St Helens and Knowsley Teaching Hospitals NHS

NHS Trust

Quality Account

2012-13

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Chair and Chief Executive Statement

We are delighted to share with you our 4th annual Quality Account, highlighting the Trust's achievements during the year in relation to the aspects of our work which matters most to us all – the safety and quality of care we offer to our patients and carers.

The Trust is committed to providing the highest standards of patient care, patient safety and clinical effectiveness. This includes treating people with dignity and respect and doing all we can to make sure they have the best possible experience of using our services. We have continued to focus on our transformational strategy, 5 Star Care, which has led to many improvements with the patient at the heart of all we do.

This report shows the progress made with local quality measures and other related national performance indicators. We have continued to strive to involve members of the public and users of our services to help develop these measures. We work hard to ensure that all of our stakeholders have the opportunity to influence our priorities for the future but recognise that there is much more to do. Performance has focused on improving the quality of service and the experience of patients and carers.

As a Teaching Hospitals Trust, we have implemented measures to improve clinical excellence: our Education and Training Centre is providing training programmes that are amongst the best in the UK. We have well established educational and research relationships with the University of Liverpool and Liverpool John Moores University. As Lead Employer, on behalf of the Mersey Deanery, we employ over 2,000 trainee speciality doctors based in hospitals and GP practice placements throughout Merseyside and Cheshire.

The Francis Inquiry Report recommendations (2013) highlighted new challenges to health providers: challenges to be fully open and transparent, challenges to culture; challenges not to accept the unacceptable, or mediocrity; challenges to improving how we respond to complaints and concerns. The report has been published during a time of significant change in health systems; this will see clinicians taking a greater role in influencing the clinical strategies necessary to deliver services that are safe and effective. This clinical engagement should strengthen governance and quality.

In our Clinical & Quality Strategy, we demonstrate our commitment to continually improving everything we do and this highlights the energy and enthusiasm that exists at all levels of the organisation to improve our patients' experience of healthcare. For the seventh year running, the Trust achieved the top rating of 'Excellent' in each category for both St Helens and Whiston hospitals in the Patient Environment Action Team (PEAT) assessment. The Trust also gained awards and recognition for many of its services including: Microbiology, Pharmacy, Informatics, Diabetes and Rheumatology.

Finally, on behalf of the Trust Board we would like to thank all of the staff who have contributed to what has been a very successful and active year. We have focussed on further improving quality and providing consistently high standards of care.

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

Les Howell,
Chairman

Ann Marr,
Chief Executive

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 2012/13
- The performance information reported in the Quality Account is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- The Quality Account has been prepared in accordance with Department of Health guidance.

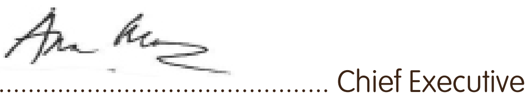
The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

20th June 2013
.... Date

.... Chair

20th June 2013
.... Date


.... Chief Executive

About Us

St Helens and Knowsley Teaching Hospitals NHS Trust is one of the busiest hospitals in North West England. The Trust provides acute and specialist services across two hospitals sites: Whiston Hospital and St Helens Hospital. We are currently in the process of applying to become a NHS Foundation Trust.

The Trust's annual income is £280 Million; employing more than 4,000 members of staff. As a Teaching Hospitals Trust, we have well established educational and research relationships with the University of Liverpool and Liverpool John Moores University. The Trust is Lead Employer, on behalf of the Mersey Deanery and is responsible for over 2,000 trainee specialty doctors based in hospitals and GP practice placements throughout Merseyside and Cheshire.

The Trust provides a high standard of care to a population of approximately 350,000 people across St Helens, Knowsley, Halton, and 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 systems continue to deliver improvements in diagnostics and patient centred systems. The Trust continues to support staff with the development of innovations; some are at the forefront of pioneering new techniques to provide patients with better outcomes and improved quality of life.

The Trust has achieved awards and recognition for exemplary services including Informatics, Microbiology, Pharmacy, Rheumatology and Diabetes, underlining our commitment to providing the very best care for our patients.

The Trust has reviewed all available data on the quality of care in all of its NHS services to support this Quality Account. The income generated by the NHS during 2012/13 represents 80% of the total income generated by the Trust. The sub-contracted provision of NHS services by the Trust represents 0.3% of the total income generated during this time.

The Accident and Emergency Department has seen a substantial increase in the attendance rate since the new Whiston Hospital opened. High standards of care and treatment have continued to be provided for patients with life threatening injuries and patients with serious illnesses such as strokes and heart attacks. Providing world-class facilities at both St Helens and Whiston hospitals, the Trust strives for every patient to have an excellent experience, every time.

Equality and Diversity

The Trust is committed to ensuring that its staff and service users enjoy the benefits of a healthcare organisation that respects and upholds individuals' rights & freedom. Equality and human rights are at the core of the organisation's beliefs and the Trust strives to ensure that people with protected characteristics under the Equality Act 2010 are afforded the same quality services as everyone else.

The Equality and Diversity Strategy and Plan cover all equality indicators. All current policy and practices are in line with the Act. Information has been provided to all staff highlighting the importance of Equality and Diversity both as employees and as providers of patient care.

The Trust has delivered on the national requirements, for example; publishing equality objectives, implemented anti-age discrimination practice and is developing further approaches to delivering equitable personal services. Equality and human rights are at the core of the organisation's beliefs. An Equal Opportunity Policy is in place in the Trust to support and inform staff of their rights and action to take should they feel discrimination has occurred.

All patient information is available in alternative formats. The Trust ensures that an equality impact assessment is carried out on policies and service improvement plans. This is to identify if any changes are likely to adversely affect people with protected characteristics, and where this may happen the Trust takes steps to change or minimise the impact.

Our Performance

The table below highlights some of our key indicators, the majority of which are nationally mandated:

Performance indicator	2011/12 Performance	2012/13 Target	2012/13 Actual
Cancelled operations (% of patients treated within 28 days following cancellation)	Achieved	100%	100%
Referral to treatment targets (% within 18 weeks and 95th percentile targets) Admitted	Achieved	90%	95.1%
Referral to treatment targets (% within 18 weeks and 95th percentile targets) Non-Admitted	Achieved	95%	98.5%
Referral to treatment targets (% within 18 weeks and 95th percentile targets) Incomplete Pathways	Achieved	92%	97.6%
Cancer: 31-day wait from diagnosis to first treatment	Achieved	96%	99.4%
Cancer: 31-day wait for second or subsequent treatment: - surgery - anti-cancer drug treatments	Achieved Achieved	94% 98%	98.5% 100.0%
Cancer: 62-day wait for first treatment: - from urgent GP referral - from consultant screening service referral	Achieved Achieved	85% 90%	91.3% 100.0%
Cancer: two week wait from referral to date first seen: - urgent GP suspected cancer referrals - symptomatic breast patients	Achieved Achieved	93% 93%	94.8% 97.3%
Emergency Department waiting times within 4 hours	Achieved	95%	95.3%
Percentage of patients admitted with stroke spending at least 90% of their stay on a stroke unit	Not Achieved	80%	78.5%
Percentage of patients with Transient Ischaemic Attack (TIA) at higher risk of stroke seen and treated within 24 hours	Achieved	60%	67.7%
Clostridium Difficile	Achieved	37	31
MRSA bacteraemia	Not Achieved	3	10

Summary of National Patient Surveys

The Trust performed well in the national surveys throughout the year, see table below. Results for the Care Quality Commission (CQC) in-patient survey indicated that patients rated the Trust as providing some of the highest standards of hygiene and cleanliness compared to other Trusts. The knowledge of specialists working at the Trust was also praised as patients commended doctors for the information available about their condition or illness. This year's results from the national inpatient survey and the hospital internal patient surveys are as follows

National Inpatient Survey, Key findings:

Of the 70 questions in the survey, the Trust was benchmarked in the top 20% nationally for 3 of the questions, and in the lower 20% for only 1 question;

"**Were the letters written in a way that you could understand?"** The Trust has addressed this issue by implementing a new electronic discharge summary.

A sample of some of the questions from the survey	2011/12	2012/13	2012 /13 National Comparative Data
Do you have confidence and trust in the doctors treating you?	81%	83%	81%
Do you have confidence and trust in nurses treating you?	76%	78%	78%
Was the hospital room or ward that you were in, very clean?	85%	87%	70%
Were you involved as much as you wanted to be in decisions about your care and treatment?	56%	59%	56%
Did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?	82%	85%	82%
Were you offered a choice of food?	84%	87%	80%

Source: National Inpatient Survey 2012 – www.cqc.org.uk/public/reports-surveys-and-reviews/surveys/inpatient-survey-2012

The results of both the national and local surveys are extremely important combined with the engagement with patients and carers through focus and user groups. It is vital that patients' healthcare needs and wishes are fully understood to ensure individual patient focused care is provided.

The Trust proactively seeks to capture the views of patients and carers experiences, using a variety of methods to achieve this including: national and local surveys, NHS Choices, compliments, comments and complaints.

Outpatient Department Survey

The Care Quality Commission (CQC) only carries out a survey every 2 years, the last survey was completed in 2011. The results highlighted the Trust as performing 'better' than most in the Outpatient Survey of each NHS Trust in England,

The Trust's action plan achieved:

- A full review of specific patient pathways to improve efficiency and outcomes
- Improved utilisation of clinics ensuring better use of time
- Reduced rescheduling of appointments
- "One-Stop" Ophthalmology appointments allowing all tests in one appointment rather than a possible four appointments
- Investment in diagnostic equipment leading to improved treatment

National Accident and Emergency Survey

During the year, the Care Quality Commission (CQC) carried out a survey to assess patients' experiences of accident and emergency services.

The results highlighted the Trust is performing "about the same" as most other trusts that took part in the survey with the exception of the hospital environment and facilities where the Trust scored 'better' than other organisations. The other areas where the Trust excelled include; patients feeling involved in decisions about their care, patients having confidence and trust in all doctors treating them and patients feeling there were sufficient nursing staff.

National Cancer Survey, Key findings:

The Trust was named in the top ten of over 160 trusts in the country for providing the best care and support to patients suffering from cancer. The Trust achieved the highest score of all trusts for 2 areas; communicating with patients about procedures and patients feeling that staff were totally honest with them.

Friends and Family Test

The Friends and Family Test (F&FT) is a national initiative which will be implemented by NHS Trusts as from April 2013. The Trust participated in a pilot scheme in March 2013 to ensure a state of readiness. An external company (Quality Health) was commissioned to administer the F&FT and report the Trust's results.

It is evident from examples highlighted in the pilot, that the Trust continues to deliver services that respond to the views of the patients and stakeholders. A robust patient and public engagement programme is planned for the coming year to further seek the views of all our services.

Initiative: Improving the patient experience

Enhanced Recovery Programmes

The Urology, Colorectal, Orthopaedics and Gynaecology departments have all launched Enhanced Recovery Programmes. Enhanced recovery is an excellent initiative with significant benefits which can result in better outcomes for patients and also assists in speeding up the patient's recovery after surgery. The programme focuses on making sure that patients are active participants in their own recovery process. It also aims to ensure that patients always receive evidence based care at the right time. In addition, patients have commented that this has helped to reduce their anxiety related to their surgery.

Cardio-Respiratory

In response to Patient Choice, the Cardio-Respiratory Department has been working closely with Liverpool Heart and Chest Hospital in order to provide Implantable Cardioverter Defibrillator (ICD). This is an implantable device used to treat a dangerously fast heart beat. The follow up care now provided at the Trust reduces unnecessary travel for patients.

Phlebotomy

Phlebotomy has introduced an early morning service starting at 7am aimed at patients who wish to access the service before they go to work. This was planned to be a 3 month trial. Following positive patient feedback the service has been retained permanently. Additional improvements were made for patients who attended the Lilac Centre (chemotherapy day unit) and Holbrook Unit (Plastic Surgery day case facility). This provided patients with direct access to phlebotomy services allowing samples to be processed more quickly.

Radiology

Radiology introduced a CT and ultrasound scanning service at weekends for in-patients, consequently reduces lengths of stay.

Palliative Care Service

The Trust has participated in a national initiative, 'Transforming End of Life Care in acute hospitals'. The Trust is one of the first to lead the way in this important aspect of patient care.

The goal is to ensure that everyone nearing the end of their life is treated with dignity and respect and receives compassionate care in accordance with their wishes in the place they choose. We are also committed to involving and supporting families and carers at every stage of the patient journey.

Intensive Care Unit (ICU): Initiative in collaboration with Cheshire and Merseyside Network

Leaving hospital and returning home after a critical illness and time spent in the Critical Care Unit is a major step in a patient's recovery. The Cheshire and Mersey ICU Steps Support Group was founded in May 2012, by critical care staff from Ward 4E and a group of recovered critical care patients. Patients and families say that this is a crucial phase in their recovery. Being able to speak with staff and other people who have been in similar situations helps them to manage not only their physical but also their psychological recovery related to their condition.

Rheumatology

The award winning Rheumatology Department has been accredited with the Customer Service Excellence Award for the last 5 consecutive years (this is a process that requires scrutiny by external assessors against quality standards). The team have continued to work closely and successfully with their patients through a Patient Reference Group.

Sexual Health Service

Additional 'walk-in' sessions have improved patient access to services. The introduction of the new service in March 2013 has now allowed for 100% of patients to 'walk-in', leading to greater accessibility to patients who can now make unscheduled visits. The service provides blood testing in community venues as well as at St Helens Hospital, which enables early diagnosis so treatment can be commenced promptly.

Environment Assessments

This national scheme Patient Environment Action Team, (PEAT) is a formal assessment of the condition and cleanliness of the environment and users of our services are involved in the assessment process. The Trust has scored excellent in this scheme for the last 7 consecutive years and is the is the only acute trust in the North West to have achieved this. Next year, a new system of inspection will be launched nationally which involves far greater patient, carer and stakeholder input, and covers virtually all patient areas in each hospital. In line with the new system, in-depth inspections are planned to be carried out at St Helens Hospital during April 2013 and at Whiston Hospital during May 2013.

Benchmarking Data

The Department of Health requested that the Trust's 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 National Health Service 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 for this version of the Quality Account must out of necessity be from the previous year or earlier.

Patient Reported Outcome Measures (PROMS).

NHS patients having hip or knee replacements, varicose vein surgery, or groin hernia surgery are invited to fill in PROMs questionnaires as an indicator of their experience and the quality of care received. The questionnaire used is called EQ-5D. PROMS are a series of measures recorded by patients' pre and post operatively that measure how their quality of life and health outcomes have improved following their surgery.

We report PROMS measures scores for the following: groin hernia surgery, hip replacement surgery, knee replacement surgery and varicose vein surgery.

The table below demonstrates PROMS for the last two reporting periods

Indicator	Reporting Period	STHK	National Performance		
			Average	Lowest Trust	Highest Trust
EQ-5D for groin hernia surgery	Apr 12 to Sep 12 (provisional)	0.061	0.091	0.017	0.158
EQ-5D for groin hernia surgery	Apr 11 to Mar 12(provisional)	0.080	0.087	-0.002	0.143
EQ-5D for hip replacement surgery	Apr 12 to Sep 12(provisional)	*	0.437	0.333	0.502
EQ-5D for hip replacement surgery	Apr 11 to Mar 12(provisional)	0.443	0.416	0.306	0.532
EQ-5D for knee replacement surgery	Apr 12 to Sep 12(provisional)	*	0.312	0.244	0.387
EQ-5D for knee replacement surgery	Apr 11 to Mar 12(provisional)	0.272	0.302	0.180	0.385
EQ-5D for varicose vein surgery	Apr 12 to Sep 12(provisional)	*	0.093	0.024	0.138
EQ-5D for varicose vein surgery	Apr 11 to Mar 12(provisional)	*	0.094	0.047	0.167

*The NHS IC has suppressed these figures because the underlying data has very small numbers (1-5) and it is felt to use this data could breach patient confidentiality. The data indicates that the Trust is above average national performance for hip replacement surgery and within the average range of all the other indicators.

Source: NHS Information Centre - www.hscic.gov.uk/catalogue/PUB07049

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

- Response rates for these PROMS are low and we need to increase the number of eligible patients completing the questionnaires.
- The current PROMS data we receive monthly indicates we are within the expected limits for hernia, varicose veins and knee replacement surgery.

The Trust intends to take the following actions to improve these outcome scores, and so the quality of its services, by:

- Increasing use of PROMS questionnaires in low-use areas by educating staff about its importance, by monitoring more closely EQ-5D use and by performance managing low-use clinical areas.
- Using targeted qualitative research (semi-structured interviews) to understand lower than average EQ-5D in some scores to inform changes to care pathways (in conjunction with colleagues in primary care if necessary) to improve quality of life and care
- Encouraging more patients to participate in PROMS
- Reviewing the information we give to patients pre-operatively, to make sure they are clear about their treatment and proposed outcomes

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 acute teaching hospitals. Detecting, recording, monitoring and sharing learning from incidents is an essential part of high quality care.

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

The Trust is in the best 25% of medium sized acute trusts nationally for incident reporting (NPSA) suggesting that low incident rates leading to harm reflect safe high quality care.

Indicator	Reporting Period	STHK	National Performance (against similar cluster organisations)		
			Average	Lowest	Highest
Rate of incidents per 100 admissions	2010-2011	4.6	This data is not available		
	2011-2012	5.2			
	2012-2013 (April-Sept)	8.6			
Number of incidents reported	2010-2011	4090	4292	2372	9272
	2011-2012	4838	4808	1747	10,504
	2012-2013 (April-Sept)	3999	2602	843	4552
Number of incidents resulting in severe harm	2010-2011	1	28	1	121
	2011-2012	13	35	6	116
	2012-2013 (April–Sept)	9	19	0	95
% of severe patient incidents against total incidents reported	2010-2011	0.02%	0.67%	0.02%	2.54%
	2011-2012	0.27%	0.74%	0.11%	2.88%
	2012-2013 (April–Sept)	0.23%	0.75%	0.00%	3.56%

Source - Data calculated using the Health & Social Care Information Centre and National Patient Safety Agency Feedback Reports

Data for October 2012 to March 2013 is not yet published by the National Patient Safety Agency at the time of this report.

As a result of being transparent and open, the organisation has increased its rate of incident reporting. This places the organisation in the top 8 of similar organisations nationally for April 2012 to September 2012.

The data indicates that the Trust is below the national average for the number of incidents reported resulting in harm.

- The Trust considers that these data are as described for the following reasons:
- Data have been checked against NPSA database and are correct.

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

- Early in the 2012/13 year, the Trust's incident reporting systems were externally reviewed which resulted in further development of robust systems for incident reporting.
- The Trust has also reviewed its reporting systems for SUIs, SIRIs and 'Never Events' and currently has a standard operating procedure embedded in the governance system to make reporting of these issues more timely and more robust.
- The Trust has developed an integrated Clinical & Quality Strategy; the focus is to sustain continuous improvements in care driven by evidence based care pathways, revision of the existing governance structure to enhance communication and reporting.

The Trust report all patient safety incidents based on the degree of actual harm caused. We have in place a system by which care groups share lessons learnt on a monthly basis via the Patient Safety Committee and Risk Management Council.

Mortality

This section reports the value and banding of the summary hospital-level mortality indicator ("SHMI") for the Trust for the reporting period.

Indicator	Reporting Period	STHK	National Performance		
			Average	Lowest Trust	Highest Trust
SHMI	Oct 11 to Sep 12	1.0397	1.0000	0.6849	1.2107
SHMI	Apr 11 to Mar 12	1.0305	1.0000	0.7102	1.2475
% deaths with palliative coded	Oct 11 to Sept 12	17.4%	18.9%	0.2%	43.3%
% deaths with palliative coded	Apr 11 to Mar 12	15.1%	17.9%	0.0%	44.2%

There is currently only one period report for this information. The Trust considers that this data is as described for the following reasons:

- The Trust value was 1.0305 which is just slightly over the expected range of 1.000
- The SHMI includes deaths up to 30 days post discharge and does not include any correction for social deprivation and other factors.
- It is notable that out of 22 acute trusts in the North West only three have an SHMI of 1.00
- Our mortality rates are comparative with our neighbouring acute trusts.

The Trust's Medical Director monitors, reviews and signs off SHMI data as presented in the National Quality Indicator Previewer. The data is triangulated with Dr Foster HSMR and a suite of other mortality data which are reviewed by the Improving Outcomes Group, reporting regularly to the Clinical Effectiveness Council. This and other mortality data are also reviewed by the Trust Board directly in its 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:

- Establishing processes to report mortality alerts identified using Dr Foster systems for any diagnosis or procedure on a quarterly basis to the Trust Medical Director.
- Improving standardisation of evidence-based care by increasing use of NICE guided, 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 Palliative Care Team involvement (and where appropriate use of the Liverpool Care Pathway) for appropriate patients, particularly in certain specialties where use 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 authority 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.

Readmissions

This section reports the percentage of patients aged 0 to 15 and 16 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period. We have compared ourselves against acute teaching trusts.

A high re-admission rate may indicate suboptimal systems and processes, premature or inadequate, or discharge or, lack of timely follow-up, or limited availability of community support services.

Table indicates re-admission rates within 28 days of being discharged

Indicator	Reporting Period	STHK	National Performance		
			Average	Lowest Trust	Highest Trust
% of patients aged >16 years old re-admitted to the trust within 28 days of discharge	Apr 10 to Mar 11	12.59	11.42	0.00	22.93
% of patients aged >16 years old re-admitted to the trust within 28 days of discharge	Apr 09 to Mar 10	12.72	11.16	0.00	22.09
% of patients aged 0-15 years old re-admitted to the trust within 28 days of discharge	Apr 10 to Mar 11	10.88	10.15	0.00	25.80
% of patients aged 0-15 years old re-admitted to the trust within 28 days of discharge	Apr 09 to Mar 10	10.51	10.18	0.00	31.40

Source: NHS Information Centre

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

- The data triangulates with Dr Foster readmissions data and is monitored by the Trust Board.
- A detailed analysis by Dr Foster commissioned by the Trust has identified several key issues leading to its increased readmissions and the Trust is working internally and with commissioners to address these issues.

The Trust has / intends to take the following actions to improve these percentages, and so the quality of its services by:

- A telephone and targeted early outpatient follow-up service for hospital discharges.
- Changes to practices in selected services that were erroneously labelling elective readmissions as emergencies e.g. in leukaemia chemotherapy

Patient Experience

This section reports the Trust's responsiveness to the personal needs of its patients during the reporting period. This data is taken from the National Inpatient Survey. The comparison of the highest and lowest performing acute hospital trusts is within the North West region.

The table below indicates the patient experience results from the National Inpatient Survey

Indicator	Reporting Period	STHK	National Performance		
			Average	Lowest Trust	Highest Trust
Patient experience regarding the responsiveness of staff to patients personal needs (using a selection of questions from the national inpatient survey)	2011-12	69.8	67.4	56.5	85.0
Patient experience regarding the responsiveness of staff to patients personal needs (using a selection of questions from the national inpatient survey)	2010-11	70.1	67.3	56.7	82.6

Source: NHS Information Centre

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

- We are pleased that our score is rated above the national average and very close to the highest performing trust in the region.

The Trust Trust has taken the following actions to improve this percentage, and so the quality of its services,

- Monthly review of internal patient experience measures
- The Trust's Clinical & Quality Strategy includes specific measures to improve basic care; these will be monitored by the Trust Board in its Integrated Performance Report which is underpinned by improvements in Mandatory Training and Clinical Appraisal process.
- The Annual Patient Survey being supplemented by real time, electronic surveillance offered to all inpatients and reported bimonthly to the Patient Experience Council.

We have seen significant improvements this year in all sections of the patient survey but particularly with regard to providing patients information, communication and privacy and dignity. We were very pleased that of the 70 questions within the survey, for 3 we rated within the top 20% nationally and only 1 rated in the bottom 20% nationally.

To improve this percentage we are increasing the amount of patient experience audits that we do in all areas to ensure we obtain the views of patient and visitors and have produced an action plan.

Staff Survey

This section reports the percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends. The National Staff Survey (NSS) was undertaken by Quality Health for the Trust between September 2012 and December 2012.

A sample of staff was used for the survey which was determined by the total number of staff employed, on a nationally determined sliding scale. The sample was generated at random on a nationally agreed protocol from all current employees on 1st September 2012. This equated to 850 staff for the Trust.

Organisations surveyed by Quality Health had a mean overall response rate of 50%. The overall national response rate for acute trusts in England was 49%, equivalent to that of the Trust. The table below provides the percentage of staff who would recommend the Trust as a provider of care to their family and friends and shows an improvement on the 2011 score and places the Trust above the national average for acute trusts.

Indicator	Reporting Period	STHK	National Performance		
			Average	Lowest Trust	Highest Trust
If a friend or relative needed treatment, I would be happy with the standard of care provided by the trust	2012	70%	63%	35%	94%
If a friend or relative needed treatment, I would be happy with the standard of care provided by the trust	2011	63%	65%	33%	96%

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

Question	STHK	All Trusts
The staff know who their managers are	85%	80%
Communication between senior managers and staff is effective	41%	33%
Senior managers act on staff feedback	32%	25%
Senior managers are committed to patient care	55%	48%
The organisation acts on patient concerns	76%	67%
Staff feel safe to raise concerns	78%	71%
The Trust takes actions to stop recurrence of incidents / errors	70%	60%

Source: NHS Surveys

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

- This is a national survey organised, analysed and presented from the Department of Health. The Trust performs better than the English average on this measure.
- The Trust was in the top 20% in the country for this question. Performance has continued to improve year on year. The 2012 survey demonstrated a further improvement with a score of 70%.compared with the national average, 63%.

The Trust has taken the following actions to improve the score achieved in the last staff survey and so the quality of its services, by:

- Continue to improve care driven by the Clinical & Quality Strategy, based on NICE recommendations and evidence based care pathways.
- Improving the health & wellbeing of staff
- Undertaking a programme of staff engagement events
- Acknowledging the areas of concern for staff and implementing the plans to address them.

Venous Thromboembolism (VTE)

This section reports the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.

Indicator	Reporting Period	STHK	National Performance		
			Average	Lowest Trust	Highest Trust
% patients admitted to hospital who had a risk assessment for VTE	Apr 12 – Dec 12	90%	93.8%	85.5%	100.%
% patients admitted to hospital who had a risk assessment for VTE	Apr 11 to Mar 12	84%	89%	40.5%	100%

The Trust considers that this data is described for the following reasons. Our local CQUIN target for 2012/13 was that 90% of patients will have a VTE risk assessment on admission.

We did meet this target by consistently achieving above 90%

The methodology for collecting the data is based upon documented VTE assessments being completed. These are reported both in patients' notes and on the Trust eVTE system. The areas that have found the target challenging is the surgical admission and day case surgery unit.

Our CQUIN target for 2013/14 is that 95% of patients will have a VTE risk assessment completed on admission

The Trust intends to take the following actions to improve this percentage, and so the quality of its services. This includes:

- Daily monitoring of VTE risk assessment
- Identified care group and directorate champions to monitor this
- Trust wide roll out of eVTE risk assessment.

Clostridium Difficile

This section reports the rate per 100,000 bed days of cases of C.difficile infection reported within the Trust amongst patients aged two or over during the reporting period.

C. difficile rates per 100,000 bed-days

Indicator	Reporting Period	STHK	National Performance		
			Average Trust	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 11 to Mar 12	22.8	21.8	0	51.6
C. Diff rates per 100,000 bed-days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	Apr 10 to Mar 11	32.4	29.6	0	71.8

Source: Health Protection Agency (HPA)

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

- New cases of C.difficile infection identified by the microbiology laboratory are reported directly to the infection prevention and control team who co-ordinate investigations and care and mandatory reporting via a dedicated database to Health Protection England (formerly Health Protection Agency).
- The information is shared with and further checked by the Trust's Clinical Information Department.
- All hospital acquired cases of C.difficile are subject to robust RCA process and feedback to the Trust's Executive review panel.

The Trust has taken the following actions to improve this rate and so the quality of its services by strengthening collaborative links between local hospitals and community teams.

Some of the other improvements we have introduced are:

- Prompt identification and isolation of patients with suspected or confirmed C.difficile infection
- Collaborative working between infection prevention and control, hotel services and domestic contractors to ensure high standards of cleanliness
- Formal root cause analyses to identify areas for improvement including antibiotic prescribing involving ward based pharmacist as part of the review team.
- Notification to community teams of patients with C difficile.
- The Trust, working with CCG colleagues, has undertaken very extensive investigation and management of its infection prevention control measures after an unacceptable increase in MRSA bacteraemia. These actions form the basis of an extensive report on the subject and have been externally audited by Dearden Microbiology and the CQC.
- For 2012/13, Trust C. difficile rates were 31 against a target of 37.
- High rates of prescription of antibiotics and proton pump inhibitors in primary care locally has also been identified as a contributing factor to local C. difficile rates and CCGs have undertaken to introduce measures to bring about a substantial reduction in both in 2013/14.

How we did against our 2012/2013 priorities.

At the heart of everything we do at St Helens & Knowsley Teaching Hospitals NHS Trust is the overarching aim to deliver safe, effective care and a positive patient experience. The "5 star care" chart below illustrates the key quality objectives which are summarised in the Trust's Corporate Objectives.

Progress is reviewed against these objectives within this Quality Account.

Each year the Trust Board agrees its Corporate Objectives in consultation with staff and launches them at the 'Start of The Year Conference.' They are displayed throughout the Trust to ensure that staff and the public know the vision and goals of the organisation for the following 12 months.

The objectives include operational, business and finance goals. The central aim is to provide high quality healthcare services by striving to ensure that every patient receives the right care at the right time, every time.

2012/13 Priority: Prevention of Venous Thromboembolism (VTE)

Goal	90% of patients to have a VTE risk assessment completed on admission.

Venous thromboembolism (VTE) is the formation of a blood clot in a vein. The blood clot can dislodge and cause acute obstruction to vital blood vessels in the lungs. The presence of a blood clot in a leg vein can cause on-going pain and inflammation and potential long term morbidity.

Reducing VTE has significant potential for improving health outcomes and reducing avoidable death, disability and chronic illness. This is largely preventable through risk based screening and appropriate prophylactic treatment.

The number of hospital inpatients receiving a VTE risk assessment was included as one of the four National Commissioning for Quality Payment Framework Indicators in 2012/13. This remains a national priority for 2013/14. Hospital acquired VTE is preventable and an important indicator of safety. VTE is prevented by timely assessment & prescribing appropriate measures that prevent a VTE from occurring.

Managing the risk of VTE remains a top clinical priority for us. We have continued to ensure that there is a programme of regular audit within the Trust and feedback to individual consultants and divisions. VTE is included in the Trust clinical induction and mandatory training sessions to raise awareness and the Trust participated in a poster campaign during the National Thrombosis awareness week.

The Trust has made significant improvements over the last year in achieving this target, this has included:

- Embedding the VTE risk assessment process
- The introduction of a RCA process for hospital acquired VTE, which is reported via the Patient Safety Council
- VTE assessment is continued to be reported monthly as part of the CQUIN indicators and is monitored via the Trust Board's Integrated Performance Report

Our priorities for 2013-14

It is clear to see that we have continued to make progress in relation to VTE prevention. However, there is still a requirement to focus on this in 2013/14 to ensure we achieve the revised national CQUIN target of 95%

The aims are:

- To progress from the present manual data collection system to an electronic solution that will allow real time checks of data acquisition to inform immediate intervention to address shortfalls in assessment and it's reporting.
- To review all hospital acquired VTE cases

Priority: Reducing risk from falls

Goal	To reduce by 10% the number of falls resulting in moderate or severe harm

A fall is the most reported safety incident in inpatients and they occur in all clinical areas. In-patient accidental falls in account for 30-40% of reported safety incidents (National Patient Safety Agency 2007).

In many acute NHS organisations slips, trips and falls are the most common occurring patient safety incident. Such incidents are a major concern and can have significant consequences for the patient and the Trust. Many falls result in minor to moderate harm. However, a fall may lead to serious harm or can contribute to a person's death. The Trust aims to offer the highest possible quality of care in managing the risk of falls or injury following falls. It is important that patients are assessed for the potential risk of falling to enable preventable measures in place.

The Trust goal for 2012/13 was to reduce by 10% falls resulting in moderate or severe harm. We have made year on year reductions in the number of falls reported. Patient safety is central to what we do and avoiding harm is our duty.

Improvements achieved

The Trust has worked hard to reduce the number of patients who fall whilst in hospital due to a number of reasons. This has resulted in significant positive outcomes:

- A sustained reduction in falls with harm
- No falls resulting in severe harms
- The "Falling leaves" campaign was implemented Trust wide
- New equipment has been provided to further reduce the risk of patient harm from falls, e.g.: low profile beds and patient movement alarms

The Trust over the past 12 months has seen a sustained reduction in falls. There were no falls that resulted in severe harm.

The falls prevention team have worked with ward teams to reduce avoidable harm from falls, including quarterly documentation audits of the falls monitoring processes in the Trust. The audits have demonstrated a steady improvement throughout the year, culminating in 98.6 % of all adults being risk assessed across the Trust using an appropriate tool. Of those patients identified as being at high risk of falls 98.7% had a care plan and had been engaged in the falls management and prevention process. An audit of 190 patients confirmed that 97.3 % had been provided with a copy of information leaflets.

The Trust has implemented the "Falling leaves" campaign. The falling leaf symbol is an indicator that the patient may be at risk of falls. This has been included on patient green wrist bands, this highlights the risk and is particularly useful when the patient is visiting other departments to alert staff to the potential risk .The symbol is also attached to the medical and nursing notes and "patient at a glance" board.

Priority: Nutritional Assessment and Support National Hydrant Project

Goal	To implement a new initiative for patients with reduced mobility to support maintaining their hydration.

Care and Compassion is a publication by the Parliamentary Ombudsmans report which raised important issues about both the quality of care and patient experience specifically for older people. It stated that in some cases, the NHS failed to ensure that patients had adequate food, drink and basic sanitary care. As a result the Trust decided to make nutrition an improvement priority. The Trust has implemented a number of actions to support this process including:

- Red jug and tray – patients who require support in eating and drinking are provided with a red jug and tray to alert staff to this requirement.
- Protected meal times with meal co-ordinator – designated Healthcare Assistant to support the red trays.
- Meal observations – regular observations of practice to ensure continuous improvement.
- Nutritional Awareness Days to improve knowledge of staff.

In addition, the Trust was chosen as one of only 20 organisations across the country to pilot a new Department of Health "Hydrant "initiative for patients with reduced mobility.

The initiative aimed to promote patient dignity and independence by introducing a new drinking system that can be attached to wheelchairs, beds, chairs or the patient's clothing to allow easy access, to hands-free hydration.

The National Hydration Programme won the Nursing Times award for Dignity and Living was piloted across five wards at Whiston Hospital. The system is ideal for patients with reduced movement and for those with more long-term mobility problems.

One patient who benefitted from the new system was 90 year old Thomas Waterworth. This

gentleman, who is registered blind, was admitted to Whiston Hospital with poor kidney function. He finds it difficult to make his own drinks at home and struggles using utensils, cups and jugs.
Mr Waterworth was provided with the hydrant system whilst he was in hospital and has taken it home to help him maintain his fluid intake.

Mr Waterworth's daughter, Diane Russell, said:

"My dad is quite independent and has looked after himself for a long time. He is 90 years old now and needs a little more assistance to help keep well. Suffering from poor kidney function, the hydration system is perfect to help him maintain his independence and have fluids on hand throughout the day. I'm so pleased that the hospital gave him this system and has allowed him to take it home, it really is making a difference to his quality of life."

The pilot has had such positive feedback from patients, relatives and staff that following its completion in March 2013, the scheme is to be rolled-out across the Trust.

Priority: Responding to Concerns.

Goal	To ensure complaints are responded to within the agreed timescales and openly address the concerns raised.

The Trust is committed to providing high quality care in partnership with patients and their carers. Every patient should have clear information about what they can expect at all stages of their care and treatment. This provides the opportunity for them to be involved in decisions that affect them. Patients are encouraged to share their views which allows their wishes to be taken into account.

All complaints are treated seriously, each one is rigorously investigated so lessons can be learnt and patient experience improved.

Compliments, concerns and complaints are an important measure of feedback from patients and carers. The Trust values and uses the information to further improve the quality of services it provides. The Trust received a total of 444 complaints during 2012/13. Activity increased by approximately 10% during the year and this was mirrored by a similar increase in complaints (43).

The table and graph below illustrate the number of new complaints received in 2012/13.

Complaints are categorised by specific themes which are then addressed by action plans and are monitored and ultimately resolved. The top 3 themes for the Trust over the past 12 months are:

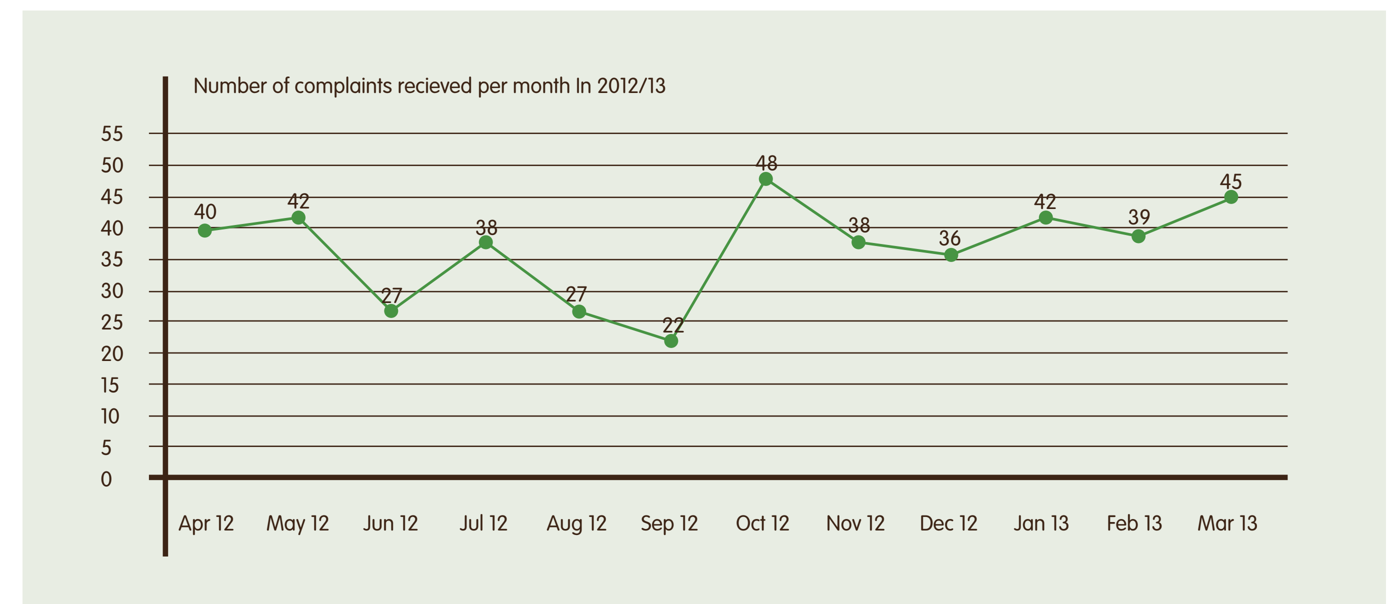
- Communication
- Systems and processes
- Clinical Care

The Trust has developed an open and transparent culture that enables lessons learned from complaints to be shared Trust wide

Actions for improvement

During 2013/14 the Trust will:

- Review the complaints process to improve response times to complaints.
- Work closer with medical and nursing staff, patients and carers to improve communication.
- Provide Trust wide customer care training to increase awareness of listening and responding to patient and carer concerns.
- Evaluate/action complaint themes and feedback to ensure lessons learnt are cascaded.



Review of Quality Indicators

Patient Safety

The Trust Board's main priority is patient safety and to ensure that patients do not experience 'avoidable harm' whilst in our care.

Key patient safety indicators include: falls, pressure ulcers, hospital acquired infections and VTE as defined in the national patient safety thermometer. During 2012/13, the Trust has continued to monitor progress to further reduce avoidable harm related to these indicators.

The Trust actively participated in the initial transparency project; this included benchmarking data with other similar NHS organisations.

"When my 7 year old son became very unwell suddenly, he was admitted to Whiston Hospital A&E. On arrival he was lifeless and I was terrified – it was all so sudden. He was seen and assessed straight away by a nurse and doctor who stayed by his side until he was safe and comfortable..."

Mrs CA, Parent from Knowsley

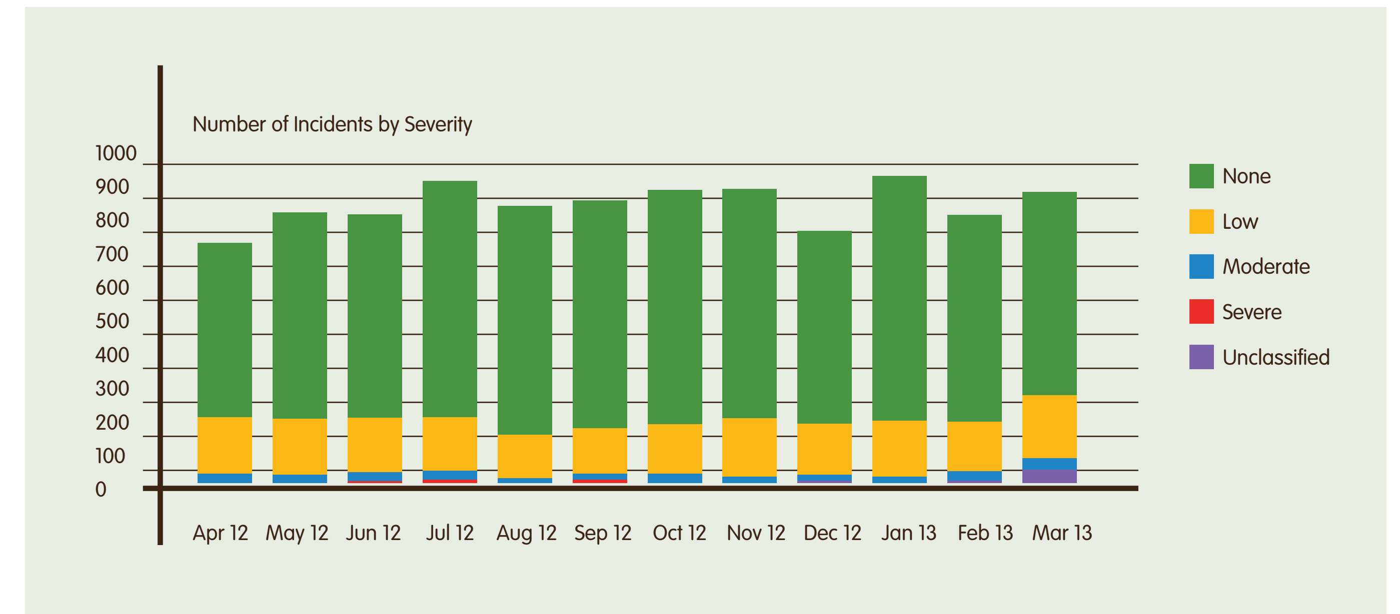
Incident Reporting

Aim	To ensure the Trust is compliant with reporting all patient safety incidents
Goal	To reduce severe and moderate harm related to incidents by 10%
Outcome	Achieved

Recording and monitoring of incidents is essential to allow early detection of problems, an early apology, prompt action and sharing of lessons learnt. Since the introduction of an electronic incident recording and reporting system (DATIX) we have made important and necessary changes to our systems for reporting and learning from incidents which will continue to help us improve patient safety across our services. The NPSA actively encourages an open reporting culture and the latest data from the NPSA places the Trust in the best 25% of medium acute trusts nationally for incident reporting.

In essence, according to the NPSA, the aim is to have high reported incidents and low incidents causing harm.

The graph below shows safety incidents by severity for 2012/13. Severe harm is extremely rare (3/1000 incidents) and cases of moderate harm have fallen by 46% (from 5.2% to 2.8% of incidents) in 2012/13; cases of low harm have also fallen



Never Events

The Department of Health defines Never Events as serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers. There are 25 types of incidents classed as Never Events.

The Trust reported one incident of a Never Event during 2012/13. This related to the insertion of an incorrect lens that was immediately replaced and the patient suffered no permanent harm.

Safety Thermometer

Aim	To reduce harm to patients
Goal	To deliver harm free care to more than 90% of our patients
Outcome	Achieved

The Trust wants to understand the care that we give to our patients in as much detail as possible and we aim to keep every patient free from harm.

The NHS Safety Thermometer is a national tool used to gauge how much harm the patient occurs during their hospital stay.

This measures four key harms:

- Pressure ulcers
- Falls
- Catheter acquired urinary tract infection
- Venous thromboembolism (VTE).

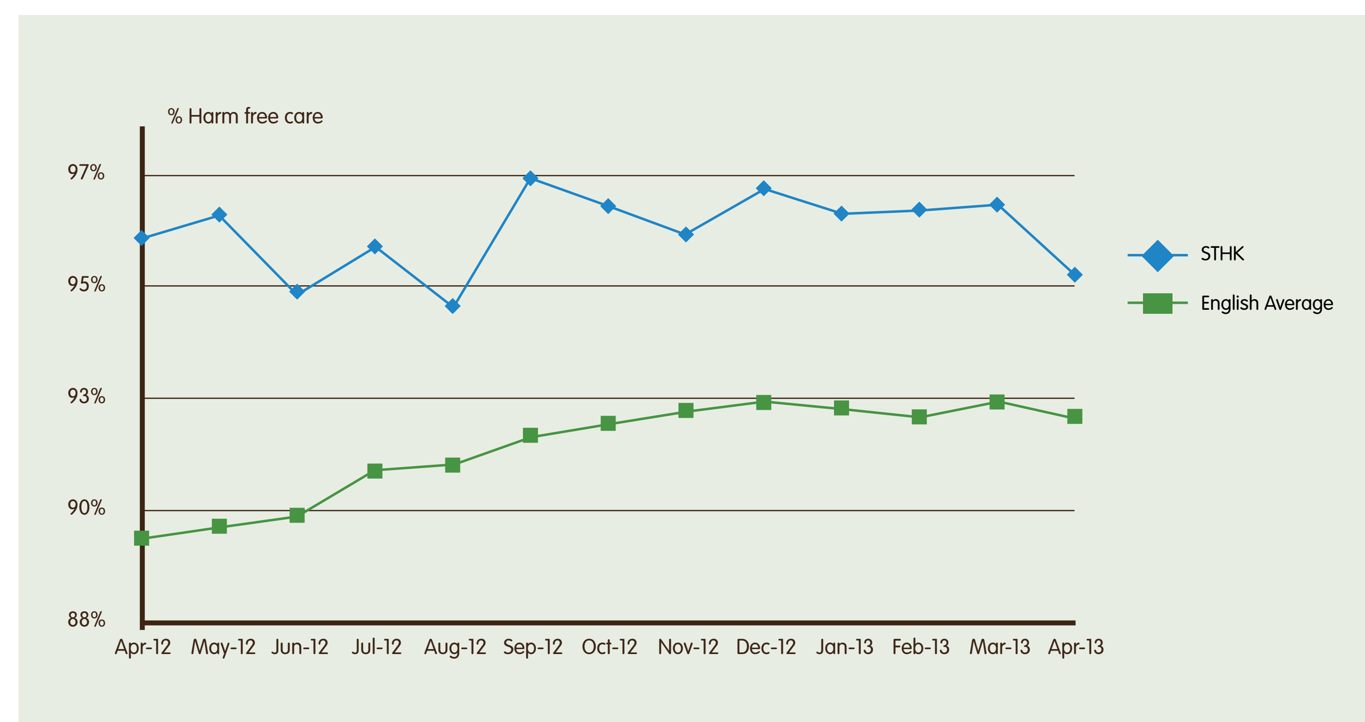
Data has been collected about every patient on a monthly basis using the Safety Thermometer for over a year.

The Trust's goal for 2012/13 was to deliver harm free care to more than 90% of our patients, monitored by using the Safety Thermometer, and this was achieved in conjunction with the patient safety thermometer the Trust has robust systems for reviewing harm and ensuring lessons are learned

The Trust has participated in the first phase of the 'Transparency Project', we have continued to work with patients and staff to further reduce the harm that patients sometimes experience when they are in hospital.

The Trust data has been shared with other Trusts to share what we have learned and to use this information to identify where changes to improve care can be made.

The graph below illustrates, month on month achievement. The Trust's annual compliance rate was 96% which compares favourably with the English average performance.



	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13
STHK	95.7	96.2	94.7	95.6	94.4	96.9	96.4	95.8	96.7	96.2	96.3	96.4	95.0
English Average	89.7	89.9	90.2	91.0	91.2	91.8	92.0	92.3	92.4	92.3	92.1	92.4	92.1

Data source: Safety Thermometer

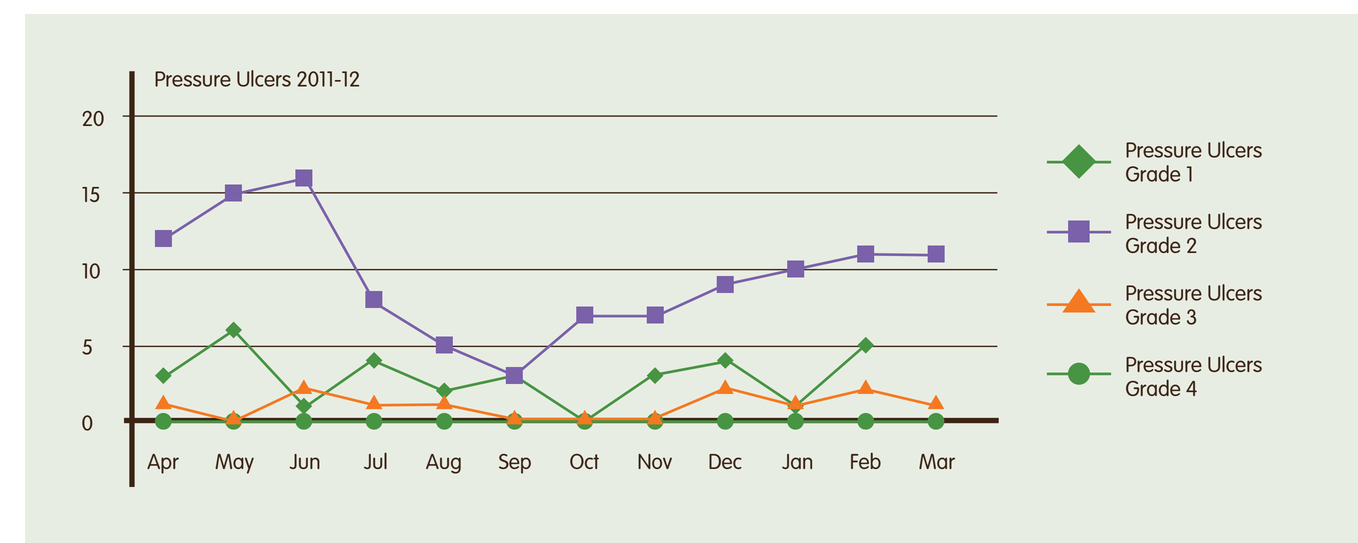
We have consistently delivered over 90% harm free care and this is comparable to other organisations. This is just one method of measuring harm in the NHS and we have robust systems for reviewing harm and ensuring lessons are learned

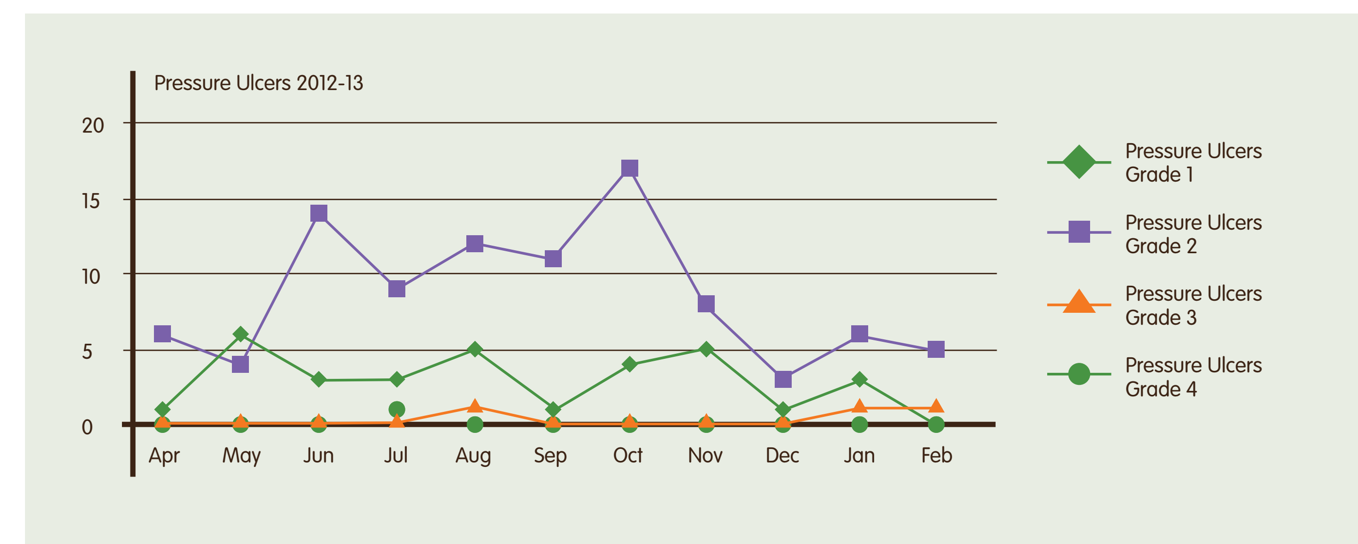
Pressure Ulcers

Aim	To ensure that all of our patients are assessed for the risk of developing a pressure sore and that any risk identified is appropriately managed
Goal	To reduce the incidence of avoidable pressure ulcers by 10% and to ensure no patient suffers a Grade 3 pressure ulcer
Outcome	Partially Achieved

The Trust made significant progress in improving care to prevent pressure ulcers. A revised mandatory training programme was introduced for nursing staff for the management of pressure ulcers. The Trust achieved an overall reduction in pressure ulcers of 19.2%, (target 10%).

The graphs below show the number of pressure ulcers per month compared to the previous year. The Trust remains committed to reducing avoidable Grade 3 and Grade 4 pressure ulcers to zero. This is reflected in the Trust's 5 year Clinical and Quality Strategy.





Review of Quality Indicators: Clinical Effectiveness

SHMI (Standardised Hospital Mortality Index)

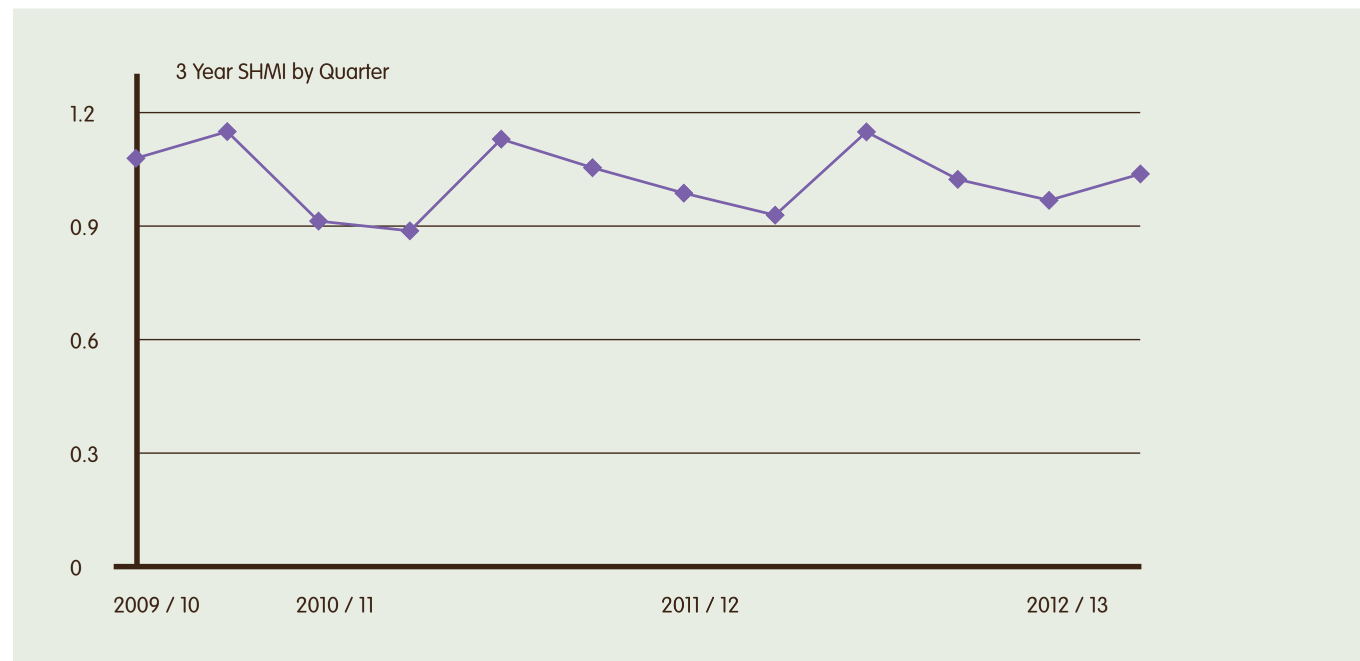
Aim	To measure and continually monitor mortality rates
Goal	Maintain hospital standardised mortality rates (HSMR)
Outcome	Achieved

The Hospital Standardised Mortality Ratio (HSMR) group of diagnoses is monitored using Dr Foster Systems. These tools allow comparison with national data from hospitals across the country.

They look at the case mix adjusted mortality rate of the HSMR Group of diagnoses, which account for 80% of all in-hospital deaths, relative to the national average.

SHMI is the Department of Health's preferred measure of mortality which compares the number of deaths (patients who die in or within 30 days of discharge from hospital) to the predicted number of deaths (English average). The rate is measured using 'relative risk' where anything less than 1.0 is better than the benchmark, anything greater than 1.0 is worse.

The latest publication covered the period October 2011 to September 2012. The Trust value was 1.04, which is within the expected range. The next publication is due in late July 2013.



Data analysis

The Trust's Medical Director monitors, reviews and signs off SHMI data as presented in the National Quality Indicator Previewer. This data is triangulated with Dr Foster HSMR and a suite of other mortality data and are reviewed by the Improving Outcomes Group which reports regularly to the Clinical Effectiveness Council. These and other mortality data are also reviewed by the Board directly in its Integrated Performance Report.

Improvements to be made

The Trust has taken the following actions to improve the indicator percentage score and the quality of services provided, by:

- Improving standardisation of evidence-based care by increasing use of NICE guided, 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 senior medical and trained nursing staff numbers and seniority (and relevant other support staff numbers) on hospital wards to deliver higher quality, consultant-delivered 7-day services.
- Improving Palliative Care Team involvement (and where appropriate use of the Liverpool Care Pathway) for appropriate patients, particularly in certain specialties where use 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 authority 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.
- The MET Team was introduced in 2012. The aim was to increase patient safety, reduce cardiac arrest calls, decrease the length of hospital stay and enhance patient experience.

Re-admission Avoidance

Aim	To reduce the percentage of patients re-admitted to the hospital within 28 days of being discharged
Goal	Save lives (an estimated 20% reduction in lives lost)
Outcome	On track

A high re-admission rate may indicate suboptimal systems and processes, premature or inadequate discharge, lack of timely follow-up or reduced availability of community services.

The Trust considers that data as described in the table on page 17:

- Is triangulated with Dr Foster readmissions data monitored by the Board. A detailed analysis by Dr Foster commissioned by the Trust has identified several key issues leading to its increased readmissions and the Trust is working internally and with Commissioners to address these issues.

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

- A telephone and targeted early outpatient follow-up service for hospital discharges.
- Changes to practices in selected services that were erroneously labelling elective readmissions as emergencies e.g. in leukaemia chemotherapy.

Advancing Quality

Aim	To ensure the Trust is compliant with AQ indicators
Goal	To improve all indicator scores year on year
Outcome	Achieved

Advancing Quality (AQ) aims to improve standards in NHS hospitals across the North West of England. The AQ Programme was developed in October 2008, in 24 Trusts throughout the North West.

AQ focuses on the following clinical conditions: acute myocardial infarction (AMI), heart attack, heart failure, hip and knee replacement surgery, pneumonia and stroke. It provides NHS Trusts with a set of standards which define and measure effective clinical care. Each measure should be delivered to every patient to ensure they receive the highest standard of care in hospital. The Trust performs extremely well against these AQ measures of clinical effectiveness and in the 2012 Dr Foster Guide the following statement was made about the Trust:

"The Trust continues to rank highly in the Advancing Quality programme, which is improving the standard of care provided to patients with; heart attack, heart failure, hip and knee replacements, pneumonia and stroke, across the North West."

The table and graphs below show the Trust's

performance for Year 4 April 2011- March 2012 ranked against other AQ North West Trusts. Please note that AMI and hip & knee replacement surgery data are respectively adjusted for survival and re-admissions.

Population	Year 4	Ranking
Pneumonia	96.13%	1st
AMI	100.06%	2nd
Heart Failure	91.01%	7th
Hip& Knee	96.21%	11th
Stroke CRP ACS	85.94% 48.63%	14th 12th

Review of Quality Indicators: Patient Experience.

Dementia Care

Aim	To improve the diagnosis and care of patients with dementia
Goal	To identify patients with dementia to ensure that an effective care plan is in place to enable them to receive the best possible care
Outcome	On track

Dementia is defined as a loss of mental ability severe enough to interfere with normal activities of daily living, lasting more than six months, not present since birth, and not associated with a loss or alteration of consciousness. It is estimated that 750,000 people have dementia in the UK. Locally, by 2025 the projected increase in the number of people aged over 65 years and living with dementia is expected to increase by 33%. An estimated 25% of acute hospital beds are occupied by people with dementia where their length of stay is longer than other people and are often subject to delays on leaving hospital.

Dementia is one of our key priorities embracing the national and local dementia strategy and setting standards within our hospital. The Trust has an active dementia group in place which helps us to improve prompt diagnosis and timely care, enhance education and training for staff, and develop an integrated care pathway. Our aim is to ensure a minimum standard of care and treatment for all patients with dementia, from the point of their admission through to their discharge back into the community.

The diagram below indicates the Trust's performance against the National Dementia CQUIN. Indicators. This particular CQUIN goal is to help identify patients with dementia and other causes of cognitive impairment, alongside their other medical conditions and to prompt appropriate referral and follow up after they leave hospital.

Description	Target	Jan-13	Feb-13	Mar-13	Apr-13
% of all patients aged 75 and above admitted as emergency inpatients who are asked the dementia case finding question within 72 hours of admission (achieve 90% in any consecutive 3 months during 2012-13)	90.0%	91.5%	91.0%	93.5%	92%
% of all patients aged 75 and above admitted as emergency inpatients who have scored positively on the case finding question, reported as having had a dementia diagnostic assessment including investigations (achieve 90% in any consecutive 3 months during 2012-13)	90.0%	92.7%	96.0%	94.8%	94%
% of all patients aged 75 and above admitted as emergency inpatients who have had a dementia diagnostic assessment including investigations, where the outcome is "positive" or "inconclusive", who are referred for further diagnostic advice/follow up (achieve 90% in any consecutive 3 months during 2012-13)	90.0%	90.5%	93.8%	90.9%	96%

Currently around 40% of patients over 75 years admitted to general hospitals have dementia with only half having been diagnosed. Hospitalisation can give an opportunity to ensure proper diagnostic assessment and also, whilst in hospital and on discharge, ensure that reasonable adjustments are made in their care to take into account their dementia. The more systematic identification of patients with cognitive impairment is also likely to improve the detection of delirium, depression and give opportunities to manage them better.

The progress so far has been to:

- Find and assess. Complete assessment and flag dementia patients with a forget-me-not symbol.
- Share care plans. Ensuring involvement with carers.
- Dementia champions in all areas.
- Provided training in specific areas for the management of challenging behaviour.
- Changes to the admission documentation to include assessment for dementia.
- Engagement from all professional groups in both Health and Social Care.
- Improved referral process.
- Increased Delirium/Dementia screening rates.

National Inpatient Survey 2011/12

Aim	To achieve a 2% improvement in the in-patient survey results
Goal	To improve patient experience and satisfaction by acting on patient feedback
Outcome	Partially achieved

Every patient attending the Trust has the right to expect to be treated with kindness and compassion and to have a positive experience. This is monitored through national and local surveys. In addition to receiving safe and effective care, the Trust aims for every patient to have a positive experience. Embedded in the Trust's 5 star corporate objectives last year was the overarching goal that all patients receive excellent care.

Inpatient Surveys

There are many ways of capturing patient and carer views about their experiences including the Annual National Inpatient Survey. As illustrated in the table below the Trust did not achieve this 2% improvement, yet performance remains better than the national average.

	2005	2006	2007	2008	2009	2010	2011	2012
STHK	71.6	72.9	68.3	68.2	69.9	70.1	69.8	68.7
National	68.3	67.0	66.0	67.1	66.7	67.3	67.4	68.1

Local Inpatient Surveys

A CQUIN scheme during the year was to develop systems to provide local intelligence every 3 months as from July 2012. The Trust invested in a new Hospedia (bedside television) linked system to support real time capture of patient experience feedback.

Five key national questions were incorporated into the questionnaire enabling monitoring, action and improvements to enhance local patient experience.

The national survey is conducted once a year; the Trust normally anticipates a 50% response rate, (400 patients). The Trust's new system allows for more patient feedback. During Oct-Dec 2012 over 1,500 patients responded to the questions.

Analysis of this year's national survey results showed that the Trust scored above 9/10 for the following questions:

- Questions in relation to waiting list and planned admissions were answered
- Not having their admission date changed by the hospital
- The specialist having the necessary information about the patient's condition
- Compliance with mixed sex accommodation and bathroom areas
- Cleanliness of rooms, wards and facilities
- Not feeling threatened by other patients or visitors during their hospital stay
- Availability of hand wash/gels
- Choice of food
- Confidence and trust in the doctors treating them
- Acknowledging patients – nurses not talking in front of patients as if they were not there
- Privacy for examinations
- Explanation of risks and benefits before operation or procedure
- Receiving information they could understand
- Being treated with respect and dignity

Subsequent local results from the Hospedia system have shown improved response to questions. It is important that we take note of the results of national and local surveys but in addition to relying on surveys it is vital that we truly 'engage' with our patients and carers through focus and user groups to ensure we understand their needs and wishes in relation to healthcare and to ensure we provide responsive patient focused care across all our services. It is evident from the examples outlined below that there are many good areas where we achieved this.

Some comments provided by our patients:

The staff, have been wonderful, I wish I could put them all in a bottle and sprinkle them across the NHS.

Mrs J Daniels

Please convey my heartfelt thanks to the staff of A&E at Whiston Hospital for their kindness, compassion and professionalism. The care we received from all staff was outstanding.

Mrs D McManamy

I would like to thank everyone for the courteous and sympathetic way in which I was treated whilst in pain, I was made to feel less anxious and not alone. THANK YOU.

Mrs J Holland

I think Whiston Hospital is the finest one in the North West. The staff keep their standards so very high. After my fifth visit, I don't have enough words to convey my thanks to them for their exemplary care.

Mr D Davies

I would like to thank all the staff for all the care and kindness that I received I was made to feel at ease, at both hospitals by doctors and nurses. The staff are wonderful true angels always willing to go the extra mile.

Ms Jacki Langley

During 2013/14 our goal is to ensure more robust user engagement across all our services..

The Trust's Clinical & Quality Strategy includes specific measures to improve patient care; these will be monitored by the Trust Board in its Integrated Performance Report.

Patient Experience - Trust's Patient Reported Outcome Measures (PROMS)

Aim	To improve PROMS scores
Goal	To achieve a year on year improvement
Outcome	On track

NHS patients having groin hernia surgery, hip or knee replacements, and varicose vein surgery, are invited to fill in PROMs questionnaires as an indicator of their experience and the quality of care received. The questionnaire used is called EQ-5D.

The table on page 12 indicates the Trust PROMs data for the last two reporting periods.

The Trust response rates for these PROMS are low and we aim to increase the number of eligible patients completing the questionnaires.

The Trust has implemented the following improvements which have resulted in better outcome scores.

- Increasing use of PROMS questionnaires in low-use areas by educating staff about its importance, by monitoring more closely EQ-5D use and by performance managing low-use clinical areas.
- Increasing use of PROMS questionnaires in low-use areas by educating staff about its

Examples of a further quality initiative included:

- Ward 3Alpha (Orthopaedics & Trauma) took part in a national quality improvement programme; the quality mark for the elder-friendly hospital ward, supported by the Royal College of Psychiatrists Centre for Quality Improvement. This is a scheme to improve the care of older patients in hospital. The scheme is split into two stages; both stages involve completing assessment tools and observations of care. Information is collected using questionnaires from patients and staff and environmental audits are completed by both medical and nursing staff. Hospital managers and Shadow Governors participate in conducting environmental audits. External validation is required during the second stage. Action plans have been implemented and where successful the ward retains the quality mark for two years before being required to repeat stage two as part of the on-going assessment.

- The Medical Emergency Team (MET) team nurses also attend the meeting to discuss any issues and bed management team/directorate managers attend handovers to inform the on-call team of bed pressures and speciality bed availability within the hospital. The presence of a Consultant or senior doctor to lead the handover process has strengthened the educational aspects of the meeting as individual cases and conditions can be discussed in more depth with the junior members of the team in order to promote understanding of best practice when managing complex acute medical problems.

Participation in National Clinical Audits and Confidential Enquiries

During 2012/13, the Trust was eligible to contribute to 39 national clinical audits and 3 national confidential enquiries. The Trust participated in 77% (30) of these national clinical audits and 100% (3) of these national confidential enquiries.

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

National audits 2012/13	Participation	Data collection completed	Rate of case ascertainment
Bronchiectasis	Yes	Yes	100%
CEM Fever in children	Yes	Yes	100%
CEM Fractured neck of femur	Yes	Yes	100%
CEM Renal Colic	Yes	Yes	100%
Diabetes (Adult) – ANDA*	Yes	Yes	25%**
Diabetes (Paeds) – PNDA*	Yes	Yes	100%
Falls and Bone Health (NAFBH)*	Yes	Yes	100%
Inflammatory bowel disease (IBD)*	Yes	Still active	Underway Started 2013
Epilepsy 12 (Childhood Epilepsy)*	Yes	Still active	Underway Started 2013
BTS pneumonia audit (paeds)	Yes	Yes	100%
Neonatal Intensive and special care*(NNAP)	Yes	Still active	-
Heavy menstrual bleeding HMB*	Yes	Yes	26%
Comparative audit of blood transfusion – programme	Yes	Yes	unavailable
Asthma Deaths (NRAD)	Yes	End of Mar 2013	100%
SSNAP Sentinel Stroke Acute Organisational Audit	Yes	Still active	-
NCEPOD - Subarachnoid Haemorrhage	Yes	Yes	100%
NCEPOD - Alcohol related liver disease	Yes	Yes	100%
NCEPOD – Cardiac arrest procedures	Yes	Yes	100%
Child Health	Yes	-	-
Trauma (TARN)	Yes	Continuous monitoring	100%
Maternal infant and perinatal (MBRRACE-UK)	Yes	Continuous monitoring	100%
Bowel cancer (NBOCAP)*	Yes	Continuous monitoring	100%
Head and neck oncology (DAHNO)*	Yes	Continuous monitoring	100%
Oesophago-gastric cancer (NAOGC)	Yes	Continuous monitoring	100%
Lung cancer (NLCA)	Yes	Continuous monitoring	100%
Acute Coronary Syndrome or Acute Myocardial Infarction – MINAP	Yes	Continuous monitoring	100%
Heart failure (HF)*	Yes	Continuous monitoring	100%
Adult Critical Care – ICNARC / CMP	Yes	Continuous monitoring	100%
Cardiac Arrest (NCAA)	Yes	Continuous monitoring	100%
Hip fracture database (NHFD) /AQ*	Yes	Continuous Monitoring	100%
National Joint Registry (NJR)/ AQ*	Yes	Continuous Monitoring	100%
Elective surgery (National PROMs Programme)	Yes	Continuous monitoring	Awaiting data
Respiratory Medicine, BTS adult community acquired pneumonia	No	-	-
Respiratory Medicine, adult asthma	No		
Acute Medicine, BTS Emergency use of oxygen	No		
Acute Medicine, Non-invasive ventilation (NIV)	No		
Paediatrics, BTS asthma audit	No		
Med for Older People /Movement disorder, Parkinsons Disease	No		
Psychological therapies (National Clinical Audit & Patient Outcomes Programme (NCAPOP)	No		
Anaesthetic-Pain Clinic Database, (National Clinical Audit & Patient Outcomes Programme (NCAPOP)	No		
Other – Health promotion in hospital	No		
Potential donor	Yes	Continuous monitoring	Awaiting Data

*National Clinical Audits & Patient Outcomes Programme (NCAPOP)

Confidential Enquiries - NCEPOD

Surgery in Children: An action plan formulated for all national report recommendations, implemented actions include: Establishment of MDT to undertake a multi-disciplinary review of all critically ill children within the Trust. All children attending the Trust have a PEWs score completed and all registered staff are certified Paediatric Life Support Providers, the Paediatric Resuscitation / Emergency Team is available 24/7. Paediatric wards are staffed in accordance with RCN staffing guidance: 80% of ward staffing are Registered Nurses (Child).

Cardiac Arrest: Action plan formulated for all national report recommendations, implemented actions include: The Introduction of MEWS & MET team and all clinical areas have access to a defibrillator within 3 minutes.

Peri-operative Care: Action plan formulated for all national report recommendations, implemented actions include: A new emergency surgery booking form has been devised and Enhanced Recovery implemented in colorectal, elective hips and knee, Gynaecology.

National Audits

Parkinson's UK - Patients receive information packs containing written and DVD information. Adverse medication effects are being documented and discussed.

National Paediatric Diabetes Audit - Implemented changes suggested by the RCPCH (NPDA) report with regards to routine testing of lipid profile for future audit years have been implemented immediately.

Bedside Transfusion national re-audit - Compliant with all of national report recommendations such as: All systems use full name, date of birth and hospital number and all details are present on the patient wristband. A risk assessed alternative is in place for patients who cannot use wristbands.

BTS Pneumonia Paediatrics - Modification of antibiotic policy to 7 days.

National audit of continence care - Rectal examination reminder is now included on the medical clerking proforma as recommended in the audit report.

Falls & Bone Health (Round 2) - Full review of the Falls Service with the aim to produce a 2 year strategy.

National Cardiac Arrest Audit - Actions taken to improve compliance with Trust DNA-CPR policy such as: Flow chart put on every patient case note trolley, with DNA-CPR will be on consultant ward round check list and DNA-CPR is included in mandatory training.

Trauma (TARN) - Trauma by-pass: major trauma cases directed to Aintree. Head Injury fast track pathway implemented.

Heart Failure - previously provided data on a specified number of cases - from 2013 all heart failure cases are to be included.

Local Clinical Audit

The reports of 157 local clinical audits were reviewed by the provider in 2012/13 and the Trust intends to take the following actions to improve the quality of healthcare provided:

- Lithium monitoring – The Mental Health Team has been further developed and links strengthened between the team and the Trust.
- Enhanced rapid discharge (ERD) pathway updated and ERD included in key worker education.
- Drug chart in ICU has been updated to include ideal weight calculation along with the actual body weight.
- Bleeding in Early Pregnancy (BEP) – A&E Triage Policy, BEP clinic appointment system established, BEP leaflet produced, Admissions Discharge Transfers (ADT) panel installed on the Order Communications System (OCS).
- All patients over 65 years undergoing emergency laparotomy are referred to critical care outreach support if there is no bed available on the Critical Care Unit.
- Maternity record sheets have been amended to include name and number on the reverse of the sheets
- Management of obstetric cholestasis guidelines has been updated.
- Pre-op instructions for anti-coagulation and anti-platelet therapy - instructions to be given by TCI admission staff when arranging date of operation with the patient.
- Safeguarding in Paediatrics – 2 separate audit proformas have been developed to ensure capture of all patients.
- Ambulatory Management of Pulmonary Embolism (PE) pathway developed
- Record keeping audit – a variety of actions have been implemented across the Trust as a result of the annual audit programme and improvements in practice are increasingly evident.

Participation in Research & Development

In July 2012, the Trust produced a 3 year Research and Development Strategy. The Trust's strategic vision for Research and Development demonstrates the Trust's commitment to improving the quality of care it provides by helping ensure that clinical staff keep abreast of the latest possible treatment options and by increasing active participation in research that leads to improved patient experience and outcomes.

The number of patients receiving NHS services provided or sub-contracted by the Trust in 2012/13, that were recruited during that time to participate in research approved by a research ethics committee, was 920. The total recruitment was made up of:

- 816 patients were recruited to National Institute for Health Research (NIHR) adopted studies. This compares favourably with last year's figures reflecting a 32% increase in activity (2011/12 N=617).
- 110 patients were recruited to non-National Institute for Health Research adopted studies i.e. local and student studies.

The Trust was involved in conducting 187 clinical research projects of which 147 were NIHR portfolio adopted studies. During 2012/13, 105 clinical staff at the Trust participated in clinical research projects approved by a Research Ethics Committee. These staff participated in research covering 14 specialties. Areas of particular research expertise include Cancer, Diabetes, Intensive Care, Paediatrics, Rheumatology, Stroke Care and Woman and Child Health.

The following is an example of how research can benefit patients and demonstrates the link between the Trust's participation in research and the drive to continuously improve the quality of services provided:

The Trust pioneered an innovative project to improve the management of severe burns using the latest hand-held digital technology. The Mersey Burns App can help doctors accurately calculate the area of burns suffered by victims so the correct amount of fluids can be administered. The digital app, developed by the Plastic Surgery Team is now freely available to clinicians across the UK and Europe and is the first healthcare app to be CE marked by the MHRA. The team has undertaken studies to demonstrate effectiveness, won the NHS Innovation prize and been awarded a grant from MCHIEC to bring the app into A&E departments across the city and beyond. The app is now being used to train medical students in burns care and to complete time and motion studies to further assess its effectiveness.

During the last three 3 years, 60 publications have resulted from the Trust's involvement in research, demonstrating a strong commitment to transparency and a desire to share work to improve patient outcomes and experience across the wider NHS and beyond.

The Trust will:

- Continue to promote and strengthen partnerships with Universities and other research-active Trusts and plans to maintain the momentum and growth in research activity. The Trust's R&D efforts will be focussed on supporting researchers to design, deliver, contribute to and share best quality clinical research underpinned by exemplary research governance.
- Promote research awareness
- Encourage patient and public involvement in research
- Continually improve systems and processes to ensure we meet in the NIHR high level objectives

"I have been a research nurse within the Trust now for the past 18 months. The research I have been involved in has created new challenges for me, as it is based on increasing staff knowledge and improving patient care. I feel that this has been an amazing opportunity as there is a massive drive on improving the patient experience. The support that the senior staff have shown on the wards has been exemplary"

Nicola Ford, Research Nurse

Commissioning for Quality and Innovation (CQUIN) Framework

CQUINs (Commissioning for Quality and Innovation Indicators) The CQUIN framework is designed to help produce a system which actively encourages organisations to focus and to stretch themselves on quality improvement and innovation. It provides financial rewards for quality improvement and as such CQUINs are an important vehicle for and marker of quality improvement. A summary is included below:

Priority	Critical Success Factors	Trust Position
Venous-Thromboembolism (VTE)	90% of all in-patients will have a VTE risk assessment completed on admission.	Achieved
NHS Safety Thermometer	Increase the rate of harm-free care above 90%	Achieved
National Dementia	90% inpatients aged 75> will have the dementia defining question asked within 72 hours of admission	Achieved
Advancing Quality Pathways – heart failure	Utilising clinical pathways for patients admitted with acute myocardial infarction (heart attack), hip and knee replacement, heart failure, pneumonia, and stroke	Achieved 14 out of 16 measures
Advancing Quality Patient satisfaction	To record patient satisfaction of their hospital stay assessing the question of "Did you receive all the care you thought you should?"	Achieved
Communication: Discharge summaries	To provide electronic discharge summaries for inpatients and some outpatient areas - Inpatients - Outpatients	Amber Achieved
Energise for Excellence	To improve care and practice for patients in the 25 measures	Achieved 18 out of 25 measures Achieved
Medicines Management	Compliance with NICE guidance	Achieved
Maternity		Achieved
Patient Experience	Monitoring performance against five key questions from the National Patient Survey	Trust achieved just below 2%

Data Quality

The Trust is committed in ensuring accurate and up to date information is available regarding patients in order to communicate effectively with GPs, patients and others involved in patient care.
The Trust will be taking the following actions to improve data quality:

A data quality framework has been implemented which closely monitors improvement/maintains performance:-

- Blank/invalid NHS Number
- Unknown or Dummy Practice Codes
- Blank or invalid Registered GP Practice
- Patient postcodes
- Missing admission date
- Missing discharge date
- Discharge date before admission date
- Geriatric activity with patient age 55
- Patients aged over 100 years old

Targets have been set in line with national targets and will be reported on a monthly basis to the Director of Finance and Director of Informatics.

Data quality awareness sessions have been undertaken with key staff groups to reinforce the importance of data quality and data completeness.

Attendance at the Trust's weekly operational meeting ensures data quality is routinely reported and managed in conjunction with senior operational managers. All data quality IG Toolkit requirements were achieved for 2012/13.

NHS Number and General Medical Practice Code validity

The Trust submitted records during 2012/13 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 a follows:-

Valid NHS number:

- 99.8% for admitted patient care
- 99.7% for outpatient care
- 98.5% for accident and emergency care

Valid Registered GP Practice

- 100% for accident and emergency care
- 99.9% for admitted patient care
- 100% for outpatient care

(Source SUS Data Quality Dashboard April 2012/ Feb 2013 - Trust percentages are greater than the national rate)

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 2012/13 was 81%. This has increased from 68% to 81% in the last year. This submission has been externally audited by Mersey Internal Audit Agency and received a rating of 'significant assurance.'

The IGT is available on the connecting for health website www.igt.connectingforhealth.nhs.uk There were no incidents which require notification during 2012/13.

Clinical Coding Error Rate

The Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported

in the latest published audit for that period for diagnosis and treatment clinical coding was:

Primary diagnosis incorrect	3.3%
Secondary diagnosis incorrect	4.0%
Primary procedures incorrect	0.0%
Secondary procedures incorrect	0.0%

Comment from Mersey Internal Audit:

"The performance of the Trust, measured against the number of spells with an incorrect payment would place it in the best performing 25% of trusts compared to last year's national performance."

Consultation on our Quality Account

Involvement and Engagement with the Quality Account

Patient feedback is important to us. Over the course of the year we have had several opportunities to discuss the Quality Account (internally and externally) and what quality means to our stakeholders.

The information contained in this Quality Account represents information that has been monitored over the last 12 months through the Governance Councils within the Trust, by the Trust Board, at Care Group and individual service level and through our partnerships with external bodies.

The priorities for next year mirror our newly launched Clinical and Quality Strategy and the development of this strategy underwent extensive consultation with the following local people:

- Halton & St Helens Voluntary & Community Action
- St Helens Local Involvement Network (LINKs)
- St Helens Health & Wellbeing Board
- St Helens Clinical Commissioning Group
- Halton Health & Wellbeing Board
- Halton Clinical Commissioning Group
- Knowsley Health & Wellbeing Board
- Knowsley Clinical Commissioning Group
- Halton, St Helens & Knowsley Strategic Partnership Board
- St Helens Local Authority, Health and Social Care Group
- AQuA
- St Helens & Knowsley Clinical Directors, Consultants, Clinical Matrons, Ward Managers & Ward Teams
- Selected former Hospital Governors
- Many individuals who have not been singled because of space constraints

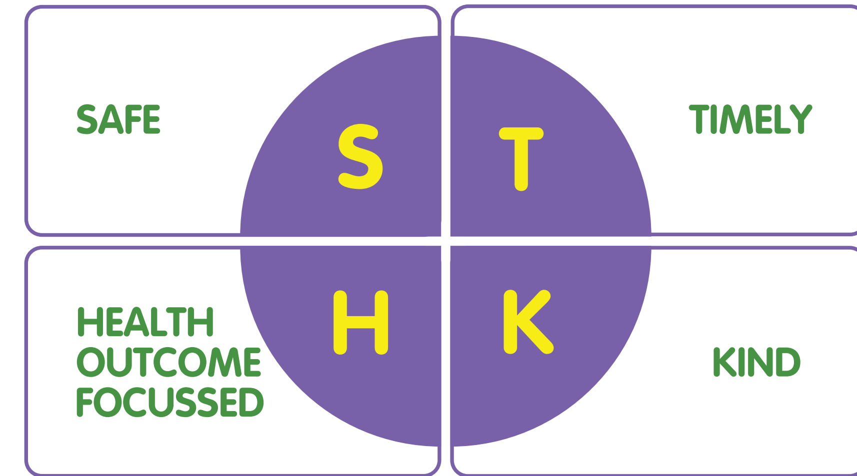
We have consulted with the following stakeholders on this Quality Account:

- St Helens Local Involvement Network (LINKs)
- St Helens Health & Wellbeing Board
- St Helens Clinical Commissioning Group
- Halton Health & Wellbeing Board
- Halton Clinical Commissioning Group
- Knowsley Health & Wellbeing Board
- Knowsley Clinical Commissioning Group
- Halton, St Helens & Knowsley Overview and Scrutiny Committee
- St Helens Local Authority, Health and Social Care Group
- Trust staff

Priorities for Quality Improvement 2013/14

The goals of the Health and Wellbeing Boards, Clinical Commissioning Groups, our Local Authorities and the Trust are broadly the same. The patient's journey begins and ends in the community. Working in partnership to develop integrated pathways will result in positive outcomes and experiences for patients. The Trust's 5-year Clinical & Quality Strategy provides a more detailed description of the Trust's priorities for improvement and how we and others will monitor our progress.

The 24 objectives identified opposite are included in the Trust's 5 year Clinical and Quality Strategy which are based on the corporate objectives for the coming year.



SAFE

- Safe ("Harm - free") Care
- Hospital acquired Infections
- Serious Incidents
- Gd 3/4 Pressure Ulcers
- VTE Events
- Medication Errors

TIMELY

- A&E Time to 'discharge'
- A&E Time to 'Assessment'
- Cancer Waits
- ICU Discharges
- eDischarge Summaries
- Post-D/C Follow-up

HEALTH OUTCOME FOCUSSED

- Overall Mortality
- Weekend Mortality
- Amenable Mortality
- Emergency Readmissions
- Consultant Care
- Standardised Care

KIND

- Friends & Family Test
- Embedded PPI
- Safeguarding
- Basic Care & Dignity
- Better Dementia Care
- Better End of Life Care

SAFE CARE

The priorities for the reduction in harm include: healthcare associated infections, falls, pressure ulcers; hospital acquired venous thromboembolic and medication errors. The Trust has a fair blame culture and actively promotes a robust safety culture through openness and transparency of reporting.

KIND CARE

Kindness in times of ill health or stress is a basic human right and not something we dispense when we're not too busy. We will promote a culture of kindness, not least through our ACE Behavioural Standards, and we look for kindness when we appoint and promote our staff.

Kindness includes: listening to and working with our patients and carers to be more accessible and deliver best healthcare in partnership and in an environment of trust and mutual respect; it means being ever conscious of the impact of ill health and healthcare on quality of life for the individual and their loved ones and taking all available opportunities to understand and improve that quality of life.

The Trust aims to continually improve the care for vulnerable groups of patients such as people with dementia, learning difficulties and those who lack capacity. It is important that staff understand and use the Mental Capacity Act and Deprivation of Liberty in all appropriate cases. The Trust has an established referral process for the safeguarding of adults and children. In addition the palliative care team provide specialist advice in relation to symptom control and psychological support for patients and their families.

HEALTH-OUTCOME FOCUSSED CARE

Every patient is an individual and must receive care tailored to their individual needs. Respecting the privacy and dignity combined with listening to their views will ensure patients and carers are actively involved in decisions regarding their treatment and care. The Trust by ensuring evidence-based care,

adherence to the National Institute and clinical excellence (NICE) guidance and monitoring the Quality Standards supports the delivery of high standards of care to our patients.

TIMELY CARE

The Trust strives to deliver the right care, at the right time, in the right place for every patient. Effective communication along with Patient Choice and enhanced patient pathways will endeavour to provide appropriate assessment, care and treatment.

The Trust's Clinical & Quality Strategy defines the areas for improvement in the quality of NHS services we provide over the next five years and defines measures to monitor progress which will be monitored by the Trust Board in its Integrated Performance Report.

During our consultation exercises with patients, staff and our stakeholder's, the Trust have identified from the 24 objectives, the priority areas chosen for the next 12 months include:

- We will increase harm free care, indicated by an improvement of the average across all areas to 97% or more.

2013-14 Priorities

Goal 1: Infection Control

The prevention of avoidable hospital acquired infections remains a top priority for the Trust Board. The Trust recognises that during the last year there was a significant increase in the number of MRSA bacteraemia and apologises unreservedly to the patients involved for this.

With the support of local CCGs and an external review by infection Prevention & Control Experts, Duerden Microbiology Consulting Ltd, Infection prevention and control measures and our RCA processes have been further improved by introducing a wide-range of measures which will continue to be embedded over the next 12 months:

- Zero tolerance to MRSA Bacteraemia
- Reduction in all blood stream infections
- Increasing the profile of the Infection Prevention and Control Team
- To ensure 90% of all appropriate clinical staff are competent in aseptic non-touch technique (ANTT).
- Introduction of training and competency assessments for all clinical staff when they commence in post
- Appraisal for Consultant and lead clinicians to ensure there is specific review of infection prevention and control training and practices.
- Infection Prevention & Control is a fixed agenda item at Care Group Governance Meetings.
- Annual review of the Trust antibiotic policy
- A failsafe system to be established for patients requiring antibiotics for MRSA. This also includes extensive guidance and mandatory training.
- The system of root cause analysis (RCA) has been reviewed and radically revised, including Executive Team RCA reviews.
- Assurance and escalation framework will be implemented.

The Trust trajectory for C difficile infection is to have no more than 31 cases of CDT diarrhoea. Although the Trust was below trajectory last year, this will be a stretch target, we will continue to work with the CCGs to review antibiotic prescribing across the health economy.

Goal 2: Medicines Management

Medicines management is the term used to describe a system of processes and behaviours that determines how medicines are used by patients and the NHS. Good medicines management means that patients receive better, safer and more convenient care.

The Trust has systems in place to monitor medication errors which are designed to stop this from happening. However, medication errors that have the potential to cause harm can occur. Ensuring safe medicines management and compliance with the NPSA targets around drug omissions continues to be a Trust priority. Although we have made significant improvements to address this issue and promote medicine safety awareness across all clinical areas. The Trust has identified the need for further improvements which will include:

- An aim to reduce medication errors during prescription, dispensing and administration of medicines by 50% by March 2014
- To implement the Electronic Prescribing and Medication Administration system (EPMA)
- To reduce the number of medication omissions but also understanding why the omissions happen, the type of medication being omitted and the reason for this.
- To develop a Trust wide measure for drug administration errors
- To introduce training packages for clinical staff in relation to the administration of medication including drug dose calculations
- To educate patients to understand their medications
- To improve the response rate for the national inpatient survey question, 'Were you told about medication side effects to watch out for when you went home?'

Goal 3: The Friends and Family Test

This year, in line with national guidance, we will be carrying out the Friends and Family Test. This is a simple question that patients will be asked about the care they have received as an inpatient or in an A&E department.

This question is: How likely are you to recommend our ward/A&E to friends and family if they needed similar care or treatment? Patients are encouraged to explain why they gave a particular score, so we can use this insight to improve services in the future. The test aims to encourage patient feedback, show patients that their views and experiences matter to us, improve patient care and let people know where they can get the best care. The results of the test will allow patients and the public to compare healthcare services and clearly identify the best performers as well as those which need to improve.

We will commence full roll out of this project in the adult Emergency Departments (A&E) and inpatient wards from 1st April 2013 and aim to achieve above the required 15% target.

Care Quality Commission (CQC) Registration

The Trust is required to register with the Care Quality Commission (CQC) and its current registration status is 'registered without conditions'.

During the year, the CQC made two routine, unannounced inspections to the Trust during June and October 2012. The full reports can be found at www.cqc.nhs.uk

The inspection carried out in October 2012 examined the 5 standards listed below and the CQC found the quality of care to be high and reported that the Trust was meeting all 5 standards:

	Overall
Standards of treating people with respect and involving them in their care	✓
Standards of providing care, treatment and support that meets people's needs	✓
Standards of caring for people safely and protecting them from harm	✓
Standards of staffing	✓
Standards of quality and suitability of management	✓

The Trust was also included in a CQC inspection which was conducted alongside the Ofsted-led programme of children's services inspections. The focus was on safeguarding and the care of 'looked after children' within a specific local authority. The inspection process comprises a range of methods for gathering information – document reviews, interviews, focus groups (including where possible with children and young people) and visits – in order to develop a corroborated set of evidence which contributes to the overall framework for the integrated inspection of Safeguarding and Looked

after Children's Services in St Helens. The report concluded overall that:

The service was 'good' and that whilst the contribution of health agencies was correspondingly 'good', the Paediatric Liaison Service was 'outstanding'.

"Robust arrangements ensure that children and young people attending the St Helens Walk in Centre and Whiston Hospital Paediatric Accident and Emergency (A&E) are safeguarded well."

"Alerts are in place to highlight if a child has a child protection plan, an agreed health plan such as managing a young person's self-harming behaviour or if they have complex health care needs."

"Young people who may attend A&E following an incident of self-harm are routinely admitted to the paediatric ward in accordance with National Institute for Clinical Excellence (NICE) guidance."

"Adult service A&E nurses and medical staff have a good awareness of the impact of harmful behaviour by parents on children."

Appropriate governance arrangements provide the Trust with adequate assurance on safeguarding children practice across the organisation.

External statements

Healthwatch Knowsley

Healthwatch Knowsley welcomes the opportunity to provide this commentary on the Quality Account for St Helens & Knowsley Teaching Hospitals NHS Trust. The Quality Account report was presented at an event organised by Healthwatch Knowsley in June, where participants were also given an opportunity to view the draft Quality Account.

This commentary covers the period 1st April 2012 to 31st March 2013 and we are therefore making this commentary on behalf of Knowsley LINk.

During the last twelve months the partnership working and challenges provided through Knowsley LINk has been welcomed by the Trust. Knowsley LINk members have met with representatives of the Trust several times through the Patient Safety and Experience Council and the ongoing engagement on Quality Accounts and Equality Delivery Systems. In addition representatives from Knowsley LINk took part in the interview process for some senior members of staff. This relationship enabled Knowsley LINk to provide robust challenges to the Trust at a time when it is undergoing a major change in the way services are delivered, it is hoped that this relationship will continue with Healthwatch Knowsley.

Healthwatch Knowsley were pleased to note that the Trust has been honest about the serious challenges it has faced in the year and that systems are being put in place to carry out root cause analysis of the high incidence of Hospital Acquired Infections and the number of Never Events.

Healthwatch Knowsley were further pleased to hear that the Trust is looking at the skill mix on wards and seven day working to ensure that there are adequate qualified staff present to ensure that patients receive the best possible care and compassion whenever they attend the hospital. It is hoped that the proposed Nursing Strategy will assist in this. Furthermore Healthwatch Knowsley would encourage the Trust to ensure that staff attends their mandatory Safeguarding training for both children and adults.

Healthwatch Knowsley will continue to challenge the Trust in the coming year, particularly if it appears that cost savings are taking priorities over service provision, using the evidence we collate in our patient experience surveys and we look forward to working together to improve the experience of all patients who access services.

Jane Calveley
Research and Policy Officer
Healthwatch Knowsley

Healthwatch St Helens

Achievements in 2012-2013

We acknowledge achievements made around various indicators e.g. reducing pressure ulcers, falls, and improving VTE risk assessment. The usage of the electronic system (DATIX) to record various incidents and complaints has increased. This shows that incident reporting is improving and the harm associated with falls and accidents has reduced. These are all initiatives that LINk has commented on or been involved in during its four years of operation.

Any activities that enable better Hospital Standardised Mortality Ratios, including the enhanced Medical Emergency Team (MET) and recent improved nursing levels at night-time are applauded. We also welcome using the 5 star care approach as often issues of compassion, good information and communication reflect poorly in the experiences the public bring to LINks and are reported regularly to the Trust's various governance councils.

Finally, we welcome the honest and transparent way the Trust is working with LINks and in the future as Healthwatch, to address further improvements e.g. equality issues, putting into practice the learning of where infections come from in the hospital, and generally driving up standards.

Regarding future priorities 2013-14

There are two separate outcomes within the Trust's Clinical and Quality Strategies which aim to a) improve overall mortality and b) improve weekend mortality. However, we have concerns that there may be occasions when patients may postpone their planned surgery on Fridays, if these outcomes are not combined and proactively addressed as one target/outcome.

It has been reported nationally that, weekend mortality and lesser quality treatment at weekends is a concern. It is appropriate therefore, that improving weekend mortality will remain a focus for the Trust. For clinical effectiveness – we heartily welcome the medical redesign project that will build up capacity in the hospital to equal all 7 days of the week (Consultant cover).

The document states complaints have increased by 9%. We feel there could be more detail about what steps have been initiated to improve the complaints responses.

As St. Helens LINk, we reviewed the processes for tracking complaints and found these were greatly improved on the previous system, although there was still room for improvement by specific ward staff taking ownership in relation to complaints.

We continue to be enthusiastic about areas where the Trust and both patient group and Healthwatch members can work together to further improve this situation.

Finally, we would recommend reducing the 24 SMART objectives. We commented in March 2013; that 32 strategic objectives in the Clinical Strategy should be reduced by half, so again we would recommend a reduction in the number of objectives to ensure staff can engage with them.

There could be mention of the action plans behind each objective that will ensure these are 'SMART' (Specific, Measureable, Achievable, Realistic and Timely).

Emma Rodriguez Dos Santos
Healthwatch St Helens Manager
On behalf of St. Helens LINk, 2012-13

Healthwatch Halton

Healthwatch Halton were provided with the Quality Account report – no comments on its contents have been received by the Trust.

Halton and Knowsley Clinical Commissioning Groups (CCGs)

Many thanks for sharing and presenting the Quality Account for 2012/2013 for St Helens and Knowsley Hospitals NHS Trust to NHS Halton Clinical Commissioning Group and to the other Merseyside CCGs on the 9th May 2013.

NHS Halton CCG would like to thank you for the Quality Account and we note the issues highlighted within it, we would like to congratulate the organisation on its performance in some areas during 12/13 and note the commitment of the organisation to deliver performance improvements during 2013/2014.

We look forward to working with you and wish you success in your endeavours during 2013/2014

Yours Sincerely

Jan Snoddon
Chief Nurse
NHS Halton CCG

Breeda Worthington
Head of Quality and Safety / Governing Body Lead Nurse
NHS Knowsley CCG

St Helens Clinical Commissioning Group (CCG)

St Helens CCG welcomes the opportunity to review St Helens and Knowsley Teaching Hospitals NHS Trust Quality Account. The CCG note the content of the Quality Account and acknowledge the honest declaration by the Trust in identifying the performance and challenges relating to Healthcare Acquired Infections and Never Events within the period April 2012 to March 2013.

In accepting the report the CCG will continue to work with the Trust to support the delivery of the high quality care provision to all patients and delivery of the 2013/14 improvement goals.

Yours sincerely

Dr Stephen Cox
Clinical Accountable Officer
St Helens Clinical Commissioning Group

Knowsley's Health Scrutiny Sub-Committee

The Committee felt very strongly that infection control was a top priority for the Trust, as infection rates were a serious concern, and the trusts targets for the coming year were very challenging. The Committee suggested that the report needed to explain further about the actions being taken by the Trust to reduce the number of infections, such as training on antibiotic prescribing, in order to demonstrate how serious the Trust was taking this issue.

The Committee felt that the quality of nursing provision on hospital wards was a key area for the Trust to improve and suggested that pressures on staff resources may have an indirect impact on the rates of infection. It supported the Trust's priority to focus on strengthening leadership within the organisation and setting standards for quality. The Committee also supported the Trust's intention to provide quality training to healthcare assistants as well as nurses and welcomed the recent commitment from the Trust to provide 20 extra nursing staff.

The Committee noted that readmissions rates were also an issue and felt that greater provision of information on discharge, through the telephone advice service would help reduce the number of patients readmitted. The Committee also noted that there had been an 8 per cent increase in unplanned admissions to Accident and Emergency (A&E) and that similar pressures were being felt nationally. However, the Committee did not think that this increase could be solely attributed to cultural issues and felt that the Trust would benefit from undertaking further analysis in this area.

The Committee welcomed the Trust's open and honest account of its performance and of the actions being taken to address key issues. The Committee felt that the report document could be more logical if the review of quality performance information was included before the quality improvement outcomes. The Committee recognised from the report, that the Trust is facing a number of significant challenges and has substantial work to do in achieving its priorities, particularly if it is to become a Foundation Trust in 2014 as planned.

Members of the Health Scrutiny Sub-Committee
Councillor Bob Swann (Chair)
Councillor Marie Stuart (Lead Scrutiny Member for Wellbeing)
Councillor Kay Moorhead (Deputy Lead Scrutiny Member for Wellbeing)
Councillor Tony Harvey
Councillor Terry Byron

The commentary was also supported by representatives of Healthwatch Knowsley
Margie O'Mara MBE
Martin McDonagh
Janet Tildsley

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 2013 ("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 2013 subject to limited assurance consist of the following indicators:

- Percentage of patient safety incidents that resulted in severe harm or death; and
- The rate of infection, and the rate of infection per 100,000 bed days for patients aged two or more on the date the specimen was taken.

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 2012/13 issued by the Audit Commission on 25 March 2013 ("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 2012 to June 2013;
- papers relating to the Quality Account reported to the Board over the period April 2012 to June 2013;
- feedback from the Commissioners dated 28 May and 17 June 2013;
- feedback from Local Healthwatch dated 14 and 21 June 2013;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009 dated 1 June 2013;
- feedback from other named stakeholders involved in the sign off of the Quality Account dated 25 May 2013;
- the latest national patient survey dated 18 March 2013;
- the latest national staff survey dated 18 March 2013;
- the Head of Internal Audit's annual opinion over the trust's control environment dated March 2013;
- the annual governance statement dated 1 April 2013;
- Care Quality Commission quality and risk profiles dated 29 May 2013; and
- the results of the Payment by Results coding review dated 1 April 2013

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 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and St Helens and Knowsley Teaching Hospitals NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the 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 2013:

- 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.

Julian Farmer
Senior Statutory Auditor, for and on behalf of Grant Thornton UK LLP
4 Hardman Square
Spinningfields
Manchester
M3 3EB

26 June 2013

Quality Account Glossary

A & E	Accident and Emergency
ACE	Angiotensin Converting Enzyme
ADT	Admission, Discharge, Transfer
AMD	Age Related Macular Degeneration
AQ	Advancing Quality
CAMHS	Child and Adolescent Mental Health Service
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRB	Criminal Records Bureau
DATIX	Integrated Risk Management, Incident Reporting, Complaints Management System
DNA	Did Not Attend
E4E	Energise for Excellence
ECV	External Cephalic Version
EDMS	Electronic Document Management System
EDS	Electronic Discharge System
GP	General Practitioner
GTT	Global Trigger Tool
Hospedia	Bed Side Patient Television System
HPA	Health Protection Agency
HRG	Healthcare Resource Group
HSMI	Hospital Standard Mortality Index
HSMR	Hospital Standard Mortality Rates
IGT	Information Governance Toolkit
LINk	Local Involvement Network
MET	Medical Emergency Team
MRSA	Methicillin-resistant Staphylococcus aureus
MSSA	Methicillin-sensitive Staphylococcus aureus
NICE	National Institute for Clinical Excellence
NIHR	National Institute for Health Records

PCT	Primary Care Trust
PEAT	Patient Enviornment Action Team
PHSO	Parliamentary & Health Service Ombudsman
QRP	Quality and Risk Profile
SBAR	Situation, Background, Assessment, Recommendation
SHA	Strategic Health Authority
SHMI	Summary Hospital-level Mortality Indicator
SIRI	Serious Incident Requiring Investigation
TIA	Transient Ischaemic Attack
UCAM	Urinary Catheter Assessment & Monitoring
UTI	Urinary Tract Infection
VTE	Venous Thromboembolism
WHO	World Health Organisation

Contact Information

St Helens and Knowsley Teaching Hospitals NHS Trust 2013.

For more information about the Trust, or to download the PDF version of this report visit: www.sthk.nhs.uk

If you require this document in Braille, large print or another language please call the Patient Advice and Liaison Service (PALS) on 0151 430 1144.