St Helens and Knowsley Teaching Hospitals NHS Trust

Quality Account 2013 - 2014

Contents

1. Chair & Chief Executive Statement 4
2. What is the Quality Account? 8
3. Statement of Directors' responsibilities in respect of the Quality Account 10
4. About Us 12
5. Equality & Diversity 16
6. Our Performance 18
7. Benchmarking Data (mandated QA indicators) 20
8. National Patient Surveys 2013 38
9. How we did against our 2013-2014 QA Priorities 44
10. Review of Quality Indicators: Patient Safety 54
11. Review of Quality Indicators: Clinical Effectiveness 62
12. Review of Quality Indicators: Patient Experience 66
13. Participation in National Clinical Audits & Confidential Enquiries 76
14. Participation in Research & Development 82
15. Commissioning for Quality & Innovation (CQUIN) Framework 86
16. Information Governance Toolkit (IGT) Attainment levels 90
17. Priorities for Quality Improvement 2014-2015 92
18. CQC registration 98
19. Quality Account Consultation 100
Appendix I - Trust Corporate Objectives 2014-15 108
Glossary 110

1
Chair & Chief Executive Statement

We are delighted to present our fifth annual Quality Account, which reviews the Trust's performance and achievements over the past year.

The Trust aims to deliver high quality healthcare with the best possible outcomes and experience for patients and their families. The Trust has developed a "five star" vision, with the aim of delivering an excellent patient experience every time. The '5 Star Care' vision revolves around five key action areas to ensure that the Trust is safe, provides high quality care, is patient-centred, reliable and works efficiently.

Patient safety, experience and quality of care remain the Trust's top priorities. This report details the progress we have made against ambitious and wide-ranging quality improvements.

We endeavour to ensure that patients are treated with the utmost dignity and respect and receive the right care at the right time, in the right environment by staff who are skilled and committed to providing the most effective high quality care. We are never complacent and will continue to strive to do even better for every patient.

The Trust's corporate objectives remain focused on delivering '5 Star Care' with compassion, with further advances achieved in the past year. Further aspirations for the coming year are reflected in the 2014-15 Corporate Objectives, attached in Appendix 1.

Our teams of clinical experts have continued to strive to deliver excellent clinical outcomes in a caring, compassionate and safe environment. During the year, staff have worked closely with patients to give them the opportunity to influence changes and developments.

We have continued to focus on further improving the safety and experience of patients and carers. The Trust made further progress against local and national performance indicators and against the priorities we set ourselves in last year's Quality Account.

Achievements during 2013-14 included:

- The Trust was named as one of the 'best performing' nationally in the Inpatient Survey across 8 indicators
- Whiston Hospital was ranked as the cleanest acute hospital in England and St Helens Hospital rated third in the national Patient- Led Assessments of the Care Environment. (PLACE)
- The national Staff Survey 2013 placed the Trust in the top 20% of acute trusts, for a significant number of key findings. The Trust achieved amongst the very best scores for the questions; "Would you recommend this Trust as a place to work?", "If a friend or relative needed treatment, they would be happy with the standard of care provided by the Trust?"
- The national Cancer Survey indicated that the Trust is top in Merseyside and ranks 7th nationally amongst all acute trusts
- Further progress has been made on key national safety measures such as reduction in falls, pressure ulcers and hospital acquired infections
- The Trust mortality rates are amongst the lowest in the North West of England
- The Care Quality Commission (CQC) conducted an unannounced routine inspection at Whiston Hospital (September 2013) and St Helens Hospital (February 2014) and concluded that all standards inspected were fully met at both sites
- The Maternity Unit achieved Clinical Negligence Scheme for Trusts (CNST) Level 3 standard in March 2014. The only Trust in Merseyside to achieve this standard.
- Two Apps were developed for mobile phone devices; the Anti-microbial App and the Mersey Burns App which won two prestigious national awards

The Trust has published its Clinical & Quality Strategy and Nursing & Midwifery Strategy detailing the five year commitment to continually improve patient services year on year. Stakeholders have been extensively involved in the production of the strategies, offering them the opportunity to influence our priorities for the coming years.

This year, the Trust has maintained Lead Employer status on behalf of the Mersey Deanery, and therefore, will continue to manage the employment of over 2000 trainee specialty doctors based across Merseyside and Cheshire.

The Trust's Education and Training Centre continues to provide national training programmes that are amongst the best in the UK, and hosts a number of national and international courses. The Education Team has again worked closely with local colleges and universities, further developing the existing excellent relationships and links.

As a teaching Trust, we are committed to the training and on-going development of our staff, in line with recommendations from the Francis Inquiry Report (2013). This year, we have had numerous listening events for staff, and to reinforce a "no blame culture" so staff feel able to be open and transparent to raise any concerns. We have embedded robust governance arrangements to ensure there is excellent communication from the Trust Board to all staff and vice-versa and to ensure lessons are shared and learned across the organisation.

On behalf of the Trust Board we would like to thank all the staff who have contributed to what has been a very successful and active 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 & Knowsley Teaching Hospitals NHS Trust.

Richard Fraser

Richard Fraser
Chairman

Ann Marr

Ann Marr
Chief Executive

2
What is the Quality Account?

All providers of NHS services in England have a statutory duty to produce and publish an annual Quality Account about the quality of services they deliver.

Quality consists of three domains, which are key when delivering effective services:

- Patient safety
- How successful is the care provided (clinical effectiveness)
- How patients' experience the care they receive (patient experience)

The Quality Account aims to increase public accountability and drive quality improvement within NHS organisations. It reviews the past annual performance against quality priorities and the goals that were set, identifies areas for further improvement, and includes the commitment to the local community about what activities and ambitions will be undertaken and monitored over the coming year. The report includes feedback from patients and staff and is shared with local Healthwatch partner organisations; their statements have been included in the account.

If you need help understanding this report, would like a printed copy, need the information in another format such as large print, easy read, audio, braille, or in another language, please contact: The Director of Nursing, Midwifery and Governance. Telephone: 0151 430 1175

3
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).

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, 2013-14
- The performance information reported in the Quality Account is reliable and accurate
- During 2013-14, St Helens and Knowsley Teaching Hospitals NHS Trust provided and/or sub-contracted 56 NHS services. The Trust has reviewed all the data available to them on the quality of care in all of these NHS services. The income generated by the NHS services reviewed in 2013-14 represents 100% of the total income generated from the provision of NHS services by the Trust for this period
- 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

By order of the Board

Richard Fraser

Signature of Chairman
Date: 25 June 2014

Ann Marr

Signature of Chief Executive
Date: 25 June 2014

4
About Us

St Helens and Knowsley Teaching Hospitals NHS Trust is one of the busiest hospitals in North West England, employing more than 4,000 members of staff. The Trust provides acute and specialist services across two hospital sites: Whiston Hospital and St Helens Hospital. We are currently in the process of applying to become an NHS Foundation Trust.

The Trust provides a high standard of care to a population of approximately 350,000 people across St Helens, Knowsley, Halton, South Liverpool and beyond. In addition, the Mersey Regional Burns and Plastic Surgery Unit at Whiston Hospital provides treatment for patients across Merseyside, Cheshire, North Wales, the Isle of Man and other parts of the North West, serving a population of over four million people.

As a Trust our aim is to provide a high quality service to all our patients. We strive 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, which work together to provide integrated care and a range of support services.

The Trust has had another successful year, with a significant increase in demand for its services and has delivered on all its statutory financial duties. 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 has continued to implement measures to improve the standards of care for all patients treated in wards and clinical departments.

Developments in informatics continue to deliver improvements in diagnostic services and patient care. In 2013-2014, the Trust successfully bid for national funding to support innovations in informatics and was awarded £1.7 million in funding. This included, support from the national Nursing Technology Fund to implement a system to enhance surveillance of infection control (ICNet) and implementation of this commenced immediately. Additionally, funding was received from the Safer Hospitals, Safer Wards Technology Fund to enable the Trust to implement electronic MEWS (system for recording patient observations) and electronic prescribing. Both of these systems will be implemented in 2014-2015 and will help the Trust to further develop and use software to improve patient safety. The Trust continues to support staff with the development of innovations at the forefront of pioneering new techniques. This year, this has included the development of an award winning 'Mersey Burns App' and an 'Antibiotic App' both of which will help staff to deliver better patient care.

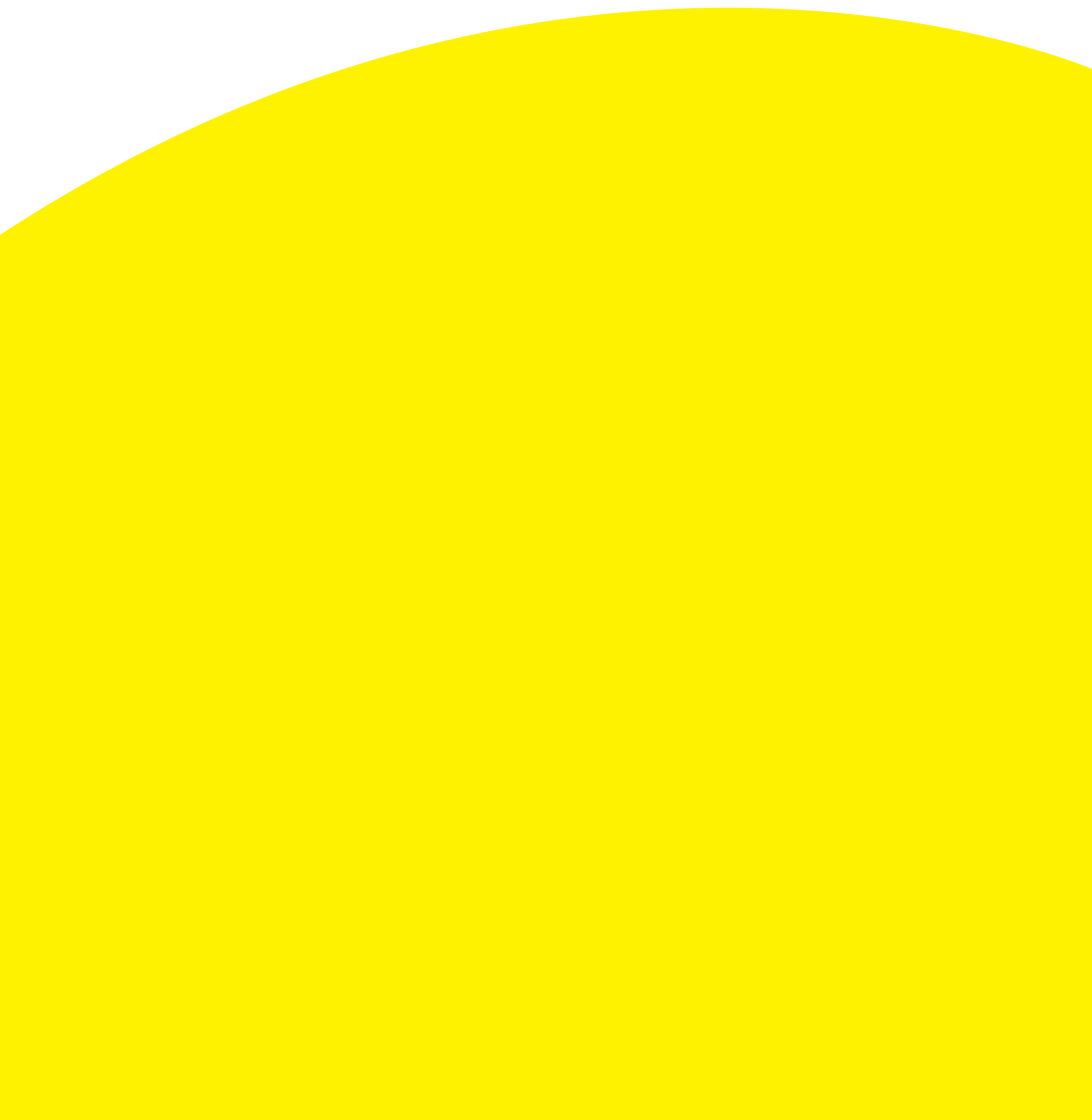
The Trust has achieved awards and recognition for exemplary services including; Breast cancer services, Informatics, and Human Resources, underlining our commitment to providing the very best care for our patients.

The Mersey Burns Unit has received national and international recognition for the excellent standards of care and management of a patient who survived 96% burn injuries.

The number of patients attending the Accident and Emergency Department has continued to increase along with referrals from GPs, patients attending the out-patients department for the first time and those receiving treatment as a day case. This year, the Trust implemented the Clinical & Quality and Nursing and Midwifery strategies. They reinforce the Trust's priorities of providing; Safe, Timely, Highly effective and Kind, (STHK) care to patients.

The world-class facilities at both St Helens and Whiston hospitals provide the very best environment the NHS has to offer and supports the Trust's vision of '5 star' patient care, aiming for every patient to have an excellent experience, every time.

5
Equality and Diversity



During 2013-14, the Trust developed an Equality Strategy which will provide additional support in delivering the vision of “5 Star” patient care.

The Trust’s corporate objectives reflect the rights and values detailed in the NHS Constitution, and the strategy promotes the Trust’s commitment to equality, diversity and human rights in all its activities, whether as a service provider or an employer.

Patients remain the Trust’s number one priority and involving them in decisions about their care and treating them with dignity and respect at all times is extremely important. The need to deliver personal care is recognised as every patient has different needs.

A wide range of patient information leaflets have been produced in an ‘easy read’ format, to assist patients and carers to be able to read and understand information about their care and treatment.

Staff have worked closely with external partners to improve services for patients with sensory impairments as well as those with a learning disability. In addition, a pilot ‘Frailty Liaison Outreach Service’ has been introduced to improve the care of frail elderly patients.

Further improvements have been made to services for those patients from ‘protected groups’. The Trust has supported the development of services for those people from “inclusion health” groups. These are groups which are not specifically covered by the Equality Act 2010 but which nonetheless, have difficulty in accessing and benefiting from NHS services. For example, the Trust supported a successful bid made by Halton Council to provide a dedicated Housing Officer working between Whiston and Warrington hospitals, identifying and supporting homeless patients. We also established a Carers’ Focus Group which meets monthly and supports those providing care to their partners, relatives or friends.

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

The Trust has an Equality and Diversity Steering Group which meets quarterly to ensure all external standards are fully complied with. All Trust policies are reviewed in line with the Equality Act 2010 and are subject to an equality analysis before they can be formally ratified. In addition, all staff have equality and diversity training as part of their induction programme.

6

Our Performance

The table below indicates some of the key indicators, many of which are nationally mandated.

Performance Indicator	2012-13 Performance	2013-2014 Target	2013-14 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%	93.8%
Referral to treatment targets (% within 18 weeks and 95th percentile targets) Non-Admitted	Achieved	95%	98%
Referral to treatment targets (% within 18 weeks and 95th percentile targets) Incomplete Pathways	Achieved	92%	97%
Cancer: 31-day wait from diagnosis to first treatment	Achieved	96%	99.1%
Cancer: 31-day wait for second or subsequent treatment: - surgery - anti-cancer drug treatments	 Achieved Achieved	 94% 98%	 98.7% 100%
Cancer: 62-day wait for first treatment: - from urgent GP referral - from consultant screening service referral	 Achieved Achieved	 85% 85%	 90.7% 100%
Cancer: 2 week wait from referral to date first seen: - urgent GP suspected cancer referrals - symptomatic breast patients	 Achieved Achieved	 93% 93%	 94.1% 96.8%
Emergency Department waiting times within 4 hours	Achieved	95%	95.1%
Percentage of patients admitted with stroke spending at least 90% of their stay on a stroke unit	Achieved	80%	81.7%
Percentage of patients with Transient Ischaemic Attack (TIA) at higher risk of stroke seen and treated within 24 hours	Achieved	60%	69.2%
Clostridium Difficile	Achieved	31	26
MRSA bacteraemia	Not achieved	0	4

7
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. Our performance is compared against other acute teaching hospitals.

Why is it important?

Organisations that report more incidents typically have a better and more effective safety culture. In order to learn and improve, an organisation must know what the problems are. It is important to know and learn from what has happened, why it happened, and also potential harm or near-miss incidents.

What does 'good' look like?

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 Trust understands that high reporting indicates an open and fair culture. Staff are encouraged to report all incidents to further improve patient safety. The electronic reporting system (DATIX) is available to all staff and is easy to access. Feedback in terms of themes and lessons learned are reported and discussed at all levels from Board to Ward. The Trust revised the governance process during the year, which has contributed to the improved the flow of information from Board to Ward.

The Trust has a Patient Safety Council and incident rates and trends are reported at the monthly meetings. The information is cascaded to the divisional care groups and monthly Quality Committee as part of the Chair's log to facilitate learning and cascade of information.

Following a serious incident, a level 1 or 2 NPSA (National Patient Safety Agency) Root Cause Analysis (RCA) investigation is undertaken. The Director of Nursing Midwifery and Governance and the Assistant Medical Director attend each RCA panel.

The findings are shared Trust wide, in addition with the Clinical Commissioning Group (CCG) and most importantly the patient and/or family in accordance with the Trust's duty of candour.

The table below provides data on the number and rate of incidents resulting in severe harm. This places the Trust in the top 8 of similar organisations nationally for 2012-13.

Indicator	Reporting Period	STHK	National Performance		
			Average	Lowest Trust	Highest Trust
Rate of incidents per 100 admissions	Apr-13 to Sep-13	6.5	7.4	3.5	14.5
	Oct-12 to Mar-13	7.9	7.5	1.7	16.7
Number of incidents	Apr-13 to Sep-13	3213	2896	1535	4888
	Oct-12 to Mar-13	3661	2871	631	5272
Rate of incidents per 100 admissions resulting in severe harm or death	Apr-13 to Sep-13	0.002	0.050	0.000	0.274
	Oct-12 to Mar-13	0.004	0.047	0.003	0.181
Number of incidents resulting in severe harm or death	Apr-13 to Sep-13	1	19	0	106
	Oct-12 to Mar-13	2	18	1	64

Source: nrls.npsa.co.uk. Based on medium acute Trusts with complete data (6 months data)

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

- The data has been validated against NRLS and Health & Social Care Information Centre (HSCIC) figures. Data for 2013-14 has not yet been published by the National Reporting and Learning System (NRLS)

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

- 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
- An additional Quality & Risk Co-ordinator was appointed in July 2013. The post holder has provided staff training in relation to risk and incident reporting
- Enhancing the incident reporting process which is supported by relevant policies and an Escalation and Assurance Framework
- Processes have been strengthened in relation to the management and investigation of serious incidents. This includes involving CCG colleagues as core members of the Root Cause Analysis (RCA) Panel
- A robust human factor training programme has been introduced to enhance team working in clinical areas
- The Trust has actively participated in a health economy patient safety collaborative partnership with the 3 CCGs, focussing on falls and pressure ulcer prevention

VTE (Venous Thromboembolism)

The table below shows the percentage of patients who were admitted to hospital and 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	2013-14 Total	90.03%	95.7%	82.1%	100.0%
% of patients admitted to hospital who were risk assessed for VTE	Quarter 4 2013-14	89.19%	96.0%	78.9%	100.0%
% of patients admitted to hospital who were risk assessed for VTE	Quarter 3 2013-14	87.66%	95.8%	77.7%	100.0%
% of patients admitted to hospital who were risk assessed for VTE	Quarter 2 2013-14	89.9%	95.7%	81.7%	100.0%
% of patients admitted to hospital who were risk assessed for VTE	Quarter 1 2013-14	93.26%	95.4%	78.8%	100.0%

Source: Department of Health (The table has amended to reflect a review of performance)

"Sincere thanks to all of the staff for the excellent care my mum received. They were all so kind and patient, the hospital was very clean."

Miss E, daughter of patient.

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

The national VTE Commissioning for Quality & Innovation (CQUIN) target for 2013-14 was that 95% of all inpatients will have a VTE risk assessment completed within 24 hours of admission; this data is formally submitted each month to NHS England. A subsequent review of the data submitted revealed that there were some inaccuracies in the electronic calculation of the time periods. This will be submitted to NHSE. The table above shows revised figures.

During 2013-14, there was a step-change in the national trajectory for VTE assessments to be completed within 24 hours of admission, this increased from 90% to 95 % for all NHS Trusts. This has been a challenge for the Trust to achieve.

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

- Adjustments have been made to the electronic calculation systems to provide accurate data to enable immediate intervention to improve timeliness of assessment
- Clinical Directors and Directorate Managers now receive a weekly performance report for each Consultant, helping to improve the timeliness of assessments and the safety of patients. There are plans for the data to be collated at ward level and become part of a revised ward dashboard
- Implementing a system whereby hospital acquired VTE cases are identified and each case is reviewed by a haematology expert using a Root Cause Analysis tool developed by an exemplar site. Each quarter the information is presented to the Patient Safety Council for lessons to be learned
- In 2013-2014 the Trust committed funding for an additional VTE Nurse Specialist to enable increased teaching (medical and nursing), to establish a link nurse system for VTE and conduct important clinical audits relating to VTE prevention & treatment such as the use of anti-embolism stockings and treatment plans against NICE guidance ensuring best practice is maintained

Clostridium Difficile

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.diff 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	17.3	0	30.8
C.diff rates per 100,000 bed-days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	Apr-11 to Mar-12	22.2	22.2	0	58.2

Source: HPA

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

- New cases of C.diff 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 instigate an investigation and robust Root Cause Analysis of each case, which is reported back to an executive chaired panel and the Patient Safety Council to ensure lessons are learned
- The Trust remained under trajectory against the 2013-14 C. diff trajectory and reported 26 cases against the target of 31

The Trust has taken the following actions to improve the numbers in the table above, 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 by implementing an interactive antibiotic website on the Trust's intranet
- The introduction of antibiotic ward rounds by the Antimicrobial Management Team with real time feedback to prescribers
- Implementing education and training on appropriate antibiotic use to all prescribers, including reviewing the use of proton pump inhibitors on all patients
- Revising the Patient Isolation and Environmental Decontamination policies for patients with C.diff infection
- Providing education and training for all clinical staff on the importance of optimal infection prevention and control practices
- Implementation of an antibiotic app for use on smart phone devices

Olanzapine
Haloperidol
5mg/ml Solution
for Injection
1ml
5mg
in 1ml
Atarax 10mg
Protopic 0.03%
Cyclogest 400mg
Bisoprolol Fumarate
Tablets
Amlodipine
5 mg Tablets
Fluoxetine

Patient Reported Outcome Measures (PROMs)

Patients having hip or knee replacements, varicose vein surgery, or groin hernia surgery are asked to fill in a questionnaire called 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 the PROMs measures to monitor quality and outcomes.

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-13 to Dec-13 (provisional)	0.097	0.086	0.013	0.158
EQ-5D adjusted health gain: Groin Hernia	Apr-12 to Mar-13 (provisional)	0.043	0.085	0.014	0.153
EQ-5D adjusted health gain: Hip Replacement Primary	Apr-13 to Dec-13 (provisional)	0.336	0.439	0.301	0.527
EQ-5D adjusted health gain: Hip Replacement Primary	Apr-12 to Mar-13 (provisional)	0.439	0.438	0.319	0.539
EQ-5D adjusted health gain: Knee Replacement Primary	Apr-13 to Dec-13 (provisional)	0.318	0.330	0.193	0.416
EQ-5D adjusted health gain: Knee Replacement Primary	Apr-12 to Mar-13 (provisional)	0.332	0.318	0.209	0.416
EQ-5D adjusted health gain: Varicose Vein	Apr-13 to Dec-13 (provisional)	*	0.101	0.020	0.158
EQ-5D adjusted health gain: Varicose Vein	Apr-12 to Mar-13 (provisional)	*	0.093	0.015	0.176

Source: NHS Information Centre –www.hscic.gov.uk/catalogue/PUB07049
Due to reasons of confidentiality, the NHS IC 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. Patients are asked to complete the questionnaire before and after their surgery.

- Response rates for some PROMs, most notably groin surgery, where performance 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:

- Reminding patients at outpatient follow-up appointments of the vital 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. The Surgical Care Group has been encouraged to improve the number of questionnaires received
- Ensuring patients receive adequate information regarding their planned operation and its potential outcomes

Mortality

The Summary Hospital-level Mortality Indicator (SHMI) 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 the patients treated there. 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-12 to Sep 13	1.0298	1.0000	0.6301	1.1859
SHMI	Jul-12 to Jun-13	1.0393	1.0000	0.6259	1.1563
SHMI	Apr-12 to Mar-13	1.0504	1.0000	0.6523	1.1697
SHMI Banding	Oct-12 to Sep-13	2	2	3	1
SHMI Banding	Jul-12 to Jun-13	2	2	3	1
SHMI Banding	Apr-12 to Mar-13	2	2	3	1
% patient deaths having palliative care coded	Oct-12 to Sep-13	22.2%	20.9%	0.0%	44.9%
% patient deaths having palliative care coded	Jul-12 to Jun-13	21.8%	20.3%	0.0%	44.1%
% patient deaths having palliative care coded	Apr-12 to Mar-13	22.5%	19.9%	0.1%	44.0%

Source: NHS Information Centre

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

- The Trust is building on its existing programme of mortality reviews by introducing a system of consultant review for all inpatient deaths, with escalation of selected cases for detailed, multi-professional assessment. Action plans and lessons learned are owned by each care groups and reported to the Trust Board through the Clinical Effectiveness Council

Other measures include:

- Improving standardisation of evidence-based care by increasing the use of the National Institute for Health & Care Excellence (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, particularly in certain specialties where the team's involvement has been low (e.g. late stage leukaemia patients and end-stage breast cancer 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

Re-admissions

The table below reports the percentage of patients aged 0 to 15 and 16 and over, re-admitted to a hospital which forms part of the Trust 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
% of patients aged 16 years + readmitted to the Trust within 28 days of discharge	Apr-11 to Mar-12	12.73	11.45	0.00	17.15
% of patients aged 16 years + readmitted to the Trust within 28 days of discharge	Apr-10 to Mar-11	12.60	11.43	0.00	17.10
% of patients aged 0-15 years old readmitted to the Trust within 28 days of discharge	Apr-11 to Mar-12	11.39	10.01	0.00	14.94
% of patients aged 0-15 years old readmitted to the Trust within 28 days of discharge	Apr-10 to Mar-11	10.66	10.01	0.00	14.11

Source: NHS Information Centre

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

This data is consistent with Dr Foster's standardised ratios for re-admissions and is reported to the Trust Board in the monthly Integrated Performance Report.

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

- Medicine Redesign – 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. Early indications suggest that re-admissions have already started to fall as a result of these initiatives
- Reviewing the data to identify the reasons for re-admissions and actions to address working collaboratively across the health economy

Patient Experience

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.	2012-13	68.7	68.1	57.4	84.4
Patient experience measured by scoring the result of a selection of questions from the national inpatient survey focussing on the responsiveness to personal needs.	2011-12	69.8	67.4	56.5	85.0

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

- The Trust is pleased that the score is rated above the national average. This reflects the commitment of staff to deliver high standards of care
- We are committed to delivering '5 star care' and work 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:

- Developing a specific action plan to target key areas for improvement
- This year, new ways of working with patients and carers has been introduced. A dedicated Patient Experience Manager has been employed to focus on areas for further improvement that matter to patients
- The Trust has worked in partnership with Healthwatch colleagues to address the priorities which local patients have identified. This includes; end of life care, enhancing the discharge process and safety of medicines

Staff Survey

This table shows the percentage of staff employed by, or under contract during the reporting period and who would recommend the Trust as the hospital of choice for their family or friends. The National Staff Survey is undertaken each year for the Trust by Quality Health.

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.	2013	77.4%	66.2%	39.6%	93.9%
	2012	70.3%	63.3%	35.3%	94.2%

Source: NHS Staff Surveys

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

This is a National NHS Staff Survey completed anonymously by a random sample of staff in line with national guidance. Based on a final sample of 837 staff, 517 responses were received, representing a return rate of 63%. This was an increase of 13% compared to 2012, and places the Trust's response rate 14% above the national average for all acute trusts. Within the same period, the Trust was subject to assessment to successfully maintain its accreditation as an Investor in People organisation. Outcomes from this assessment, involving one to one interviews with 130 staff, supported the findings of the 2013 Staff Survey.

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, 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

The Trust was placed in the top 20% nationally for performing well on a significant number of key findings.

During 2014-15, the Trust plans to:

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

- Ensure through appropriate training, 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 such as 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

2013 Staff Survey

Key findings which rank the Trust in the best 20 percent of acute trusts nationally

Finding	Score compared to 2012 response	
Staff are unable to meet all the conflicting demands on their time at work	Reduced	
Percentage of staff feeling unwell due to work-related stress	Reduced	
Staff experiencing physical violence from colleagues in last 12 months	Reduced	
Percentage staff who received health and safety training in the last 12 months	Increased	
Agreed that staff have clear, planned goals and objectives for their job	Increased	
Satisfied with the extent to which the organisation values work	Increased	
Agreed that their role makes a difference to patients/service users	Increased	
Agreed that immediate manager will help with difficult tasks	Increased	
Agreed that immediate manager gives clear feedback on work	Increased	
Agreed that communication between senior management and staff is effective	Increased	
Agreed that senior managers try to involve staff in important decisions	Increased	
Agreed that senior managers act on staff feedback	Increased	
Agreed that senior managers are committed to patient/service user care	Increased	
Agreed that patient/service user care is the organisation's top priority	Increased	
Agreed that they would recommend their organisation as a place to work	Increased	
Agreed that they would be happy with standard of care for friend/relative	Increased	
Hand washing facilities are always available for staff	Increased	
Hand washing facilities are always available for patients/service users	Increased	
Percentage of staff/colleagues who reported an error that could hurt patients/service users	Increased	
Agreed that organisation encourages staff to report errors, near misses or incidents	Increased	
Agreed that preventative action is taken when errors are reported	Increased	
Percentage of staff given feedback about changes made in response to reported errors or incidents	Increased	
The percentage of staff who would know how to report concerns about fraud, malpractice or wrongdoing	Increased	

Development of Health, Work & Wellbeing Services

The Trust is committed to meeting the standards set in the new Safe Effective Quality Occupational Health Service (SEQOHS). The Trust gained initial accreditation in December 2012, and re-accreditation in 2013.

The benefits to both staff and patients are a priority in promoting healthy work places. Since the investment programme in health, work and wellbeing which commenced in November 2010, there is now local evidence to demonstrate the impact interventions such as:

- health promotion
- proactive absence management
- extended support services; including counselling and physiotherapy

These initiatives have improved the wellbeing of staff and their overall job satisfaction, thus increasing levels of productivity.

Over the last 2 years, sickness absence has reduced following investment in new health, work and wellbeing services. Work continues to ensure these improvements are maintained and reduced further, supported by managers, staff-side colleagues and the HR Department. Fast-tracked counselling and psychology services offer additional help to staff suffering from stress. Physiotherapy support for muscular skeletal conditions have also been introduced.

Education, Training and Development

The Trust is committed to providing its staff with the highest quality of training and development. The Trust's Learning Academy has maximised the resources available to support staff development.

The Academy's teams have developed and delivered a range of innovative education programmes designed to promote patient safety and a positive experience. Alongside this, the teams have facilitated staff engagement with schemes such as the Ward Manager Support Programme.

During 2013-14, the Trust launched the Registered Nursing Preceptorship Programme. An initial week-long development programme is followed by a further 12 months of educational development, ensuring robust support and training systems for newly-qualified nursing staff and those new to the organisation. This programme will enhance both safety and quality in patient care and is directly aligned to the recommendations made in the Francis Report.

Clinical Education supported several patient safety initiatives during 2013, including the development and implementation of safety checklists in:

- general surgery
- obstetrics
- ophthalmic surgery
- interventional radiology
- endoscopy

The department also pioneered the UK's first hierarchy challenge tool, HALT which supports all staff in raising concerns regarding patient safety. These new developments have been proven to enhance patient safety.

H have you noticed this ?
A ask, did you hear my concern?
L let them know this is a patient safety issue
T tell them to STOP until it is agreed that it is safe to continue

8
Summary of National Patient Surveys 2013

The Trust has continued to perform well in all the national surveys throughout the year, see tables below for the relevant key points and information.

National Inpatient Survey 2013

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 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 8 indicators (compared to 3 in the 2012 Inpatient Survey) and was not included in the 'worst performing' trusts for a single indicator.

"All members of staff I came into contact with were excellent. The doctors and nurses took the time to listen to me." Patient receiving care for cancer.

	Trust score 2013-14	Average score nationally 2013-14	Trust Score 2012-13
Did you feel you were treated with respect and dignity?	88%	81%	82%
Were you ever bothered by noise at night from other patients?	74%	62%	70%
How clean was the hospital room or ward?	87%	70%	87%
How clean were the toilets and bathrooms that you used in hospital?	85%	64%	83%
Were hand-wash gels available for patients and visitors to use?	96%	93%	95%
Did doctors talk in front of you as if you were not there?	81%	76%	79%
Were you given enough privacy when discussing your condition or treatment?	86%	77%	80%
Were you given enough privacy when being examined or treated?	96%	91%	91%

Source: National Inpatient Survey 2013 - http://www.cqc.org.uk/public/reports-surveys-and-reviews/surveys/inpatient-survey-2013

National Cancer Patient Experience Survey 2013

The key findings from the National Cancer Patient Experience Survey 2013 indicated that the Trust was in the top ten of all trusts for the second year running, ranked 7th in the country. The tables below show the numbers of patients from each tumour group and the age and sex distribution of these patients.

Respondents by tumour group

Tumour Group	Number of respondents
Breast	22
Colorectal/Lower Gastrointestinal	33
Lung	5
Prostate	5
Brain/Central Nervous System	0
Gynaecological	10
Haematological	11
Head and Neck	0
Sarcoma	1
Skin	50
Upper Gastrointestinal	2
Urological	12
Other	9

Age and sex of respondents

The survey asked respondents to give their year of birth. This information has been amalgamated into 6 age bands. No respondents failed to provide their gender or age. The age and gender distribution for the Trust was as follows:

	16-25	26-35	38-50	51-65	66-75	76+	Missing	Total
Men	0	1	0	19	31	25	2	78
Women	0	5	13	32	18	14	0	82
Total	0	6	13	51	49	39	2	160

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 38 out of 62 questions
- The Trust scored in the middle 60% of all trusts for 20 out of 62 questions

Each clinical team has reviewed their results and detailed action plans have been drawn up to address any areas of concern.

Patients commented:

"My pre-operative assessments were preformed quickly at St Helens Hospital and I felt confident that I was prepared very well, particularly the bowel school, which I attended at Whiston Hospital accompanied by my wife."

"All care that I have received up to now has been excellent. I have been well informed all the way through my treatment"

"My surgeon was brilliant he did everything he said he would do. My clinical nurse specialist has been a life saver for me, I couldn't have got through it without her."

"The treatment and care I received at Whiston and St Helens hospitals could not have been better and all staff were excellent. I will always be eternally grateful to them and the NHS."

National Maternity Survey 2013

In 2013-14 the Trust participated in the National Maternity Survey which was led by Quality Health. The results were very positive with the Trust scoring higher than the average for most of the questions as indicated in the table below. The maternity team have reviewed the results and actions have been put in place to address any areas should the score be less than the average.

Question	Trust	All
First health professional seen was a GP	67%	61%
First health professional seen was a midwife	24%	34%
Most booking appointments 8-11 weeks	62%	61%
Given choice of hospitals	54%	49%
Given choice of home birth	26%	33%
Not offered choices	21%	18%
Saw same midwife every time	34%	35%
Always given enough time to ask questions	80%	74%
Had midwives number, in case needed	99%	97%
Always spoke in an understandable way	92%	88%
Always involved enough in decisions about care	78%	77%
Given appropriate advice/support at start of labour	86%	85%
Able to move around during labour most of time	65%	71%
During labour all staff introduced themselves	86%	80%
Not left alone at times when it was worrying	74%	74%
Always spoke to in an understandable way	87%	86%
Always involved in decisions about care	77%	72%
Always treated with respect and dignity	85%	85%
Definitely had confidence and trust in staff	81%	78%
Length of stay about right	73%	69%
Always given explanations and information	52%	58%
Always treated with kindness and understanding	62%	66%
Room or ward very clean during stay	85%	64%
Toilets or bathroom very clean during stay	83%	53%
During pregnancy midwife gave information on feeding	63%	61%
At home, given help needed when contacting midwife	85%	78%
Visited at home by midwife	95%	95%
Mother was asked how feeling emotionally	96%	95%
Mother was asked about own recovery	61%	62%
Given information about contraception	93%	88%

9

How we did against our 2013-14 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.

2013-2014 Priority 1: Infection Control

Goal 1: Improving Infection Control

The prevention of avoidable hospital acquired infections remains a top priority for the Trust Board. The Trust over the past year has made significant improvements in the reduction of Healthcare Acquired Infections (HCAI) and has achieved the majority of the objectives in the Annual Infection Control Action Plan.

The overarching aim was to ensure that the prevention and management of HCAIs continued to be embedded throughout the Trust, to prevent harm to patients. This was monitored by the Hospital Infection Control Group and through regular reporting to the Trust Board.

Infection prevention and control is a fixed agenda item at care groups and departmental governance meetings. The system of root cause analysis (RCA) has been revised, including Executive Team RCA panels and sharing of lessons Trust wide.

During 2013-14, the aim was to significantly improve MRSA bacteraemia rates and this was achieved. However, it is disappointing to have reported 4 cases of MRSA bacteraemia against a zero target. 3 cases were found to be non-avoidable following investigation and 1 case was deemed avoidable.

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

- Relevant clinical staff have been trained, assessed and are competent in aseptic non-touch technique (ANTT)
- All staff who perform blood cultures will be peer reviewed to ensure compliance with the Trust's protocol
- 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 they commence in post before they can undertake an invasive procedure such as cannulation
- A review of the Trust's Antibiotic Policy is undertaken each year.
- A failsafe system in relation to prescribing antibiotics for patients with known MRSA has been implemented

Goal 2: C.difficile diarrhoea to be no more than 31 cases

The Trust achieved this goal and ended the year with 26 cases against a target of 31. As with the reduction in MRSA rates this reflects the commitment across the organisation to keep patients free from avoidable infections.

All clinical staff have remained engaged throughout the year and have been supported by the Infection Prevention & Control Team who have maintained a high profile by offering daily support to ward staff, undertaken audits, provided teaching and training and led investigations when there has been an incident.

Improvements include:

- Expansion of the programme of inspections and audits including; Hygiene Code inspections; hand hygiene, Saving Lives and Essential Steps audits; local daily checks and clinical indicators across the Trust
- Compliance with ANTT training has improved across all staff groups, consultants are now expected to review infection control practices at appraisal and incidents are monitored monthly at the Patient Safety Council
- Ensuring the staff are competent in the insertion and management of cannula and lines
- Introduction of training and competency assessments for all clinical staff when they commence in post
- Appraisal for Consultants and lead clinicians to ensure there is specific review of infection prevention and control (IPC) training and practices
- Infection, prevention and control and antimicrobial prescribing as part of induction
- Peer review process at ward level as part of induction
- All locum doctors will receive information on IPC practices and expectations on their arrival to commence work
- The Trust is working with local community partners and authorities to tackle infection control issues ensuring standards are met

2013-2014 Priority 2: Medicines Management

Medicines management is the term used to describe processes and behaviours that determine how medicines are used by patients and staff in the NHS. Effective medicines management means that patients receive safer and more effective care. Improvements were set in medicines management as a priority in last year's Quality Account. This section outlines the specific goals and progress made. Reducing medication errors and ensuring safe and effective medicines management will remain a Trust priority in 2014-2015.

Goal 1: To reduce medication errors during prescription, dispensing and administration of medicines

Improvements include:

- A new Medicines Safety Group was formed to focus on risks associated with medicines
- A number of nationally recognised high-risk error topics have been prioritised and multi-disciplinary groups have been formed to focus on improvement actions. Topics include anticoagulants, insulin, oxygen, antibiotics, opioids and missed doses
- Introduction of medical and nursing education training programmes
- 7 day full clinical pharmacist review of new patients on all medical wards commenced in January 2014. This has reduced errors on prescriptions and supplies of medicines are resolved with the minimum of delay in line with national best practice

Goal 2: To implement the electronic Prescribing and Medication Administration system (ePMA)

- A multi-disciplinary ePMA Project Board was formed and has overseen a procurement exercise resulting in a preferred supplier being identified.
- It is anticipated that the implementation will commence later in 2014-15

Goal 3: To reduce the number of medication omissions but also understanding why the omissions happen, the type of medication being omitted and the reasons for this.

- A detailed audit of delayed and missed doses on all wards was conducted and reported to the Medicines Safety Group Recommendations are presently being implemented
- The Advancing Quality initiative and the quarterly audits of antibiotics indicate in-year reductions in the rate of missed antibiotic doses
- Pharmacy has provided higher quantities of the ready-made antibiotic infusion - clarithromycin to wards. The department is planning to continue to expand the range of ready-made antibiotics to reduce delays in administration which are due to time-consuming preparation of infusions
- Observed drug administration rounds commenced this year and recommendations will be made when issues are identified

Goal 4: To develop a Trust wide measure for drug administration errors.

- This is included in the Nursing & Midwifery Strategy Action Plan. A task and finish group has been designated to re-design the present procedure

Goal 5: To introduce training packages for clinical staff in relation to the administration of medication including drug dose calculations.

- Training for intravenous administration of medicines (including calculations) and demonstration of competencies was updated during the year
- Preceptorship training for nursing staff for medicines management has been introduced

Goal 6: To educate patients to understand their medications.

- A ward-based dispensing initiative commenced this year. This has increased the number of patients that pharmacy staff talk to about their current medicines prior to discharge.
- New information booklets on how to administer the anti-coagulant (clot busting drug) Clexane at home have been introduced for all patients discharged.
- Further improvements to providing patients with their medications promptly on discharge have been included in the Nursing & Midwifery Strategy Action Plan. This commenced in February 2014 so good progress is expected during the year.

Goal 7: To improve the response rate for the National Inpatient Survey question.

It is important to note that the survey was conducted whist the new initiatives were being introduced:

- 9 out of 10 patients stated that the purpose for medications was explained to them in a way they could understand.
- 9 out of 10 patients were told how to take medication in a way they could understand
- 8 out of 10 patients were given clear written or printed information about medicines (those given medicines to take home)

2013-2014 Priority 3: Friends & Family Test

In 2013, in line with national guidance the Trust implemented the Friends & Family Test (FFT) across all inpatient wards and the Accident and Emergency Department (AED). In October 2013, the FFT was also implemented throughout maternity services. On discharge from these areas patients are asked to answer the following question:

How likely are you to recommend our ward or department to friends and family if they needed similar care or treatment?

The Trust uses postcards for the FFT as this also allows patients to provide specific comments about their care. The feedback provides more meaningful data to learn from and to further improve patient experience.

Goal: To achieve a 20% response rate for Friends & Family Test

The FFT process has been very successful in this first year of implementation. The Trust achieved the required response rate for inpatients and maternity services. However, the AED response rate was below target. The Trust has continued to achieve a high Net Promoter Score (NPS) in all areas consistently throughout the year.

"My husband and myself are completely overwhelmed by the treatment my husband has received. From day one he has been treated with care and speed, we have felt completely supported."

Mrs C, patient's wife.

The table below shows the Trust's results for FFT for December 2013 to March 2014.

Indicator	Reporting Period	STHK	National Performance		
			Average	Lowest Trust	Highest Trust
Friends & Family Test AED Response rate	March 2014	12.5%	18.5%	1.6%	53.5%
	February 2014	11.6%	18.6%	0.0%	89.2%
	January 2014	10.8%	3033 17.4%	1.7%	52.4%
	December 2013	8%	15.3%	0.2%	63.4%
Friends & Family Test AED Score	March 2014	79	54	1	90%
	February 2014	77	55	-5	100%
	January 2014	78	57	0	92%
	December 2013	77	56	-11	96%
Friends & Family Test Inpatients Response rate	March 2014	28.0%	34.8%	10.9%	100%
	February 2014	36.7%	34.2%	16.2%	100%
	January 2014	30.6%	31%	10.9%	100%
	December 2013	23.9%	28.8%	8%	100%
Friends & Family Test Inpatients score	March 2014	78	73	28%	100
	February 2014	77	73	18%	100
	January 2014	81	73	27%	100
	December 2014	79	72	37%	100

Source: Department of Health (national average includes independent sector provider)

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

FFT has been implemented across the Trust since March 2013, actual reporting from 1st April 2013. Quality Health capture the data from the postcards given to patients. The postcard can be returned through a ballot box placed in each area or by Freepost back to the Quality Health.

The Trust has chosen to add a free text box enabling the respondent to further explain their choice and two additional questions about confidence in staff and the provision of information.

The Trust has taken the following actions to improve the percentages and numbers, and so the quality of its services by:

- 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 will now continue to concentrate on the monthly action planning from the comments provided by patients to ensure there is a "you said, we

did" model of good practice. To support improvement the 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
- Bereaved maternity patients are not offered a FFT card as this is felt to be insensitive
- The Accident and Emergency Department has been the most challenging area with regard to securing and maintaining the required response rate. Therefore newer more interactive methods of offering the FFT test will be researched and explored in 2014-2015

Other initiatives implemented during 2013-14 include:

Clinical and Quality Strategy

Quality and safety linked to improved patient outcomes remains a national and Trust priority. Locally, deprivation, unemployment, smoking rates and drug and alcohol misuse remains high. Health inequalities are wide and emergency attendances and admissions to hospital are amongst the highest in England - and growing. There is consensus within the local community that it is only by working together towards common goals of improving the health and wellbeing of local people that outcomes will be improved.

In 2013, following consultation with a wide range of stakeholders, the Trust Board approved a 5-year Clinical & 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 key performance indicators (KPIs) supported by an action plan describing the major drivers to further improve practice in clinical areas. 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 '6Cs' as areas for nurses to focus development and actions:

Care
Compassion
Courage
Commitment
Competence
Communication

The strategy is an ambitious 5 year vision for the Trust's nurses and midwives to be amongst the top performing in the country, ensuring patients continue to receive safe, effective, kind and compassionate nursing and midwifery care.

A priority during the year was to launch the strategy and engage as many nursing and midwifery staff as possible in embracing the goals in the strategy and this has been a huge success.

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

Since the strategy was launched, members of Healthwatch have commented on the enthusiasm and passion that has been evident from the staff involved.

The table below shows the specific targets that have been set for each "C". All groups met monthly have made good progress towards achieving these targets:

Care	Compassion	Courage
• Leadership • Reducing medication errors • Effective discharge	• Leadership • Excellence in Dementia care • Excellence in basic nursing care	• Leadership • Develop & establish ward accreditation scheme • Research and audit
Commitment	**Competence**	**Communication**
• Leadership • Non-registered nursing staff • Student nurses & midwives	• Leadership • Advanced nursing roles • Establish clinical training programme	• Leadership • Documentation • Patient experience

Nurse Staffing Review

There are established, evidenced-based links between patient outcomes, nurse staffing levels and skill mix. The national Nursing Strategy, 'Compassion in Practice' emphasised the importance of getting this right and this was supported by the recent public inquires and subsequent reports.

Ensuring that patients have excellent outcomes and high quality care is a key requirement of the NHS National Quality Board, an integral part of the NHS national contract and remains a top priority for the Trust.

In 2013, the Trust Board approved funding for an additional 80 nurses, to further increase staffing levels in line with the latest national guidance. The Trust hosted nurse recruitment days and has worked closely with local universities. Six monthly reviews continue to be undertaken.

In advance of the June 2014 deadline for publishing nurse staffing data, the Trust introduced information boards displaying the nurse staffing levels outside every ward. This indicates the number of nursing staff expected on shift and the number actually on duty.

During the year, a new Preceptorship Training Programme was launched and has received excellent feedback about the quality of teaching and learning outcomes. A similar programme for healthcare assistants has also commenced.

Victoria Thomas, Ward 2A is a new staff nurse who has benefitted from the Preceptorship Programme. Her first role at the Trust was as a Health Care Assistant whilst waiting for her registration. Victoria praises Ward 2A staff for supporting her in completing her preceptorship period. Whilst working with her preceptor and the ward manager she identified required competencies and agreed a development plan, this has allowed her to develop the skills she needs.

The 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.

CAUTION
OXYGEN

10
2013-14 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 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.

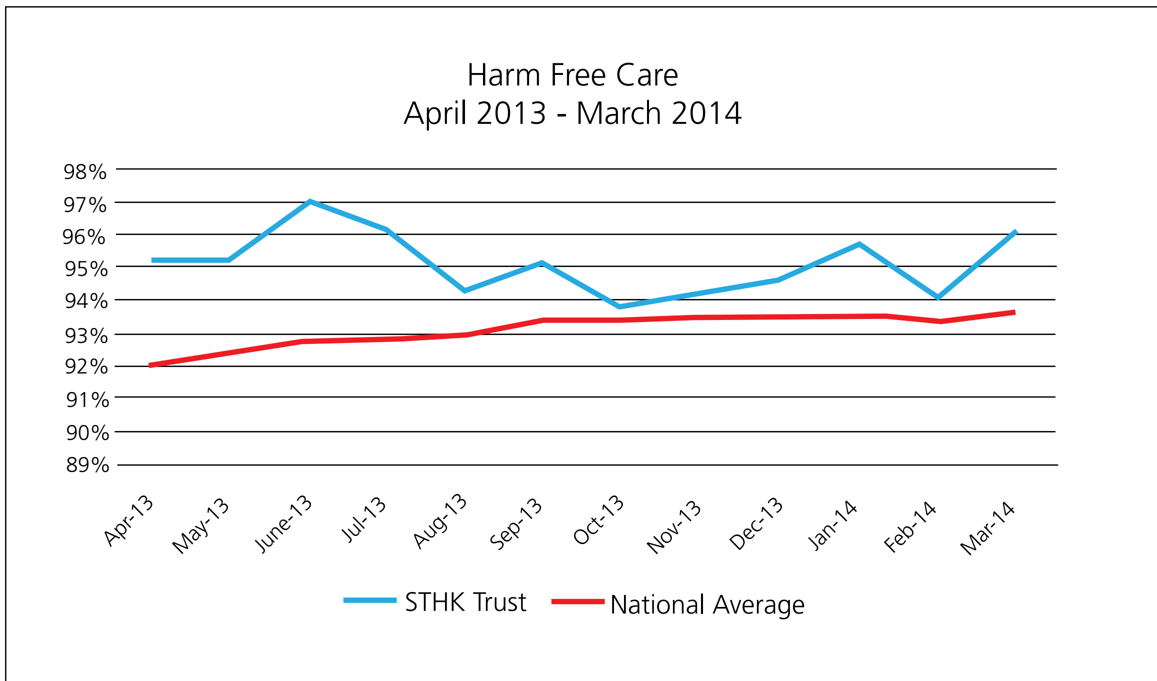
The Trust had one Never Event in 2013-14, relating to wrong site surgery.
As soon as the error was identified, the patient was fully informed, received a full apology and the correct operation was carried out promptly as agreed with the patient. There was no permanent harm to the patient. The Trust took this incident very seriously, and following a thorough investigation identified some practices within the Operating Theatre Department that needed further improvement. A safer surgery working group, (endorsed during a review by the Royal College of Surgeons) has introduced the following initiatives:

- Further improved safer surgery checklists 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

Safety Thermometer

The NHS Safety Thermometer is a national improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care during their hospital stay. This measures four key harms: pressure ulcers, falls, catheter acquired urinary tract infection, venous thromboembolism (VTE).

The graph below illustrates that the Trust's performance is well above the national average.

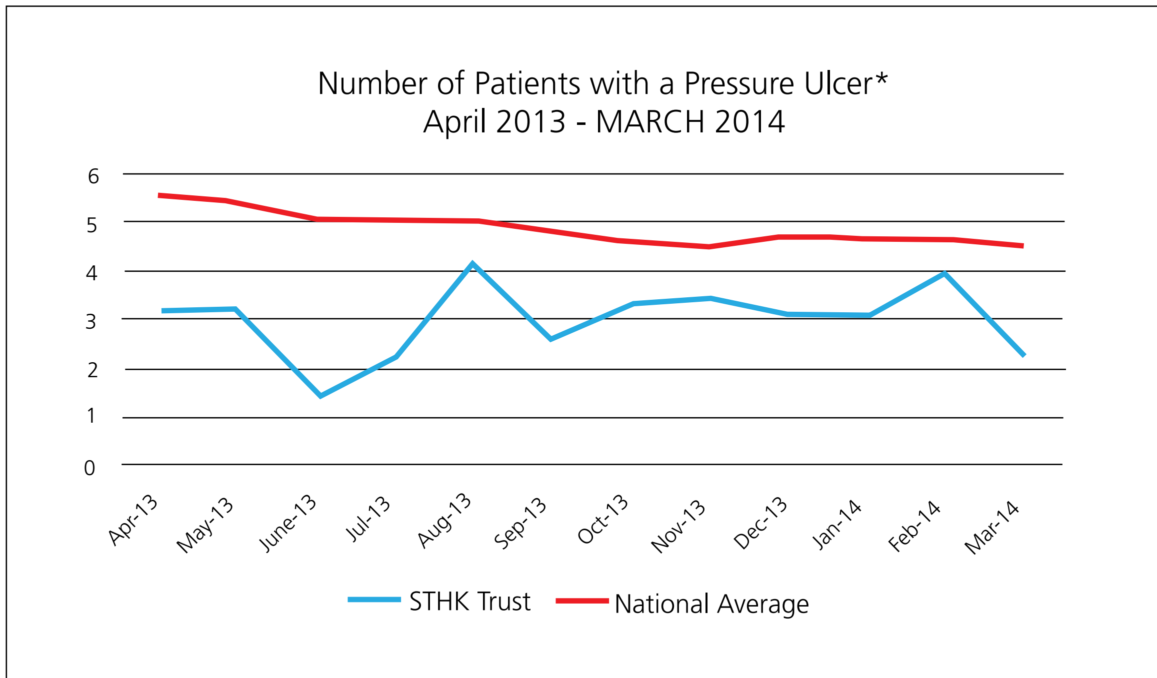


Data for all inpatients is collected on one day every month. This identifies harms that patients are admitted with from home and harms obtained whilst in hospital. The results from this audit are validated by specialist nursing staff. Once validated, the information is then submitted to the NHS Information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

During this year, one of the Trust's CQUIN targets was to reduce pressure ulcers as measured in the Safety Thermometer which was achieved.

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 44%.

The graph below shows that the Trust performed better than the national average using the Safety Thermometer tool.



*Figures show the combined number of pressure ulcers recorded either present on admission or acquired whilst in hospital

This was achieved by:

- 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 RCA panel.
- Ward performance monitoring occurs through Quality Ward Rounds and a new Quality Performance Dashboard

Falls

The Trust has a dedicated falls specialist nurse team, who support ward staff in assessing, identifying and preventing patients at risk of falling.

The Trust has reduced the number of reported falls for the third year running.

This has been achieved by re-establishing a robust Falls Link Nurse Network, which provides appropriate training. The team has continued to trial new developments and equipment to support falls prevention and lessen the severity of injuries if patients do fall.

Staff have developed a new multifactorial risk assessment in line with NICE guidance that will be embedded in practice in the coming year to ensure high standards are maintained.

The falls team have also been successful in winning a new contract to provide the St Helens Community Falls Prevention Service. They will support a seamless discharge process for patients at risk of falling. This commenced in April 2014.

Safeguarding

The Trust during early 2013-14 implemented a plan to achieve the targets set by Commissioners in relation to safeguarding adults and children training.

Throughout the year, progress was made and agreed targets achieved. In addition, 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 childrens 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.

Safeguarding Adults

The Trust Safeguarding Adults Steering Group meets bi-monthly and reports to the Patient Safety Council. A forward plan is in place detailing the priorities for the year and encompasses adult safeguarding and the associated vulnerability agenda; mental capacity, mental health, learning disability, and domestic abuse. The Trust continues to work closely with four Local Safeguarding Boards.

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's Policy, including the addition of a number of new Standard Operating Procedures such as: Child Sexual Exploitation, Internet Safety and Dog Bite attendances at the Accident and Emergency Department.

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.

Deprivation of Liberty Safeguards, (DoLS)

The Trust has a clear process in place to ensure that potential deprivations 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 services 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.

Responsibilities for the administration are being undertaken by the Safeguarding Team. This is an area which will require a greater focus in the forthcoming year to ensure that legal responsibilities are recognised, understood and discharged.

Learning Disability

The Trust made a significant contribution to the local self-assessment process led by St Helens CCG in 2013. The Trust has a '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. It has a comprehensive work plan and has developed priorities for 2014-15 which include training.

Maternity Services

The Trust is proud to announce that in March 2014, maternity services achieved level 3, the highest level of attainment against Clinical Negligence Scheme for Trusts (CNST) maternity standards.

A comprehensive assessment included the following:

- An audit of maternity policies, relating to the assessment criteria
- Monitoring of compliance of policies
- A real time review of a number of patient records was undertaken on the post natal ward

The Assessor's feedback stated;

"the quality of documentation was of a high standard. To be compliant organisations must meet 40 of the 50 standards. The Trust met 46 of the 50 standards, this resulted in the Trust being awarded full compliance.

The Team should be proud of this result and are commended for their diligence and determination to make maternity services the best they can be."

Staff continue to demonstrate that patient safety, culture of learning and on-going development remains at the heart of all that they do.

The unit is currently at stage 2 accreditation for the Baby Friendly Initiative, (BFI) 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 working towards achieving stage 3 accreditation in early May 2014.

Cancer Services - Skin Redesign Project:

The skin specialist multi-disciplinary team led a network wide project to improve the support offered to those diagnosed with skin cancer. This project is Macmillan funded and will continue to run for 2 years. Expected outcomes include; 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.

Paediatric Nursing Care Metrics

The paediatric nursing care metrics were devised and introduced in 2013. This is a detailed monthly audit of all aspects of paediatric nursing care to provide assurance that basic children's nursing care is effective and to the high standard expected.

An audit of ten random sets of patient health records is undertaken monthly on each ward. 100% compliance has been achieved on both inpatient wards since August 2013. The metrics include:

- The frequency and interpretation of patient observations using the Paediatric Early Warning Score (PEWS) and whether appropriate action and intervention was taken as directed by the PEWS guidance
- Evidence that the child (if age appropriate) and their parents/carers have been involved in the decision making process regarding treatment plans, and are satisfied with the plans and information provided
- All risk assessments; tissue viability, pain management and nutrition are fully completed
- Evidenced based care pathways for; safeguarding, self-harm, asthma and bronchiolitis are implemented

"In my opinion St Helens and Whiston hospitals are the two best hospitals in the North West."

National Cancer Patient `
Experience Survey 2013

NHS

11
2013-14 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

During 2013-14, the Trust invested significant resources into reducing variation 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.

"I was cared for in a safe and professional manner."

Mrs D, Patient, Ambulatory Care Service.

Key initiatives which have been implemented include:

- Seven day working for medical and clinical support staff
- 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 Deep Vein Thrombosis (DVT), cellulitis and Pulmonary Embolism (PE)

The aim is to have consultants supported by junior doctors and other staff such as therapists, pharmacists and allied health professionals (including social workers) routinely working seven days per week. The Trust commenced partial implementation of these plans in January 2014 and will continue to recruit staff and roll out this initiative during 2014-2015. Whilst it is too early to report detailed outcomes, early indications are that this model is already improving length of stay for patients, reducing re-admissions and staff working at weekends feel more supported by the presence of senior colleagues. We believe it will have a significant impact on the quality of care during 2014-2015.

Advancing Quality (AQ)

AQ was launched in 2008 in 24 trusts across the North West. The purpose of AQ is to improve standards of care in the following clinical conditions: acute myocardial infarction (AMI – a heart attack), heart failure, hip and knee replacement surgery, pneumonia and stroke. AQ provides trusts with a set of standards which define and measure clinical care to be delivered to every patient with one of these conditions. The Trust has continued to perform well against AQ targets.

	Population	Trust Score% Year 5	CQUIN Target	Ranking	Target achieved
	Pneumonia	95.98	95	1st	√
	Heart Failure	93.98	95	4th	X
	AMI	99.49	95	5th	√
	Hip & Knee	97.68	95	6th	√
Stroke	Composite Process Score	85.00	90	20th	X
	Appropriate Care Score	51.58	50	N/A	√

- Composite Process Score (CPS) number of patient 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

The main challenges for the Trust in year 5 were the stroke and heart failure 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.

Other clinical effectiveness improvements include:

Urology pathway redesign

The Urology Cancer Team has worked closely with radiology to further improve the diagnostic pathway for those suspected of having prostate cancer. MRI scans are performed prior to a biopsy being taken, with an individualised treatment plan devised for each patient.

Pilot study of unknown primary cancer

A research project aimed at reviewing the development of a referral pathway for patients with suspected cancer who do not have symptoms that fit the referral profile for a tumour-specific pathway. This is being led by Trust clinicians in collaboration with primary care leads. Potential outcomes could shorten the time from referral to diagnosis. This will aim to improve treatment and prognosis.

Clinical Pathology Accreditation (CPA) Mohs Service

The Mohs procedure involves excising single frozen sections of thin layers of skin where cancer is known to be present, until the resection margins are clear. This technique allows for 100% of the tumour margins to be examined, thereby reducing the chance of cancerous cells not being removed.

Outcomes have potential to achieve a high cure rate and cause minimal scarring to the patient. Mohs surgery is supported by the Cellular Pathology Laboratory at St Helens Hospital and is one of very few Mohs laboratories to achieve CPA accreditation. The Mohs service only began early last year, already it has received both national and international recognition as an exemplar service.

Assurance of Trust compliance with the Paediatric Diabetes Best Practice Tariff (BPT) Standards

The Paediatric Diabetes team care for local children and young people with type 1 diabetes. In 2013, compliance nationally with the BPT standards was mandated. The BPT standards set out the high quality care patients and their families can expect to receive at the time of diagnosis and for on-going care.

The standards include access to psychological support, the amount and type of contact from the multi-disciplinary team in order to achieve optimal health outcomes for children and young people.

In January this year, St Helens CCG undertook a review of the team's performance against the BPT standards by reviewing ten sets of anonymous patient records. The reviewer, a local GP with a special interest in diabetes concluded that the Trust complied fully with the standards and summarised that the team are exceeding the standards of the BPT.

Pilot study to expand the Trust's Children's Community Nursing Team

The Trust received funding to pilot a regional expansion of the children's community nursing provision.

The Trust's existing Children's Hospital at Home team increased staffing levels, enabling two registered children's nurses to be on duty from 7am to 10pm, 7 days a week for the duration of the 12 month pilot.

Results were encouraging. More sick children and those with complex needs were able to be cared for at home.

The average length of stay on the children's wards reduced from 1.73 days to 1.64 days due to children being safely discharged earlier from hospital.

Over 4000 home visits were undertaken by the team who provided a range of care and treatments including; administering intravenous antibiotics and medications, overnight oxygen saturation monitoring thus reducing the need to be admitted or remain in hospital.

The team played an increasing and significant role in safeguarding children particularly the vulnerable premature infants admitted to the Special Care Baby Unit (SCBU). Two thirds of babies admitted to SCBU during 2013-14 were discharged home under the care of the children's community nurses.

12
2013-14 Review of Quality Indicators: Patient Experience

A positive patient experience is defined by the Department of Health as:

"Getting good treatment in a comfortable, caring and safe environment, delivered in a calm and reassuring way; having information to make choices, to feel confident and feel in control; being talked to and listened to as an equal and being treated with honesty, respect and dignity". (DoH, 2009)

The Trust's vision is to provide "5 star" patient care, for every patient to have a good experience, every time. It is the trust 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.

In 2013-2014 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. Following a discussion, 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.

Patient Focus Groups

Gutsy Guys

Gutsy Guys is a warm welcoming group of patients and staff who meet monthly at Whiston Hospital to offer support to patients and their family members who have been diagnosed with cancer of the gastrointestinal (GI) system. This includes upper GI cancer, stomach cancer, and oesophageal cancer. The group hold social and fund raising events and offer a Macmillan approved buddying mentor, who can visit patients and families in the community if they are unable to attend the group meetings.

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 its10th 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.

Adult Diabetes Focus Group

The Adult Diabetes Focus Group has been in place since 2005 and works closely with the specialist diabetes team to identify areas for improvement and shape the diabetes service. In the last 12 months members of the group have offered support to the Trust in relation to participating in the Nursing and Midwifery Strategy by joining one of the 6C groups, undertaking 'mystery shopper' exercises, contributing to staff recruitment panels and attending the Patient Power events. In addition they have also supported improvements in the ophthalmology service as described below:

In September 2012, the Trust developed a partnership with the local Diabetic Eye Screening Board and strengthened links with existing patient user groups. A number of improvement actions have been implemented in the eye clinic at St Helens Hospital during 2013-2014. These included:

- Increased staffing levels
- Increased equipment and technological availability
- Improved clinic templates
- Reduced clinic overbooking
- Improved waiting times for surgery
- The implementation of clinical pathways for common conditions
- Introduction of evening clinics
- Robust staff training and development plans

Improvements to this service were recognised by the CQC following a routine unannounced inspection of the ophthalmology service in February 2014.

There are many more patient groups including the Macmillan cancer support and reference group, ophthalmology and a newly established carers group.

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"

HOSPEDIA

The Hospedia system is an interactive bed side TV system, which also has the facility for patients to complete various surveys about their experience including the "5" CQC patient survey questions. There is a free text option if the patient wishes to receive feedback or wants to discuss their care in person with a member of staff. The results of these surveys and the themes are discussed at the Patient Experience Council each month.

During 2013, a decision based on patient feedback was made to merge the Patient Advice & Liaison Service (PALS), patient experience and complaints team to ensure collaborative and seamless working across the patient experience agenda. This has received positive feedback from patients and has resulted in concerns being addressed and resolved in a timelier manner. A member of the PALS team is available at the dedicated PALS reception desk between 9am and 5pm, Monday to Friday. Out of hours and over the weekend the main reception staff are available to advise the person of how to raise their concerns.

HOSPEDIA Quotes:

"I feel like I have been well cared for"

"Fantastic so far,10 out of 10"

"Caring, respectful, and helpful staff"

"All the staff I have met have been fantastic, for me I don't know how to improve on that"

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 2014-15.

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 managers, non-executive directors and clinical teams speak directly with patients and families to understand their experience of care and treatment.

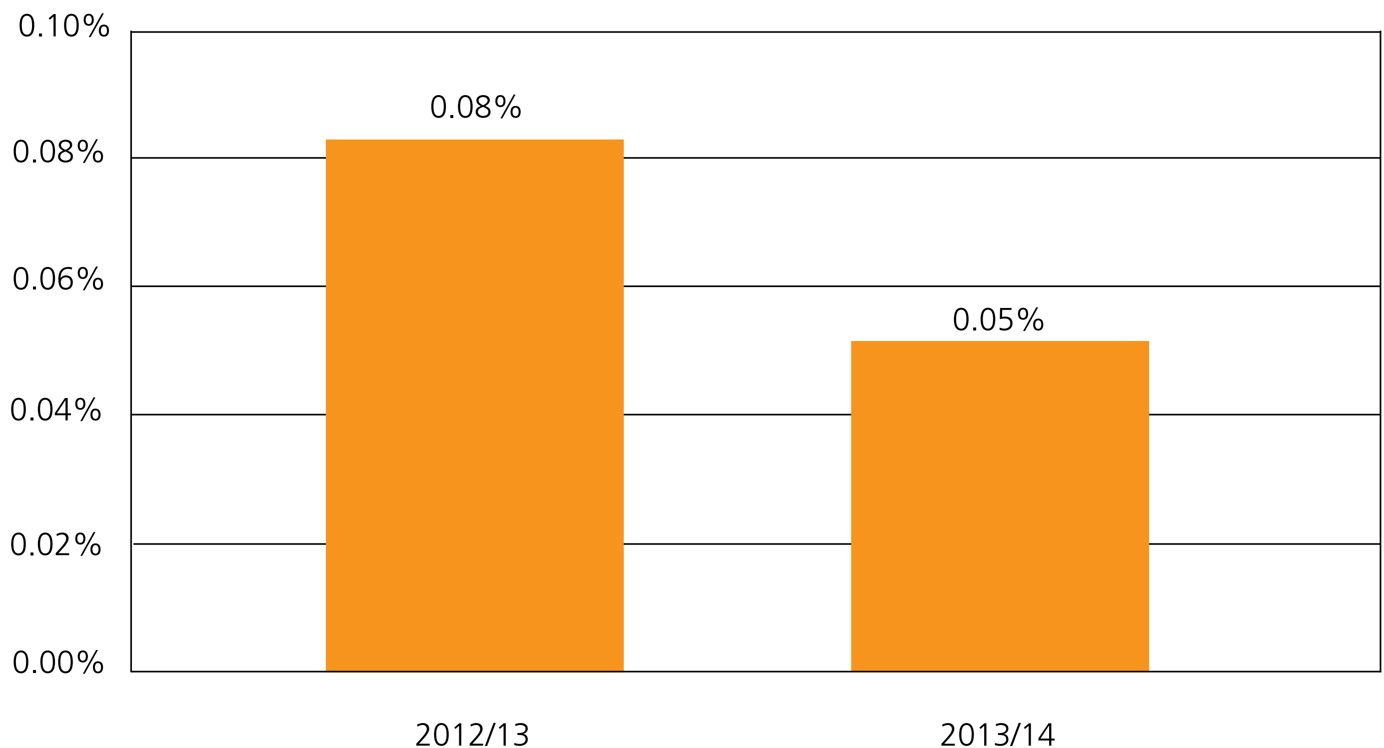
Complaints

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 2013-14, the Trust received a total of 323 complaints which is significantly less than the previous year, a reduction of 121. This is despite an increase in activity.

Percentage of complaints received compared to the number of patient attendances



In last year's Quality Account the Trust identified some issues that would be addressed and a number of significant improvements have been made against these objectives:

- The complaints process has been modified resulting in marked improvement in complaint response times that is ultimately providing a better patient experience when using the complaints service
- 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
- All staff have a 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

Parliamentary and Health Service Ombudsman

During the last year, the Trust had 9 complaints referred to the Parliamentary and Health Service Ombudsman, (PHSO), 3 of which were closed by the Ombudsman following initial assessment. Five 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. One case is still waiting to be allocated an assessor at the PHSO, who will then determine if the case should be investigated.

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.

Carer Support Team

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 the year, the Carers Team:

- Made 4034 contacts with carers
- Formally 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 the 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 for their nutrition risk (MUST Tool) on admission
- Nutrition and hydration documentation is completed and action taken to address areas of concern
- Fluid balance calculated on a shift by shift basis
- An audit to confirm NPSA compliance for alerts around artificial nutrition
- Patient satisfaction surveys 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.

In addition, the Trust has introduced a number of changes to the meal menus these include:

- The family meal order system, in which carers and families can order meals on behalf of the patient
- Ward 2A (Oncology), this ward has introduced a system in which patients can visit the staff and visitor restaurant with a voucher to choose meals for themselves. This is particularly good for long term patients
- Rehabilitation Ward, (Seddon Suite), the patients on this unit are often inpatients for a prolonged period of rehabilitation. During 2013-14, special evenings were introduced, such as a curry night. The patients were fully involved and made crafts to decorate the ward ahead of the evening. Further special events are planned throughout the year
- Care of the elderly wards. Three times a week, traditional afternoon tea is served. This has proved very popular with our patients
- Greenacre menu. This is a new menu which was introduced for children in September 2013. The menu includes some Steamplicity meals but also has the addition of vegetable croquettes, fish fingers, soups and toasties
- One-to-one patient care

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

Volunteers

This year has seen the Trust's Voluntary Service continue to expand both in numbers and the areas where volunteers support staff in delivering excellent care and enhancing the patient experience.

Volunteers support staff in every general ward at Whiston Hospital and also in departments such as pathology, phlebotomy, health, work & wellbeing, antenatal parentcraft sessions and therapy services.

Volunteers have been proactively involved in recruiting for a pilot delirium research study and have supported the work of the Spiritual Care Department. The volunteers continue to support the data collection for the Friends & Family Test.

Electronic Holistic Needs Assessment

The cancer clinical nurse specialists have begun using iPads to undertake a holistic assessment of patients' concerns at key stages in their pathway. Using the electronic device allows care plans to be generated that can be shared with all professionals involved in patient care. This leads to a more patient focussed approach.

Paediatric Charter of Care

The paediatric nurses in the Trust have established a Charter of Care for neonates, children and young people to ensure the 6Cs are embedded across paediatric services. In addition, they are engaging with young people to describe their experiences. The paediatric nursing team asked young people what the 6Cs mean to them and below are some examples of the feedback received:

"To look after someone when they are sick and need help to do things that they are not capable of doing themselves" (aged 13)

"Being caring and understanding and listening to your problems" (aged 12)

Charter of Care
Neonates, Children & Young People, 2014-2017

Charter of Care

Neonates, Children and Young People, 2014 - 2017

Children's and Neonatal Nurses Vision

To provide the best possible care for each newborn, child and young person attending the Trust. This will be achieved in partnership with the family/carers and with other professionals where necessary to ensure each newborn, child and young person's safety, physical and emotional wellbeing and development is paramount.

Our Vision will be achieved by embracing the values of the 6Cs first outlined by the Chief Nursing Officer for England in the National Nursing Strategy 2012 and subsequently the Trust's Nursing and Midwifery Strategy, 2013-17.

Care

All patients and their families will be made welcome and receive a high quality service from caring, highly motivated, health professionals in an environment that is safe and friendly.

Staff will provide holistic, effective care in partnership with parents/carers, children, young people. This may involve other agencies to ensure the best coordinated care.

Compassion

Consideration will be given to all our children, young people and families so that their privacy, dignity and beliefs are respected.

Staff will recognise the impact that prematurity, illness and/or disability may have on a child, young person, their family/carer and family life. Support is offered as required to ensure best possible outcomes for the child.

Competence

Neonates, children, young people and their families will feel safe and have confidence in the care they receive from caring and competent staff.

Care provided will be led effectively by knowledgeable, highly skilled, caring professional staff at all times.

Commitment

We will always aim to achieve the best outcomes for each child and young person.

Each child's safety will be made paramount by staff. Staff are trained to safeguard neonates, children and young people in accordance with Trust policy and procedures which comply with statutory guidance and legislation.

Courage

Staff will empower families to manage their child's illness enabling them to provide quality care either in hospital or after discharge.

Families will feel able to raise any concerns. These will be addressed effectively and with understanding.

Staff feel valued & able to raise issues or concerns that will be listened to and acted upon appropriately at all times.

Communication

Children and young people will be involved and helped to understand decisions made about their care and their safety *('No decision about me without me' Francis Report, 2012).*
Staff will take the time to listen to each child, young person, parent and/or carer.

Staff will act as an advocate for neonates, children and young people when required.

13
Participation in National Clinical Audits & Confidential Enquiries

During 2013-14, the Trust was eligible to contribute to 32 Quality Account national clinical audits and 3 national confidential enquiries (NCISH, MBRRACE, NCEPOD). The Trust participated in them all (100%). In addition, the Trust participated in a further 12 national audits.

The data collection completed for these audits is listed in the table below alongside the number of cases (shown as a %) submitted to each audit or enquiry. Please note: although NCEPOD is listed as 1 confidential enquiry (number 9), the Trust has participated in 3 individual NCEPOD audits projects.

	National audits 2013-14	Participation	Data collection completed	Rate of case ascertainment
1.	BRONCHIECTASIS (Paediatrics)	Yes	Yes	100%
2.	DIABETES (ADULT) ND (A)	Yes	Yes	51%**
3.	DIABETES (PAEDIATRIC) PNDA	Yes	Yes	100%
4.	NATIONAL DIABETES INPATIENT AUDIT (NaDIA) (1 day prevalence)	Yes	Yes	99.75%
5.	PAEDIATRIC ASTHMA - BTS NATIONAL AUDIT	Yes	Yes	100%
6.	NATIONAL REVIEW OF ASTHMA DEATHS NRAD	Yes	Yes	100%
7.	EMERGENCY USE OF OXYGEN (BTS National Audit)	Yes	Yes	100%
8.	NATIONAL AUDIT OF SEIZURE MANAGEMENT (NASH2)	Yes	Yes	100%
9.	NCEPOD STUDIES*- 1. Tracheostomy insertion 2. Subarachnoid Haemorrhage 3. Alcohol Related Liver Disease	 Yes Yes Yes	 Yes Yes Yes	 100% 100% 100%
10.	NATIONAL COMPARATIVE AUDIT OF BLOOD TRANSFUSION PROGRAMME (ANTI-D AUDIT)	Yes	Yes	100%
11.	MODERATE OR SEVERE ASTHMA IN CHILDREN (CARE PROVIDED IN EMERGENCY DEPARTMENTS) - CEM	Yes	Yes	100%
12.	SEVERE SEPSIS & SEPTIC SHOCK - CEM	Yes	Yes	100%
13.	PARACETAMOL OVERDOSE (CARE PROVIDED IN EMERGENCY DEPARTMENTS) - CEM	Yes	Yes	100%
14.	CHRONIC OBSTRUCTIVE PULMONARY DISEASE - COPD	Yes	Yes	100%
15.	HEAD AND NECK ONCOLOGY DAHNO	Yes	Continuous monitoring	100%
16.	BOWEL CANCER NBOCAP	Yes	Continuous monitoring	100%
17.	OESOPHAGO-GASTRIC CANCER NAOGC	Yes	Continuous monitoring	100%
18.	LUNG CANCER NLCA	Yes	Continuous monitoring	100%

19.	ADULT CRITICAL CARE (CASE MIX PROGRAMME) ICNARC - CMP	Yes	Continuous monitoring	100%
20.	SEVERE TRAUMA (TRAUMA AUDIT & RESEARCH NETWORK) TARN	Yes	Continuous monitoring	100% (eligible cases)
21.	ACUTE CORONARY SYNDROME OR ACUTE MYOCARDIAL INFARCTION MINAP	Yes	Continuous monitoring	100%
22.	NATIONAL CARDIAC ARREST AUDIT NCAA	Yes	Continuous monitoring	100%
23.	NATIONAL HEART FAILURE HF	Yes	Continuous monitoring	100%
24.	SENTINEL STROKE NATIONAL AUDIT PROGRAMME SSNAP	Yes	Continuous monitoring	100%
25.	FALLS AND FRAGILITY FRACTURES AUDIT PROGRAMME FFFAP (INCLUDES NATIONAL HIP FRACTURE DATABASE)	Yes	Continuous monitoring	100%
26.	NATIONAL JOINT REGISTRY NJR	Yes	Continuous monitoring	100%
27.	NEONATAL INTENSIVE AND SPECIAL CARE NNAP	Yes	Continuous monitoring	100%
28.	ELECTIVE SURGERY (NATIONAL PROMS PROGRAMME)/HERNIAS	Yes	Continuous monitoring	76.6%
29.	MATERNAL, INFANT AND NEWBORN - CLINICAL OUTCOME REVIEW PROGRAMME, MBRRACE-UK*	Yes	Continuous monitoring	100%
30.	CHILD HEALTH PROGRAMME CHP-UK*	Yes	Continuous monitoring	In progress
31.	NATIONAL CONFIDENTIAL ENQUIRY INTO SUICIDE AND HOMICIDE FOR PEOPLE WITH MENTAL ILLNESS (NCISH)*	Yes	Continuous monitoring	Continuous as and when cases occur
32.	INFLAMMATORY BOWEL DISEASE - UK IBD AUDIT - 4TH ROUND	Yes	Final part of audit still active	100% data submitted
33.	NATIONAL EMERGENCY LAPAROTOMY AUDIT - NELA	Yes	Still active	In progress
34.	EPILEPSY 12 AUDIT (NATIONAL CHILDHOOD EPILEPSY	Yes	Still active	In progress
35.	RHEUMATOID AND EARLY INFLAMMATORY ARTHRITIS	Yes	Still active	In progress

*National Clinical Audits & Patient Outcomes Programme (NCAPOP)
**The Diabetes National Audit relies on direct data capture from electronic systems but the Trust's systems are currently paper based and therefore, a labour-intensive sample audit is used for the submission. Nevertheless, this represents an increase on the previous year.

The table below outlines the 12 additional national audits the Trust participated in.

Audit Title	Participation	Data collection completed
NATIONAL HIP FRACTURE ANASETHESIA SPRINT AUDIT PROJECT (ASAP) 2013	Yes	Yes
NATIONAL AUDIT ON PSORIASIS - NICE/BAD	Yes	Yes
NATIONAL DIABETES IN PREGNANCY AUDIT/NCAPOP - NDIP	Yes	Yes
CONSULTANT SIGN OFF NATIONAL CEM AUDIT	Yes	Yes
SEDATION PRACTICE IN CRITICAL CARE - POINT OF PREVALENCE	Yes	Yes
NATIONAL AUDIT MANAGEMENT OF GOUT - BRITISH SOCIETY OF RHEUMATOLOGY	Yes	Yes
BTS NATIONAL NON-INVASIVE VENTILATION - ADULTS	Yes	Yes
EFFICIENCY AND SAFETY OF PHOTIC STIMULATION DURING EEG	Yes	Yes
NATIONAL CARE OF THE DYING AUDIT HOSPITALS (NCDAH 4)	Yes	Yes
NATIONAL PROSTATE CANCER AUDIT	Yes	Still active
BFI PROGRAMME - BREASTFEEDING INITIATIVE (3 YEAR STUDY)	Yes	Still active
TREAT TO TARGET AUDIT FOR INFLAMMATORY ARTHRITIS		Still active

The reports of the 31 national clinical audits and confidential enquiries were reviewed by the Trust in 2013-2014. The Trust intends to take the following actions to improve the quality of healthcare provided:

Diabetes (Paediatric) PNDA - The Children and Young Peoples Diabetes Team continued to participate and submit data to the annual National Paediatric Diabetes Audit. The outcomes of the most recent published audit report (2011-2012), have been reviewed and show an improvement in data quality in comparison to national figures. There was an improvement in the number of young people with good diabetes control.

Bronchiectasis Audit - A personalised self-management plan information leaflet for patients with bronchiectasis has been formulated and will be shared with staff.

Fractured Neck of Femur and Renal Colic Audit (Accident and Emergency Department) - A small group of staff will review the management and control of patients' pain. Its function will be to further improve education and training.

Feverish Children Audit (Emergency Department) - All junior doctors complete a module on feverish illnesses in children as part of the compulsory e-learning modules.

Alcohol related liver disease (NCEPOD) – An action plan has been formulated in relation to the national recommendations. The actions which have been implemented are monitored through the Clinical Effectiveness Council.

The National Care of the Dying Audit
The Trust participated in the 4th annual care of the dying audit and performed well.

Local Clinical Audit

The reports of 197 local clinical audits were reviewed by the Trust in 2013-14. Some of the actions from these audits are:

- Paediatric Neonatal Resuscitation Audit
  Implementation of the Obstetric Electronic Reporting System (Medway) has enabled more accurate identification of paediatric alerts. Advice and training has been provided on the type of information required when a member of the paediatric team is called to a delivery.
- Paediatric Re-audit of Assessment by Middle Grade within 4 hours
  The organisation of middle grade medical staff has led to improved results.
- Neonatal Sepsis Audit
  National sepsis guideline has been formally adopted. Systems are in place with Microbiology and Pharmacy to implement the guidelines.
- Neonatal Vulnerable Infant SOP Audit
  Policy updated to clarify which families and infants require pre-discharge planning meetings. Further education has been delivered to staff to ensure all admissions and discharges have a paediatric liaison form completed.
- Overnight Oximetry Service Audit
  A proforma has been developed to improve the accuracy of capturing patient information. This has reduced communication issues and delays.
- Audit of Care Provided to Patients of Self-harm
  Actions intended: Training of staff on Mental Capacity Act to be included in teaching programme for staff. Self-Harm Pathways have been updated in wards and AED.
- Diabetes audit on effectiveness of-out-of hours and ward handovers
  Following the audit the intended actions were: education of junior doctors of the importance of handover & documentation of handover. Review the possibility of implementing an electronic system to improve handover and facilitate audit trail.
- Patients admitted with primary diagnosis of Parkinson's disease CCOUL
  - An existing checklist has been adapted for use in clinic for discussions with patients.
- Quality and Safety of ERCP
  - An ERCP pathway has been developed and is in circulation for approval.
- Ambulatory management of cellulitis
  - A cellulitis pathway for use in AED, AMU and GPAU has been implemented.
- Trust wide DNACPR Audit
  Trust wide mandatory training sessions have been modified to ensure all clinical staff are aware of the DNA-CPR Policy.
- Psychology Audit of promoting mental health and psychological wellbeing in HIV Patients
  Education sessions are in place on common mental health issues and routine supervision of GUM clinic staff dealing with psychological issues. A screening tool to assess levels of psychological distress has been implemented.
- Referral pathway for mood disorder after stroke: Audit of current practice
  Simplified pathways have been introduced working in partnership with psychology, psychiatry and specialist stoke staff. Formal training in psychological care is offered to all clinical staff.

14
Participation in Research & Development

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.

In the last 12 months, the Research Development & Innovation (RD&I) Department has strengthened its accountability to the Trust Board. It now has a structured reporting mechanism in place by which RD&I issues are reported to the Board through the Clinical Effectiveness Council.

During 2013-14, the Trust was involved in 182 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 April 2013 and March 2014, was 1084. The total recruitment was made up of:

- 958 recruited to National Institute for Health Research (NIHR) adopted studies. Of which, 507 patients were recruited to studies approved by a Research Ethics Committee. The remainder were staff recruited to studies that did not require ethical approval
- 118 recruited to non-National Institute for Health Research adopted studies i.e. local and student. Of these, 110 were patients and 8 were members of staff

The Trust is pleased that recruitment figures have exceeded those forecast during 2013-14 and 958 participants were recruited against the proposed target of 700.

Through the work of the RD&I Department, the number of new studies registered has increased by 32%, from 28 last year to 37 in 2013-14. The RD&I Department perform exceptionally well in approving projects consistently under the NIHR 30 day target. Staff have achieved 100% against a target of 80% every month.

The areas of research expertise in the Trust include: cancer, diabetes, intensive care, paediatrics, rheumatology, stroke care and womens and child health. In the last 12 months, there has been an increase in the number of departments and staff engaged in research, particularly in burns and plastic surgery, care of the elderly, emergency care and general surgery.

More than 100 clinical staff participated in clinical research projects, covering 23 specialties, approved by a Research Ethics Committee within the reporting time period.

During 2013-14, the Trust has been one of the highest recruiting organisations to national trials in the following areas:

- Accident and Emergency - Protocolised Management in Sepsis (ProMISe) Trial
- Cancer - Randomised trial testing dose, escalated intensity modulated radiotherapy in women with higher than average local tumour recurrence risk after breast conservation surgery and appropriate systemic therapy for early breast cancer (Import High) Trial
- Cancer - Do specialist cancer services for teenagers and young adults (TYA) add value? (Brightlight) Trial
- Rheumatology - Investigation of factors influencing arthritis - a response to therapy with biologic drugs (BRAGGS) Trial

The following are examples of how research can benefit patients and demonstrates the link between the Trust's participation in Research & Innovation and the drive to continuously improve the quality of services provided:

The Trust has received recognition by the North West Stroke Network for its contribution to the Dopamine Augmented Rehabiliation in Stroke (DARS) trial.

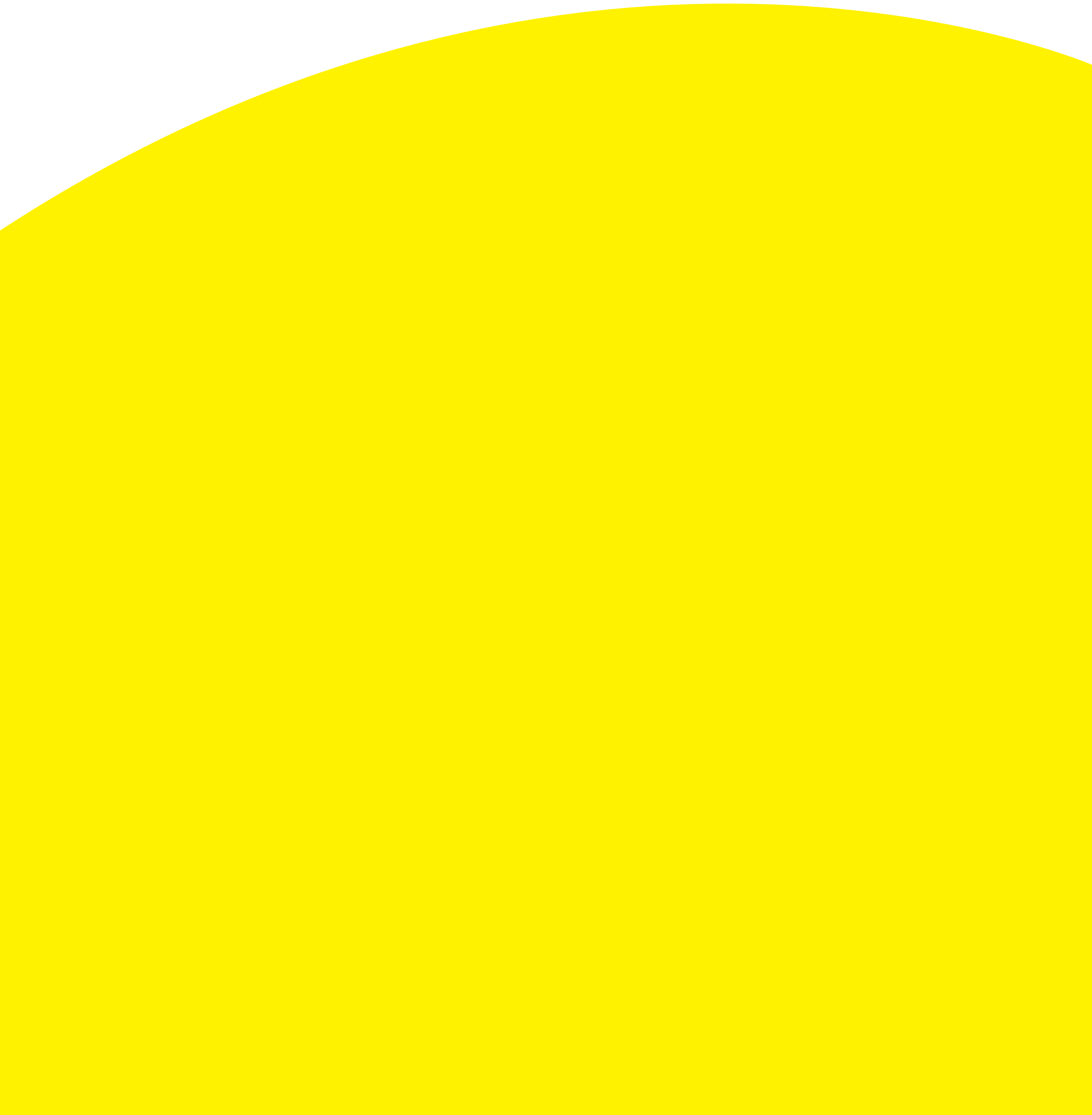
Staff at the Trust have been recognised for their work bringing high quality burns care into the Emergency Medicine setting through the use of Smart Technology. The Mersey Burns App was awarded not only the Best Use of Mobile Technology at the prestigious e-Health Insider Awards, but thanks to its ground breaking innovation, being the UK's first medical app registered with MHRA as a medical device, and was also named overall Winner of the EHI Awards 2013.

Also, in the last three years, 50 publications have resulted from the Trust's involvement in NIHR research.

"My husband and I attended A&E with our 2 year old son. The reception staff, doctors and nurses showed compassion and made our son feel comfortable."

Mrs N, child's mum.

15
Commissioning for Quality & Innovation (CQUIN) Framework



A proportion of the Trust's income in 2013-14 was conditional on achieving quality improvement and innovation goals agreed between the Trust and the CCGs (CQUIN).

The CQUIN 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.

A summary is included below:

Priority	Critical Success Factors	Trust Position
Friends and Family Test	To roll out the programme to inpatients, AED and maternity to achieve a response rate of at least 20%	Partially Achieved (Target achieved for inpatient wards and maternity services, AED performance reduced overall rate)
NHS Safety Thermometer	Reduce pressure ulcer incidence by 5%	Achieved
National Dementia	Implementation of Find, Assess, Investigation and Refer Programme. Review of the support carers receive from the Trust	Achieved
Venous - Thromboemolism	95% of all in-patients will have a VTE risk assessment completed on admission and the Trust will undertake RCAs	Not achieved
Cancer	75% for Cancer Staging Data and 70% of Cancer Diagnostic Testing completed by Day 14 from referral	Achieved
Electronic Discharge Summaries	Inpatients	Partially achieved (Inpatients improved from 73% in Q1 to 82% in Q4 – one of the highest in Cheshire and Merseyside)
	EAU	Not achieved
	Maternity	Achieved 99%
	Accident and Emergency	Achieved 99%
Compassion in Clinical Care	Review and implementation of strategies, policies and procedures which underpin care delivery	Achieved
	Ensuring a culture of patient centred care	Achieved
	Leadership	Achieved
	Workforce for Safe Care Delivery	Achieved
	Healthcare assistant support	Achieved
Choice and Access in Outpatients	Ensure that 20% of outpatient appointments in 5 key specialities are delivered outside of core hours	Achieved
Effective Discharge and Transfer of Care	Implement ECIST recommendations to ensure patients are discharged safely from hospital and to reduce the likelihood of requiring re-admission	Achieved
Advancing Quality	Acute Myocardial Infarction	Achieved
	Heart Failure	Achieved
	Hip & Knee Surgery	Achieved
	Pneumonia	Not achieved
	Stoke (Base)	Achieved
	Stroke (Stretch)	Not achieved

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

NHS Number and General Medical Practice Code Validity

The Trust submitted records during 2013-14 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:

99.8% - Admitted patient care
99.7% - Outpatient care
97.7% - Accident and Emergency care

Valid registered General Medical Practice:

99.9% - Admitted patient care
99.8% - Outpatient care
99.6% - Accident and Emergency care

(Source: SUS Data Quality Dashboard 2013-14 – In all cases, Trust percentages are greater than the national rate)

"My daughter was admitted to Whiston Hospital for day surgery. She was looked after wonderfully, everyone made her feel really comfortable and explained everything that was going to happen. A big thank you to all the staff who looked after her, it was reassuring to know that she was in safe hands. Your staff really make a difference to people's lives and their work and dedication is very much appreciated."

Mrs E, child's mum.

16
Information Governance Toolkit (IGT) Attainment Levels

There are six initiatives with 45 standards. The initiatives include information governance management, confidentiality and data protection assurance, information security assurance, clinical information assurance, secondary use assurance and corporate information assurance.

A sub-set of the Information Governance Toolkit scores are also used to monitor compliance with standards required for the NHS Operating Framework, the NHS Care Records Guarantee and the Statement of Compliance.

The Trust Information Governance Assessment Report overall score for 2013-14 was 82% and the Trust was graded green. This had increased from 81% in the last year. The IGT is available on the Connecting for Health website www.igt.connectingforhealth.nhs.uk

There were 2 incidents which required notification during 2013-14. One was in relation to a presentation on an external website. This did not include patient identifiable information. The second incident was in relation to an encrypted CD. Both the incidents were closed by the Information Commissioner's Office with no actions taken against the Trust.

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. Error rates reported in the latest published audit for that period for diagnosis and treatment clinical coding are:

Primary diagnosis incorrect - 5.0%
Secondary diagnosis incorrect - 4.26%
Primary procedures incorrect - 2.65%
Secondary procedures incorrect - 2.64%

17
Priorities for Quality Improvement 2014-2015

Priority 1. Infection Control

Patients are more vulnerable to infection when they are in hospital and reducing the risk of this remains a top priority for the Trust. There are a number of healthcare associated infections that the Trust has a statutory responsibility to report. These include:

Methicillin Resistant Staphylococcus Aureus (MRSA) Bacteraemia and Clostridium difficile (C.difficile).

The Department of Health sets targets to reduce the number of new cases of these infections each year. Whenever a patient becomes infected, we complete a detailed review to find out how it happened and see what changes to current practice need to be made.

Although there have been significant reductions made in the last year, the Trust still considers this should remain a patient safety priority. The aim is to further reduce hospital acquired infections including all blood stream infections during 2014-15. This will include focussing on medicines management to support reducing rates of Healthcare Associated Infections (HCAI).

The key measures will include:

- Zero tolerance to MRSA
- Aim for less than19 hospital acquired C difficile cases
- 10% reduction in all blood stream infections
- Compliance with NICE Quality Standard in relation to infection prevention and control
- Continued contribution to the Health Economy Infection Control Group

Priority 2. Falls prevention

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 in the past year, and the Trust achieved 10% reduction in falls. The falls prevention programme in the Trust will remain a high priority in 2014-15. The aim is to further reduce the number of falls that result in moderate to severe harm by 5% before the end of March 2015.

Research indicates that people are more likely to fall in hospital than in their own homes as a result of being in an unfamiliar environment and sometimes, as a side-effect, of the treatment they are receiving.

The key measures will include:

- The Trust will continue to measure the overall rate of falls which cause harm and continue to benchmark against the national rate
- A root cause analysis for all falls occurring in hospital will be conducted
- Monthly data on slips, trips and falls by ward and severity of harm will continue to be monitored at the Patient Safety Council
- The number of patients who have had a falls risk assessment completed on admission to hospital will be measured

During 2013-14, the Trust secured a tender to manage the Community Falls Prevention Service for the St Helens area. This will ensure 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 KPIs in relation to this service.

Priority 3. Reduced medication errors

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 2013-14, the Trust established a new Medicines Safety Group and a key priority for the coming year will be to continue the work on improving medicines management and in particular to improve prescribing and reduce medication errors.

The Trust aims to continue to improve reporting rates and reduce serious harm from medication errors by 10% each year.

The key measures include:

- To promote medicine safety awareness across all clinical areas, setting a target of eradicating 50% of drug omissions
- To minimise the number of times a drug is not available on a prescription chart
- Aim to consistently review 95% of patients' medicines within 48hours of admission to hospital
- Further embed the administration of medicines training and core competency assessments
- To undertake 6 monthly medication omissions audit
- Monthly medication incidents report will be presented to the Patient Safety Council
- Point prevalence antimicrobial audits will be undertaken by the Pharmacy Team
- The implementation of an Electronic Prescribing and Medication Administration system (EPMA)
- Medication error root cause analysis via the Patient Safety Council
- Monitoring the time to patient receiving first dose antibiotics in line with the Trust's sepsis guidelines

Clinical Effectiveness Priorities

Priority 1. Mortality

The Trust will implement a new system for reviewing every hospital death in line with the Keogh Report recommendations.

The goal will be to ensure in-hospital mortality is below the average for the North West. The Trust aspires to achieve mortality rates less than the national average.

The key measures will include:

- Improve palliative care coding
- Continue to focus on patient safety and quality which aims to ensure that all patients receive the highest quality care
- Continue to focus on quality improvement programmes, focussed on how we treat patients with serious infection or acute kidney injury, and on the management of frail older patients, particularly those with dementia
- Continue 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

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 aim in 2014-15 is to improve access to the Stroke and TIA services and to ensure that the Trust achieves the Advancing Quality indicators in relation to stroke care.

The key measures will include:

- An increase in the number of stroke beds during 2014-15
- Increase compliance with stroke AQ performance.
- To 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

Priority 3. Safe staffing

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 will be 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 will be conducted.

The key measures will include:

- The use of evidence-based tools to establish safe staffing levels and review nurse staffing levels bi-annually
- Monthly reporting to the Trust Board as an exception report relating to safe nurse staffing levels based on hours per ward for day and night shifts
- Publish nurse staffing hours monthly on the NHS Choices and the Trust websites.
- Publish daily staffing levels on notice boards outside each ward area
- Compare data to triangulate incidents of harm with staffing levels

Patient Experience Priorities

Priority 1- Discharge

A key theme from patient feedback and listening events during 2013-14 has been a need to improve the discharge experience for patients and their carers. Therefore, this will be a top priority in 2014-15.

During 2014-15, the Trust will aim to improve systems and processes that support the discharge of patients, and also communication with patients and carers.

Key measures will 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
- Aim to improve the co-ordination of discharge and so reduce the length of stay and readmissions for patients with complex needs
- Re-location of the discharge lounge

Priority 2. Friends and Family

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

During 2014-15, the Trust will aim to improve response rates for all indicators related to the Friends and Family test question, and achieve the national target of 30% by March 2015. The Trust will implement the Friends and Family Test in the outpatients department from autumn 2014.

The Trust views the overall ‘Friends and Family Test’ Net Promoter Score as a useful indicator of the overall experience and satisfaction of the services provided. The Trust will continue to aim to improve upon the high net promoter scores currently being achieved, (average Trust score is 85%).

Key measures will include:

- Implement family and friends in the outpatients departments by Autumn 2014
- Monitor staff family and friends responses monthly
- Introduce an alternative system for data collection in the Accident and Emergency Department

18
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'.

During 2013-14, the CQC made two routine, unannounced inspections to the Trust during September 2013 and February 2014. The full reports can be found at: www.cqc.nhs.uk

The inspection carried out in September 2013 at Whiston Hospital examined the 5 standards listed below and the CQC found the quality of care to be high and reported that the Trust was fully meeting 4 out of 5 standards:

Outcome 1: Privacy and dignity
Outcome 4: Care and welfare
Outcome 6: Co-operation with other providers
Outcome 13: Staffing
Outcome 17: Complaints management - partially met

In March 2014, the CQC undertook a table top exercise to review complaints process and feedback. Further improvements have been made and the Trust is now fully compliant with this standard.

On 27th February 2014, a routine unplanned CQC inspection was carried out at St Helens Hospital. The CQC were very complimentary about the services provided at the hospital, and reported the Trust is compliant with the following standards assessed.

Outcome 1: Respecting and involving people who use services
Outcome 4: Care and welfare of people who use services
Outcome 6: Cooperating with other providers
Outcome 14: Supporting workers
Outcome 21: Records

19
Quality Account Consultation

The 'draft' Quality Account was formally presented to St Helens, Halton, and Knowsley CCGs, St Helens, Halton and Knowsley Healthwatch organisations and a representative from the Care Quality Commission.

St Helens Healthwatch Commentary Quality Account 2013-14

"St Helens Healthwatch has received a presentation and the Quality Account document and we have developed a strong relationship with the Trust in the past year. Regarding the priorities chosen for 2014-15 we would make the following comments:

Safety priorities

We agree in focussing on prescribing and decreasing medication errors and we would also add 'waiting times' relating to medication as this remains an issue from comments we receive.

We would suggest replace "prevent never events" with "continue to decrease Grade 1&2 pressure ulcers", as these are the most commonly occurring that the Trust has, from the data supplied, which we recognise has shown decreases in Grades 3 and 4.

Effectiveness priorities

We agree with aiming for hospital mortality to be less than national average and to increase number of stroke beds and improve stroke AQ performance, and Healthwatch St Helens would recommend working in partnership with St. Helens Council Public Health Department (re. local mortality rates) and Stroke Association (re. stroke services performance).

Experience priorities

We agreed with "Improving Friends and Families Test response rates" and "Improve the discharge experience for patients". However more detail is needed on this and we recommended the Trust should revisit results from a previous similar exercise in 2009-10, and that there should be a multi-agency public session hosted in each borough of St Helens & Knowsley to maximise the aim of improving the discharge experience being successfully achieved.

We recognise, that of the key performance indicators that were narrowly not achieved, that the Trust is taking action in next year's priorities to address this. We applaud the Trust in improving its performance on

Referral to Treatment targets for incomplete pathways, as this was an area that previously needed improvement.

Generally, there is a broader acknowledgement by the Executive of what challenges the Trust has and improvements in reporting incidents and staff morale are encouraging. We are also pleased to be working with the Trust to improve the complaints system and that the number of complaints has begun to decrease and that people are receiving responses more quickly."

Signed: Healthwatch St Helens Management Committee

Knowsley Healthwatch Commentary Quality Account 2013-14

Healthwatch Knowsley welcomes the opportunity to provide this commentary in support of the St Helens & Knowsley Teaching Hospitals NHS Trust Quality Account for 2013-14. 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 present the detail of the account and respond to questions. This session was seen as valuable to community members in bringing the content of the report to life and providing additional context where required.

Once again it is pleasing to report that due to on-going work with the Trust, this commentary is based both on the details reported in the Quality Account and a reflection on the work undertaken with St Helens & Knowsley Teaching Hospitals NHS Trust across the last 12 months.

Healthwatch Knowsley has benefitted from on-going engagement with the Trust though the Patient Safety Council and Patient Experience Council. This has given Healthwatch the opportunity to present quarterly patient experience reports covering 219 patient experience stories.

The recommendations in these reports have helped form the basis of an on-going dialogue around quality and improvements across a number of areas.

Healthwatch Knowsley recognises the many achievements across the year that has been highlighted in the Quality Account report. Healthwatch also looks forward to seeing the impact of the Nursing and Midwifery Strategy and the increase in the number of Stroke beds across the coming 12 months.

The patient experience priority focussing on hospital discharge is also welcomed and we are also keen to see the impact of the pharmacy on wheels initiative in helping to reduce the waiting times for medication on discharge, addressing a concern raised by patients and Healthwatch.

During the coming year we are keen to see the continuous use of the Patient Experience information provided by Healthwatch viewed alongside the Patient Experience information gained by the Trust.

Signed by: Paul Mavers, Manager, Healthwatch Knowsley Support Team

St Helens CCG Commentary Quality Account 2013-14

On behalf of St Helens CCG I am taking the opportunity to personally thank you for sharing your draft Quality Account with the CCG through Sarah O'Brien, we welcomed the opportunity to both appraise the report and raise points for clarification at our Clinical Quality and Approvals Committee.

As a CCG we note the contents of the report and support the transparent approach in highlighting both key areas for development and achievement in the forthcoming year. In supporting the delivery of high quality care for our population we are committed to working with St Helens and Knowsley NHS Trust to realise your quality aspirations for 2014-15 and hope that the in-year achievements and challenges will be regularly discussed at the Clinical Quality and Performance Group.

In supporting the delivery of best practice, we would welcome the inclusion of both numbers of complaints that result in litigation and those that are escalated to the Ombudsman for resolution both in this Quality Account and your regular reports.

Similarly, recognising the need for the right number and skills of nurses to deliver high quality care to the population is important and as such we look forward to working with you in delivery of this.

The CCG would suggest that the Trust consider the inclusion of additional patient focused changes which have been implemented throughout the past year; we are aware of these but they are not evident within your account.

Finally, I am sure that we will continue to work together to ensure effective health care services are delivered to the population. Kevin has offered to brief the Clinical Quality and Approvals Committee on implementation of the Quality Strategy.

Signed by: Dr Stephen Cox,
Chief Accountable Officer

Halton CCG Commentary Quality Account 2013-14

Many thanks for submission of the Quality Account for 2013-2014 and for the presentation to local stakeholders on 6th May 2014. This letter provides the response from NHS Halton CCG to the Quality Account.

Although the CCG has been a fully authorised body for just 12 months 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, of the Clinical Quality and Performance Group, which scrutinises the key quality indicators in the Quality Schedule and CQUINs in partnership with St Helens CCG who are the co-ordinating commissioner; these meetings are proving to be both effective and useful. NHS Halton CCG would like to congratulate in particular Mrs Sue Redfern Director of Nursing, Midwifery and Governance on the 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 improvements target and in particular the delivery of the work in relationship to Compassion in Care, Leadership in Nursing and the work to continuously improve safety in theatres. NHS Halton CCG is also pleased to note the delivery against 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 2014-2015, in particular the planned monitoring and the focus on continuous improvement in Safer Care.

We look forward to working with the Trust through 2014-15, helping to improve the quality of services for our patients through the NHS contractual mechanisms and the review and management of serious incidents, applying good governance and ensuring lessons are learnt throughout the Trust.

Signed by: Jan Snoddon, Chief Nurse/Quality Lead, NHS Halton CCG

INDEPENDENT AUDITORS' LIMITED ASSURANCE REPORT TO THE DIRECTORS OF ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST ON THE ANNUAL QUALITY ACCOUNT

We are required by the Audit Commission to perform an independent limited assurance engagement in respect of St Helens and Knowsley Teaching Hospitals NHS Trust's Quality Account for the year ended 31 March 2014 ("the Quality Account") and certain performance indicators contained therein as part of our work under section 5(1)(e) of the Audit Commission Act 1998 ("the Act"). 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 2014 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 2013/14 issued by the Audit Commission on 17 February 2014 ("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 2013 to June 2014;
- papers relating to the Quality Account reported to the Board over the period April 2013 to June 2014;
- feedback from the Commissioners dated 04/06/2014
- feedback from Local Healthwatch dated 11/06/14
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated 20/05/14 (for 2013/14)
- feedback from other named stakeholder(s) involved in the sign off of the Quality Account;
- the latest national patient survey dated 2013
- the latest national staff survey dated 2013
- the Head of Internal Audit's annual opinion over the Trust's control environment
- the annual governance statement dated 04/06/2014;
- Care Quality Commission Intelligent Monitoring Report dated 13/03/2014; and

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 in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 44 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2014. 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 or 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 Audit Commission Act 1998 and in accordance with 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 indicators back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

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

Limitations

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

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

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

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

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 2014:

- 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.

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27 June 2014

Corporate Objectives 2014-2015

Safety

We will embed a culture of safety improvement that reduces harm, improves outcomes, enhances patient experience and protects against hospital-acquired infection. We will learn from mistakes and near-misses and use patient feedback to enhance delivery of care

- Maintain in-hospital mortality below the north west average and aim for less than the national average
- Eliminate the difference between in-hospital mortality for weekend and weekday admissions
- Increase safe (harm free) care towards achieving a five year target of ≥ 99/100
- Achieve zero avoidable hospital acquired MRSA blood infections
- Achieve zero avoidable hospital acquired cases of C.Difficile
- Eliminate avoidable hospital acquired Grade 3 & 4 pressure ulcers
- Prevent 'Never Events'
- Increase screening for venous thromboembolism to ≥ 96%
- Further improve prescribing and administration of medicines, reduce medication errors and eliminate errors causing serious harm
- Reduce hospital readmissions to the national average

Communication

We will respect the privacy, dignity and individuality of every patient and we will increase time nurses spend with patients by improving organisation and delivery of care. We will be open and inclusive with patients and provide them with more information about their care. We will seek the views of patients, relatives and visitors, and use this feedback to help us improve services

- Continue to improve response rates and outcomes from the Friends & Family Test (FFT) and prepare to expand the survey to include outpatients from October 2015
- Maintain compliance with the timeliness of responding to complaints within 25 working days
- Reduce complaints related to staff attitude and behaviour by 5% by March 2015
- Continue to review and improve patient discharge information
- Continue to present patient stories to the Trust Board and other forums to learn lessons and share best practice
- Work with patient focus groups to enable a fuller understanding of the patients' and carers' views and experiences. This feedback will be used to make further improvements

Care

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

- Fully roll-out the Trust's medicine redesign programme to ensure there is consistent daily senior review of every inpatient in medicine 7 days a week
- Implement consistent daily board rounds on every medical ward for every patient
- Reduce variation and make further improvements in clinical care, particularly dementia and end of life care
- Improve the timeliness of discharges and transfers, ensuring that patient comfort and experience is given priority
- Improve the patient experience, based on the national inpatient survey results 2013-14
- Deliver annual key performance indicators (KPIs) outlined in the nursing strategy action plan for 2014-18
- Implement the ward accreditation programme on at least half of all the wards by March 2015
- Nursing leaders will spend more time on clinical duties, working in ward/departmental areas at least once a month. Matrons will spend at least 60% of their time in clinical areas. All ward managers will be supernumerary for 50% of their time by March 2015
- All specialist nurses will dedicate time to support education. A clinical training programme for qualified nurses will be established, to further develop skills, knowledge and competencies to further improve standards for patients. The number of nurses engaging in research and audit and the number of publications associated with nursing practice will be increased
- Formal six monthly reviews of ward staffing establishments will be undertaken. From April 1st 2014. All wards will publish staffing levels per shift on notice boards outside ward entrances

Systems

We will improve Trust systems and processes, drawing upon best practice to deliver systems that are efficient, patient-centred, reliable and fit for their purposes

- Continue to achieve improvements in data quality
- Implement the next phase of IT systems including; a clinical portal, electronic prescribing, electronic medical early warning system and staff rostering
- Fully deploy the Trust wide mobile device strategy
- Provide Wi-Fi access to patients, staff and visitors to the Trust
- Improve systems for scheduling out-patient appointments

Pathways

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

- Use benchmarking data intelligence to reduce variation and improve outcomes
- Embed the ambulatory emergency care pathways to reduce non-elective admissions
- Work closely with CCG colleagues to develop alternative services 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

Developing Organisational Culture and Supporting our Workforce

We will develop a management culture and style that empowers, builds teams, recognises and nurtures talent through learning and development. We will be open and honest with staff, provide support through organisational change and invest in health and wellbeing. We will promote standards of behaviour that encourage a culture of caring, kindness and mutual respect

- Deliver the Trust's identified priorities in respect of the recommendations from the Keogh, Berwick and Francis reports aligned to local contract & CQC requirements
- Build upon staff engagement, listening and feedback processes to continue to engage with staff about the Trust's values, the ACE Behavioural Standards, to further enhance the delivery of 5 star patient care. Focus on key areas for improvement from the staff survey
- Implement a new e-rostering system for the Accident and Emergency Department, Operating Theatre Department and agreed wards to enable improved monitoring of staffing levels and a reduction in bank and agency spend
- Implement a system to align clinical activity planning to medical workforce job plans. Roll out a new junior doctors e-rostering policy and system to improve rota management
- Deliver core skills/competency development programme to health care assistants aligned to national guidance and the training needs analysis, and provide opportunities for career progression
- Continue to promote duty of candour; to ensure a no blame culture and the creation of a learning organisation, where patient safety always comes first
- Target areas where sickness absence could be improved by cultural or leadership development. Continue to target stress and muscular skeletal support for staff and explore other opportunities to improve levels of attendance
- Implement a new incremental pay progression policy aligned to the completion of mandatory training appraisals for all staff employed on agenda for change terms and conditions
- Promote education and development of standards to ensure that only those with relevant skills and competencies are employed by the Trust
- Continue to promote and enhance communication with Trust staff and external stakeholders

Operational Performance

We will meet and sustain national and local performance standards

Achieve all national performance indicators including:
- 4 hour standards in the Accident and Emergency Department
- Cancer treatment standards
- 18 week access to treatment for elective care
- Diagnostic tests to be completed within 6 weeks

Achieve all local performance indicators including:
- CQUINS
- Contract performance indicators and compliance
- Activity levels required to meet Trust performance standards

FT Transition Plan

We will work closely with the NHS Trust Development Authority (NTDA), commissioning and local authority partners to enable submission of the Trust's Foundation Trust (FT) application by September 2014

- Meet all the targets set by the NTDA in order to maintain the trajectory for achieving FT status
- Develop more positive working relationships with commissioners and other health economy partners to further develop the Trust's long term plans for a sustainable Foundation Trust application
- Progress the Trust's integrated business plan (IBP) to ensure the organisation's readiness for FT status
- Continue with the systematic review of capacity utilisation, including operating theatres, beds, out-patient clinics that underpin the collaborative work with neighbouring organisations
- Deliver Year 1 of the implementation plan objectives in the FT communications and engagement strategy – including an upgrade of the Trust's website and introduction of social media

Financial Performance, Efficiency & Productivity

We will achieve statutory and administrative financial duties within robust financial governance framework, delivering improved productivity and value for money

- Achieve all statutory financial duties
- Continue to develop service and patient level information reporting to support decision making at an organisational and service level
- Develop inter-organisational service level benchmarking to support the identification of clinical and efficiency improvements
- Deliver the cost and productivity improvement programme and develop a rolling three year improvement plan
- Finalise and implement a procurement strategy
- Deliver Year 2 objectives of the information strategy
- Explore opportunities by which the Trust may generate additional income by increasing market share and developing services to meet commissioner requirements
- Implement a commercial assessment framework to support long term strategic planning to achieve financial and clinical sustainability. Use the outcomes to engage with commissioners and develop service level improvement targets
- Continue to deliver the theatre utilisation project, realising the benefits agreed for Year 2
- Deliver the agreed capital investment programme
- Complete a review for the best use of the Trust's estate and implement actions
- Complete a space utilisation exercise across the Trust and incorporate the findings into an estate strategy to support the delivery of the Trust's long term objectives
- Pursue options for meeting the increasing demand for on-site car parking

20
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	WorldHealth Organisation

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