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1.

CQC comments

“Patient safety and positive experiences were key priorities for the Trust and underpinned all aspects of service planning and delivery.”

“Care and treatment was delivered by caring, committed, and compassionate staff. Staff at all grades treated people with dignity and respect. ”

“Staff were open, friendly and helpful, many went out of their way to help and support patients.”

“Treatment was delivered by skilled and committed staff.”

“Staff were passionate about delivering high quality care and went above and beyond their usual duties to ensure children and young people experienced high quality care.”

Summary of quality achievements in 2015-16

Quality of services overall

- Caring rated as **outstanding** across the Trust, **the best rating possible**, by the Care Quality Commission (CQC)
- St Helens Hospital rated as **outstanding**
- Outpatients and Diagnostic Imaging Services rated as **outstanding overall**
- Trust rated as good overall
- Ward quality accreditation tool rolled out across all general inpatient areas, namely the Quality Care Assessment Tool (QCAT)

Patient safety

- No never events since May 2013
- Patients consistently received above 98% new harm-free care, that is harm that has occurred whilst an inpatient in the Trust in 2015-16 reported via the NHS Safety Thermometer - outperforming neighbouring Trusts in this safety measure
- 48% reduction in falls resulting in moderate or severe harm, following the implementation of the falls strategy action plan in October 2015
- Reduced the number of hospital acquired pressure ulcers compared to last year, with a 50% reduction in grade 3 and no grade 4 pressure ulcers
- Reduced the number of Clostridium Difficile infections, performing better than the target
- No hospital acquired methicillin-resistant staphylococcus aureus (MRSA) bacteraemia since September 2014
- 96.8% fill rate for registered nurses/midwives

Patient experience

- Best in the UK for patient experience and shortlisted again for the 2016 awards by CHKS Top Hospitals
- Best acute NHS Trust in England for the second year running in the Patient Led Assessments of the Care Environment (PLACE)
- 96.4% of inpatients would recommend our services, as recorded by the Friends and Family Test



Clinical effectiveness

- Third best performer in England in the Sentinel Stroke National Audit Programme following transformational changes to the service
- Electronic modified early warning score (eMEWS) system went live to electronically record patient observations ensuring more effective treatment for patients at risk of deterioration
- Cancer services seen as champions of the Electronic Holistic Needs Assessment (eHNA), for staff sharing best practice examples with other cancer hospitals nationally to improve individualised care plans for patients
- First Department of Anaesthesia in the North West and 8th nationally to be awarded accreditation status by the Royal College of Anaesthetists

Well-led

- Ranked in the Top 100 Places to Work in the NHS in the Health Service Journal's independent assessment in 2014 and 2015
- Rated as the best acute Trust in the North West and the best non-Foundation Trust nationally in the latest staff survey
- Scored the highest score for any acute hospital nationally for the question, "Are you happy with the quality of care you are able to deliver?" in the staff survey

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

- Customer Service Excellence Award for the Rheumatology Unit
- Midwife, Joanne Price, won the prestigious Johnson's Baby Mums' Midwife of the Year Award 2015 for the North England region, at the Royal College of Midwives (RCM) Annual Midwifery Awards
- Consultant, Tamara Kiernan, won the Liverpool and North West Surgical Society registrar prize for her work as Oncoplastic Fellow for Merseyside
- Gary Barker, Specialty Lead Nurse, Sexual Health, was named the Gilead Sciences HIV Nurse of the Year at the National HIV Nurses Association's 17th Annual Conference
- Jackie Burke, Healthcare Assistant, won the Michael McNally Mentor Award at the 12th Annual Cadet Award ceremony
- Julie Sanderson, Bereavement Midwife, named North West Nurse of the Year at this year's North West Pride Awards, after being nominated by a bereaved parent who believes "every hospital should have a Julie"
- Sexual Health Team won first prize at the national Royal College of General Practitioners' conference for their poster presentation for services delivered to seldom heard communities, in partnership with the Addaction Service (drugs and alcohol service)
- Finalist in the category of Education and Training in Patient Safety, in the national Patient Safety Awards, following the work in theatres to introduce safer systems based on Human Factors training
- Maternity Bereavement Service shortlisted for the category of Best Hospital Bereavement Service Award at the Butterfly Awards
- Ward 3C (trauma & orthopaedics) received an award for being an outstanding clinical placement for nursing students from Liverpool John Moores University

The Trust also celebrates success internally and hosted its 11th Annual Staff Awards Presentation Evening in July 2015 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.

Statement on quality from the Chief Executive of the Trust

We are pleased to present the Trust's seventh 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, achieving positive outcomes every time. This continues to be embedded in the everyday working practices of staff throughout the Trust and has been recognised by a number of external organisations.

The vision is underpinned by the Trust's values, five key action areas and the ACE behavioural standards of attitudes, communication and the experiences we create.

The vision and values are shown in the following diagrams:

Trust Vision



Trust Values



The Board, through its Quality Committee, oversees the delivery of the vision to achieve 5-star patient care by monitoring key performance indicators and by reviewing the delivery of the quality standards. One of the key ways of measuring the quality of services is through the regular inspections by the CQC, the independent regulator of health and adult social care services.

The CQC inspectors assess services against five key questions asking if services are:

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

We are delighted to report that the Trust was rated as outstanding for caring, with St Helens Hospital and our outpatients and diagnostics services rated as outstanding by the CQC following their comprehensive inspection. These are great achievements and demonstrate that the Trust is performing exceptionally well. Overall, the Trust was rated as good and noted to be one of the best trusts inspected so far.

The inspection took place during August and September 2015. A team of 52 inspectors, including doctors, senior nurses, pharmacists, trained lay members and CQC members visited the Trust, talked to patients, carers and staff and reviewed the services provided. The inspectors confirmed that patient safety and positive experiences were key priorities for the Trust and underpinned all aspects of service planning and delivery. In addition, they found that staff were fully engaged in the on-going development and implementation of the Trust's vision, values and behavioural standards.

The CQC reported that they saw several areas of outstanding practice including:

- The development of a pressure ulcer (PU) risk assessment tool used by the tissue viability nurses across the wards. This took into account the grade of the PU risk and a care plan was determined which included the equipment to be used for the patient
- A pathway and coordinated approach for patients with additional needs to reduce the need for repeat procedures and to enhance the patient's experience
- Staff were passionate about delivering high quality care and went above and beyond their usual duties to ensure children and young people experienced high quality care (Services for Children and Young People)
- Feedback from children, young people and parents about their care was exceptionally positive
- Excellent caring, respectful and compassionate interactions between staff, children, young people and their families, particularly in the outpatient clinics (Services for Children and Young People)
- Positive interactions when staff were seeking consent (surgery)
- Improvements in the response times and access to timely treatment for a patient, by booking another follow-up appointment with the appropriate specialist if a critical or abnormal finding was detected on an X-ray by radiology staff.

The CQC did highlight areas for improvement within the Trust's Emergency Department (ED) in the responsive domain, as the Trust was not meeting the four-hour access target or ambulance handover times, although, the Trust was amongst the best performing Trusts in the region. In Maternity Services, some improvements were required in the safety, responsive and well-led domains. The CQC recognised that action was being taken to address these. Further work is on-going to embed the improvements via a robust action plan, which is monitored internally and externally to the Trust.

This year we have worked with our local Healthwatch organisations to improve accessibility and inclusivity of our services, particularly in respect of seldom heard groups within the community, shown in the progress achieved in meeting the agreed targets for the Equality Delivery System (EDS2) outcomes.

In addition, we have continued to work closely with patients and carers during the year to ensure that they are able to influence changes made to our services. The Trust hosts a number of patient focus groups and has patient representatives on several Trust councils and steering groups. 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.

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.

This Quality Account details the progress we have made with delivering the priorities agreed last year 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 2016 - 17, which were widely consulted on seeking the views of staff, patient representatives and our commissioners.

I am pleased to confirm that the Board of Directors has reviewed the Quality Account for 2015-16 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 to what has been another successful year.

Ann Marr

Ann Marr
Chief Executive

May 2016



2. About us

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 new 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 another successful year, despite the current financial challenges facing the NHS. There has been a significant increase in demand for its 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, which was recognised by the CQC.

The number of patients attending the Emergency Department (ED) has continued to increase along with elective referrals from General Practice, patients attending the outpatients department and those receiving treatment as a day case patient.

In the past year, the Trust saw:

- 65,782 inpatient admissions (an increase of 0.7%) (this is elective and non-elective admissions, excluding well babies)
- 3,902 births (an increase of 0.6% compared to the previous year's increase of 7.1%)
- 38,514 day-case patients (an increase of 10.8%)
- 103,940 ED attendances (an increase of 2.7%)
- 438,330 total outpatient attendances (an increase of 5.6%).

Our staff and resources

The Trust's annual total revenue income for 2015-16 was £313 million. We employ more than 4,000 members of staff and we are the lead employer for the Mersey Deanery, responsible for 2,000 trainee specialty doctors, based in hospitals and general practice (GP) placements throughout Merseyside and Cheshire. The average staff turnover rate in the Trust for 2015-16 was 9.34%, which is lower than the national rate of 9.46%. However, this overall rate masks variations between disciplines and the significant recruitment challenges 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 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.

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.

Our partners

We are continuing to work with stakeholders across the health economy to secure sustainable health care services for our local population. The Trust is working with its commissioners and provider partners to develop a five year Sustainability and Transformation Plan (STP) in accordance with the NHS national planning guidance. This plan will be submitted in June 2016.

The Commissioners within the Liverpool City Region have formed a collaborative partnership and a Committee in Common to support decision-making. The Liverpool City Region is, therefore, the overarching STP footprint, but within this there will be more localised plans covering four Local Delivery Systems.

Mersey health and social care economy are broadly aligned, in that all partner organisations aspire to reduce urgent care demand and provide more services outside of hospitals. The Trust is working with partners within the economy to develop long term transformation programmes to deliver this aspiration, whilst at the same time securing sustainable and viable services. One of the key areas for attention is consolidating and integrating services, in particular care pathways for frail elderly patients across primary, secondary and social care, which are designed to reduce Emergency Department (ED) attendances and non-elective hospital admissions.

The Trust is part of the Cheshire and Merseyside Paediatrics, Neonatal and Maternity Services Vanguard programme which is exploring new ways of working across the wider health economy.

This will enable the sharing of best practice and resources, as well as leading to a reduction in the variation in outcomes between different units. This is an exciting new way of working to support the delivery of the NHS Five Year Forward View to achieve both clinical and financial long term sustainability for services. It is based on collaboration and integration of service models across traditional boundaries, where this will help to promote higher quality care.

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.

Technology and information

This year the Trust has continued to deliver a portfolio of technological advancements to enhance patient safety and care.

Working closely with teams of clinicians and nurses across the Trust, the Informatics Department have deployed an electronic modified early warning score (eMEWS) system. This system has replaced paper charts that required manual calculations of patients' observations with an automatic system, using iPads instead of paper. The system is faster and safer for patients with an automatic referral of a patient in the event of deterioration in their condition. It has already delivered significant time-saving benefits for clinical users of the system. This time can be re-invested back into patient care.

The Informatics Department have also developed the eHandover application, to ensure the medical on-call referral process for patients admitted to the trust via

Emergency Department (ED) is efficient, safe and transparent. Working closely with a team in the ED to develop the application, eHandover has replaced the manual process and is already proving to be an extremely useful tool for all teams involved in this handover process, improving the efficiency of the medical on-call referral process and minimising bleeps from ED to medical specialist-trainees and registrars.

Informatics have also upgraded a number of existing Trust systems, including:-

- Critical Care information system - to give better resilience of the system
- Mortuary system - allowing the Trust to exchange information with Warrington Hospital
- Trust-wide pager system - to enable more advanced monitoring and higher availability.

Trust systems and applications can only function effectively if the underlying infrastructure is secure, available and resilient. During 2015-16, the Informatics Department have also made significant improvements to the infrastructure that ensures staff and patients can access the right systems and information at the time they need it. It has:

- Replaced the Storage Area Network (SAN) – enabling increased performance and capacity and higher availability of systems and data
- Commenced a project to deploy a new version of internet explorer web browser across the Trust - this is required for future projects in plan
- Deployed Patient Wi-Fi - across a number of patient locations at St Helens Hospital
- Developed the new Trust website - in collaboration with the Trust Communications Team, resulting in a more user friendly and up to date public website.



Summary of how we did against our 2015-16 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.

2015 - 16 Progress in achieving quality goals

Quality Improvement Goal	Outcome delivered	Progress
1. Reduce avoidable harm by 50% in the next 3 years (falls, pressure ulcers, medication incidents)	On track	<ul style="list-style-type: none"> • 2015-16 figures demonstrate a 50% reduction in grade 3, no grade 4 pressure ulcers and a 16% reduction in grade 2 pressure ulcers. Grade 1 pressure ulcers have remained the same. Overall there has been a 15% reduction in all pressure ulcers. • The year one target for reducing prescribing errors was to increase the reporting of prescribing errors by 50%. This target was achieved in January 2016. It is essential to fully understand the causes of prescribing errors and the plan for this year is to optimise all potential reduction strategies. These are included in the medicines optimisation plan, which is reported through the Medicines Safety Group. This work will be further supported by the introduction of a Trust wide e-prescribing system in 2016 and the presence of ward-based pharmacy staff. The data demonstrates a 30% reduction in harm related to prescribing errors in 2015-16 compared to 2014-15. • The early recognition and response to deteriorating patients is progressing well, with the introduction of an electronic vital signs recording and escalation system. The system began roll out in December 2015 and it is anticipated it will be operating across all Trust areas by summer 2016. • The Trust has maintained its impressive record of zero never events since May 2013. Annually the NHS reports over 300 Never Events nationally which highlights this as a significant achievement by the Trust for over almost three years. • The Trust continues to pilot new and innovative ways of reducing harm from inpatient falls. The Trust's new Falls Prevention Strategy and associated actions have seen a significant decrease in harm from falls since its implementation in October 2015. A 13% decrease in the overall harm from falls and a 48% decrease in falls resulting in moderate harm or above has been demonstrated from October 2015 to March 2016, compared to the first half of the financial year. • The Trust is currently piloting safety briefings as part of ward handovers between staff. The final safety huddle tool will be rolled out Trust wide in Spring 2016, following a period of refinement.

Quality Improvement Goal	Outcome delivered	Progress
2. To further embed the process for learning from incidents and complaints	Partially achieved	<ul style="list-style-type: none"> Evidence of learning from complaints is provided via reports 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 investigations. The Central Complaints Team have developed a short course for staff to use the investigations section and the actions module, which will be rolled-out across all Care Groups from April 2016. 10% increase in incident reporting & key lessons cascaded through Patient Safety Newsletter, team meetings, safety huddles There is a continued focus on increasing the quality of investigations to ensure that the key factors causing incidents are identified and then the relevant action plans delivered to mitigate the future risk of same types of harm. This includes involving patients and families in the investigation process to ensure that all available information pertaining to the episode of harm is captured and all causation factors are fully understood and mitigated against. Additional focus will be placed on the timeliness of completing investigation reports during 2016-17 to ensure that these are undertaken within the required deadlines.
3. Ensure safer staffing levels are achieved	Achieving	<ul style="list-style-type: none"> Monthly safer staffing reports are provided to the Board and Quality Committee, which note high levels of compliance in the majority of areas. On-going recruitment days are in place for areas with lower staffing levels due to vacancies. In addition, staff from other wards are reallocated to ensure safe staffing across the hospital. This is proactively managed through the Trust's risk management processes. Staffing levels are reviewed throughout the day with daily safer staffing huddles undertaken by the Matrons. More detailed reports are provided twice yearly and include the use of the Shelford tool to assess staffing requirements in response to changing patient dependency and acuity which are reported to the Board. In recognition of the challenges to maintain safe staffing levels, including the national shortage of registered nurses and other specialist roles, the Trust has undertaken international recruitment to increase the overall number of clinical staff within the Trust. The Trust proactively manages the use of temporary staff including agency staff, mindful of the requirement to remain within the national spending restrictions.

Quality Improvement Goal	Outcome delivered	Progress
4. Further reduce mortality of weekend admissions.	Off trajectory	Progress in reducing mortality in people admitted at weekends has fallen short of plan and intensive focus will be given to this area in 2016-17.
5. Reduce variations in care to improve outcomes	Achieving	The Trust has received assurance from internal work and externally from the CQC and internal audit that its systems and processes for incorporating evidence-based clinical care based on national guidance is effective.
6. Improve pathways of care for people with long term conditions including frailty	Partially achieved	Good progress has been made in improving integration between specialist community and primary care delivered for people with long-term conditions. The Trust, together with other speciality and community providers and all the local CCGs, has signed up to increased vertical and horizontal integration as part of the local delivery system and the sustainability transformation plan.
7. To improve the timeliness of complaint responses.	Partially achieved	61.4% Stage 1 complaints received in 2015-16 and resolved within agreed timescales compared to 35.5% in 2014-15
8. Enhance the discharge planning process	Partially achieved	<p>Discharge processes continue to be the focus of the Trust's rapid improvement work. Improvements have been made to the electronic discharge planning report, which is accessed by the multidisciplinary team to ensure timely effective discharges. It is also a tool to highlight the needs of the patient to reduce any delays in discharge planning and identify social care needs. Work is continuing with the Medical Directors to ensure that all patients have a documented workable estimated date of discharge. This along with an agreed Standard Operating Procedure is being embedded in all ward areas with all grades of staff.</p> <p>Weekly length of stay meetings with a representative from the Local Authority and the CCG discuss any patients with a stay of more than 14 days.</p> <p>Ward-based Discharge Coordinators expedite any delays and they ensure effective discharge planning in a timely manner with a plan of care in place that will prevent re-admission.</p> <p>The Integrated Discharge Team, which includes social services, ensure that through holistic working the patients' needs are identified and met prior to discharge. Closer liaison with community teams is undertaken for patients with complex needs. There is an on-going project to encourage the ward staff to utilise the ward based pharmacy teams, which should improve the timing of discharge medication being processed through the dispensary.</p>

Quality priorities for improvement for 2016-17

The Trust's quality priorities for 2016 - 17 are listed below 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.

1. Reduce avoidable harm from falls, pressure ulcers and medication incidents by 50% in the next 3 years

Rationale:

Patient safety remains a key priority for the Trust. 2016-17 will be the second 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'.

The key measures will be:

- Reducing the number 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 4 pressure ulcers and continue to seek to further reduce harm from pressure ulcers at all grades by 5% in year

- Reducing the incidents 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

This will be monitored by the Patient Safety Council and reported to the Quality Committee.

2. To further embed the process for learning from incidents and complaints

Rationale:

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.

This will be measured by:

- Demonstrating a learning safety culture through increased reporting of incidents by 30%
- Improving on the timeliness of investigating and reporting serious incidents
- Being in the top 20% nationally for reporting incidents within the reporting cohort in the national reporting and learning system (NRLS)
- Improving timeliness of responding to complaints to meet the Trust target of 90% of complaints responded to within the agreed timescale
- Implementing lessons learnt framework Trust-wide to increase the sharing of lessons learnt from incidents, complaints and claims

This will be monitored by both the Patient Safety and Patient Experience councils and reported to the Quality Committee.

3. Further reduce mortality of weekend admissions

Rationale:

In line with other trusts nationally, St Helens and Knowsley Teaching Hospitals NHS Trust continues to experience higher than expected numbers of deaths for patients admitted at the weekend and continues to strive towards reducing differences in care across the days of the week.

This will be measured through hospital standardised mortality ratio (HSMR) data from Dr Foster. Our first action to address this issue is to undertake detailed analysis of the data to help identify the issues and to support the establishment of targets for improvement going forward and help to determine a trajectory and timeframe for achievement.

This will be monitored by the Clinical Effectiveness Council and reported to the Quality Committee.

4. Earlier identification and initiation of appropriate treatment thus reducing mortality due to sepsis for patients attending the Trust

Rationale:

Sepsis is a common condition associated with infection which, if not identified and managed early, can lead to serious complications and death. Sepsis Trust quotes that annually 37,000 patients die as a consequence of sepsis in UK alone. Sepsis is one of the leading causes of death across all acute trusts in the country, with between 15-30 patients admitted to the Trust every day with sepsis. The Trust is determined to improve the management of sepsis and to reduce the number of avoidable deaths due to sepsis.

This will be measured by:

- Increasing screening from 30% of patients to 60% in next 12 months for all acute admissions including paediatrics
- Increasing antibiotic administration within first hour of presentation from 30% to 60% in next 12 months
- Reducing length of stay by one day in next 12 months

This will be monitored by the Clinical Effectiveness Council and reported to the Quality Committee.

5. To deliver 5-star care to patients admitted to hospital with an Acute Kidney Injury

Rationale:

Acute Kidney Injury (AKI) is a sudden reduction in kidney function. In England, over half a million people sustain AKI every year with AKI affecting 5-15% of all hospital admissions. It is responsible for 40,000 excess deaths every year. Patients with AKI are also subject to longer, more complex hospital stays with the annual cost of AKI in England at more than £1billion.

This will be measured by:

- Delivery of a 4.7 day length of stay reduction for 25% of hospital-acquired AKI population within two years using 2014-15 as a baseline
- Delivery of the local Commissioning for Quality and Innovation (CQUIN) target for effective discharge communication for patients with AKI

This will be monitored by the Clinical Effectiveness Council and reported to the Quality Committee.

6. Increase the percentage of e-discharge summaries sent within 24 hours to 90%

Rationale:

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.

This will be monitored by the Clinical Effectiveness Council and reported to the Quality Committee.

In addition to the above agreed quality priorities, the Trust will continue to work on areas for improvement, as outlined in other sections of the quality account, including emergency care access, maternity services, complaints and serious investigation report response times and venous-thromboembolism risk assessments.

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 they will 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.

Review of services

During 2015-16, the Trust provided and/or sub-contracted £261m NHS services.

The 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 2015-16 represents 100 per cent of the total income generated from the provision of NHS services by the St Helens and Knowsley Teaching Hospitals NHS Trust for 2015-16.

Participation in clinical audit

During 2015-16, 43 national clinical audits and 2 national confidential enquiries covered NHS services that St Helens and Knowsley Teaching Hospitals NHS Trust provides.

Please note: some audits are listed with one heading, however several individual audits have been undertaken under each heading, as noted below:

- National Confidential Enquiry into Patient Outcome and Death (NCEPOD) - 4 individual audits
- Blood Transfusion Programme - 3 individual audits (participated in 2 audits)
- Falls And Fragility Fractures Programme (FFFAP) – 2 individual audits

During that period, the Trust participated in 97% (28/29) 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 2015-16, 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.



Quality account audits/ascertainment rate

National Audits 2015-16	Participation	Status	Rate Of Case Ascertainment
Diabetes (Paediatric) (Paediatric National Diabetes Audit (PNDA))	Yes	Completed	100%
Procedural Sedation In Adults (Care In ED) (College of Emergency Medicine (CEM))	Yes	Completed	100%
Vital Signs In Children (Care in ED) (CEM)	Yes	Completed	300%
VTE Risk in Lower Limb (Care in ED) (CEM)	Yes	Completed	125%
Inflammatory Bowel Disease 4th Round UK	Yes	Completed	100% For Main Audit 100% Biologics Audit
BRS Rheumatoid and Early Inflammatory Arthritis	Yes	Completed	All Data Submitted for 2015
Parkinson's UK	Yes	Completed	100%
Emergency Use in Oxygen BTS	Yes	Completed	100%
Paediatric Asthma British Thoracic Society (BTS)	Yes	Completed	100%
National Emergency Laparotomy Audit (NELA)	Yes	Active	-
Diabetes (Adult) (National Diabetes Audit (Adult) (NDA (A)))	Yes	Completed	13-14 Data 47% 14-15 Data 67%

National Comparative Audit of Blood Transfusion Programme (X3)			
<ul style="list-style-type: none"> Blood Transfusion in Scheduled Surgery Audit Audit of Red Cell Lower GI Bleed Audit: Use of Blood 	Yes	Completed	100%
		Completed	100%
		Did not participate	
National Prostate Cancer Audit (NPCA)	Yes	Active	-
National Ophthalmology Audit	Yes	Active	-
Bowel Cancer (National Bowel Cancer Audit Programme (NBOCAP))	Yes	Continuous Monitoring	Awaiting figures from national centre
Oesophago-Gastric Cancer (National Audit Oesophago-Gastric Cancer (NAOGC))	Yes	Continuous Monitoring	Awaiting figures from national centre
Lung Cancer (National Lung Cancer Audit (NLCA))	Yes	Continuous Monitoring	Awaiting figures from national centre
Adult Critical Care (Case Mix Programme) (Intensive Care National Audit & Research Centre (ICNARC))	Yes	Continuous Monitoring	100%
Severe Trauma (Trauma Audit & Research Network (TARN))	Yes	Continuous Monitoring	100%
Acute Coronary Syndrome or Acute Myocardial Infarction (Myocardial Ischaemia National Audit Project (MINAP))	Yes	Continuous Monitoring	100%
National Cardiac Arrest Audit (NCAA)	Yes	Continuous Monitoring	100%
National Heart Failure (HF)	Yes	Continuous Monitoring	2013-14 94% (Awaiting 2014-15 national figures)
Sentinel Stroke National Audit Programme	Yes	Continuous Monitoring	100%

National Audits 2015-16	Participation	Status	Rate Of Case Ascertainment
Falls And Fragility Fractures Programme (FFFAP) • Includes National Hip Fracture Database • Fracture Liaison Service Database (FLS-DB) Facilities Audit	Yes	Continuous Monitoring	91.6%
	Yes	Completed	Took part in organisational audit and not eligible for main audit
National Joint Registry (NJR)	Yes	Continuous Monitoring	98.4%
Neonatal Intensive and Special Care (National Neonatal Audit Programme (NNAP))	Yes	Continuous Monitoring	Jan - Dec 15 100%
Elective Surgery (National patient-reported outcomes measures (PROMS) Programme)	Yes	Continuous Monitoring	2015-16 87.2% (Provisional)
Cystic Fibrosis Registry	Yes	Continuous Monitoring	100%
National Complicated Diverticulitis (CAD)	No	Did Not Participate	-

National Confidential Enquiries			
Gastro-Intestinal Haemorrhage	Yes	Completed	100%
Sepsis	Yes	Completed	100%
Acute Pancreatitis	Yes	Completed	100%
Mental Care Health in Acute Hospitals	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%

* The Diabetes National audit relies on direct data capture from electronic systems but Trust systems are currently paper based and therefore we have to submit a labour-intensive sample audit.

Trust participation in other national audits

Audit Title	Participation	Data collection completed
National End of Life Care	Yes	Completed
Society For Acute Medicine Benchmarking Audit (SAMBA)	Yes	Completed
Audit Of Enhanced Recovery Programmes in Lower Limb Joint Replacement	Yes	Completed
1st National Audit Of Inpatient Falls 2015	Yes	Completed
Bliss Baby Charter Audit Tool	Yes	Completed
National Diabetes Foot Care Audit (NDFA)	Yes	Completed
National Audit Of Dementia: Pilot Project Of Feasibility For Community Hospital	Yes	Completed
Mastectomy Decisions Audit: A Multi-Centre, Population Based Audit	Yes	Active
National Audit Of Dementia	Yes	Active
Recording The Impact of Acute Kidney Injury Following Major Gastro-intestinal Surgery (STARSURG)	Yes	Active
Implant Breast Reconstruction Audit (IBRA)	Yes	Active
National 3rd Corrective Jaw Treatment Audit	Yes	Active
Head and Neck Oncology	Yes	Continuous Monitoring
RACPC Audit Programme	Yes	Continuous Monitoring

The reports of 30 national clinical audits were reviewed by the provider in 2015-16 and the Trust has taken and intends to take the following actions to improve the quality of healthcare provided:

Inpatient Falls Audit

Following recommendations from this audit, an extensive action plan has been produced which includes the implementation of a revised Falls Prevention Strategy; a Strategic Falls Group has been formed to oversee the implementation of this strategy and to performance manage the associated actions contained in the action plan.

End of Life Care (EOLC) Audit

The results of the audit report will be discussed at the EOLC Steering Group and a formal action plan will subsequently be produced.

Parkinson's UK Audit

The Trust will review the advanced care planning pack, give advice regarding financial benefits available for patients, review the Parkinson's clinic assessment questionnaires and establish the support available from the Speech & Language Therapy Team (SALT).

National Dementia Audit: Following first and second audit

The pathway for patients with suspected dementia forms part of the Dementia Commissioning for Quality and Innovation (CQuIN) target and, therefore, this standard is monitored and reported to the commissioners. The Trust's Datix system is now set up to allow for identification of patients with cognitive impairment. In addition, the Trust is developing the frailty service, which includes patients with dementia. A Frailty Unit was established in November 2014 and the frailty nurses now see patients in the Emergency Department (ED) and the Medical Assessment Unit (MAU).

A prompt for mental health diagnosis is included in the discharge summaries for the Frailty Unit and Intermediate Care Unit and the frailty discharge summary will be implemented across the Older People's wards over the next 12 months.

Carer Support workers proactively identify carers of inpatients in Whiston and St Helens hospitals. The Carer Policy ensures there are clear guidelines regarding involvement of carers and information sharing.

Therapy assessments are available on request for all patients and referrals can be made for geriatric and psychiatric assessment. The assessment of nutritional status includes recording of weight. In an effort to improve social interaction at meal times and during the day, some wards encourage patients to eat their lunch at a table with other patients in their bay. The volunteer project on Ward 3 Alpha improves social interaction for patients who have had a hip fracture.

The Trust has a delirium prevention care plan in place.

All of the wards in the Department of Medicine for Older People (DMOP) have been adapted and are dementia-friendly. Dementia-friendly cubicles have been established within the ED. A capital bid has been submitted for dementia-friendly adaptations to the Frailty Unit.

Dementia awareness training is mandatory in the Trust and Mental Capacity Act training is soon to be mandatory. The Trust is meeting all the training levels required by the Dementia CQuIN.

UK Inflammatory Bowel Disease Audit (IBD) - 4th Round

Appointment of two new IBD nurse specialists since round 4 of IBD audit, all inpatients are being reviewed by IBD nurse specialists. Parenteral iron therapy offered for patients with iron deficiency anaemia

who are intolerant or nonresponsive to oral iron. Endoscopy treatment unit receives all referrals for the same and is able to action, as per patient choice.

Initial Management of the Fitting Child Audit (CEM)

Epilepsy advice leaflets reviewed and sourced, which are now available in Paediatrics & ED and given out on discharge.

Sepsis Audit (CEM)

Sepsis Pathway has been implemented, Stretcher Triage and Triage Nurse Training has been completed.

Paracetamol Overdose Audit (CEM)

Following the audit, two new pro forma have been introduced; for use in initial assessment by nursing staff and medical staff. Teaching sessions have been completed.

National Audit of Seizure Management in Hospitals (NASH2) - Emergency Department

New epilepsy referral pathway should improve follow-up for all patients presenting with seizures.

National Paediatric Diabetes Audit (NPDA) 2012-2013

Issues around child and adolescent mental health services (CAMHS) identified and a Clinical Psychologist is now employed and in place. Data capture has been improved and International Classification of Diseases (ICD) codes are now within the system, with patients identified and the data updated. Monthly validation is undertaken to ensure data accuracy prior to submission. The Trust participates in this national audit annually.

Trauma Audit Research Network (TARN)

There has been an increase in our data quality and submission efficiency rates as a result of new systems. The use of the Trauma Team has increased again since 2015 with 30 Trauma Team activations for the first quarter of 2016, compared to 19 in the same

time period in 2015. Whiston Hospital was again re-accredited as a trauma receiving unit in 2015 and will undergo further re-accreditation in 2016.

TARN data shows a reduction in the time from arrival to CT scan time for major trauma patients who require an urgent CT, under NICE Head Injury Guidance. TARN data shows that >50% of trauma teams are being led by a senior doctor and that in the majority of cases a full trauma team responds to every trauma call alert. TARN data shows that patients requiring blood products or tranexamic acid after trauma are being managed appropriately and according to clinical guidance. Any cases suggested by TARN for review are reviewed locally by a clinical team. Any trauma deaths go through the Cheshire & Mersey Major Trauma Network clinical governance mortality review process and lessons learnt are fed back locally.

Confidential Enquiries

Confidential Enquiry into Maternal Deaths - MBRRACE – UK, December 2014

The guideline for the Management of Maternal Collapse in Pregnancy and Puerperium (including amniotic fluid embolism and uterine rupture) has been updated with the recommendations from MBRRACE-UK. Presentations have been updated to reflect recommendations for the Multidisciplinary Obstetric Drills, Skills, and Simulation (MODSS) Emergency Study Day.

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

The Trust has participated in all eligible studies during 2015-16. Completed study reports have been disseminated and reviewed with report recommendations implemented or planned.

NCEPOD Sepsis study

Examples of implemented actions include a designated Consultant lead for Sepsis and the implementation of a sepsis pathway and screening tool. Sepsis Nurses providing a sepsis team approach are helping to ensure that appropriate treatment is administered within one hour of presentation of severe sepsis. This is monitored via CQUIN measures.

NCEPOD Subarachnoid Haemorrhage (SAH) study

A protocol for suspected SAH has been designed with planned implementation during 2016. A local audit on confirmed SAH has been undertaken, the results of which will be disseminated at the next Trust protected time audit session (May 16).

Reports to be published later in 2016:

- Acute Pancreatitis Study
- Care of Patients with Mental Health Problems

Current NCEPOD/Child Health studies due for completion in 2017:

- Non-invasive ventilation
- Young Persons Mental Health Study
- Chronic-Neurodisability (Cerebral Palsy)

The reports of 148 local clinical audits were reviewed by the provider in 2015-16 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.

Annual Audit Care of the Dying Patient

The Individualised Care and Communication Record was rolled out Trust-wide. The audit findings demonstrate a dramatic increase in compliance with end of life care standards and documentation when this record was in use.

Audit of the Paediatrics Epilepsy Services

A new pro forma has been implemented, which includes confirmation of what information has been given to families. An evidence-based web site: www.epilepsy.org.uk is used to signpost parents to information about epilepsy and all information given out in clinic is from this website. Parents also receive information in clinic on how to contact the epilepsy team.

Audit of the Neonatal Admission Proforma

A new neonatal admission pro forma is currently in use.

Quality & Safety of Percutaneous Endoscopic Gastrostomy (PEG) Tube Insertion

Guidelines have been reviewed and are available on the intranet.

Diabetic Ketoacidosis Audit

An electronic form has been devised (which incorporates a plan of care) and will be added to the discharge paperwork following training. Every patient admitted with a primary diagnosis of diabetes will have this, which will be shared with everyone involved in their care, including community staff.

Assessment & Management of Delirium in Medical Inpatients

The Frailty Discharge has been implemented on all of the DMOP wards; the discharge summary template has been amended to prompt users to check if delirium has resolved.

Audit on Reporting Cervical Cancer

The audit found good compliance with completing the relevant dataset. An electronic system to report cervical loop specimens has been implemented.

Audit of Diagnosis and Management of Bacterial Meningitis & Meningococcal Septicaemia in Adults

The Trust policy has been reviewed and implemented.

Trust Antibiotic Audit of Performance

Audit information is incorporated into Trust inductions. The online antibiotics policy and the Mersey Micro app have been updated as per the review and a re-launch of the antibiotic guideline has taken place.

Decompensated Chronic Liver Disease

Decompensated chronic liver disease care bundle has been launched. Training of nurses to do ascitic tap and delivery of education/awareness of care bundle has been completed.

Clexane in Lower Limb Plaster of Paris

ED pathway for lower limb Plaster of Paris has been implemented.

Re-Audit of DC Cardioversion for AF/ Flutter

The referral form has been updated and implemented in order to streamline the referral process for cardioversion.

Management of Ectopic Pregnancies

A discharge checklist has been created to ensure that the patient has appropriate follow up in place. Continued counselling on the various management options is offered.

Induction of Labour 2014

The guideline has been updated. Alternative management for women who have failed induction of labour following a 4th Prostin is being discussed.

Audit of Vulval Cancer: for existing Vulval Disorders

The Vulval Clinic is successfully managing vulval disorders in accordance with guidelines.

Primary Total Hip Replacement-Transfusion Rates/Length of Stay

An orthopaedic pathway is underway. Tranexamic acid is now used routinely, as per the guideline and at the discretion of the team performing the anaesthetic/surgery.

Audit reviewing the offer of HIV Testing: In an Integrated Sexual Health Service

Introduction of either oral swabs or dry blood spot testing to increase the uptake of HIV testing has been implemented. Kits have been purchased and are currently used in clinics for patients who are needle-phobic. Leaflets have been disseminated and groups held for young people to better understand HIV and its transmission, in order to raise awareness among young people to get HIV tested, as well as displaying posters in clinic waiting rooms.

Audit of Compliance against the Clinical Audit Policy

Continuous monitoring of actions to be taken following audit is required, with progress reported in the quarterly audit reports, which are provided to the Clinical Effectiveness Council.

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 two audits undertaken by the individual specialties during the audit year. The initial audits have been undertaken with a timelier re-audit to follow, to ensure that areas of poor practice were highlighted and actioned quickly in order to maintain high standards across the Trust. All results have been disseminated and discussed and some individual specialties have delivered further training in this area.

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 has been reviewed and amended and changes to the generic audit tool have been made to streamline the content and to make the tool more user friendly, with implementation planned from April 2016.

Identification & Management of Acute Kidney Injury (AKI)

Planned actions include continued encouragement in the use of AKI bundle, with links to a bundle tool available via the hospital intranet. Additional actions will be to review the possibility of including AKI investigation & management fields on general Acute Medical Unit (AMU) documentation. Further teaching is planned as earlier identification and timely interventions for AKI significantly reduce the risk of complications and morbidity/mortality.

HIV Testing in the Acute Medical Unit

Following the initial audit, posters showing HIV test indicator conditions were put up around AMU. Raising awareness of indicators for HIV testing teaching sessions are also planned for junior doctors.

Diagnosis & Stratification of patients with Myelodysplastic Syndromes (MDS)

Planned actions are for the inclusion of a 'Diagnosis Summary Box' located at the start of every clinic letter and to produce a specific MDS pro forma.

Audit of the Rheumatology Nurse Advice Line

All helplines have now been merged on to one number only and patients have been informed of the changes.

MRSA suppression therapy audit

Planned actions include the implementation of a daily ward audit on MRSA prescriptions. 'Decolonisation therapy' education sessions are planned for 2016.

Sepsis in Pneumonia

Sepsis specialist nurses have now been recruited and are in post. The use of the BUFALO scoring system in patients with pneumonia is encouraged.

Adequacy of Clinical Information on X-Ray Requests from the ED

A new pro forma is to be developed.

Annual Audit of Compliance with Good Clinical Practice Regulations and the Research Governance Framework

Auditing of essential standing operating procedures has been added to the annual audit plan for 2016-17.

Early Morning Medical Emergency Team Calls to High Volume Areas

Audit findings have been disseminated to senior nursing and medical forums. Implementation of electronic track and trigger has been completed. Escalation issues are highlighted for high volume areas and local systems have been put in place to address this.

Supracondylar Fractures of the Humerus in Children

An upper nerve assessment sheet is in final revision before distribution. Recommendation of 2.0 mm k wire is in use and due to be re-audited in 2016 to assess compliance.

Outcomes of DIEP Breast Reconstruction in Patients More Than 60 Years Old

Trainees to be instructed to update the DIEP database regularly following each case.

Re-audit Patient Identification/Alert Wrist Bands

A daily wrist band check is undertaken on each patient in every applicable clinical area in the Trust as part of a daily continuously monitored audit. The quality of the current identification bands has also been reviewed.

Participation in clinical research

Clinical research is a vital part of the work of the NHS, helping improve treatments for patients now and in the future. Indeed, there is a strong link between research and improved patient outcomes.

The Trust's Research Development and Innovation (RDI) Strategy resonates with the Board objectives, vision, values and goals and ensures that there are robust systems to facilitate high quality research. The Trust is committed to ensuring that our patients are given the opportunity to participate in safe research.

During 2015-2016, the Trust was involved in 151 studies of which 132 were supported by the National Institute for Health Research (NIHR). The Trust supported 19 Non-NIHR studies.

The number of patients receiving NHS services provided or sub-contracted by the Trust in 2015-16 that were recruited during that period to participate in research approved by a research ethics committee, was 535.

The total recruitment (n767) was made up of:

- 535 patients recruited to NIHR adopted studies, all of which were approved by a research ethics committee.
- 232 participants recruited to non-NIHR adopted studies i.e. local and student. Of these, 57 were patients and 175 were staff members.

The Trust has successfully recruited 535 participants against the proposed NIHR Clinical Research Network (CRN) target of 500, similar to previous years.

During 2015 - 16, the Trust continued to improve the quality, speed and co-ordination of clinical research by unifying systems, improving collaboration with industry and streamlining administrative processes.

The Trust has consistently achieved 100% against the NIHR target of issuing RDI approval within 15 days.

The Trust has impressive research activity across a wide range of clinical specialties. Since 1st April 2015, 31 NIHR studies have been approved in the following areas:

Specialty	Number of Studies
Anaesthetics	1
Cancer	6
Cardiology	1
Critical Care	1
Dermatology	2
Diabetes	3
Gastroenterology	1
Mental Health	1
Paediatrics	2
Pathology	2
Rheumatology	2
Stroke	2
Surgical	3
Urology	2
Woman & Child Health	2

Performance in initiation and delivery of research (PID data)

The Trust reports 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 RDI permission
- Commercial studies: recruiting to time and target for closed studies.

The Trust met the 70-day benchmark in 78% (n14) of the trials submitted in the data collection period for quarter 4 in 2015-16 (looking at the preceding 12 months from 01/04/2015 to 31/03/2016). The 70-day benchmark was not achieved in four studies, where the patients were approached but declined to take part. The Trust did however meet the recruiting to time and target for all three commercial studies.

Commercially sponsored studies

Participation in commercially sponsored studies continues to increase with 8 commercial studies active within the Trust (4 last year) in diabetes, dermatology, gastroenterology, cancer and rheumatology. More are planned for other areas including cardiology and the Emergency Department.

The following are examples of how the Trust has continuously strived to improve the quality of services provided through research:

- Cancer research at the Trust has made excellent progress in 2015-16. Cancer research plays an essential role, not only in developing new approaches to managing disease, but also in improving the effectiveness of existing treatments. At present there are 17 open studies actively recruiting across all tumour groups. This year, 139 patients diagnosed with cancer have participated in a cancer research study
- The stroke unit is taking part in an international nursing study looking at positioning after stroke, the HeadPoST study. This study aims to compare the different practices used in different countries in order to better identify which components of care may benefit individual patients
- In September 2015, diabetes patients in St Helens were invited to be among the first in the world to trial a drug aimed to relieve pains associated with the condition. The clinical trial is taking place at St Helens Hospital and aims to investigate the potential of an innovative drug for chronic pain conditions such as diabetic neuropathy, a complication of the condition.

Key achievements

- The Trust was the first site in the UK to reach the GRACE study recruitment target. This is a study treating patients with idiopathic overactive bladder with urine incontinence
- In the month of December 2015, St Helens Hospital was the highest recruiter to the British Society for Rheumatology Rheumatoid Arthritis Register study set up to monitor the safety of treatments for ankylosing spondylitis
- In January 2016, the Trust was the top recruiter to the provision of psychological support to people in intensive care study, which aims to improve patients' well-being after a stay in the intensive care unit
- Also in January 2016, our Research Team helped recruit the 1000th patient to the PRISM trial. This is a multi-centre study that investigates whether progesterone, a natural pregnancy hormone, could help to reduce the risk of miscarriage for women with bleeding in early pregnancy.

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.

The Trust is a partner organisation in the North West Coast (NWC) CRN. This partnership working helps the Trust to support national commitments to research. On the 29th February 2016, the Trust hosted a roadshow run by the NWC CRN. This was a practical work based event focussing on sharing best practice and engagement with research colleagues.

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



Research aims for 2016-17

Aims for 2016-17 are to continue to:

- Work in partnership with the CRN to meet the NIHR high level objectives
- Generate research funding by increasing the number of commercially sponsored studies in our portfolio
- Ensure high quality delivery of studies, to time and on target
- Maintain research governance and assurance for staff undertaking research
- Develop a culture that adopts new evidence based interventions and learns from innovative good practice.

Goals agreed with commissioners

A proportion of the Trust's income in 2015-16 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 2015-16 and for the following 12 month period are shown in the tables below:

Type	CQUIN Ref 2015-16	CQUIN summary for 2015-16
Clinical Commissioning Group Commissioner CQUINS		
National	Acute Kidney Injury)	Acute kidney injury treatment and diagnosis in hospital, including stage of acute kidney injury, evidence of medicines review having been undertaken, type of blood tests required on discharge for monitoring and frequency of blood tests required on discharge for monitoring
National	Sepsis	<p>Sepsis patients who meet criteria of local protocol. The total proportion of patients presenting to emergency departments and other units that directly admit emergencies who met the criteria of the local protocol and were screened for sepsis</p> <p>Patients with severe sepsis, red flag sepsis or septic shock. The proportion of patients who present to emergency departments and other wards/units that directly admit emergencies with severe sepsis, red flag sepsis or Septic shock (as identified retrospectively via case note review of patients with clinical codes for sepsis) and who received intravenous antibiotics within 1 hour of presenting</p>

Type	CQUIN Ref 2015-16	CQUIN summary for 2015-16
Clinical Commissioning Group Commissioner CQUINS		
National	Dementia	<p>The proportion of patients aged 75 years and over to whom case finding is applied following an episode of emergency, unplanned care to either hospital or community services</p> <p>The proportion of those identified as potentially having dementia or delirium who are appropriately assessed</p> <p>The proportion of those identified, assessed and referred for further diagnostic advice in line with local pathways agreed with commissioners, who have a written care plan on discharge which is shared with the patient's GP</p> <p>To ensure that appropriate dementia training is available to staff through a locally determined training programme</p> <p>To ensure carers of people with dementia and delirium feel adequately supported</p>
National	Urgent & Emergency Care	<p>Reducing the proportion of avoidable emergency admissions to hospital. Increased use of other emergency referral methods</p> <p>Reducing the proportion of avoidable emergency admissions to hospital. Improving recording of diagnosis in Emergency Department</p> <p>Reducing the proportion of avoidable emergency admissions to hospital. Reduction in Emergency Department mental health re-attendances</p>
Local	Advancing Quality	<p>Heart Failure</p> <p>Pneumonia</p> <p>Hip Fracture</p> <p>Sepsis</p> <p>Acute Kidney Injury</p> <p>Chronic obstructive pulmonary disease gap analysis</p> <p>Alcohol Liver Disease gap analysis</p>
Local	Integration	<p>Chronic obstructive pulmonary disease</p> <p>Heart Failure</p> <p>Diabetes</p>

Type	CQUIN Ref 2015-16	CQUIN summary for 2015-16
Local	Stroke	Total patients referred to the stroke service from the Emergency Department with a median time of 30 minutes
		Proportion of patients diagnosed with stroke who are referred to the Stroke Specialist Nurse
		Sentinel Stroke National Audit Programme (SSNAP) Domain 5 Occupational Therapy assessment
		Median number of minutes per day on which occupational therapy is received
		Median percentage of days as an inpatient on which occupational therapy is received
		Compliance (%) against the therapy targets
		SSNAP Domain 8 Multidisciplinary team working
		SSNAP Domain 9 standards by discharge
		Proportion of applicable patients who have a continence plan drawn up within 3 weeks of clock start
		Proportion of applicable patients who have mood and cognition screening by discharge
		Transient ischaemic attack - from receipt of referral - 36 hrs to assessment and scanning
		Numbers of patients seen and assessed within 36 hours from receipt of referral
		Numbers of patients appropriately scanned within 36 hours from receipt of referral
		Quarterly report containing: Number of referrals received, breakdown of referring practices, time of the patient's first contact with a clinician to time of referral to the Acute Trust
Specialised Commissioning CQUINS		
National	HIV	HIV: Reducing unnecessary CD4 monitoring
National	Neonatal	Neonatal Critical Care – Reducing clinical variation and identifying service improvement requirements by ensuring data completeness in the 4 National Neonatal Audit Programme audit questions identified
		Neonatal unit admissions. Reduce separation of mothers and babies and reduce demand on neonatal services by improving learning from avoidable term admissions (≥37wk gestation) into neonatal units.

Type	CQUIN Ref 2016- 7	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 waiter 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

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, as well as its own observations during planned and unplanned inspections to assess the quality of care a Trust provides. If it has cause for concern, it may undertake special reviews/investigations and impose certain conditions.

The Trust's Chief Inspector of Hospitals CQC planned inspection of the Trust 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 2015-16.

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 section below.

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:

- Continue to work with our health economy partners to improve access to urgent and emergency care, which includes participation in a rapid improvement workshop in May 2016 and an internal review of the systems and process across the Trust to improve patient flow. An action plan has been developed as part of the System Resilience Group that will address factors impacting on the Trust's performance in this area
- Continue to strengthen the processes to further reduce risks within maternity services
- Development of a specific Maternity strategy
- Maintain robust systems for the storage of medications
- Continue to ensure the appropriate skill mix of staff and that the privacy and dignity of patients in Coronary Care Unit is maintained at all times.

St Helens and Knowsley Teaching Hospitals NHS Trust has made the following progress by 31st March 2016 in taking such action:

- Comprehensive action plan 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.
- Adaptations to the Maternity Unit bereavement rooms to enhance patient experience
- Regularly auditing the safe storage of medications
- 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.

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 the organisation, there are clear policies and processes to ensure that information, including patient information, is handled in a confidential and secure manner.

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 information, as well as providing assurance 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.

The Trust continues to benchmark itself against the Information Governance Toolkit (IGT). The toolkit is an online system which allows NHS organisations and partners to assess themselves against Department of Health 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 2015-16 was 80% and was graded 'green'.

This indicates that the Trust is compliant in all sections of the IGT and indicates that there are effective data systems, standards and processes across the Trust to protect information.

Clinical coding error rate

The Trust was subject to the Payment and Tariff Assurance Framework Audit for gastro-intestinal (GI) and urology services during the reporting period and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

2014 data reported in April 2015				
Measure	Primary diagnosis incorrect	Secondary diagnosis incorrect	Primary procedure incorrect	Secondary procedure incorrect
External PbR Audit	3.5%	1.7%	4.6%	16.3%





Data Quality

The Trust continues to be committed to ensure 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

NHS number and general medical practice code validity

The Trust submitted records during 2015-16 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:
 - 99.3% - Admitted patient care
 - 99.4% - Outpatient care
 - 99.1% - Accident and Emergency care
- Included the patient's valid General Medical Practice Code was:
 - 100% - Admitted patient care
 - 100% - Outpatient care
 - 99.9% - Accident and Emergency care

(Source: SUS Data Quality Dashboard latest published report: April 2015 - November 2015)

In all cases, the Trust performs better than the national average, with percentages greater than the national percentage, demonstrating the importance the Trust places on data quality.

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 following 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	STHK	National Average	Best performer Where applicable	Worse performer Where applicable	Trust Statement	STHK data for previous reporting period	
Latest reporting period								
1.	Value of the summary hospital-level mortality indicator ("SHMI") for the Trust for the reporting period	Oct-14 to Sep-15 1.029 <i>(no local data available)</i>	Oct-14 to Sep-15 1.000	Oct-14 to Sep - 15 0.652	Oct-14 to Sep-15 1.177	The St Helens and Knowsley Teaching Hospitals NHS Trust considers that this data is as described for the following reasons: <ul style="list-style-type: none"> The Trust's performance remains amongst the best in the North West Information relating to mortality is monitored monthly and used to drive improvements The mortality data is provided by an external source (Dr Foster) 	Jul-14 to Jun-15	1.031
							Apr-14 to Mar-15	1.025
2.	Banding of the summary hospital-level mortality indicator ("SHMI") for the Trust for the reporting period	Oct-14 to Sep - 15 Band 2 as expected <i>(no local data available)</i>	Oct-14 to Sep-15 Band 2 as expected	Oct-14 to Sep-15 Band 1 better than expected	Oct-14 to Sep-15 Band 3 worse than expected	The 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: <ul style="list-style-type: none"> 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. 	Jul-14 to Jun-15	2
							Apr-14 to Mar-15	2
3.	Percentage of patient deaths with palliative care* coded at either diagnosis or specialty level for the Trust for the reporting period *This is a contextual indicator used to help interpret the above indicator, as the SHMI methodology does not make any adjustments for patients recorded as receiving palliative care, because there is wide variation in how these are coded between trusts.	Oct-14 to Sep-15 24.8%	Oct-14 to Sep-15 26.6%	Oct-14 to Sep - 15 53.5%	Oct-14 to Sep-15 0.2%		Jul-14 to Jun-15	24.3%
							Apr-14 to Mar-15	24.1%
4.	Patient reported outcome measures (PROMs) scores for groin hernia surgery	April 15-Sept 15 (provisional) 0.049	April 15-Sept 15 (provisional) 0.088	April 15-Sept 15 (provisional) 0.135	April 15-Sept 15 (provisional) 0.008	The St Helens and Knowsley Teaching Hospitals NHS Trust considers that the outcome scores are as described for the following reasons: <ul style="list-style-type: none"> The questionnaire used for PROMs is a validated tool and administered for the Trust by an independent organisation, Quality Health 	Apr-14 to Mar-15 (provisional)	0.077
5.	PROMs scores for varicose vein surgery. Due to reasons of confidentiality, the Information Centre has suppressed figures for those areas highlighted with an '**' (an asterisk). This is because the underlying data has small numbers (between 1 and 5)	April 15-Sept 15 (provisional) *	April 15-Sept 15 (provisional) 0.104	April 15-Sept 15 (provisional) 0.130	April 15-Sept 15 (provisional) 0.037		The 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: <ul style="list-style-type: none"> Delivering a number of actions to improve patient experiences following hip replacement surgery, including increasing the numbers of patients attending joint school prior to surgery to increase awareness of what to expect Monitoring the PROMs data at the Clinical Effectiveness Council 	Apr-14 to Mar-15 (provisional)
6.	PROMs scores for hip replacement surgery	April 15-Sept 15 (provisional) -	April 15-Sept 15 (provisional) 0.454	April 15-Sept 15 (provisional) 0.520	April 15-Sept 15 (provisional) 0.359			Apr-14 to Mar-15 (provisional)
7.	PROMs scores for knee replacement surgery	April 15-Sept 15 (provisional) -	April 15-Sept 15 (provisional) 0.334	April 15-Sept 15 (provisional) 0.412	April 15-Sept 15 (provisional) 0.207		Apr-14 to Mar-15 (provisional)	0.276

	Indicator	STHK	National Average	Best performer Where applicable	Worse performer Where applicable	Trust Statement	STHK data for previous reporting period	
Latest reporting period								
8.	Percentage of patients aged 0 to 15 readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust	Apr-11 to Mar-12 11.39	Apr-11 to Mar-12 10.01	Apr-11 to Mar-12 0.00	Apr-11 to Mar-12 14.94	<p>The St Helens and Knowsley Teaching Hospitals NHS Trust considers that these percentages are as described for the following reasons:</p> <ul style="list-style-type: none"> • The data is consistent with Dr Foster's standardised ratios for re-admissions • The data is monitored monthly by the Board <p>The 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:</p> <ul style="list-style-type: none"> • Working to improve discharge information as a patient experience priority (see section 2.2) • Reviewing and improving discharge planning <p>The St Helens and Knowsley Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> • 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 <p>The 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:</p> <ul style="list-style-type: none"> • 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 	Apr-10 to Mar-11	10.66
9.	Percentage of patients aged 16+ readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust	Apr-11 to Mar-12 12.73	Apr-11 to Mar-12 11.45	Apr-11 to Mar-12 0.00	Apr-11 to Mar-12 17.15		Apr-10 to Mar-11	12.60
10.	Trust's responsiveness to the personal needs of its patients during the reporting period (CQC national inpatient survey score)	2014-15 71.3	2014-15 68.9	2014-15 86.1	2014-15 59.1		2013 - 14	72.5
11.	Percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends	2015 81.7%	2015 69.2%	2015 85.4%	2015 46.0%	<p>The St Helens and Knowsley Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> • The survey is conducted by an independent provider • The Trust actively promotes an open and supportive culture <p>The 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:</p> <ul style="list-style-type: none"> • Implemented Speak up Safely guardians and champions to support staff in raising concerns • Letters sent to all staff regarding Raising Concerns and Speak up Safely • Utilise the Valuing Our People Steering Group to identify the location of spikes in incidents and take appropriate action • Continued engagement with St Helens HealthWatch regarding raising concerns • Two large staff engagement events for staff, spanning all roles and professionals, to bring different perspectives to the following workshops 'Realising the Trust values' and 'Speak out Safely.' 	2014	77.7%
12.	% experiencing harassment, bullying or abuse from staff in last 12 months	2015 21%	2015 26%	2015 16%			2014	21%

	Indicator	STHK	National Average	Best performer Where applicable	Worse performer Where applicable	Trust Statement	STHK data for previous reporting period	
Latest reporting period								
13.	% believing the organisation provides equal opportunities for career progression / promotion	2015 92%	2015 87%	2015 96%		<p>The St Helens and Knowsley Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> The survey is conducted by an independent provider The Trust actively promotes equality within the workplace and reports this annually to the Board <p>The 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:</p> <ul style="list-style-type: none"> Developed an action plan with the Equality, Diversity & Inclusion Steering Group which includes obtaining the Navajo charter mark, completing EDS2 objectives including a representative workforce at all levels Published the baseline workforce race equality scheme report for 2015 together with an action plan that includes the indicator 'Relative likelihood of black and minority ethnic staff accessing non- mandatory training and continuing professional development as compared to white staff.' 	2014	93%
14.	Percentage of patients who would recommend the Trust as a provider of care to their family or friends	2015-16 96.4%	2015-16 95.77%	2015-16 100%	2015-16 76.3%	<p>The St Helens and Knowsley Teaching Hospitals NHS Trust considers that this percentage is as described for the following reasons:</p> <ul style="list-style-type: none"> 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 provider <p>The 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:</p> <ul style="list-style-type: none"> Striving to provide the highest quality of care, through the 5-star patient care vision and the Trust values Identifying lessons learnt and implementing actions to ensure improvements to care to ensure that patients have a positive experience 	2014-15	95.66%
15.	Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE)	Quarter 4 2015-16 90.7%	Quarter 4 2015-16 95.4%	Quarter 4 2015-16 100.0%	Quarter 4 2015-16 78.1%	<p>The St Helens and Knowsley Teaching Hospitals NHS Trust considers that this percentage is as described for the following reasons:</p> <ul style="list-style-type: none"> Data on VTE risk assessments are submitted to NHS England each month Root cause analysis (RCA) undertaken on VTEs recorded on Datix to ensure best practice is followed <p>The 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:</p> <ul style="list-style-type: none"> Overarching improvement plan in place Maintaining focus with increased monitoring (weekly) of the rate of risk assessments to improve performance to achieve the national target, with monthly reporting to the Board. 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 Implementation of an electronic recording system across all relevant departments Working closely with clinicians across all departments through which patients are admitted to improve compliance 	Quarter 3 2015-16	93.2%
							Quarter 2 2015-16	94.3%
							Quarter 1 2015-16	95%

	Indicator	STHK	National Average	Best performer Where applicable	Worse performer Where applicable	Trust Statement	STHK data for previous reporting period	
Latest reporting period								
16.	Rate per 100,000 bed days of cases of Clostridium Difficile (C. Difficile) infection reported within the Trust amongst patients aged 2 or over	<p>The Trust reported 26 C. Difficile cases from April 15-March 16, which is a rate of 10.19 per 100,000 bed days</p> <p>Apr-14 to Mar-15 18.6</p>	<p>Apr-14 to Mar-15 15.1</p>	<p>Apr-14 to Mar-15 0</p>	<p>Apr-14 to Mar-15 62.2</p>	<p>The St Helens and Knowsley Teaching Hospitals NHS Trust considers that this rate is as described for the following reasons:</p> <ul style="list-style-type: none"> • 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. <p>The 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:</p> <ul style="list-style-type: none"> • 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 	<p>Apr-13 to Mar-14</p>	<p>11.1</p>
17.	<p>Rate of patient safety incidents reported within the Trust per 1000 bed days*</p> <p>*High reporters should be shown as better</p> <p>Based on acute (non-specialist) trusts with complete data.</p> <p>The data on HSCIC website for this indicator is 7 months old; our local data for this indicator for performance up to 31/03/16 is 4427 incidents for the period of April 15 - September 15. This equates to 38.10 incidents per 1,000 bed days. We believe the local data is a more meaningful measure of performance because incident management and investigation is a fluid process and subject to change as noted in our local figures. In addition data not yet published by the NRLS indicates our performance to be 4458 for the period of October 15 – March 16, this equates to 34.52 incidents per 1,000 bed days</p>	<p>Oct 15-March 16 34.52 (number of incidents = 4458)</p> <p>April 15-Sep 15 37.73 (number of incidents = 4384)</p>	<p>National data not yet available</p> <p>April 15-Sep 15 38.35 (number of incidents = 4718)</p>	<p>April 15-Sep 15 74.67 (number of incidents =12080)</p>	<p>April 15-Sep 15 18.07 (number of incidents = 1559)</p>	<p>The St Helens and Knowsley Teaching Hospitals NHS Trust considers that these numbers and rates are as described for the following reasons:</p> <ul style="list-style-type: none"> • 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 for 2014-15. <p>The St Helens and Knowsley Teaching Hospitals NHS Trust has taken the following actions to improve this number and rate, and so the quality of its services, by:</p> <ul style="list-style-type: none"> • 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 	<p>Oct 14-Mar 15 35.34 (number of incidents = 4213)</p>	

	Indicator	STHK	National Average	Best performer Where applicable		Trust Statement	STHK data for previous reporting period	
Latest reporting period								
18.	<p>Rate of patient safety incidents reported within the Trust resulting in severe harm or death per 1000 bed days*</p> <p>*High reporters should be shown as better The data on HSCIC website for this indicator is 7 months old; our local data for this indicator for performance up to 31/03/16 is 20 incidents for the period of April 15 - September 15. This equates to 0.17 incidents per 1,000 bed days. We believe the local data is a more meaningful measure of performance because incident management and investigation is a fluid process and subject to change. In addition data not yet published by the NRLS indicates our performance to be 16 for the period of October 15 – March 16, this equates to 0.12 incidents per 1,000</p>	<p>Oct 15-March 16 0.12 (number of incidents = 16)</p> <p>April 15-Sep 15 0.18 (number of incidents = 21)</p>	<p>National data not yet available</p> <p>April 15-Sep 15 0.16 (number of incidents = 20)</p>	<p>April 1 -Sep 15 0.74 (number of incidents = 89)</p>	<p>April 15-Sep 15 0.03 (number of incidents = 2)</p>		<p>See row above</p>	<p>Oct 14-Mar 15 0.24 (number of incidents = 29)</p>
19.	<p>Percentage of patient safety incidents that resulted in severe harm or death</p> <p>The data on HSCIC website for this indicator is 7 months old; our local data for this indicator for performance up to 31/03/16 is 20 incidents for the period of April 15 - September 15 which is 0.5% of total incidents (4427). We believe the local data is a more meaningful measure of performance because incident management and investigation is a fluid process and subject to change. In addition data not yet published by the NRLS indicates our performance to be 16 incidents for the period of October 15 – March 16, which is 0.4% of total incidents (4458). Local data for the full year (April 2015 – March 2016) shows a total of 36 incidents, which is 0.4% of total incidents (8885)</p>	<p>Oct 15 - March 16 0.4% (16 severe harm or death/4458 total)</p> <p>April 15-Sep 15 0.5% (21 severe harm or death/4384 total)</p>	<p>National data not yet available</p> <p>April 15-Sep 15 0.4% (2380 severe harm or death/575583 total)</p>	<p>April 15-Sep 15 2.0% (89 severe harm or death / 4519 total)</p>	<p>April 15-Sep 15 0.1% (2 severe harm or death / 3062 total)</p>		<p>Oct 14-Mar 15 0.7% (29 severe harm or death/4213 total)</p>	

Performance against national targets and regulatory requirements

The Trust aims to meet all national targets and priorities and our performance against the key indicators for 2015-16 is shown in the table below:

Performance Indicator	2014-15 Performance	2015 -16 Target	2015-16 Performance	Latest data
Cancelled operations (% of patients treated within 28 days following cancellation)	Achieved	100%	99.3%	Apr-15 to Mar-16
Referral to treatment targets (% within 18 weeks and 95th percentile targets) - admitted	Achieved	N/A	90.7%	Apr-15 to Mar-16
Referral to treatment targets (% within 18 weeks and 95th percentile targets) - non-admitted	Achieved	N/A	98.0%	Apr-15 to Mar-16
Referral to treatment targets (% within 18 weeks and 95th percentile targets) - Incomplete pathways	Achieved	92%	95.5%	Apr-15 to Mar-16
Cancer: 31-day wait from diagnosis to first treatment	Achieved	96%	97.8%	Apr-15 to Mar-16
Cancer: 31-day wait for second or subsequent treatment:				
- surgery	Achieved	94%	98.8%	Apr-15 to Mar-16
- anti-cancer drug treatments	Achieved	98%	98.5%	Apr-15 to Mar-16
Cancer: 62-day wait for first treatment:				
- from urgent GP referral	Achieved	85%	88.6%	Apr-15 to Mar-16
- from consultant upgrade	Achieved	85%	90.5%	Apr-15 to Mar-16
- from urgent screening referral	Achieved	90%	100.0%	Apr-15 to Mar-16
Cancer: 2 week wait from referral to date first seen:				
- urgent GP suspected cancer referrals	Achieved	93%	95.1%	Apr-15 to Mar-16
- symptomatic breast patients	Achieved	93%	94.4%	Apr-15 to Mar-16
Emergency Department waiting times within 4 hours - Type 1 only	Not achieved	95%	85.0%	Apr-15 to Mar-16
Percentage of patients admitted with stroke spending at least 90% of their stay on a stroke unit	Achieved	83%	92.0%	Apr-15 to Mar-16
Clostridium Difficile	Not achieved	41	26	Apr-15 to Mar-16
Methicillin-resistant staphylococcus aureus (MRSA)	Not achieved	0	0	Apr-15 to Mar-16



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.

Summary of how we did in achieving our strategies

Clinical and Quality Strategy 2014-18

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 & Quality Strategy 2014-18 presents the clinical and quality priorities that will support the achievement of the vision, set within the context of the strategic priorities for the wider NHS and our local health and social care community. It reiterates the Trust's commitment to provide the best quality of care. The latest review of progress in delivering the strategy was undertaken in January 2016 and reported to the Board. It indicated that the Trust was achieving many of the key performance indicators set out in the strategy and was making good progress in the majority of areas, with action plans in place to address under-performing areas.

Progress in delivering a number of the priorities is provided throughout the Quality Account.

The Trust is currently re-writing the strategy in light of the changing external context and following agreement of this year's Trust objectives.



Nursing and Midwifery Strategy 2014-18

The five year strategy outlines an ambitious plan for developing and sustaining a flexible, well-educated, confident, competent, caring and compassionate nursing and midwifery workforce to enable the Trust to deliver its corporate objectives. It is structured around the Chief Nursing Officer's six enduring values and behaviours that underpin compassion in practice, the 'six Cs'. These are care, compassion, communication, competence, courage and commitment.

The following outlines the key achievements in 2015-16:

Care

- Rated as outstanding by the CQC inspection in the caring domain
- Continued progress in the reduction of avoidable harm in line with the Trust's sign up to safety pledge, including achievement of the target for MRSA bacteraemia and Clostridium Difficile
- Introduction of standard operating procedure for reviewing daily staffing levels in clinical areas, with average ward staffing levels demonstrating fill rates for registered and unregistered staff higher than the target of 90% against expected staff
- Updated the Safeguarding Adults and Children Training Needs Analysis and training competencies in line with updated national guidance
- Implemented Malnutrition Universal Screening Tool (MUST) risk assessment across the Trust.

Compassion

- Provision of good dementia care by:
 - Adapting the hip fracture ward and four of the wards of the Department of Medicine for Older People to become dementia-friendly environments.

This includes dementia-friendly signage, paintwork, flooring and reminiscence rooms.

- Four specially designed cubicles in the Emergency Department to support patients with dementia. On-going work to create a quiet space in the waiting area continues
- Strengthening links with the local community as our Nurse Consultant is a trustee of the Hargreaves Dementia Trust. This local charity supports families and carers of people with dementia
- Regularly meeting with our local partners in health and social care with the aim of improving the care we provide to people who access our services
- Engaging Volunteers, with "Wellbeing" volunteers receiving dementia and delirium specific training
- Training a sub-group of selected volunteers, who, after meeting agreed competencies, are able to assist patients with meals and drinks. These "dining assistants" are currently working on two wards with plans to roll this out following evaluation of the outcomes from this first cohort
- Meeting national standards, through compliance with the National Institute for Health and Care Excellence quality statements for dementia
- Participating in the first two rounds of the National Dementia Audit, a regional audit of dementia care and our own audits. These are used to assess our progress to date and inform our action plan for the future. We will take part in the third round of the National Dementia Audit. This is due to start in April 2016
- The Intermediate Care Unit participating in a pilot study of the use of the National Dementia Audit in community hospitals
- Supporting John's Campaign which calls for families and carers of people with dementia to have the same rights as the parents of sick children and to be allowed to remain with them in hospital for as many hours as they are needed and as they are able to give. This campaign is also endorsed by Trust partners, Medirest, who are allowing the main carer of the person in hospital to have the same concessions that staff receive in the restaurant. Carers need to be recognised as equal partners in care and by committing to this campaign the Trust is demonstrating this. This campaign is currently being trialled on a number of wards.
- Providing a Carers' Focus Group, which meets monthly and allows carers to share their experiences of recent hospital stays. The Trust recognises that carers provide invaluable support to some very vulnerable people and this contribution needs to be valued, acknowledged and respected. We need to learn what we did right and what we can do better.
- Enhanced end of life care provided for patients by appointing a Consultant in Palliative Medicine, provision of comprehensive education programme, provision of ward information boards for end of life care and rolling out the individualised care and communication record for the care of the patient in the last hours/days.

Courage

- Embedded the use of the HALT tool across the Trust. The tool is a hierarchy flattening tool that supports colleagues to challenge each other to ensure safe practice.
- Implementation of a quality accreditation tool for all general wards, with wards receiving a bronze, silver or gold award based on the results of a comprehensive assessment of the quality of care and

leadership provided. Action plans are produced for each element that requires improvement. Ward 4D, Burns Unit, was the first ward to receive the gold award.

- Ward performance indicators displayed on each ward, providing an overview of the quality of the care provided.

Commitment

- Implementation of care certificate for healthcare assistants
- Healthcare assistant development programme and competency framework in place
- Practice Education Facilitators continue to meet the quality standards for practice placements for students
- Local and international recruitment drive leading to the appointment of a significant number of nursing staff.

Competence

- Reviewed and extended the preceptorship programme for newly qualified nurses to offer a 12 month preceptorship programme that incorporate the band 5 competency framework
- Developed a new programme that offers 3rd year student nurses the opportunity to gain competence in clinical skills during their training that they can use once qualified and employed by the Trust to improve the quality of patient care
- On-going support for qualified nurses and midwives to complete post-registration education modules at degree and masters level as part of the continuous professional development (CPD)-apply process to develop the competencies of staff and improve the quality of patient care.
- Implementation of a nursing and midwifery staff revalidation programme to ensure all relevant staff were supported to complete the revalidation requirements introduced by the Nursing and Midwifery Council for registered nurses and midwives

- Leadership development programme commenced for the ward managers, lead nurses and matrons, with four cohorts due to complete in May 2016 and further cohorts commencing in April
- Care certificate programme in place for healthcare assistants.

Communication

- Improvements made to the timeliness of complaints responses
- Implemented a revised process for general nursing documentation, following consultation with staff
- Developed a combined risk assessment e-form that incorporates delirium, falls, tissue viability, moving and handling and malnutrition 'MUST' assessments that will form part of the patient track package and lead to improved care for patients.

Communications and Engagement Strategy 2013-16

The strategy sets out the overall framework for how the Trust intends to communicate and engage with all of its stakeholders and audiences in a number of ways. It reiterates the Trust's commitment to improving engagement and the importance of clear, honest, timely and relevant communications, delivered in a way everyone understands. Good communication is essential for the effective functioning of the organisation and to maintain a good reputation for delivering good quality care.

Key achievements in improving communications during 2015-16 include:

- Active promotion of the Trust's vision for 5-star patient care
- Launch of the Trust's new website, which was tested prior to its launch by a specially chosen patient group with varied

experience of web use from first time users to experienced users. The website is increasingly used by patients and the public to find information about the Trust, including the range of services provided and how well the Trust is performing

- Continued use of social media, with a rise in the number of people accessing information through the Trust's Facebook, Twitter and YouTube accounts
- New, standardised ward entrance and department noticeboard information, with all patient facing communication materials on display reviewed and updated
- Work on the new intranet site for staff

The current Communications and Engagement Strategy comes to an end in 2016 and the Trust is working on an updated strategy, scheduled for approval in July.



Equality, Diversity and Inclusion Strategy

The Trust's Equality, Diversity and Inclusion Strategy outlines the Trust's commitment to promoting equality in all its functions and to valuing the diversity of staff and service users. The principles of equality, diversity and human rights are intrinsic to the Trust's core business. The Trust is committed to delivering high quality services that are accessible, responsive and appropriate to meet the needs of all patients. In this respect, patient pathways have been designed to reduce variations in care and improve outcomes, whilst recognising the needs of individual patients. In addition, the Trust aims to be an employer of choice and ensure that all staff have equality of access to jobs, promotion and training opportunities.

The Trust is committed to creating an environment where everyone is treated with dignity, fairness and respect and to developing a culture of support and inclusion for all employees and for those patients who access its services.

The Trust has continued to utilise the Equality Delivery System (EDS) to measure its equality progress. The EDS is a toolkit, designed to support NHS organisations to

deliver better outcomes for patients and a better working environment for staff. The Trust has published the EDS2 Summary Report which details its progress against all eighteen of the equality outcomes.

The Trust met the agreed targets for 2015-16 in respect of the refreshed Equality Delivery System (EDS2) by reaching a level of 'achieving' across five outcomes independently assessed by its Healthwatch partners. This provided a solid foundation for the period. The agreed targets are shown in the table at the bottom of the page.

The Trust's Equality, Diversity and Inclusion Steering Group continues to meet quarterly, ensuring that the Trust complies with externally set standards and establishes, monitors and reviews content and methods of providing assurance to the Patient Experience Council and the Workforce Council in relation to all areas of equality and diversity. The steering group is composed of a range of staff from all disciplines: clinical, non-clinical, staff-side, Healthwatch representatives and independent service users. Work is in progress to develop the group's function in providing an effective challenge to the Trust where necessary and appropriate.

1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
2.3	People report positive experiences of the NHS
3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.

The Workforce Council, for example, has supported an initiative emanating from the Steering Group to work towards achieving the locally-based Navajo Charter Mark in respect of good practice in working with its lesbian, gay, bisexual and transgender (LGBT) population, both staff and patients. A task and finish group has been set up and is developing a work programme around this particular protected characteristic, which, whilst focused on the achievement of the standard, is developing robust and sustainable processes supporting inclusivity and accessibility for all patients.

The following initiatives are examples of the Trust's determination to achieve this:

- The Care Quality Commission's findings, from their inspection in August 2015, that the work being undertaken around pathways for people with additional needs was outstanding. This is a very positive judgement confirming the work that the Trust has been undertaking to promote accessible services to those who are most vulnerable
- The Trust's successful bid for funding from Health Education North West to establish, implement and publicise an integrated pathway that enables access for a highly significant and often excluded group to acute services (such as imaging, endoscopy, orthodontics etc.) led to the production of a toolkit with guidance and learning materials which were successfully showcased in November 2015 at a regional event
- Work to distribute this across the primary and social care networks is in place and is expected to lead to the wider usage of accessible pathways for all patients with protected characteristics
- Establishment of a steering group and task and finish group, inclusive of local Healthwatch and voluntary sector representatives to implement the Accessible Information Standard, to ensure that the information and communication needs of

disabled patients, service users and carers are met

- Representation and contribution to the local learning disability agenda through both St Helens and Knowsley 'Healthcare for All' sub-group
- St Helens locality achieved a joint second place in the country for its submission to the Learning Disability Self-Assessment Process to which the Trust made significant submissions, thus achieving good assurance in those areas associated with the accessibility of people with a learning disability to acute care services
- The Trust has made significant contributions to the local St Helens and Knowsley Crisis Care Concordat Action Plan which is available on the concordat website
- The Trust has a monthly Mental Health Steering Group which has multi-agency and multi-professional representation including Merseyside Police and both St Helens and Knowsley Healthwatch members; this is the vehicle for managing activity relating to patients with mental health needs. Its current work programme involves its Mental Health Liaison partners and includes a mental health triage service, frequent attenders meeting and efforts to manage patients with medically unexplained symptoms
- As part of its work internally, the Trust has produced its first Annual Report for Patients with Mental Health Needs (2014 - 15) published in November 2015 detailing the services available and setting actions for the following year
- As part of its contribution to achieving 'parity of esteem' the Trust has a Mental Health Training Sub-Group which is tasked with developing knowledge and awareness of training materials and resources to support Trust staff to meet the needs of patients with mental health needs in accessible and workplace friendly formats, such as handover and ward meetings rather than large classroom based events

- The Trust's use of interpreters in the periods 2013-14 and 2014-15 has increased by 83% for foreign language interpretation and 55% for British Sign Language interpretation reflecting a much greater awareness of need and the importance of obtaining interpreters to meet patient need and obtain improved health outcomes
- Merseyside Police have a monthly drop-in session within the main reception of Whiston Hospital to support initiatives on hate crime which have been very successful and have been extended as a result
- The Trust hosts a fully commissioned Carers' Support Service which operates within the Integrated Discharge Team supporting carers across all localities. The Trust is represented on and is a contributor to the St Helens Young Carers Board and is working with individual young carers to understand their needs and to improve responses to the needs of young carers once identified within the Trust
- Well-established Dignity Champions Network in place, which meets bi-monthly with efforts being made in the coming year to expand this to include care home providers in the community building on our common purpose to support this vulnerable population
- The Trust has been allocated the resources and physical space to establish a 'Changing Places Facility' to ensure that any adult with changing needs who is a visitor to the Trust can manage their care in a dignified and appropriate manner

Equal opportunities for those with disabilities are essential. The Trust is an equal opportunity employer and has control measures in place to ensure that all of the organisation's obligations under equality, diversity and human rights legislation are complied with. All of the above initiatives are reliant on developing and maintaining good working relationships across all sectors of the social and healthcare economy.

This is a major part of the Trust's work in this area and is supported through the various multidisciplinary steering groups in place.

Human Resources and Workforce Strategy 2014-19

The Trust recognises that its staff are central to the provision of excellent services to its patients, their loved ones, commissioners and local communities. The five year HR and Workforce Strategy sets out plans to develop a management culture and style that empowers, builds teams and recognises and nurtures talent through learning and development. The Trust will be open and honest with staff, provide support throughout organisational change and invest in health and wellbeing. 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 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. In September 2015, the Trust worked in collaboration with the Skills Academy for Health, St Helens College and Job Centre Plus to offer structured work placements to long term unemployed people from the local community in an effort to provide them with the skills to gain employment.

This work supported eight individuals back into the workplace in both administration and healthcare assistant roles. Seven of these went on to secure on-going employment, four in permanent posts at the Trust, another at a local Trust and a care home with the rest joining the Trust's bank. This was a great success and one that it is hoped will be repeated this year with up to 24 long term unemployed people.

- Staff satisfaction with the quality of work and patient care they are able to deliver
- Staff looking forward to going to work and enthusiasm for their jobs.

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.

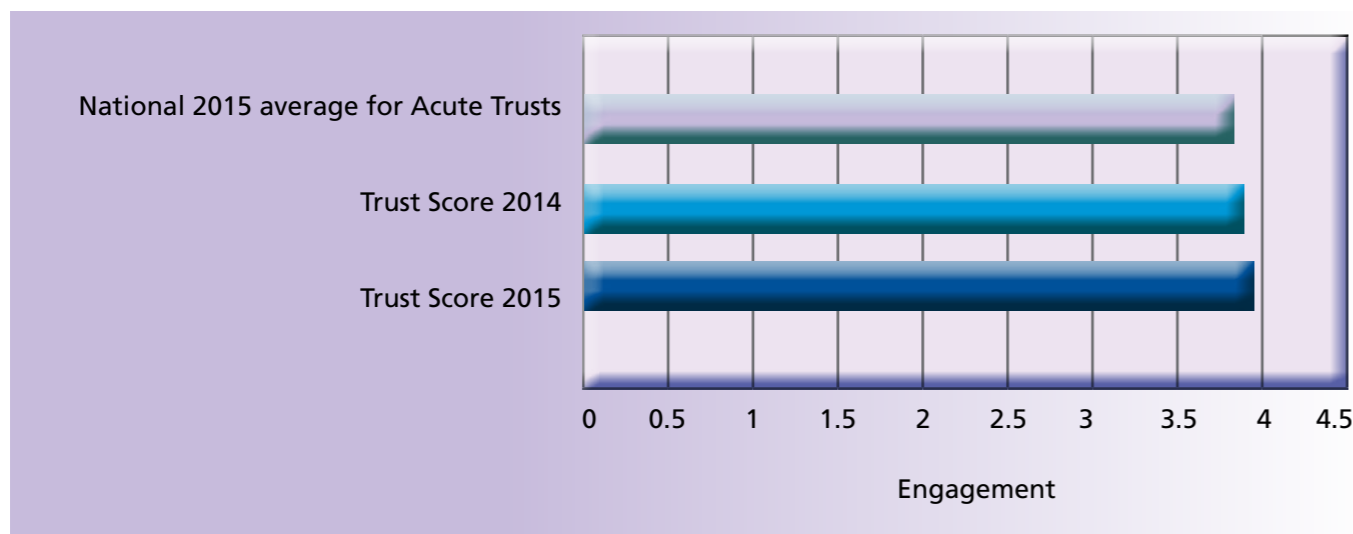
The chart below shows how the Trust compares with other acute trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating poorly engaged staff (with their work, their team and their trust) and 5 indicating a highly engaged workforce. The Trust's score of 3.92 was in the highest (best) 20% when compared with trusts of a similar type nationally and has improved since last year.

Staff survey key questions

The Trust takes the national staff survey extremely seriously and uses the findings to both reinforce good practice and to identify areas for improvement. The Trust's response rate for the 2015 survey was 55%, which is 3% higher than last year and is amongst the highest response rates for acute trusts nationally.

The Trust has once again performed extremely well and scored in the top 20% of all acute trusts nationally for 22 of the 32 indicators, including:

- Staff recommending the organisation as a place to work and receive treatment



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

Key Finding	STHK % score 2015	STHK % score 2014	Score compared to national acute average
Care of patients is the organisation's top priority	83	79	75
Organisation acts on patient concerns	80	82	73
Staff would recommend organisation as a place to work	71	73	61
If a relative needed treatment they would be happy with standard of care	82	77	70
Staff satisfaction with the quality of work and patient care they are able to deliver	76	74	72

Whilst the overwhelming majority of responses to the 2015 survey were positive, the following list highlights the areas where staff experience was not as positive as the Trust would want:

- Whilst the overall result for the Trust is better than the national average for staff stating they had experienced discrimination at work in the last 12 months, a number of respondents from black and ethnic minority groups reported that they had experienced some form of discrimination. The Trust does not tolerate discrimination in any form and additional work is being undertaken to understand what led to this outcome and where it occurred to identify the actions that need to be taken to prevent a reoccurrence
- The percentage of staff reporting good communication between senior management and staff has seen a marginal improvement since the 2014 survey and does place the Trust in the best 20% of

acute trust nationally. However, the results indicate that the majority of respondents feel that communication is not as effective as they would wish

- Whilst the number of respondents experiencing physical violence from patients, relatives, the public and staff is very low this still continues to be a concern as it is greater than the national average for similar trusts
- 68% of staff stated they were able to contribute towards improvements at work which is slightly below the national average.

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 2016-17.

Health, Work and Wellbeing

The Boorman Review (2009) stated that NHS organisations which prioritise staff health and well-being achieve enhanced performance and improve patient care. In recognition of the benefits of a healthy workforce, the Trust has a proactive Health, Work and Wellbeing (HWWB) Service in place. The Trust scored in the top 20% of acute hospitals nationally in the latest staff survey for interest in and actions on health and wellbeing, demonstrating its commitment to staff welfare. The Service has worked alongside Human Resources and managers during the year to try to reduce sickness absence, including helping staff to remain healthy and supporting staff to return to work following absence.

Stress continues to be the main cause of absence and over the last twelve months there have been workshops developed by the service to signpost staff to relevant support so that they can be proactive in managing their stress issues. These have included 'You and Your Wellbeing' and the 'Letting Off Steam Initiative' where staff could drop in and see a counsellor without an appointment.

The HWWB Service has worked in partnership with the Health and Safety Team, performing a trend analysis to see where the highest number of incidents have occurred and then arranged roadshows to advise staff, for example, on the reduction of slips, trips and falls. The service has also put on roadshows for general health promotion which encompass National Institute for Health and Care Excellence (NICE) Guidance.

The Flu Campaign for 2015-16 was launched at the HWWB annual open day in September. The Trust's vaccination uptake for frontline staff was 78.6%, an overachievement of the target of 75%.

The HWWB Service successfully completed its annual self-assessment for Safe Effective Quality Occupational Health Services and was once again successful in reaching all of the required standards.

New systems have been put in place to work towards a paper-lite work area to deliver a more effective and efficient service. The new starter health assessment is now paperless and further developments will include the roll out of IT systems so that all management referrals and responses will be electronic and, therefore, more timely.

Education and training

The Clinical Education Team have successfully implemented a number of new initiatives during the year including:

- Introduction of the Care Certificate, which defines a set of minimum standards that all social care and health support workers maintain in their daily working life. It defines the new minimum standards that should be covered for all new care support workers and forms part of redesigned induction training for our Healthcare Assistants
- Increased the use of simulation and technology enhanced learning to support clinical competence and patient safety. In-situ simulation, already implemented across a number of areas, has been expanded with the introduction of paediatric simulation in the Emergency Department.

The Trust's non-clinical development priorities are delivered by the Leadership & Organisational Development (L&OD) Team, who provide a diverse range of programmes that support knowledge, skills and competency development, behavioural awareness and change for individuals and teams, across all staff groups.

This supports staff to deliver 5-star patient care. Over the past 12 months examples of the work the L&OD Team have introduced and delivered are:

- **Apprenticeships:** Over 100 staff are progressing through an apprenticeship in a range of level 2/3 qualifications, including Health - Maternity & Paediatric Support, Health - Clinical Healthcare Support, Team Leading, Team Management and Business Administration.
- **Coaching Skills:** A range of workshops developed and rolled out to provide coaching skills for managers/leaders, from supervisors, team leaders and managers up to Board members. The objectives of these workshops are to develop communication skills and support the use of coaching style conversations with team members and colleagues, with the wider aim of embedding a coaching culture within the Trust.
- **Little Big Conversations:** L&OD have developed and implemented these staff engagement and consultation events; the first being two half-day events held during 2015 that covered the subjects of 'Speak out Safely' and 'Realising the Trust Values'. A cross-section of around 40 Trust staff attended each event.
- **Ward Manager and Matrons Leadership Development:** Initiated in 2015 this is a nine month programme that was developed in-house by L&OD; for Trust band 7 & 8 nursing leaders (80+ staff) across four cohorts. The programme is designed to support nursing staff in their roles as leaders of teams/departments; to reflect and build on their strengths, their role and abilities, to learn new skills and to learn more about themselves and how they can pro-actively take this learning back to the work-place to have even greater influence on care.

They gain skills that will drive and sustain change, building a culture of patient-focused care at a departmental or functional level. They also gain greater business acumen and develop enhanced people management skills. The programme supports the Nursing and Midwifery Council's revalidation requirements including reflection and professional development discussions.

Patient safety

The Trust was recognised for exceptional surgical safety and was selected as a finalist in the National Patient Safety Awards, in the category of Education and Training in Patient Safety. The successful project demonstrated the impact of a team-wide approach in Human Factors training. All members of the Trust's theatre teams were trained in Human Factors and the use of newly designed safe systems. The new systems were designed to enhance the overall safety of surgical procedures, whilst supporting the working needs of the clinical teams providing high quality patient care. Human Factors is the study of the interface between humans, equipment, the environment and each other. The project was measured over a three year period and demonstrated outstanding reductions in episodes of patient harm. Low harm was reduced by 58%, moderate harm by 70% and zero episodes of severe harm were recorded following the implementation of the project. This continuous work stream is just one of multiple projects currently enhancing the safety of each and every patient who enters the Trust and is a significant part of ensuring that the organisation provides 5-star patient care.

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's commitment is to:

- Reduce avoidable harm by 50% over three years (2015-18) - avoidable harm is harm that can be prevented
- Maintain a 50% reduction in theatre-related episodes of avoidable harm. Data for 2015-16 shows a 52% reduction in episodes of patient harm, measured against the project benchmark date from 2012-13.
- Reduce the incidence of Clostridium Difficile and avoidable MRSA infections. There were no incidents of MRSA bacteraemia in 2015-16 and the incidence of Clostridium Difficile was reduced from the previous year
- Reduce prescribing error rates through the implementation of an error response and re-education system.
- 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. This was implemented in 2015-16 and its effectiveness will be implemented in 2016-17
- Reduce to zero the number of never events reported in the organisation. There have been no never events since May 2013.
- The Trust will have zero tolerance on hospital acquired grade 4 pressure ulcers and will continue to seek to reduce harm from pressure ulcers at all grades by 50%. There has been a 15% overall reduction in

all grades of pressure ulcers this year, with a 50% reduction of grade 3 and no grade 4s. 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.

- Continue to seek a reduction in harm from inpatient falls. There has been an overall 4% reduction in falls resulting in harm during 2015-16. However, following the implementation of the new Falls Prevention Strategy and action plan in October there has been a significant improvement in the prevention of falls in the second half of the year. The actions have included fitting additional handrails on Department of Medicine for Older People's wards, use of non-slip anti-embolism stockings, refocus on staff training, increased surveillance and audit, investment in falls alarms and staff engagement via an open day
- Introduce patient safety briefings to increase staff awareness of risk. Pilot studies have commenced to test the use of the patient safety briefing tool.

Duty of candour

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 Being Open - A Duty to be Candid Policy, which sets out the Trust's 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 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 have been upgraded to 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.

Infection prevention and control

The Trust's infection prevention and control priorities are to:

- Reduce the incidence of Clostridium Difficile infections by working collaboratively across the whole health economy
- Identify, monitor and prevent the spread of multi-resistant organisms throughout the Trust

The Trust had a Trust Development Authority (TDA) peer review infection control visit in June 2015. The TDA team consisted of infection control specialists, quality leads, chief nurses and GP representatives from

the local Clinical Commissioning Groups and community and acute hospitals in the North West.

The team visited various clinical areas at St Helens and Whiston hospitals and interviewed staff, including consultants, junior doctors, matrons, nurses, housekeepers and domestics regarding infection control practice.

The feedback from the visit noted that the team was impressed with the engagement and ownership of staff at all levels on infection control issues and were assured that infection control is embedded within the Trust. The team highlighted the high standard of cleanliness in the hospitals, the bright and airy nature of the buildings and the ratio of individual side rooms to four-bedded bays within the hospital.

The areas for improvement highlighted have been addressed, including improving aseptic non-touch technique (ANTT) facilities in the Emergency Department and usage of personal protective equipment (PPE) by domestic staff.

Overall, the experience was extremely valuable for both the Trust and members of the TDA team.

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
- 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
- Replacing all anti-embolic stockings with non-slip versions
- 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.

Safeguarding

The Care Quality Commission made positive references to both safeguarding children and adult practice at the Trust and the knowledge and awareness of staff, in its report on the August 2015 inspection.

In February 2016, NHS England published safeguarding competences for those involved in caring for adults which is the equivalent of the longstanding set of competences for safeguarding children. This will require a review of the training needs analysis as a priority in the next year.

The Trust's Safeguarding Assurance Framework has separate safeguarding children and adult steering groups which meet quarterly to manage activity reporting, learning from experience and information sharing across the Trust.

Safeguarding adults

The Trust continues to work proactively with St Helens, Knowsley, Halton and Liverpool and Sefton Safeguarding Adult Boards either directly as Board members or, as in the case of Liverpool and Sefton as a member of the Health Sub-Group. An increasing part of this work is contributing to potential Safeguarding Adult Reviews which are being identified in increasing numbers by localities in-line with Care Act 2014 Guidance. This work entails reviewing all Trust activity relating to identified individuals and sharing relevant records where appropriate.

The new categories of abuse detailed in the Care Act 2014 include both modern slavery and self-neglect and have required the Trust to integrate them into its training

packages and to begin to implement new processes, particularly the National Reporting Mechanism with Modern Slavery. Much work needs to be done with our partners in understanding these complex issues and how they will present to an acute trust.

A significant part of the Trust's Safeguarding Adult commitments are delivered through its work in supporting patients who have additional needs and who are potentially 'adults at risk'. Areas which have been targeted are patients with learning disabilities, mental health issues, patients with housing needs and those who may not have the mental capacity to make decisions about hospital and their care and treatment. This work powerfully promotes the prevention agenda.

Safeguarding children

The Trust continues to work proactively with St Helens, Knowsley and Halton Safeguarding Children Boards either directly as Board members (St Helens) or, as in the case of Knowsley and Halton as a member of the Health Sub-Group. The Trust continued to be involved in action planning from the locality OFSTED Inspections of the previous year. This work is taking account of preparation for the new style inspection formats which will involve the Care Quality Commission coming into the Trust directly.

The Trust is working with all partners, both strategically and operationally to identify children and young people at risk of involvement in child sexual exploitation and to be alert to presentations at the Trust.

Domestic abuse

The Trust provides representation at both the St Helens and Knowsley Multi-Agency Risk Assessment Conferences (MARAC) and provides reports to other MARACs by exception. The Trust provided input to two domestic homicide reviews and has

fully reviewed its own actions and made recommendations in anticipation of formal reporting. All recommendations have been completed.

The Trust reviewed its Domestic Abuse Policy and training needs analysis to ensure its compliance with NICE guidance published in February 2014.

Mental Capacity Act

The Trust reviewed its Mental Capacity Act Policy in 2015-16 to ensure that it complied with recent case law and the developing knowledge base around deprivation of liberty safeguards. All areas have received additional training which has been very well received and staff have good awareness of the Mental Capacity Act framework, which was noted in the CQC Report (January 2016).

Deprivation of liberty safeguards

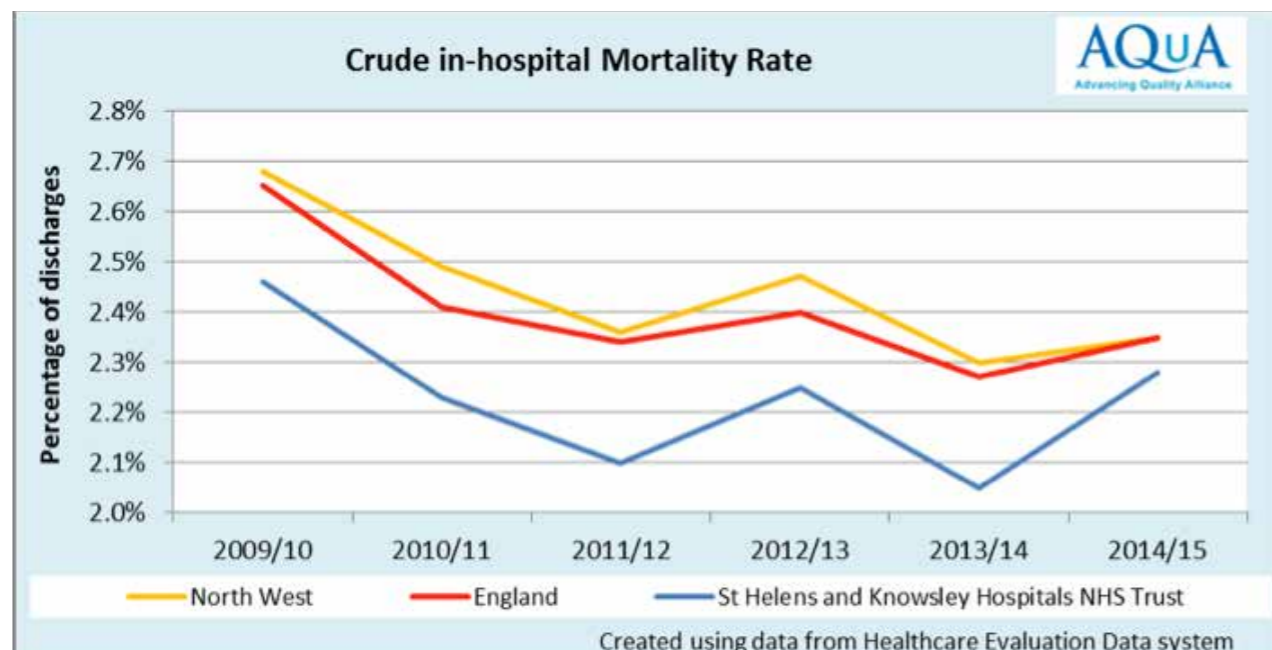
The Trust has continued to manage its deprivation of liberty safeguards authorisations through the Safeguarding Team. The increased level of training and awareness has resulted in 190 applications being made in the period with 44 being declined. This is an increase from 69 from the previous year. The Trust meets on a regular basis with its 'Supervisory Authorities' to manage issues of concern and look into individual cases.

Clinical effectiveness

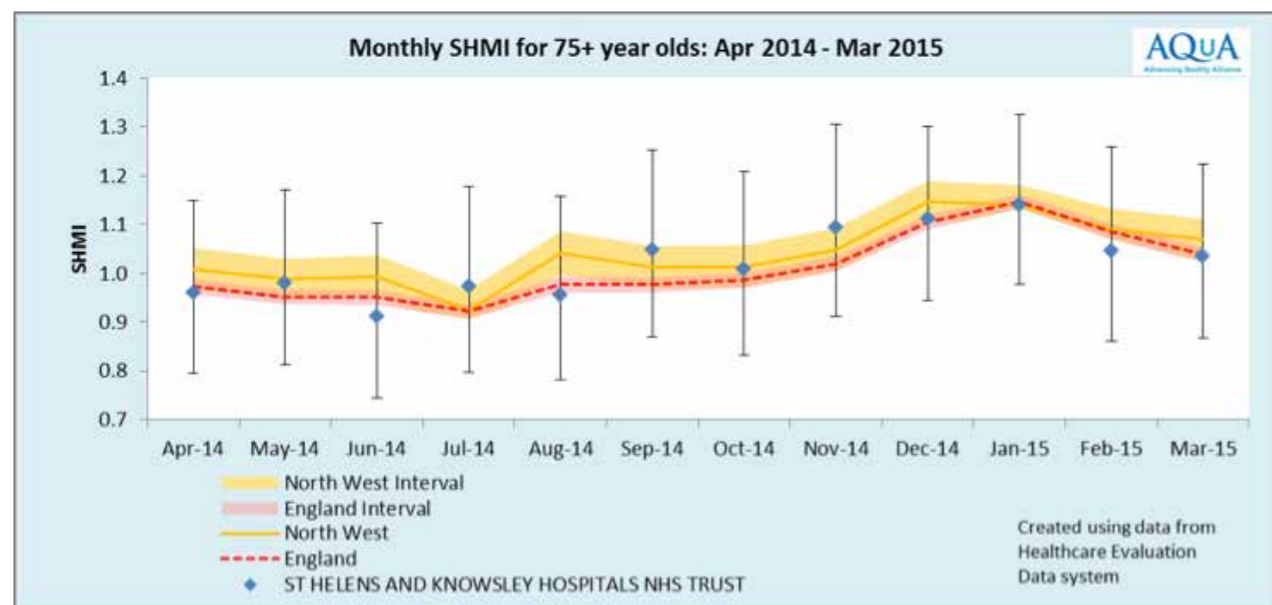
The Clinical Effectiveness Council meets monthly and monitors key outcome and effectiveness indicators, such as mortality, nationally bench-marked cardiac arrest data, critical care performance, hip fracture performance, readmissions, Advancing Quality, clinical audit and application of NICE guidance. Several areas reviewed by the Council are outlined in the following sections.

Mortality

The Trust benchmarks strongly in the North West for crude mortality and against the Government's preferred measure, the Standardised Hospital Mortality Index (SHMI), where the Trust is amongst the best in the North West as shown in the table below:



The Clinical Effectiveness Council examines mortality not only for the Trust as a whole, but also for a wide range of patient groups. For example, mortality in over 75-year olds, as shown in the table below:



In 2015-16, the Trust invited external review of its mortality processes by Mersey Internal Audit Agency and gained 'significant assurance' that the processes were robust.

Clinical microbiology

In 2014, the Trust introduced a full 24 hour, seven day on-site clinical microbiology service, the first in the region. This was enhanced in 2015-16, by increasing the number of staff on site during the night. From June 2015, the service has also provided clinical microbiology to Southport & Ormskirk Hospital NHS Trust and community users from Whiston and St Helens hospitals. This has led to a more effective and efficient service, with all urgent samples being processed within an hour of arrival and approximately 125,000 (25% total workload) clinical specimens processed during the night with the results now available a day earlier for patients. Further improvements mean that all positive blood cultures (usually about 10 per day) are dealt with when they flag positive. This has meant that the medical staff have far more information, up to five hours earlier, with which to target appropriate therapy.

Stroke performance

The Trust's stroke performance was subject to an internal improvement plan monitored by the Clinical Effectiveness Council (discussed in last year's Quality Account). The Trust has seen transformational change and is now the 3rd best performer in England in the Sentinel Stroke National Audit Programme.

The Therapies Service has seen steady improvement recently against the Sentinel Stroke National Audit Programme (SSNAP) and the Trust overall SSNAP performance is now at A (levels A-E, A being the highest); SSNAP has been used to drive quality improvement and an example is the introduction of the Breakfast Club.

This is a new initiative introduced by therapies on the stroke ward, where a room has been decorated to resemble a home dining room. The catering staff provide breakfast for a number of stroke patients in this designated area rather than at their bedsides. This group activity has a number of benefits for the patients, including delivering a number of activities of daily living, ensuring improved self-esteem through washing, dressing and combing of hair, improved mobility in transferring from the bedside to the dining room and improved posture through seating at a normal table. A key benefit is interaction with other patients, providing the opportunity to practice communication and cognition.

NICE guidance

The Trust's systems for reviewing and adopting NICE guidance (evidence-based best practice) were assessed internally and externally by the Care Quality Commission (CQC) and found to be high quality.

Intensive Care National Audit & Research Centre (ICNARC)

The Trust benchmarked favourably against this national audit, not least in terms of a transformation programme to improve timely transfer from Critical Care Unit to the wards, which has seen the Trust move from substantial delayed discharges to strong performance. Mortality against one of the two predictive models for critical care has risen and the Trust is undertaking work to understand the difference between the two mortality models.

Advancing quality (AQ)

This was presented in detail in the Quality Account for 2014 - 15.

Copeland risk adjustment barometer (CRAB)

CRAB monitors surgeon performance and provides assurance that individual surgeons are performing well in the spectrum of their individual practice. Performance of surgeons both individually and collectively is strong.

Never events

Never events are serious incidents that are preventable due to national guidance or safety recommendations that healthcare providers should put in place. The Trust remains free from never events and has a Safer Surgery Collaborative that constantly looks for new ways to improve surgical safety. One of its developments, the HALT tool, has been proven to prevent never events and is being adopted elsewhere nationally.

Clinical audit

The Trust has an active Clinical Audit Programme and is an active participant in required national audits where performance is strong. The Trust's management of clinical audit was reviewed by Mersey Internal Audit Agency this year and found to provide significant assurance. Details of the work undertaken this year are contained in the main clinical audit section above.

Accreditation of Department of Anaesthesia

The Department of Anaesthesia at the Trust is the first in the North West region, and only the 8th department in the country, to be awarded accreditation status by the Royal College of Anaesthetists. The accreditation process included an in-depth review of both Whiston and St Helens hospitals by the Anaesthesia Clinical Services Accreditation (ACSA) panel. The panel consisted of five people who benchmarked the service against an extensive list of standards by means of interview, paperwork examination and two separate site review walk-about. They looked at four domains; the care pathway, equipment facilities and staffing, patient experience and clinical governance. All of the standards are mapped to the five key lines of enquiry used by the CQC.

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.

Patient experience

Whiston and St Helens hospitals were named as the best hospitals in the UK for patient experience in 2015. The award from CHKS Top Hospitals recognised the consistently high standards of care provided to patients at the Trust.

The Trust was chosen following an analysis of external performance data in five areas:

- CQC inpatient survey
- CQC Emergency Department, outpatients and maternity surveys
- National Friends and Family Test (FFT) scores
- Patient-Led Assessment of the Care Environment (PLACE) in which the Trust has also been named the best acute provider in the NHS
- Patient Reported Outcome Measures (PROMS).

This award underlines the hard work of all staff who continue to strive for excellence and reflects the Trust's vision to provide 5-star patient care. The Trust has been shortlisted again in this category at the 2016 awards.

The Trust actively engages with patients through a number of initiatives:

- Introduction of Patient Participation Group looking at services across the Trust and ways to further improve care and the environment on a monthly basis
- Patient stories at the Trust Board and the Patient Experience Council to discuss both experiences that were positive and those that can be learnt from to make services better, no matter how small the change
- Learning from patient stories and providing 'lessons learnt' to staff across the Trust
- Support from the specialist cancer nurses for Gutsy Guys, a group of patients who

have in some way either directly or via a loved one been affected by an upper gastro-intestinal (GI) cancer, such as stomach or oesophageal cancer. This year the patients ran an event to promote early symptoms of upper GI cancers for both the public and professionals.

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) is the Trust's eyes and ears and the team interacts on a daily basis with patients, relatives and carers to provide help, advice and support. Two main areas for improvement were identified from feedback from patients; the availability of the team and higher visibility, particularly with the office environment. This has led to extending the opening hours, with greater access for patients, and a refurbished office to provide greater presence in the main reception area, with a more comfortable environment for patients to share their experiences.

A further area for improvement identified through patient comments was the booking and rearrangement of appointments. A new 'queue buster' system has been commissioned by the Trust, that calls patients back should they choose not to wait in a queue at busy times. If they opt for the call back option, they can hang up and, without losing their space in the queue, an appointments clerk calls them back when it is their turn. The new service has been working well, with patients commenting on how useful the service is.

The Trauma and Orthopaedic Department also created an admission lounge in March 2015. It was developed as part of the Department's strategy to improve patients' experience pre-operatively.

Patients are informed at their pre-operative assessment that they will attend the lounge on the day of surgery. The admissions nurse explains to the group what will happen on the day and they are given an information leaflet about the reasons for their stay in the lounge. Patients attend on the day of their operation and are assessed by the medical teams. Patients are given an estimated time of surgery and they are free to come and go as they please, being called to theatre from the lounge area at the appropriate time.

The unit has seen approximately 1700 patients in the last ten months. The number of patients who have had their surgery cancelled due to lack of available beds has reduced as a result of this initiative. Patients are pleased with the unit as they feel they are well informed and do not have to worry about not getting a bed. A dedicated nursing team is available to assist patients and keep them regularly informed about what is going on, thus improving the patient experience.

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.

Indicator	Source	Reporting Period	STHK	National Performance			
				Average	Lowest Trust	Highest Trust	
Friends & Family Test - A&E - Response Rate	NHS England	Mar-16	15.1%	12.0%	0.8%	47.2%	
Friends & Family Test - A&E - Response Rate	NHS England	Feb-16	16.9%	13.3%	0.2%	46.4%	
Friends & Family Test - A&E - Response Rate	NHS England	Jan-16	13.3%	12.9%	0.4%	39.9%	
Friends & Family Test - A&E - Response Rate	NHS England	Dec-15	11.2%	12.7%	0.0%	44.3%	
Friends & Family Test - A&E - % recommended	NHS England	Mar-16	84.8%	83.5%	49.3%	98.9%	
Friends & Family Test - A&E - % recommended	NHS England	Feb-16	84.6%	84.9%	46.3%	100%	
Friends & Family Test - A&E - % recommended	NHS England	Jan-16	85.0%	86.3%	52.5%	100%	
Friends & Family Test - A&E - % recommended	NHS England	Dec-15	93.5%	87.4%	57.6%	100%	
Friends & Family Test - Inpatients - Response Rate	NHS England	Mar-16	24.4%	24.1%	5.5%	100%	National average includes Independent Sector Providers
Friends & Family Test - Inpatients - Response Rate	NHS England	Feb-16	26.2%	24.9%	6.1%	100%	

Indicator	Source	Reporting Period	STHK	National Performance		
				Average	Lowest	Highest Trust
Friends & Family Test - Inpatients - Response Rate	NHS England	Jan-16	24.5%	24.3%	4.6%	100%
Friends & Family Test - Inpatients - Response Rate	NHS England	Dec-15	23.3%	23.4%	4.7%	100%
Friends & Family Test - Inpatients - % recommended	NHS England	Mar-16	95.6%	95.7%	74.2%	100%
Friends & Family Test - Inpatients - % recommended	NHS England	Feb-16	96.1%	95.7%	74.2%	100%
Friends & Family Test - Inpatients - % recommended	NHS England	Jan-16	95.5%	95.7%	72.7%	100%
Friends & Family Test - Inpatients - % recommended	NHS England	Dec-15	96.5%	95.6%	73.4%	100%

At the beginning of January 2016, the Trust changed service providers to roll out Friends and Family Test to all areas, and to increase the numbers being surveyed from 3,500 to 35,000 each month. The new provider has a fully automated reporting system providing informative reports with comments collated into themes and with trends incorporating demographic data.

This will enable areas to obtain and review all responses and to continue to monitor and maintain a high quality and standard of service. This new system also enables areas to produce action plans as a direct result of the feedback received that will enable best practice to be shared to other areas throughout the Trust.

The list below provides examples of some of the comments received and the responses provided to this feedback from the FFT during 2015-16:

You said

"The staff did not give us proper information."

The Trust is working on a discharge checklist to provide accurate and updated information on discharge from hospital.

You said

"99/100; the only slight fault, it appeared not enough nurses on duty Saturday PM. They were overrun with issues more important than mine."

Ward staff were reminded to consider the feelings of all patients as the smallest things often makes the biggest impact.

You said

"Short staffed, need more nursing assistants."

The Trust is currently recruiting into vacancies and review this regularly. Staffing is reviewed on a daily basis and any identified shortfalls are managed appropriately.

You said

"The treatment given was first class, the staff, especially the nurses and catering staff were friendly and efficient. The food was good."

The Trust replied
"Thank you to the caterers who provide a good choice of food."

You said

"The staff are very helpful and are there when you need them, they are all a lovely bunch."

The Trust replied
"We are here to help you and your family at this time. We endeavour to make ourselves available to you in a friendly and approachable manner."

You said

"I was immediately put at ease. The friendliness and professionalism of all staff was amazing, despite being in a single ward the 3 weeks just flew by".

The Trust replied
"Positive feedback disseminated to all disciplines at daily Multi-Disciplinary Team."

Complaints

The Trust takes patients' complaints extremely seriously and has put measures in place during the year 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 improved from 35.5% in 2014-15 to 61.4% of new complaints responded to within the agreed timescale during 2015-16. In 2015-16, the Trust received a total of 292 complaints overall, of which 276 were written complaints. One written complaint was withdrawn, resulting in a total of 275 written complaints for the year. This compares to 281 new complaints received in 2014-15.

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

- Introduced open visiting on a number of wards to improve communication with patients, carers and families
- Increased the presence of pharmacy technicians on the wards to reduce the need for medication charts to be removed from the clinical areas, thus reducing the number of missed doses
- Provided customer care and conflict resolution training for staff
- Additional training on electronic system to ensure discharge letters are sent
- Outpatient referral forms amended to ensure patients' additional needs are identified prior to attending the department so that these can be more readily met
- Amendments made to information leaflets to raise awareness that patients may be seen by different medical staff
- Posters displaying the uniforms different staff members wear installed on each ward
- Reinforcement of the Trust's ACE behavioural standards.

The Trust introduced a Complaints Satisfaction Survey in 2015, in order to identify key areas for improvement in the management of the complaints process. Overall the majority of respondents to the survey were satisfied with how easy it was to make a complaint, had their complaint acknowledged within three working days and were provided with a contact number for the complaints team. However, the area of most dissatisfaction was in the length of time taken to respond, so in order to improve the timeliness of responding to complainants going forward, the Trust has taken the following actions:

- Implemented weekly compliance monitoring
- Continued to invest in complaints writers to support the clinical teams in the complaints investigation process
- Provided additional training for statement writers

This remains a key area for improvement and, therefore, the Trust is in the process of implementing a revised Complaints Team structure, which will include clinical staff. This will be supported by key performance indicators and clear targets for improvement, as well as learning from organisations that perform well in this area.

Summary of national patient surveys

National cancer patient experience survey (NCPES)

The Trust participated in the NCPES survey, however, the results have not yet been published. The findings of the survey will be published in next year's Quality Account.

NHS England, in response to the 2014 National Cancer Patient Experience Survey, set up a buddying scheme to enable those trusts rated in the top five to provide mentorship and support to those in the bottom five.

St Helens and Knowsley Teaching Hospitals NHS Trust was 4th nationally and was buddied with Ashford and St Peter's Hospitals NHS Foundation Trust. This led to the sharing of best practice to raise performance. The programme ran from May to December 2015. The two trusts had multiple teleconferences, during that time, to discuss challenges in delivery of cancer care and a team from Ashford and St Peter's had the opportunity to visit Whiston and St Helens hospitals for a day to look at cancer services, meet the team and visit diagnostic services. Ashford and St Peter's Hospitals NHS Foundation Trust have introduced some new working structures and improved their engagement with their executive team to move the cancer agenda forward, as a result of the scheme.

National inpatient survey

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

The results were published in June 2015 and were broadly consistent with the previous year's survey for the Trust. The feedback from patients continues to indicate that the care provided at Whiston and St Helens hospitals is amongst the best in the country.

The Trust was included in the 'best performing' trusts nationally across five indicators and was not included in the 'worst performing' trusts for a single indicator. The standards of hygiene continue to be amongst the best in the country and the Trust achieved one of the highest national scores for ensuring that patients were given enough privacy when being examined or treated. The areas where the Trust rated in the best performing trusts are:

- Were you given enough privacy when being examined or treated?
- 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?
- Were you ever bothered by noise at night from other patients?
- Were you ever bothered by noise at night from hospital staff?

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

National survey of women's experiences of maternity services 2015

The results of the survey were published in December 2015 and show that the Trust received the highest score nationally for six of the questions, including being:

- Given the help needed when contacting a midwife during pregnancy
- Involved enough in decisions about antenatal care
- Spoken to in an understandable way during labour and birth
- Told who to contact if needing advice about emotional changes after birth.

The Trust did not score in the worst ratings for any of the questions asked and the answers given demonstrated that the care was above the national average in a number of questions, especially in relation to:

- Information received
- Being given enough time to ask questions
- Involvement of partner or someone close during labour
- Cleanliness of the facilities

The Trust is taking a number of actions to further improve the service, including developing the normality strategy to increase the range of choices for women for both the lead professional and the place of birth.



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 2015-16
- 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
Date: May 2016

Ann Marr

Ann Marr
Chief Executive
Date: May 2016

Written statements by other bodies

Healthwatch Halton

Commentary on St Helens and Knowsley Teaching Hospitals NHS Trust Quality Account 2015-16.

Healthwatch Halton welcomes the opportunity to provide this commentary on St Helens and Knowsley Teaching Hospitals NHS Trust Quality Account for 2015-16.

The report is very detailed and well written. The Trust is to be congratulated on the excellent service given in:

- The overall quality service provided
- Patient safety
- Patient experience
- Clinical effectiveness
- Leadership

Healthwatch Halton is pleased to see the recognition of staff by both internal and external awards.

The Trust's participation in so many clinical audits is noted and we are encouraged to see the list of actions being taken to improve the quality of healthcare provided.

We would like to congratulate the Trust on achieving all its targets bar one, i.e. Emergency Department waiting time within 4 hours - 85% against target of 95%.

The Trust is also to be commended on achieving amongst the best North West Crude in-hospital Mortality Rates.

The priorities for improvement are clearly defined. We are encouraged to see the improvements this year in complaint response times from 35.5% to 61.3%, though we feel there is still plenty of room for improvement on this and we are pleased to note the target of 90% for next year.

We note that some other areas chosen have been priorities for a few years and we would hope to see similar improvements during the next 12 months in:

- Weekend mortality rates
- Patient discharge

We are pleased to note the Trust's inclusion of early identification and treatment of sepsis as a priority for the next 12 months.

The inclusion of patient comments in the report are welcome, as are the responses provided to the feedback from the Friends & Family Test.

The rating, for the second year running, of the best acute NHS Trust in England following the Patient Led Assessments of the Care Environment (PLACE) inspections is to be applauded.

Healthwatch Halton looks forward to being involved more closely with the Trust's work over the coming 12 months.

Doreen Shotton & Brian Miller
Healthwatch Halton Quality Account Leads

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 Wednesday 13th April 2016. Representatives from Healthwatch Knowsley were invited to attend the meeting and contribute to the discussions and commentary.

Those present at the meeting were informed that, given the Trust's timescales for reporting, the Quality Account considered at the meeting was in draft form with some performance information to be added. Members would receive a final version of the report once available for any additional comments.

It was suggested that the table on page 11 entitled 'Our activity 2015-16' could demonstrate percentage increase in numbers. For example, clarity could be provided on the 7.5% increase in referrals by providing the numbers of how many more referrals were being made to the Trust. It was recognised that this increase may be attributable to the Trust's excellent performance rating which meant that more people were referring to the Trust.

It was recognised that readmissions was an area for continued focus and that the Trust was trying to avoid the penalties for re-admissions. Members of the Sub-Committee and Healthwatch Knowsley agreed that the Trust should continue to pursue efforts to ensure that discharge planning and discharge processes were safe, robust and effective.

It was recognised that the Trust was being proactive in terms of the recruitment and retention of staff to ensure that it could maintain safe staffing levels at all times.

Members of the Sub-Committee and Healthwatch Knowsley recognised the challenges in recruiting nurses and the efforts made by the Trust to develop staff internally e.g. Healthcare Assistants being given time to undertake nursing training and by working closely with local universities. Members recognised that the removal of the training bursary for nurses would place further pressures on recruitment, especially in hard to fill posts such as respiratory services.

In respect of the Care Quality Commission inspection, the Sub-Committee and members of Healthwatch commended the Trust on receiving Outstanding in areas with the Trust rated as good overall. It was recognised that some of the Trust's key achievements were the number of awards it had received including being named as the best in the UK for patient experience.

It was acknowledged that the Trust had implemented communication passports to ensure that pathways were robust and appropriate for patients but it was suggested that there was some inconsistency in wards in terms of implementing passport communication which was something that the Trust should address.

Members of the Sub-Committee and Healthwatch Knowsley recognised the excellent work carried out by the Trust in relation to falls prevention through open and transparent processes, as implemented in line with the Falls Strategy. This should be highlighted within the Quality Account document. The Trust recognised that contacting family members of patients who had suffered from a fall was important and this was seen as good practice by the Sub-Committee and Healthwatch.

Members welcomed the Trust's open and honest approach to highlighting areas of improvement and supported the Trust in working to deliver these. The Sub-Committee was grateful for the Trust's detailed presentation and quality report and thanked the representatives for taking time to attend the meeting and provide information.

Healthwatch St. Helens commentary for St. Helens & Knowsley Teaching Hospitals NHS Trust

Equality and Diversity

We work closely with the Trust around equality and inclusivity and are fully involved in setting the EDS objectives every year. Since the Trust's response last year in relation to improvements around access to British Sign language interpreters for deaf patients and the Trust has forged links with the Deafness Resource Centre to ensure individual communication needs are met. In addition staff from Human Resources have noted where senior staff sometimes were unable to follow meetings in the Boardroom due to hearing loss, where there are usually a large number of people. Advice can be sought from Healthwatch St Helens on how this can be rectified.

In addition a steering group on 'Accessible Information Standards' has been set up this last year on which Healthwatch St Helens advised a significant amount. Work on this has been ongoing and it is appreciated that it is a mammoth task for all NHS bodies.

Comments on the previous year's priorities:

Dealing with Complaints

We acknowledge and agree that the Trust should regard the importance of dealing with complaints within the agreed timescale by making this an area for improvement. Healthwatch St Helens continues to receive feedback about the complaints process and there have been concerns about the time taken to both resolve the issue and appropriate personnel taking leadership responsibility and informing the complainant of any learning outcomes that may have been achieved.

Other concerns include lack of communication between departments when transferring a patient or their notes being made available at clinics within the same trust for urgent appointments. This has led to an avoidable loss of confidence in services.

Pressure Ulcers

Healthwatch St Helens acknowledged the development and use of a pressure ulcer (PU) risk assessment tool, which was reported as an example of outstanding practice by the CQC, and this area of work continues a priority. More work still needs to be done to ensure good practice is followed throughout the whole patient journey.

As part of the 'Sign up to Safety' campaign Healthwatch note that reducing avoidable harm from pressure ulcers continues to be a priority for 2016-17 along with other safety issues such as falls.

We look forward to seeing the effectiveness of the 'safety huddle' tool, which was to be rolled out in Spring 2016, although there has not been information shared at PEC/PSC with regard to its content.

Maternity

The CQC rated maternity as an area for improvement in its recent inspection of the trust. An action plan was created in response to the inspection findings but neither Healthwatch St Helens nor commissioners have seen this. As this is being monitored internally and externally, it would be appropriate that this plan is shared with Healthwatch.

We hope that the new MEAM project, a multi-agency partnership working with vulnerable people across the Trust, Councils, Bridgewater and other not-for-profit agencies will ensure wraparound services for pregnant women, to which the Trust has been making provision for some time.

Discharge process

Healthwatch St Helens acknowledges an improvement in the discharge planning process in terms of patients' needs including medication and identification of social care needs through a holistic approach by the Integrated Discharge Team. However we sometimes hear of cases of premature discharge and the impact this has on readmission figures. Last year we suggested that there could be a focus group involving patients in analyzing the readmissions examples and urge that discharge processes remain a priority for the Trust to improve on.

We acknowledge that patient experience is above the national average and participate regularly in formal and informal meetings to ensure the action plan is progressed, as well as additional internal groups e.g. Hospital Environment Group, where Healthwatch have enabled the Trust to improve its service delivery with regard to surroundings, patient experience and staff attitudes, etc.

In next year's priorities we expect to see significant improvements in some of the areas chosen that have long been a priority for the Trust – namely:

- Reduce avoidable harm from falls and pressure ulcers, medication incidents
- timeliness of addressing complaints,
- weekend admissions mortality rate
- reduce mortality rates from sepsis
- timeliness of discharge processes and reduce potential for re-admission

We look forward to remaining heavily involved with the Trust's work and continuing the positive relationship we have, enabling us to ensure sufficient scrutiny of services for the benefit of the public.

***Please note this was received after the Quality Account was audited by Grant Thornton.**

Halton Borough Council, Health Policy and Performance Board

Further to receiving a copy of your draft Quality Accounts and the Joint Quality Accounts event held on 19th April that your colleagues Sue Redfern and Anne Rosbotham-Williams attended to present a summary of your Quality Accounts, I am writing with the Health Policy and Performance Board comments. The Health Policy and Performance Board particularly noted the following key areas:

During the year 2015 - 16, the Board were pleased to note that the Trust achieved all three of their priorities. The Board noted in particular, the following:

Under the Quality of Services overall, the Board were very pleased to note that the Trust were rated as outstanding by CQC for Caring and that the following actions were being put in place in response to CQCs comments:

- Continue to work with your health economy partners to improve access to urgent and emergency care
- Continue to strengthen the processes to further reduce risks within Maternity Services
- Maintain robust systems for the storage of medications
- Continue to ensure the appropriate skill mix of staff and that the privacy and dignity of patients in the Coronary Care Unit is maintained at all times.

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

- No never events since 2013;
- 48% reduction in falls following the introduction of the Falls Strategy in October 2015; and
- 50% reduction in the number of Grade 3 pressure ulcers and no Grade 4 pressure ulcers.

The Board are pleased to note the following Improvement Priorities for 2016-2017:

- Reduce avoidable harm from falls, pressure ulcers and medication incidents by 50% in the next 3 years - this is an area that the Board are particularly interested to see a reduction;
- Further reduce mortality of weekend admissions;
- Earlier identification and initiation of appropriate treatment thus reducing mortality due to sepsis for patients attending the Trust.

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

Halton Clinical Commissioning Group

Many thanks for submission of the Quality Report for 2015-2016 and for the presentation to local stakeholders on 19th April 2016. This letter provides the response from NHS Halton CCG to the Quality Report.

The CCG has now been in place for three years and we have, I believe, maintained excellent working relationships with yourself and the hospital team. NHS Halton CCG staff attend the Clinical Quality and Performance Group, which scrutinises the key quality indicators in the Quality Schedule and CQUINs in partnership with St Helens CCG who are the co-ordinating commissioner; these meetings are proving to be both effective and useful. NHS Halton CCG would like to congratulate the whole team for the on-going commitment to quality care for service users and their families. The CCG would like to note in particular the work of Mrs Sue Redfern, Director of Nursing Midwifery and Governance, and her team on the continued progress in relation to quality in this year.

NHS Halton CCG values the constructive relationships we have formed and the ability to develop and maintain links to your clinicians and the commitment they have shown to improving the quality of services and working in partnership with the CCG as part of the One Halton Programme.

NHS Halton CCG welcomes the work delivered by the Trust in relation to improving care for patients and congratulates you on your successes in the area. The trust is to be congratulated on the positive performance in

the recent Care Quality Commission inspection. The CCG notes the development and implementation of the Nursing and Quality Strategies and the delivery of your planned improvements targets. NHS Halton CCG is also pleased to note the delivery against the commissioner quality priorities in particular improvements in stroke services and the 50% reduction in pressure ulcers. We would like to commend the Trust on its on-going commitment and progress in relation to visible clinical leadership.

NHS Halton CCG are pleased to see the planned quality priorities for 2015-2016 and the focus on continuous improvement in all areas. We look forward to working with the Trust through 2016-17, helping to improve the quality of services for our patients through the NHS contractual mechanisms and the review and management of Serious Incidents, applying good governance and ensuring lessons are learnt throughout the Trust.

Yours sincerely



Jan Snoddon
Chief Nurse/Quality Lead
NHS Halton CCG
Email: jan.snoddon@haltonccg.nhs.uk

Knowsley Clinical Commissioning Group

Comment received following the External Audit review.

NHS Knowsley Clinical Commissioning Group (CCG) welcomes the opportunity to comment on the St Helens and Knowsley Teaching Hospitals NHS Trust Quality Account for 2015 - 16.

Knowsley CCG commends the Trust on the outcome of the Care Quality Commission (CQC) rating received following an inspection of the Trust in 2015, with the caring domain rated as 'outstanding' across the Trust, with St Helens Hospitals' Outpatients and Diagnostic Imaging Services rated as 'outstanding', and being exemplary in hospital standards.

The CQC rating for the Trust, as 'good' overall is an endorsement of the Trust's commitment to improving the quality and safety of care to deliver excellent clinical outcomes in a compassionate and safe environment. Knowsley CCG recognises the work the Trust has undertaken in improving the quality of its services, underpinned by the Trust's vision to provide 5-star patient care remaining the Trust's primary objective. This is supported by ACE behavioural standards so that patients and their carers receive services that are safe, patient-centred and responsive, achieving positive outcomes every time, which is described within the Quality Account.

Continued achievement of 98% for the provision of harm free care, which is notably higher than the national average of 95% is commendable. It is assuring to note the work being undertaken to reduce patient falls and pressure ulcers and the Trust has made significant progress in embedding good practice. The Trust has seen a reduction of falls resulting in moderate or severe harm by 48%, a reduction in grade 3 and 4 pressure ulcers by 50% and a reduction in Clostridium Difficile levels in 2015/16; this is evidence of high quality care being provided by the Trust.

The CCG acknowledges that improvements in the quality and standard of patient care is a result of the Trust's vision to provide 5 star patient care, exemplary leadership and staff engagement.

It is encouraging that the Trust has been voted as the best acute Trust in the North West and the best non-Foundation Trust nationally in the latest staff survey. The CCG would like to congratulate the Trust and its staff for their achievement of national and regional awards.

The Trust's aim and commitment to improving the quality of care is evident from improvement priorities for 2016-17. The Trust's aspiration to embed the process for learning from incidents and complaints and the reduction of weekend and sepsis related mortality is supported by the CCG. The Trust's priority of increasing its performance of e-discharge summaries sent within 24 hours to 90% demonstrates a commitment to ensure a high quality and safe service for patients upon discharge, as well as the Trust's desire for partnership working and being responsive to feedback from commissioners and primary care. The CCG welcome the Trust's continued work to reduce response times to complaints received and acknowledge the Trust for highlighting that this is an area requiring further improvement.

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

Yours sincerely,



Dianne Johnson
Accountable Officer

St Helens Clinical Commissioning Group

On behalf of St Helens CCG I am writing to thank you for sharing St Helens and Knowsley Teaching Hospital NHS Trust draft Quality Account for comment. This letter of support for the Trust Quality Account also summarises the key points discussed at the presentation meeting.

We would like to thank Sue Redfern and Anne Rosbotham-Williams for attending the event on the 6th May 2016 and presenting an overview of the work undertaken in the Trust during 2015-2016. The presentation was informative and there were many examples of excellent practice and evidence of a strong commitment across the Trust to effective, safe and compassionate care, and this was also evident throughout the Quality Account. The CCG recognises the hard work undertaken to improve quality across the Trust and the commitment from the Trust Board to maintain high standards, which was endorsed by CQC in your report.

The summary of quality achievements was excellent but it would have been useful to see last year's priorities at the beginning of the report as a comparison against the priorities for this year.

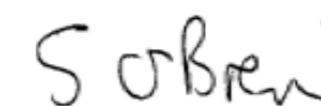
The CCG would like to see included within the account more focus on challenges within the Trust for example: falls and staffing, you presented that you have recruited from India to ensure safer staffing levels are achieved, however it is not detailed within the report. There was also a lack of information around the challenges in AED and VTE which we feel should have been incorporated into the quality account.

The Trust priorities for improvement to reduce avoidable harm from falls, pressure ulcers and medication incidents by 50% in the next 3 years are encouraging, and we agree that further embedding of processes from lessons learned would be a positive outcome.

From reviewing the draft Quality Account we noticed that there was no mention of the CQUIN and feel this should be incorporated into the report.

Lastly, I look forward to continuing to work with yourself and the Trust to ensure we provide effective high quality care for local people.

Yours sincerely



Prof Sarah O'Brien
Chief Nurse

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 2016 ("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 2016 subject to limited assurance consist of the following indicators:

- Percentage of patient safety incidents resulting in severe harm or death.
- 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.

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 indicator back to supporting documentation;
- Comparing the content of the Quality Account to the requirements of the Regulations; and
- Reading the documents.

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

Limitations

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

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques 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 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.

Grant Thornton UK LLP
4 Hardman Street
Manchester, M3 3EB
26 May 2016

Amendments made to the Quality Account following receipt of the written statements from other bodies

A number of changes were made following the presentation of the draft Quality Account to other bodies during April and May. This included enhancing the information provided on the work undertaken by the Trust in the following areas:

- Actions taken to meet the challenges within nursing recruitment (page 19)
- Delivering actions following the recommendations in the CQC report for meeting access targets in the Emergency Department and improvements in Maternity Services (page 43)
- Actions being taken to improve VTE risk assessment (page 48)
- Complaints management (page 84)
- Dementia care (page 62)
- Promoting health (page 74)
- Local employment opportunities (page 67)
- Safeguarding (page 74)

In addition, the summary of performance against last year's quality priorities was moved to earlier in the document, to page 19.



Abbreviations

AMU	Acute Medical Unit
AKI	Acute kidney injury
ANTT	Aseptic Non-Touch Technique
AQ	Advancing Quality
AQuA	Advancing Quality Alliance
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
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
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
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
RCA	Root Cause Analysis
RDI	Research Development and Innovation
SHMI	Summary Hospital-level Mortality Indicator
SIRO	Senior Information Risk Owner
SSNAP	Sentinel Stroke National Audit Programme
STP	Sustainability and Transformation Plan
SAH	Subarachnoid Haemorrhage
SUS	Secondary Uses Service
TARN	Trauma Audit & Research Network
TDA	Trust Development Authority
TIA	Transient Ischaemic Attack
VTE	Venous Thromboembolism



Trust Objectives 2016-2017

This year's Trust objectives set out to help us achieve our goal: "5-star patient care"

Care

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

- Improve the patients experience with continued improvements in clinical care and timeliness of discharge and transfers
- Continue to make progress towards the key 7-day service standards
- Deliver performance indicators as outlined in the nursing strategy, ensuring staffing levels are routinely reviewed using recognised acuity tools, ensuring appropriate numbers of staff are always available

Safety

We will embed a learning culture that reduces harm, achieves good outcomes and enhances the patient experience

- Fully utilise the "sign-up for safety" indicators to further improve safety and clinical outcomes
- Make further improvements regarding effective VTE screening, administration of medicines, avoidable hospital acquired infections, pressure ulcers, acute kidney injury and sepsis, and others as specified in the Clinical Quality Strategy
- Maintain in-hospital mortality below the North West average and continue to close the gap between outcomes for weekend and weekday admissions

Systems

We will improve Trust systems and processes, drawing upon best practice to ensure they are efficient, patient-centred and reliable

- Continue to maintain the national data quality standards encompassed in the IG toolkit
- Continue to implement the next phase of IT systems including: a clinical portal, e-prescribing, electronic medical early warning system, theatre system and next generation electronic document management system
- Develop a 3-year IM&T Strategy which builds the foundations to support clinical transformation

Pathways

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

- Work closely with CCG colleagues to improve emergency access performance, and explore opportunities for joint working
- Continue to develop and embed alternative pathways to benefit patient care such as those related to ambulatory emergency care to reduce non-elective admissions, and midwifery-led care for women having low risk births
- Use benchmarking data intelligence to reduce variation and improve outcomes

Communication

We'll be open and inclusive with patients providing them with timely information about their care. We will be courteous in communications and actively seek the views of patients and carers

- Continue to improve response rates and outcomes from the Friends & Family Test. Continue to use patient stories to learn lessons and share best practice
- Further improve compliance with the timeliness of responses to complaints and continue to reduce complaints related to staff attitude and behaviour
- Embrace opportunities for communications with patients and relatives to help the Trust plan future service developments. Further improve communications via the Trust website and other social media channels, as well as more traditional routes

Developing Organisational Culture and Supporting our Workforce

We will use an open management style that encourages staff to speak up, in an environment that values, recognises and nurtures talent through learning and development. We will maintain a committed workforce that feel valued and supported to care for our patients

- Identify creative approaches to recruitment and retention to ensure the Trust remains an employer of choice, ensuring support and training for all recruits. Explore opportunities for increasing our volunteer workforce
- Maintain positive staff survey and FFT outcomes and implement department level development plans including succession planning, health and wellbeing, and leadership
- Develop new approaches to celebrate innovation from frontline staff to further enhance public, patient and staff engagement, and also empower staff to easily raise concerns

Operational Performance

We will meet and sustain national and local performance standards

- We will pursue all clinically based performance indicators related to the quantity of activity undertaken; the quality of services provided; and the timeliness of diagnosis and treatment
- We will seek to achieve all relevant standards required of the Trust and our staff, and look to deliver the activity levels required to meet Trust operational plans
- We will monitor all trends in performance, and take remedial action to improve outcomes and results, if necessary

Financial Performance, Efficiency and Productivity

We will at all times demonstrate robust financial governance, delivering improved productivity and value for money

- Achieve all statutory financial duties and continue to review the financial systems, processes, and controls, to enhance effective financial governance
- Continue to refine service and patient level information reporting and develop capacity, and demand modelling capability at divisional and departmental levels, to support decision making at organisational and service level
- Use available benchmarking data to assess performance and underpin service transformation initiatives

Sustainability and Transformation Plans

We will work closely with NHS Improvement, and commissioning, local authority and provider partners to develop proposals for the Liverpool City Region and Cheshire Area, and reinforce the Trust's long-term future

- Meet all the compliance requirements set by NHS Improvement for long-term sustainability of clinical services
- Foster positive working relationships with health economy partners and help create the joint strategic vision for health services, incorporating patient pathway improvements from sharing patient information
- Continue to deliver the Communication and Engagement Strategy to ensure that staff, patients and visitors are kept informed of the Trust's future organisational plans



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