St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

Quality Account 2014 - 2015

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Chair & Chief Executive Statement

It is our pleasure to present the Trust's sixth annual Quality Account, reviewing performance and achievements over the past year.

Delivering healthcare that is of the highest quality, with the best possible outcomes, is the Trust's primary objective, ensuring that our patients and their families experience a service that is patient-centred, reliable and works efficiently.

The Trust continues to focus on further improving safety and quality of care to deliver excellent clinical outcomes in a compassionate and safe environment.

Our vision of '5 Star Patient Care' is embedded into everyday practice across the organisation and is based on five key action areas, as shown in the diagram:

We are never complacent and strive to provide an excellent experience for every patient, every time. Our skilled and committed staff are integral to the delivery of this vision and ensuring they are supported and empowered in their work is essential.

We work closely with patients and local focus groups to give them the opportunity to influence changes and developments. This year, we have continued to build on our strong relationships with the local community, and have further enhanced our patient forum involvement.

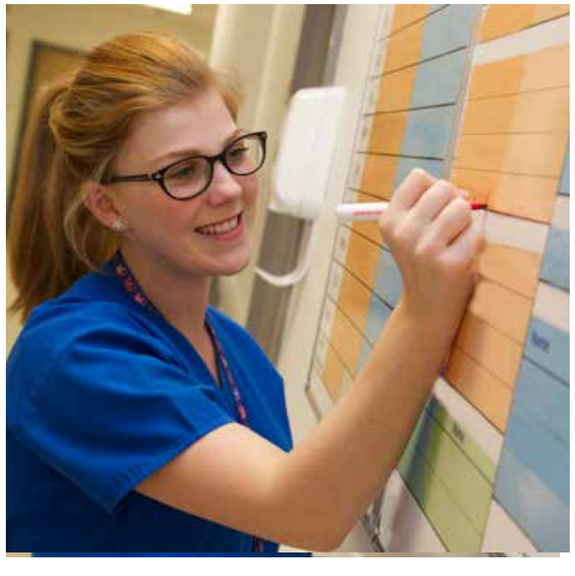
This report details the progress and improvements we have made against our wide-ranging targets, addressing any challenges and developing initiatives to ensure that quality is central to our ambitions to further improve services.

Achievements during 2014/15 included:

- Named the best NHS Trust in England in the national Patient-Led Assessments of the Care Environment (PLACE) programme. PLACE assessments inspect and score all acute and specialist organisations throughout England, evaluating cleanliness, food, condition, appearance, maintenance. and privacy, dignity and wellbeing
- Top performing Trust in the North West, 4th in the country, for providing the best care and support to cancer patients. Following this, the Trust has been chosen to take part in a 'buddy scheme' to help other NHS trusts in England improve the experience of cancer patients nationally
- The Trust consistently ranked amongst the best in the country in the national patient Friends and Family Test. St Helens Hospital Outpatient Department rated 2nd in the country for patients recommending the service for treatment
- Maternity and neonatal units awarded the prestigious Baby Friendly Initiative Award by UNICEF. Whiston Hospital was the first hospital in Merseyside to achieve this esteemed status
- Ranked in the top 100 places to work in the NHS in an independent assessment by the Health Service Journal (HSJ), supported by NHS Employers
- Seddon Suite Rehabilitation Unit, St Helens Hospital, assessed to be performing 'exceptionally' in its annual peer review, overseen by the Cheshire and Merseyside Rehabilitation Network. The unit provides inpatient and outpatient therapy, seven days a week, and provides high quality personalised rehabilitation
- The Trust rated as the best in the North West for treating patients with pneumonia, heart attacks, hip and knee conditions by Advancing Quality Alliance (AQUA). The Trust was also named second for the treatment of patients with heart failure, placing the Trust higher than many specialist hospitals in the region
- The Trust was chosen to host an annual orthopaedic exam preparation course on behalf of the Mersey Fellowship of the Royal College of Surgeons (FRCS). The course was a chance for registrars from across the region to test their clinical skills under the expert guidance of the Trust's award winning and highly skilled surgical department

The Trust has continued to progress against local and national performance indicators and against the priorities we set ourselves in last year's Quality Account. An annual review has also assessed progress against improvement plans in the Clinical and Quality Strategy, along with the Nursing and Midwifery Strategy, and details of this are contained within the report.

Feedback from both patients and staff about the care provided at our hospitals has been captured through the national Friends and Family Test (patient and staff) and the most recent staff surveys. Results from all surveys have been extremely positive and we are delighted to have been placed in the top



20% acute trusts in England for a significant number of key findings in the national NHS Staff Survey 2014.

Our staff are our greatest asset and it is important to acknowledge the professionalism and hard work of staff across the organisation who turn our plans into positive actions and outcomes for patients. In October 2014, the Trust welcomed staff to the pathology service, from Southport and Ormskirk Hospital NHS Trust, and therapy staff, from 5 Boroughs Partnership NHS Foundation Trust, to become part of the Trust workforce.

On behalf of the Trust Board we would like to thank all the staff who have contributed to what has been a very successful year.

To the best of our knowledge we declare that the information in this report is a true and accurate reflection of the quality of care delivered by St Helens and Knowsley Teaching Hospitals NHS Trust.

Richard Fraser

Richard Fraser
Chairman

Ann Marr

Ann Marr
Chief Executive

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Statement of Directors' responsibilities in respect of the Quality Account

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 National Health Service (Quality Accounts) Regulations 2010, (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

During 2014/15, St Helens and Knowsley Teaching Hospitals NHS Trust provided and/or sub-contracted £250m NHS services. The Trust also reviewed all the data available on the quality of care in all of these NHS services. The income generated by the NHS services reviewed in 2014/15, represents 83% of the total income generated from the provision of NHS services by the Trust for this period.

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 2014/15
- 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 confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

The Board of Directors confirm that 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

Chairman
Date: 26 June 2015

Ann Marr

Chief Executive
Date: 26 June 2015

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About Us

St Helens and Knowsley Teaching Hospitals NHS Trust is one of the busiest acute hospital trusts in North West England.

The Trust provides acute and specialist services across two hospital sites: Whiston Hospital and St Helens Hospital, both of which are modern, high quality facilities. The Trust is currently in the process of working towards becoming an NHS Foundation Trust.

The Trust's annual income in 2014/15 was £301.7 million, and more than 4,000 members of staff are employed overall. In addition to this, the Trust is the lead employer for the Mersey Deanery and responsible for 2,000 trainee specialty doctors, based in hospitals and GP practice placements throughout Merseyside and Cheshire. During the last year, the Trust has secured contracts to deliver payroll services to a number of other NHS organisations.

The average staff turnover rate in the Trust is circa 7.1% which benchmarks positively against local acute trusts. 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 has a good track record of providing high standards of care to a population of approximately 350,000 people across St Helens, Knowsley, Halton and South Liverpool and further afield. In addition, the Mersey Regional Burns and Plastic Surgery Unit at Whiston Hospital has been designated as part of the local major trauma network and provides treatment to patients across Merseyside, Cheshire, North Wales, the Isle of Man and other parts of the North West, serving a population of over 4 million people.

The Trust strives to meet the best standards for professional care whilst being sensitive and responsive to the needs of individual patients. Clinical services are organised within three care groups; surgery, medicine and clinical support, working together to provide integrated care. A range of corporate support services including Human Resources (HR), Education and Training, Informatics, Research and Development, Finance, Governance, Facilities, Estates and Hotel Services, all contribute to the efficient and effective running of the two hospitals.

The local community is characterised by its industrial past. The local population is generally less healthy than that of the rest of England, with a higher proportion of people suffering from a long-term illness. Many areas suffer high levels of deprivation. This has contributed to significant health inequalities among residents, and there tends to be poorer health and a greater demand for health and social care services. Rates of obesity, smoking, cancer and heart disease, related to poor general health and nutrition, are significantly higher than the national average.

The Trust has had a successful year, with a significant increase in demand for its services. Despite this increase, by offering a wide range of diagnostic and therapeutic procedures, waiting times have continued to reduce and patients have benefited from faster access to treatment.

The Trust Board is committed to continuing to deliver safe and high quality care and to working with stakeholders across the health economy to secure sustainable health care services for the local population. Achieving "best practice" for governance and financial control is essential, shaping the organisation to meet the challenges ahead and influencing the future development of integrated and collaborative service delivery models locally.

Strategic development plans across the mid-Mersey Health and Social Care economy are broadly aligned in that they 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.

The Trust is at the forefront of clinical technology and has procurred a number of IT systems across the Trust to further enhance patient safety. These include infection control surveillance system (ICNet), an electronic MEWS system for recording patient observations, and electronic prescribing, all of which are in the process of being rolled out across the Trust and will continue to assist staff to deliver safe effective patient care.

Developments in informatics also continue to deliver improvements in diagnostic services. In 2014/15, the Trust became one of the first in the country to obtain a highly specialised scanning machine that provides quicker and more in-depth imaging for cancer, cardiac and orthopaedic patients. This equipment allows clinicians to obtain crucial diagnostic information that can improve patient outcomes and reduce the need for extensive surgery/treatment, therefore enhancing the patient experience.

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

In the past year, the Trust saw:

65,341 Inpatient admissions (an increase of 3.9%)

3,877 Births (an increase of 7.1%)

34,770 Day case patients (an increase of 8.4%)

101,230 Emergency Department attendances (an increase of 3.2%)

414,847 Total outpatient attendances (an increase of 6.4%)

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Equality and Diversity

The Trust's Equality Strategy supports the delivery of the Trust Objectives.

These objectives reflect the rights and values detailed in the NHS Constitution, and promote the Trust's commitment to equality, diversity and human rights in all its activities, whether as a service provider or an employer.

The principle of equality is implicit in the Trust's pledge to deliver safe, high quality services which are personal, fair and accessible to all. The overriding value is putting patients first, involving them in decisions about their care and treating them with dignity and respect at all times.

During 2014/15, the Trust updated its equality objectives and these are as follows:

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

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

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.

During the year, an equality and diversity leaflet was issued to all Trust staff with their payslips. This leaflet set out the Trust's commitment to the principles of equality and reminded all staff of their responsibilities to patients and their colleagues.

The Trust's Equality and Diversity Steering Group continues to meet quarterly and ensures 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.

A key emphasis is on delivering accessible services that make a difference to patients.

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

- In respect of patients who have a learning disability, the Trust successfully bid for funding from Health Education North West to establish, implement and publicise across primary and social care an integrated pathway that enables access for a highly significant and often excluded group to acute services – imaging, endoscopy, orthodontics etc.
- The Trust has established its first meeting format using an 'easy read' agenda, working in collaboration with local advocacy groups, developing new skills in improving accessibility to disadvantaged and excluded groups
- The Chief Executive, on behalf of the Trust, signed up to the local Crisis Care Concordat. This collaboration between local commissioners and providers ensures parity of access to services for patients experiencing a mental health crisis, compared with those facing a physical health crisis. The Trust has played a key role as an acute provider in driving this agenda forward and is now working with partners compiling the action plan within challenging nationally driven timescales
- The Trust has developed a single forum for the delivery of care provided to those with a mental health need within the acute care setting. Working collaboratively with 5 Boroughs Partnership NHS Foundation Trust (providing Acute Adult Mental Health Liaison, Older People's Mental Health Liaison and Children's Mental Health Services to the Trust), Merseyside Police, the Ambulance Service and others, to identify issues and find solutions to barriers, discrimination and prejudice
- The Trust has developed ward-based training to support staff treating patients lacking capacity to make decisions for themselves, ensuring their rights are safeguarded
- The Trust's use of interpreters has increased significantly over the last twelve months for both foreign languages and for British Sign Language. The Trust has raised awareness of the services offered
- Equal opportunities for those with a disability is 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 multi-disciplinary steering groups in place.

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Our Performance

The Trust continues to be measured against a wide range of performance indicators.

The Trust's performance against key national priorities for 2014/15 is detailed in the table below:

Performance Indicator	2013-14 Performance	2014-15 Target	2014-15 Actual
Cancelled operations (% of patients treated within 28 days following cancellation)	Achieved	100%	100%
Referral to treatment targets (% within 18 weeks and 95th percentile targets) Admitted	Achieved	90%	95.9%
Referral to treatment targets (% within 18 weeks and 95th percentile targets) Non-Admitted	Achieved	95%	98.5%
Referral to treatment targets (% within 18 weeks and 95th percentile targets) Incomplete Pathways	Achieved	92%	98.1%
Cancer: 31-day wait from diagnosis to first treatment	Achieved	96%	98.8%
Cancer: 31-day wait for second or subsequent treatment: - surgery - anti-cancer drug treatments	 Achieved Achieved	 94% 98%	 97.8% 100%
Cancer: 62-day wait for first treatment: - from urgent GP referral - from consultant screening service referral - from urgent screening referral	 Achieved Achieved Achieved	 85% 85% 90%	 89.9% 86.3% 98.6%
Cancer: 2 week wait from referral to date first seen: - urgent GP suspected cancer referrals - symptomatic breast patients	 Achieved Achieved	 93% 93%	 94.0% 94.5%
Emergency Department waiting times within 4 hours	Achieved	95%	94.2%
Percentage of patients admitted with stroke spending at least 90% of their stay on a stroke unit	Achieved	80%	84.4%
Percentage of patients with Transient Ischaemic Attack (TIA) at higher risk of stroke seen and treated within 24 hours	Achieved	60%	50.0%
Clostridium Difficile	Achieved	19	33 Avoidable 11 Unavoidable*
MRSA bacteraemia	Not achieved	0	2

* The Trust did not achieve this target, recording 44 cases in total. Of these, 33 were classed as avoidable, with 11 unavoidable cases. The unavoidable cases have been agreed by an independent appeals panel on the basis that there were no breaches in clinical care.

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Benchmarking Data

The Department of Health specifies that the Quality Account includes information on a core set of indicators. All trusts are required to report against these indicators using a standard format. The following data is made available to NHS trusts or NHS foundation trusts by the Health and Social Care Information Centre. 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.

Patient Safety Incidents

This section reports the number and, where available, rate of patient safety incidents reported within the Trust during the reporting period. It also includes the number and percentage of such patient safety incidents that resulted in severe harm or death. The Trust's performance is compared against other acute teaching hospitals.

Why is it important?

The Trust believes that an open reporting and learning culture is important to identify trends in incidents and implement preventative action. It also understands that high reporting of incidents indicates an open and transparent culture and therefore encourages staff to report all incidents and near misses to further improve patient safety. Staff should have confidence in the investigation process and understand the value of reporting and learning from incidents. Research shows that trusts with significantly higher levels of incident reporting are more likely to demonstrate other features of a stronger safety culture and commitment to patients to inform them when incidents have occurred.

Incident reporting is important at a local level as it supports clinicians to learn about why patient safety incidents happen within their own service, and what they can do to keep their patients safe from avoidable harm.

During 2014, the Trust's Datix System has been upgraded to provide direct feedback to the individual member of staff and enables analysis of themes and lessons learned. Incidents are formally reported via the Patient Safety Council and Trust Board. The safety indicators and trends are incorporated in the Quality Ward Dashboard and Integrated Performance Report. The information is circulated to the divisional care groups and monthly Quality Committee to facilitate learning and cascade of information. A triangulated incidents, complaints and claims report is presented to Trust Board.

The 'degree of harm' for patient safety incidents is defined by:

No harm: any patient safety incident that had the potential to cause harm but was prevented, resulting in no harm to person or people

Low harm: any patient safety incident that required extra observation or minor treatment and caused minimal harm

Moderate harm: any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm

Severe harm: the patient has been permanently harmed as a result of the patient safety incident

Death: the patient safety incident has resulted in the death of the patient

Following a serious incident, a thorough Root Cause Analysis (RCA) investigation is undertaken. The findings are shared Trust-wide, with the Clinical Commissioning Group (CCG) and most importantly the patient and/or family in accordance with the Trust's Duty of Candour.

During the year 2014/15, the Trust agreed with the CCG to re-categorise all falls resulting in fractured neck of femur (#NOF) as severe harm, which resulted in all cases being recorded on the Strategic Executive Information System (STEIS) and a multi-disciplinary team (MDT) level 2 investigation being undertaken. The finding of the investigation is shared with the patient/ family in writing and face to face meetings. One of the Trust's objectives for next year is to improve the time frame in which it completes these investigations.

The Trust embraces its Duty of Candour and considers it vitally important when standards are not fully met. Staff meet with patients and their carers to openly discuss any concerns, and to quickly put place in place actions to prevent this from re-occurring.

The number of patients treated at the hospital varies from day to day, so rather than simply measuring the number of incidents reported, the Trust compares this figure with the proportion of patients treated to arrive at the incident reporting rate. This is a measure of the rates of patient safety incidents per 100 admissions at the hospital.

The table below provides data on the number and rate of incidents resulting in severe harm.

Indicator	Reporting Period	STHK	National Performance		
			Average	Lowest Trust	Highest Trust
Incidents per 1,000 bed days	Apr-14 to Sep-14	30.56	28.26	0.24	67.54
	Oct-13 to Mar-14	23.57		16.23	57.59
Number of incidents	Apr-14 to Sep-14	3576	4394	35	12020
	Oct-13 to Mar-14	2754	3083	1048	5495
Incidents resulting in severe harm or death per 1,000 bed days	Apr-14 to Sep-14	0.15	0.17	0.00	1.08
	Oct-13 to Mar-14	0.03			
Number of incidents resulting in severe harm or death	Apr-14 to Sep-14	17	21	0	97
	Oct-13 to Mar-14	3	20	1	72

Source: nrls.npsa.co.uk. Based on acute (non-specialist) trusts with complete data (6 months data). Please note that NRLS changed from reporting Incidents per 100 admissions to incidents per 1,000 bed days in the last published report (Apr-14 to Sep-14). NRLS also changed the benchmark groups from medium acute to acute (non-specialist). As a result of the changes the cells greyed out are not available.
The data on HSCIC website for this indicator is 7 months old; our local data for this indicator for performance up to 31/03/15 is 3887 incidents for the period of April 14 - September 14. This equates to 0.03% 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.

The Trust considers that this data is as described for the following reasons:

- The data has been validated against NRLS and Health and Social Care Information Centre (HSCIC) figures. Data for 2014/15 has not yet been published by the National Reporting and Learning System (NRLS)
- Data used in relation to this indicator has been included as one of the mandatory indicators audited by the internal and external audit process undertaken during the development of the Quality Account

The Trust has taken the following actions to improve the rates of reporting, and the quality of services by:

- Undertaking comprehensive investigations following moderate and severe incidents in order to learn lessons and improve practice
- Ensuring rigorous reporting of key performance indicators in relation to incidents at the monthly Patient Safety Council to ensure lessons are learned and appropriate actions are implemented
- Providing staff training in relation to risk and incident reporting
- The Trust has "Sign up to Safety" goals which aim to reduce avoidable harm by 50% by 2018
- The processes have been strengthened in relation to the management and investigation of incidents
- A human factors training programme has been implemented to enhance team working in clinical areas. The human factors course raises awareness with staff of how the way in which they react to different situations, may contribute to improving quality and safety of patient care. This reinforces the importance of leadership, communication and an open culture of learning

The Trust has actively participated in a health economy patient safety collaborative, focusing on harm free care indicators; falls, pressure ulcers, venous thromboembolism (VTE), medication incidents.

Never Events

Never events are rare, but are serious patient safety incidents that by definition should never happen.

The Trust has no never events since May 2013.

VTE (Venous Thromboembolism)

VTE (deep vein thrombosis and pulmonary embolism) can cause death and long term illness; however, many cases of VTE acquired in health care settings are preventable through effective risk assessment and prophylaxis. The Trust has implemented various processes to achieve the national target of 95%, however, the Trust did not achieve this final target, reporting 92.4%. From November 2014 onwards, the Trust has consistently achieved above 95% each month.

Preventing VTE was one of the Trust priorities for 2014/15 and will be a continuing priority for 2015/16.

The table below shows the percentage of patients who were admitted to hospital who received a risk assessment for VTE during the reporting period.

Indicator	Reporting Period	STHK	National Performance		
			Average	Lowest Trust	Highest Trust
% of patients admitted to hospital who were risk assessed for VTE	Quarter 4 2014-15	95.1%	95.9%	79.2%	100%
% of patients admitted to hospital who were risk assessed for VTE	Quarter 3 2014-15	93.8%	95.9%	81.2%	100%
% of patients admitted to hospital who were risk assessed for VTE	Quarter 2 2014-15	92.0%	96.1%	86.4%	100%
% of patients admitted to hospital who were risk assessed for VTE	Quarter 1 2014-15	89.1%	96.1%	87.2%	100%

Source: NHS England

The Trust considers that this data is as described for the following reasons:

- The national VTE CQUIN target for 2014/15 was that 95% of all inpatients should have a VTE risk assessment completed within 24 hours of admission; this data is formally submitted each month to NHS England
- Data used in relation to this indicator has been included as one of the mandatory indicators audited by the internal and external audit process undertaken during the development of the Quality Account
- The Trust's Data Quality Department regularly monitor a range of reports produced. The data quality reports produced by the Secondary Uses Service (SUS) are monitored following submission of data to ensure accuracy

The Trust has taken the following actions to improve the percentage of patients screened by:

- Continuing to complete VTE risk assessments for adult patients on admission to hospital, with the aim of achieving a target of above 95%
- Ensuring that all patients are appropriately risk assessed to identify if treatment to prevent thrombosis is required
- Performing monthly audits on each adult ward to ensure patients at risk of VTE receive appropriate medicines and/or compression stockings to help prevent blood clots developing during hospital admission
- Continuing to identify patients who developed a Hospital Acquired Thrombosis (HAT) during or within three months of admission
- Undertaken a root cause analysis process to review all cases of HAT in order to prevent it happening again
- Provide immediate feedback/education to ward staff, disseminate learning points and implement any actions for improvement
- On-going VTE training for all clinical staff
- The Trust is in the process of implementing an electronic VTE risk assessment

Clostridium Difficile (C.Difficile)

C.Difficile can cause symptoms including mild to severe diarrhoea and sometimes severe inflammation of the bowel. However, hospital associated C.Difficile, in a number of cases, can be preventable. Patients are more vulnerable to infection when they are in hospital and reducing the risk of this is a top priority. There are some healthcare associated infections that the Trust has a statutory responsibility to report on. These include Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia and C.Difficile.

The Department of Health sets targets to reduce the number of new cases of C.Difficile infections each year. Whenever a patient becomes infected, the Trust completes a detailed investigation to determine the cause of infection and any actions to be implemented.

Last year, the Department of Health issued the Trust with an extremely challenging target of no more than19 hospital acquired cases of C.Difficile. The Trust did not achieve this target, recording 33 avoidable cases and 11 unavoidable cases. The unavoidable cases have been agreed by an independent appeals panel on the basis that there were no breaches in clinical care.

In the previous year 2013/14, the Trust successfully met its C. Difficile target, reporting 26 cases against a trajectory of 31. The target number of cases for the coming year 2015/16 has been set at no more than 41 cases.

The table below shows the rate per 100,000 bed days of Clostridium difficile (C.diff) infection reported amongst patients aged two or over during the reporting period.

Indicator	Reporting Period	STHK	National Performance		
			Average	Lowest Trust	Highest Trust
C.Difficile rates per 100,000 bed days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	Apr-13 to Mar-14	11.1	14.7	0	37.1
C.Difficile rates per 100,000 bed days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	Apr-12 to Mar-13	13.4	17.4	0	31.2

Source: HPA

The Trust considers that this data is as described for the following reasons:

- New cases of C.Difficile infection are identified by the laboratory and reported immediately to the Infection Prevention and Control Team who co-ordinate mandatory reporting to Health Protection England through a dedicated database
- The Trust is compliant with the national guidance on testing stool specimens from patients with diarrhoea including a two-step laboratory testing regime
- The information is shared with and checked by the Trust's Clinical Information Department
- The Infection Prevention and Control Team, in collaboration with clinical teams, instigate an investigation and robust Root Cause Analysis (RCA) of each case, which is reported back to a multi-disciplinary panel chaired by an Executive Director

The Trust has taken the following actions to reduce the numbers of avoidable hospital acquired C.Difficile cases, and the quality of its services, by:

- Providing a proactive and responsive infection prevention service, with particular emphasis on increasing awareness of compliance
- Ensuring comprehensive guidance on appropriate antibiotic prescribing is in place
- Improving the accessibility of antibiotic prescribing guidance aligned to Pan Mersey Guidance by implementing an interactive antibiotic website on the Trust's intranet
- Joint antibiotic ward rounds conducted by the Antimicrobial Team and clinical teams enabling real time feedback to prescribers
- External expertise has been obtained to undertake peer review at the Trust in order to identify areas for improvement and to provide external challenge at the RCA panel
- Devised a patient notice and leaflet in relation to notifying staff if the patient has developed symptoms of diarrhoea and vomiting
- Worked with clinical teams in relation to obtaining the first sample for testing
- Notification of RCA findings to General Practitioners (GPs) where antibiotics prescribed could have contributed to C.Difficile in cases such as recurrent urinary tract infections
- The Trust aims to be amongst the best in the country with regard to this measure and as such is working in collaboration with the Clinical Commissioning Groups (CCGs) to adopt best practice across the health economy to reduce the rate of C.Difficile

Patient Reported Outcome Measures (PROMs)

PROMs measure a patient's health status or health related quality of life from the patient's perspective, typically based upon information gathered from a questionnaire.
Patients having hip or knee replacements, varicose vein surgery, or groin hernia surgery are asked to fill in the questionnaire, also known as EQ-5D, both before and after their surgery. The aim is to show how their quality of life has changed following surgery. The Trust uses PROMs measures to monitor quality and outcomes.

The latest data available (April to December 2014) indicates that the Trust achieved all PROMs indicators, with the exception of EQ-5D adjusted health gain: Hip Replacement Primary. The service will adopt a 4 point plan in order to address this (detailed overleaf).

The table below shows the PROMS scores for the last two reporting periods:

Indicator	Reporting Period	STHK	National Performance		
			Average	Lowest Trust	Highest Trust
EQ-5D adjusted health gain: Groin Hernia	Apr-14 to Dec-14 (provisional)	0.083	0.084	0.009	0.155
EQ-5D adjusted health gain: Groin Hernia	Apr-13 to Mar-14 (provisional)	0.091	0.085	0.008	0.139
EQ-5D adjusted health gain: Hip Replacement Primary	Apr-14 to Dec-14 (provisional)	0.335	0.449	0.335	0.548
EQ-5D adjusted health gain: Hip Replacement Primary	Apr-13 to Mar-14 (provisional)	0.380	0.436	0.310	0.544
EQ-5D adjusted health gain: Knee Replacement Primary	Apr-14 to Dec-14 (provisional)	0.306	0.319	0.226	0.414
EQ-5D adjusted health gain: Knee Replacement Primary	Apr-13 to Mar-14 (provisional)	0.320	0.323	0.215	0.425
EQ-5D adjusted health gain: Varicose Vein	Apr-14 to Dec-14 (provisional)	*	0.102	0.009	0.158
EQ-5D adjusted health gain: Varicose Vein	Apr-13 to Mar-14 (provisional)	*	0.093	0.022	0.150

Source: www.hscic.gov.uk

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

The Trust considers that this data is as described for the following reasons:

- The questionnaire used for PROMs is a validated questionnaire and administered on behalf of the Trust by Quality Health, an independent organisation
- Response rates for some PROMs, most notably hip and knee, are low. The Trust has introduced a reminder service to aim to improve compliance with returns of questionnaires

The following actions have been implemented to improve the PROMs scores, and the quality of its services by:

- Implementing a 4 point plan which includes:

    * Managing Patient Expectation
    * Follow up Patient Pathways
    * Pain Management
    * Post-Operative Therapy Provision

- Reminding patients at outpatient follow-up appointments of the importance of them responding to the follow-up postal questionnaire used to gather PROMs data
- PROMs data being discussed regularly at the Clinical Effectiveness Council
- Ensuring patients receive adequate information regarding their planned operation and its potential outcomes when attending joint school and pre operatively

Mortality

Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) are risk adjusted indicators which measure whether mortality associated with hospitalisation and post discharge are in line with expectations. This provides greater clarity in the understanding and monitoring of mortality. The HSMR is available monthly while the SHMI is published on a six monthly basis and includes deaths 30 days post discharge.

Hospitals need to monitor their data and understand variation. A statistically higher than expected mortality may indicate problems with quality of care provided and should be investigated further.

Summary Hospital-level Mortality Indicator (SHMI)
The Summary Hospital-level Mortality Indicator reports on mortality at trust level across the NHS in England. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of patients treated. It covers all deaths reported of patients who were admitted and either die while in hospital or within 30 days of discharge.

The table below shows the value and banding of the summary hospital-level mortality indicator (SHMI) for the reporting period.

Indicator	Reporting Period	STHK	National Performance		
			Average	Lowest Trust	Highest Trust
SHMI	Oct-13 to Sep 14	1.030	1.0000	0.597	1.198
SHMI	Jul-13 to Jun-14	1.033	1.0000	0.541	1.198
SHMI	Apr-13 to Mar-14	1.001	1.0000	0.539	1.197
SHMI Banding	Oct-13 to Sep-14	2	2	3	1
SHMI Banding	Jul-13 to Jun-14	2	2	3	1
SHMI Banding	Apr-13 to Mar-14	2	2	3	1
% patient deaths having palliative care coded	Oct-13 to Sep-14	23.3%	25.3%	0.0%	49.4%
% patient deaths having palliative care coded	Jul-13 to Jun-14	23.8%	24.6%	0.0%	49.0%
% patient deaths having palliative care coded	Apr-13 to Mar-14	22.4%	23.6%	0.1%	48.5%

Source: www.hscic.gov.uk

The SHMI methodology does not make any adjustment for patients who are recorded as receiving palliative care. This is because there is considerable variation between trusts in the way that palliative care codes are used. As an interim solution for this issue and pending the adoption of new national coding guidelines the HSCIC publish contextual indicators relating to palliative care that are published alongside the SHMI. The percentage of deaths with palliative care coding is one of these contextual indicators.

The Trust considers that this data is as described for the following reasons:

- The Trust's performance is consistently amongst the best in the North West
- Monitoring of the HSMR and SHMI, is reported by; weekday compared to weekend, non-elective compared to elective, high and low risk conditions by diagnostic group, procedure group, directorate and consultant. This information is used to drive improvements
- The Trust's data has been provided by an external source(Dr Foster)

The following actions have been implemented to improve the indicator and percentage in the table above, and so the quality of its services, by:

- Reviewing available measures of mortality on a monthly basis
- The Trust will investigate or audit any outlying value to ensure that patients are receiving safe and appropriate care at all times
- The Trust will progress other priorities to reduce harm at the Trust as part of the Sign up to Safety goals. This will help to ensure that rates of mortality reduce
- Continue to use other intelligence, from the CQC, or other agencies to support any additional analysis where specific concerns may be identified
- Further embed mortality and morbidity reviews in all directorates for all inpatient deaths, with escalation of selected cases for detailed, multi-professional assessment. Action plans and lessons learned are owned by each care group and reported to the Trust Board through the Clinical Effectiveness Council
- The Trust will aim to improve mortality rates to be amongst the lowest NHS trusts for this quality measure

Other measures include:

- Improving standardisation of evidence-based care by increasing the use of NICE guidance, evidence based care pathways and clinical checklists
- Improving standards of care by increased uptake and quality of induction, senior clinical supervision, mandatory training and clinical appraisal for all staff
- Improving the involvement of the Palliative Care Team for appropriate patients
- Working with colleagues in primary and community care and the local authorities to reduce inappropriate admissions to hospital for end of life patients whose express wish or care needs are best realised by them remaining in the community

Hospital Standardised Mortality Ratio (HSMR)

The HSMR is an indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than you would expect.

The HSMR compares the expected rate of death in a hospital with the actual rate of death. It looks at those patients with diagnoses that most commonly result in death - for example, heart attacks, strokes or broken hips.

For each group of patients it can be worked out how often, on average across the whole country, they survive their stay in hospital, and how often they die. This takes into account their age, the severity of their illness and other factors, such as whether they live in a more or less deprived area. The number of patients expected to die at each hospital is then compared with the number of patients that actually die.

If the two numbers are the same, the hospital is scored at 100. If the number of deaths is 10% less than expected the score is 90. If it is 10% higher than expected the score 110.

The HSMR is another way in which mortality is compared in trusts. The latest HSMR available is for the period April 2014- Dec 2014 and indicates that the Trust's HSMR is 98.1 (against the 2013/14 benchmark) which is within the expected range.

Re-admissions

The Trust Board continues to monitor re-admission rates for patients recently discharged from hospital (within 30 days of discharge).

Whilst some emergency re-admissions following discharge from hospital are an unavoidable consequence of the original treatment, others could potentially be avoided through ensuring the delivery of optimal treatment according to each patient's needs, careful planning, support for self-care, and availability of appropriate community support services.

The table below reports the percentage of patients aged 0 to 15 and 16 and over, readmitted within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period. The comparison is with other acute hospitals.

Indicator	Reporting Period	STHK	National Performance		
			Average	Lowest Trust	Highest Trust
(Indirectly age, sex, method of admission, diagnosis, procedure standardised) % of patients aged 16+ readmitted to the Trust within 28 days of discharge	Apr-11 to Mar-12	12.73	11.45	0.00	17.15
(Indirectly age, sex, method of admission, diagnosis, procedure standardised) % of patients aged 16+ readmitted to the Trust within 28 days of discharge	Apr-10 to Mar-11	12.60	11.43	0.00	17.10
(Indirectly age, sex, method of admission, diagnosis, procedure standardised) % of patients aged 16+ readmitted to the Trust within 28 days of discharge	Apr-11 to Mar-12	11.39	10.01	0.00	14.94
(Indirectly age, sex, method of admission, diagnosis, procedure standardised) % of patients aged 16+ readmitted to the Trust within 28 days of discharge	Apr-10 to Mar-11	10.66	10.01	0.00	14.11

Source: HSCIC

The Trust considers that this data is as described for the following reason:

- The Trust's Data Quality Department regularly monitor a wide range of reports produced. The data quality reports produced by the Secondary Uses Service (SUS) are monitored following submission of data to ensure accuracy
- This data is consistent with Dr Foster's standardised ratios for re-admissions and are reported to the Trust Board in the monthly Integrated Performance Report

The Trust has taken the following actions to improve the indicator and percentage by:

- Working to improve discharge as a patient experience priority
- Improving the discharge process to ensure that early and effective planning is undertaken
- Ensuring appropriate liaison with local authority and community providers so that there are no gaps in the discharge process
- Redesign of medical services - a wide ranging plan to improve inpatient care for people admitted to hospital. This includes increased ward nurses and consultant 7-day working in medicine. Audit of indications suggest that lengths of stay have already started to fall as a result of these initiatives
- Reviewing data to identify reasons for re-admissions and actions to address working collaboratively across the health economy
- Identification of patients requiring early intervention via the Ambulatory Care Unit, linking with the Alcohol Liaison Service and Chronic Obstructive Pulmonary Disease (COPD) outreach nurses has assisted to reduce re-attendances to the Accident and Emergency Department
- The integration Commissioning for Quality and Innovation (CQUIN) payment framework for long term conditions diabetes, COPD and heart failure will facilitate collaborative working with community services to identify interventions required to prevent avoidable re-admissions

Patient Experience

Patient experience is a key measure of the quality of care. The Trust recognises the importance of listening and responding to patient views and continually strives to meet the needs of those using its services.

The NHS Outcomes Framework for 2014/15 includes an organisation's responsiveness to patients' needs as a key indication of the quality of patient experience. This score is based on the average of answers to five questions in the CQC national inpatient survey.

The table shows the Trust's responsiveness to the personal needs of its patients during the reporting period. The findings are taken from the national inpatient survey.

Indicator	Reporting Period	STHK	National Performance		
			Average	Lowest Trust	Highest Trust
Patient experience measured by scoring the results of a selection of questions from the national inpatient survey focussing on the responsiveness to personal needs	2013-14	72.5	68.7	54.4	84.2
Patient experience measured by scoring the results of a selection of questions from the national inpatient survey focussing on the responsiveness to personal needs	2012-13	68.7	68.1	57.4	84.4

Source: HSCIC

The Trust considers that this data is as described for the following reasons:

- The survey is conducted by an external and approved survey provider (Quality Health)
- Scores have been taken from the CQC website and report
- The Trust notes that the score is rated above the national average. This reflects the commitment of staff to deliver high standards of care
- The Trust is committed to delivering '5 Star Patient Care' and works hard to ensure patients receive a positive experience

The Trust has taken the following actions to improve the percentage in the table above, and so the quality of its services, by:

- The Trust has developed a comprehensive action plan to address areas for improvement, relevant to these questions and also to other questions included in the national survey
- The implementation of this action plan will be monitored by the Patient Experience Council
- The Trust's patient groups and Healthwatch provide valuable feedback of patients' and service user views
- The Trust has worked in partnership with Healthwatch colleagues to address the priorities identified by patients. This includes enhancing the discharge process and safety of medicines

Patient Friends and Family Test

Results from the biggest NHS patient survey in the country show that the vast majority of patients at Whiston and St Helens hospitals rate the Trust amongst the best.

Since the launch of the national Friends and Family Test (FFT) the Trust has consistently ranked amongst the highest performers in the country. The test is a national initiative that aims to evaluate patient experience as close to the time of their treatment as possible.
This helps the Trust to recognise what works well within the hospitals and where there could be further improvement to ensure the highest levels of patient care are being provided.

Results for the year have been extremely positive with the vast majority of patients saying that it was 'extremely likely' that they would recommend Whiston and St Helens hospitals to their friends and family, should they ever need to receive hospital treatment.
The Net Promoter Score (the score by which the Trust is assessed in relation to the number of positive responses) has been consistently amongst the highest in the country.
Please see page 69 for more detail.

Patient poem

A patient at Whiston Hospital has used poetry to thank the staff for the excellent care he has received during his time in their care. The patient has been in the hospital for over 6 weeks receiving treatment for a heart condition and used his time to pen poems about the work of the staff caring for him on Ward 5B.

Mr Connolly said:

"I have been in hospital a long time and have witnessed first-hand how hard all of the staff work. The nurses, doctors, therapists, catering staff, and domestics all inspire me pick up my pen. They have all been really lovely to me and this is just my small way of letting them know how much I appreciate all they have done for me."

Mr Connolly has enjoyed poetry all of his life, but has taken to writing more since his retirement.

Wonderful Whiston

Today I am in Whiston
And I am in Ward 5B
Getting first class treatment
From folk looking after me

The ambulance driver drove like mad
That he almost blew a piston
Speeding along the country lanes
Whilst on his way to Whiston

Part of the treatment I am on
I very rarely get a kip
Until someone comes to wake me up
For my antibiotic drip

Believe me all these girls are good
And I'm not one to boast
But they wake me up with my porridge
And my marmalade on toast

Anything you just ask these girls
Cos nothing is too much trouble
They will do anything you want
And do it at the double

So if in the future you are sick
And you are looking for first class care
Then go to Ward 5B in Whiston
Cos all the care you need is there

Staff Feedback

How members of staff rate the care that their employer organisation provides can be a meaningful indication of the quality of care and a helpful measure of improvement over time.

An independent assessment by the Health Service Journal (HSJ) supported by NHS Employers has rated the Trust in the top 100 places to work in the NHS.

NHS Staff Friends and Family Test

From April 2014, NHS England introduced the Staff Friends and Family Test (FFT) in all NHS trusts providing acute, community, ambulance and mental health services in England.

NHS England's vision for Staff FFT is that all staff should have the opportunity to feedback their views on their organisation at least once per year. It is hoped that Staff FFT will help to promote a big cultural shift in the NHS, where staff have further opportunity and confidence to speak up, and where the views of staff are increasingly heard and are acted upon.

The Trust will achieve this by:

- Considering the strengths and areas for development aligned to the Trust's Engagement Strategy
- Considering the recommended actions from the NHS Staff Survey and Staff Friends and Family Test and develop plans to address these and make further improvements

The table below shows the results for the Trust's Staff Friends and familty Test for the areas tested:

Area/ Directorate	Percentage of staff recommending the Trust as a place to work	Percentage of staff recommending the Trust as a place to come for treatment
Surgical	84%	92%
Medical	76%	90%
Corporate	72%	83%

Staff Survey 2014

Staff rated the Trust as the BEST acute Trust in Cheshire and Merseyside in the 2014/15 National NHS staff survey.

The national staff survey is undertaken each year for the Trust by Quality Health; in addition, the Trust undertakes an internal staff survey each quarter. An agreed sample of staff was used for the national survey which was determined by the total number of staff employed, on a nationally determined sliding scale. The sample equated to 850 staff for the Trust.

The Trust achieved amongst the highest scores across a range of measures including:

- Percentage of staff feeling satisfied with the quality of work and patient care they deliver
- Agreeing feedback from patients is used to make informed decisions in their department
- Staff recommendation of the Trust as a place to work or receive treatment
- Reporting good communication between senior management and staff
- Effective team working
- Overall staff engagement
- Job satisfaction

This table shows the percentage of staff, employed by or under contract at the Trust during the reporting period, who would recommend the Trust as the hospital of choice for their family or friends.

Indicator	Reporting Period	STHK	National Performance		
			Average	Lowest Trust	Highest Trust
Q12d. If a friend or relative needed treatment, I would be hapy with the standard care provided by this Trust.	2014	77.7%	64.7%	38.2%	89.3%
	2013	77.4%	64.5%	39.6%	88.5%

Source: NHS Staff Survey

The Trust scored higher than the national average in a number of key indicators including:

	STHK	Average (median) for acute trusts
KF1. Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver	85%	77%
KF3. Work pressure felt by staff (the lower the score out of 5 the better)	2.82	3.07
KF6. Percentage of staff receiving job-relevant training, learning or development in last 12 months	83%	81%
KF12. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month (the lower the score the better)	27%	34%
KF21. Percentage of staff reporting good communication between senior management and staff	34%	30%
KF23. Staff job satisfaction (out of 5)	3.69	3.60
KF24. Staff recommendation of the Trust as a place to work or receive treatment (out of 5)	3.96	3.67
KF27. Percentage of staff believing the trust provides equal opportunities for career progression or promotion	93%	87%
KF29. Percentage of staff agreeing feedback from patients/service users is used to make informed decisions in their directorate/department	62%	56%

Source: NHS Staff Survey

The Trust considers that this data is as described for the following reasons:

The Trust uses data from the national staff survey to support the development of a series of actions, incorporated as part of its Staff Engagement Strategy, which has included;

- Facilitation of a range of initiatives including promoting open and honest conversations, involving staff in decision making, promotion of incident reporting and learning from incidents. This has reinforced a culture where the patient experience is a main priority
- Increasing the number of staff receiving their annual appraisal and personal development plans and improved access to training
- Ensure thorough and appropriate training so those responsible for undertaking staff appraisals are aware of the importance of constructive and timely feedback to staff in developing them and their service
- Work on improving the cascade of information through managers by reviewing and amending existing processes such as Team Brief and the intranet. Consider the introduction of new approaches to information gathering and sharing, including greater use of social media
- Promote the Health, Work & Wellbeing systems in place to reduce the risks of workplace stress for staff
- Use a range of methods to monitor occurrences of violence and aggression and establish clearly defined and role specific training in the management of violence and aggression

During 2015/16, the Trust plans to:

- Continue with listening events such as 'Team Talks' and increase other consultation events such as the 'Big Conversation'
- Evaluate and revise the current appraisal process, its application and training to support it, in order to provide staff with a robust and valuable experience

Health, Work and Wellbeing

In the last year, the Health, Work and Wellbeing Service have worked in partnership with managers, the Human Resources Department and Staff Side in trying to reduce sickness/absence across the Trust.

Stress remains one of the highest reasons for staff absence, although the majority of stress reported is not work-related. The Trust has internal systems in place to support staff in this instance. The employee is contacted immediately and supported by the Trust's stress nurse advisor who refers the employee into one of a range of services available to support staff e.g. Employee Assistance Programme, Counselling, Occupational Psychologist or other external agencies.

Musculoskeletal injuries are the second highest reason for staff to be absent from work. The fast track physiotherapy service triage all injuries as soon as they are reported and treatment provided immediately.

The Health, Work and Wellbeing Service worked diligently to increase the uptake of the flu vaccination in 2014/15. The Trust gained the highest percentage uptake for all acute trusts within the country, with 83.5% of all frontline staff being vaccinated.

The Health, Work and Wellbeing Service continue to encourage staff wellbeing, promoting a number of initiatives for staff throughout the year:

- Health, Work and Wellbeing Open Day
- Fitness testing for staff
- NHS Games
- Regular walks and runs at lunchtime
- Christmas pledge
- Seasonal Health Promotion Days

The service achieved re-accreditation for the Safe Effective Quality Occupational Service (SEQOHS) once again this year.

Education, Training and Development

The Trust continues to support its staff to deliver safe, effective patient-centred care, by providing them with the highest quality, training and development opportunities through its Learning Academy.

The academy's teams have developed, delivered and facilitated a range of high quality education programmes focussing on patient experience and safety including Registered Nursing Preceptorship, Healthcare Assistant Fundamentals Course, Apprenticeships in Healthcare for Clinical Support Workers, Human Factors in Healthcare and access to accredited continuing professional development courses. The department's focus is to develop all staff from point of entry into the organisation and continuing throughout their time at the Trust.

As a leader in the use of technology enhanced learning, the Trust has introduced a programme of remotely observing, assessing and developing clinical staff working as a team, with the use of hi-fidelity simulators and video analysis.

The team also plays a key role in supporting increased staff engagement with schemes such as the 'Big Conversation' and 'Team Talks' which allow staff at all levels to feedback on their own and patient experiences, make recommendations for improvements and be part of their implementation.

Good quality care requires good quality teams, which in turn need effective leaders. The academy team are fundamental in the appointment and development of the Trust's clinical leaders, by the delivery of a comprehensive leadership programme, mentoring scheme and bespoke development.

Sign Up to Safety

The Safety Improvement Plan is a three year project to improve patient safety within the Trust.

On commencing this project, the organisation will require a clear understanding of where it is in terms of patient safety; this will involve undertaking baseline measures of the drivers underlining the Safety Improvement Plan as well as baselines relating to the Safety Improvement domains.

Key drivers will include:

- Safety culture
- Skills/knowledge assessments
- Patient safety champions
- Tissue viability champions
- VTE champions
- Patient safety champions
- Medication safety champions

Patient and staff experience is measured currently and this will be reviewed throughout the project, as a mechanism to evaluate the effectiveness of the Safety Improvement Plan.

The Safer Nursing Care Tool is currently undertaken twice a year to review nurse staffing across the Trust. Consideration will be given to increasing the frequency of this review throughout the Safety Improvement Plan timeline.

Hospital acquired pressure ulcers are identified and measured through the incident reporting system (Datix). CQUINs, Patient Safety Thermometer and Open & Honest Care provide information that can be utilised to measure improvements relating to hospital acquired pressure ulcers and VTE assessment compliance.

The Trust's Sign Up to Safety measurement systems will be aligned to the existing Clinical and Quality Strategy (2014-2018) targets and measurement tools.

Trust Safety Pledges 2014/17:

1. Put safety first

- Commit to reduce avoidable harm in the NHS by half and make public our goals and plans developed locally
- Reduce avoidable harm by 50% over three years. Avoidable harm is defined as "the presence of an identifiable, modifiable cause of harm"
- Quantify the top 3 patient harm priorities reported via the Trust's electronic risk self-reporting system (Datix) each quarter
- Deconstruct the error causation factors
- Re-design the latent error causation factors to mitigate the behavioural driver of error
- Where appropriate respond to knowledge, skills and behavioural deficiencies within the workforce, when identified as an error causation factor
- Maintain a 50% reduction in theatre related episodes of avoidable harm (measured against 2013/14 Human Factors service redesign data)
- Reduce the incidence of Clostridium Difficile and avoidable MRSA infections
- Reduce prescribing error rates through the implementation of an error response and re-education system
- Implement an Electronic Early Warning System to increase the efficiencies in the identification of the deteriorating patient, ensuring appropriate escalation and timely intervention
- The Trust had zero never events in the last two years and aims to maintain this record
- The Trust operates a zero tolerance policy on hospital acquired grade 4 pressure ulcers and has not recorded any within the last two years. The Trust aims to maintain this record and seeks to reduce harm from pressure ulcers at all grades by 50%
- The Trust will continue to seek a reduction in harm from patient falls
- Improve the recognition and treatment of the deteriorating patient through technology and education
- Introduce patient safety briefings as an enabling exercise to create an additional layer of risk vigilance

2. Continually learn

- Make our organisation more resilient to risks by acting on the feedback from patients and staff, by constantly measuring and monitoring how safe our services are
- Undertake a programme of safety walks throughout the organisation which will involve patients, staff and key stakeholders, discussing identifying and addressing issues/areas for improvement
- Continue to develop information systems to support quality and safety dashboards, improving access to clinical outcome data and acting on these to improve performance
- Publish a quarterly Human Factors in Healthcare Newsletter, accessible to all staff, detailing areas of risk reduction and sharing lessons learnt
- Make improvements to the monitoring and completion of action plans following patient safety incidents, clinical claims, complaints and clinical audit
- Seek opportunities to both share our successes and learn from others success to increase the efficiency of regional, national and local safety improvement

3. Honesty

- Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.
- Always tell our patients and their families/carers if appropriate, if there has been an error or omission resulting in harm
- Undertake an awareness raising campaign to support our staff in the being open process and incorporate this further into patient safety training
- Publish annual reviews and patient safety information, both internally and externally

4. Collaborate

- Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use.
- Work with partners to share best practice and improve clinical pathways for patients - these partners include: North West Coast Academic Health Science Network (NWC-AHSN), Aqua, Mersey Human Factors Group (MHFG)
- Ensure good practice and lessons learnt are shared and embedded throughout both of our hospitals
- Roll out and share outcomes from our research and pilot programmes to ensure improvements are implemented across the organisation

5. Support

- Help people understand why things go wrong and how to put them right. Give staff time and support to improve and celebrate progress.
- Continue the Trust programme of audit days, 10 half days per year. These days focus on learning from experience and audit and celebrating good practice
- Engage our staff in national Patient Safety Week
- Continue the Trust's Human Factors and Root Cause Analysis (RCA) training programmes to develop a reactive and adaptive workforce capable of recognising, deconstructing and effectively reducing avoidable harm
- Develop a wider team of Patient Safety Champions across the organisation to engage our staff, both clinical and non clinical, in conversations about safety
- Work towards creating a learning culture where all staff feel comfortable raising concerns and presenting ideas for risk mitigation/quality improvement

Patient Safety First

Human Factors in Healthcare

Sharing Together & Learning Together

C - consider is this required
H - have you considered the contraindications
E - explore the potential side effects
C - confirm with a colleague
K - know what to do if a related problem occurs

Reducing Harm Improving Care

Autumn 2014
Volume 1, Issue 1

Welcome to first issue of the Trust's new patient safety newsletter, sharing lessons from national patient safety incidents so that we can create a safer, higher quality healthcare service for each and every patient we care for.

Safety Checks - Are You Checking Safely

How do you check?

On any given day of the week, we make dozens of safety checks in relation to the suitability of a drug or procedure, or to establish the correct patient and/or information.

But do we check safely?

Consider the following scenario!
I walk past you with a 1litre bag of fluid in my hand, whilst passing you I declare 'one litre of saline, September 2014, no fluid'

Do you acknowledge with a nod, smile and say that's fine?

Or do you ask to see the bag, inspect its label and seek clarification as to the need for this fluid and the rate it is to be administered?

More often than not, in our hectic clinical lives, agreement that 'what has been stated 'sounds about right' is the likely outcome.

You perceive little risk with an innocuous bag of salty water and, as such, the red flag to STOP and apply additional vigilance does not occur.

Look at the images on the right.
Which one was your colleague holding as they walked past?
The chances are you cant be sure!
So have you
Checked Safely?

Human factors

'Enhancing clinical performance through an understanding of the effects of teamwork, tasks, equipment, workspace, culture and the organisation on human behaviour and abilities, and the application of that knowledge into clinical settings.'

Dr Ken Catchpole PHD
Founding member–
Clinical Human Factors Group

www.chfg.org

Risk free solutions

- Learn in your real clinical environment
- Dress rehearsal for real life patient care
- Fine-tune your team working skills
- Test your clinical systems
- Build your teams confidence

Simulation provides a clear opportunity to test your environment, equipment & team working with no risk to patients.
The Trust's Simulation Team are looking for opportunities to support all clinical areas in developing safe systems and ensuring staff are 100% confident in the management of the deteriorating patient.
If you would like to discuss your clinical areas individualised educational needs, then contact nicholas.bennett@sthk.nhs.uk (Head of Simulation and Clinical skills)

Inside this issue

Designed, written and produced by the patient safety collaborative STHK © 2014

7
Summary of National Patient Surveys 2014

The Trust has continued to perform well in all national patient surveys conducted throughout the year.

National Inpatient Survey 2014

The Trust participated in the annual National Inpatient Survey coordinated by the Care Quality Commission (CQC). Information from the survey will be used by the CQC as part of their new Hospital Intelligent Monitoring.

Feedback from patients is that St Helens and Whiston hospitals provide care that is amongst the best in the country. The Trust attained some of the highest national scores for ensuring that patients were given enough privacy when discussing their treatment and when being examined or treated.

The standards of cleanliness and hygiene continue to be amongst the best in the country.

The Trust was included in the 'best performing' trusts nationally across 6 indicators and was not included in the 'worst performing' trusts for a single indicator.

	Trust score 2014-15	Highest Trust Score	Lowest Trust Score	Trust Score 2013-14
Did you feel you were treated with respect and dignity?	92%	98%	82%	93%
Were you ever bothered by noise at night from other patients?	71%	89%	46%	74%
How clean was the hospital room or ward?	95%	97%	79%	96%
How clean were the toilets and bathrooms that you used in hospital?	94%	95%	73%	95%
Were hand-wash gels available for patients and visitors to use?	97%	99%	88%	99%
Did doctors talk in front of you as if you were not there?	89%	96%	77%	91%
Were you given enough privacy when discussing your condition or treatment?	98%	99%	90%	98%

Source: National Inpatient Survey

National Cancer Patient Experience Survey 2014

The National Cancer Patient Experience Survey 2014 (CPES) follows on from the successful implementation of the 2010, 2012 and 2013 surveys, designed to monitor national progress on cancer care.

The key findings from the 2014 survey indicated that the Trust was in the top ten of all trusts (153 in total) for the third year running, ranked 4th in the country.

	Lowest Trust Score nationally	Highest Trust Score nationally	2014 Trust Percentage
Patient given the name of the CNS in charge of their care	86%	97 %	94%
Patient completely understood the explanation of what was wrong	71%	86%	81%
Patient definitely involved in decisions about care and treatment	69%	85%	80%
Get understandable answers to important questions all/most of the time	88%	97%	95%
Doctors did not talk in front of patient as if they were not there	81%	94%	94%
Staff gave complete explanation of what would be done	85%	94%	92%

From the 62 survey questions that were relevant, the Trust's results were very positive:

- The Trust scored in the top 20% of all trusts for 42 out of 69 questions (relevant to the Trust)
- The Trust scored in the middle 60% of all trusts for 27 out of 69 questions

Each clinical team has reviewed their results and detailed action plans have been drawn up to address any actions required.

The Trust has continued to provide high quality services across the range of clinical services supporting the diagnosis and treatment of cancer.

Key achievements in 2014/2015 included the delivery of all targets:

- 2 week referrals from date of referral to date first seen
- 31 day wait from diagnosis to first treatment
- 62 day wait for treatment from GP referral

The Trust was pleased that patient experience feedback via the annual patient experience survey scored the Trust as one of the top performing trusts nationally.

The Trust has been invited to participate in a national 'buddy scheme' to help support Ashford and St Peters NHS Foundation Trust develop their cancer improvement plan. The Trust will share its methods and experience around patient engagement and pathway improvement with the Surrey based hospitals over the next 12 months.

The national "Be clear on Cancer Campaigns" were well supported with an increase in GP referral for diagnostic investigation.

Additionally, the Trust saw a 15% increase in patients attending outpatient services for consultation within the two week referral target timeframe.

Working with Macmillan Cancer Services, the Trust is piloting an electronic patient health needs assessment tool which will assist with the development of local initiatives supporting wellbeing and recovery.

This will further complement the local support mechanisms offered to patients which include the Macmillan Resource Centre situated at St Helens Hospital and the many support groups facilitated in partnership with volunteers and established patient groups.

Comments from the National Cancer Patients Experience Survey 2014:

"….a wonderful service and a very valuable part of my overall treatment."

"I was treated with respect and they are always there to listen if I have any problems or need someone to talk to."

"I have been coming here for 4 years now and I feel like I know all the staff well and they are all polite, caring and welcoming."

National Maternity Survey 2014

In 2014/15, the Trust continued to participate in the National Maternity Survey which is being being delivered by Quality Health. The results are not yet available.

The previous year's National Maternity Survey 2013/14 results were published in last year's Quality Account and indicated that for 23 of the 46 questions the Trust were scoring higher than the national average.

The table below provides examples of the questions and the Trust comparative scores:

Question	Trust	All
Always given enough time to ask questions	80%	74%
Had midwives number, in case needed	99%	97%
Always spoke to in an understandable way	92%	88%
Given appropriate advice/support at start of labour	86%	85%
During labour all staff introduced themselves	86%	80%
Always involved in decisions about care	77%	72%
Definitely had confidence and trust in staff	81%	78%
Room or ward very clean during stay	85%	64%
Toilets or bathroom very clean during stay	83%	53%
At home, given help needed when contacting midwife	85%	78%
Mother was asked how feeling emotionally	96%	95%

The maternity team have reviewed the results and have implemented actions throughout the year to make sustained improvements. These included:

Communication

- Ensure that women are given enough information to help them decide where to have their baby
- Ensure that both verbal and written information is easily understood by women, and that all the information and explanations required are given, particularly to new mothers after the birth of their baby

Involvement

- Examine ways of increasing the number of women who feel involved in decisions about their care during pregnancy, labour and the birth of their baby

Care

- Examine reasons why some women and their partners feel they are left alone at times which they find worrying during labour, birth and during postnatal stays
- Ensure that women are given full support and encouragement, practical help and consistent advice about feeding their baby, particularly in relation to breast feeding

Comments regarding the Maternity Unit:

"A big thank you to the delivery suite! During the birth of my child, the midwife was outstanding from start to finish! Couldn't do enough for us, we knew we were in good hands!"

"My Stepdaughter is 22 weeks pregnant and last night she had bad pains. I rang the maternity unit and her dad took her in. The staff were waiting for her and were excellent. Very fast, professional and were very reassuring. Thankfully baby and mum were fine. Thank you to all the nurses and doctor who were there as always going above and beyond their duty."

"I was on your maternity ward for weeks before I had my little boy and your hospital became a second home to us. The standard of care we have received has been above and beyond, from the midwives, doctors, nurses, healthcare assistants, domestics, everybody has been amazing. Your staff are a massive credit to your hospital and I cannot thank you all enough."

Neonatal National Survey 2015

In March 2015, the Picker Institute in collaboration with NHS England and BLISS (babies born too soon, too small, too sick) produced their report on the experiences of parents whose child required care on a neonatal unit (inclusive of special care baby units, local neonatal units and neonatal intensive care units).

Responses:

	Trust Score 2015	Top 20% of Trusts (threshold)	Trust Score 2010
Did you have confidence and trust in the staff caring for your baby?	94%	91%	93%
Did staff refer to your baby using his/her name	97%	96%	87%
Were you involved as much as you wanted in the day to day care of your baby?	93%	93%	83%
Did you have as much skin to skin contact as you wanted?	82%	80%	38%
Did neonatal staff include you in discussions about your baby's care and treatment	87%	83%	65%
Were you told about any changes in your baby's condition or care?	93%	93%	82%
Overall, did staff help you feel confident in caring for your baby?	95%	94%	82%
Were you given enough privacy when discussing your baby's care on the neonatal unit with staff?	92%	89%	74%
If you wanted to stay overnight to be close to your baby did the hospital offer you accommodation?	91%	83%	37%
Were you able to visit your baby on the unit as much as you wanted to?	100%	98%	96%

- Areas where there was consistent performance in the top 20% of trusts were in the following sections:
  - About staff on the neonatal unit
  - Your involvement in your baby's care
  - Environment and facilities
  - Information and support for parents
- 92% of respondents said they were likely or extremely likely to recommend Whiston Neonatal Unit to friends and family if their baby needed similar care or treatment.

Comments about Neonatal Unit:

"I cannot fault the medical and nursing care my baby received during his stay on SCBU."

"As the dad of three boys, two of which were born 8 weeks premature, I owe a lot to the staff of the Special Care Baby Unit in Whiston Hospital. Without the work of the their staff our boys might not have been here."

"I would just like to say a massive thank you to everyone on SCBU. I finally got to take my little man home today after a 15 weeks, 2 day stay. You have all been amazing and we will miss you all lots but will be back to visit as I think Alfie will miss his nurse cuddles xxx"

Accident and Emergency Department (AED) Patient Survey 2014

This was the fifth survey of AED patients conducted by the Care Quality Commission (CQC), involving 142 acute and specialist NHS trusts who have a major accident and emergency department.

The Trust was included in the 'best performing' trusts nationally across 4 indicators and was not included in the 'worst performing' trusts for a single indicator. The overall Trust score increased from 79 to 82.

	Trust Score 2014/15	Highest Score Nationally 2014/15	Lowest Score Nationally 2014/15	Trust Score 2012 (last survey)
Were you given enough privacy when being examined or treated?	94%	96%	79%	93%
Did doctors or nurses talk to each other about you as if you weren't there?	93%	94%	78%	N/A
If you needed attention, were you able to get a member of medical or nursing staff to help you?	81%	87%	64%	77%
Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you in the A&E Department?	90%	94%	80%	88%
Did a member of staff explain the results of the tests in a way you could understand?	90%	95%	78%	87%
In your opinion, how clean was the A&E Department?	92%	94%	69%	91%
Overall, did you feel you were treated with respect and dignity while you were in the A&E Department?	92%	95%	78%	88%

Comments about the Accident and Emergency Department:

"My experience while visiting the A&E Department was quite satisfactory and I cannot fault the help and assistance that I received. Overall, the help and attention that I received was very good."

"I was treated well. I had pneumonia, the doctors and nurses treated me with respect, I can't thank them enough, they saved my life."

"I was very impressed with the treatment I was given despite me being in a lot of pain and not being able to communicate very well. My husband was with me at the time and also said that the department was very efficient, and treated us with the utmost care and attention."

8
How we did against our 2014/15 Quality Account Priorities

Each year in the Quality Account, the Trust sets key targets aimed at delivering high quality care to patients. In this section, the priorities for last year are reviewed and progress against them described.

Patient Safety

Priority 1: Infection Control

Aim: To reduce the incidence of hospital acquired infections:

- To achieve less than 19 hospital acquired Clostridium Difficile cases
- Annual reduction in MRSA bacteraemia (MRSAb)
- 10% reduction in all blood stream infections

Outcome: Partially met

Patients should be confident that they will come to no harm whilst receiving care. The Trust has developed a continuing programme to identify infection risks and minimise harm. The Trust continues to focus on reducing infections and with the support of the Infection Prevention and Control Team; and seeks to learn from every occurrence.

Clostridium Difficile (C.Difficile)

The Trust had a challenging target of no more than 19 C.Difficile cases for 2014/15 and unfortunately, despite a rigorous infection prevention strategy it is disappointing that this target was not met. The Trust reported 44 confirmed cases in total, of which 33 were considered to be avoidable,11 were found to be unavoidable following in-depth root cause analysis on each case that indicated there were no lapses in care and could not have been avoided.

MRSA (Methicillin-Resistant Staphylococcus Aureus)

The national target for MRSA incidences is zero tolerance, which the Trust continues to strive to achieve. During 2014/15, the Trust aimed to reduce the number of MRSAb cases from a total of 3 the previous year. The Trust reported 2 cases of MRSAb during 2014/15, which following thorough root cause analysis were classified as unavoidable due to no lapses in patient care being identified.

Blood stream infections

During 2014/15, the Trust set a trajectory to reduce all blood stream infections by 10%. The Trust achieved this target and demonstrated a 29% reduction overall.

A number of initiatives have been introduced which have contributed to the reduction in Healthcare Acquired Infections (HCAIs), including blood stream infections:

- Increased focus on Aseptic Non Touch Technique (ANTT) training and competency
- The development of an improved structured process of obtaining blood cultures
- Increased compliance with antibiotic prescribing to support reducing the rates of HCAIs
- Compliance with NICE Quality Standards in relation to infection prevention and control
- Continued contribution to the Health Economy Infection Control Group
- Reduction in blood culture contamination rates due to education training and peer review
- A revised visual inspection chart has been implemented for the insertion and removal of devices. These are documented on patients' VIP chart and in their plan of care
- All clinical staff including locum staff receive training and competency assessments when commencing in post, before they can undertake an invasive procedure such as cannulation
- A review of the Trust's Antibiotic Policy is undertaken each year
- An alert system in relation to prescribing antibiotics for patients with known MRSA has been implemented
- Further roll out of IT system to alert GPs of patients with confirmed infections

Priority 2: Falls Prevention

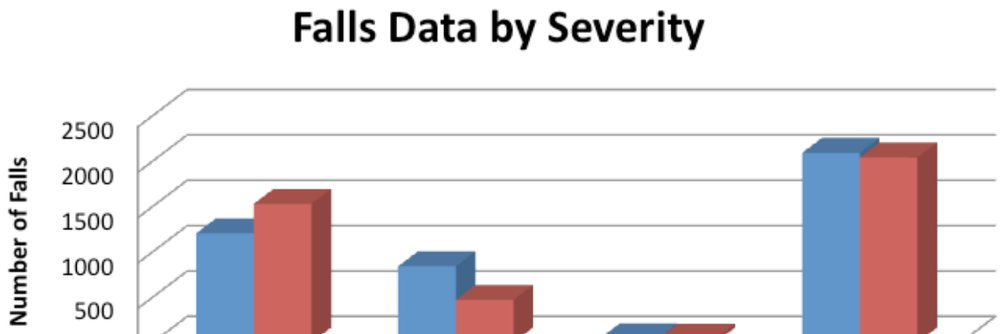
Aim: To further reduce the number of falls that result in moderate to severe harm by 5% before the end of March 2015.

Outcome: Achieved

Trips, slips and falls often have significant consequences for patients, particularly older patients. A fall is the main cause of death from injury among the over-75s in the UK and can lead to loss of confidence and social isolation. Falls cost the NHS £2.3 billion a year.

There has been a significant focus on falls prevention at the Trust. The Falls Programme has continued to remain a high priority during 2014/15 and the Trust has continued to manage the Community Falls Prevention Service for the St Helens area. This enables collaborative working across the health economy to implement risk strategies for the management of falls both in the hospital and community setting. St Helens local authority has set Key Performance Indicators (KPIs) in relation to this service, which the Trust has achieved.

During 2014/15 the Trust has seen a 12.8% reduction in falls resulting in moderate to severe harm, reflected in the table opposite:



	No Harm	Low Harm	Moderate/ Severe Harm	Total Number of Falls
2013-14	1203	840	47	2090
2014-15	1529	469	41	2039

Improvements include:

- The Trust continues to measure the overall rate of falls which cause harm and continue to benchmark against the national rate
- Thorough root cause analysis for all falls occurring in hospital
- Monthly data on slips, trips and falls by ward and severity of harm continue to be monitored at the Patient Safety Council
- 98.1% of patients who have had a fall had a risk assessment completed on admission to hospital
- Hip Protectors have been trialled on high risk patients. These are designed to help protect people's hips from fracture or other serious injury should they fall
- Falls alarms implemented
- The Clinical Education Team developed a short video on the safe use of bed rails to support education and training in the risk of assessment of bed rails
- Bench marking of falls with other trusts in order to better understand our performance
- Falls prevention messages incorporated into Fundamentals of Care Training for Healthcare Assistants
- Ward environment – hand rails in all bathrooms and toilets in the Department of Medicine for Older People wards
- Risk assessment of chair heights

Priority 3: Reduced Medication Errors

Aim: To continue to improve reporting rates and reduce serious harm from medication errors by 10% each year.

Outcome: Achieved

Medication is a high risk area, with medication errors being one of the highest reported incidents nationally. The Trust has aimed to improve all areas of patient safety over the last few years including issues relating to medication safety.

Ensuring safe medicines management and compliance with the National Patient Safety Agency (NPSA) targets around drug omissions continues to be a priority.

During 2014/15, the Trust Medicines Safety Group continued to the work on improving medicines management and, in particular, to improve prescribing and reduce medication errors. The Trust had no serious harm in relation to medication incidents during the year.

Results for the year show that there has been a 46% reduction in the low to moderate harm related to patient safety measures.

Improvements include:

- Promotion of medicine safety awareness across all clinical areas, setting a target of eradicating 50% of drug omissions
- Minimise the number of times a drug is not available on a prescription chart
- Aim to consistently review 95% of patients' medicines within 48 hours of admission to hospital
- Further embed the administration of medicines training and core competency assessments
- Implemented AEIOOU safety alert
- Monthly medication incidents report will be presented to the Patient Safety Council
- Point prevalence antimicrobial audits will be undertaken by the Pharmacy Team
- Implementation of an Electronic Prescribing and Medication Administration system (EPMA)
- Monitoring the time to patients receiving first dose of antibiotics in line with the Trust's sepsis guidelines and Advancing Quality indictor for pneumonia
- Revised standard operating procedure for controlled drugs

Clinical Effectiveness Priorities

Priority 1: Mortality

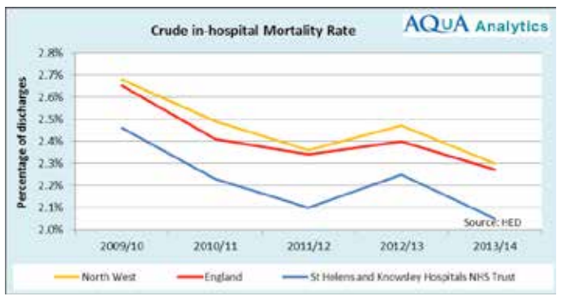
Aim: To ensure in-hospital mortality is below the average for the North West.

Outcome: Achieved

The Trust aspires to achieve mortality rates that are less than the national average, continuing to monitor mortality rates using various measures:

- Hospital Standardised Mortality Rate (HSMR) - the Trust has improved HSMR from 98.8% to 98.1%
- Summary Hospital level Mortality Indicator (SHMI) - the Trust remains within the expected range
- Crude mortality has fallen significantly over the 5 years to 2014 and is consistently substantially lower (better) than the English & North West averages

The graph shows the Trust's crude in-hospital mortality rate (blue line) compared with hospitals in England (red line) and in the North West (yellow line)



Improvements include:

- Continuing to monitor Dr Foster hospital guide data and undertake case note reviews of alerts
- Improvement on palliative care coding
- Mortality reviews routinely conducted and lessons learnt
- Continuing to focus on patient safety and quality which aims to ensure that all patients receive the highest quality of care
- Continuing to focus on quality improvement programmes, focussing on how the Trust treats patients with serious infection or acute kidney injury, and on the management of frail older patients, particularly those with dementia
- Continuing the monthly mortality meetings and the clinical risk assessment tool to explore the standards of care and opportunities for improvement
- Explore trends in mortality data and report to the Clinical Effectiveness Council
- Systematic reviews of patients who suffer a cardiac arrest on wards/departments, to identify any factors that may have been avoidable so these can inform future patient safety initiatives

Priority 2: Stroke

Aim: To improve access to the Stroke and TIA services and to ensure that the Trust achieves the Advancing Quality (AQ) indicators in relation to stroke care.

Outcome: Achieved

The Trust will continue to provide effective services with positive outcomes for patients. Stroke was chosen as a clinical improvement priority as this remains a high priority for the Trust and the local health economy.
The Trust achieved significant improvements in all indicators for Sentinel Stroke National Audit Programme (SSNAP) and Advancing Quality (AQ).

Improvements include:

- SSNAP data indicates seen significant improvement
- Number of stroke beds has increased during 2014/15
- Increased compliance with stroke AQ performance and SSNAP data

- Provide intensive stroke rehabilitation in accordance with NICE quality standards
- Continue to develop and implement the Stroke Strategy
- Improve the discharge arrangements for patients admitted with a stroke
- Develop and implement real-time alerts for the management of patients on the stroke and TIA pathways
- Implement the stroke and frailty local CQUIN indicators
- Develop systems to monitor and respond to the experience of patients receiving treatment

Measure/Indicator	April 13 - March 14	April 14 - March 15
% of patients that have spent 90% or more of their stay in hospital on a stroke unit	81.65	84.35
% of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	65.23	73.74
% of Stroke Patients who have had brain imaging within a maximum of 24 hours on admission	96.49	98.06
% of stroke patients given aspirin or alternative e.g. Clopidogrel within 48 hours of stroke	94.61	96.55
% of stroke patients given a swallow screening, visual fields and sensory testing within 24 hours of admission	95.33	95.09
% of stroke patients who have had their weight taken during admission	95.04	97.83
% of stroke patients scanned within one hour of hospital arrival	96.97	97.85
% of stroke patients eligible for thrombolysis who receive thrombolysis	100.00	100.00

Priority 3: Safe Staffing

Aim: To meet NICE guidance for staffing levels and close monitoring of fill rates.

Outcome: Partially achieved

The National Quality Board's Safe Staffing Guidance 'How to ensure the right people, with the right skills, are in the right place at the right time: A guide to nursing, midwifery and care staffing capacity and capability' emphasises the need for policies, systems and routine monitoring of shift-to-shift staffing levels.

Also, staffing capacity and capability is discussed at a public Trust Board meeting at least every six months on the basis of a full nursing and midwifery establishment review.

This is supported by a national requirement for transparent monthly reporting of ward-by-ward staffing levels commencing in June 2014. Over the past 18 months, the Trust Board has reviewed safe nurse staffing levels for each ward area.

During 2014/15, six monthly reviews of nurse staffing establishments have been conducted.

The Trust did not fully achieve a 90% fill rate in all areas and has developed a recruitment strategy, including overseas recruitment to address this.

The key actions taken include:

- The use of recognised evidence based tools (Shelford tool) to establish safe staffing levels and review nurse staffing levels bi-annually
- Monthly reports to the Trust Board as an exception report relating to safe nurse staffing levels, based on hours per ward for day and night shifts. The Trust set an internal target of a 90% fill rate
- Continue to publish nurse staffing hours monthly on the NHS Choices and the Trust website
- Daily staffing levels are publically available on notice boards outside each ward area
- Safer staffing report includes comparative data to triangulate incidents of harm with staffing levels
- An increase in nurse staffing during last year

Patient Experience Priorities

Priority 1: Discharge

Aim: The Trust will aim to improve systems and processes that support the discharge of patients, and also communication with patients and carers

Outcome: Partially met

Ensuring that patients know when they're going home and supporting patients to get home safely has a direct effect on patient's experience. In order to achieve this, the Trust needs to plan a well delivered discharge process for patients that includes relatives and carers. The Trust recognises that with increasing demand on its hospitals this will only be achieved through working with colleagues within primary, community and social care.

A key theme from patient feedback and listening events during the year has indicated the need to improve the discharge experience for patients and their carers. Therefore, during 2014/15, this was a top priority.

To support patient flow and the discharge process, there has been extensive work to support safe and effective discharge. This included:

- Working with partners to develop an improved and standardised process for discharging patients
- Strengthening the discharge support team
- Improving discharge information for patients and relatives
- Auditing that patients receive discharge information
- Revised discharge checklist for every patient being discharged
- Multidisciplinary board rounds
- Close working between the Trust and local authority
- Implementation of the Home of Choice Policy
- Pharmacy on Wheels Project

Improvements include:

- Further embedding of the effective discharge work stream
- Roll out of the homeward bound leaflets
- Revision of the patient information leaflets
- Review of estimated date of discharge and length of stay
- Aim to improve the co-ordination of discharge and so reduce the length of stay and readmissions for patients with complex needs

Priority 2: Friends and Family

Aim: To improve upon the high net promoter scores currently being achieved

Outcome: Partially met

The Friends and Family Test has been extremely successful throughout the year with the number of patients recommending the Trust at a place for treatment being consistently amongst the highest in the country.

Listening and responding to patient feedback is a crucial part of quality improvement.

During 2014/15, the Trust has continued to improve response rates for all indicators related to the Friends and Family Test. The Trust implemented the Friends and Family Test in the Outpatients Department, St Helens Hospital, from Autumn 2014, and was recognised as the 2nd best response and recommendation score in the country.

Indicator	Reporting Period	STHK	National Performance		
			Average	Lowest Trust	Highest Trust
Friends & Family Test - A&E - Response Rate	Mar-15	39.2%	22.9%	1.8%	53.8%
Friends & Family Test - A&E - Response Rate	Feb-15	23.8%	21.2%	1.6%	47.3%
Friends & Family Test - A&E - Response Rate	Jan-15	12.1%	20.1%	3.2%	53.9%
Friends & Family Test - A&E - Response Rate	Dec-14	5.1%	18.1%	2.2%	41.9%
Friends & Family Test - A&E - % recommended	Mar-15	91.7%	87.0%	57.8%	98.6%
Friends & Family Test - A&E - % recommended	Feb-15	92.8%	87.9%	52.9%	98.5%
Friends & Family Test - A&E - % recommended	Jan-15	95.9%	88.1%	55.2%	98.1%
Friends & Family Test - A&E - % recommended	Dec-14	92.8%	86.2%	53.5%	99.8%
Friends & Family Test - Inpatients - Response Rate	Mar-15	29.8%	45.1%	20.8%	94.1%
Friends & Family Test - Inpatients - Response Rate	Feb-15	30.2%	40.1%	4.2%	100%
Friends & Family Test - Inpatients - Response Rate	Jan-15	27.7%	36.1%	18.9%	100%
Friends & Family Test - Inpatients - Response Rate	Dec-14	26.7%	33.9%	6.4%	100%
Friends & Family Test - Inpatients - % recommended	Mar-15	97.7%	94.9%	78.2%	100%
Friends & Family Test - Inpatients - % recommended	Feb-15	97.1%	94.7%	81.8%	100%
Friends & Family Test - Inpatients - % recommended	Jan-15	97.0%	94.4%	51.2%	100%
Friends & Family Test - Inpatients - % recommended	Dec-14	94.8%	94.7%	77.9%	100%

Source: NHS national Patient Friends and Family Test

Key improvement measures include:

- Introduced an alternative system for data collection in the Accident and Emergency Department improving response rates to 39.2%, only just missing the national target of 40%
- Leaflets and posters explaining FFT have been provided for patients and staff in all areas. Staff awareness sessions have been undertaken including Team Brief sessions and ward meetings
- The Trust is monitoring compliance on a weekly basis and feeding back to operational managers
- The Trust has continued to concentrate on comments provided by patients to ensure there is a “you said, we did” model of good practice
- To support improvement the Trust’s Patient Experience Manager attends matrons and ward managers’ meetings.
- The aim is to ensure that the FFT process has true meaning, adds value, providing feedback to further improve patient experience

9
Trust Strategies

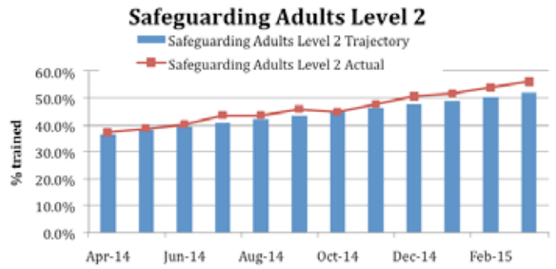
Clinical and Quality Strategy

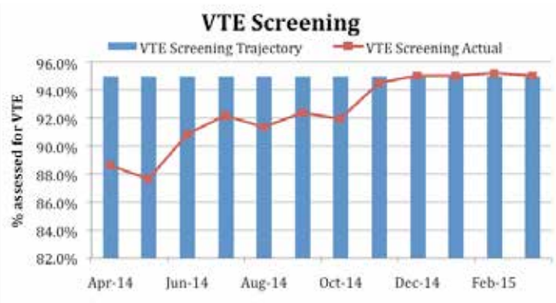
Quality and safety is linked to improved patient outcomes and remains a national and Trust priority.

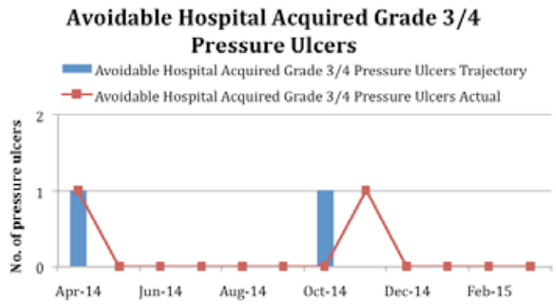
In 2013, following consultation with a wide range of stakeholders, the Trust Board approved a 5-year Clinical and Quality Strategy which outlines the Trust's strategic priorities and those of the wider NHS and local health and social care community.

There are 24 monitored key performance indicators (KPIs), supported by an action plan describing the major drivers, to further improve practice in clinical areas. An annual review has indicated that the Trust has achieved many of its in-year targets (graphs opposite).

The strategy and its action plan are linked with the Integrated Business Plan (IBP) and the Long Term Financial Model (LTFM).
The progression and outcomes are monitored by the Trust Board. The Board is clear; safety and quality, good health outcomes and a positive healthcare experience are the priorities which underpin all Trust activities.







Nursing & Midwifery Strategy

In 2013, the Trust Board approved the 5 year Nursing & Midwifery Strategy. The strategy is based on the national Nursing Strategy 'Compassion in Care', launched by the Department of Health in 2012, which identified the Chief Nursing Officer's six enduring values and behaviour that underpin compassion in practice. These '6Cs' are defined as; Care, Compassion, Communication, Competence, Courage and Commitment.

Throughout the year the Trust has continued to implement the actions based on the 6C nursing standards. Examples include:

- In May 2014, the Trust held the Compassion in Care Conference which was attended by 125 Trust delegates. The conference was an overwhelming success and feedback from staff included many comments of how inspired they had been and how the day reminded them of the importance of communication and compassion to patients and each other
- A cohort of staff were trained to undertake observations of care
- The "Sit and See" is a validated tool recommended in the Francis Report. The outcomes have been used to provide feedback to staff on care delivery. The tool allows and encourages both positive and insightful feedback to all staff groups
- End of life care guidance produced, supported by education for staff
- During 2014/15, 117 additional staff have received customer care training, this included 37 healthcare assistants and 80 registered nurses

The strategy is an ambitious 5 year vision for the Trust's nurses and midwives and the aim is to ensure patients continue to receive safe, effective and compassionate care.

Many nurses and midwives have taken a lead role in promoting the 6Cs across the Trust, with patient representatives participating in the action groups. In addition, staff from the Children's Unit, Operating Theatre Department and the Accident and Emergency Department have developed further initiatives for their specialist areas.

An annual review of the Nursing and Midwifery Strategy has indicated that there has been significant progress made during year 1 in spite of unprecedented winter pressures. For all the nurses and midwives involved over the last year it has resulted in closer working with patients and colleagues from across the Trust and the motivation, commitment and engagement demonstrated is a success in itself. Not all of this year's actions have been met and, those which are still priorities, will be incorporated into the 2015 action plan.

As part of the Nursing & Midwifery Strategy, the Trust has continued to work collaboratively with patient groups to develop local surveys to capture patient experience in relation to care.

The Trust has committed to further implement the Chief Nursing Officer's 6 Cs, this as ben expanded in the following areas:

Paediatric Department

The Paediatric Department should be recognised for their contribution to the work of the strategy and for how they have applied the 6Cs specifically to paediatrics. They have staff on each of the Trust 6Cs groups to ensure they are engaging with the Trust work but in addition they have identified leads within paediatrics who are leading on each 'C' and how it can be applied to neonates, children and young people. To date, from this work they have developed a Newborn, Children's and Young People's Charter of Care, have held engagement sessions with children and young people, and have produced information patient bedside table 'mats' to ensure parents and children receive comprehensive communication in the unit about the hospital. They have a plan for continued implementation of the 6Cs and the work being undertaken is excellent.

Accident and Emergency Department

The AED team are also represented on each Trust strategy group but in addition each team leader has been asked to lead on one of the 6Cs within the department and to identify specific actions required within AED to deliver on the 6Cs.

Theatres

Theatres have introduced a Board reflecting the 6Cs to ensure they maintain focus on driving compassionate care and on meeting the standards in the Trust strategy.

Care and Compassion Conference

One of the goals in the strategy was to hold a yearly conference showcasing nursing achievements and research. This year it was decided to use this as an opportunity to hold a Care and Compassion Conference and to open this to all Trust staff groups.

Midwifery

The Maternity Service has allocated midwives and supervisors of midwives to each of the Trust's 6C groups. The supervisors of midwives have benchmarked services using a tool from the North West Local Supervising Authority incorporating the 6Cs and have developed an action plan for their service.

Dementia Care

The term dementia describes a set of symptoms which include loss of memory, mood changes, and problems with communication and reasoning. These symptoms occur when the brain is damaged by certain diseases, including Alzheimer's disease and damage caused by a series of small strokes. It is progressive, which means the symptoms will gradually get worse.

Delirium is a common clinical syndrome characterised by disturbed consciousness, cognitive function or perception, which can develop suddenly, and can come and go.

While delirium and dementia are different conditions, patients with dementia are at increased risk of delirium and many have both conditions. It can sometimes be difficult to distinguish between delirium and dementia and there is some overlap in terms of idealised care for patients who have dementia and/or delirium.

Dementia training at the Trust has evaluated really well. A total of over 500 staff received training in 2014/2015. Key trainers have been identified to take on some of this exciting new training, named "Dementia Do".

The Trust has developed the following initiatives:

- Implemented effective pain management for all patients with different types of pain and levels of cognitive ability
- Improved timely identification of people requiring 'End of life care' and ensuring their wishes are supported
- Continue with the success of the Trust's Dementia Care Programme
- A second Compassion and Care annual conference will be held, ensuring different staff have the opportunity to attend this year
- Sit and See observations will be rolled out - collation of information, lessons learnt and changes made
- Review of the care of patients with impaired cognitive functioning, Learning Disability, Mental Capacity Act and Mental Health training
- Ensure the broadening safeguarding adults and children agendas are effectively embedded for patients

Communications and Engagement Strategy

The strategy sets out the overall framework for how the Trust intends to communicate and engage with all its stakeholders and audiences through a number of ways over the next 2 years. The Trust is strongly committed to improving communication and engagement and understands the importance of clear, honest, timely and relevant communication delivered in a way everyone understands. Good communication is essential for the effective functioning of the Trust and to maintain a good reputation for delivering good quality care.

10
2014/15 Review of Quality Indicators: Patient Safety

Patient safety remains the Trust Board's top priority. Key patient safety indicators are: falls, pressure ulcers, hospital acquired infections and VTE. These are measured by the national 'Patient Safety Thermometer' which is undertaken every month.

This section of the Quality Account will review the Trust's performance for those patient safety indicators not described already in the sections above.

Never Events

Never events are serious, patient safety incidents that should not occur if preventative measures have been implemented by healthcare staff.

The Trust had zero Never Events in 2014/15. The Trust takes incidents of this kind extremely seriously, and following an incident in May 2013 relating to wrong site surgery, a thorough investigation identified some practices within the Operating Theatre Department that needed further improvement. A safer surgery working group have focused on the following initiatives:

- Improved safer surgery checklists developed, embracing the 5 steps to safer surgery
- Staff have always been empowered to challenge areas of concern; the introduction of the HALT (a hierarchical challenge tool) has further supported staff to challenge practices
- A bespoke human factors training course has been developed and rolled out for theatre staff. This has been rolled out Trust wide and the Trust is supporting other trusts to implement this training
- A patient safety quarterly bulletin has been introduced to share learning across the Trust

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, venous thromboembolism (VTE). The Trust has continued to achieve between 98-99% 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 occured 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 continually achieved new harm free care above 98%, however, harm free care including cases for the community, has been just below 95% which is below the national target. In an attempt to address this, the Trust has been working closely with community teams, in particular, in relation to patients admitted to the Trust with pressure ulcers or falls have resulted in harm.

The Trust made significant progress in embedding good practice in relation to the prevention and treatment of avoidable pressure ulcers and achieved an overall reduction of 13%.

This was accomplished by:

- An 85% Trust-wide education and training attendance
- Continuing to deliver specific training for nursing staff
- Establishing tissue viability link nurses, who work with specialist nurses to ensure care is of a high standard
- The introduction of an investigation process and a root cause analysis panel
- Ward performance monitoring occurring through Quality Ward Rounds and a new Quality Performance Dashboard
- The introduction of a wound formulary resulting in a cost saving (achieving a national award)
- Developing a care pathway for Plaster of Paris and back slabs to reduce risks of device related pressure ulcers
- Developing and introducing guidance on patient self-harm/non-compliance procedures – due 2015.
- Implementing electronic risk assessments achieved.
- Facilitating compliance with new NICE guidelines for prevention of pressure ulcers relating to neonates and maternity, due for 100% by September 2015

Safeguarding

During early 2014/15, the Trust implemented a plan to achieve targets in relation to safeguarding adults and children training.

The Trust's safeguarding training strategies were aligned with the revised national intercollegiate guidance which has identified those staff groups that will require level 2 safeguarding training.

The Trust works in partnership with its CCG colleagues to achieve Safeguarding Key Performance Indicators (KPIs) across both adults and children services.

The Trust is the Lead Employer for over 2,000 trainee doctors across Merseyside and Cheshire. The Safeguarding and Local Authority Designated Officer networks are obliged to inform the Trust when allegations have been made against doctors.

In October 2014, more than 300 staff were TUPE transferred to the Trust from Southport and Ormskirk Hospital NHS Trust's Pathology Services and 5 Boroughs Partnership NHS Foundation Trust's therapy staff. The Trust has developed a training plan to ensure these new staff receive the appropriate level of safeguarding training required.

Safeguarding Adults

The Trust's Safeguarding Adults Steering Group meet bi-monthly and report to the Patient Safety Council. An annual forward plan details the priorities for the year, which includes, adult safeguarding and the associated vulnerability agenda; mental capacity, mental health, learning disability, and domestic abuse.

The Trust continues to work closely with our four Local Safeguarding Boards and, during the summer of 2014, provided Trust level data to support the Ofsted reviews that took place within Knowsley, Halton and St Helens.

Safeguarding Children

The Trust's Safeguarding Children Steering Group meets quarterly and reports to the Patient Safety Council. A safeguarding children's supervision programme is in place and is actively monitored by the CCGs as one of the key performance indicators.

This year, the Trust reviewed and ratified its Safeguarding Children Policy, including the addition of a number of new Standard Operating Procedures (SOP) such as: Child Sexual Exploitation, Internet Safety and Dog Bite attendances at the Accident and Emergency Department. The Trust has participated in a number of health economy serious case reviews to ensure cross boundary lessons from incidents.

Domestic Abuse

The Trust has continued to identify and respond to patients who may suffer from, or be at risk of, domestic abuse. The training programme is directed to priority areas and the Trust continues to make referrals to the local Multi-Agency Risk Conferences (MARAC) at a greater rate than both the North West and national average for acute trusts. The Trust is represented at two local MARACs which meet monthly and provide reports to three other forums. This high level of involvement demonstrates the priority the Trust gives to this issue. Staff members who may be the victims of domestic abuse are supported by the Trust's Health, Work and Wellbeing Service.

Mental Capacity Act

Research suggests that 'the number of inpatients who may lack the mental capacity to make some decisions for themselves may be as high as one third'.

The Trust has a comprehensive Mental Capacity Act Policy (which includes the Deprivation of Liberty Safeguards) and a recently revised Training Strategy. The Trust is represented on two local mental capacity act networks ensuring that it is well placed to understand pressing local issues and national developments. Work is in hand to develop a Trust policy for 'advance decisions to refuse treatment', which will support both staff and patients in managing these complex issues. The Trust has continued to provide mental health capacity training for staff at all levels.

Deprivation of Liberty Safeguards, (DoLS)

The Trust has a clear process in place to ensure that potential deprivations of liberty are identified and acted upon. The necessary authorisations are gained from the respective supervisory authorities. Reports are made available to the Trust's Patient Safety Council.

Independent Mental Capacity Advocates (IMCA)

The Trust has good relationships with the local IMCA service that are represented on the Trust's Mental Capacity Act Group. Referrals are made to the service in cases of serious medical treatment. The Trust works with the advocates to ensure that the patient's best interests are paramount.

Mental Health

The Trust was successful in its application in 2012, to extend its registration to care and treat people detained under the Mental Health Act 1983. This lends itself to a greater level of scrutiny of cases involving detained patients requiring acute inpatient medical care, to ensure that the Trust is compliant with the Mental Health Act and associated guidance.

The Trust is supported by mental health services provided by 5BP. This service covers Child and Adolescent Mental Health Services (CAMHS) and adults (under and over 65 years). The team are based within the Accident and Emergency Department and work collaboratively with the multidisciplinary team to provide triage, assessment and on-going management for patients with mental health needs.
The teams have implemented an integrated pathway for referrals. During 2014/15, there has been increased focus on training in relation to 'Prevent' (a strategy which brings together a wide range of sectors including education, criminal justice, faith, charities, online and health) where there are risks of radicalisation, and in addition raising awareness of the legal responsibilities.

Learning Disability

The Trust has a well-established Learning Disability Pathway Group, which meets bi-monthly and reports to the Patient Experience Council. Representation is from local specialist learning disability services, advocacy groups, parent carers and people with a learning disability. The Trust participated in the local joint health and social care self-assessment framework during 2014 and provides quarterly reports to the CCG to demonstrate compliance with standards. The comprehensive work plan has been monitored to ensure compliance against 2014/15 priorities, which included raising awareness of patients with learning disabilities, use of the Learning Disability Passport, reasonable adjustments and care planning.

The Trust has developed an outpatient and imaging pathway to support patients attending for appointments. This has improved communication between the patients, carers and the Trust.

Maternity Services

The Trust is proud to announce that in May 2014, the Maternity Unit achieved the Baby Friendly Initiative (BFI) level 3 which is a worldwide programme of the World Health Organisation and UNICEF. BFI awards are based on a set of evidence based standards for maternity, health visiting, neonatal and children's services. These are designed to provide parents with the best possible care to build close and loving relationships with their baby and to encourage breast feeding.

The Trust is extremely proud of this result and the team have been commended for their diligence and determination to make maternity services the best they can be. In addition, the Maternity Unit became an early implementer site for the Saving Babies Lives Initiative.

The Saving Babies Lives care bundle was developed in collaboration with NHS England. The programme has developed a care process to help reduce still births. This includes a combined approach to smoking cessation interventions, foetal movement monitoring, better CTG interpretation and improved detection of growth restricted babies. Commitment to a whole multidisciplinary approach will continue to enable the best possible care with the best possible outcomes.

The Trust has undertaken a review of services in response to the Morecambe Bay Investigation (Kirkup), Savile Enquiry and the Freedom to Speak Up Review, to ensure important lessons from these NHS investigations are cascaded across the services.

During 2014/15, two Trust midwives have been recognised with awards which included the Pride of St Helens Award and North West Midwife of the Year.

Skin Specialist Multi-disciplinary Team

The skin specialist multi-disciplinary team led a network wide project in 2013/14 to improve the support offered to those diagnosed with skin cancer. 2014/15 was the second year of the Macmillan funded project. Outcomes have included; a keyworker pathway to ensure smooth transition for patients from one trust to another, the development of health and wellbeing clinics for skin cancer survivors, and the implementation of tools such as the recovery package and self-management courses.

Lilac Centre

The award winning Lilac Centre based at St Helens Hospital has celebrated more than 20 years of caring for patients affected by cancer.

The centre provides a wide variety of treatments including chemotherapy, complimentary therapies and support to patients from across Merseyside and parts of Cheshire.

End of Life Care (EOLC)

End of life care is a key patient experience priority for the Trust. In relation to delivering end of life care, staff only get the one chance of getting care, compassion, and emotional support right, not only for the patient but also for family and carers. Good EoLC enables people to make choices about their care. It is about providing support that meets the needs of both the person who is dying and the people close to them, and includes management of symptoms, as well as provision of psychological, social, spiritual and practical support.

The National Alliance has published five new Priorities for Care, which has replaced the Liverpool Care Pathway (LCP). This is the basis for caring for someone at the end of their life. The new approach recognises that, in many cases, enabling the individual to plan for death should start well before a person reaches the end of their life.

The Trust's Palliative Care Team has worked with clinical teams across the organisation to implement guiding principles which support patients and staff to ensure a person-centred approach to planning individualised care. This incudes focus on hydration and nutrition, which was an area of considerable concern in the Neuberger Review into the Liverpool Care of the Dying Pathway.

11
2014-15 Review of Quality Indicators: Clinical Effectiveness

The Clinical Effectiveness Council meets each month and monitors key outcomes and effectiveness data, such as; mortality, re-admissions, performance against Advancing Quality Standards, clinical audit and compliance against NICE quality standards.

Medicine Redesign

The Trust has continued to invest significant resources into reducing variation in the delivery of care across times and days of the week. This investment is to further improve care for patients in the Accident and Emergency Department, the medical admissions unit and those admitted to the medical inpatient wards.

The aim has been to further improve patient outcomes and ensure patients continue to receive the same care at all times.

Key initiatives which have been implemented include:

- Seven day working for medical and clinical support staff across most specialties
- Early consultant review
- New pathways of referral from Accident and Emergency (AED) to the Acute Medical Unit (AMU)
- An ambulatory care unit is now sited on the AMU, and three pathways are in place for patients with suspected DVT, cellulitis and PE

During 2014/15, the Trust continued to implement the medical redesign project. Analysis of outcomes indicates that there have been improvements in length of stay for patients, reductions in re-admissions and enhanced pathway working.

Advancing Quality

Advancing Quality Alliance (AQUA), the North West's health quality organisation published its six year figures showing the Trust has continued to improve in key clinical areas since the schemes' launch in October 2008. The Advancing Quality programme aims to give patients a better experience of the NHS by ensuring the highest standards of care are consistently achieved.

The Trust has been rated best performer out of all trusts in the North West for the treatment of pneumonia, heart attacks (named joint top) and for people requiring hip and knee replacements. The Trust has also been named second in the region for the treatment of patients with heart failure. These results place the Trust higher than many specialist hospitals in the region.

- Composite Process Score (CPS) number of patients receiving a measure out of the total eligible for the measure
- Appropriate Care Score (ACS) number of patients receiving all measures out of the total eligible

Population	Trust ACS % Year 6	CQUIN Target %	Ranking	Target achieved
AMI	99.49	95.00	Joint 1st	√
Pneumonia	9.68	91.42	1st	X
Hip and Knee Replacement	97.78	95.00	1st	√
Heart Failure	84.91	82.79	2nd	√
Stroke	50.19	60.00	18th	X

Appropriate Care Score (ACS) number of patients receiving all measures out of the total eligible

The main challenges for the Trust in the year were stroke targets. To date, year 6 data shows that heart failure performance has improved and targets are being met. Plans have begun to be implemented to improve performance against the stroke target. The Trust has expanded the acute and rehabilitation stroke units, increasing the number of specialist stroke beds.

There were no serious concerns identified by the external review team. Any identified concerns were addressed by the Children & Young People's Diabetes Team. An action plan was written and monitored via the Children & Young Peoples Diabetes monthly multidisciplinary meetings and the Paediatric Clinical Governance and Quality Meetings and Management Meetings.

Children & Young People's Diabetes Service DQUINS

The Trust took part in the National Paediatric Diabetes Peer Review, a national quality assurance programme for NHS paediatric diabetes services on 19th June 2014.

The voluntary programme involves both self-assessments by paediatric diabetes service teams and external reviews of teams conducted by professional peers, against agreed "quality measures". The quality measures for peer review are more extensive than those required for Best Practice Standards.

Areas of good practice identified in the report were:

- Highly trained community nursing team that is well integrated into the paediatric diabetes service
- Patient representation on the team's business meetings
- Structured education programme delivered in a variety of formats and by different members of the team
- Comprehensive education package provided for schools, supported by the community nurses
- Education and support clinics for patients with high HbA1c
- A team member is the editor of the paediatric supplement of a national journal
- Use of out of date Glucagon to support training programme.
- Lead clinician delivers teaching to both junior doctors and other paediatric consultants on good diabetes care
- Increase in the number of patients with HbA1c less than 58mmol/mol
- Development of self-assessment tool that has allowed the team to assess their own training needs and develop an in-house training package to address these
- Evening clinic provision for adolescents

The Trust developed an action plan to address the following areas for improvement which were all completed by the end of March 2015:

- Include cover arrangements for clinical psychologist and administration support during absence of post holder in the Paediatric Operational Policy
- Devise and implement clinical guideline for optimising glycaemic control
- Undertake analysis of non-attendance to look for any patterns or trends and devise action plan according to findings to reduce DNA rate

13
Patient Experience

The Trust's vision is to provide "5 Star Patient Care" for every patient, every time. It is the Trust's expectation that all patients will receive care that is safe, effective and delivered with kindness and compassion. To achieve exemplary patient experience, staff continue to listen to patients and work in partnership with them to make further improvements to their experience.

Whiston and St Helens hospitals have been named as the best hospitals in the UK for patient experience.

The award from CHKS Top Hospitals recognises the consistently high standards of care provided to patients at St Helens and Knowsley Teaching Hospitals NHS Trust.

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

- Care Quality Commission (CQC) inpatient survey
- CQC Accident and 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 BEST in the NHS
- Patient Reported Outcome Measures (PROMs)

The result for Whiston and St Helens hospitals underlines the hard work of all staff who continue to strive for excellence and reflects the Trust's number one priority – 5 star patient care.

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

- Patient Power Forums looking at services areas across the Trust and ways to further improve care and the environment
- Patient representatives on key action groups focusing on the 6C nursing standards; communication, care, courage, compassion, commitment and competence
- The Patient Experience Manager's '5 a day'. Meeting with 5 patients/families a day and hearing of their experience, listening and learning
- Patients attending Trust Board to discuss both experiences that were positive and those we can learn from to make services better, no matter how small the change
- Learning from patient stories and providing 'lessons learnt' to staff across the Trust

In 2014/2015, the Trust made significant progress in working collaboratively with patients and carers. Local Healthwatch representatives are participants on the Trust's governance councils, steering groups and patient focus groups.

A patient is invited to attend each Trust Board meeting to present their story; this provides the opportunity for them to relay

their personal experience and feedback. Should there be any areas for improvement, an action plan is developed with the clinical teams and evaluated at the following Board meeting.

The Trust has established the patient focus groups to work closely with patients and their family and carers. This initiative has influenced and determined some of the key areas of action which are related to the 6Cs.

The groups are led by patients with support from specialist staff and help to support patients and their families from diagnosis, during treatment, and after discharge. Patients who are integral to the groups act as ambassadors across the healthcare community to ensure service delivery considers the wishes of patients.

Volunteers

The Trust's volunteers work across the organisation, offering valuable support to help further improve patient experience in hospital wards and outpatient departments.

Volunteers help in a number of ways including meet and greet, administration, helping capture patient experience and, during 2014, spiritual care volunteers were introduce at the Trust.

Currently we have almost 600 volunteers, managed by a co-ordinator who recruits and supports volunteers with induction and training, as well as ensuring all essential employment checks are undertaken.

Gutsy Guys

A patient support group, for people suffering from oesophageal and stomach cancer is now so popular it is supporting people from across Merseyside.

Gutsy Guys was set up by specialist nurses two years ago to support patients who have been diagnosed with this form of cancer.

At first, just a few members attended the group, but now the group is so popular it has been recognised for its invaluable support, and patients from other hospitals are now contacting the group for support and advice.

The group aims to support those who have been diagnosed with cancer, and members visit patients to talk with those who may need support during their treatment. Many members of the group have undergone surgery and chemotherapy themselves and discussing their own experiences can help fellow patients and offer reassurance.

The group meets at Whiston Hospital on the last Wednesday of every month, with guest speakers visiting at each meeting. Specialist consultants, Macmillan representatives and health and social care support workers have all attended to share their knowledge and provide information to members on their diagnosis and recovery.

Rheumatology Reference Group

The Rheumatology Reference Group is a well-established group of patients who work in equal partnership with the Rheumatology staff at St Helens Hospital. This group celebrated its 11th anniversary this year and has engaged with hundreds of patients. The patients undertake patient to patient surveys within the department and staff work alongside them to implement suggestions to improve the patient experience.

The group received customer care accreditation status again this year. Patients remain key partners in the delivery of Rheumatology services working collaboratively with all members of the multidisciplinary team.

Patient Power

The Patient Power Group is a new initiative introduced in April 2013. This group meets on a quarterly basis and links staff with patient representatives from the various focus groups, patients, carers and partners (e.g. Healthwatch) to discuss key themes and areas of improvement related to their experience. Examples include effective discharge planning, harm reduction and medicines management.

The Trust acknowledges the importance of working in partnership with patients and carers and considers that the patient power group is one excellent example of this.

Comments from Patient Power Group:

"I enjoy the openness and honesty of the staff at these events; it's a safe place to be able to freely voice my comments. What I enjoy most is being involved with the development of policies and procedures. I have to use the hospital often as I live with a long term condition. It's great to have a say in my care at this level"

"Nice to have my views heard, it's a great opportunity to give feedback I have confidence that the staff listen. I really enjoyed the session, it's a positive experience, keep it up"

"I like meeting the other patients and discussing our concerns and positive experiences. It feels like we are a team"

It is important that we continue to listen and respond to the feedback from patients and families, the Trust will continue to focus on this during 2015/16.

Year on year, the Trust has demonstrated sustained improvements in all aspects of the patient experience from clinical care to the environment in which care is provided. The Trust has a number of different ways that enable staff to listen to the experience of patients, to learn from this and make sustained improvements. These include Quality Ward Rounds, executive and senior team ward visits where direcors, managers, and clinical teams speak directly with patients and families to understand their experience of care and treatment.

Call Reminder Service

The Trust launched a new telephone system that will remind patients about their hospital appointments. The new automated service contacts patients who are due to attend the Trust to confirm the date and time of their next appointment. The patient is asked to confirm that they will attend the appointment, and if they cannot, the appointment will be given to another patient on the waiting list. The reminder service has started to reduce the number of missed appointments.

Carer support

The Trust has a funded Carer Support Team provided by St Helens Carers Centre which is part of the Carers' Trust. The team is based within the Integrated Discharge Team on site at Whiston Hospital. It is a long established team providing a range of direct services to carers including emotional and practical support, onward signposting and individual case management. Referrals are made direct to the service from patients, relatives and staff at any point in a patient's journey.

During 2014/15, the Carers Team:

- Made 4034 contacts with carers
- Formerly registered 918 new carers
- Referred 487 to local carers centres
- Referred 143 to other local services

The team produced an Annual Report providing examples of those who have received support. Referrals are made from across all areas of the Trust, demonstrating the awareness of staff to carer issues and the work of the team in embedding this agenda.

Food and Nutrition

Good nutrition and hydration are two key elements of excellence in patient care. Preventing or identifying and treating malnutrition early will aid a quick recovery and reduce time patients spend in hospital. Building on previous year's work in relation to the Hydration Project, the Trust continued to implement a standardised approach to this aspect of fundamental patient care.

The aim was to ensure that patients are nutritionally risk assessed within the first 24 hours of admission to ensure they are appropriately nourished and hydrated.

When a patient at risk is identified, appropriate steps are taken to facilitate meeting their nutritional requirements, through the provision of meals, snacks and artificial nutrition where appropriate.

This has included monitoring performance in relation to:

- All patients are screened by a nutrition risk tool on admission
- Nutrition and hydration documentation are completed and action taken to address areas of concern
- Fluid balance is calculated on a shift by shift basis
- An audit was completed to confirm NPSA compliance for alerts around artificial nutrition
- Patient satisfaction with food choice and food availability are conducted monthly

It is acknowledged that it is not always the quality of the food, but how the meal is presented that assists patients to eat their meal. To address this, the Trust has trained catering teams on food presentation, the use and purpose of red trays, red jugs and also on the hydration bottles. Drinking mugs have also been introduced on the care of the elderly wards as they are easier for the patient to hold than a small cup. The ward hostesses are trained on dementia awareness which improves interaction with certain patient groups. They also work together with the ward 'meal time co-ordinators' to ensure all patients are supported during meal times.

When patients are having particular problems with their diet, the catering team visit the patient and their family representative to discuss a meal solution. This has led to a number of positive outcomes.
To aid communication, bedside holders were introduced that are solely for patient and family information. This holder keeps menus, car parking facility information, 'Forget Me Not' cards and any other relevant information that is suitable for their needs.

Interpreter and Translation Services

The Trust has an Interpreter and Translation Policy to ensure staff access this service for patients. There are contracts with two providers, one for face to face and translation activity, the other for British Sign Language interpreting. Both contracts are monitored and activity is shared with the Patient Experience Council on a quarterly basis.

Patient Feedback Quotes:

"Wonderful amazing compassionate care from each and every member of staff caring for my Dad on the Holbrook Unit. He was treated with dignity and respect. Thank you"

"I am writing to express my sincerest gratitude to and appreciation for the members of your staff who cared for me during my recent stay at your hospital ICU and Burns Unit. The nurses there work very hard to provide the patients with the best care. I appreciated everything they did for me. Thank you!"

"The Rheumatology Department at St Helens should be used as a benchmark for the rest of the NHS to aim for. They are amazing."

"I attended the urology clinic at St Helens Hospital. I was terrified of the procedure I was due to have (camera in bladder). Every member of staff I encountered went out of their way to put me at ease and the procedure itself was simple and painless.

I was treated with dignity, respect and true kindness. I would like to extend a huge thank you to the truly wonderful staff I encountered on my visit"

Complaints

Compliments, concerns and complaints are an important indicator of patient experience and the Trust uses them to further improve the quality of the services it provides. A complaint can be defined as an expression of dissatisfaction that requires a response and or action.

The Trust treats all complaints seriously. Each one is rigorously investigated to ensure a robust response is provided to the complainant; lessons are learned and shared across the organisation to ensure the quality of care and patient experience are improved.

In 2014/15, the Trust received a total of 281 complaints compared to 323 in 2013/14 which is a reduction of 42 (13%).

In last year's Quality Account the Trust identified areas for improvement that would be addressed and significant progress has been made against these objectives:

- Many staff have attended the "Customer Care" training programme that examines the elements of behaviour and staff responses that contribute to a complaint. The course also provides methods to defuse a complaint at a local level
- All complaints have associated action plans that are managed at care group level. Lessons learned are shared through the governance structures up to the Board and down to ward level
- The Trust has introduced training for staff to increase knowledge of complaint handling and lessons learned. The top three themes for complaints received this year are: all aspects of clinical treatment, staff attitudes and appointment delays / cancellations
- The Trust has developed an improvement plan to address timeliness of responses and is demonstarting improvements

Parliamentary and Health Service Ombudsman

During the last year, the Trust had 11 complaints referred to the Parliamentary and Health Service Ombudsman (PHSO), seven of which were closed by the Ombudsman following initial assessment. Two of the cases had recommendations made by the PHSO which were implemented and actions taken by the Trust were sent to the PHSO and the complainant to confirm changes had been implemented. Two cases are still waiting to be allocated an assessor at the PHSO, who will then determine if the case should be investigated.

14
Participation in National Clinical Audits and Confidential Enquiries

During 2014/15, the Trust was eligible to contribute to 37 Quality Account national clinical audits including 3 national confidential enquiries (NCISH, MBRRACE, NCEPOD) and participated in a further 18 national audits (not on the Quality Accounts (QA) list) table 2.

The Trust participated in 31 of the 32 national clinical audits/ national confidential enquiries audits for which it was eligible - 97%. (Please note: although NCEPOD is listed as 1 confidential enquiry, the Trust has participated in 3 individual NCEPOD audits projects).

The data collection completed is listed in table 1 below alongside the number of cases (shown as a %) submitted to each audit or enquiry.

Table 1.

National Audits 2014/15	Participation	Status	Rate of Case Ascertainment
DIABETES (PAEDIATRIC) PNDA	Yes	Completed	100%
FITTING CHILD (CARE IN ED) CEM	Yes	Completed	100%
MENTAL HEALTH (CARE IN ED) CEM	Yes	Completed	100%
OLDER PEOPLE (CARE IN ED) CEM	Yes	Completed	100%
INFLAMMATORY BOWEL DISEASE 4TH ROUND UK IBD	Yes	Completed	100% for main audit (biologics arm still active)
ULNAR NEUROPATHY AT ELBOW (UNE) TESTING	Yes	Completed	100%
CHRONIC OBSTRUCTIVE PULMONARY DISEASE-COPD SECONDARY CARE	Yes	Completed	100%
PLEURAL PROCEDURES BTS	Yes	Completed	100%
EPILEPSY 12 ROUND 2	Yes	Completed	100%
NCEPOD STUDIES (x3)			
• GASTRO-INTESTINAL HAEMORRHAGE	Yes	Complete	100%
• SEPSIS	Yes	Complete	100%
• ACUTE	Yes	Complete	100%
NATIONAL EMERGENCY LAPAROTOMY AUDIT NELA	Yes	Still active	-
DIABETES (ADULT) ND(A)	Yes	Still active	43% *- as at 27/4/15 NB: Figure will change; audit extended to 29/5/15

BLOOD TRANSFUSION IN SCHEDULED SURGERY AUDIT	Yes	Still active	Part of National Comparative Audit of Blood Transfusion Programme
BRS RHEUMATOID AND EARLY INFLAMMATORY ARTHRITIS	Yes	Still active	
NATIONAL PROSTATE CANCER NPCA	Yes	Still active	
HEAD AND NECK ONCOLOGY DAHNO	Yes	Continuous monitoring	100%
BOWEL CANCER NBOCAP	Yes	Continuous monitoring	100%
OESOPHAGO-GASTRIC CANCER NAOGC	Yes	Continuous monitoring	100%
LUNG CANCER NLCA	Yes	Continuous monitoring	100%
ADULT CRITICAL CARE (CASE MIX PROGRAMME) ICNARC -CMP	Yes	Continuous monitoring	100%
SEVERE TRAUMA (TRAUMA AUDIT & RESEARCH NETWORK) TARN	Yes	Continuous monitoring	100%
ACUTE CORONARY SYNDROME OR ACUTE MYOCARDIAL INFARCTION MINAP	Yes	Continuous monitoring	100%
NATIONAL CARDIAC ARREST AUDIT NCAA	Yes	Continuous monitoring	100%
NATIONAL HEART FAILURE HF	Yes	Continuous monitoring	100%
SENTINEL STROKE NATIONAL AUDIT PROGRAMME	Yes	Continuous monitoring	100%
FALLS AND FRAGILITY FRACTURES PROGRAMME FFFAP INCLUDES NATIONAL HIP FRACTURE DB	Yes	Continuous monitoring	100%
NATIONAL JOINT REGISTRY NJR	Yes	Continuous monitoring	100%
NEONATAL INTENSIVE AND S0PECIAL CARE NNAP	Yes	Continuous monitoring	100%
ELECTIVE SURGERY (NATIONAL PROMS PROGRAMME)	Yes	Continuous monitoring	76.7% provisional
MATERNAL, INFANT AND NEWBORN - CLINICAL OUTCOME REVIEW PROGRAMME MBRRACE-UK	Yes	Continuous monitoring	100%
NAT. CONFIDENTIAL ENQUIRY INTO SUICIDE & HOMICIDE FOR PEOPLE WITH MENTAL ILLNESS (NCISH)	Yes	Continuous monitoring	Continuous - as and whencases occur
ADULT COMMUNITY ACQUIRED PNEUMONIA BTS	No	Did not participate	Not applicable

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

OTHER NATIONAL AUDITS = N18 (Other - Not on Quality Accounts list for 2014/15)

Table 2

Audit Title	Participation	Data Collection Completed
MANAGEMENT OF DIABETICS KETOACIDOSIS IN ADULTS	Yes	Completed
NATIONAL PREGNANCY IN DIABETES (NPID) AUDIT-NCAPOP/DIABETES UK	Yes	Completed
BAD NATIONAL AUDIT ON NON-MELANOMA SKIN CANCER (NMSC) EXCISION 2014	Yes	Completed
MANAGEMENT OF PAED. PATIENTS WITH PSORIASIS	Yes	Completed
MANAGEMENT OF ECZEMA IN CHILDREN	Yes	Completed
CHOLE-S STUDY	Yes	Completed
NATIONAL SEPSIS AUDIT (SPARCS)	Yes	Completed
CT REPORTS OF NON-TRAUMATIC ABDOMINAL PAIN	Yes	Completed
NAT. COMPARATIVE AUDIT OF BLOOD TRANSFUSION	Yes	Completed
STARSURG: DISCOVER DEFINING SURGICAL COMPICATIONS IN THE OVERWEIGHT	Yes	Completed
RACPC AUDIT PROGRAMME FOR 2014-15	Yes	Still Active
NATIONAL DIABETES FOOTCARE AUDIT (NDFA)	Yes	Still Active
NATIONAL AUDIT OF DEMENTIA-PILOT PROJECT OF FEASIBILITY FOR COMMUNITY HOSPITAL	Yes	Still Active
TREAT TO TARGET AUDIT FOR ELDERLY INFLAMMATORY ARTHRITIS (NATIONAL AUDIT/NICE)	Yes	Still Active
NATIONAL 3RD CORRECTIVE JAW TREATMENT AUDIT	Yes	Still Active
IMPLANT BREAST RECONSTRUCTION AUDIT (IBRA)	Yes	Still Active
IST NATIONAL AUDIT OF INPATIENT FALLS 2015	Yes	Still Active
NATIONAL END OF LIFE CARE AUDIT	Yes	Still Active

National Audits

National Care of the Dying Audit Hospitals (NCDAH)

An Individual Care and Communication Record (ICCR) has been drafted to replace the Liverpool Care of the Dying Pathway and is currently being piloted on wards identified by the End of Life Care (EoLC) Steering Group as suitable for that purpose. Awareness of the ICCR will be raised via: PEC; EoLC Steering Group; Nurse Managers meeting; and the ACP Community Team.

A local annual audit of the 'Care of the Dying' patient began in late 2014 and has now been superseded by the National Audit of End of Life Care. Currently in progress is a regional survey of 'Bereaved Relatives' (CODE project). The EoLC now have a dedicated lay member from Healthwatch with specific responsibility for EoLC. New patient and relative information leaflets have been produced and are available across the Trust.

National Audit of Blood Transfusion Programme – Anti-D audit

The Anti-D policy and system is changing as of 1st June 2015. 'Midwifery champions' are to be introduced to assist with training, and should be included in this year's SHOT (Serious Hazards of Transfusion) report as a recommendation for trusts to introduce.

National Paediatrics Diabetes Audit (NPDA) (from 11/12 report)

RCPCH has noted that >50% of acute paediatric diabetes admissions to hospital are coded "without complications". To address this issue the correct way of completing the discharge summaries has now been included as part of induction training for junior doctors to indicate problem and morbidity i.e. Type 1 Diabetes. The Clinical Coding Dept. plan to undertake a snapshot review to check accuracy of coding. The Twinkle (diabetes) database is used actively for real time data entry and can now be used for onward transfer of audit information to RCPCH for NPDA.

Trauma Audit Research Network (TARN)

The continuous TARN audit programme and its associated feedback has led to the implementation of a robust performance review system, which involves cases suggested by the TARN system being peer case reviewed using a newly designed Trauma Performance Review proforma, along with a new network wide mortality review proforma for trauma. The outcomes of these reviews are shared locally and at Trust level through both individual speciality teaching sessions and the Whiston Trauma Group. The lessons learnt from the reviews also feeds into the design and functionality of the Whiston Trauma Simulation Programme. It is essential that the already robust TARN data collection and analysis programme in place continues to drive this quality improvement initiative forward.

Analysis of patients on the TARN database who did not have a 'trauma team activation' in the Emergency Department during that latter end of 2014, has led to the development of a new major trauma triage pathway, which is now in place in triage areas throughout the department as well as in the Resuscitation Trauma Room.

The TARN audit was pivotal in supporting the Trust's peer review programme for major trauma receiving unit status early in 2015. The Trust was commended for consistently high data quality and excellent leadership locally and network wide.

National Paediatrics - Epilepsy 12 audit

As a result of the national report the following actions are planned: design of a new proforma for epilepsy patients, and a new patient/parent information leaflet. A database has been implemented locally to assist with monitoring and management of epilepsy patients.

Paediatrics - NASH2 Audit

As a result of the audit the intended actions are to update the guidelines to include a flowchart and to implement a 1st seizure clinic in the future.

Confidential Enquiries

NCEPOD Tracheostomy insertion Audit

Currently the Trust is fully compliant with 22 of the 25 recommendations from the national report and partially compliant with the remaining 3.

A local audit has since been undertaken measuring compliance with the national recommendations. Local actions intended: to ensure the WHO surgical checklist is available for use on ICU, this should be visible on the ICU and be part of the insertion proforma. The Anaesthetic Dept. reinforces best practice of ensuring all surgical tracheostomy have tubes checked with a bronchoscope. Uptake will be subject to on-going audit.

Maternity Service CNST Level 3 Assessment

Following the success by the Maternity Service in achieving CNST assessment at Level 3, which involved audit and monitoring of 50 separate criteria across the services, several actions have now been fully completed; these include: all guidelines and proformas have been reviewed and revised where necessary; Medway (electronic patient record system) has been updated to allow for more complete data capture.

Trust-wide Annual Consent Audit Programme

The Trust Consent Policy has been updated by the Assistant Medical Director, in line with current legislation, with related audit tools being re-designed to ensure compliance. In addition the audit programme/process has been revised to facilitate timelier audit and follow up re-audit within the same audit year.

Audit of Clinical Audit Recommendations

A new process for monitoring action plans has been introduced to ensure a robust system is in place. The action plan template is now revised to take account of the new stages in the flow chart and ensure there is senior clinician sign-off / ownership of actions and that checks are made to show actions are S.M.A.R.T.

Audit of Compliance against the Clinical Audit Policy

In order to ensure the submission of a robust, quality audit project along with receipt of relevant supporting documents required for review, and audit facilitator's approval of the project; the process for submission of proposal forms has been streamlined.
A new electronic registration form has been designed for the 2015/16 audit year and the database updated accordingly. This should speed up the processing and administration of the new submissions and lead to more timely registration as it will allow for automated uploading onto the database. As a result the database will also include details on new submissions that have not been accepted and state reasons why the project was returned to the lead, giving a full trail of submissions.

The audit registration database will also link with the feedback action plan returns so all the information is held on one database; previously two databases were being administered.

Record keeping audit programme

The Trust-wide record keeping audit programme continues to be undertaken annually. During the year the Record Keeping Policy has been updated to include a more streamlined process. Audit tools for specialties using both the generic or adapted versions (specialty specific) have been amended in line with changing hospital processes/systems.

Research: Compliance with Research Governance Framework (RGF)
A new checklist devised for use covering all the essential information required by the MHRA.

Re-audit Ambulatory Management of Cellulitis
New pathway for ambulatory emergency care has been implemented and education provided to staff.

Audit of the implementation of Head Injury Fast Track (HIFT) Proforma in ED (Emergency Dept.)
The HIFT proforma has been updated in line with 2014 NICE Head Injury guidelines.

Annual Observation Ward Audit - Emergency Dept.
A new observation ward admission proforma has been designed and implemented

Audit of Prolonged Jaundice in Newborns
Prolonged jaundice information leaflet for parents has been produced

Psychosocial screening for burns unit inpatients
Provision of psycho-social training for staff has been completed

Audit of ventilation strategies in intra-abdominal surgery
Creation of 'tidal volume selection' and 'ideal body weight calculation' charts for use in main theatres.

Radiology: Audit of compliance with local protocol for CT urinary tract for patients from ED
The current pathway has been updated in the Emergency Dept. to include the young female patient pathway.

Audit of Cardiac Myocardial Perfusion Imaging (MPI)
Training provided to staff regarding documentation of pre-test probability and medications.

Compliance with Crusade Score documentation before administration of anti-platelet meds in ACS
Following the audit crusade score teaching has been implemented into regular junior doctor teaching sessions.

Eplerenone use in post Nstemi patients with left ventricular dysfunction
The use of Eplerenone post MI has been discussed in a cardiology mortality meeting. It is now included on the MINAP form and the cardiology nurse specialists recommend its use, if the echo is available when they see the patient; diagnosis confirmed.

Burns & Plastics: Conservative management of pre-tibial haematomas in elderly patients
The current proforma has been re-designed and improved to facilitate this.

Diabetes Referral Letter Audit
The diabetes referral form has been redesigned.

Lower Limb Open Fracture Audit
The referral form has been redesigned.

Audit of tissue sampling in TURP specimens
The protocol has been amended in the Biomedical Scientists bench book.

ICU: Prevalence of Catheter Related Blood Stream Infection ("MATCHING MICHIGAN")
Hibiscrub to be available at every bed space.

Audit examining falls down stairs as a mechanism to trigger a trauma call
Surgical Registrars have been added to the trauma bleep. Posters were displayed in ED to reinforce activation of a trauma team for a fall down a full flight of stairs (FDFFS).

Re-audit: using FRAX in assessing osteoporosis risk
A new DXA request form has been devised and provided to the Lead Nurse and Consultant in Breast Surgery Oncology and Gastroenterology for their use.

Re-audit: substance misuse in pregnancy
Staff informed of the need to make additional appointments for women who require the involvement of the substance misuse midwife (SMM) when booked under a different consultant (not for substance misuse). Updates provided in Midwives Training sessions.

Monitoring Compliance Audit of Grade 1 Caesarean Section (NICE CG 132)
Existing audit expanded to include the collection of additional data for Grade 1 CS's and the audit tool revised accordingly. Snapshot of other CS grades now included and a supplementary audit tool designed to facilitate this. Discussions held with staff to reiterate the importance of timely documentation of discussion with Consultants.

Local audits

1. Perioperative paediatric temperature management - 1495 14 15 /Anaesthetics

Actions:
- Liaise with theatre managers: - skin probes temp for ALL theatres plus paediatric size tympanic covers specifically for paeds
- Put up a laminated notice in Paeds theatres:- ALL Paeds cases should be accompanied by intra op temp monitoring - skin
- Re audit: Inform paediatric ward and recovery staff of their good work – inform them that we plan to re audit in 15-16 and hope to get 100%

Impact:
- Improve temperature monitoring, increase active temp management and reduce the risk of overwarming

2. Audit - CT urinary tract for pts from AED / No. 1366 14 15

Main Issues:
- There was poor adherence to the local protocol for referral for CT
- A high number of young women were having inappropriate CT when US was recommended in the protocol and there was a low pick up rate of pathology in this group as predicted by larger trials and RCR recommendations
- A high proportion of patients were getting X-ray and CT which increases the radiation dose and is unnecessary
- Despite this the overall pick up rate for stones and alternative pathology was within the expected range suggesting overall good practice

Actions:
- Change the current pathway in AED to include the young female patient pathway and reinforce pathway in AED
- **Impact:**
- Reduce the radiation burden to young females in particular and ensure that all patients receive optimal care

3. Audit of the implementation of head injury fast track proforma in the ED

Main issues:
- Low implementation of Head Injury Fast Track pathway
- Issues with the format of proforma
- Criteria for doctor assessment need revising

Actions:
- Encourage uptake of pathway with poster in stretcher/triage areas
- Revise proforma

4. Re-Audit of Ambulatory Management of Cellulitis Project / No : 1321 13 14

Main issues raised by the audit:
- More cases identified possibly due to better coding as a result of pathway
- Significant rise in appropriateness of antibiotics with a fall in antibiotic undertreatment
- Reduction in Length of stay and increased bed release since adapting AEC pathway

Actions:
- Pathway approved (Clinical Effectiveness Council)
- Education regarding Ambulator Emergency Care (AEC) pathway undertaken - Ongoing AMU / ED education with pathways on intranet
- Expand use of AEC for cellulitis

Impact:
Adherence to pathway will enhance safer treatment with appropriate investigation and management with antibiotics and enhance patient choice with potential treatment at home which will also increase bed release whilst enhancing tariff within a safe evidence-based structure for the Trust.

5. Audit of the percentage of patients having loop excision under GA /1413 14 15

Main issues raised by the audit:
- To implement new changes to improve the LA loop rate
- New rate of GA loop was found to be 10-12% after implementations of new changes in our 6 months of audit period

Actions:
- Cone biopsy replaced by excision/large lesions referred to Consultants for LA excision
- Documentation of dyskaryosis grading changed, Low Grade and High Grade to be used instead mild, moderate & severe
- Size no longer appears to be an issue in referral for GA loop

Impact:
- To increase rate of Local Anaesthesia for Loop excision to bring rate to national rate of 80%

6. Lower Limb Open fracture Audit –plastics / No. 1561 14 15

Main issues:
- Lack of information on accepting a LL trauma referral from AED
- No specific referral form for accepting these cases

Actions:
- Design of a referral form holding all information needed
- Using this form for every referral in the future
- Re-audit to assess impact

Impact:
- Improve safety and care of pts referred to Plastics from AED
- Improve efficiency

7. Tracheostomy Insertion - ICU / No. 1607 14 15

Main issues:
- 'WHO' surgical checklist not universally used on ICU
- Bronchoscopic use not universal in theatres

Actions:
- Adopt WHO Surgical Checklist / ensure checklist available for use on ICU
- Reinforce bronchoscopic confirmation of placement of tracheostomy tube in theatres
- Should be visible on the ICU and part of insertion proforma
- Ensure all surgical tracheostomy have tube check with bronchoscope
- Email sent to anaesthetic dept. to reinforce best practice
- Uptake will be subject to on-going audit

Impact:
- Compliance with National (NCEPOD) recommendations

General Accreditation

Joint Advisory Group (JAG) accreditation

During 2014/15, staff at the Trust Endoscopy Unit received the prestigious national quality accreditation for achieving and maintaining the meticulous standards set by the Joint Advisory Group (JAG) on Gastro-intestinal Endoscopy. The department are one of a very few to be awarded with no recommendations.

The JAG programme aims to ensure the quality and safety of patient care in the UK and assesses all endoscopy units in the country against a series of strict standards. The assessment is based on a number of factors such as staffing, quality of care, patient comfort, training, unit design, cleaning standards of the equipment used and the length of time patients wait between referral and diagnosis.

Participation in Research & Development

The Trust is committed to providing the best possible care to patients, and recognises the value of high quality research in the successful promotion of health and well-being for the population it serves. Research and innovation play an essential role, not only in developing new approaches to managing disease, but also in improving the effectiveness of existing treatments. The Trust continuously drives to improve the quality of services provided through research and innovation.

In 2014, the Trust revised and renewed its three year Research Development and Innovation Strategy. The strategy states the vision for the continued advancement of Research Development and Innovation (RDI) at the Trust, and sets clear goals and objectives that will enable the Trust to promote a culture where RDI drives better patient care, and improve the Trust's capacity, capability and delivery of clinical research.

During 2014/15, the Trust was involved in 176 studies, and the National Institute of Health Research (NIHR) supported 157 of these.

The number of participants, including patients and staff, receiving NHS services provided or sub-contracted by the Trust between 1st April 2014 and 31st March 2015 was 962. The total recruitment was made up of:

- 767 patients recruited to National Institute for Health Research (NIHR) adopted studies, all of which were approved by a research ethics committee
- 195 recruited to non-National Institute for Health Research adopted studies i.e. local and student. Of these, 150 were patients and 45 were staff members

The Trust is pleased that NIHR recruitment figures have exceeded those forecast during 2014/15, and the Trust successfully recruited 767 participants against the proposed target of 500.

Of the 23 organisations across the North West Coast, the Trust is 1 of 5 who have consistently achieved 100% against the NIHR target of issuing RDI approval within 15 days. This is a significant achievement and demonstrates the best standards in research governance and assurance.

The Trust has been involved in conducting clinical research projects which aim to improve the quality of services, increase service user safety and deliver effective outcomes. Since the 1st April 2014, the Trust has approved 27 NIHR studies in the areas listed in the table oppposite.

More than 100 clinical staff at the Trust participated in clinical research projects, covering 25 departments, approved by a research ethics committee within the reporting time period.

Speciality	Number of Studies
Anaesthetics	2
Burns & Plastics	3
Cancer	3
Dermatology	1
Diabetes	1
Intensive Care	1
Neurology	1
Paediatrics	2
Pharmacy	1
Pharmacology	1
Rheumatology	2
Sexual Health	2
Stroke	1
Trust Wide	3
Urology	1
Woman & Child Health	2

Active Research

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

On the 17th March 2015, the results of the ProMISE trial were published online in the New England Journal of Medicine. Staff at the Trust made a huge contribution to this trial as top recruiters in the country. They recruited 85 participants to time and target. The aim of the ProMiSe trial was to compare early, goal-directed, protocolised resuscitation for patients presenting early signs of severe sepsis/septic shock.

In September 2014, the Trust was the first centre to open An Evaluation of the Impact of a Prostate Cancer Survivorship Care Programme study. Prostate Cancer UK, in conjunction with Movember, funded the introduction of a new service, the Prostate Cancer Survivorship Care Programme, in five NHS hospitals in the UK from January 2015.

The Care Programme is being evaluated by the University of Southampton and the University of Surrey to assess its impact on patient health, to find out if it is acceptable to patients and to assess what it might cost. To date the team has recruited 81 men to take part in the study, and have been one of the top recruiters.

The Trust is one of many organisations around the country that are supporting the "Ok to Ask" campaign, led by the NIHR to encourage patients to ask their doctor, nurse or consultant about clinical research. On Tuesday 24th March 2015, members of the public and staff were urged to find out more about taking part in medical research at one of the regular awareness days.

A stand was set up in the main entrance of Whiston Hospital which showcased the NIHR 'OK to Ask' campaign, as well as the work being carried out across the Trust. Those running the display included research nurses and support staff, who were able to discuss their involvement in research projects with people interested in finding out more about how they or their relatives could take part.

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

Aims for 2015/16:

- Foster a vibrant research, development and innovation culture across all areas
- Work in partnership with the Clinical Research Network to ensure the NIHR high level objectives are met
- Increase the value of research funding at the Trust
- Ensure high quality delivery of studies, to time and on target

- Promote and increase engagement in Trust research - by raising awareness of research activities amongst all staff and patients
- Maintain Research Governance and Assurance for Trust staff undertaking research

Clinical research is about improving the clinical treatments available to patients and discovering new ways of managing conditions. The Trust's corporate objectives, demonstrate a commitment to research as a key aspect of improving the quality of care and patient experience.

Commissioning for Quality & Innovation (CQUIN) Framework

The Commissioning for Quality and Innovation (CQUIN) payment framework is designed to help produce a system which actively encourages organisations to focus on quality improvement and innovation. It provides financial rewards and as such CQUINs are an important indicator of quality improvement, and support the drive to put quality at the heart of the NHS. Local CQUIN schemes contain goals for quality and innovation that have been agreed between the Trust and the local commissioners.

A proportion of the Trust's income in 2014/15 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and the CCGs.

The summary included below provides and overview of the national and local CQUIN quality priorities which were agreed with the commissioners for 2014/15.

Priority	Critical Success Factors	Trust Position
Friends and Family Test	To roll out programme to Staff and Outpatients Achieve response rate of at least 20% for A&E in Q4 Achieve response rate of at least 30% for inpatients in Q4 Achieve response rate of at least 40% for Inpatients in March	Achieved Achieved Not Achieved Not Achieved
NHS Safety Thermometer	Reduce Pressure Ulcer Incidence by 5% for avoidable Grades 2-4	Achieved
National Dementia	Implementation of Find, Assess, Investigation and Refer programme Review of support Carers receive from Trust	Achieved Achieved
Advancing Quality Stretch Targets	Acute Myocardial Infarction Heart Failure Hip & Knee Pneumonia Stroke Implementation of new schemes: Alcoholic Liver Disease, Sepsis, Hip Fracture and Diabetes	Achieved Not Achieved Achieved Not Achieved Achieved Achieved
Frail/Elderly	Identify Frail Patients Undertake Comprehensive Geriatric Assessment and set up Plan of Care Increase Patient Satisfaction	Achieved Achieved Achieved
Integration	Pneumonia COPD Heart Failure	Not Achieved Partially Achieved Achieved
Stroke	Review of Mortality Improvement on use of Joint Health and Social Care Plans Improvement on Mood and Cognitive Screening	Achieved Achieved Not Achieved

In 2015/16 the Trust will continue to have a proportion of its funding depending on achieving quality improvements in specific areas. The Trust will be following the national CQUINs for Acute Kidney Injury, Sepsis, Dementia and Urgent and Emergency Care (details here: http://www.england.nhs.uk/nhs-standard-contract/15-16/) and has developed local schemes on themes of Integration of COPD, Diabetes and Heart Failure, Stroke – improvements in SSNAP measurements and Advancing Quality in Heart Failure, Pneumonia, Hip Fracture, Sepsis, Acute Kidney Injury, COPD and Alcoholic Liver Disease.

Data Quality

Good quality information underpins effective delivery of patient care and is essential for affecting improvements. The Trust is committed to ensuring accurate and up to date information is available to communicate effectively with GPs and others involved in delivering care to patients. The data quality framework is fully embedded and the Trust is sustaining performance in line with national standards for the following:

- Blank/invalid NHS Number
- Unknown or dummy practice codes
- Blank or invalid registered GP practice

The Trust is taking the following actions to improve the quality of data:

- The Information Steering Group functions as governance group reporting to the Management Information and Technology Council. In support of clinical/managerial requirements of the Trust the group aims to provide a robust/qualitative foundation for information management
- Annual Data Quality Plan agreed and Data Quality Performance framework in place to monitor key data quality KPIs
- Monthly meetings are held with departmental leads to monitor compliance
- Compliance reports in place to support the process

Where incidents of non-compliance are identified, refresher training and additional support provided.

NHS Number and General Medical Practice Code Validity

The Trust submitted records during 2014/15 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data is as follows:

Valid NHS number:
99.5% - Admitted patient care
99.6% - Outpatient care
98.3% - Accident and Emergency care

Valid registered General Medical Practice:
100% - Admitted patient care
100% - Outpatient care
99.9% - Accident and Emergency care
(Source: SUS Data Quality Dashboard April 2014 – February 2015)

In all cases, Trust percentages are greater than the national performance.

Information Governance Toolkit (IGT) Attainment Levels

The Trust continues to benchmark itself against the Information Governance Toolkit standards which include information governance management, confidentiality and data protection assurance, information security assurance, clinical information assurance, secondary use assurance and corporate information assurance.

The Trust Information Governance Assessment Report overall score for 2014/15 was 82%. This means that the Trust was rated 'Green' and is compliant in all sections of the Information Governance Toolkit (level2) which highlights the Trust is commitment to the evolving Information Governance Agenda.

The Trust has a duty to report any incident regarding the loss of personal data to the Information Commissioners Office (ICO) and for the financial year 2014/15 there was one such incident. This incident has been closed by the Information Commissioner's Office with no actions taken against the Trust. The reported incident was reviewed by relevant members of staff and members of the Information Governance Team, with actions taken to minimise the likelihood of any recurrence.

The Trust has an active education and awareness programme aimed at all staff to actively promote Information Governance awareness.

Clinical Coding Error Rate

The Trust was subject to an annual IG Toolkit Clinical Coding Audit during the reporting period and achieved the highest level attainable, level 3.

The latest published audit for that period for diagnosis and treatment clinical coding are:

Primary Diagnosis	96%
Secondary Diagnosis	98.3%
Primary Procedure	95.4%
Secondary Procedure	91.7%

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Priorities for Quality Improvement 2015 /2016

Following discussion with the Board of Directors, councils, committees and staff, the following priorities for 2015/16 have been agreed.

Consideration has also been given to feedback received from patients, staff and the public.

Presentations have been provided at various staff groups with the opportunity for staff to comment on and feedback.

Safety

Priority 1: Reduce avoidable harm by 50% in the next 3 years (falls, pressure ulcers, medication incidents)

Rationale: The Trust is participating in 'Sign up to Safety'. The campaign is built around five core pledges that link closely with current safety initiatives and a vision to provide world class services for all patients, with the common purpose of 'getting it right for every patient, every time. The Trust's Clinical and Quality Strategy also demonstrates how the Trust is committed to working towards the five pledges.

How this will be measured, monitored and reported

Trust safety pledges include:

Put safety first. The Trust will aim to prevent avoidable harm, disability or death by:

- Reducing the number of falls which result in moderate to severe harm
- Maintain a 50% reduction in theatre related episodes of avoidable harm (measured against 2013/14 Human
- Factors service redesign data)
- Reduce the incidence of Clostridium Difficile and avoidable MRSA infections
- The Trust will have zero tolerance on hospital acquired grade 4 pressure ulcers and will continue to seek to further reduce harm from pressure ulcers at all grades by 5% in year
- Improve the recognition and treatment of the deteriorating patient through technology and education
- Introduce patient safety briefings at ward level

In addition:

- **Continually learn:** the organisation will be more resilient to risks by acting on the feedback of patients and by constantly measuring and monitoring how safe services are
- **Be honest:** be transparent with people about progress to tackle patient safety issues and support staff to be candid with patients and their families
- **Collaborate:** take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services
- **Support:** help people to understand why things go wrong and how to put them right.

This will be reported through the Patient Safety Council and Quality Committee monthly.

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

Rationale: The Trust is committed to improving patient safety and experience, recognising the importance of learning whenever an error has taken place or has been narrowly avoided. While every effort is made to prevent mistakes, they remain a regrettable aspect of health care, the Trust will continue to openly share the findings to ensure Trust wide learning.

How this will be measured, monitored and reported:

- Demonstrate a learning safety culture through accurate reporting of incidents
- Improve on the timeliness of investigating and reporting serious incidents
- Benchmark the Trust both internally and against peers for incidents resulting in harm
- Be in the top 20% nationally for reporting incidents
- Continue to reduce complaints
- Improve timeliness of responding to complaints
- Improve teaching for shared learning

This will be reported through the Patient Experience Council and Quality Committee monthly.

Priority 3: Ensure safer staffing levels are achieved

Rationale: The Trust is committed to ensuring safe staffing is in place and has a commitment to ensure there is one qualified nurse to eight patients and staffing levels will be regularly reviewed to ensure the right staff skill mix to care for patients

How this will be measured, monitored and reported:

- Daily staffing reviews
- Monthly reporting to Trust Board
- Six monthly staffing establishment reviews
- Staffing levels are displayed at the entrance of every ward
- Utilising acuity and dependency tools to assist in determining staffing establishment per ward

This will be reported to the Trust Board and Quality Committee monthly.

Effectiveness

Priority 1: Further reduce mortality of weekend admissions

Rationale: The difference in care across the days of the week is something that is often highlighted in the national press and can result in higher than expected death rates of patients admitted at weekends. This has developed further over the last 2 years with national plans to tackle the issue being led by Sir Bruce Keogh (National Medical Director for NHS England). As part of the Trust's medical redesign project there has been a focus on increasing senior consultant presence as well as access to diagnostic tests at the weekend.

How this will be measured, monitored and reported:

- Increase the level of senior consultant input at the weekend as part of medical redesign project
- Improve access to diagnostics at weekends
- Reduce weekend admission risk adjusted mortality when compared to last year

This will be reported to the Clinical Effectiveness Council and Quality Committee monthly

Priority 2: Reduce variations in care to improve outcomes

Rationale: Care pathways are evidence based ways of delivering clinically effective care to all of the Trust's service users. Measuring clinical and patient/ carer reported outcome and experience measures as part of these care pathways ensures the quality of care is monitored, variation in quality standards and inequality is reduced, and adherence to treatment is increased

How this will be measured, monitored and reported:

- Implement national standards such as national service frameworks and guidelines produced by the National Institute for Clinical Excellence (NICE)
- Determine care provision by using the best available evidence if national standards are not available
- Compliance with Advancing Quality Indicators
- Enhancing the feedback from clinical audit to disseminate best practice

This will be reported to the Clinical Effectiveness Council and Quality Committee monthly

Priority 3: Improve pathways of care for people with long term conditions including frailty

Rationale: There is broad consensus that greater integration of services will allow health and social care communities to deliver timely, high quality, more patient centred and more cost-effective care.

The Trust has developed a local CQUIN to promote integrated care in three key long term conditions (LTCs): Diabetes, COPD and Heart Failure. Working with patients and users, commissioners, and other stakeholders, the Trust will develop a shared care plan for each LTC that will act as a care plan for the individual service user (and their carers) and will be shared (electronically) with relevant agencies, including: Primary Care Team, Social Services, Mental Health Services, Community Services (and relevant others).

How this will be measured, monitored and reported:

This is be monitored through the CQUIN indicators which includes:

- A workshop involving the Trust's three local CCGs, Bridgewater, 5BP, Primary Care and Local Authority
- A shared care plan which is agreed with the individual patient and their carers and includes an agreed escalation of condition management process for diabetes, COPD and heart failure that has been developed by patients and key stakeholders
- The timely, safe and appropriate transfer of patient care to partner organisations
- Increased use of the shared care plans over the timeframe of the CQUIN which are effective in managing the patients' needs and promote independence / selfcare
- Improved communication and collaborative working between clinical staff across relevant local providers
- This CQUIN will complement delivery of the national Urgent Care CQUINs and the Integration CQUIN of local community providers

This will be reported to the Clinical Effectiveness Council, Quality Committee and Clinical Quality and Performance Group (CQPG).

Experience

Priority 1: To improve the timeliness of complaint responses

Rationale: Compliments, concerns and complaints are an important indicator of patient experience and the Trust uses them to further improve the quality of the services it provides.

A complaint can be defined as an expression of dissatisfaction that requires a response and/or action. The Trust treats all complaints seriously. Each one is rigorously investigated to ensure a robust response is provided to the complainant; lessons are learned and shared across the organisation to ensure the quality of care and patient experience are improved.

How this will be measured, monitored and reported:

- Continued work to improve the timeliness of the complaints process with a planned trajectory to ensure responses arereceived within the agreed timeframe
- Continue to implement the recommendations relating to compliance with CQC Regulation 16 and the implementation of the recommendations in the Francis and Clwyd/Hart Reports
- Monthly reporting of complaints by care group
- Monitoring of themes and lessons learned
- Triangulation of complaints incidents and claims
- Training and awareness raising for staff responsible for responding to complaints

This will be reported through the Patient Experience Council and Quality Committee monthly.

Priority 2: Enhance the discharge planning process

Rationale: A key theme from patient feedback and listening events during 2014/15 has been a need to improve the discharge experience for patients and their carers.

How this will be measured, monitored and reported:

- The Trust will aim to improve systems and processes that support the discharge of patients, and also communication with patients and carers
- Roll out of the revised patient leaflets and bedside booklets
- Continued focus on estimated date of discharge
- Aim to improve the co-ordination of discharge and so reduce the length of stay and re-admissions for patients with complex needs
- The discharge lounge will be re-located during 2015/16
- Improve waiting time for medication

This will be reported through the Patient Experience Council and Quality Committee monthly.

16
Care Quality Commission (CQC)

CQC Registration

The Care Quality Commission (CQC) is the independent regulator for health and adult social care services in England. All NHS trusts are required to register with the CQC in order to be able to provide their services.

The CQC monitors the quality of services the NHS provides and takes action where these fall short of 'essential' standards. The CQC uses a wide range of regularly updated sources of external information as well as its own observations during spot checks 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 is required to register with the Care Quality Commission (CQC) and its current registration status is 'registered without conditions'.

The Trust's Chief Inspector of Hospitals CQC planned inspection, is scheduled for the week commencing 17th August 2015.

A large team of inspectors will visit both Whiston and St Helens hospitals during the week to talk to patients, carers and staff about the quality and safety of the care we provide. They will review care records and observe care being delivered.

The Trust views the inspection as a great opportunity for staff to showcase the fantastic work that they do on a daily basis to ensure patients receive the best possible care.

CQC Intelligent Monitoring

The CQC developed and launched a new model for monitoring a range of key indicators for NHS acute and specialist hospitals and launched a new system during October 2013 called 'Intelligent Monitoring'.

The indicators produced for the monitoring relate to 5 key questions that the CQC asks of all services that they should be:
Safe, Effective, Caring, Responsive and Well-led.

The indicators are reported to be used to raise questions about the quality of care. Each indicator marked against a threshold of risk as follows:

- No evidence of risk
- Risk
- Elevated risk

The Trust has been placed in Band 5 of the CQC's risk rating which means that the Trust has one of the lowest risk ratings in the country , with Band 1 being the highest risk to band 6 being the lowest.

17
Quality Account Consultation

Healthwatch St. Helens has received the minimum amount of time required to consult on this year's Quality Account, but appreciates that the Trust has made time to provide a presentation to community members via Healthwatch Knowsley event.

We note the list of achievements and congratulate the Trust on these, however we will continue to liaise with the Trust regarding their cancer services, about which we have received recently some negative feedback from the St. Helens public.

Relating to the past year, we have concerns about the increase of 3.6% in admissions and 8.4% increase in day-case patients and ask what is the Trust doing to address these areas where they are most directly in control of those patient flows. Other increases are not the Trust's sole responsibility, but these increases are also of concern and need a multi-agency solution.

We work closely with the Trust around equality issues and are involved in setting the EDS objectives every year. In January 2015 we were pleased to have seen a robust response in relation to improvements around access to British Sign language interpreters for deaf patients.

We are not concerned at this time that the Trust narrowly missed its Emergency Department waiting time target for the year or the C. Difficile target, when we compare their performance to other Trusts in Merseyside.
We acknowledge the efforts the Trust makes to ensure infection control is everyone's responsibility, however we would emphasize that weekly Route Cause Analysis panels to determine how hospital acquired infections have occurred, then need following through to ensure prevention is as good as it can possibly be.

We would like to see further analysis of written comments from the Families & Friends Test responses, to see if these indicate why there are poor PROMS returns relating to hernia, hip and knee replacement and varicose veins surgery, as these have traditionally been areas of high satisfaction from patients. We have seen that this is possible from Hospedia reporting in the past. We acknowledge that the Trust has close to average figures for mortality indicators, however we are disappointed that 'people dying without palliative care coding' does not score more highly. We understand that staffing changes within senior levels in the Trust may mean that this begins to improve and we would wish to see this to support the front-line staff of the palliative care team.

We suggest that there could be a focus group involving patients in analyzing the readmissions figures 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 quarterly in formal meetings to ensure the action plan is progressed, as well as additional internal groups e.g. 'Valuing Our People', where Healthwatch have challenged the Trust with regard to staff attitudes and as a result behavioral standards have been implemented across the Trust.
We note that the National Patient survey shows overall good results, but that 'noise at night' is one area for improvement and anecdotally we are concerned that patients are still being moved at night when this would appear to be unnecessary.

We acknowledge that the staff survey results are encouraging and have requested further details on how staff can progress any concerns they have about safeguarding and/or whistle-blow.

We hope to see an improvement in KF21 – the percentage of staff reporting good communication between senior managers and staff; and KF29 – the percentage of staff agreeing that feedback from patients/service users is used to make informed decisions about their department.

By regularly attending the Patient Safety and Patient Experience Councils , we have received a copy of the Trust's Sign Up To Safety Action Plan and been consulted on a plethora of policies and publicity documents, this year particularly the discharge leaflet which we challenged considerably!

We recognize in general the high standard of maternity services provided locally and efforts made to improve reach to vulnerable patients and babies. The video describing the service is a good piece of publicity for the Trust and we would be happy to receive more examples of good quality that we can make the public aware of.

We agree broadly with the Trust's assessment of whether it has met its priorities for last year, however we feel some were not particularly challenging and were linked to other 'must do' areas.

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:

- timeliness of addressing complaints,
- achieving safer staffing levels,
- weekend mortality and
- enhanced discharge processes

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.

Healthwatch Knowsley welcomes the opportunity to provide this commentary in support of the St Helens & Knowsley Teaching Hospitals NHS Trust Quality Account for 2014/15.

A draft copy of the report was provided to Healthwatch Knowsley in a timely manner and staff members from the Trust took the opportunity to meet with community members in Knowsley and presented the account and responded to questions. This session was an excellent opportunity to summarise the quality accounts report to community members and also provided additional context to the report.

It is pleasing to note that Healthwatch is mentioned regularly within the report and are seen as a key stakeholder in the continuing development of the Trust. Healthwatch Knowsley continues to engage with the trust on a regular basis, through representation on the Patient Experience Council and Patient Safety Council, as well as through regular meetings in relation to the Equality Delivery System. Healthwatch has also benefitted from quarterly meetings with the Deputy Director of Nursing and Patient Experience Manager, in which an action plan has been drawn up to address key issues that have been raised through feedback from community members through quarterly reports from Healthwatch Knowsley, as well as information from complaints and the Friends & Family test.

Healthwatch are keen to note some of the key achievements within the trust, with particular reference to the PLACE Inspections, in which a number of Healthwatch volunteers were involved. As well as the work that has been done within the trust regarding Cancer Services, which has resulted in the involvement in a 'buddy scheme' to help other NHS trusts in England improve cancer patients' experience of care nationally.

In terms of the priorities, Healthwatch are keen to note the continuation of discharge planning, as this continues to be a community concern. It is pleasing to note that work will continue on this area to develop systems and communication to support the patient journey. Healthwatch Knowsley welcomes the development of the new discharge lounge at Whiston Hospital, as well as the work that is being done to ensure that take home medication is available for patients on discharge to prevent any delays in the discharge process.

We are also keen to see the impact of 7 day working, in particular the effect this has for patients who are receiving treatment at weekends.

During the next 12 months we look forward to continuing to challenge the trust on key priorities and will continue to work with the trust and feed into the Patient Experience Action Plan to help improve the experience of patients who visit the Trust.

Healthwatch Halton are pleased to have the opportunity to comment on the Quality Account for the year 2014/15.

The report is well written and comprehensive if somewhat long. However, not all the information is clear and we would appreciate a succinct executive summary with clear statements of future priorities and a simple 'Met' or 'Partially Met' table with a 'traffic light' rating system for last year's priorities.

The Trust is to be commended on its list of achievements, particularly as the top performing Trust in the North West for providing the best care and support to cancer patients and the fact that you are taking part in a 'buddy scheme' to help other NHS Trusts to improve the experiences for cancer patients nationally.

Members welcomed the success in achieving a number of the priorities set for last year and the commitment to continue to seek improvements in those priorities not wholly met. We were disappointed that the target for clostridium difficile was not met but are pleased to note that this will remain a Trust priority.

The priorities for 2015/16 are welcomed and it was noted that patient and public feedback was taken into consideration in identifying these priorities, in particular to enhance the discharge process and to improve the timeliness of complaint responses.

We appreciate the developments in patient/service partnerships and hope that on-going meaningful dialogue with patients, carers and the wider community will help the Trust ensure their priorities are achieved.

On behalf of St Helens CCG I am writing to thank you for sharing the Trust's draft Quality Account for comment.

Unfortunately as the Quality Account wasn't available in time for the shared event on 13 May, it went to the CCG Quality Committee for review and discussion. This letter of support for the Trust Quality account also summarises the key points raised at this meeting.

We would like to thank yourself and Sue Redfern for attending the event on the 13 May and presenting an overview of the work undertaken in the Trust during 2013/14. 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 in the last couple of years to improve quality across the Trust and the commitment from the Trust Board to maintain high standards and this is welcomed.

In particular during 20131/4, we recognise the hard work undertaken regarding VTE, mortality targets and patient experience.

However, it would have been useful to have some of the key challenges faced by the Trust outlined in more detail with a narrative regarding action taken and action required to minimise risk during 2015/16.
For example, at the presentation event on the 13 May you openly shared current challenges with complaints yet this issue is not evident in the Quality Account.

During 2013/14 the CCG and the Trust agreed to class all falls resulting in a fractured neck of femur as a serious incident and we would have liked to have seen specific information on the numbers of these and the lessons learned included in the Quality Account.

The Trust reports having partially met NICE guidance on staffing but does not provide detail as to the challenges or the sections of the guidance not met and this would have been useful.

With regards to the data on pressure ulcers, we would be keen to see a move away from classifying the incidents as avoidable and unavoidable.

The Chief Executive of the Carers Centre in St Helens has asked us to pass on a comment regarding a statement on page 78 they think it could be interpreted as the Trust funding the Hospital Carer Support Team, when in fact it is funded from the Better Care Fund. They have asked if this could be amended to show it is funded by the Local Authority and CCG.

The CCG supports the priorities set for next year, other local providers included the CCG in setting Quality Account priorities for 2015/16 and we would welcome the opportunity to do this with the Trust.

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

Yours sincerely

Dr Stephen Cox
Clinical Chief Executive
NHS St Helens CCG

NHS Knowsley Clinical Commissioning Group and the collaborating commissioners welcome the opportunity to receive and comment on the St Helens & Knowsley Teaching Hospitals NHS Trust Quality Account for 2014/15.

It is pleasing to recognise the work the Trust has undertaken in improving the quality of its services, underpinned by the Trust's Vision for 2014/15, to offer '5 Star Patient Care' described within this Quality Account. The vision endorses the Trust's commitment to improving safety and quality of care and to deliver excellent clinical outcomes in a compassionate and safe environment.

The continued efforts of St Helens and Knowsley Teaching Hospitals NHS Trust to achieve higher than assigned targets for the year in key performance indicators are commended by Knowsley CCG. Developing and meeting performance targets and at the same time maintaining exceptionally high quality standards and patients experience, demonstrates the Trust's desire to enhance quality of care and improve safety.

Achievement of 98% for the provision of harm free care, which is notably higher than the national average of 95%, is commendable. It is encouraging to note the work being undertaken to reduce patient falls and pressure ulcers, the Trust has made significant progress in embedding good practice in relation to the prevention and treatment of avoidable pressure ulcers.

The Trust's initiative to reduce mortality rates, which aims to reduce mortality rates and to be amongst the lowest NHS trusts, is welcomed. There is recognition that significant improvement work has taken place to improve safety and reduce harm to patients, and the CCG would be keen to support the Trust's efforts in the forthcoming year.

The Trust's aim to improve the quality of care it provides is evident from its "Sign up to Safety" goals, which include reducing avoidable harm by 50% by 2018. Building a strong safety culture by investing in a human factors training programme to enhance team working within clinical areas; and reinforcing the importance of leadership, communication and an open culture of learning is also welcomed. The development of a system to cascade feedback of information to individual members of staff and / or teams who have reported incidents through the Datix system emphasises a commitment to shared learning and should insure staff can see the benefit of reporting incidents.

It is encouraging that the Trust has excelled in patient experience 2014/15, and is recognised nationally in the Patient-Led Assessments of the Care Environment (PLACE) programme, and is rated one of the highest performers in the North West for its care and support for cancer patients. A reduction in overall formal complaints and a consistent high score in the Friends and Family Test show the Trust is keen to improve patient experience of the care it provides.

The CCG supports the Trust in its desire to enhance clinical effectiveness as part of the Medical Redesign Programme. The Trust's approach to the identification of changing health needs and the proactive remodelling of services to meet demand is welcomed by the CCG.

The CCG is keen to work together with the Trust in developing an efficient and safe discharge process for patients, with clear lines of communication across all primary care teams. The CCG will continue to monitor the discharge process and communication received by primary care teams to ensure appropriate discharges are experience by the people of Knowsley.

NHS Knowsley Clinical Commissioning Group recognises that some areas have been particularly challenging for the Trust, specifically accident and emergency waiting times, infection control and TIA measures.

The CCG will monitor the management of formal complaints and that responses to complainants are within agreed timeframes throughout the next year.

NHS Knowsley Clinical Commissioning Group along with collaborative commissioners will continue to robustly monitor St Helens and Knowsley Teaching Hospitals NHS Trust through the clinical quality and performance group meetings to obtain assurance that the quality and safety of services delivered to patients continues to improve and that effective governance processes are in place which support quality improvement.

Yours sincerely

Dianne Johnson
Accountable Officer
NHS Knowsley CCG

Halton CCG Commentary Quality Account 2014-15

Many thanks for submission of the Quality Account for 2013/14 and for the presentation to local stakeholders on 13th May 2015. This letter provides the response from NHS Halton CCG to the Quality Account.

Since the CCG has been in existence we have I believe developed an excellent working relationship with yourself and the hospital team. NHS Halton CCG is a member, through Dr Michael O'Connor Chair, the Clinical Quality and Performance Group, which scrutinises the key quality indictors 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 in particular Mrs Sue Redfern Director of Nursing Midwifery and Governance on the continued progress made in this year. NHS Halton CCG values the constructive relationships we have formed and the ability to develop and maintain links to your clinicians.

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 CCG notes the delivery against your planned improvement targets. The excellent leadership shown by the team appears to be continuously improving quality across the board. NHS Halton CCG is also pleased to note the delivery against some of the commissioner quality priorities and would like to commend the trust on its progress in relation to visible clinical leadership.

NHS Halton CCG are pleased to see the planned Quality Priorities for 2015/2016, in particular the planned monitoring and the focus on continuous improvement in Safer Care.

We look forward to working with the Trust through 2015/16, helping to improve the quality of services for our patients through the NHS contractual mechanisms and applying good governance and ensuring lessons are learnt throughout the Trust.

Yours sincereley

Jan Snoddon
Chief Nurse/Quality Lead
NHS Halton CCG

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 2015 ("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 2015 subject to limited assurance consist of the following indicators:

- Percentage of patients risk-assessed for venous thromboembolism (VTE)
- Percentage of patient safety incidents resulting in severe harm or death.

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

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

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.
We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2014 to June 2015;
- papers relating to quality reported to the Board over the period April 2014 to June 2015;
- feedback from the Commissioners dated June 2015;
- feedback from Local Healthwatch dated June 2015;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated 21/05/2015;
- feedback from other named stakeholder(s) involved in the sign off of the Quality Account;
- the latest national patient survey dated 24/02/2015;
- the latest national staff survey dated March 2015
- the Head of Internal Audit's annual opinion over the trust's control environment dated April 2015;
- the annual governance statement dated 03/06/2015;
- the Care Quality Commission's Intelligent Monitoring Report dated 21/04/2015

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

This report, including the conclusion, is made solely to the Board of Directors of St Helens and Knowsley Teaching Hospitals NHS Trust.

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

Assurance work performed

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

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- analytical procedures;
- 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 NHS Trust.

Conclusion
Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

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

29th June 2015

Appendix 1

St Helens and Knowsley Teaching Hospitals NHS Trust

Trust Objectives 2015-2016

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, meets best practice standards and provides the best possible experience of healthcare for our patients and their families

- Enrich the patient experience by continued improvements in clinical care and timeliness of discharges and transfers
- Continue to standardise high-quality clinical care across each day of the week
- Ensure adequate nurse staffing levels are in place, and maximise the time nursing staff spend on clinical duties. Extend the ward accreditation programme and continue to improve clinical training and research to further develop skills, knowledge and competencies of staff

Safety

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

- Increase harm-free care; prevent 'never events' and further reduce medication errors Implement the "sign-up for safety" key indicators to improve safety and clinical outcomes
- Make further improvements with respect to avoidable hospital acquired infections, pressure ulcers, VTE screening, and the treatment of acute kidney injury and sepsis
- Maintain in-hospital mortality below the north west average and continue to close the gap between outcomes for weekend and weekday admissions

Pathways

Embed clear pathways which reduce variations, whilst recognising the needs of patients for personalised planned care

- Work with commissioners and other partner organisations to develop alternative services and pathways of care that will reduce AED attendances and emergency admissions
- Work in collaboration with neighbouring health and social care partners to explore opportunities for joint working that will improve patient care, and simplify the patient journey
- 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 work with patient focus groups to enable a fuller understanding of the patients' and carers' views and experiences. Continue to improve response rates and outcomes from the Friends and Family Test
- Reduce complaints related to staff attitude and behaviour, and improve the timeliness of responding to complaints
- Continue to review and improve patient information both verbal and written

Systems

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

- Implement the next phase of IT systems including: a clinical portal, electronic prescribing, electronic medical early warning system and electronic staff rostering
- Continue to achieve improvements in data quality
- Improve systems for scheduling out-patient appointments

Developing Organisational Culture and Supporting our Workforce

We will nurture a committed workforce who feel valued supported and developed to care for our patients, and encourage an open management style that inspires staff to speak up

- Identify innovative approaches to the recruitment and retention of staff to ensure the Trust remains an employer of choice. Attract, develop and retain high quality leaders
- Continue to embed a safety culture, and empower staff to feel confident to raise concerns and understand how to access support
- Continue to raise the profile of the Trust's ACE Behavioural Standards and maintain positive staff Friends and Family Test outcomes

Operational Performance

We will meet and where possible improve upon national and local performance standards which in turn will help deliver 5 star patient care

- Achieve all clinically based performance indicators related to the quality of services provided; the timeliness of diagnosis and treatment, and the quantity of activity undertaken
- Use benchmark data and the comparative indicators to improve performance standards
- Monitor trends in performance, and take appropriate remedial action to improve outcomes and results

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
- Continue to refine the financial systems to improve service and patient level costing information to support decision making
- Deliver the cost and productivity improvement programme and establish a Project Management Office to work with operational managers on organisation sustainability Utilise benchmarking data to identify efficiency improvements in areas such as theatre, outpatient and inpatient activity, and optimise space utilisation

FT Transition Plan

We will work closely with the relevant regulators, commissioners and local authority partners to achieve Foundation Trust (FT) status

- Progress the Trust's 5-year integrated business plan to demonstrate the organisation's readiness for FT status and long-term sustainability
- Develop working relationships with commissioners and other health economy partners to explore collaboration where benefits on a wider footprint can be achieved
- 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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Glossary

AED	Accident and Emergency
ACE	Angiotensin Converting Enzyme
ADT	Admission, Discharge, Transfer
AMD	Age Related Macular Degeneration
ANTT	Aseptic non-touch Technique
AQ	Advancing Quality
CAMHS	Child and Adolescent Mental Health Service
CEM	College of Emergency Medicine
CCGs	Clinical Commissioning Groups
CHP-UK	Child Health Programme - UK
CNST	Clinical Negligence Scheme for Trusts
COPD	Chronic Obstructive Airways Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRB	Criminal Records Bureau
DAHNO	Data for Head & Neck Oncology
DATIX	Integrated Risk Management, Incident Reporting, Complaints Management System
DNA	Did Not Attend
ECV	External Cephalic Version
EDMS	Electronic Document Management System
EDS	Equality Delivery System
FFFAP	Falls and Fragility Fractures Audit Programme
FFT	Friends & Family Test
GP	General Practitioner
GTT	Global Trigger Tool
HALT	Hierarchical Challenge Tool
HCAI	Healthcare Acquired Infections
HF	Heart Failure
Hospedia	Bed Side Patient Television System
HPA	Health Protection Agency
HRG	Healthcare Resource Group
HSCIC	Health and Social Care Information Centre
HSMI	Hospital Standard Mortality Index
HSMR	Hospital Standard Mortality Rates
ICNARC	Intensive Care National Audit & Research Centre
IGT	Information Governance Toolkit
KPIs	Key Performance Indicators
LINk	Local Involvement Network

MBRRACE-UK	Mothers and Babies- Reducing Risk through Audits and Confidential Enquiries - across the UK
MET	Medical Emergency Team
MEWS	Modified Early Warning Score
MINAP	Myocardial Ischaemia National Audit Project
MRSA	Methicillin-Resistant Staphylococcus aureus
MSSA	Methicillin-Sensitive Staphylococcus aureus
NaDIA	National Diabetes Inpatient Audit
NAOGC	National Audit Oesophago-Gastric Cancer
NASH2	National Audit of Seizure Management
NBOCAP	National Bowel Cancer Audit Programme
NCAA	National Cardiac Arrest Audit
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCISH	National Confidential Enquiry into Suicide and Homicide
ND(A)	National Diabetes Audit
NELA	National Emergency Laparotomy Audit
NICE	National Institute for Clinical Excellence
NIHR	National Institute for Health Records
NJR	National Joint Registry
NLCA	National Lung Cancer Audit
NNAP	National Neonatal Audit Programme
NPSA	National Patient Safety Agency
NRAD	National Review of Asthma Deaths
NRLS	National Reporting Learning System
PEWS	Paediatric Early Warning Score
PHSO	Parliamentary & Health Service Ombudsman
PLACE	Patient-Led Assessments of the Care Environment
PNDA	Paediatric National Diabetes Audit
PROMS	Patient Reported Outcome Measures
QRP	Quality and Risk Profile
RCA	Root Cause Analysis
SBAR	Situation, Background, Assessment, Recommendation
SHMI	Summary Hospital-level Mortality Indicator
SIRI	Serious Incident Requiring Investigation
SSNAP	Sentinel National Audit Programme
TARN	Trauma Audit & Research Network
TIA	Transient Ischaemic Attack
UCAM	Urinary Catheter Assessment & Monitoring
UTI	Urinary Tract Infection
VTE	Venous Thromboembolism
WHO	World Health Organisation

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