said, "Friendly, efficient staff, clean hospital, very conscious of patient safety, understanding issues of consent. Felt very confident to be a patient there."

The Trust shared this with the staff involved and thanked them for maintaining high standards of care.

You said, "Mum feels nursing/staff and medical staff have been wonderful! Frustrating at times due to obvious staff shortage but no reflection of the care given. Thank you."

The Trust responded, "We are pleased that you felt that we provided wonderful care. We aim to provide safe care, ensuring all shifts are staffed to carry on providing 5-star patient care."

You said, "Staff are very nice and I have been well looked after."

The Trust staff always strive to provide 5-star patient care.

You said, "I don't like the isolation of the private rooms."

The Trust replied, "We understand that side rooms can be lonely at times. We maintain regular checks to ensure that patients' needs are being met."

3.5.2. Complaints

The Trust takes patients' complaints extremely seriously and has put measures in place during the year to ensure that they are appropriately investigated and that patients are provided with a comprehensive response.

Work remains on-going to improve the timeliness of responses to those who made the effort to highlight concerns about their care. The average time to respond to new complaints within the agreed timescale improved from 35.5% in 2014-15, to 61.4% in 2015-16, but dipped to 58% in 2016-17 due to an increase in complaints and operational pressures throughout the Trust. However, there was a big improvement in the responses in the complainant satisfaction survey of those who thought their complaint was responded to in a reasonable timeframe; an increase to 86% from 39% in the previous year.

In 2016-17, the Trust received a total of 338 new complaints that were opened for investigation. This compares to 293 new complaints received in 2015-16. In addition, the Trust saw a significant reduction in the number of complainants that were dissatisfied with the initial response, decreasing by 43%, from 74 in 2015-16 to 42 in 2016-17.

The Trust has made a number of changes to services following complaints, including:

- Introduction of a pain management tool based around the College of Emergency Medicine best practice guidelines in all areas within the Emergency Department, including all triage areas
- Amending care plans to give clear instructions for how often anti-embolitic stockings should be changed and how long they need to be worn for
- Promotion of the structured shift handover for nursing care, based on situation, background, assessment and recommendation (SBAR)
- Reinforcing the need for improved communications within teams, including the Emergency Department
- On-going reinforcement of the Trust's ACE behavioural standards, at ward meetings and via the Trust's governance structure

The Trust has continued to conduct the Complaints Satisfaction Surveys throughout 2016-17, with a copy of the survey sent out with all response letters. There were 28 responses in total. Overall, the majority of respondents to the survey were satisfied with how easy it was to make a complaint (86%) and with being provided with a contact number for the Complaints Team (79%). The majority of respondents (70%) reported that they were either fairly satisfied or very satisfied with the way in which their complaint was handled, an increase from 62% the previous year.

3.6. Summary of national patient surveys

3.6.1. National inpatient survey

The Trust participated in the annual National Inpatient Survey coordinated by the CQC.

The results were published in June 2016 and were broadly consistent with the previous year's survey for the Trust. Overall, the feedback from patients continues to indicate that patients have a positive experience of their care.

The Trust was included in the 'best performing' Trusts nationally across two indicators and was not included in the 'worst performing' Trusts for any indicators. The areas where the Trust rated in the best performing Trusts are:

- In your opinion, how clean was the hospital room or ward that you were in?
- How clean were the toilets and bathrooms that you used in the hospital?

The Trust's Patient Experience Council oversees the delivery of the action plan that is in place following the survey. The plan includes a range of actions being taken to further improve standards across a number of areas.

The full benchmarked results can be found on the Care Quality Commission's website at: www.cqc.org.uk

3.6.2. National cancer patient experience survey (NCPES)

The Trust participated in the latest NCPES survey. The results were published in July 2016 and show that the Trust continues to provide a high standard of cancer care. The scores were within the expected range for all the questions, apart from two in which the Trust performed better than the expected range and one was lower, as shown in the tables below:

Scores that exceeded the expected range

	STHK	Expected range	National average
Felt they were given enough support from health or social services on discharge	59%	32-57%	45%
Received a care plan	44%	24-42%	33%

Scores within the upper limits of the expected score range

	STHK	Expected range	National average
Always treated with respect and dignity	92%	82-92%	87%
Knew who to contact if worried post discharge	96%	90-98%	94%
Had confidence and trust in the doctors treating them	89%	78-90%	84%
Families had opportunity to talk to a doctor	79%	64-80%	72%

Score achieving less than expected

	STHK	Expected range	National average
Received easy to understand information about the type of cancer they had	64%	65-79%	72%

The Trust is working hard to improve the written information provided to patients about the type of cancer they had, as the Trust scored slightly below (64%) the lower expected range (65%).
This includes improving the discharge information provided for some specialties. The full results can be found at: www.ncpes.co.uk

Section 4
Annex

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

The 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 2016-17
- 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 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 Board

Richard Fraser

Richard Fraser
Chairman
May 2017

Ann Marr

Ann Marr
Chief Executive
May 2017

4.2. Written statements by other bodies

4.2.1. Knowsley Council Health Scrutiny Sub-Committee and Healthwatch Knowsley

Joint commentary on the Quality Account of St Helens and Knowsley Teaching Hospitals NHS Trust by Knowsley Council Health Scrutiny Sub-Committee and Healthwatch Knowsley.

The Quality Account for St Helens and Knowsley Teaching Hospitals NHS Trust was considered at a meeting of the Health Scrutiny Sub-Committee on Tuesday 9 May 2017. Representatives from Healthwatch Knowsley were invited to attend the meeting and contribute to the discussions and commentary.

It was acknowledged that the Trust had reported on two "never" events occurring during 2016-2017. Representatives reiterated how important it was to avoid such occurrences and were reassured that the appropriate learning had been taken on board.

Concern was expressed regarding the 2016-2017 priority to further reduce the mortality of weekend admissions not being achieved or included as a priority moving forward. Whilst it was explained that the reasons for such patterns were yet to be fully understood, representatives emphasised that it should be highlighted as a priority for 2017-2018 whilst national research was ongoing. It was important that the Trust gave the right impression to the public about how seriously it continues to take this issue.

Reference was made to staffing levels as the Trust's activity was increasing. It was acknowledged that this was a key challenge in terms of ensuring there are no staffing shortfalls in specific areas. It was recognised that options such as international recruitment were being pursued but this was an area that required an ongoing focus.

Concern was expressed around the response levels to customer satisfaction questionnaires. Representatives acknowledged that efforts were ongoing to improve the response rate and highlighted how important it was for these efforts to be successful.

Representatives from the Sub-Committee and Healthwatch referred to the size of the Quality Account document and expressed concern about accessibility to the public. Whilst they received assurances that an executive summary of the document would be produced that would be more user-friendly, they asked for their comments to be taken on board.

Members welcomed the Trust's open approach to highlighting areas of improvement and its honesty in suggesting that the picture was not as positive as the previous year. There was an acknowledgement that the Trust continues to face financial challenges. The Sub-Committee and Healthwatch representatives were grateful for the Trust's detailed presentation and Quality Account and thanked the representative for taking time to attend the meeting and provide information.

4.2.2.

4.2.3. Halton Borough Council

Quality Accounts 2016 - 2017

Further to receiving a copy of your draft Quality Accounts and the Joint Quality Accounts event held on 26th April that your colleague Sue Redfern 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 2016-17 the Board were pleased to note that the Trust made progress against the following priorities:

- A 17% reduction in falls resulting in harm
- The recruitment of a permanent team to address complaints response times
- Delivering 5-star care to patients admitted to hospital with acute kidney injury

In terms of Patient Safety, the Board were pleased to note the following:

- There were no hospital acquired grade four pressure ulcers.
- The Trust achieved a 69% reduction in theatre related episodes of moderate/severe harm.
- Clostridium Difficile infections were reduced by 23%.
- Changes were made to the design of a plastic cover on wound drain equipment following two never events and amendments made to procedure

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 six wards

The Board are pleased to note the following Improvement Priorities for 2017-2018:

- Continue to reduce avoidable harm from falls, pressure ulcers and MRSA infections by 50% in the next 3 years
- Improve the effectiveness of discharge planning and increase the percentage of e-discharge summaries sent within 24 hours to 85%
- Refresh and redesign the process for learning from incidents and complaints

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

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

St Helens and Knowsley Teaching Hospitals Trust Quality Account 2016-17

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 Foundation Trust Quality Account for 2016-17.

The CCGs commend the Trust on its achievements in 2016-17 including:

a) Patients received above 98.8% new harm-free care
b) No hospital acquired grade 4 pressure ulcers
c) Reductions in incidents resulting in harm from 2013-14 benchmarks (Sign up to Safety)
d) 69% reduction in theatre-related episodes of moderate/severe harms
e) 54% decrease in prescribing incidents resulting in harm
f) 17% decrease in falls incidents resulting in harm
g) 23% reduction in Clostridium Difficile infections
h) 95.1% fill rate for registered nurses/midwives
i) Top national performer for frontline staff receiving flu vaccination (82%)

Throughout the year we would want to work with the Trust to manage the pressures that in 2016-17 impacted on quality e.g. MRSA and the challenges and risks of increased activity and use of agency staffing.

The weekend mortality report will be monitored at the Clinical Quality Performance Group (CQPG) meetings to ensure mortality from sepsis is monitored.

The Trust's aim and commitment to improve the quality of care is evident from improvement priorities for 2017-18, maintaining the safety of patients in the Emergency Department will again be monitored through the CQPG.

NHS Knowsley Clinical Commissioning Group and NHS St Helens Clinical Commissioning Group will continue to monitor St Helens and Knowsley Teaching Hospitals NHS Foundation Trust through the Clinical Quality and 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
NHS Knowsley Clinical Commissioning Group

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

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 are required 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 2017 ("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, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2017 subject to limited assurance consist of the following indicators:

- Percentage of patients risk-assessed for venous thromboembolism (VTE)
- Rate of Clostridium difficile infections ("CDIs") per 100,000 bed days for patients aged two or more

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

Respective responsibilities of directors and auditors

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health 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 guidance

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

- the Annual Governance Statement dated 23rd May 2017;
- the Care Quality Commission inspection report dated 19th January 2016

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.

This report, including the conclusion, is made solely to 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 save 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;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicators tested back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations;
- 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 which can result in materially different measurements and can impact 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 thereof, 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. 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.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- 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 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
4 Hardman Square, Spinningfields
Manchester, M3 3EB
26th May 2017

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

Section	Amendment
2.1.2	Additional narrative included to make explicit the challenges in continuing to provide high quality care when delivering increased levels of activity and facing recruitment difficulties in some areas, with additional information relating to safer staffing
2.2	Additional information and data included to expand on the outcomes achieved from last year's quality priorities. Explanation included confirming that the Board will continue to monitor mortality of weekend admissions and rationale for not including it as one of the six priorities for 2017-18
2.3	Additional outcome measures to be reviewed to measure the delivery of ward-based non-invasive ventilation
2.4.1	Additional information provided to clarify different types of income
2.4.10	Clarity provided that the Quality Committee will closely monitor the delivery of the VTE risk assessment rate

4.4. Abbreviations

AMU	Acute Medical Unit
AKI	Acute kidney injury
ANTT	Aseptic Non-Touch Technique
AQ	Advancing Quality
AQuA	Advancing Quality Alliance
BAPEN	British Association of Parenteral and Enteral Nutrition
BONE	British Orthopaedic Network Environment
BOTA	British Orthopaedic Trainees Association
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
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
ED	Emergency Department
EDMS	Electronic Document Management System
EDS or EDS2	Equality Delivery System
eMEWS	Electronic Modified Early Warning Score
FFFAP	Falls and Fragility Fractures Audit Programme
FFT	Friends & Family Test
GP	General Practitioner
GI	Gastro-intestinal
HCAI	Healthcare Acquired Infections
HES	Hospital Episode Statistics
HF	Heart Failure
HSCIC	Health and Social Care Information Centre
HSMR	Hospital standardised mortality ratio
HWWB	Health, Work and Wellbeing
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
ISS	Injury severity score
LGBT	Lesbian, gay, bisexual, transgender
LTC	Long-term condition
MARAC	Multi-Agency Risk Assessment Conferences
MBRRACE- UK	Mothers and Babies - Reducing Risk through Audits and Confidential Enquiries across the UK
MDS	Myelodysplastic Syndromes

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
NCAA	National Cardiac Arrest Audit
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
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
NLCA	National Lung Cancer Audit
NNAP	National Neonatal Audit Programme
NPCA	National Prostate Cancer Audit
NPSA	National Patient Safety Agency
NRLS	National Reporting Learning System
OCS	Order Comms System
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
SAMBA	Society for Acute Medicine (SAM) Benchmarking Audit
SAH	Subarachnoid haemorrhage
SHMI	Summary Hospital-level Mortality Indicator
SIRO	Senior Information Risk Owner
SSNAP	Sentinel Stroke National Audit Programme
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

St Helens Hospital
Marshalls Cross Road, St Helens
Merseyside. WA9 3DA
Telephone: 01744 26633

Whiston Hospital
Warrington Road, Prescot
Merseyside. L35 5DR
Telephone: 0151 426 1600

www.sthk.nhs.uk