



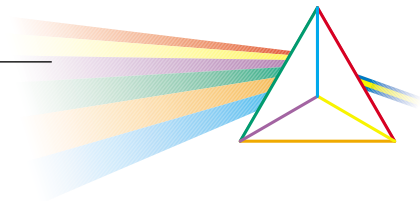
Quality Account 2010-2011





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Chief Executive's Introduction

The Trust is committed to providing the highest standard of care, in world class hospitals where patient safety is paramount.

This Quality Account outlines some of the achievements made in improving the quality of care, patient safety and clinical effectiveness at the Trust, throughout the year. The data systems supplying data contained within the report have been verified and to the best of my knowledge the information within this report is correct and accurate.

The Trust has actively engaged with local healthcare partners and patient groups to gain their feedback on the content of this Quality Account. Their comments, which are included in this document, have been extremely valuable in developing the account and I would like to thank them for their time and effort in working with the Trust.

Last year the Trust set itself the quality improvement targets of reducing mortality by a further 5%, reducing falls in elderly patients by a further 10% and improving infection audits to a consistent 90% across all wards. Each of these targets have been met and the Trust has improved productivity and efficiency whilst managing increased demand along with making new services available closer to patients' homes.

The Trust is the country's only acute organisation to perform above the national average in every indicator for quality of services and care in the latest Care Quality Commission assessment. In addition the Trust achieved an 'Excellent' rating in the Patient Environment Action Team (PEAT) assessments for both St Helens and Whiston hospitals in each category for the fifth consecutive year.

The Trust has further improved patient safety by reducing pressure sores, incidences of C-Difficile and there have been no 'never' events at St Helens Hospital or Whiston Hospital between 1st April 2010 and 31st March 2011. In addition the Trust's Hospital Standardised Mortality Ratio (HSMR) has been improved upon from the previous year and continues to be better than the national average.

The Trust continues to achieve an excellent performance in the Advancing Quality programme. The results have shown the quality of care provided to patients with serious illnesses are above the regional average.

Feedback from patients surveyed in recent Care Quality Commission reports on maternity, cancer care and inpatient care, were very positive. This demonstrates the high regard that our patients have in the quality of care they are being given.

The Trust aims to deliver care that is consistently high quality, well organised, meets best practice standards and provides the best possible experience for our patients and their families.

Providing this standard of care requires embedding a culture of safety improvement that reduces harm, improves outcomes, enhances patient experience and is based on the use of patient feedback and lessons learned.

It requires the Trust to respect the privacy, dignity and individuality of every patient. The Trust strives to be open and inclusive with patients and provide them with information about their care in a way they understand.

Patient pathways have been designed to reduce variations in care and improve outcomes, whilst recognising the individual needs of each patient.

This is the Trust's vision for '5 Star Patient Care' focused on safety, care, communication, pathways and systems, with the aim of providing an excellent experience for every patient, every time.

Ann Marr, Chief Executive





Quality Performance 2010-2011

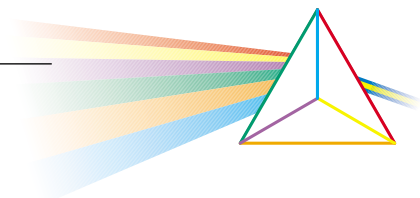
Existing Commitments

Access to Sexual Health Clinics	Achieved
Delayed Transfers of Care	Achieved
A&E Waiting Times	Achieved
Rapid Access Chest Pain Clinic Waiting Times	Achieved
Cancelled Operations	Achieved
Cancer Urgent Referral to 1st Appointment Waiting Times	Achieved
Cancer Diagnosis to 1st Definitive Treatment Waiting Times	Achieved
Cancer Urgent Referral to 1st Definitive Treatment Waiting Times	Achieved

Vital Signs

Incidence of MRSA Bacteraemia*	Not achieved
Incidence of Clostridium Difficile	Achieved
Referral to Treatment 18 Week Waiting Times	Achieved
Referral to Treatment Median Waiting Times	Achieved
Referral to Treatment 95th Percentile Waiting Times	Achieved
Diagnostic Waiting Times	Achieved
Breast Symptom Referral to 1st Appointment Waiting Times	Achieved
Second or Subsequent Cancer Treatment (Surgery and Drug Treatments) Waiting Times	Achieved
Second or Subsequent Cancer Treatment (Radiotherapy Treatments) Waiting Times	Achieved
Cancer National Screening & Specialist Referral to 1st Definitive Treatment Waiting Times	Achieved
Smoking During Pregnancy	Achieved
Mixed Sex Accommodation	Achieved
Stroke Strategy	Achieved
Stroke Performance	Not achieved

***For information on how the Trust is improving Stroke performance see page 20 and its MRSA performance see page 23**



Commissioning for Quality and Innovation (CQUIN)

The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of healthcare providers' income to the achievement of quality improvement goals. Some of these are set nationally, some within the North West region and some by the local commissioners for the Trust. The tables below outline the Trust's CQUIN performance for 2010-2011.

CQUIN National Schemes

Venous Thromboembolism (VTE) Risk Assessment	Achieved
Percentage of Adult Patients Admitted in the Month Assessed for Risk of VTE on Admission*	Not achieved
Adult Inpatient Survey - Responsiveness to Personal Needs	Partially achieved

***For information on how the Trust is improving its VTE assessment performance go to page 15.**

CQUIN Regional Schemes

AQ- Clinical Indicators	Achieved
TARN - Trauma Audit Research Network Clinical Data Association	Achieved

CQUIN Local Schemes

Reducing Adverse Events and HSMRs	Achieved
Dr Foster HSMR	Achieved
HIA - Falls Establish Baseline and Trajectory to Achieve 10% in Falls in Elderly Care	Achieved
HIA - Pressure Sores	Achieved
High Impact Actions for Nursing and Midwifery	Achieved
Caesarean Rates	Achieved
Patient Experience - National Maternity Survey	Achieved
% of low Statin Prescribing	Achieved
% of PPIs Prescribed	Achieved
% of First Line Drugs Prescribed Affecting the Renin-Angiotensin System Relating to ACE inhibitors	Achieved
Volume of Black Light Drugs Prescribed	Achieved
Prescribing of top 10 'Special Medicines'	Achieved
Clopidogrel-Percentage of Discharges in Audit with Length of Treatment Specified	Achieved
Atorvastatin-Percentage of Discharges in Audit with Length of Treatment Specified	Achieved
Acute Oncology Service Employment of Acute Oncology Staff	Achieved
Acute Oncology Service Evaluation Report on the Impact of the Service	Achieved
Electronic Discharge	Not complete



Achieving Quality Objectives

The Trust has achieved a large number of quality objectives focusing on key areas of patient care.

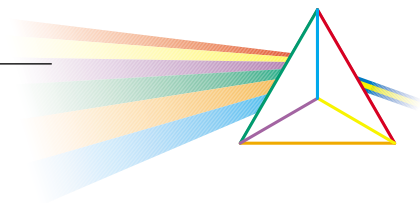
Patient Safety

- Reduced total hospital acquired pressure sores by 16%.
- Reduced inpatient falls in care of the elderly by 17%.
- Implemented Global Trigger Tool safety review process.
- IV access performance and improved delivery on reduction in infection.
- Commenced Leading Improvements in Patient Safety programme (LIPS) and have developed work streams to improve outcomes in caring for deteriorating patients and hospital acquired infection.
- Commenced Safety Express programme
- Achieved CNST Level 2 in Maternity.
- Reduced Caesarean section rate by 3.9%.
- No “never events” as defined by the NPSA.
- Continued to ensure that the environment at both hospitals met the needs of the patients in terms of cleanliness and privacy which was rated Excellent at both sites in all categories in the Patient Environment Action Team assessment.
- Achieved further reduction of Clostridium Difficile infection.
- Strengthened participation in all mandatory audit programmes e.g. Trauma Audit Research Network (TARN), Myocardial Ischaemia National Audit Project (MINAP).
- Established Quality Ward Rounds in new hospital wards.
- Developed and implemented Ward Dashboard to evaluate quality and workforce performance by ward.



“The hospital is top class; the environment, the staff, the service – everything! Staff on the ward treat me with the utmost dignity, I could not ask for more caring people. It has made me feel so much better being here and I am confident that I’m in good hands.”

Margaret McDermott, patient on Ward 4C



Patient Experience

- Implemented regular surveys in productive ward outcomes, eliminating mixed sex accommodation and measuring patient dignity and experience.
- Implemented Listening Clinic in the Department of Medicine for Older People.
- Increased number of complaints resolution meetings and incident outcome meetings held with patients and families.
- Implemented electronic handover.
- Implemented PROMS audit relating to all Advancing Quality pathways.
- Established Productive Ward programme in all of the reconfigured wards in the new hospital.
- Implemented "Forget me not" information logs to improve care of patients with dementia.
- Implemented a wider range of improvements resulting from complaints and incidents.
- Mixed sex accommodation is now eliminated in the new hospital wards.
- Tripled numbers of hospital volunteers within the year and introduced new volunteer roles.
- Improved care of patients with learning disabilities and working in partnership on implementing Six Lives.
- Maintained performance in national patient surveys following move into new hospital.
- Established improvements in patient nutrition including protected meal times and improved assistance in patient feeding in pilot wards.

Patient Care Outcomes

- Continued to perform within the top quartile for all Advancing Quality (AQ) pathways.
- Hospital Standardised Mortality (HSMR) has reduced substantially and ranks favourably when benchmarked nationally.
- Established the Improving Outcomes Group (IOG) to monitor benchmarked performance of specialities in terms of mortality, length of stay, readmission rates and day case rates.
- Implemented mortality review systems.
- Introduced several new pathways for patients suffering from conditions such as stroke and chest pain.
- Fundamental changes to the management of GP referred urgent cases.
- Reduced infection acquired after joint surgery through the implementation of the joint school.
- Commenced an emergency patient journey programme in medicine.
- Clinical Outcomes Committee refocused with a robust work programme.
- Managed a significant increase in hospital emergency admissions due to poor weather and flu cases.



Better Patient Care

The Trust continues to be at the forefront of measures to implement best practices initiatives, enhance clinical effectiveness and improve patient care.

Productive Ward Programme

The Trust has continued its success with the national Productive Ward programme by re-establishing this efficiency initiative throughout all new wards and teams within the new Whiston Hospital.

This has helped to ensure patient satisfaction levels remain high and nursing staff are benefiting from improved approaches to work, which include a reduction in the length of nursing handover utilising an electronic handover process.

Improving Nursing Communications

The electronic handover system enables nursing staff to undertake more effective handovers with better clarity in communication. This new Situation Background Assessment Recommendation (SBAR) communication method, which is being implemented on all wards in the coming year, is improving patient safety by ensuring clearer instructions on individual patients needs are provided to the next shift. In addition it has led to shorter handover meetings meaning nursing staff can spend more time directly looking after patients.

Early in 2010 the Nursing Development Team began producing a quarterly nursing newsletter. The newsletter ensures that the Trust's nursing staff have access to relevant information about the latest developments in patient care and changes to working practice.

Ward Dashboard

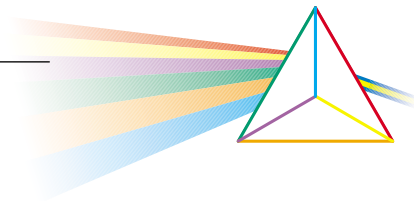
The Ward Dashboard developed by the nursing team covers a range of quality and workforce measures and incorporates clinical performance indicators such as infection rates, audit scores, falls, pressure sores and complaints. The range of indicators will be expanded as new systems for capturing information are developed.

The dashboard enables managers to spot early warning signs of workforce reduction or changes to quality performance, which may indicate that a ward requires additional support.

Within the dashboard, workforce information is displayed highlighting the percentage of staff available for deployment on the ward at any given time. This is an essential aspect of managing the delivery of patient care and having dashboards in place ensures that senior nurses have an overview of all the wards at any given time.

Quality Ward Rounds

The Quality Ward Round includes a presentation by the ward manager and key staff to a selection of senior managers including at least two members of the Trust Board. The presentation covers the performance against a wide diversity of indicators including those within the ward dashboard. This enables the ward manager to demonstrate how the ward is performing and also how its performance compares to similar wards.



Ward managers are able to discuss concerns and achievements directly with senior managers who in turn are able to understand the work of the ward. The presentation is followed by a visit to the ward, which gives senior managers an opportunity to meet a wider group of staff and to talk to patients about the quality of care they are receiving.

New Improved Environment

Wards in the new Whiston Hospital are much larger than those in the old building. The new wards provide 50% single room accommodation with ensuite facilities and the remaining beds are situated in four bedded bays with floor to ceiling windows providing abundant natural light.

Patients do not share sleeping areas with those of the opposite sex in any of our wards. The new environment gives the patients ample space and the utmost privacy along with first class facilities and equipment.

Nursing staff have achieved a 16% reduction in pressure sores for patients and a 17% reduction in the number of inpatient falls during the year. Nurses are supported by dedicated specialists and specialist equipment which has helped to significantly improve patient care.

Developments in Patient Nutrition

The Trust has established a Nutrition Steering Group (NSG) involving nurses, doctors and catering staff. This group have implemented a number of measures that have improved both nutrition and hydration amongst patients. These measures which are being implemented on all wards include:

- A mealtime co-ordinator who ensures that patients requiring assistance with eating their meal have a member of staff to assist them.
- Assistance is provided to patients who need support to eat.
- That red trays are used to identify patients who require assistance and that the tray should not be removed until a member of staff has seen what the patients have eaten from their meal and recorded this.
- That red water jugs are used to identify any patients who require their water intake monitoring or assistance to pour a glass of water.

Improving Care of Patients with Dementia

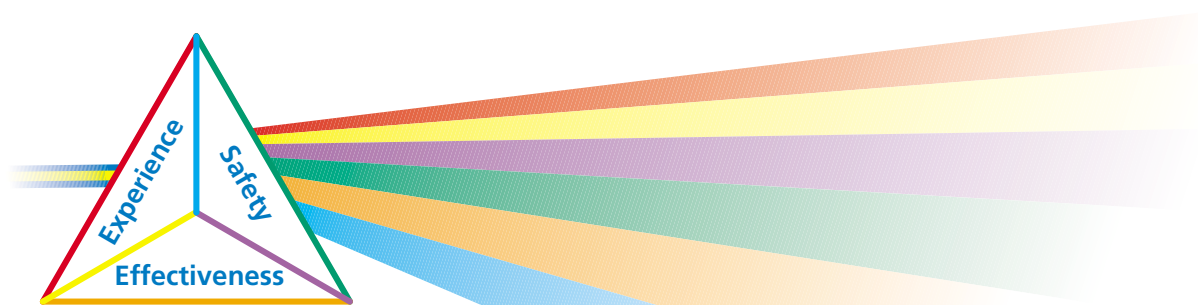
The Trust is committed to providing the most positive experience of care possible for patients and their families and is working to enhance both the care and the environment for patients with dementia.

The Trust is taking part in the National Dementia Audit and has completed the first two parts of this three part audit. Results are being reported back to individual wards and departments in order to highlight good practice and to identify how care could be improved.

A training DVD called "Making Sense" was produced for the Trust's second National Dementia Conference. The powerful experiences which are shared in this film depict not only how stressful a hospital stay can be for patients with dementia, but how individual motivations, attitudes and understanding can make a real difference to the care they receive. The Department of Health have been so impressed by the DVD that they have provided funding for it to be distributed to each Trust in the country.

Dementia leads have recently devised and implemented a "Forget me not" card with information about the patient's life. This helps staff to recognise what is important to the patient and to get to know them better.

The patient may not be able to explain to each member of staff what they like and don't like but this information is available for staff caring for them on the card.



The Department of Medicine for Older People at the Trust delivers a four day dementia training course accredited by the Royal College of Nursing. The aim of this training is to promote mutual respect and to help staff understand how the patient with dementia may be feeling and what they want, enabling staff to respond more effectively.

The Trust has made a number of changes to the ward environment where patients with dementia are cared for, such as improved signage to make them more accessible. During the coming year three treatment areas in the Accident & Emergency Department will be similarly adapted to be used to care for patients with dementia as they arrive at the hospital.

Nurse Education

Health Care Assistants play a significant role in caring for patients. To support them the Trust has established the Bedside Emergency Assessment Health Care Assistance (BEACH) programme, which teaches them how to recognise and manage a patient whose condition is deteriorating and how to escalate this to medical staff. 73 Health Care Assistants have received BEACH training this year.

The Trust has developed a clinical induction programme for newly recruited nurses and health care assistants, which is designed to provide training in the specific equipment and ward layout, along with the Trust's systems and processes. Basic IT skills are taught and the IT systems in use on the ward are explained so staff are fully prepared when they start work on the ward.

Simulation Training

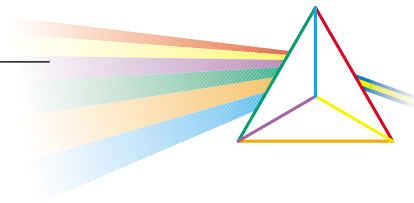
Simulation training has been provided for over 1,000 members of staff and students and this training is being undertaken in clinical areas to provide training that is as realistic as possible.

Undergraduate students undertake simulation training throughout their curriculum. At Whiston Hospital those in their second year of training do so in the simulation suite. Those in their fourth year have Unexpected Medical Undergraduate Simulation Training (UMUST), which reproduces the clinical conditions which trainee doctors face, such as being summoned to an emergency without any prior warning.

Emergency Department simulation training is given to multidisciplinary groups of staff on a regular basis and regional courses for accident & emergency registrars are held at Whiston Hospital.

Simulation training in the operating theatres is undertaken on a weekly basis involving anaesthetic trainees, operating department practitioners (qualified and students) and nurses working in multidisciplinary teams. The simulations reproduce anaesthetic emergencies, some of which are very uncommon and can be fatal within minutes. The sessions are videoed and the film footage is used to provide feedback to those taking part with emphasis not only on technical skills but on team work and communication. As an extension of this the Trust runs a one day multidisciplinary course at St Helens Hospital.

Weekly multidisciplinary simulation sessions on the surgical wards are held to train staff in the recognition and management of ill patients.



An education programme for the Radiology Department using simulation is improving recognition and management of emergencies, which may occur in the department, giving staff the knowledge and experience of resuscitating patients.

The simulation team is also supporting the Obstetrics & Gynaecology Department and run sessions in the Critical Care Department. Simulation is also used in the Acute Life-threatening Event Recognition & Treatment (ALERT) & Advanced Life Support (ALS) courses.

The Trust also organises courses for the Regional Simulation Network on the technical aspects of simulation and on the educational and human factors theory, which are held at Whiston Hospital.

Future developments in simulation training include:

- Multidisciplinary training for the Trauma Team
- Training for the Medical Emergency Team.
- Training for the Paediatric HDU staff

The Trust will be undertaking joint training involving staff across various departments. The simulation will start in the Emergency Department, before moving to the operating theatres and then onto the Intensive Care Unit. This will provide training not just in technical skills but in the communication skills needed to work with different specialities and in safe transfer of a critically ill patient.

The Trust has a simulation committee comprising members trained in simulation and is also training a registrar and an operating department practitioner to become simulation trainers.

“The staff are very professional and helpful and the care they provide is outstanding. I have total confidence in the care they provide to Jake and would hate to go to any other hospital.”

Joanna Barrow and son Jake on Ward 3F





Improving Patient Safety

Patient Safety is a key priority for the Trust and a number of initiatives have been established to ensure that patients continue to receive their care in a safe environment.

Preventing Patient Falls

A Falls Prevention Service has been established to provide advice and support to staff working with patients who are at risk of falling or who have already suffered a fall. The service aims to reduce the number of patient falls and to provide appropriate care to those who have had a fall. The Trust's Falls Prevention Policy has been revised and a new falls assessment process and falls specific care plan have been implemented in all clinical departments. Additional falls prevention equipment, such as chair alarms have been provided and nursing staff have received training on falls prevention.

Key achievements during the last 12 months are:

- 98% of all adult patients admitted to the Trust have a detailed falls assessment carried out within 24 hours of their admission.
- 99% of patients identified as being at risk of falling have a designated falls/delirium care plan in place
- 80% of clinical staff have received falls prevention training during the last 12 months
- Inpatient falls have been reduced by 17% in the Department of Medicine for Older People wards.

The Trust aims to further reduce the number of inpatient falls. It is also taking part in the Safety Express initiative which has set a target of reducing serious harm caused to patients as a result of a fall by 50%, by the end of 2012.

Preventing Hospital Acquired Pressure Sores

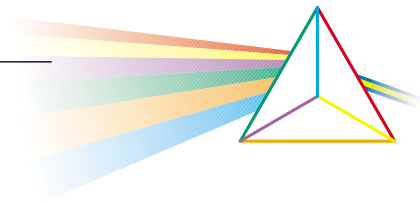
The Trust has made significant advances in the treatment and prevention of pressure sores for patients suffering restricted mobility whilst in hospital. In the last 12 months, hospital acquired pressure sores have fallen by 16%.

The Trust aims to continue to reduce the number and type of pressure sores occurring during hospital stays until they have all been eliminated.

Tissue viability nurse specialists work with nursing staff to ensure that they have the most up to date knowledge and skills and that the most appropriate equipment is available for patients at risk of developing sores. They also work with nurses to identify the cause of a sore and work to ensure that any sore is classified appropriately, by grade 1 to 4, with 4 being the worst kind of sore. This classification is essential as each different grade is often associated with different causes and understanding the cause, helps to identify the right action to take to prevent the sore. The Trust has achieved an 87% reduction in grade 4 sores for the year.

Safeguarding Adults

Preventing the abuse and neglect of vulnerable people in the care of the Trust is a key priority and the Trust is committed to proactively safeguarding vulnerable adults.



Staff receive ongoing education in safeguarding adults as part of mandatory training. This heightened awareness in identifying when a vulnerable adult may be experiencing some form of abuse or neglect, has resulted in a significant increase in hospital staff referring patients to the Trust's safeguarding specialists, from 102 the previous year to 348 over the past twelve months. Following referral an investigation is carried out and findings are acted on, to ensure that patients are not discharged to an unsafe environment. Of the patients referred, 318 required support from the safeguarding specialists and of these 86% were found to have issues with their care at home and were referred to social care services.

All wards and departments are supplied with a safeguarding information folder explaining the procedure to follow in the event of a safeguarding incident.

The team has worked with ward staff to identify 'Safeguarding Heroes' in each ward and department, who is responsible for ensuring that all other staff have had relevant training and that any good practice examples from other areas are shared amongst staff to promote further improvements.

As part of safeguarding initiatives all grade three and four pressure sores are reported to the safeguarding team for action and follow up. This ensures the patient has a continuing treatment plan that is managed effectively on discharge to community based care providers.

Training has also been provided to staff on caring for patients who have a learning disability this is to ensure that staff are aware of vulnerability and also to ensure that the patient's hospital experience is excellent.

Any formal complaint made to the Trust is forwarded to the safeguarding team to identify whether there are any safeguarding related concerns. If safeguarding issues are identified action is taken by the safeguarding team to prevent a similar incident occurring.

When abuse or neglect is identified and reported, patients in our care can be reassured they will be kept safe and secure, and that all steps will be taken to prevent abuse and neglect in the future.

The safeguarding team works closely with partner health agencies, local authorities, the police and voluntary agencies to ensure that vulnerable people are cared for across agency boundaries.

Patient Safety Information

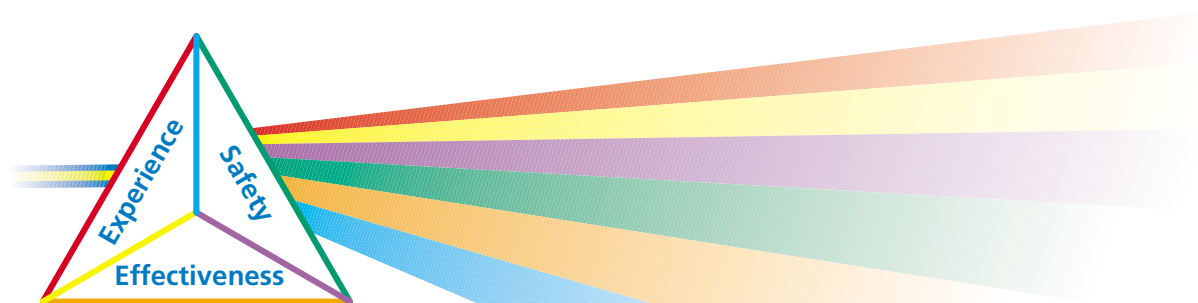
The Trust is committed to ensuring the utmost patient safety and has invested in an electronic DATIX incident and complaint management system to record and analyse any incident that may occur.

This new system will enable staff to enter details of incidents directly into the electronic system and will help nursing staff to improve safety and prevent harm occurring.

DATIX includes a number of sections in addition to the incident reporting and analysis section that will provide managers with information that will underpin a wide range of performance measures and lead to quality improvements. DATIX includes the following:

- Online incident, adverse event and near miss reporting
- Integrated risk assessment facility
- Safety alerts recording
- Online complaints management system
- Claims handling
- Patient Advice and Liaison Service concerns reporting

DATIX will enable the Trust to analyse any trends in incidents occurring and will provide an integrated approach to dealing with incidents, complaints, concerns and claims.



Leading Improvements in Patient Safety (LIPS)

In 2010 the Trust enrolled in the Leading Improvement in Patient Safety (LIPS) programme hosted by the Institute for Innovation and Improvement and attended by representatives from clinical staff, quality leads and members of the Executive Team.

The LIPS programme has provided the Trust with the tools to implement effective and sustained improvement in the delivery of patient care prompted by incident review, complaint analysis and patient feedback. Enrolment in LIPS complements the Trust's ongoing commitment to instigating root cause analysis where failings in care are identified and remedial action is required. As a consequence of skills gained through attending this programme action planning/implementation is both realistic in terms of addressing issues and measurable in demonstrating positive change.

Embedding LIPS into hospital culture underpins the commitment the Trust has to patient safety and is evident in our current safety schemes which relate to early and effective intervention for the deteriorating patient.

LIPS also promotes a proactive approach to delivering patient care in a 'risk aware' environment for which the Trust actively undertakes random medical record reviews to identify where adverse events have occurred. To standardise the review process the Trust utilises the Global Trigger Tool. Through actively seeking the potential for patient harm the Trust can implement improvement while promoting an 'open and honest' approach for staff to highlight concerns in the best interest of our patients.

Global Trigger Tool

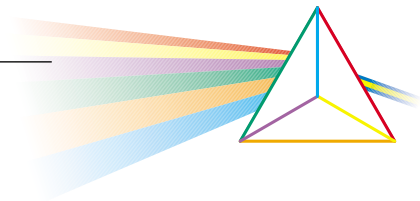
Traditional efforts to detect adverse events during the delivery of care or treatment to patients have focused on voluntary incident reporting. However, nationally only 10 to 20% of errors are ever reported and of those 90 to 95% cause no harm to patients.

The Trust has adopted a more effective way to identify events that cause harm and to learn from these events in health care. The use of triggers to identify adverse events during a manual record review has been used extensively in several countries to measure the overall level of harm in a healthcare organisation and has proven successful in reducing the occurrence of adverse events causing physical harm to patients.

The manual record review is conducted by a multidisciplinary team who look at small samples of patient case notes. The Trust currently has two review teams and will expand this to improve the safe delivery of care even further. The Trust is currently developing an annual review of data for analysis to identify trends in safety issues.

Safety Express

The Trust has been selected by the Strategic Health Authority; NHS North West to be one of the host organisations for a new programme aimed at setting patient safety standards. 'Safety Express' is a national improvement programme and aims to achieve significant reductions in four avoidable harms: pressure ulcers, serious harm from falls, catheter acquired urinary tract infections and venous thromboembolism (VTE).



As part of this initiative, the Trust is participating in the Safety Thermometer survey to measure the prevalence of these four avoidable harms. Results of this audit found that nationally 81% of patients experienced no harm, whilst the Trust's figure was 87%.

The Trust is also engaging with three local nursing homes to ensure any processes implemented within the Trust can be continued when the patient is discharged.

Improving VTE Performance

The Trust aims to improve performance on venous thromboembolism (VTE) assessment and particularly in recording that patients have had assessment soon after admission. The Trust undertook a VTE awareness campaign in May 2011 and completed training for junior medical staff in undertaking assessment. Training also has been provided within some specialist areas to enable nurses to perform VTE assessment.

Internal audit results show that performance on the wards is above that recorded on the Trust-wide system. The Trust will improve the data collection process to ensure that the reported figures accurately reflect true performance levels.

Collaborative Working Initiatives

To help improve the prevention and control of infection, the Trust has established a multidisciplinary group including matrons, infection control nurses, quality leads and facilities management (responsible for services such as cleaning and maintenance).

This Infection Control Forum meet each month to highlight any infection issues and within a short time this group has helped to cut infection rates by half. This collaborative working between clinical and facilities staff to finding solutions and implementing rapid change has been the key to reducing infection.

Intravenous Device Drug Library

The Trust has successfully implemented a new and innovative technical solution in the use of pumps that deliver medications, blood products and fluids to patients. This solution was a finalist in the national Patient Safety Awards 2011 after being selected ahead of a large number of entries from across the country. In addition a number of other Trusts have been so impressed that they adopted this solution.

The pumps incorporate medication error reduction computer software; a safety feature which allows the nurse or doctor to choose a medicine from the built-in library. This then initiates a programme incorporating limits which reflect correct dose and administration rates. The 'soft limit' function allows the nurse or doctor to make changes within an acceptable level and then administer to the patient accordingly reducing the risk of a medication error.

The drug error software library was developed through the diligent multidisciplinary work of the Medical Device Training Co-ordinator and staff in pharmacy. Through consultation and collaboration with nursing and clinical departments, a bespoke library was created.



Improving Patient Experience

The Trust is committed to providing patients with the highest standard of care and aims to provide an excellent experience, to every patient, every time.

Throughout the year a number of independent surveys of patients were published by the Care Quality Commission. The findings from these surveys illustrate the quality of care being provided by the Trust and the positive impact made on patient experience.

National Maternity Survey Trust response rate 42% (national response rate 52%)

Mothers who gave birth at Whiston Hospital were surveyed as part of a national report on maternity care. The findings for the Trust included the following:

- 86% rated their overall care as excellent or good
- 100% of mothers were visited at home by a midwife
- 95% said they got the pain relief they wanted
- 86% of mothers said they had a choice of where to have their baby

National Cancer Survey Trust response rate 61% (national response rate 67%)

Patients undergoing treatment for cancer at the Trust took part in a national survey, which found:

- 91% of patients had their first appointment no more than 4 weeks after referral
- 95% of patients thought doctors knew enough about how to treat their cancer
- 92% of patients said everything was done to control the effects of radiotherapy
- 96% were always given enough privacy when being examined or treated

National Inpatient Survey Trust response rate 43% (national response rate 50%)

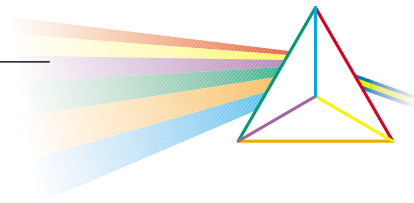
Inpatients admitted to hospital were surveyed as part of a national study. The following outcomes were highlighted:

- 92% of patients said they were given enough privacy when being examined or treated
- 88% of patients stated that the room or ward was very clean
- There were improvements in the ratings for the quality of food with 25% of patients rating the food as very good.
- 83% rated doctors and nurses working together as excellent or very good

Improving Patient Experience Following Complaints

Feedback from patients, their friends and relatives is very important to the Trust. Listening to patients is vital to ensuring that the Trust continues to provide a high quality service designed to meet their individual needs.

The overwhelming majority of patients at St Helens and Whiston hospitals receive the high standard of care that the Trust expects. But we recognise that this is not always the case and we actively seek feedback to ensure that we can achieve better.



In the past year the number of formal complaints made to the Trust increased from 326 in 2009/10 to 441 in 2010/11. However this number remains relatively low when compared to similar Trusts and the number of patient cases that are treated across St Helens and Whiston hospitals.

The Trust is committed to implementing changes in practice wherever deficiencies, problems or poor practice have been identified. Lessons learned and changes implemented as a result of complaints continue to be developed across all areas and a number of these initiatives are as follows:

- In line with national guidance, meetings with complainants and family members are held within the Medical, Surgical and Clinical Support Care Groups.
- Following handover meetings on the ward, nursing staff now undertake a general walk around the ward to introduce themselves to patients, monitor record keeping and patient observations. This provides an opportunity for patients to ask any questions in relation to their care. In addition the Trust expects staff to be visible at visiting times to allow the opportunity for family members to request information.
- Wards ensure that all 4-bedded spaces are protected for those patients whose conditions are most serious to ensure that close observations by appropriately trained staff are maintained in order to improve patient safety.
- The introduction of meal-time coordinators and the coloured jug and tray system which is ensuring that patients remain well nourished during their hospital stay.
- Ward information leaflets are being updated to reflect changes that are being undertaken at ward level which will assist in the overall improvement in communication to patients and their visitors.
- Wards caring for elderly people are a piloting new 'listening clinics' that are significantly improving the communications between patients, relatives and staff. The listening clinics provide the opportunity for patients and their relatives to ask any questions with regards to treatment plans, discharge arrangements or anything related to clinical care provided to patients.

New Carers Support Service

In partnership with St Helens Carers Centre, the Trust has developed a Carers Support Service in both St Helens and Whiston hospitals. The team provides information, advice and referral to the local Carers Centres. In addition, the Carer Income Maximisation Officer provides a specialist welfare benefits service on site to people caring for those nearing end of life or with terminal illness.

The team work with several different departments to ensure all carers are identified and treated as equal and expert care partners in the diagnosis, treatment and discharge of the person they care for.

This service has proved extremely popular and useful both to carers and Trust staff who are dedicated to improving the service provided to patients.

New Bus Service to St Helens Hospital

The Trust has worked closely with patients, visitors and community partners such as: St Helens Local Authority, St Helens LINK (Local Involvement Network), Merseytravel and St Helens Senior Voice to bring public transport closer to St Helens Hospital. This has succeeded in establishing a new bus service directly into the hospital grounds, which has improved the accessibility of the hospital especially for those with mobility problems.



Disabled Car Parking

After listening to the views of patients and visitors with a disability, the Trust has improved the disabled parking arrangements at St Helens and Whiston hospitals. Since moving into the new Whiston Hospital, the disabled parking bays have been relocated to level 5 on the multi-storey car park on Warrington Road. This gives easy access to the link bridge to the new hospital now that it has opened. An accessible payment machine and coin-operated wheelchairs have also been installed in that area to ease the transition from the car park to the hospital.

Hospital Volunteers

Volunteers are seen as an invaluable support to clinical staff as well as enhancing the patient's experience whilst in hospital. In return volunteers gain invaluable experience if seeking to follow a career in health care, develop new skills to enhance their employment prospects or simply keep active and meet new friends whilst volunteering.

The number of volunteers within the Trust has more than doubled in the past year with more than 200 helping across both St Helens and Whiston hospitals. Volunteers receive training both prior to and after taking up their placement.

Links have been developed with local colleges and students are encouraged to get involved in volunteering as part of their personal development.

The number of volunteers in the Lilac Centre and Macmillan Resource Centre have been increased to enhance the support given to patients whilst receiving care for cancer. Volunteers have also been recruited to support the Trust's Dementia Strategy.

Volunteers have also been recruited to new areas such as Diabetes, Audiology and Pathology as well as non-clinical areas such as Purchasing & Supplies, Finance, Media, PR and Communications.

Increased numbers of volunteers are now working at the main reception of Whiston Hospital to help direct patients and visitors to the relevant departments 7 days a week.

Volunteers are also involved in patient surveys which look at the quality of care we provide to those who use our services.

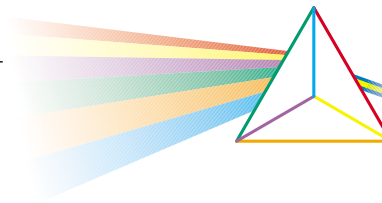
In the near future specially trained volunteers will work alongside clinical staff to help deliver a delirium prevention programme for older people in hospital. As part of the programme volunteers can enhance patient care through specific aspects of delirium prevention including orientation, communication and engagement.

Spiritual Care

The Spiritual Care Department is actively involved in supporting a wide range of activities aimed at enhancing the patient and visitor experience and supporting those who choose to seek spiritual care in their time of need.

Central to the department is the purpose designed multi-faith space called the Sanctuary. The Sanctuary provides a place for those of all faiths and none, to sit and be quiet away from the hectic hospital environment and can also provide an opportunity for peace.

The Sanctuary is used throughout the week for differing forms of religious practice.



Improving Clinical Effectiveness

The Trust aims to improve clinical effectiveness to ensure that patient care, safety and outcomes are enhanced, whilst providing a more efficient service.

standards and improve the quality of care being given to patients suffering from some of the region's most common serious conditions. These are:

Advancing Quality

The Trust continues to rank highly in the Advancing Quality Programme, which is improving clinical effectiveness across the region.

- Heart Attack
- Heart Failure
- Hip and Knee Replacements
- Pneumonia
- Stroke (since October 2010)

This initiative involves Trusts from across the North West and aims to establish best practice

The table below outlines the Trust's performance in Advancing Quality for the first two years:

Patient Focus Group	2010/11	
	Cumulative Trust Score	Average score for participating Trusts
Heart Attack	99%	97%
Heart Failure	88%	71%
Hip & Knee	93%	93%
Pneumonia	83%	81%

Heart Attack

The Trust achieved a cumulative score for the care it provides to patients who have suffered a heart attack that is above the average score for participating organisations. This underlines the quality of care being provided to these patients and the accuracy of the data being reported regarding their care.

This year further improvements have been made in providing patients with access to services for smoking cessation advice.

Heart Failure

More patients are benefiting from the specialist care and expertise of the Trust's Heart Failure team. Staff are being actively encouraged to direct patients to the team and this has succeeded in providing a significant increase in referrals.

This has helped to further improve the quality of care provided to these patients with more receiving appropriate instructions from a specialist Heart Failure nurse on discharge and more receiving advice on stopping smoking.



Hip and Knee Replacements

The Trust introduced an innovative new nurse led service for patients who undergo hip and knee replacement surgery. Before having their operation, these patients visit a 'Joint School' at Whiston Hospital, where nursing staff inform them about the operation and rehabilitation. Full assessments are made and patients are provided with training in pre and post operative exercises. The Joint School has succeeded in significantly reducing the length of stay and improving the outcomes for patients undergoing hip and knee surgery.

Pneumonia

The Trust is providing an excellent standard of care for patients suffering pneumonia. Robust pathways have been developed for patients in the Accident & Emergency Department and Acute Medical Unit to ensure that they benefit from best practice based standards of care. A dedicated Advancing Quality lead nurse specialising in pneumonia is increasing the awareness of the new pathways, which is improving the quality of care for these patients.

Stroke

The Trust ensures that there are always stroke care beds available to new patients. Since stroke care became part of the Advancing Quality programme in October 2010, staff in the Accident & Emergency Department and Acute Medical Unit have been engaging with initiatives to improve performance reporting and the quality of care being provided to these patients.

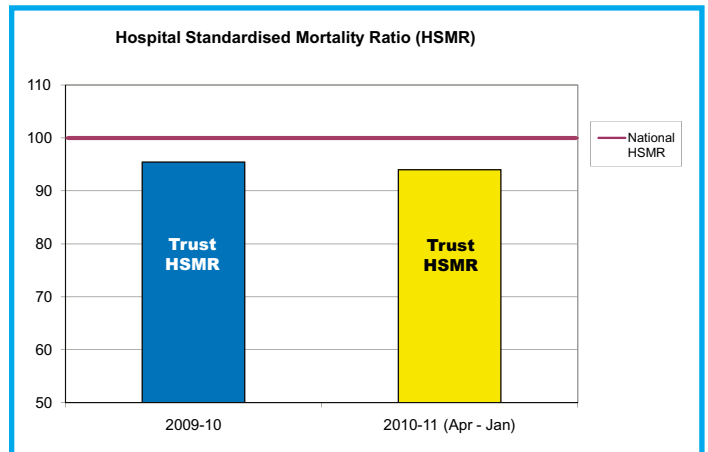
In the coming year, the stroke nursing team will provide a service 24 hours a day, 7 days a week, which will help to ensure that patients suffering from stroke receive specialist care on the dedicated stroke unit faster.

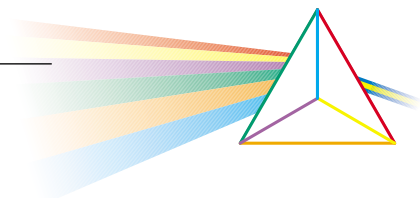
Quality of Reporting

An independent report from the Audit Commission found that the Trust achieved 100% accuracy in its quality measures reporting for the year. This confirms that the standard of care being measured through the Advancing Quality programme is among the highest in the region and further illustrates the Trust's commitment to providing patients with the very best the NHS has to offer.

Hospital Standardised Mortality Ratio (HSMR)

It has always been the case that a proportion of patients will die in hospitals as a result of their illness or injury. The average rate of deaths for each hospital is calculated and each individual organisation can measure its own performance against a national average. The Trust's mortality ratio has been below the national average for the last 2 years and this year has made further improvement. The aim is for each hospital to achieve a number that is less than the national average as a demonstration of good care outcomes.





Participation in National Clinical Audits and Confidential Enquiries

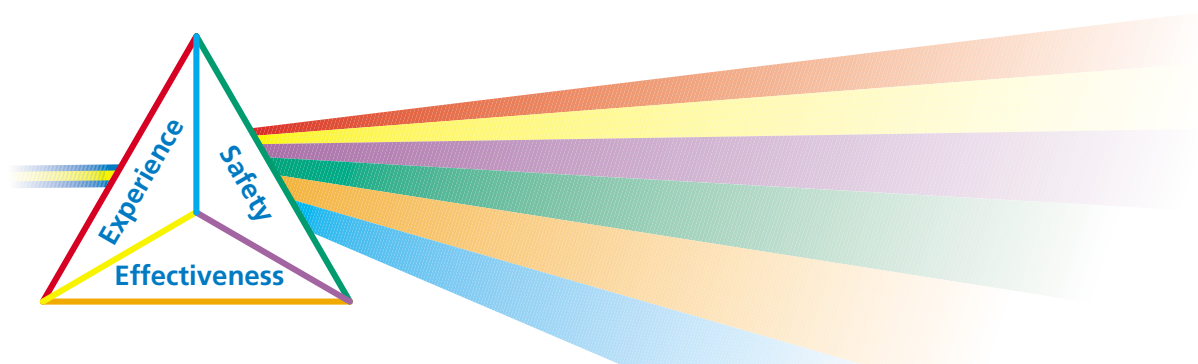
During 2010-11, 23 national clinical audits and 6 national confidential enquiries covered NHS services that the Trust provides.

During that period the Trust participated in 91% national clinical audits and 100% national confidential enquiries of the national

clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in, and did participate in, during 2010-11 are as follows;

Study name	Trust Participation	Percentage of cases submitted
National Clinical Audit		
CEM (College of Emergency Medicine) Renal Colic	Yes	100%
CEM Feverish Children	Yes	100%
CEM Vital Signs Audit	Yes	100%
Parkinsons UK Audit	Yes	87%
Sentinel Stroke Audit	Yes	100%
Diabetes (Adults)	Yes	56%
Diabetes (Paediatrics)	Yes	100%
Use of Group O Rhd Negative Red Cells	Yes	100%
Cancer Patient Support	Yes	100%
SINAP - Stroke Improvement National Audit Performance (AQ)	Yes	Ongoing
Audit of Seizure Management	Yes	Underway
Comparative audit of re-use of Platelets	Yes	Ongoing
Management of Decreased Conscious Levels in Children and Young People	Yes	Underway
Quality in Cancer Nursing Sensitive Outcome Indicators for Day Care	Yes	Ongoing
Heavy Menstrual Bleeding	Yes	Underway
Hip Fractures	Yes	Ongoing
Care of the Dying audit Hospitals	Yes	100%
Epilepsy 12 - Paediatrics	Yes	Underway
Trauma Audit and Research Network	Yes	100%
Myocardial Infarction National Audit	Yes	100%
Intensive Care Audit and Research Centre – Case mix data	Yes	100%
National Health Promotion in Hospitals (NHPH)	No	N/A
National Audit of Services for People with Multiple Sclerosis	No	N/A



Study name	Trust Participation	Percentage of cases submitted
National Confidential Enquiry		
National Audit of Parental Nutrition	Yes	100%
National Audit of Elective & Emergency Surgery in the Elderly	Yes	100%
Surgery in Children	Yes	100%
Peri-operative Care	Yes	100%
Cardiac Arrest Study	Yes	100%
Cosmetic Surgery	No	N/A
Bariatric Surgery	No	N/A
Centre for Maternal and Child Enquiries	Yes	100%

Many of the audits listed are still underway at the time of reporting. As each one concludes the findings and recommendations are incorporated into a plan that the relevant service implements to ensure that the recommendations are incorporated into practice.

As an example in response to findings of the Sentinel Stroke Audit, the Stroke Nurse Specialist has devised a 72 hour care plan that highlights the main quality performance indicators to ensure everything is carried out within the recommended timescale.

Participation in Clinical Research

The number of patients receiving NHS services provided or sub contracted by the Trust in 2010-11 that were recruited to participate in research approved by research ethics committee was 2,369.

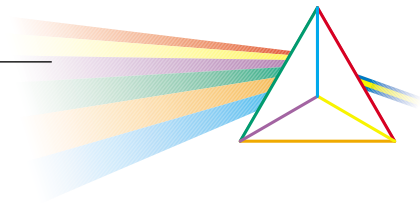
Research and Development is planned and managed in line with the government stated objectives in the NHS Operating Framework and White Paper that place research and evidence based care at the core of the NHS. The expected 20% increase in research activity and patient recruitment was achieved.

The Trust is a partner organisation within the Cheshire and Merseyside Local Comprehensive Research Network and collaborates with topic

specific networks to build on research strengths particularly in the health areas of Cancer, Intensive Care Rehabilitation, Heart Disease, Diabetes, Rheumatology and Stroke Care. Specialty Research Groups (SRG) have been developed to encompass research in specific clinical areas not covered by topic specific networks.

The SRG lead for Generic Health Relevance & Cross Cutting Themes – Critical Care is a consultant in high dependency and intensive care based at the Trust who is also is a Professor of intensive care medicine at Liverpool University. Following a successful Research for Patient Benefit Bid, the Trust is acting as sponsor for this multisite study "Rehabilitating Muscle After Intensive Care", for which the SRG lead is the Chief Investigator. The Trust also has consultant representation in two other SRG's, Reproductive Health and Childbirth and Musculoskeletal Research.

The Trust continues to promote and strengthen partnerships with Universities and other Trusts in acute and primary care settings to develop co-ordinated programmes of work in key health priority areas.



Reducing Infection

The Trust is dedicated to providing patients with a safe environment and works hard to reduce infection across two busy hospitals.

Infection Prevention In Clinical Practice

The Trust's IV Access team are continuing to deliver education and training to staff to reduce peripheral line infection and have succeeded in halving the rate of infection in just 2 years.

The Trust took part in a nationwide scheme to reduce caesarean section surgical site infection. This pilot study supported by the Health Protection Agency, involved 14 other hospitals and infection rates at the Trust were lower than average, with only superficial infections occurring.

In line with Department of Health guidelines, the Trust has expanded its MRSA screening programme to include all emergency cases.

Better Infection Control Through Better Design

Clinical departments within the new Whiston Hospital have been designed with the involvement of the infection control. Design features that will help to further reduce infection include:

- 50% single room accommodation with ensuite facilities
- Selected single rooms on each ward with air pressure and specialised ventilation for isolating patients with serious infections in order to protect other patients and members of staff.

Hospital Acquired Infections

There were 73 incidences of C-Difficile recorded at the Trust against a CQC target of 169.

There were 8 incidences of MRSA recorded at the Trust against a target of 5.

These results are outlined in the tables on page 25.

A series of actions have been put in place and more are to be introduced to reduce the number of MRSA infections. These measures include increased MRSA admission screening, increased eradication therapy, regular and robust ward and antibiotic prescribing audits, increased cleaning rotas, a focus on all aspects of IV line care, wound care and urinary catheter care, active involvement of clinical teams in identifying root cause of incidences.

The Trust participated in the Department of Health Mandatory Surveillance of Health Care Associated Infection, including MRSA (enhanced surveillance) and vancomycin-resistant enterococcus (VRE) bacteraemia rates, C-Difficile diarrhoea and surgical site surveillance (orthopaedics).

Improving Infection Rates

The Trust has put into process a robust programme to reduce and prevent further infection at its hospitals. This includes a comprehensive range of measures to better monitor and report on infection and improve the Trust's performance relating to hospital acquired infections.

These measures are outlined below:

Ward Audits

All wards achieved the 90% score in their infection control audits which examined compliance with best practice in areas such as hand hygiene, decontamination, disinfection, care of equipment and clinical practice.



Safety Champions

Lead patient safety clinicians for the Department of Medicine for Older People and Surgery have been appointed. Consultant patient safety leads have been appointed for all wards. Junior doctor safety champions have also been appointed.

Medicines Management

An antibiotic pharmacist works closely with the Infection Control Team with regard to antibiotic stewardship including audit, education, patient management, ward rounds and root cause analysis.

The Trust continues to perform in the top 25% of all Trusts taking part in the Advancing Quality programme for the Control of Antibiotic Prescribing.

Education and Training

To ensure that best practice in infection control and prevention continues to be followed at the Trust, the team are delivering ongoing education and audits of everyday practice. In addition the Trust is investing in new skills, focusing on decontamination, antibiotic prescribing and antimicrobial medicines management.

The Trust continues to develop its Link Nurse Programme and all departments have an Infection Prevention & Control Link Nurse.

'Secret Shopper' Report

To assess adherence to the Trust's hygiene policies among staff, patients and visitors to the ward, a 'secret shopper' exercise was

undertaken on all wards to audit hand hygiene, dress code, isolation practice & environmental hygiene. The results of these surveys have enabled the Trust to target specific areas of non-compliance.

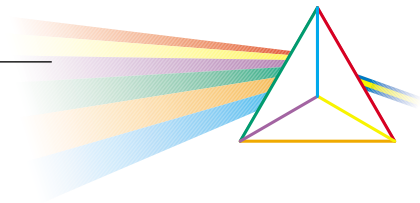
Dress Code and Bare Below the Elbows

Compliance with the NHS Dress Code and Bare Below the Elbows policy is audited monthly and is monitored at all times during ward visits by Infection Control Nurses and Matrons.

Urinary Catheterisation

The Trust aims to reduce urinary infections associated with indwelling catheters and has undertaken the following actions to achieve this objective:

- An audit and prevalence survey encompassing all local Trusts was carried out to identify number of catheterised patients
- Aim to have consistency in the type of products used across acute Trusts and Primary Care Trusts to avoid wastage and reduce costs
- The development of a urinary catheter assessment monitoring (UCAM) form
- Introduction of more bladder scanners within the Trust
- The development of Aseptic Non Touch Technique (ANTT) for indwelling urinary catheters



In addition to these measures a Urinary Catheter Focus Group has been established and their role will encompass:

- competency of the practitioners in relation to assessing the need for and insertion of catheters
- catheter selection (type and system)
- procedure of insertion
- maintenance
- competency of healthcare workers involved in the maintenance of urinary catheters
- education of patients/relatives and healthcare workers

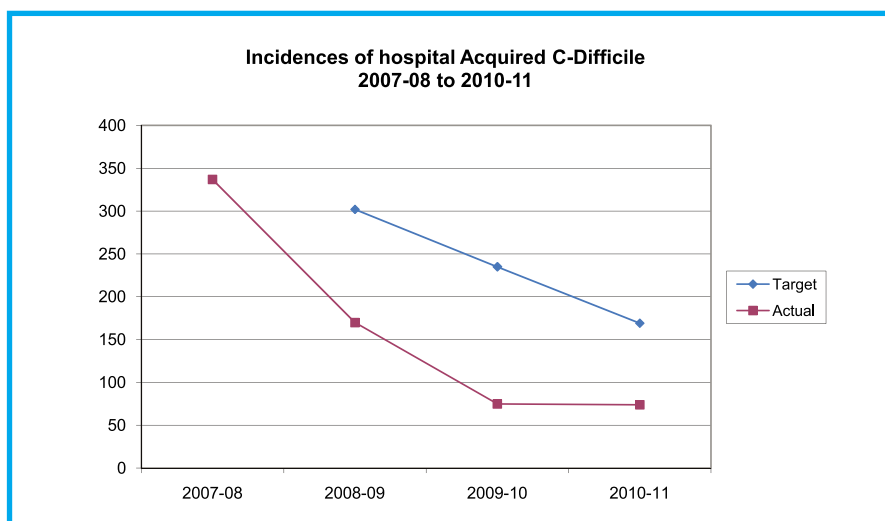
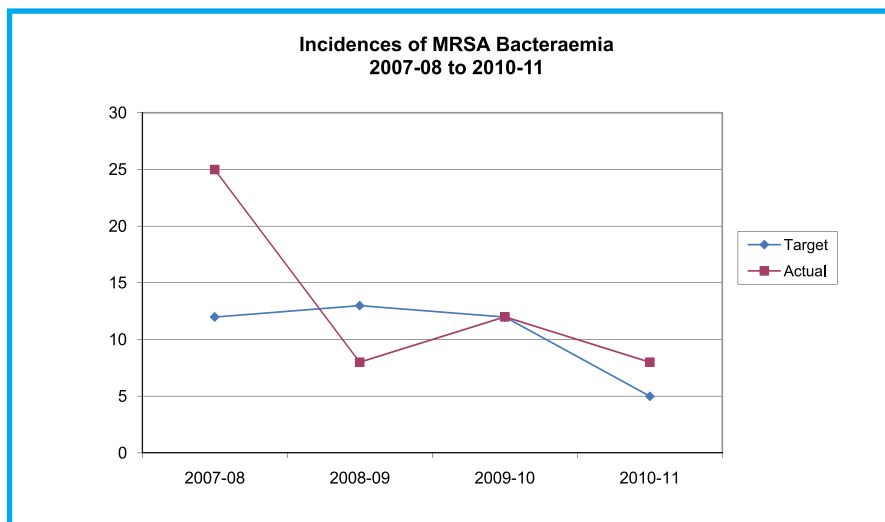
The Infection Control Team together with local Primary Care Trusts are developing a robust discharge pathway for patients with catheters.

Mattress Decontamination Service

The Trust has contracted an external service to decontaminate all special pressure relieving mattresses using designated facilities and equipment to provide a more robust decontamination service.

Infection Prevention & Control Communication

Infection control manual policies are readily available for staff to view on the intranet along with minutes from the Hospital Infection Prevention Committee and link nurse meetings. In addition patient and visitor information leaflets on infection prevention and control are also available from the Trust's website.



Note: The Trust began recording data for incidence of Clostridium Difficile in 2007/08. Targets were introduced in 2008/09.



“SERVICE UNDER THE SPOTLIGHT”:

Developments in the Trauma and Orthopaedic Department



"The staff are absolutely wonderful and very professional. They do their very best to help me get back on me feet. The ward is spotlessly clean and I feel confident that the hospital is a clean and safe place to be."

Edna Ashton, patient on Ward 3Alpha

Optimal Care for Patients Who Have Sustained Hip Fractures

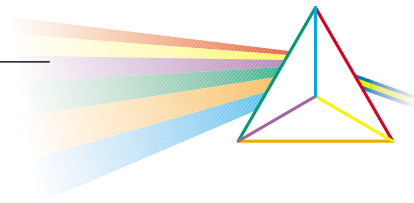
In 2010 the Trauma and Orthopaedic Directorate set themselves the aim of significantly improving the care and management of patients who sustained hip fractures.

Best practice guidelines state that all hip fractures should be operated on within 36 hours of admission. To achieve this the directorate have improved the standard of patient care by developing a multidisciplinary team which includes orthopaedic surgeons, anaesthetists, theatre and ward staff working together

ensuring this vulnerable group of patients get the right care at the right time.

Each working day begins with a trauma meeting, attended by representatives of all of the team disciplines who discuss trauma admissions and plan the theatre list for that day with priority being given to patients who have sustained hip fractures. Discussion of each case not only relates to operative procedures but also to the proposed post operative management plan.

The directorate achieved rapid improvement in achieving surgery within 36 hours of admission



for the majority of patients and this performance was sustained month on month. However the team recognised that they could do even better and extended their goal to achieve the higher standard of performing surgery within 24 hours of admission. In January 2011 92% of patients with hip fractures attended theatre within 24hrs of admission.

The directorate has identified that improved communication within the team and a shared vision of improving quality of patient care with improved outcomes underpinned the team's achievement in attaining and sustaining this important standard.



Following the move to the new Whiston Hospital and a review of patient services, a 16 bed ward was established for patients who had sustained hip fractures. This was to ensure that the patients, who need a higher level of nursing and therapeutic support to restore their independence and mobility, could be cared for in a safe environment by a dedicated and experienced clinical team who understand the effects that this type of injury has.

The Orthopaedic Directorate works closely with the Department of Medicine for Older People to ensure that elderly patients undergoing orthopaedic surgery are provided with expert clinical input during their recovery and rehabilitation.

The improved performance that has been achieved is highlighted in the tables on page 28.

Improving Patient Experience For Those Undergoing Elective Joint Replacements

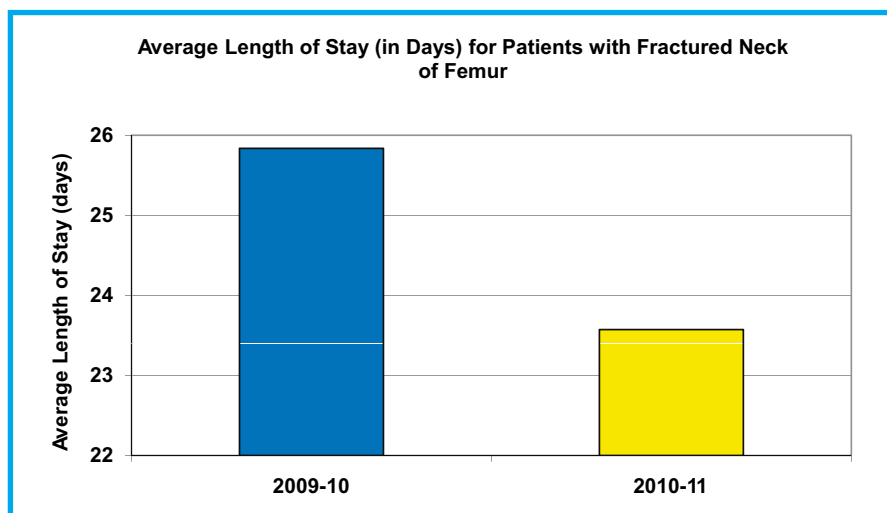
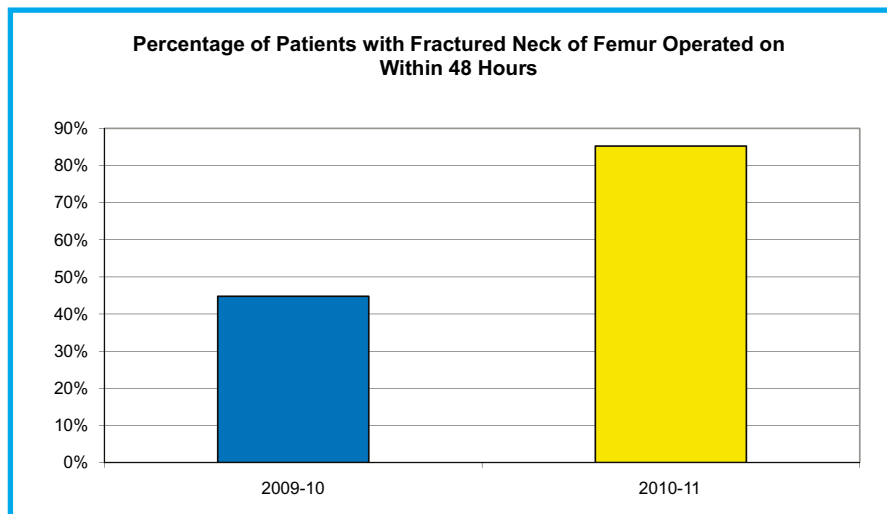
Following the successful move to the new Whiston Hospital the Orthopaedic Department developed a new initiative for patients undergoing elective hip and knee replacement surgery. Patients, along with a relative or friend, attend a 'Joint School' session prior to having their operation, where they are provided with information on their operation and rehabilitation. Patients meet with the team of staff who would provide care for them, try out and order different types of equipment and visit the ward where they will be cared for. This helps to reduce the patients' anxiety and prepare them. Patient feedback has shown that this programme has resulted in an overall improved patient experience, faster recovery and reduced length of stay in hospital. In its first year the Joint School has seen 300 new 'graduates'.

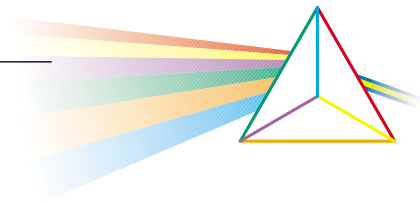




Enhancing Patient Safety Through Effective Infection Prevention

As part of their commitment to delivering high quality of care, the Orthopaedic Directorate has succeeded in reducing infection rates relating to elective joint replacement surgery. Working in partnership with the infection control team, quality leads, theatre and pharmacy staff, the team has introduced preventative actions including: a protected ward environment, aprons worn by all staff when in the clinical area, the purchase of additional theatre equipment and the provision of pre-surgery skin preparations while adherence to the strict hand hygiene code is closely monitored through observation and audit.





Quality Assurance

St Helens and Knowsley Teaching Hospitals NHS Trust is registered with the Care Quality Commission (CQC) with no conditions attached to registration and is not subject to periodic review or enforcement action.

The Trust participated in the Care Quality Commission Inspection Programme: Dignity and Nutrition for Older People in late March 2011. The CQC report, which was published in June 2011, contained positive feedback and areas for improvement. The report outlined a minor concern with respecting and involving people who use services and a moderate concern with meeting nutritional needs. The report found no major concerns with the care provided at the Trust.

A comprehensive action plan addressing the areas for improvement has been developed and service improvements are being implemented and will be completed in September 2011. The evaluation of the success of the changes made will be included in detail in next year's Quality Account.

Data Quality

The Trust primary Patient Administration System (PAS) is compliant and in line with national information standards. A suite of data quality reports are run and checked daily to ensure data completeness.

In addition, a data quality dashboard is linked to HES (Hospital Episode Statistics) which provides a monitoring tool for particular data items, including NHS number and practice codes, for which the Trust is over 98% compliant.

Good practice is underpinned during role based PAS training sessions.

A daily batch trace exercise is undertaken for all missing and non verified NHS numbers recorded on the Patient Administration System (PAS) against the Summary Care Record Service (SCR). Failed traces are manually checked in attempt to match the record.

Clinical Coding undergo an annual Information Governance Toolkit Audit of 200 Finished Consultant Episodes (FCE) which highlights accuracy/error rates for primary/secondary diagnosis and procedures.

Additionally the Trust has an annual Payment by Results Audit (300 FCE's) arranged by the Audit Commission which again highlights accuracy and error rates. The Clinical Coding team benefits from Connecting for Health qualified Clinical Coding Auditors who undertake regular internal clinical coding audits. In addition a Connecting for Health qualified Clinical Coding Trainer is responsible for the ongoing training of all clinical coders including team and individual training sessions, addressing errors highlighted in audits. There is a robust mentoring system in place within the team where new or experienced staff learning a new specialty are provided with one-to-one mentorship, where they will have their work thoroughly checked. This ensures that errors are identified and further training plans, if necessary, are then put into place.

As part of the annual Information Governance toolkit submission the Trust has achieved Level Three (the highest level achievable), for Information Quality and Records Management for 2010/2011.



Trust Aims to Improve Care, Safety and Experience

During the course of 2010 and early 2011 the Trust has joined two national patient safety improvement projects; the Leading Improvements in Patient Safety programme and Safety Express. Further work has been undertaken to identify themes and trends from incidents. Using improved feedback from patient surveys and complaints, together with local initiatives to capture views, the Trust has a clearer understanding of what matters to its patients.

A wide selection of Trust employees have been involved in agreeing the aims of the Trust for the next five years. The aims as set out below are endorsed by the Trust Board. Each year the Trust will agree a range of specific targets to achieve within the year that work towards delivering its aims.

Trust safety and experience improvement aims over the next five years are;

- Ensure all patients have a positive experience
- Eliminate delays in access, treatment and care
- Eliminate variation in care
- Reduce incidents resulting in harm
- Eliminate health care associated infections

Quality Targets for 2011-12

- Reduce inpatient falls by 10% across all wards
- Reduce falls resulting in serious harm by 50%
- Reduce hospital pressure sores (bed sores) by 10% across all wards
- Achieve infection control targets for MRSA (5 cases in the year) and Clostridium Difficile (69 cases in the year)
- Audit of catheter care to reduce urinary catheter associated infections: all patients with urinary catheters to have an assessment and a monitoring form completed.
- Promote natural birth and reduce Caesarean sections by 1%
- Achieve a minimum of 90% of patients having risk assessments for venous thromboembolism (blood clot) and appropriate treatment
- Achieve improvement in patient survey indicators by 5%
- Achieve target composite scores in all Advancing Quality (AQ) pathways
- Implement electronic incident reporting in all wards
- Establish a specialist Medical Emergency Team

In addition to the list of quality targets to be achieved during the coming year, the Trust will prioritise quality improvement work in the following areas:

- Emergency admissions management
- Care of elderly and elderly confused patients
- The out patient experience
- The implementation of the electronic discharge system to improve communication with GPs

Consultation on this Quality Account

The Trust always values feedback from patients and partner organisations. In producing this Quality Account, the views of a number of patient groups and stakeholders have been sought to ensure that this document is open and inclusive and that the information it provides is useful. These views are detailed below:

St Helens Adult Social Care and Health Overview and Scrutiny Panel Quality Account Commentary 2010/11:

Thank you for submitting your Quality Accounts for 2010/11 to the Adult Social Care and Health Overview and Scrutiny Panel. Our comments are as follows:

Layout and Style

On the positive we liked the layout and the design of the report. Visually it was clear, high impact and easy to read. There were however numerous occasions of acronyms (in the first 2 pages alone you can find reference to: CQUINN, VTE, AQ, TARN, HSMRs, HIA, PPI, ACE!) We would request that the Trust review the content of the Quality Account and remove, wherever possible all reference to acronyms and utilise plain English throughout the document.

Content

In terms of the content, we felt that there was, overall, a lack of depth and analysis to the comments. Statements of improved performance were made but no context or benchmarking information was provided.

A selection of these statements are set out below:

- A 16% reduction in pressure sores for patients
- A 17% fall in the number of in-patient falls
- An 87% reduction in Grade 4 sores
- The Infection Control Forum has helped to cut infection rates by half
- Over 1,000 members of staff and students have had simulation training

Although these statements indicate a positive direction of travel which is very pleasing to note, there is a lack of context to these statements. We were not provided with the baseline data, or on information as to how this compares to the performance of other Trusts. We felt unable to judge whether these statements indicated good or poor performance.

Safeguarding

There was a particular area of concern regarding the section on Safeguarding Adults (page 12/13):

"All wards and departments are supplied with a safeguarding information folder explaining the procedure to follow in the event of a safeguarding incident."

The Panel would like to seek urgent clarification that all staff in all wards and departments are required to attend mandatory safeguarding training and would request that this is made more clear within the Quality Accounts.

Management/Monitoring Tools

Generally the report indicated very positive direction of travel.

There appeared, to our untrained eye, to be an excessive number of management/ monitoring tools included in the report, whose various purposes (and differences) were somewhat lost by the Panel. Examples include:

Productive Ward Programme
Ward Dashboard
Quality Ward Rounds
Patient Safety Information
Leading Improvements in Patient Safety
Global Trigger Tool
Safety Express
Safety Thermometer Survey
Complaints performance.
Advancing Quality

We felt that we would rather read about positive improvements in front-line delivery rather than more investments in a suite of management/monitoring tools which, by their nature, are reactionary rather than pro-active.

Frontline Improvements

The Scrutiny Panel were more pleased to note those areas of improvement which are pro-active frontline improvements in service delivery. These include improvements in:

- Preventing Patient Falls
- Preventing Hospital Acquired Pressure Sores
- New Carers Support Service
- Reducing Infection
- Developments in the Trauma and Orthopaedic Department

The Panel would like to congratulate the Trust on these developments and improvements.

The Trust says:

All acronyms used within the Quality Account have now been explained in a Glossary on page 37 and the Trust has made every effort to ensure that this account is easy to understand.

Benchmarking information has been added to help provide context to the patient surveys detailed on page 16. With regards to pressure sores and patient falls, there is no reliable regional benchmarking data currently available.

The panel raised a query with regards to staff attending mandatory safeguarding training. This was outlined in the draft seen by the panel and the original copy can now be seen on page 13:

‘Staff receive ongoing education in safeguarding adults as part of mandatory training.’

Many of the management/monitoring tools referred to in the account have been recently established and measurement of their impact on front-line care is not yet complete.

NHS Halton and St Helens

Comments on St Helens and Knowsley Teaching Hospitals NHS Trust Quality Report 2010/2011 - June 2011

Whilst NHS Halton and St Helens (the PCT) has not had the opportunity to see the complete final draft of the Quality Report, the Trust appears to have provided a comprehensive summary of many of the service and quality improvements it has implemented during 2010/11.

Whilst some of the key delivery areas and requirements have been used as the basis for the Quality Report, some of the mandated report elements, as identified in the revised guidance and regulations for the production of Quality Accounts, are not included in the draft report version available to the PCT for review.

For example, within the identified areas of achievement during 2010/11 clinical audit and patient surveys are considered. However, the identification of the number of national clinical audits undertaken or response rates from patient surveys is not included. The addition of this information would allow for the full consideration of the impact of clinical systems improvements and patient opinion and the Trust's response to these issues. Details relating to the Trust's participation in research programmes also need to be included in the report. The Trust has assured the PCT that all of this information will be provided in the final Quality Report.

Details relating to activity within the CQUIN and Vital Signs sections of the report do not identify some of the requirements. Specifically, the details regarding 2010/11 performance in relation to Stroke and the implementation of the eDischarge CQUIN have not been included.

Full details regarding the final 2011/12 plans were not included in the report version available for review by the PCT, but the Trust has identified its planned approach to the development of next year's quality delivery plans. The Trust has identified its intention to build on the patient safety and experience information and operational systems implemented during 2010/11. This information will be used to identify key areas of focus for 2011/12 and 2012/13. The PCT supports the mid to long term planning approach proposed by the Trust, as this will allow for the identification and projection of continuous care and service improvement targets.

The Trust says:

A full list of National Clinical Audits, Confidential Enquiries and Clinical Research programmes that the Trust has participated in has been included (see page 21/22). The Trust had set out its Quality Targets for 2011-12 in the document reviewed by the PCT. It has now added the Trust's safety and experience improvement aims for the next five years and areas in which it will prioritise quality improvement work (see page 30).

Halton LINK

Re: Quality Accounts: St Helens & Knowsley Teaching Hospitals NHS Trust

Thank you for your correspondence re the Quality Accounts for St Helens & Knowsley Teaching Hospitals NHS Trust.

Members welcomed the Trust's commitment to share the report widely and to seek the views of the Halton LINK and they appreciated the opportunity to be able to give feedback.

The Trust has been cooperative with Halton LINK and representatives attend the Patient Safety & Experience Council to share their experiences and to keep abreast on the activities the Trust does to involve the public with their work. The comments from LINK representatives, on a number of issues have been welcomed and where necessary have been acted on promptly.

Following your request for comments, LINK Board Members met on 26th May, 2011, to look at the report. Members felt they did not have enough information and knowledge to comment on the accuracy of the report. The comments from the Halton LINK relate mainly to the layout of the report and how the Trust could improve this, so that it is more user-friendly and easier for members of the public to follow.

Please find their comments listed below:

- Members would welcome a mid-term consultation so that LINKs are involved in an on-going process.
- We support the concerns from other LINKs on the speculation of privatisation of the Trust. In this report there is nothing to suggest, from a quality perspective that privatisation should be considered.

Report Lay-out:

- No index (presume this will be in final draft).
- Future priorities or 'Things we need to do better 2011-12' – not easy to find. Would also welcome a heading: 'rationale for selection' of the future priorities as no other reasons given for their inclusion apart from CQUIN targets.
- There are useful headings & bullet form presentations.
- Would appreciate more use of tables, diagrams, graphs and comparison figures from previous year/s reports to illustrate progress.
- Many lists given of activities either done or planned, but few outcomes and no graphs or diagrams to show achievements against targets.
- Useful report and gives good understanding of work carried out but the content is in narrative form and it is not easy to find facts & comparisons.
- We would appreciate numbers as well as percentages in the report.

Thank you again for inviting the LINK to comment and we look forward to working with you in the future.

The Trust says:

A complete list of Contents and page numbers, which was not available in the draft seen by the LINK, has been included in the final printed document (see page 2). A number of graphs have now been added to outline the Trust's performance in key areas against previous years and national targets. The Trust will continue working along with Halton LINK to ensure that patients within Halton are fully represented in the services it provides.

Knowsley LINK

Knowsley LINK is pleased to be able to provide a comment on the Trusts Quality Account for 2010 – 11. This response was completed following the review of a draft copy of the Quality Account and a formal presentation to Knowsley LINK members to provide further information on the content of the account.

For the past 12 months, Knowsley LINK has had the opportunity to work closely with the Trust through the Patient Safety and Experience Council. This opportunity has been used to highlight patient experience information collected from LINK and Knowsley Community members. This has provided information both commending the work of the Trust and also raising challenge on issues relating to negative patient experience.

The contribution of LINK has been welcomed and where the comments received through LINK has needed action this has been responded to effectively. When invited Trust staff have attended Knowsley LINK meetings and activities to answer specific queries raised by LINK members.

The involvement of LINK has been proactively encouraged and the support of LINK sought around issues such as Infection Control and Patient Experience. The Patient Safety and Experience Council has been an important means of monitoring the progress of the Trust around key Patient Experience issues and areas such as nutrition, falls prevention, Pressure Ulcers and Patient Safety.

The Knowsley LINK members involved in reviewing the Quality Account felt that the account was an honest reflection of the Trust's strengths and areas for improvement. Knowsley LINK would be keen to continue to work with the Trust to provide challenge in areas for improvement and support the achievement of and exceeding of national targets. Areas for challenge for which Knowsley LINK are keen to work with the Trust over the next 12 months are; Infection control, Nutrition and Hospital Discharge.

Knowsley LINK looks forward to building on the work completed so far and providing an ongoing critical friend relationship.

Knowsley LINK members also expressed concerns over recent media coverage, which highlighted the proposal that the Trust would be subject to privatisation. It is the view of Knowsley LINK that there is nothing detailed within the report that would suggest from a quality perspective, this proposal should be considered.

The Trust says:

The Trust will continue to work with Knowsley LINK to ensure that, where areas for improvement are identified, they are acted on promptly, effectively and with the involvement of the local network.

St Helens LINK

In relation to the Quality Accounts and meeting the requirements for this, the document does, in the main:

- There is a list of quality targets for 2011-12 and also a set of themes for improvement e.g. Better Patient Care; Improving Patient Safety; Improving Clinical Effectiveness; Reducing Infection.
- There is information on what has been done over the previous year and it follows closely what has been reported at the Patient Safety and Experience Council (PSEC) meetings e.g. the Productive Ward programme, reductions in pressure sores, discussions around patient nutrition, preventing falls, advancing quality and medical equipment improvements, etc.
- There is also a list of other targets achieved and a number of other outcomes and quality objectives, which are additional to what is required.

However, it would be welcome if the Trust highlighted where it knows it has weaknesses and what it's doing about tackling them e.g. on two targets that were not achieved - incidence of MRSA Bacteraemia and % of adult patients admitted in the month that were assessed for risk of VTE on admission. Through attending the PSEC we are aware of a VTE awareness campaign that has already started.

The nursing & safety management staff regularly welcome LINKs views and do progress areas for improvement as soon as they are highlighted at the PSEC or other governance councils within the Trust.

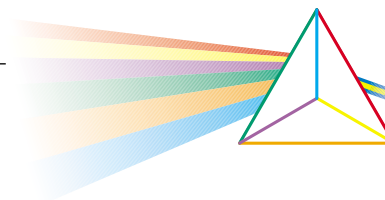
St. Helens LINK commented and adjusted CQUIN incentive targets set by NHS Halton & St. Helens to encourage improvement in the areas of dignity, nutrition and a choice of where to die.

The Trust says:

The document provided did include detail on measures in place at the Trust to address its performance in MRSA and VTE. The Trust has since made clearer reference to this on pages 4 and 5 where this performance is highlighted. The Trust will continue its successful engagement with St Helens LINK to further improve the areas it has highlighted.

Developing the Trust Quality Account.

The Trust welcomes the feedback provided by our local partners to this year's Quality Account. During the coming year the Trust would like to strengthen this engagement and will be inviting key representatives of these partner organisations to join us in planning our aims and developing our improvement targets for the following year. It is hoped that service commissioners would find this approach beneficial in agreeing the contracted quality targets for 2012-13.



Glossary

ACE	Angiotensin Converting Enzyme
AQ	Advancing Quality
CNST	Clinical Negligence Scheme for Trusts
CQUIN	Commissioning for Quality and Innovation
DATIX	Electronic Incident and Complaint Management System
HDU	High Dependency Unit
HIA	High Impact Actions
HSMR	Hospital Standardised Mortality Ratio
IV	Intravenous
LINK	Local Involvement Network
MRSA	Methicillin-resistant Staphylococcus aureus
PPI	Proton Pump Inhibitor
PROMS	Patient Reported Outcome Measures
PSEC	Patient Safety and Experience Council
SINAP	Stroke Improvement National Audit
TARN	Trauma Audit Research Network
UMUST	Unexpected Medical Undergraduate Simulation Training
VTE	Venous Thromboembolism

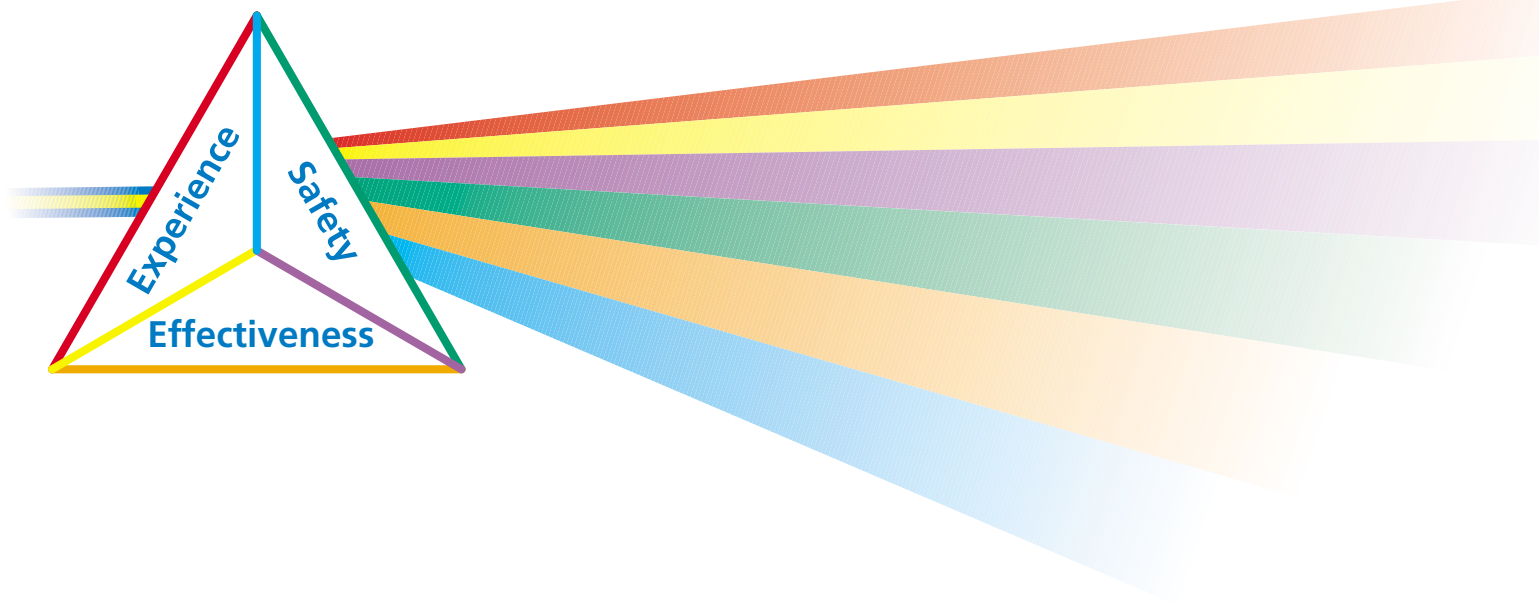
Quality Account Production

The Trust would like to thank all contributors who have been involved in the production of this Quality Account 2010/11. Copies are available to download from the Trust or NHS Choices websites:

www.sthk.nhs.uk www.nhs.uk

We welcome your feedback on this publication as it will help to develop next year's Quality Account. Please send your comments to:

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St Helens and Knowsley Teaching Hospitals **NHS**
NHS Trust

Quality Account

2010-2011