St Helens and Knowsley Teaching Hospitals **NHS**

NHS Trust

St Helens and Knowsley Teaching Hospitals NHS Trust

Quality Account 2011/12

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Contents

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PART ONE: Summary Statement on Quality from the Chief Executive

St Helens and Knowsley Teaching Hospitals NHS Trust is committed to providing the highest standards of patient care, patient safety and clinical effectiveness. This Quality Account reports on the standard of care and the quality improvements that the Trust has delivered over the past year and identifies how the Trust aims to develop quality care even further in 2012/13.

Last year the Trust set quality improvement targets of reducing falls, hospital acquired pressure sores and health care associated infections as part of the patient safety programme. We are delighted to say that we achieved these improvements and in the case of falls and pressure ulcers we reduced them by more than we expected. We have also improved clinical care in a number of ways, including improving the standard of treatment for the most common conditions that people come into hospital with (heart attacks, heart failure, pneumonia and hip and knee replacements) and ensuring that more than 90% of people who are at risk of developing venous thromboembolism in hospital are assessed and prescribed treatment to prevent it. We have patient safety initiatives in place such as the national safety thermometer and the Energise for Excellence programme (both explained in more detail later in the Quality Accounts) and we have a system of quality ward rounds that are designed to ensure that board members see for themselves how the wards are managed.

The Trust has scored well in both local and national patient experience surveys, we have seen a reduction in formal complaints and for the sixth consecutive year the Trust has achieved an "Excellent" rating in the Patient Environment Action Team (PEAT) assessments for both St Helens and Whiston Hospitals in all categories which include cleanliness, hygiene, infection control, the environment, accessibility, food, and privacy and dignity.

The Trust's most important asset is its staff so providing the highest standard of learning and development opportunities to all staff is one of our major commitments. This has been supported in July 2011 with the opening of the Education, Training and Conference centre which provides training programmes that are amongst the best in the UK. The Trust is leading the way in meeting the Department of Health's 2011 recommendation that all clinical staff should have had the opportunity to learn and rehearse all aspects of clinical practice in a simulated clinical environment, prior to delivering these aspects of care on patients.

We commend this report to you.

Les Howell,
Chairman

Ann Marr,
Chief Executive

PART TWO: Priorities for Improvement

2. Overview

Throughout 2011/12 the Trust continued to build on the improvements made in previous years to ensure further progress based on the 3 domains of quality, which are; patient safety, patient experience and clinical effectiveness, using national and local metrics to identify performance and a range of improvement techniques. The Trust's review of 2011/2012 quality performance is contained in part 3 of this report.

2.1 Review of services

During 2011/12 the Trust directly provided 53 acute/secondary care NHS services and the Trust routinely reviewed all the data available on the quality of care in these services as part of service delivery. The income generated by the services that were reviewed represented 99.9% of the total income generated from the provision of this NHS service by St Helens and Knowsley Teaching Hospitals NHS Trust

Based on the improvements that the Trust made in 2011/2012, and the findings of clinical audits, the organisation has worked with stakeholders and commissioners to identify priorities for 2012/13. The result is a wide range of planned improvements, both Trust-wide and specialty specific. They are recorded in:

- Contract targets
- Commissioning for Quality & Innovation (CQUIN) schemes
- Trust corporate objectives

The key Trust-wide improvements have been set out in the priority lists below.

Priority 1 Patient Safety

Aim	Monitored	Reported
Ensure all safety concerns are identified and acted upon by implementing the 'Safety Driver' process	Patient Safety and Experience Council	Theme-based work streams Board Patient Safety report
Improve inter-team communication by implementing the 'SBAR' communication system.	Patient Safety and Experience Council	Board Patient Safety report
Improve safety by implementing the national 'Safety Thermometer' system on all wards	Patient Safety and Experience Council	Board Patient Safety report CQUIN report
Improve care by implementing the following programmes (reportable in 2012/13 • Energise for Excellence o Transparency o Productive Series o High Impact Actions for Nursing & Midwifery	Patient Safety and Experience Council	Board Patient Safety report CQUIN

Introduce web-based incident reporting with real time data analysis	Patient Safety and Experience Council	Board Patient Safety Report
Analysis of specialist Medical Emergency Team performance (MET)	Clinical Performance Council	Board Patient Safety Report

Priority 2 Patient Experience

Aim	Monitored	Measured
Improve the capture of real-time patient experience feedback by ward via the bedside television system (Hospedia)	Patient Safety and Experience Council	Reports via Hospedia system Board Patient Experience report
Capture patient experience stories to use at relevant forums and promote staff learning	Patient Safety and Experience Council	Board Patient Experience report
Develop a 'Patient Experience' driver process utilising aggregate analysis of patient feedback	Patient Safety and Experience Council	Board Patient Experience report

Priority 3 Clinical Effectiveness

Aim	Monitored	Measured
Improve performance in Stroke pathway	Clinical Performance Council	CQUIN performance report
Improve error-avoidance practice by delivering human factor training for clinical staff	Human Resources Council	Learning and Development report
Reduction in Mortality Rate	Improving Outcomes Group and Clinical Performance Council	National measure of mortality – HSMI
Continue to identify areas for improvement by auditing patient care episodes using the GTT (Global Trigger Tool)	Clinical Performance Council	Board Patient Safety Report
Continue to perform well in the top 5 common conditions (Advancing Quality pathways-see page 24)	Operational Performance Meeting	Performance Report
Active participation in national and local audit and research	Clinical Performance Council	Annual Report
Implementation of best practice guidance	Clinical Performance Council	Best Practice Report
Improve equality & diversity practice by ensuring compliance with all elements of the Department of Health Equality Delivery System (EDS) framework	Human Resources Council& Patient Safety & Effectiveness Council	Annual Report

2.2 Participation in clinical audits

During 2011/12 St Helens and Knowsley Teaching Hospitals NHS Trust engaged in 27 national clinical audits - a participation rate of 84% -in addition to four national confidential enquiries

The national clinical audits and national confidential enquiries that applied to the Trust are as follows (the table indicates the number of cases submitted to each audit or enquiry as a percentage of cases, where available):

National clinical audits 2011/12	Data collection completed	Rate of cases submitted
Perinatal mortality (MBRRACE-UK)	On-going monitoring	Not available
Paediatric pneumonia audit (BTS)	On-going	-
Paediatric asthma audit (BTS)	yes	100%
Pain management (in Children – CEM)	yes	100%
Childhood epilepsy (Epilepsy 12)	yes	100%
Paediatric diabetes audit	yes	100%
Cardiac arrest audit	On-going	100%
Severe sepsis and septic shock (CEM)	yes	100%
Adult critical care (ICNARC)	On-going monitoring	100%
Seizure management (NASH)	yes	100%
Adult diabetes audit	yes	16%
Heavy menstrual bleeding (RCOG)	yes	Not available
Ulcerative colitis and Crohn's disease (UK IBD)	On-going	-
Parkinson's disease	yes	100%
Hip, knee and ankle (National Joint Registry)	On-going	100%
Elective surgery (National PROMs programme)	On-going	Variable across the 4 areas
Acute MI and other ACS (MINAP)	On-going monitoring	100%
Heart failure audit	On-going	100%
Acute stroke (SINAP)	On-going	100%
Lung cancer	On-going	100%
Bowel cancer	On-going	100%
Head and neck cancer - DAHNO	On-going	100%
Oesophago-gastric cancer (O-G cancer)	On-going	New project - no data submitted yet
Hip fracture audit (Hip Fracture Database)	On-going	100%
Severe trauma – Trauma Audit Research Network (TARN)	On-going monitoring	100%
Bedside transfusion	yes	100%

Care of the dying in hospitals audit – NCDAH	yes	100%
NCEPOD Surgery in Children	yes	100% - zero return as no case met study criteria
NCEPOD Alcohol -related Liver Disease	On-going	100% to date
NCEPOD Cardiac Arrest	yes	100%
NCEPOD Peri-operative care	yes	100%

The Trust reviewed 16 reports from completed national audits. Actions taken included:
- Improved documentation to facilitate consultant sign-off for patient reviews
- Posters placed in treatment areas to highlight osteoporosis and criteria for fragility fractures
- Improved patient care pathways following a stroke including early assessment by physiotherapists, development of a continence assessment tool and associated care plan
- Review of policy for the identification and management of the seriously ill child
- Production of information packs for Parkinson's Disease

The Trust reviewed more than 155 local clinical audits 2011/12. Action plans are being implemented to ensure improvements across the spectrum of care and some examples are given below:
- Implementation of enhanced recovery programmes to decrease the length of patient stay
- Provision of a new bladder scanner
- Introduction of a named nurse on each ward who has undergone a six-week education programme to enable good quality end of life care and to increase the uptake rate of the Liverpool Care Pathway (currently 50%)
- Implementation of new risk assessments for VTE (venous thrombo-embolism)
- Introduction of a treatment pathway for seriously injured patients
- Structure of Trauma Response Team revised so that it is now dictated by individual patient need
- Implementation of a Medical Emergency Team for early specialist intervention where a patient's condition is deteriorating

This is not an exhaustive list but provides an indication of completed and on-going actions.

2.3 Information on participation in clinical research

There were a total of 1074 patients recruited by the Trust to participate in clinical research during 2011/12. This level of participation in clinical research demonstrates the Trust's commitment to improving the quality of care that is offered, and to making a contribution to wider population health improvement. The Trust is working to further increase patient recruitment to research studies.

There were 105 National Institute for Health Records (NIHR)-supported clinical research studies, particularly in the areas of cancer, diabetes, intensive care rehabilitation, paediatrics, rheumatology, stroke care, and woman and child health. The Trust also supported 32 other studies which included those undertaken for education purposes, or funded through a variety of sources.

The Department of Health performance metric of 80% recruiting to time and target which is an agreed number of patients or staff recruited to a research project within a given time frame, encourages participation in clinical trials. The Trust has consistently recruited above expectations with 82% of studies achieving this standard.

Research findings form the basis of quality and clinical standards of care and compliance with these standards are audited within the Trust Clinical Audit Programme.

The Trust continues to promote and strengthen partnerships with universities and other Trusts and the engagement with clinical research also demonstrates the Trust's commitment to testing and offering the latest medical treatments and techniques.

2.4 Goals agreed with commissioners for 2012/13

A proportion of St Helens and Knowsley Teaching Hospitals NHS Trust's income in 2011/12 was conditional on achieving quality improvement and innovation goals agreed between the Trust and Commissioners, through the Commissioning for Quality and Innovation payment framework (CQUIN). (Explained in more detail later in the Quality Account). The Trust's review of 2011/2012 quality performance is contained in part 3 of this report.

Further details of the agreed goals for 2011/12 and for the following 12 month period are available electronically at http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html.

Still more challenging goals have been agreed for 2012/13, as shown in the table below.

CQUIN Performance incentive schemes for 2012/13

Indicator	Quality Domain	Reported
National		
Improving Patient Experience (demonstrate improvement made as a result of patient feedback)	Experience	Patient Safety and Experience Council
Prevention of Venous thromboembolism VTE	Effectiveness	Clinical Performance Council
Implementing the NHS Safety Thermometer (system of identifying areas for improvement in safety)	Safety	Patient Safety and Experience Council
Dementia (standardise screening and assessment processes)	Effectiveness	Clinical Performance Council
Regional		
Advancing Quality (improve care in top 5 common conditions)	Effectiveness and Experience	Patient Safety and Experience Council
Local		
Improved communication with GPs	Safety, experience and effectiveness	Performance Management Group
Energising for Excellence (system of nursing care improvement)	Safety and Experience	Patient Safety and Experience Council
Medicines Management (better prescribing)	Safety and Effectiveness	Medicines Management Committee

Maternity (improvement in key areas such as reducing inappropriate caesarean sections and increasing take up of breastfeeding)	Effectiveness	Clinical Performance Council

2.5 Statements from the Care Quality Commission (CQC)

The Trust is required to register with the CQC and is currently "registered without condition". CQC registration resquests providers of healthcare to be compliant with the essential standards of quality and safety (http://www.cqc.org.uk/sites/default/files/media/documents/gac_-_dec_2011_update.pdf).

In 2010/11 the Trust was inspected against outcome 1 (Respecting and Involving People who use services) and outcome 5 (Meeting Nutritional Needs) as part of a national programme and was re-assessed in September 2011. In addition outcome 17 (Complaints) and outcome 7 (Safeguarding People who use services from abuse) were also assessed and the Trust was declared compliant with all standards that were assessed.

The CQC produces a Quality and Risk Profile (QRP) for each Trust using a number of different sets of information, including mortality rates, infection rates as well as patient experience surveys and staff feedback. The QRP is an essential tool for monitoring compliance with the essential standards of safety and quality. The profile is updated on a bi-monthly basis and the Trust reviews the profile to identify and action any areas for improvement. Since the QRP was initially launched the Trust has identified fewer areas in need of improvement.

2.6 Data Quality

St Helens and Knowsley Teaching Hospitals NHS Trust is committed to ensuring accurate and up-to-date patient information is available in order to communicate effectively with GPs, patients and others involved in patient care.

The Trust continues to make improvements in data quality through the implementation of a data quality framework which will closely monitor the following:

- 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 patients aged 65
- Patients aged over 100

The Trust monitors its performance in line with national targets and reports actions and improvements on a monthly basis to the Trust Board.

2.7 NHS Number and General Medical Practice Code Validity

St Helens and Knowsley Teaching Hospitals NHS Trust submitted records during 2011/12 to the Secondary Users Service (a national health IT system) for inclusion in the Hospital Episode

Statistics. The percentage of records submitted which included the patient's valid NHS number, was:

- 99.9% for admitted inpatient care
- 100% for outpatient care
- 100% for accident and emergency care
  (Source SUS Data Quality Dashboard April 2011/Feb 2012)

2.8 Information Governance Toolkit attainment levels

Information Governance manages how organisations 'process' or handle information. It covers personal information, i.e. that relating to patients/service users and staff, and corporate information, e.g. financial and accounting records. Information Governance provides a way for staff to deal consistently with the many different rules about how information is handled.

The Information Governance Toolkit is a performance tool produced by the Department of Health. It draws together the legal rules and central guidance and presents them in one place as a set of information governance requirements. If you require any further information, please visit the Department of health website at: https://nww.igt.connectingforhealth.nhs.uk/

St Helens and Knowsley Teaching Hospitals NHS Trust Information Governance Assessment Report overall score for 2011/12 was in keeping with other acute hospitals. Where standards for this submission were not being met, action plans have been prepared and will be monitored by designated leads to ensure improvement and compliance. To supplement this, the Trust has formed an Action Group which is responsible for the management and the improvement of Information Governance compliance and in particular, requirements showing at level one or below. This additional step highlights the commitment of the Trust to the evolving Information Governance Agenda.

2.9 Clinical coding accuracy

Clinical coding translates the medical terminology written by clinicians to describe a patient's diagnosis and treatment into standard recognised codes. This is used by commissioners to pay the Trust for services under a scheme known as Payment by Results (PbR).

St Helens and Knowsley Teaching Hospitals NHS Trust had a PbR clinical coding audit during the reporting period by the Audit Commission in 2011. The results of the audit reported the error rate as 6.5%, compared to a national average (2009/10 data) error rate of 9.1%. The detailed error rates reported in the audit for that period for clinical coding were as follows:

Coding Field *	% incorrect	Accuracy Rate
Primary Coding	8.9%	91%
Secondary Coding	8.2%	92%
Primary Procedure	8.0%	92%
Secondary Procedure	3.8%	96%

PART 3: Review of Quality Performance 2011/12

3. Key Performance Overview

The Trust continues to maintain high standards of care and its performance is consistently among the top performing acute Trusts in the country. The table below shows the Trusts performance against national targets for 2010/2011 and 2011/2012

Summary of Key National Targets	2011/12 Target	2011/12 Performance
Number of Hospital Acquired MRSA bacteraemia incidences	5	Achieved
Number of Hospital Acquired C.Difficile incidences	65	Achieved
A&E Type 1: Percentage seen in less than four hours	95%	Achieved
A&E Type 1&3: Percentage seen in less than four hours	95%	Achieved
Percentage of patients first seen by specialist within two weeks when urgently referred by GP with suspected cancer	93%	Achieved
Percentage of patients seen within two weeks when referred with breast symptoms (whether or not cancer is suspected)	93%	Achieved
Percentage of patients receiving first definitive treatment for cancer within 31 days	96%	Achieved
Percentage of patients receiving first definitive treatment within 62 days following an urgent GP referral for suspected cancer	85%	Achieved
Percentage of patients whose operation was cancelled at the last minute for non clinical reasons	0.8%	Achieved
Percentage of Non-admitted patients treated within 18 weeks	95%	Achieved
Percentage of Incomplete Pathways waiting less than 18 weeks	92%	Achieved
Percentage of patients who have spent 90% or more of their time on a stroke unit	80%	78.3%

3.1 Review of Quality Performance 2011/12

The Trust has achieved all of the 12 national quality targets set for 2011/12 with the one exception: the percentage of patients who have suffered a stroke and spent 90% of their time on a dedicated stroke unit, the Trust achieved 78.3%.

3.1.1 Patient Safety

St Helens and Knowsley Teaching Hospital NHS Trust strive to embed a culture of safety improvement that reduces harm, improves outcomes, enhances patient experience and protects against hospital acquired infection. The Trust learns from mistakes and near misses and uses patient feedback to enhance delivery of care.
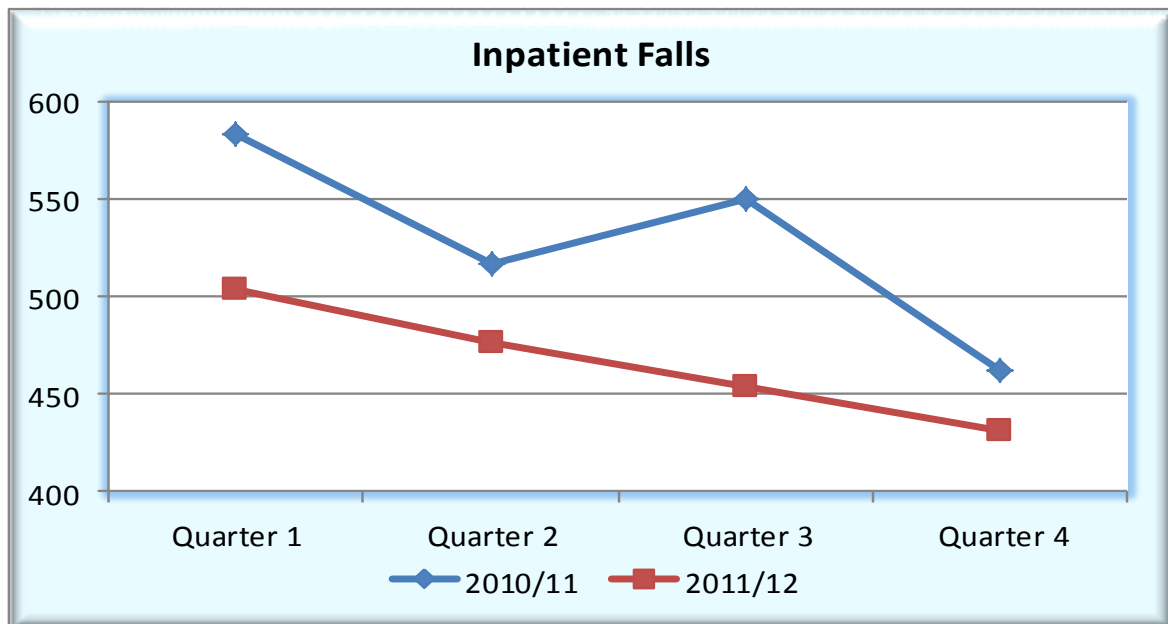
a)   Falls
Aim: To reduce inpatient falls
How much: 10% reduction
By when: March 2012
Outcome: **ACHIEVED**

Successes along the way:
 ➢ Over achieved target resulting in a 11.6% reduction in patient falls (see table below)
 ➢ Fully embedded "Falling Leaves Campaign" which is a method of identifying patients at risk of falling whilst in the Trusts care

- ➢ Investment in falls prevention equipment e.g. falls alarms
- ➢ Implementation of nurse led falls clinic
- ➢ Effective pathway of communication from hospital to community

Inpatient Falls

b) **Pressure Ulcers**

Pressure Ulcers are areas of localised damage to the skin and underlying tissue caused by pressure, shear or friction, or a combination of these. Although some pressures are unavoidable it is clear that many can be avoided.

Aim: Reduce hospital pressure ulcers (bed sores)
How much: By 10% across all wards
By when: March 2012
Outcome: **ACHIEVED**
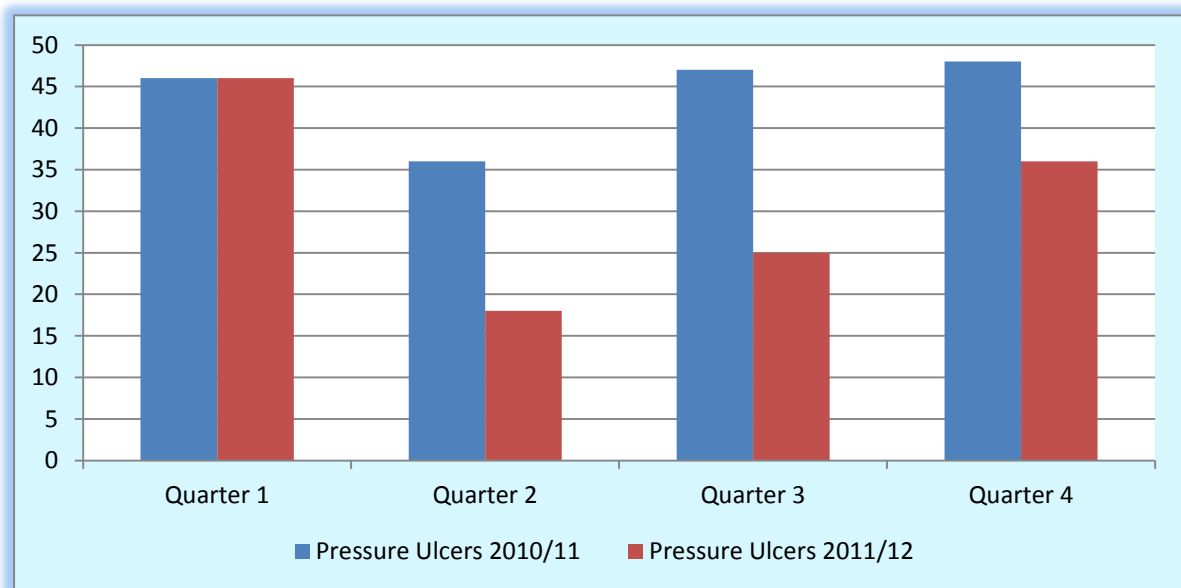
Successes along the way:
- ➢ Over achieved target resulting in a 32% reduction in pressure ulcers
- ➢ Collaborative working with partner organisations
- ➢ Investment in equipment
- ➢ Enhanced training programme delivered to clinical staff
- ➢ Steering group workshops in high risk areas

c)   Venous Thromboembolism (VTE)

Venous Thromboembolism is a term that covers both deep vein thrombosis and its possible consequence: pulmonary embolism (PE). A deep vein thrombosis (DVT) is a blood clot that develops in the deep veins of the leg and if the blood clot becomes mobile in the blood stream it can travel to the lungs and cause a potentially fatal blockage. The risk of patients developing VTE whilst in hospital can be greatly reduced by risk assessing patients and prescribing them appropriate preventative measures.

Aim: To carry out risk assessment on all adult inpatients
How much: at least 90% of patients risk assessed
By when: October 2011
Outcome: **ACHIEVED**

Successes along the way:
- ➢ Heightened awareness and training
- ➢ Improved reporting at ward level
- ➢ Development of electronic risk assessment system

d)   Infection Prevention and Control

The need for effective infection prevention and control applies to all aspects of health care. It should be an integral part of all care given to patients and all related duties. The strategy for effective infection control is to reduce healthcare-acquired infections by preventing hospital-generated infections and controlling those infections acquired in the community which may enter the hospital with patients. The Trust is dedicated to providing patients with a safe environment and works hard to reduce infection across two busy hospitals.

Methicillin Resistant Staphylococcus Aureus (MRSA)
People in hospital worry most about catching MRSA, which is a type of bacterium (bug) that is less easily treated with common antibiotics. People can have it on their skin (called colonisation) without it causing any problems. Other people can get more serious infections with it resulting in a blood stream infection (bacteraemia).

Aim: To sustain a reduction in preventable MRSA blood stream infections
How much: no more than 5 cases in 12 months
By when: March 12
Outcome: **ACHIEVED**

Clostridium Difficile (C.Difficle)
C. difficile is a bacterium which is resistant to many antibiotics. It is present in the bowel of 3% of healthy adults, 66% of healthy infants under 2 years of age and over 30% of hospital patients. The organism rarely causes illness in children or healthy adults as it is kept in check by the normal bacteria in the gut. When a patient is given antibiotics, this organism can multiply in the bowel and may produce toxins which cause colitis (inflammation of the bowel). The spores of *Clostridium difficile* can contaminate the environment and survive for long periods.

Aim:	To sustain a reduction in preventable C.Difficile infections
How much:	no more than 65 cases in 12 months
By when:	March 12
Outcome:	**ACHIEVED**

Successes along the way:

- ➤ Met the MRSA target and over achieved the C.Difficle target (see table)
- ➤ Reviewed and revised the antibiotic prescription policy
- ➤ Appointed a third consultant microbiologist
- ➤ Introduced an anti-microbial management team who undertake regular ward rounds focussing on high risk patients
- ➤ Investment and implementation of electronic infection control dashboard to allow monitor of key performance indicators at ward level allowing real time reporting of any concerns

MRSA Infections

C Difficile Infections
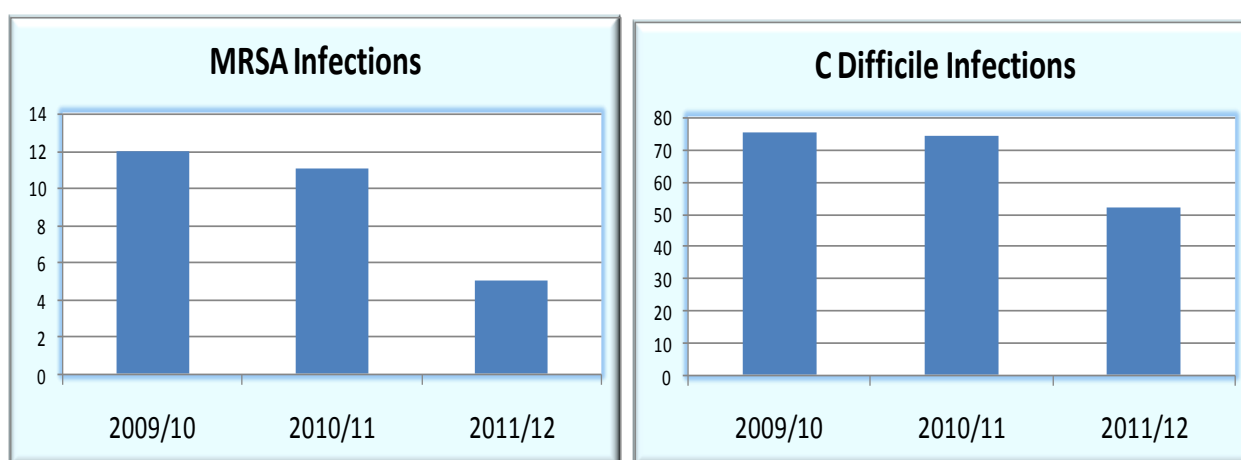
e)   Quality Ward Rounds

The Quality Ward Rounds process, developed by the Trust and was first introduced in 2010. This involves a presentation and a tour of the wards given by the Ward Manager and members of the ward team to Board members and focuses on patient safety, patient experience, quality achievements and management of the workforce and finance.

Aim:	To maintain a culture of continuous improvement and safety
How much:	2 planned programmes annually
By when:	March 12
Outcome:	**ACHIEVED**

Successes along the way:
- ➤ Open channels of communication ensuring contact between ward staff and Trust Board members
- ➤ Standardised monitoring of safety, experience and clinical effectiveness

f)   Incident Reporting

St Helens and Knowsley Teaching Hospitals is fully committed to a safety culture throughout the organisation. Board members recognise that to promote safety there must be a spirit of openness and learning. This ensures that all incidents (this includes issues such as assaults, theft, fire alarms, slips and trips) are fully reported, managed, reviewed and lessons are learnt and improvements are made. The Trust believes that incident reporting is a fundamental tool of risk management national information suggests that there is a degree of under-reporting across the NHS and so the Trust wishes to see an overall increase in reporting.

Aim: To promote a safety reporting culture
How much: Increased reporting
By when: Year on year
Outcome: **ACHIEVED**

Successes along the way:
➢ Web-based incident reporting system embedded - Datix
➢ Increased patient safety incident reporting of low and no harm incidents
➢ Robust management and reporting of incidents where moderate harm or above has occurred
➢ Delivered a Trust wide training programme in relation to web-based risk management system.
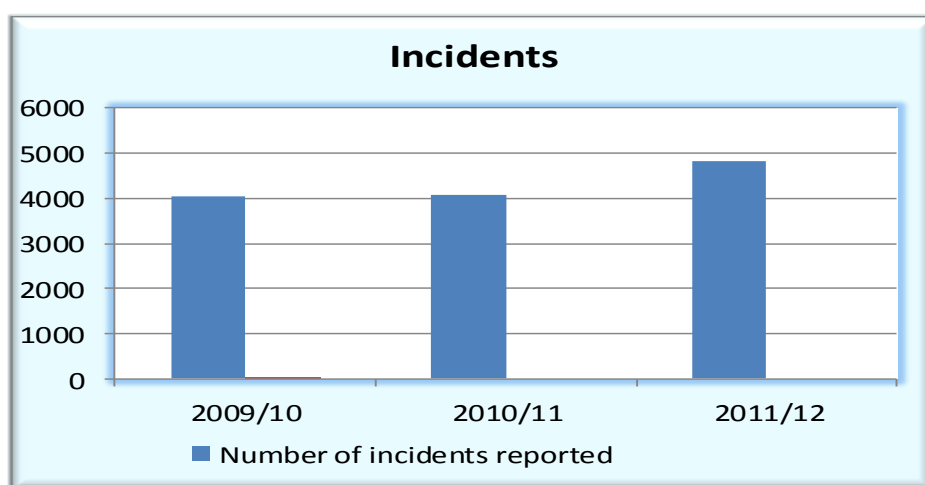
g)   Never Events
'Never Events' are serious patient safety incidents that should not occur because preventative measures should be in place. The Department of Health defines 'Never Events' and publishes this list on their website - go to this web page for further information
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124552

The Trust had one incident in 2011/12 whereby a minor diagnostic procedure was performed on the wrong limb. The Trust undertook a comprehensive investigation which identified that the use and implementation of the WHO (World Health Organisation) Safer Surgery Checklist needed to improve. The Trust has implemented a system to ensure that this does not happen again.

h)   Serious Incidents Requiring Investigation (SIRI)

A SIRI is defined as an incident that occurred in relation to NHS funded services and care resulting in:
• An event that prevents or threatens to prevent a provider organisation's ability to continue to deliver health care services e.g. actual or potential loss of personal/organisation information, damage to property, reputation or the environment, or IT failure
• Adverse media coverage or public concern about the organisation
• Allegations of abuse (safeguarding adult/ child)

• Serious harm to one or more patients, staff, visitors, members of public or where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm

15

- Never Events
- Unexpected/ avoidable death of a patient, staff, visitors, members of public

A Serious Incident report is presented to the Board that provides updates regarding on-going investigations. Recommendations, actions and improvements are monitored bi-monthly at the Patient Safety and Experience Council. A total of 27 SIRI's investigations were undertaken during 2011/12. The following themes were identified:

- Communication
- Increase in Grade 3 Pressure Ulcers following a change to national grading matrix
- Delayed diagnosis
- Administration of medicines

Below are examples of the changes the Trust has implemented over the last year leading to improvements in patient safety:

- New Oxygen Administration policy with the implementation of a bedside acute oxygen management flowchart
- New Pleural Aspiration guidance
- Review of the alert system with EDMS for patients who refuse blood products
- Commencement of a specialist nurse for management and administration of oxygen in acute patients
- The addition of a mandatory section of oxygen prescribing on the patient's medication chart
- Oxygen management now included in clinical mandatory training
- A review of processes in maternity theatre so that partners and women during a caesarean section delivery are not separated unless it is an emergency
- Full review and close monitoring of the WHO Safer Surgery checklist in theatres
- A rolling secondment of team leader within the decontamination unit whose focus will be on the monitoring of quality and safety processes
- An review and update of the MEWS chart supported by and updated policy for MEWS
- The implementation of the Medical Emergency Team (MET)
- Theatre patients who are a high risk of developing a pressure ulcer are managed via an updated algorithm
- Development of a critical care skin bundle which includes the protection of skin in the administration of nasal oxygen

i)   Safeguarding
The Trust has a dedicated Head of Safeguarding and Public Protection who is supported by key staff throughout every part of the organisation and the Children's Services Policy is cited as national best practice.

Children
Following the Care Quality Commission's national review of safeguarding children processes and systems throughout the NHS, the Trust fully addressed the five main findings and enhancements include:
- All staff have an enhanced Criminal Record Bureau (CRB) check
- The Trust's Safeguarding Children policy was reviewed and includes standard operating procedures on child-in-need and child protection processes
- A full-time named nurse, midwife and consultant paediatrician have job descriptions outlining their safeguarding roles and responsibilities
- All Trust staff undergo mandatory annual training
- Members of the Trust's Safeguarding Committee also have places on the area's three Local Safeguarding Boards – Halton, St Helens and Knowsley

In addition clear pathways have been developed for any member of staff to raise concerns and Child and Adolescent Mental Health Services (CAMHS) specialists are available in the Accident and Emergency Department (A&E). The creation of a paediatric health visitor liaison role is improving communications between the hospital and the community.

Adults
The Trust has continued to significantly develop its arrangements for the protection of vulnerable adults through raising the profile of safeguarding, full support at Trust Board level and working together with all external agencies.

The Trust provide services to a wide range of people, some of whom will be vulnerable adults, so have worked to develop better ways to:
- Identify vulnerable adults and plan their journey of care
- Increase understanding of vulnerability including learning disabilities, mental capacity and other mental health needs
- Provide supportive discharge
- Offer carer support
- Create links to advocacy services.
- Integrating approaches to domestic violence

The Trust has improved closer working relationships with care homes to ensure appropriate discharge and on-going care for patients based in care homes. The development of an *Expression of Concern* process has allowed people to act at the earliest opportunity.

3.1.2 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.

What: Continue to improve patient experience
How much: Improvement from previous year
By when: Year on Year
Outcome: **ACHIEVED**

a) Inpatient Survey

The national in-patient survey for 2011 indicated that the Trust's performance was in line with the rest of the NHS but was significantly better on questions relating to privacy and the environment.

Successes along the way:
➢ Raising awareness through dignity champions
➢ Specific dignity work streams implemented
➢ Increase in volunteers in clinical areas

Areas for improvement
➢ Ward based pharmacist interaction to support medication side effects
➢ Revision of patient discharge information leaflet

b) Outpatient department survey
The Care Quality Commission highlighted St Helens and Knowsley Teaching Hospitals NHS Trust as performing 'better' than most in the Outpatient Survey of each NHS Trust in England,

undertaken between June and October 2011, when a questionnaire was sent to patients who had recently attended an outpatient appointment and 471 responses were received.

Successes along the way:
 ➢ A full review of patient pathways has improved 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 the original 4 appointments
 ➢ Investment in diagnostic equipment leading to improved treatment

c) Complaints

St Helens and Knowsley Teaching Hospital NHS Trust is committed to providing the highest quality of services in partnership with patients and their carers. This means that patients should have clear information about what can be expected at all stages of their care and treatment and be involved in the decisions which affect them. This is aimed at giving patients the opportunity for their views and wishes to be heard and taken into account.

Compliments, concerns and complaints are an important measure of how well this is achieved and the Trust will use them to further improve the quality of the services it provides.

The Trust received a total of 401 complaints during 2001/12, which is significantly fewer than the previous year. The actual number of complaints is a very small percentage of the thousands of patient contacts the Trust has over the year. The graph below shows the percentage of formal complaints received during 2011/12 in comparison to previous years.
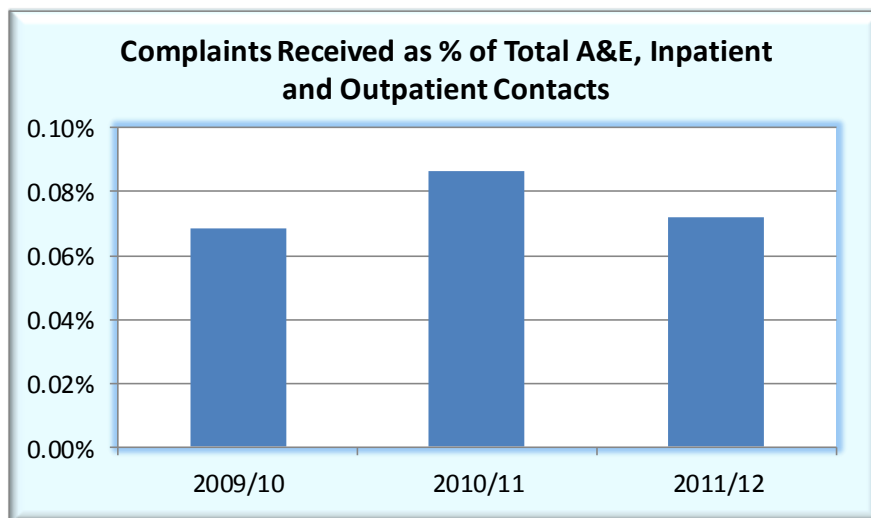
It is important that the Trust learn lessons from complaints and concerns in order to improve the services to patients. The Trust aims to get patient care right first time, every time and uses findings from complaints to improve services for all patients.

Top 5 Causes of complaints received 2011/12

April-March	2011/12
Aspects of Clinical Treatment	181
Communication (Verbal and Written)	50
Staff Attitude/Behaviour	46
Appointments Delays/Cancellations (inpatient and outpatient)	34
Admissions/Discharges/Transfer arrangements	21

The Trust has reporting and monitoring in place to assure the Trust Board that recommendations from complaints have been acted upon and improvements have been made.

d) Compliments
The Trust is always delighted to hear from patients who have been satisfied with the service. Cards and messages are an encouragement to all groups of staff who contribute to providing the high quality of care to the patients. The Trust recognises that each department receives a large number of thank you cards and letters of appreciation. Further development is underway to formalise a process for recording positive patient experiences.

e) Local improvements to enhance patient experience

Caring for patients with Dementia
In order to support patients with dementia, the Trust has developed a 'Forget Me Not' process with the aim of improving communication, interaction and patient experience. The document used in this has received positive comment from the Care Quality Commission and the Royal College of Nursing and was launched across the Trust during May 2011. This document contains basic information about the patient and what matters to them enabling others to understand and communicate effectively. Patients have contact with considerable numbers of people during their stay with us, and each one of these can make a difference to their experience. Other aspects of this process are staff trained in dementia care and dementia-friendly rooms available in various departments, including A&E, to ensure a quieter atmosphere more suitable for the patient.

Successes along the way:
➢ Social dining for patients to encourage communication, socialisation and helps to improve overall nutritional intake
➢ Provided greater availability of staff during mealtimes
➢ New initiative supported by volunteers to provide conversation and stimulation
➢ Development of weekly reminiscence sessions
➢ Orientation boards displaying day, month and year and location
➢ Large traditional style clocks visible in all bays

The Trust was one of five hospital Trusts in England to take part in the National Audit of Dementia Care in Acute Hospitals and were one of a limited number of hospital Trusts who took part in the enhanced audit last year. The results of the audit have led to a number of processes being changed within the hospital to enhance delivery of care. This year the Trust hosted its fourth national dementia care conference for acute hospitals, what is an opportunity to share good practice and learning.

Enhanced Recovery Pathway
The enhanced recovery programme is about improving patient outcomes and speeding up a patient's recovery after surgery resulting in better patient care and outcomes. 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.

The programme involves working closely with patients on issues such as nutrition and pain management, as well as encouraging them to keep a diary of their treatment and providing feedback to staff caring for them. It is supported by a multi-disciplinary team to help standardise care throughout the process.

The Trust's enhanced recovery pathway, introduced 2011/12 for colorectal patients to reduce anxiety and length of stay as well as improve outcomes for patients, has now been implemented in the following specialties:

- General surgery
- Gynaecology
- Orthopaedics
- Urology

f) Equality and Diversity

The Trust is committed to ensuring that its staff and patients enjoy the benefits of an organisation that respects and upholds individuals' rights and freedoms. 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 those without. The Trust ensures that all patient information is available in alternative formats and 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.

The Trust has delivered on the requirements of the Equality Act 2010, for example – publishing equality objectives and implementing anti-age discrimination practice- and is developing further approaches to delivering equitable personal services.

Successes along the way:
Significant improvement in the care and treatment of patients with a learning disability who access attend the hospitals.
  ➢ Introduction of Health Passports which are individual documents compiled by the patient, their relatives and carers and can be used to provide written communication about a patient's needs, preferences, likes and dislikes which can greatly assist in the care that the Trust provides.
  ➢ Engagement with MENCAP "Getting it Right" Charter which is a campaign aimed at supporting local campaigners, health professionals, GP surgeries, hospitals and healthcare authorities to work together to make improvements for further information please visit : http://www.mencap.org.uk/campaigns/take-action/getting-it-right
  ➢ Communication tool developed and implemented in all wards to assist with staff understanding and meeting the patient's needs.
  ➢ Identified key staff to support vulnerable patients during stressful procedures e.g. anaesthetics and x-ray department.

g) Patient Environment

Patient Environment Action Team (PEAT)
The Patient Environment Action Team is required to monitor seven key topics in at least 25% of the hospital with scores ranging from 1 (Unacceptable) to 5 (Excellent). The Trust achieved top

marks for the sixth consecutive year and was the only acute Trust in Merseyside to gain maximum scores in 2011.

These inspections were carried out in during 2011/12 by a team comprising nursing, infection control, estates and facilities management specialists plus an external assessor from Lancashire NHS Trust and a patient representative. The table below shows performance over the last two years for both Trust sites.

Subject	Whiston & St Helens Hospitals 2010/11	Whiston & St Helens Hospitals 2011/12	Notes
Specific cleanliness			The external assessor commented that the cleanliness at Whiston Hospital was 'outstanding'
Toilet and bathroom cleanliness	Achieved 5/5 In all areas for both hospitals		
Infection control			The team noted the excellent adherence to hand hygiene
Environment			The team commented on the additional installation of wall protection
Access and external areas			
Food and food service			The external assessor was very impressed with the Braille menus and picture menus
Privacy and dignity			

Cleanest hospitals in the country
The Trust achieved the highest score of all acute Trusts in the country for how patients rated the cleanliness of their room or ward, according to the latest national survey of inpatients. In addition the Trust scored in the top 20% nationally in 26 of the 64 areas focusing on the quality of care and the hospital environment, making St Helens and Whiston hospitals the cleanest in the country.

3.1.3   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.

a)   Medical Emergency Team
A Medical Emergency Team was introduced to the Trust with aim of providing a quality critical care service to acutely unwell or critically ill patients at the point of need regardless of the time of day. The team comprises of medical, surgical, nursing, cardio-respiratory, and portering staff who have the appropriate skills and competencies required.

The Whiston MET team was launched on the 9th of January 2012. The launch was preceded by a Trust wide advertising campaign which prepared all clinical staff for the new system. Specific criteria were set to enable staff to escalate deteriorating patients to a specialist team. The ALERT system is through the hospital switchboard and relayed to the team through an emergency paging system.

The Whiston MET is in its early stages of implementation and is evolving day to day. Based on the first two months of data, there has been a very good utilisation of the service, which justifies the need for rapid response to acute deterioration.

The aim of MET is to increase patient safety, reduce cardiac arrest calls, decrease the length of hospital stays and enhance patient experience.

b)   Diabetes care

The Trust continues to set best practice standards in its delivery of care for patients with diabetes, with the Diabetes Team being ranked first in England in the national diabetes audit.

Recent national Diabetes E audit (a rigorous audit endorsed by the Association of British Clinical Diabetologists, Diabetes UK, National Diabetes Information Service & NHS Diabetes) measured and assessed diabetes services against national standards. Taking part in the audit involved an assessment of each of the clinical areas and indicators of quality below and the Trust was required to provide written evidence and supporting documents to demonstrate that it met the audit criteria.   The areas the Trust was audited against were:

- Diabetes in Pregnancy
- Pre-pregnancy
- Kidney Screening & management
- Inpatient management of active foot disease
- Prevention & Management of diabetic foot disease
- Inpatient care
- Care of adults with diabetes
- Patient experience
- Staff development
- Clinical leadership

The Diabetes team achieved the top overall score, top average score and top number of perfect scores in 11 domains of specialist diabetes care.

c)   Theatre Modernisation Programme

The Trust's Theatre Modernisation Programme, the *Whiston Theatres Project*, won an award from the Lean Healthcare Academy designed to increase the efficiency of theatres and improve patient experience. Working closely and creatively with the Trust's surgeons and anaesthetists, improved time management has been introduced which see theatre sessions starting earlier and finishing later. Theatres now operate seven days per week and, where appropriate, have three-session days. As a result of the modernisation programme there has been a more efficient bed utilisation across both sites ensured that despite winter pressures of bad weather, Norovirus and Flu, the Trust continued to meet all its surgical targets.

d)   Advancing Quality

The Advancing Quality programme aims to improve standards of treatment for the most common conditions in NHS hospitals across the North West of England. The programme has focused on four to start with, these are heart attack; heart failure; hip and knee replacement, and pneumonia. The programme works with hospital staff to provide NHS trusts with a set of standards which define and measure good clinical practice. Each measure should be delivered to every patient to ensure they receive the highest standard of care in hospital**.** The performance of each Trust participating in this programme is published on the Advancing Quality website (go to http://www.advancingqualitynw.nhs.uk/listing_3.php for the latest results)

The Trust is the second top performer in the North West in relation to heart attack and pneumonia and is in the top 5 in relation to heart failure. The Trust continues to make improvements in

relation to Hip and Knee replacements by improving the timeliness of appropriate antibiotic administration and documentation.

3.2   Staff Quality Improvements in 2011/12

Quality improvements for staff
The Trust recognises that its staff are the single most important factor in providing quality care. Engaging staff fully and developing the skills, attitudes and behaviours for the future is therefore recognised as a Trust priority.

Quality improvements introduced for staff in response to the annual staff survey included:

Work life balance
- Improvements in Flexible working
- Better arrangements for Maternity, paternity and adoption leave
- Special leave

Health and well-being
- A new intranet site with information on support for both home and work-related stress
- A counselling Service and Employee Assistance programme
- Revised guidance on referral to health, work and well-being services
- Access to resilience training through a new leadership and talent management programme
- Sickness absence in 2011/12 fell to 4.6% from 5.3% in 2010/11

Support for better team working
- Introduced a more simple Raising Concerns Policy
- Reviewing the Respect at Work policy
- Set agreed standards of behaviour (ACE)

Enhanced information on equality and diversity
- An information leaflet to all staff highlighting the importance of respecting equality and diversity and issued it to all staff

Improving access to learning and development
- Developed a Core Education and Training Strategy
- Introduced a Talent Management and Leadership Development Strategy
- Revised Study Leave Policies to support equity for all in line with the needs of the organisation
- Introduced a new simplified Appraisal Policy
- Enhanced access to a Mentoring Programme which is free to all staff
In addition the Trust enhanced job-based learning by offering staff opportunities such as:
- Reflective practice
- Supervision
- Project work
- Secondments
- Shadowing
- Coaching (delivering and receiving)
- Involvement in research.

Equality and human rights are at the core of the organisation's beliefs and 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 current policy and practices were developed and reviewed in line with the Equality Act 2010.

Information has been provided to all staff highlighting the importance of Equality and Diversity both as employees and as providers of patient care. All new staff are also briefed as part of the induction programme.

Conclusion

St Helens and Knowsley Teaching Hospitals NHS Trust is completely committed to providing the highest standards of patient care, patient safety and clinical effectiveness and this is reflected in the objectives set by the Board. The Trust's continued focus on its transformational strategy, to achieve an excellent experience for every patient every time, is reflected in corporate objectives and has led to many improvements.

As this report describes, in 2011/12 the Trust has achieved reductions in patient harm and improvements in clinical outcomes and patient experience. The board recognises there is still work to do and the Trust has set itself some challenging targets for next year. The Trust will work with patients, staff and commissioners to achieve these over the coming year.

Comments from stakeholders

The Trust sent the draft Quality Accounts to key stakeholders for their comment, as required under the *The National Health Service (Quality Accounts) Regulations 2010* and responded to the feedback by adjusting the content and layout of the report where it was possible to do so. Their comments are reproduced in the following pages. The Trust intends to work with patients and these stakeholders to inform the development of next year's Quality Accounts and where it has not been possible to change this year's report their comments will be incorporated into next year's where appropriate .

NHS
Merseyside

2011/12 Quality Account

NHS Merseyside Statement

In line with the NHS (Quality Accounts) Regulations 2011, NHS Merseyside can confirm that we have reviewed the information contained within the account and checked this against data sources where this is available to us as part of existing contract/performance monitoring discussions. We have reviewed the content of the account and can confirm that this complies with the prescribed information, form and content as set out by the Department of Health.

As Director for Service Improvement and Executive Nurse for NHS Merseyside I believe that the account represents a fair and balanced view of the 2011/12 progress that St Helens and Knowsley Teaching Hospitals NHS Trust has made against the identified quality standards. The Trust has complied with its contractual obligations and has made good progress over the last year with evidence of improvements in key quality & safety measures.

Overall NHS Merseyside is supportive of the process St Helens and Knowsley Teaching Hospitals NHS Trust has taken to engage with patients, staff and stakeholders in developing a set of quality priorities and measures for 2011/12 and applaud their continued commitment to improvement.

NHS Merseyside has an excellent relationship with the Trust and recognises their commitment to working closely with Clinical Commissioning Group to ensure the ongoing delivery of high quality services.

Trish Bennett

Trish Bennett
Director of Service Improvement & Executive Nurse
NHS Merseyside

Gill Core
Director of Nursing, Midwifery and
Governance
St Helens and Knowsley Teaching
Hospitals NHS Trust
Whiston Hospital
Warrington Road
Prescot
Merseyside L35 5DR

Adult Social Care and Health
Scrutiny Panel
Town Hall
Victoria Square
St.Helens
Merseyside
WA10 1HP

Contact:Joanne Heron
Tel: 01744 676277
Fax: 01744
joanneheron@sthelens.gov.uk
Our ref:asch/1606
Your ref:

Dear Gill   14th June 2012

Re: St Helens Adult Social Care and Health Overview and Scrutiny Panel Quality Account Commentary 2011/12

Thank you for submitting your Quality Accounts for 2011/12 to the Adult Social Care and Health Overview and Scrutiny Panel. Our comments are as follows:

The Panel accepts the Quality Accounts as being an overview of the organisations performance during the year and felt that the layout and design of the report made it clear and easy to read.

We note your improvements to patient safety and welcome the reduction in in-patient falls of 12% and the reduction of pressure sores of 32% however we felt that there was a lack of context to these statements. It would have be more helpful for the Panel to have received some further baseline data or information as to how this may compare with other Trusts. We felt unable to judge whether these statements indicated good or poor performance

We were encouraged to see the maintenance of the hygiene and infection control targets and the rise in complements towards the Trust.

We note your overall score of 68% (which is highlighted as red) for the Information Governance Assessment Report and recognise that the stringent set of assessment criteria has made this target harder to achieve. We welcome your assurances that this will improve with the appointment of an action group and look forward to seeing improvements in this area.

In summary the Panel would like to congratulate you on the developments and improvements. We hope you find our comments helpful and we would like to thank you for the opportunity to respond. I look forward to maintaining positive partnership working with you in the future.

Yours sincerely

Councillor Anthony Burns
Chairman of Adult Social Care and Health Overview and Scrutiny Panel

Halton LINk
Your Health • Your Care • Your Say!

Gill Core
Director of Nursing, Midwifery and Governance
St Helens and Knowsley Teaching Hospitals NHS Trust
Whiston Hospital
Warrington Road
Prescot
Merseyside
L35 5DR

7th June 2012

Dear Gill,

Re: Quality Accounts: St Helens & Knowsley Teaching Hospitals NHS Trust 2011-12

Halton LINk welcomed the Trust's commitment to share the above report widely and to seek the views of the Halton LINk members. The response from Halton LINk for your report is attached.

The Trust has been cooperative with Halton LINk and representatives attend the Patient Safety & Experience Council. The comments from LINk members, on a number of issues have been welcomed and where necessary have been acted on.

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

Yours sincerely,

Doreen Shotton

Doreen Shotton
LINk Board Member – Halton LINk Lead for Quality Accounts.

HALTON LOCAL INVOLVEMENT NETWORK

Halton LINk, Halton & St Helens VCA, Sefton House, Public Hall Street, Runcorn, Cheshire WA7 1NG
Tel: **01928 592405** • email: **info@haltonlink.org.uk** • web: **www.haltonlink.org.uk**

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27

Halton LINk Statement
St Helens & Knowsley Teaching Hospitals NHS Trust
Quality Accounts 2011-12

"Halton LINk would like to thank the Trust for the opportunity to comment on the Quality Account for the year 2011-12.

General comments on the report layout:
- *A 'glossary of terms' as an appendix might be useful.*
- *Disappointed that use of pie charts & graphs, as suggested last year, has not been used. We believe that the appropriate use of such charts and graphs would enhance the understanding of statistics.*
- *Descriptive text is not always backed with evidence to demonstrate the claims made in the report.*

Specific comments:
2.3 Participation in Clinical Audits
- *We would have appreciated an explanation of the 16% rate of case ascertainment for adult diabetes audit.*
- *To facilitate understanding of clinical audit table, it would be helpful to have actual numbers as well as percentages, together with explanations of any exceptions.*

2.9 Clinical coding error rate
- *We welcome the inclusion of the clinical coding error rate table and would appreciate comparison data of previous years' statistics.*

3.1 Review of Quality Performance 2011/12
- *Members appreciate the achievements in patient safety and the improvement in infection control and hygiene.*

3.3 Summary of Quality Performance against CQUIN targets
- *We would have liked an explanation of why the targets were not achieved on stroke.*

During the past year the Trust has been co-operative with Halton LINk, with representatives attending the Patient Safety & Experience Council meetings to share experiences and to keep abreast of the activities the Trust carries out.

The LINk appreciates the improvements made during the past year and we hope that Trust will continue to have on-going dialogue with service users, carers and the wider community to help the Trust ensure their priorities are achieved."

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28

St Helens and Knowsley Hospitals NHS Trust Quality Account Commentary Knowsley LINk

Knowsley LINk welcomes the opportunity to provide this commentary in support of the St Helens and Knowsley Hospitals NHS Trust Quality Account for 2011/12. The Quality Account report was provided to LINks in a timely manner and presented thoroughly during a question and answer session held in June.

During the last twelve months the partnership working and challenges provided through Knowsley LINk has been welcomed by the Trust. Knowsley LINk members have attended The Patient Safety and Experience Council, which 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. Knowsley LINk is also pleased to note that the Trust has taken steps to ensure that there are more and experienced doctors on duty at the weekend.

The involvement of LINk has been proactively encouraged and the support of LINk sought around issues such as infection control and patient experience. In particular, two unannounced Enter and View visit were undertaken jointly by Knowsley and St Helens LINks. The first of these was a "Bugwatch" style visit which focussed on cleanliness and hygiene on a number of wards, the second was focussed on dignity and nutrition in the care of the Elderly wards. Both of these visits were supported by all the staff involved

It is felt that the Priorities for Improvement identified for the coming year are both challenging and reflective of the issues Community Members, Service Users and LINk members are keen to see addressed. The priorities of improving patient safety and experience are welcomed and Knowsley LINk will continue to challenge the trust in both these areas. Knowsley LINk also welcomes the planned improvements in performance of the Stroke Pathway.

Knowsley LINk recognised that the Trust has achieved the cost savings imposed on them from the Department of Health and is concerned at the level of further savings that the Trust is expected to achieve. Knowsley LINk 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.

Comments on St. Helens & Knowsley Trust – Quality Account document – final draft

General comments

The layout and language makes it difficult for the lay person to read.

A glossary of terms both medical and acronyms should be included so that non-medical readers can understand the document fully – see quote from a Board member.

"I think the language should be simpler for the everyday person, there is a mixed approach to using medical terms and quality indicators in that in some cases it is explained whilst in others it is not. So perhaps a key or something that explains any terms initials and medical language or indicators.

The document needs to be available on request in alternative formats not just Braille but audio for example, other languages and perhaps an easy to read version. Using appendix for tables & graphs at the end with just written summaries of the statistical findings in the main body of the document."

Comment from an attendee at the presentation 6th June: include numbers alongside percentages where possible, to maximise understanding

Specific comments

2. Priorities chosen for each of the 3 domains i.e. Patient Safety, Patient Experience and Clinical Effectiveness (p4-5), LINk suggests that only one be chosen and completed fully?

e.g. for Patient Safety – prioritise implementing the Safety Thermometer on all wards

e.g. for Patient Experience – implement either 'Hospedia', as this is linked to maximising income for the Trust.

e.g. for Clinical Effectiveness – suggest priority would be performance around strokes and TIAs, which is something St. Helens CCG is working with the Trust on, so this already has partner buy-in and therefore worth concentrating on because it could produce significant results (both in terms of reputation and financial income).

[It would be useful to see what analysis has been done to show that was a "patient-centred" approach (p5) that has led to *quality parameters rocket*" (also consider re-wording this phrase, due to possible confusion if translated via British Sign Language)]

2.5 CQUIN performance Incentive Schemes (the table included on p.8 – make clear what the new ones are). Trust should detail CQUIN measures and progress made in the actual document - most readers will not go and retrieve the information from another location (web-based).

2.6 Data Quality issues (p8-9) - information quoted at 2.7 seems to show the Trust is doing well in the hospital episode statistics. Can the Trust show how it compares against other hospitals / the England mean? Are there thresholds that the hospitals are meant to reach or achieve over in recording the patients NHS number? If not what is the purpose of including this data, possibly remove?

2.8 Information Governance (p9) – it is fine to explain that there has been an increase in the standard expected in terms of the evidence required for the IGT grading scheme, and therefore it is tougher to achieve. We need more assurance than there's an action plan and an Information Governance sub-group working on it, because it is still red and therefore a risk to the Trust.

The Trust could explain further why improvements to the IG toolkit submission will mean better experiences for patients?

2.9 Clinical coding error rate (p10) – under the table there's a statement about the Trust's HRG error rate – this needs an explanation. This is perhaps a term for the glossary of acronyms and terms that has been suggested previously.

3. Key Performance Indicators and Quality Performance (p11-23)

The LINk is encouraged to see maintenance of the hygiene and infection control targets and also that compliments have risen substantially as a proportion of overall comments about the Trust.

LINk will be pleased to continue to work with the Trust on maximising their equality & diversity work, mention here working closely with LINks around the Equality Delivery Scheme.

St. Helens LINK would also wish to continue to be involved in assisting the Trust with its work around staff attitudes and improvements in 18 week waits and the availability of Choose and Book opportunities.

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 Accounts 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 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

NB: sign and date in any colour ink except black

26 June 2012
…..........................Date…..Chair

26 June 2012

.............................Date...Chief Executive

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

I am required by the Audit Commission to perform an independent assurance engagement in respect of St Helens and Knowsley Teaching Hospitals NHS Trust's Quality Account for the year ended 31 March 2012 ("the Quality Account") as part of my 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 and the National Health Service (Quality Account) Amendment Regulations 2011 ("the Regulations"). I am required to consider whether the Quality Account includes the matters to be reported on as set out in the Regulations.

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

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:
  - the Quality Accounts 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.

My responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to my attention that causes me to believe that the Quality Account is not consistent with the requirements set out in the Regulations.

I read the Quality Account and conclude whether it is consistent with the requirements of the Regulation and to consider the implications for my report if I become aware of any inconsistencies.

This report 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.

Assurance work performed

I conducted this limited assurance engagement under the terms of the Audit Commission Act 1998 and in accordance with the NHS Quality Accounts Auditor Guidance 2011/12 issued by the Audit Commission on 16 April 2012. My limited assurance procedures included:

- – making enquiries of management;
- – comparing the content of the Quality Account to the requirements of the Regulations.

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

The scope of my assurance work did not include consideration of the accuracy of the reported indicators, the content of the quality account or the underlying data from which it is derived.

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. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

Conclusion

Based on the results of my procedures, nothing has come to my attention that causes me to believe that the Quality Account for the year ended 31 March 2012 is not consistent with the requirements set out in the Regulations.

Julian Farmer
Officer of the Audit Commission

Audit Commission,
2nd Floor, Aspinall House,
Aspinall Close,
Middlebrook,
Horwich,
Bolton, BL6 6QQ

28 June 2012

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