Mersey and West Lancashire Teaching Hospitals NHS Trust

Quality Account 2023-24

OUR VISION
5 star patient care

NHS
Mersey and West Lancashire Teaching Hospitals
NHS Trust

OUR VALUES

We are KIND

We:
- Treat every individual with respect
- Are compassionate in our support of patients and colleagues
- Are friendly and welcoming and always introduce ourselves
- Care for each other as we care for our patients
- Are polite and value each other's thoughts and ideas

We are OPEN

We:
- Are always listening and learning
- Encourage and support two-way communication
- Are honest, fair and open with others
- Take responsibility for our actions and always aim to improve
- Develop our services in the best interests of our communities

We are INCLUSIVE

We:
- Value everyone's cultural, social and personal needs
- Celebrate our differences and support each other
- Listen to all voices
- Work as a team and learn from each other
- Challenge prejudice and promote acceptance

#TeamMWL

What our patients said about us in 2023-24

Burney Breast Unit, St Helens Hospital

Excellent Service

I was referred to Burney Breast Unit; fortunately everything is fine. I just had to take time to mention the wonderful staff team and consultants. They are all so happy, respectful, and totally professional, and you really do feel like a person and not just a number. The waiting time was also excellent, it made my anxiety lessen because only after about 10 minutes, my name was called, the nurse introduced herself by name and it immediately made me feel at ease. Thanking all the staff in this unit.

Sanderson Suite, St Helens Hospital

Great treatment

The treatment I received from everyone in the Sanderson Suite (Pain Clinic) was over and above what I expected. I was a little nervous initially, but their kindness and consideration was outstanding and helped put me at ease – can't thank them all enough.

St Helens Hospital

Wonderful staff

For the last few months I have been taking my 94 year old nan; after treatment the staff are absolutely wonderful and go above and beyond. Today my nan was unwell whilst there with palpitations and the staff rushed to her aid and made her their priority. Also the doctor that saw her made her feel like a queen and really valued. I cannot express how impressed I am with everyone in this department it's like the hospital have employed all the nice people from the world in this one place.

Physiotherapy, Ormskirk Hospital

The assessment I received was excellent and I completely understood my symptoms after it which made me feel relieved. I was given exercises to complete and was very happy with the appointment. I felt that the physio really knew what she was talking about, and I was very happy with her explanation.

Newton Hospital

Mum has since been transferred to Newton for rehabilitation and a team of amazing and patient focused people, every single one of them are worth their weight in gold.

Endoscopy Unit, Ormskirk Hospital

I was so very impressed by the kindness and consideration shown by all staff in this unit, by the care taken at every step and all the clear explanations and reassurance given. There is a really good team atmosphere, and it impacts very positively on the patient experience. Everyone was very friendly, and this put me in a very relaxed mood. A huge thank you to everyone for their hard work and professionalism and for the warm, friendly environment which makes all the difference. Ten Stars!!

Ward 1B, Medical Assessment Unit, Whiston Hospital

Firstly, my father was seen very quickly and secondly and most importantly the staff were absolutely fantastic. Professional, polite and very understanding which was very reassuring to my father. They explained everything with a bedside manner that I believed was a thing of the past. The Dr even made a follow up call to myself later that day to check on my father and informed me that he made some telephone calls to chase up a home visit the following week. Please pass on my sincere appreciation to him and thank him for his professionalism.

ECG Department, Southport Hospital

We received a very caring and professional service. The healthcare professional was very thorough and took time to explain the procedure. Thank you for all you do for our community.

Sexual Health Services, St Hugh's Bootle

To say I had a good experience was an understatement. The staff that treated me showed me the upmost kindness that I have never experienced in the NHS. I was extremely nervous. The staff were easy to talk to and ask questions of.

Ward F, Ormskirk Hospital

I had a small surgery at the hospital as a day case. I found everyone to be lovely and really welcoming. Ranging from the healthcare assistants, the nurses, right the way to the surgery staff. Everyone was really professional and checked in with me. They were a pleasure.

Contents

Section 1

1.1. Statement on quality from the Chief Executive of the Trust

We are pleased to present the Trust's 15th annual Quality Account, which demonstrates our ongoing commitment to ensuring we provide the highest quality of care to our patients and the communities we serve.

2023-24 continued to present many challenges for staff with ongoing demands on an already stretched workforce. All our staff work incredibly hard to provide the best care and treatment for our patients in a wide range of different settings.

On 1st July 2023, St Helens and Knowsley Teaching Hospitals NHS Trust (STHK) and Southport and Ormskirk Hospital NHS Trust (S&O) came together to form a new Trust, Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL). This was the culmination of work that had been undertaken during the previous 18 months to develop a new organisation to ensure sustainable services for the populations of Merseyside, West Lancashire and beyond.

MWL has retained the outstanding Care Quality Commission (CQC) rating and has maintained contact with our CQC relationship manager throughout the year. The Trust has continued to monitor key quality indicators via the monthly comprehensive Corporate Performance Report, which is reviewed by the Board and its Committees.

I was, however, extremely disappointed that during the year there were six methicillin-resistant staphylococcus aureus (MRSA) bacteraemia and one never event relating to wrong lens size implant in Ophthalmology. Actions have been taken following these as part of the Trust's commitment to learning from incidents and these are outlined in more detail in section 3.

Our vision to provide 5-star patient care remains the Trust's primary objective so that patients and their carers receive services that are safe, person-centred and responsive, aiming for positive outcomes every time. The mission and vision have remained consistent and embedded in the everyday working practices of staff throughout the Trust, where delivering 5-star patient care is recognised as everyone's responsibility. The vision is underpinned by the Trust's values, behaviours and five key action areas.

The Trust has delivered a comprehensive programme of quality improvement clinical audits throughout the year, with a number of actions taken as a result of the audit findings (detailed in section 2.4.2). Delivery of the quality improvement and clinical audit programme is reported to the Quality Committee via the Clinical Effectiveness Council.

In addition, the Trust reviewed and updated the ward accreditation programme, to ensure it is fit for purpose for the new organisation. A number of quality ward rounds with members of the Trust Board took place throughout the year to see and hear first-hand how staff are striving to provide the best possible care for patients that is safe, effective, caring, responsive and well-led.

We continue to work with our local Healthwatch partners to improve our services. Healthwatch representatives are key members of the Patient Experience and the Patient Safety Councils, both of which report to the Trust Board's Quality Committee, and the Equality and Diversity Steering Group which reports to the People Performance Council. This ensures effective external representation in the oversight and governance structure of the Trust. Meetings have continued to be held virtually to maximise attendance.

The Trust has a Patient Participation Group, which met quarterly throughout the year and patients have continued to share their experiences of their care via patient stories for the Board and the Patient Experience Council.

This Quality Account details the progress we have made with delivering our agreed priorities and our achievement of national and local performance indicators, highlighting the particular challenges faced during the year. It outlines our quality improvement priorities for 2024-25.

I am pleased to confirm that the Trust Board of Directors has reviewed the Quality Account for 2023-24 and confirm that it is a true and fair reflection of our performance and that, to the best of our knowledge, the information contained within it is accurate. We trust that it provides you with the confidence that high quality patient care remains our overarching priority and that it demonstrates the care and services we have continued to deliver during the ongoing challenges in 2023-24.

I remain extremely proud of all our staff who continue to give the best of themselves to care for the people who need us. I would like to thank all our staff for everything they continue to deliver during the most challenging times we face.

Ann Marr OBE

Chief Executive
Mersey and West Lancashire Teaching Hospitals NHS Trust

1.2. Summary of quality achievements in 2023-24

Quality of services overall

Outstanding rating awarded by the CQC, the best possible rating, in the latest Trust report received in March 2019. This has remained unchanged following the formation of the new Trust in July 2023 and following recent maternity inspections.

Well-led

- Whiston Hospital was awarded excellence in acute and emergency care in the Parliamentary Awards in July 2023
- Winners of the Browne Jacobson Award for Excellence in Employee Engagement at the Healthcare People Management Association (HPMA) Excellence in People Awards 2023 for improvement practices and ensuring staff with disabilities and long-term health conditions are supported effectively
- Number one teaching hospital in the North West over all elements in the latest patient-led assessment of the care environment (PLACE) and in the top ten in the country for cleanliness, demonstrating the commitment of all staff to ensure our patients are treated in the best environment and receive the highest quality of care
- Employment Services Team won National Payroll Innovation Award at National Payroll Awards 2023 for their Employment Services Automation Programme
- St Helens & Knowsley Preceptorship Team awarded a Cavell Nurses' Trust star for their work championing preceptorship
- Nursing Times Workforce Summit Awards 2023 shortlisted for
    - Critical Care Team at Southport Hospital for Best Workplace for Learning & Development for Senior Staff Nurse Role Enhancement Programme. This scheme focused on developing Band 5 nurses with a range of development opportunities
    - Critical Care Team for Best Employer for Staff Recognition & Engagement category for innovative 'What 3 Words' campaign. Taking inspiration from the popular app, they produced a short survey to find out what members of the team liked the most and what would make their working lives better
    - Preceptorship Team covering St Helens & Knowsley in Preceptorship Programme of the Year for their pathway work supporting newly qualified clinicians
- Finalists in the HSJ Consultancy Partnership Award with BP3 and Payroll
- Awarded silver in the HSJ Healthtech Partnership Award with Patchwork and MWL for bank staff
- Communications Team won the best NHS Charity Campaign at the NHS Communications Awards
- Members of the following:
    - Armed Forces Covenant (re-signed 2023)
    - Defence Employer Recognition Scheme (Armed Forces, member 2020)
    - Disability Confident Scheme Leader (level 3 the highest level, reaccredited in 2023 to reflect the inclusive and accessible recruitment process used by the organisation, the way it makes workplace adjustments and in ensuring staff are given relevant equality training)
    - Dying to Work Charter (member 2023)
    - NHS Rainbow Badge Accreditation (LGBT) (Bronze accredited 2022)
    - NHS Sexual Safety Charter (member 2023)
    - Veterans Aware (Armed Forces reaccredited 2023, reaffirming the commitment to the armed forces community)
- Highly commended in the Pride of St Helens awards for Charity Champion (Denise Littler), Over the Rainbow LGBT for Pride of St Helens and Dave Platt, Gardeners for Pride of Place
- North West Bloom Gold Award for best NHS Garden

Staff

- Lesley Harrison, Community Nurse Lead received the Queen's Nurse Award
- Helen Day, Paediatric Diabetes Specialist Nurse at Ormskirk Hospital, won a scholarship at the International Society for Paediatric and Adolescent Diabetes - ISPAD Diabetes Science School for Allied Health Professionals conference in Rotterdam in October 2023. Only 15 candidates worldwide were chosen for the all-inclusive scholarship to attend a week of learning on diabetes care
- Lead Macmillan Upper Gastrointestinal (GI) Cancer Nurse Specialist, Barbara Ashall, was named Gastrointestinal Nurse of the Year and Urology Education Programme Lead, Eleri Phillips won Urology Nurse of the Year in the British Journal of Nursing Awards (BJN) for their outstanding commitment to patients and their profession
- Sue Ashton, Dispensing Assistant based at Southport Hospital, was highly commended in the 'Against All Odds' category at Preston College's 'Exceptional Employer and Apprentice' Awards 2024 and MWL won the 'Large Employer' category beating more than 750 other employers who work alongside Preston College
- Four physiotherapy clinical educators, Ella Brighouse, Rotational Physiotherapist, Lee Worrell, Outpatients Physiotherapist, Matthew Dennies, Clinical Lead Therapist, Trauma and Orthopaedics and Emily Pickup, Senior Physiotherapist, Stroke Team were recognised by students on placement from the University of Liverpool. They were nominated in the Practice Placement Educator Excellence Awards for their outstanding support, guidance, reassurance and kindness
- Sylvia Sinclair, Deputy General Manager with partners Medirest received the MyCleaning Lifetime Achievement Award
- Andrew O'Donnell, Portering Team Lead, received the award for Leadership of the Year Award at the MyPorter Awards 2024

National staff survey - first full survey as MWL, only 3 months after merger

- 1st in staff engagement/advocacy sub theme in NW region and Cheshire and Mersey for acute and community trusts
- 1st in we are compassionate and inclusive/compassionate culture sub theme in NW region and Cheshire and Merseyside for acute and community trusts
- Equal 1st in morale/work pressure sub theme in Cheshire and Merseyside
- 3rd across NW region (out of 18) and Cheshire and Merseyside (out of 8) for the full Staff Engagement People Promise theme

Patient Safety

- 98.3% average registered nurse (RN)/midwife safer staffing fill rate for the year, above the 90% target
- Reductions in incidents resulting in harm in 2023-24 compared with 2022-23:
  - No medical device incidents MWL Trust wide resulting in moderate or above harm
  - 2.56% reduction in legacy STHK inpatient falls per 1000 bed days, decreasing from 7.297 falls per 1000 bed days in 2022-23 to 7.110 in 2023-24
  - Infection control incidents MWL-wide have reduced by 58.99% from a total of 1073 in 2022-23 down to 440 during 2023-24

Patient experience

- Whiston, St Helens and Newton hospitals were ranked second in the country and best in the region compared to other general acute and combined trusts in the latest inpatient survey results (2022)
- Southport Hospital won the Nursing Times Critical and Emergency Care Nursing category for an initiative that support patients' families and their own staff after a patient sadly dies on the unit through the Pause Campaign where staff and families come together for a minute's silence in memory of the patient
- Palliative Care Team at Whiston Hospital were highly commended In the Nursing Times Critical and Emergency Care Nursing category for the care provided to palliative patients in the Emergency Department (ED)

- Continued to achieve over 94% inpatient recommendation rate for Friends and Family Test responses

Clinical effectiveness

- Winner of the Macmillan Professional Integration Excellence award - Upper Gastrointestinal Team
- Haematology Team awarded the Myeloma UK Clinical Service Excellence Programme (CSEP) accreditation in recognition of its outstanding care and dedication to patients with myeloma
- Liverpool University Partnership Award presented to Liverpool Centre for Cardiovascular Sciences (LCCS) with whom Whiston Stroke Team are key partners in hosting a number of clinical trials and academic clinicians, as well as working jointly on research to improve stroke and cardiovascular care for patients
- Diabetes Team at Whiston and St Helens hospitals were shortlisted at the Quality in Care Diabetes Awards for their intensive support package for glucose optimisation in type 1 Diabetes during pregnancy
- Macmillan Skin Cancer Nurse Specialists and Cancer Support workers voted best poster at the National Melanoma FOCUS Conference. Poster included information about the upcoming project which will roll out the first ever personalised, self-management programme to support high risk skin cancer patients
- The Mersey Regional Burns Unit won two awards at the Journal of Wound Care Awards, held at the Imperial War Museum in London:
    - Professor Shokrollahi's collaborative research with Liverpool University and Manchester Metropolitan University won Gold in the 'Best Research' category for innovative research
    - The team also won Gold in the 'Most Progressive Society' category, relating to their work on sustainability in the NHS

1.3 Celebrating success

The Trust has continued to share positive comments from patients and carers via the weekly Thank You Thursday messages sent to all members of staff. In addition, the Employee of the Month Award recognises and rewards the ongoing dedication and commitment of staff throughout the year.

The St Helens and Knowsley (STHK) Annual Staff Awards were held in July 2023, where the Trust celebrated the many achievements of staff, including the Employee of the Year. The Paediatric Department was voted the winner of the St Helens Star People's Choice Award. Southport & Ormskirk (S&O) held its Time to Shine Awards in October 2023 to reward staff for their outstanding contributions to patient care.

MWL's first staff award ceremony was held on 10th May 2024.

Section 2

2.1. About us

Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL) came into being on 1st July 2023, bringing together St Helens and Knowsley Teaching Hospitals NHS Trust with Southport and Ormskirk Hospital NHS Trust to create the new organisation. The formal joining of the two organisations came after eighteen months of close working via a collaboration agreement.

A number of engagement events were undertaken with staff prior to the creation of the new organisation as part of the One Team, One Trust programme. This was supplemented by dedicated staff intranet pages, including a question and answer section and regular updates on progress. Information for patients and the public was provided in the local press and on the Trust's website. Healthwatch were included in the consultation about the new name for the Trust.

The Trust now provides acute and community services to the populations of St Helens, Southport, Knowsley, Ormskirk and Halton, with some regional and specialist services covering Cheshire and Merseyside or the whole of the North West Region, North Wales and the Isle of Man. The Trust also provides primary care services at Marshalls Cross Medical Centre in St Helens.

MWL provides healthcare services to approximately 650,000 people across Cheshire and Merseyside and West Lancashire. These populations experience considerable health inequalities and inferior health outcomes for the more deprived residents when compared nationally.

2.1.1. Our services

MWL provides adult and children's acute and community services and has five hospital sites:

- Whiston Hospital
- Southport Hospital
- Ormskirk Hospital
- St Helens Hospital
- Newton Community Hospital

Clinical services are also delivered from a number of community clinics, with corporate and support services also based in a number of locations.

Whiston Hospital delivers adult and paediatric emergency and urgent care services, Southport Hospital provides adult emergency services and Ormskirk Hospital provides children's emergency services. St Helens Hospital provides outpatient, day case surgery, intermediate care and rehabilitation services. Marshalls Cross Medical Centre provides primary care services.

The future configuration of emergency care services at Southport and Ormskirk is being reviewed by the Shaping Care Together Programme which includes representation from the Trust, the Integrated Care Systems for Cheshire and Merseyside and Lancashire and South Cumbria and from each of the Place Partnerships who serve the populations of Southport and West Lancashire. It is expected that options for the future configuration of urgent and emergency care (UEC) services for these populations will be consulted on during 2024-25.

Maternity services are delivered from the Whiston and Ormskirk sites.

The Mersey Burns Unit is located at Whiston Hospital and the Regional Spinal Rehabilitation Unit is on the Southport Hospital site.

MWL is now part of the Mid-Mersey and North Mersey stroke networks and houses the hyper acute stroke unit (HASU) at Whiston Hospital, which serves the population of St Helens, Knowsley, Halton and Warrington.

2.1.2. Our communities

MWL now provides services to a cross section of very affluent and extremely deprived communities, living in built up urban areas with poor housing stock and some more rural communities.

The boroughs of St Helens, Knowsley, Halton and parts of Liverpool have large health inequalities and inferior health outcomes for the more deprived residents. The St Helens joint strategic needs assessment (JSNA) outlines significant differences of life expectancy of up to 10.4 years for males and 9.2 years for females between wards. Gross weekly earnings in St Helens (£576) and Knowsley (£572) are on average lower than the North West (£578) and national (£613) averages. Knowsley has the highest deprivation score of the Trust's local areas at 43.0, compared to the national average of 21.7.

The socio-demographic inequalities are also highlighted in the child and maternal health profiles, with 20.9% (6,893) of children living in relative low-income families in St Helens and 23.5% (7,071) in Knowsley.

Sefton Local Authority covers Southport and Formby and scores 27 for levels of deprivation compared to 21.7 average in England. Southport and West Lancashire are also areas with an ageing demographic profile when compared to the national average. It is estimated that one in three people in Sefton and one in four people in West Lancashire will be 65 and over by 2036, exacerbating long term health and care demand pressures.

2.1.3. Our partners

MWL is a member of the Cheshire and Merseyside Integrated Care System (ICS). Cheshire and Merseyside ICS is one of the biggest ICSs in England covering a large geographical area with a population of approximately 2.6 million people. Cheshire and Merseyside has high levels of deprivation, with 33% of the population living in the most deprived 20% of neighbourhoods in England. The ICS vision is to ensure that everyone in Cheshire and Merseyside has a great start in life and gets the support they need to stay healthy and live longer.

Geographical area where MWL services are provided

1	Southport & Formby Hospital	8	Four Acre Medical Centre	15	St Helens Urgent Treatment Centre
2	Ormskirk Hospital	9	Haydock Medical Centre	16	Fingerpost Medical Centre
3	Whiston Hospital	10	Garswood Medical Centre	17	Jubilee Court
4	St Helens Hospital	11	Rainford Health Centre	18	Wheelchair Service
5	Newton Community Hospital	12	Albion Street Clinic	19	St Hugh's House
6	Knowsley College	13	Lowe House	20	Southport Centre for Health & Wellbeing
7	Rainhill Clinic	14	Mill Street Medical Centre	21	Horton Lodge

MWL is a member of both the Cheshire and Merseyside acute and specialist trusts provider collaborate (CMAST) and the mental health, learning disabilities and community services provider collaborative because of the range of services it delivers.

West Lancashire is part of the Lancashire and South Cumbria ICS and as such MWL is working with two ICS and 6 Place-based partnerships.

The Trust had good partnership working with colleagues in each of the Local Authority Adult and Children's Social Services departments and works very closely with them to ensure safe and appropriate discharges for people leaving hospital.

The Trust also works closely with Liverpool, Edge Hill and John Moores Universities to support the next generation of healthcare professionals.

The Trust works with the local Healthwatch across its catchment and is fortunate to have a large group of volunteers who support our work and help improve the experience for patients.

2.1.4. Our activity

The Trust Board is committed to delivering safe services and high-quality care, set within the context of the continued demand for urgent and emergency care and the increased waiting times for patients as the NHS continues to recover its elective activity position in the aftermath of the COVID-19 pandemic and as a result of ongoing industrial action. The Trust continues to be one of the busiest acute hospital trusts in the North West of England, as shown by the table below.

	2022-23	2023-24	% change 2022-23 to 2023-24
Outpatient attendances (seen)	736,323	774,444	5.18%
Non-elective admissions (less Obstetrics)	85,872	95,062	10.70%
Elective admissions	74,305	78,145	5.17%
Births	5,982	5,941	-0.69%
Emergency Department attendances (as reported)	172,917	178,629	3.30%
Emergency Department attendances (excluding General Practitioner (GP) Assessment Unit)	164,457	168,153	2.25%

The average length of stay for non-elective admissions was 7.3 days for 2023-24 compared to 7.3 days for 2022-23 and 6.5 days in 2021-22.

2.1.5. Our staff and resources

The Trust's annual total income for 2023-24 was £884m. This is made up of £817m Mersey & West Lancashire Teaching Hospitals NHS Trust and £67m months 1-3 Southport and Ormskirk Hospital NHS Trust.

Mersey & West Lancashire Teaching Hospitals NHS Trust employs over 10,500 members of staff. In addition, the Trust is the Lead Employer for Health Education North West, Midlands, East of England, South West, Thames Valley Region and Palliative Care London and is responsible for over 12,500 specialty doctors, dentists and public health trainees based in hospitals, general practice, dental and Local Authority placements throughout England.

The Trust's average rolling 12 months' staff turnover rate in 2023-24 was as follows:

Q1 – 14.00%
Q2 – 13.10%
Q3 – 12.04%
Q4 – 12.86%

The average was 12.80% for acute teaching hospitals in the North West and 11.30% for acute teaching hospitals nationally (data to December 2023).

The Trust strives to meet the best standards of professional care whilst being sensitive and responsive to the needs of individual patients. Following the formation of Mersey and West Lancashire Teaching Hospitals NHS Trust, clinical services are now organised within four divisions:

- Medicine and Urgent Care
- Surgery
- Women and Children
- Clinical Support and Community Services

A range of corporate services continue to contribute to the efficient and effective running of all our services, including human resources (HR), education and training, informatics, research and development, finance, governance, estates and facilities management.

The Trust has aligned its workforce plans to the NHS People Plan and NHS Long Term Workforce Plan to ensure sustainable pipelines to attract and retain nurses, midwives, operating department practitioners (ODPs) and allied health professionals (AHPs).

Key achievements for 2023-24 include:

Train

The Trust benefited from overseas recruitment in 2023-24 which saw the arrival of 65 international nurses meeting our target of 65, which is a huge achievement as part of our workforce strategy. This follows a successful intake of 129 international nurses in 2022. All nurses benefitted from a dedicated education and training programme, including a preceptorship period to support them with their transition to working in the Trust and the UK.

The Preceptorship Pathway continues to evolve in line with Trust needs, ensuring patient safety trends noted from clinical areas are addressed during training. We are providing additional clinical and pastoral support to all 259 new registrants with our Preceptorship Champions. In 2023, we provided 3,548 hours of support across the Trust which contributed to the reduction in the attrition rate from 12.5% to 4.6%.

In 2023-24, 135 new substantive healthcare support workers (HCSW) and 159 bank HCSWs were inducted and on-boarded via the healthcare academy on Whiston and St Helens sites. This induction programme has now been rolled out to phlebotomists, theatre dual role practitioners and will shortly be in place for radiology support assistants. On Southport and Ormskirk sites, 32 were inducted and on-boarded via the NHS Professionals (NHSP) Care Certificate programme. Both programmes work well and support new healthcare support workers for 12 weeks (or more where needed) during the onboarding and induction process. Attrition of those trained via the academy continues to be low.

There is now a formalised pathway for career development open to all healthcare support workers, which supports access to functional skills (maths and English), level 2 and 3 health and social care national qualification, trainee nursing associate (TNAs) and additionally registered nurse degree apprenticeship (RNDA) for those nursing associates and assistant practitioners who wish to train to be RNs. Five RNDA trainees commenced in March 2024. The RNDA is a two-year top up programme run via the University of Central Lancashire. This work has been completed collaboratively with workforce development leads to ensure we can grow our own workforce, invest in our unregistered staff and support them to 'learn whilst they earn'. All elements of the talent management pipeline will be fully functional by the end of 2024.

There is also a year-on-year growth of trainee advanced clinical practitioner posts supporting registered non-medical staff to progress and develop clinically, for example, the Trust recruited 15 in 2023, who began training in September 2023. The Trust has submitted a bid for a further 24 for 2024-25.

Retain

Due to the success of the internal transfer scheme on Whiston and St Helens sites, this has now been rolled out Trust-wide. In 2023-24, 50 staff transferred via the scheme with 29 of those being nurses or healthcare assistants (HCA).

Vacancy gaps across band 5 registered staff in safer staffing areas across all sites has reduced significantly over the last 12 months. Due to the reduction in vacancies, no off-framework agency usage in ward areas has been required since April 2023 on Whiston and St Helens sites.

A dedicated AHP workforce development plan has been progressed this year. MWL AHPs provide system-wide care to assess, diagnose, treat and discharge patients. Like many services both locally and nationally, there are recruitment challenges. However, overall vacancy rates have improved and are currently standing at 6.93%. In July 2023, legacy STHK appointed its first AHP workforce lead on secondment for 12 months. This post will support ongoing projects while developing an AHP workforce strategy aligned to the national AHP strategy and NHS Long Term Workforce Plan.

There are several areas of workforce development across the Trust, including increased numbers of level 6 professional apprenticeships offered for operating department practitioners (ODPs), occupational therapy (OT), physiotherapy and radiography. In addition, the Trust is providing an increased number of placement and development opportunities for student AHPs, early career support and clear career pathways to attract and retain AHPs into the MWL workforce. Following investment, Therapy Services have 1.8 full time dietitians working in upper GI cancer, alongside the upper GI clinical nurse specialists and palliative care. The service has been recognised by Macmillan and Pancreatic Cancer UK as an exemplar service.

A new e-form for resignations and leavers was rolled out across the Trust in February 2024, which aims to capture more accurate and timely information relating to leavers to enable earlier conversations to take place around alternative options available to the staff member rather than leaving the Trust, as well as to inform future retention strategies.

As part of our ongoing commitment to the on-boarding and induction experience of our international recruits, following a successful bid, Whiston and St Helens sites were awarded funding by NHS England to implement an International Recruitment Accommodation Officer for 12 months. This role has enhanced existing support networks in the Trust and local area for international recruits, including building relationships in the local community and ultimately finding and providing advice on affordable housing options. The role has become a single point of contact for our international cohorts and stakeholders across MWL and is now critically supported by sustainable processes and procedures for future international recruits, including a greater understanding of how to address the needs of new arrivals. Due to the success of the role at Whiston and St Helens, it is now being rolled out at Southport and Ormskirk sites. Through this project, the Trust has enhanced its reputation for welcoming and supporting international employees and providing them with a safe, helpful and informative route to make their arrival and stay in the UK positive.

On Southport and Ormskirk sites, it was identified that there was further support required for international arrivals for the September and November 2023 cohorts. A new clinical educator role was introduced for a period of 6 months, specifically to support the international nurses with their arrival in the UK and to support with their objective structured clinical examination (OSCE) training, alongside the support they received from Whiston colleagues. This role has been vital as it has allowed the nurses to have a consistent point of contact, throughout their transition to the UK.

The average medical and dental vacancy rate for 2023-24 was 35.5. The organisation has made significant progress in reducing the junior gaps and to ensure safe staffing, with numbers, particularly across medical specialties, slightly above establishment. The Trust continues to onboard foundation year one doctors though the Deanery and, in 2023, 42 joined the Trust through this route. The Trust has collaborated with Masaryk University, Brno, Czech Republic, in the recruitment of newly qualified doctors who trained in Brno using the English syllabus since 2014. The Trust has made offers to an additional 145 doctors through these means since 2016 with a further 60 Brno doctors being interviewed at the end of March this year. These new recruits join the Trust for two years as Clinical Fellows at foundation year one and two, to support the wards and fill vacancies. All actions have led to a significant reduction in the number of bank and agency medical bookings, however there is still further work to be done to reduce the number of consultant vacancies. Work is now moving forward to look at how we utilise the benefits of the increased number of services and ability to offer a wider variety to consultants as a method of attraction.

Please refer to section 3.1.1 for further information on the Trust's work in 2023-24 on enhancing and supporting equality, diversity and inclusion in the workplace.

Reform

Part of the bringing together of the two former Trusts required a workforce systems consolidation project. The aims and objectives of the project are to successfully merge legacy workforce systems together. The project commenced in October 2023. The merger of the master workforce system Electronic Staff Records (ESR) was successfully completed at the end of February 2024 and the merger of the Trac recruitment system was successfully completed in March 2024.

Improvements have been made in time to hire over the last 12 months, with an emphasis on improving the candidate on-boarding experience and reducing delays along the recruitment pathway to ensure staff can be deployed safely and efficiently. This is particularly the case for nursing and midwifery and healthcare assistant recruitment, having seen the benefits of centralised recruitment processes, ending the year on 37.9 days' time to hire for nursing and 34.2 days for healthcare assistants.

Implementation of e-rostering achieved 98% for non-medical areas. As part of the Trust's approach to flexible working, team-based rostering is to be piloted in some nursing areas, with a view to rolling out to all areas in the longer term. The use of team-based rostering allows staff to have more flexibility and control of their work/life balance, whilst still maintaining roster compliance and safeguarding of hours worked in line with roster rules.

A joint approach to medical job planning and activity-based rostering will be rolled out across all sites for 2024-25. This will provide a deeper assurance of the clinical activity, delivered, or cancelled, when and with what cost implications. Supporting the NHS Commissioning for Care Principle 3 – 'providing the right care, in the right place, at the right time.'

Safer Staffing

Nursing and midwifery safer staffing levels are reported externally, with details of the total planned number of hours for registered and care staff measured against the total number of actual hours worked to produce a monthly fill rate as a % for nights and days on each ward. Agency, bank, overtime and extra time hours are included in the actual hours worked totals in accordance with the guidance.

The safer staffing figure, however, does not analyse skill mix or the impact of temporary staff on a shift-by-shift basis, which can affect the quality of care provided.

The acceptable monthly fill rate is 90% and over, which at times, can be challenging to achieve. The average RN/midwife safer staffing fill rate for the year was 98.5% for St Helens and Whiston sites, above the 90% target and higher than the 94.18% rate achieved last year. For Southport and Ormskirk sites this was 98.09%, an increase from 97.79% in the previous 12 months. Work is underway to align and amalgamate safe staffing reporting processes and data.

The Trust also reports Care Hours per Patient per Day (CHPPD), which is calculated from the total actual hours worked in a month divided by the monthly total inpatients in the ward at midnight. The Trust's position is reported monthly as part of the mandated safer staffing report.

The Trust continues to work incredibly hard to maintain patient safety at all times, using a range of approaches to ensure available staff are deployed effectively across the whole Trust. The actions taken include:

- Ward managers cancelling management days to work clinically
- Matrons/specialist nurses working clinical shifts
- Increasing the daily matron staffing meetings to twice daily at times of increased pressure, led by the Director of Nursing, Midwifery and Governance, with members of the temporary workforce resourcing team attending. Staffing levels across the Trust are reviewed at each meeting, with every area identifying any gaps identified for the following 24 hours and the number of patients requiring supplementary care (1-1 or bay tagging) on each ward. Staff moves are then jointly agreed to provide the safest care possible

- A plan for further moves, should this be required for unexpected absence, is communicated by the matrons covering the late shift to the operational site managers and the general manager on call each day
- Working with the Trust's staff bank and external agencies to provide staff to cover each shift for areas experiencing last minute gaps due to sickness

Supporting our Staff

The Trust continues to appreciate the lasting impact of the COVID-19 pandemic on our staff, the cost-of-living crisis and industrial action which is affecting staff and the wider organisation. To help support staff and limit the impact of this, a Financial Wellbeing guide continues to feature as part of the wider health and wellbeing offer to staff. The support focused on how to access assistance, where to get help with household bills including energy, food, childcare and discounts for NHS staff.

Further to this, a series of health and wellbeing events took place across the organisation throughout the year in 2023 with themes around cost-of-living, as well as health and wellbeing support. These events hosted over 100 stalls providing a range of information and resources for staff, as well as practical and informative sessions, attended in-person or virtually. On one of the events at Whiston Hospital, over 300 staff attended in-person and engaged with services such as Citizen Advice Bureau and money saving and advice experts. Staff took part in exercise sessions such as Pilates, tai-chi and sought advice and support from other local experts in health and wellbeing.

The Health, Work and Wellbeing Department (HWWB) continues to provide a wide range of supportive services, including Occupational Health (OH) and those listed below:

- The Wellbeing Hub which supports staff affected by physical or non-physical health matters that can have an impact both in and outside of work. Support is available for all staff, including those that have been affected by COVID-19
- Mental wellbeing – stress, anxiety, depression and other diagnosed conditions – delivered by counsellors, mental health nurses and psychologists
- Physical wellbeing – targeted support for musculoskeletal conditions, injury, or other diagnosed conditions, delivered by PhysioMed, physiotherapists and OH clinicians
- General health – any other health related condition(s) that staff feel may be impacting on their work – delivered by OH clinicians or onward referrals to specialist support
- Financial wellbeing - key resources and top tips to help staff limit the impact of rising living costs
- Trust staff can engage with all the resources, including self-referrals via a dedicated staff intranet site which has a specific wellbeing section
- The additional promotion of wellbeing apps (free to use and access) including meditation, mental health in the workplace, mindfulness and sleep aides
- Staff wellbeing events and engagement sessions to promote and support wellbeing and resilience, including mindfulness, sleep hygiene, stress, relaxation and building resilience
- Rugby League Cares (RLC), which is a charity commissioned by NHS England to provide support via engagement sessions for staff. These include mental fitness and team building. RLC also support with recruitment via community engagement programmes

The Trust's Wellbeing Network continues to grow and consists of champions for the health and wellbeing agenda. There are currently over 100 Health and Wellbeing Champions, 30 Mental Health First Aiders and a Wellbeing Guardian all driving the network forward with support from the Wellbeing Lead and Wellbeing Coordinator.

The Wellbeing Network publishes monthly newsletters, which are disseminated throughout the organisation to help promote the health and wellbeing service and support available to staff.

2.1.6. Technology and information

The Informatics Department at MWL has worked at pace during 2023-24, playing an instrumental part in delivering new innovative solutions that enhance digital innovation throughout the Trust. This includes supporting the new organisation to operate as one team to providing resilient, robust and reliable IT systems. We continue to work hard on enhancing digital maturity for our clinical services, alongside improving communication with patients, all of which works towards supporting the delivery of 5-star patient care.

Careflow Electronic Patient Record (EPR)

Our suite of solutions which integrate to form our electronic patient record has been enhanced greatly throughout 2023-24, some of these enhancements are detailed below:

- **Workspace –** Workspace gives our clinical teams a comprehensive overview of each patient's condition in a single view, bringing together vital observations, pathology results, clinical documentation, referrals, photography and more at a single glance. Workspace also provides the ability to context launch systems outside of the Careflow suite, such as picture archiving and communication system (PACS), to be launched from the patient's record in a single click, which is a huge benefit for clinicians, providing efficiency. This is currently in place at our St Helens and Knowsley sites, with a view to implementation throughout Southport and Ormskirk by the end of March 2024
- **Careflow Connect Rollout –** Careflow Connect is a single digital platform for patient handovers across clinical specialisms. As part of our electronic patient record (EPR), this system has improved efficiency for patient specialist referrals and improved mobile working, allowing clinicians to view patient results from a mobile device. During 2023-24, Careflow Connect has been rolled out across all five sites
- **Patient Flow –** Patient Flow is an electronic digital white board solution that allows us to provide highly visible patient safety information such as most recent early warning scores and trends, also ensuring compliance with nursing risk assessments rather than the write on/wipe off board that was previously in place. Another solution that is part of our EPR, this has been implemented across all five sites with phase 2 developments in place around bed management
- **Narrative –** All historic clinical noting forms were upgraded to narrative at our St Helens and Knowsley sites. This has given staff an improved user experience and the ability to complete documentation on handheld devices, alongside mobile carts and desktops. We are now building new documentation at pace in narrative, removing paper processes and allowing clinical staff to work more efficiently, therefore removing the need for manual collection of data for reporting
- **ePMA Rollout -** electronic prescribing and medicines administration (ePMA) was implemented in the ED at Whiston and the Spinal Unit at Southport in 2023-24 with a plan in place to continue the rollout across Southport and Ormskirk wards, theatres, outpatients and ED. EPMA allows for the removal of the paper prescription charts and the recording of prescribed medication electronically. This has improved patient safety around prescribing and drug administration, for example, in flagging patient allergy information and safety prompts for dosage timing, significantly reducing drug error incidents
- **Order Comms** – Order comms is the electronic ordering of clinical tests and investigations within Careflow EPR. The utilisation of Order Comms for the wider organisation has enabled the incorporation of internal referrals and investigations therefore, removing the need for paper processes and manual data collection, allowing clinical staff to work more efficiently
- **EMIS** – The Early Supported Discharge Team, Occupational Therapy and Health and Wellbeing teams are now onboarded onto EMIS, the Egton medical information system, at our Southport and Ormskirk sites, enabling them to review GP records as appropriate to support the patients' care

- **Patient Waiting List Validation –** As waiting lists continued to grow across the NHS, the new waiting list validation process allows patients to digitally confirm if they still require an appointment. The implementation of the new system brought with it a range of benefits, including:
  - Reducing waiting lists so that patients who no longer require an appointment are removed from the waiting list
  - Reducing number of people not attending an appointment as they no longer require treatment
  - Freeing up administrative time from multiple calls to make new and more appointments
  - The ability to monitor and update results in real time

The solution has improved waiting list efficiency and has provided reassurance to patients who are on the waiting list.

- **Attend Anywhere** – Attend Anywhere is a video clinic system which allows patients to be reviewed by their specialist teams from the comfort of their own home. Many patients prefer video clinics to coming into hospital, for reasons of convenience (less time out of the day, no car parking or mobility issues, avoidance of COVID and other viral illnesses). Alongside being beneficial for patients, video clinics are also beneficial for colleagues as they allow for more patients to be seen in a session and allow clinical staff to run their clinics from any location. This platform has now been extended to sites across St Helens and Knowsley
- **Electronic Discharge Letters –** The implementation of discharge letters with Paediatrics ED has led to the removal of paper processes, allowing clinical staff to work more efficiently, speeding up the process of documentation delivery to GPs. This applies to our Ormskirk sites
- **Digital Nurse Collaboration –** The Digital Nurses continue to work in collaboration with the Healthcare Academy and Preceptorship programme to deliver clinically led education around the use of clinical digital systems. All new healthcare assistants (HCAs), nurses and AHPs joining the Trust receive this education and the feedback has been overwhelmingly positive
- **Migration –** In 2023, Southport and Ormskirk migrated from Aintree's instance of Chemocare to St Helens instance of Chemocare supporting the prescribing of chemotherapy for patients undergoing cancer treatment. Within sterile services, Southport and Ormskirk migrated from Meditrax to HESSDA & HESA allowing clinical staff to work more efficiently
- **BadgerNet –** The latest strategy has agreed to replace the existing maternity solution with BadgerNet, with a pilot due to go live in April 2024. Badgernet will provide an electronic hand-held record for all pregnant people, working with organisations across Cheshire and Merseyside to ensure the right information is available for mothers and babies wherever they receive care. This will also enable us to meet the latest digital maternity and safety standards

2.1.6.1. Technical

- **Printing –** The new multi-function device printing means more reliable and more secure printing across all sites
- **Office 365 –** All staff are now on a single instance of Office 365, a cloud-powered productivity platform, which means the wider teams across all five sites can communicate and collaborate much more easily using email and Teams. Microsoft Teams provides a workspace for real-time collaboration and communication, meetings and file sharing
- **Cyber Security** – There has been a real focus on cyber security to prevent vulnerabilities across the estate, removing, upgrading or replacing end of life solutions which are at the end of their contracts. This has removed potential vulnerabilities on the network and ensures that all steps are taken to keep our data and systems secure

- **Wireless Upgrades –** There has been a full wired upgrade at the Southport and Ormskirk sites, with a wireless upgrade underway which will enable staff to visit any site with a wireless device and be able to access any of their usual systems from that site. This upgrade provides a more reliable experience with better coverage and a faster connection than the previous wireless. The ability for staff to roam from any site and access any system or data gives our teams much more flexibility to move resources between sites

Our overall aim is to ensure that IT equipment is always available which means ensuring personal computers, laptops and mobile devices are modern, capable of running modern software/applications and can be managed securely. With this in mind, we have replaced approximately 800 computers/laptops and 200 mobile devices (iPads) to ensure that staff can access the systems swiftly and easily wherever they are. The service has deployed a solution called Endpoint Analytic Monitoring which alerts the information technology (IT) team to potential issues with any devices. This means we can proactively visit the computer/laptop and fix or replace before the member of staff is even aware it has an issue, meaning they are less disrupted when trying to access solutions and data.

2.2. Summary of how we did against our 2023-2024 Quality Account objectives

Every year, the Trust identifies its priorities for delivering high quality care to patients, which are set out in the Quality Account. The section below provides a review of how well the Trust did in achieving the targets set last year.

2.2.1. Progress in achieving 2023-24 quality objectives

Quality Domain: Patient Safety			
Objective	**Measurement**	**Update**	**Achievement**
Implement and embed the national Patient Safety Incident Response Framework (PSIRF).	Approval of business case for required staffing to implement and maintain PSIRF Development of Trust-wide education plan Launch and implementation of PSIRF in line with national requirements	PSIRF was implemented in October 2023 and the Patient Safety Incident Response Plan 2023 -24 was launched. The PSIRF team is in place and will increase following the divisional restructure across MWL. The executive-led weekly safety panel review patient safety incident investigation (PSII) reports when completed. Process aligned across MWL to agree if for PSII or for other learning reviews. 7 PSIIs at various stages of progress at end of Q4 2023-24 for MWL. Training continues on both safety specialist functions and for the wider MWL workforce.	Achieved

Quality Domain: Patient Safety			
Objective	**Measurement**	**Update**	**Achievement**
Continue to ensure the timely and effective assessment and care of patients in the Emergency Department	All patients waiting longer than 15 minutes for triage have a baseline set of observations recorded, with appropriate escalation action taken in a timely manner	Whiston: The average time to triage was 35 minutes in Q4, which is an improvement from 38.5 minutes in Q1. 100% of patients audited had observations recorded at the end of Q4 with appropriate escalation. Southport: Appropriate escalation and level of observation was taken in 100% cases reviewed.	Achieved

Quality Domain: Patient Safety			
Objective	**Measurement**	**Update**	**Achievement**
	First clinical assessment median time of <2 hours (120 minutes) over each 24-hour period	Whiston: The median time to first clinical assessment for Q4 was 129 minutes. Whilst daily attendance has stayed the same, acuity and patient flow have had a major impact on the time to first assessment. There are Trust and system wide actions being taken to improve patient flow. Southport: The median time to first clinical assessment for Q4 was 94 minutes	Virtually achieved Achieved
	Compliance with the Trust's Policy for National Early Warning Score (NEWS), with appropriate escalation of patients who trigger confirmed via regular audits	Whiston: Monthly audits continue to be completed to monitor compliance with NEWS. The audits for Q4 show a sustained compliance of 100%. Southport: 100% of cases had appropriate frequency of observations in line with the Policy and 95% of patients had a medical team review within 60 minutes at year end.	Achieved
	Compliance with sepsis screening and treatment guidance confirmed via ongoing monitoring	Whiston: The retired commissioning for quality and innovation (CQuIN) data for Q4 2023-24 states 84.1% adults were screened and 90.4% adults received first dose of antibiotics. A number of actions are ongoing to improve performance. Southport: Advancing Quality monthly benchmarking highlighted 100% National Early Warning Scores recorded within 1 hour of hospital arrival within Q4, and 80% IV fluids commenced within 1 hour of sepsis diagnosis and 62.5% of antibiotics given within the hour at end Q4. Improvement actions are ongoing.	Screening is below 90% target with improvement actions in place
	Documented evidence that patients have had timely risk assessments and relevant related actions confirmed by regular audits	Whiston: 89% compliance for patients receiving timely risk assessments by end Q4. Southport: Falls – 83% Alcohol Screening – 93% Body Chart - 92% Manual Handling – 85%	Virtually achieved

Quality Domain: Clinical Effectiveness			
Objective	**Measurement**	**Update**	**Achievement**
Ensure patients in hospital remain hydrated	Quarterly audits to ensure all patients identified as requiring assistance with hydration have red jugs in place	STHK: Q4 audits highlighted 95% of patients identified as requiring assistance with fluids and/or risk of dehydration had a red jug in place.	Achieved
		S&O: Red jugs were introduced in Q2 and by Q4 were being used for 74% of appropriate patients. There is an action plan in place to educate staff and improve usage.	Measure not achieved with actions in place to improve
	Quarterly audits to ensure fluid balance charts are up-to-date and completed accurately	STHK: The Q4 Nursing Care Indicator scores were: Nutrition and hydration 96%. Fluid balance 81%. S&O: Audits demonstrate that over 85% of fluid balance charts are completed fully. There are improvement plans to address this and the objective is being carried forward to 2024-25. Areas of best practice are being shared across sites, 2 wards on the Southport site are piloting electronic fluid balance charts on VitalPac as used on legacy STHK sites. Nutrition & Hydration Champions for each ward are being identified following a successful trial at pilot wards at Whiston. The implementation of the nutritional initiatives have supported the Trust's ongoing improving compliance in relation to Advancing Quality (AQ) AKI metrics outlined below.	Measure not achieved with actions in place to improve
	Quarterly audit of most dehydrated patients to ensure appropriate treatment in place, including IV fluids/fluid balance	MWL: Advancing Quality (AQ) audit results rank the Trust first (best) in the local peer group. Most recently published data for December 2023. Stop nephrotoxic drugs within 24 hours of the 1st AKI alert - 100%. Serum creatinine test repeated within 24 hours of 1st AKI alert – 84%. Specialist renal or critical care discussion within 24 hours of 1st AKI 3 alert – 93%. This provides assurance that patients were appropriately hydrated. In addition, the Trust commenced the roll out of an AKI risk assessment to be completed within 6 hours of admission.	Achieved

Quality Domain: Patient Experience			
Objective	**Measurement**	**Update**	**Achievement**
Improve the effectiveness of the discharge process for patients and carers	Improved Inpatient Survey satisfaction rates for receiving discharge information.	Whiston: Inpatient survey 2022 showed improvement in most scores relating to discharge. Southport: The 2022 inpatient results showed similar results to the previous year.	Majority of scores improved
	Achievement of 20% target for patients discharged before noon during the week	Whiston: Achieved 18.4% discharges before noon in Q4. There remains a continued focus on early discharges through the support of Patient Flow Lead Nurses and Discharge Lounge. S&O: Achieved just below 20% of discharges before noon in Q4.	Virtually achieved
	Improved audit results (minimum 75%) for the number of patients who have received the discharge from hospital booklet	Whiston: Audits demonstrated compliance of 98% and above. S&O: 100% of patients audited received the discharge booklet.	Achieved
	Baseline audit of sample of delayed discharges to identify if delay in receiving take home medications was the primary factor in the delay, with target to reduce this in subsequent quarterly audits	Discharge data for patients with no criteria to reside highlights that no patients were delayed due to waiting for medications.	Achieved

Quality Domain: Patient Experience			
Objective	**Measurement**	**Update**	**Achievement**
Improve the overall experience for women using the Trust's Maternity Services	The Trust remains committed to providing the best possible experience for all the women accessing our Maternity Services, particularly in the areas which were rated lower that we would like in the most recent national survey.	Maternity survey 2023 results for the areas of focus: Ormskirk: Women and partner involvement maintained the scores other than induction and postnatal. Access to medical history of mother and baby showed an improvement except for during birth. Information for induction of labour and physical recovery after birth improved significantly. Whiston: Infant feeding showed significant improvement. Women and partner involvement showed an improvement other than induction. Access to medical history of mother and baby showed an improvement. Improvement in the scores relating to delayed discharge.	Majority of scores improved

2.3. Quality objectives for improvement for 2024-25

The Trust's quality objectives for 2024-25 are listed below with the reasons why they are important areas for quality improvement. The views of stakeholders and staff were considered prior to the Trust Board's approval of the final list. The consultation included an online survey that was circulated to staff, commissioners and patient representatives, as well as being placed on the Trust's website for public participation.

The consultation was undertaken using SurveyMonkey with 94 responses received, an increase from the 58 received in last year's survey. There was a high level of agreement with the proposed objectives, all receiving over 90% positive responses, with the highest being 97% support for timely and effective assessment of patients in the Emergency Department and 96% for ensuring patients remain hydrated. The lowest scoring question was improving the overall experience for women using the Trust's Maternity Services at 91%.

Further suggested objectives covered the following areas, deteriorating patients/sepsis, nutrition, waiting times for appointments/procedures, communication/involvement of patients/carers in their care, increased staffing/staff training, falls/pressure ulcers, cancer care and overall patient experience. These were not included in the final list for this Quality Account, however, all responses were shared with Executives for wider consideration and inclusion in Trust workstreams.

Quality Domain: Patient Safety				
Objective	Rationale	Lead Director	Measurement	Governance Route
Continue to ensure the timely and effective assessment and care of patients in the Emergency Department	The Trust remains committed to providing the timely assessment and delivery of appropriate care to maintain patient safety, whilst also responding to increased demand for services.	Chief Operating Officer	All patients requiring triage are either triaged within 15 mins or have a baseline set of observations within 15 minutes based on monthly audits	Quality Committee
			First clinical assessment median time of <2 hours over each 24-hour period	
			Compliance with the Trust's Policy for National Early Warning Score (NEWS), with appropriate escalation of patients who trigger confirmed via regular audits.	
			Compliance with sepsis screening and treatment guidance confirmed via ongoing monitoring.	

Quality Domain: Patient Safety				
Objective	Rationale	Lead Director	Measurement	Governance Route
Reduce the incidence of methicillin-resistant Staphylococcus aureus (MRSA) healthcare associated bacteraemia infections to meet the zero threshold	The Trust has seen an increase in healthcare associated infections and remains committed to improving patient safety.	Director of Nursing, Midwifery and Governance	Achieve minimum aseptic non-touch technique compliance of 85% for Level 1 (theory) and Level 2 (practical).	Quality Committee
			Achievement of 95% for MRSA screening	
			90% compliance with visual infusion phlebitis (VIP) monitoring	

Quality Domain: Clinical Effectiveness				
Objective	Rationale	Lead Director	Measurement	Governance Route
Ensure patients in hospital remain hydrated	Effective hydration improves recovery times and reduces the risk of deterioration, kidney injury, delirium and falls	Director of Nursing, Midwifery and Governance	Quarterly audits to ensure all patients identified as requiring assistance with hydration have red jugs in place	Quality Committee
			Quarterly audits to ensure fluid balance charts are up-to-date and completed accurately	
			High compliance with Advancing Quality (AQ) audit results	

Quality Domain: Patient Experience				
Objective	Rationale	Lead Director	Measurement	Governance Route
Improve the effectiveness of the discharge process for patients and carers	A continuing theme from patient feedback is the need to improve the discharge experience for patients and their carers	Chief Operating Officer	Improved inpatient survey satisfaction rates for receiving discharge information	Quality Committee
			Improved audit results (minimum 75%) for the number of patients who have received the discharge from hospital booklet	
			Achievement of 20% target for patients discharged before noon during the week	
			Review of discharge data to confirm reason for delay is not due to waits for take home medication	

Quality Domain: Patient Experience				
Objective	Rationale	Lead Director	Measurement	Governance Route
Improve the overall experience for women using the Trust's Maternity Services	The Trust remains committed to providing the best possible experience for all the women accessing our Maternity Services, particularly in the areas rated lower that we would like in the most recent national survey	Director of Nursing, Midwifery and Governance	Demonstrable improvements in the key areas from previous national surveys shown through regular inhouse surveys and feedback from women receiving maternity care and delivery of the agreed action plan. Create a MWL Maternity Strategy to support delivery of the national three-year maternity plan.	Quality Committee

2.4. Statements of assurance from the Board

The following statements are required by the regulations and enable comparisons to be made between organisations, as well as providing assurance that the Trust Board has considered a broad range of drivers for quality improvement.

2.4.1. Review of services

During 2023-24, the Trust provided and/or sub-contracted £736m NHS services. This is made up of £675m Mersey & West Lancashire Teaching Hospitals NHS Trust and £61m months 1-3 Southport and Ormskirk Hospital NHS Trust.

Mersey and West Lancashire Teaching Hospitals NHS Trust has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2023-24 represents 97% of the total income generated from the provision of NHS services by Mersey and West Lancashire Teaching Hospitals NHS Trust for 2023-24.

The above figures relate to income from patient care activities. The remaining total operating income arose from other sources such as NHS North West Deanery for the education and training of junior doctors and services provided to other organisations, such as Information Technology (IT), Human Resources (HR) and Pathology Services.

2.4.2. Participation in clinical audit

2.4.2.1. Participation in Quality Account audits 2023-24

Annually NHS England publishes a list of national clinical audits and clinical outcome review programmes that it advises trusts to prioritise for participation and inclusion in their Quality Account for that year. This will include projects that are ongoing and new items.

The Trust participates in two national confidential enquiry programmes, National Confidential Enquiry into Patient Outcome and Death (NCEPOD) and Mothers and Babies: Reducing Risk Through Audits and Confidential Enquiries across the United Kingdom (UK) (MBRRACE–UK). It should be noted that some audits are listed as one entity on the published list but involve a number of individual projects being undertaken under this single heading, for example, NCEPOD had 6 audit projects undertaken.

In July 2023, St Helens and Knowsley Teaching Hospitals NHS Trust merged with Southport and Ormskirk Hospital NHS Trust to form a new organisation, Mersey and West Lancashire Teaching Hospitals NHS Trust. Clinical Audit reporting remained separate during 2023-24, therefore we have highlighted this in the tables below.

During 2023-24, 53 national clinical audits and 7 national confidential enquiries covered relevant health services that the former St Helens and Knowsley Teaching Hospitals NHS Trust provides.

During that period, St Helens and Knowsley Teaching Hospitals NHS Trust participated in 93% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

During 2023-24, 50 national quality account clinical audits and 7 national confidential enquiries covered relevant health services that the former Southport and Ormskirk Hospital NHS Trust provides.

During that period, Southport and Ormskirk Hospital NHS Trust participated in 94% 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 table below shows:

- The national clinical audits and national confidential enquiries that St Helens and Knowsley Teaching Hospitals NHS Trust and Southport and Ormskirk Hospital NHS Trust was eligible to participate in during 2023-24
- The national clinical audits and national confidential enquiries that St Helens and Knowsley Teaching Hospitals NHS Trust and Southport and Ormskirk Hospital NHS Trust participated in during 2023-24
- The national clinical audits and national confidential enquires that St Helens and Knowsley Teaching Hospitals NHS Trust and Southport and Ormskirk Hospital NHS Trust participated in, and for which data collection was completed during 2023-24, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry

No.	National clinical audits and clinical outcome review programmes	Eligible	Participated	STHK	S&O
1	Adult Respiratory Support Audit	Yes	Yes	Completed	Completed
2	Nephrostomy Audit (British Association of Urological Surgeons (BAUS))	Yes	Yes	Continuous monitoring	Continuous monitoring
3	Breast and Cosmetic Implant Surgery	Yes	Yes	Continuous monitoring	Not applicable
4	Intensive Care National Audit & Research Centre (ICNARC) Case Mix Programme (CMP)	Yes	Yes	Continuous monitoring	Continuous monitoring
5	NCEPOD Testicular Torsion	Yes	Yes	Completed	Completed
6	NCEPOD Endometriosis	Yes	Yes	Completed	Completed
7	NCEPOD Community Acquired Pneumonia	Yes	Yes	Completed	Completed
8	NCEPOD Juvenile Idiopathic Arthritis	Yes	Yes	Active	Active
9	NCEPOD End of Life Care	Yes	Yes	Active	Active
10	NCEPOD Rehabilitation following Critical Illness	Yes	Yes	Active	Active
11	Elective Surgery National Patient Reported Outcome Measures (PROMs) Programme	Yes	Yes	Continuous monitoring	Continuous monitoring
12	Royal College of Emergency Medicine (RCEM) Mental Health Self Harm	Yes	Yes	Completed	Completed
13	RCEM Infection Control	Yes	Yes	Completed	Completed
14	Epilepsy 12 - (round 3) Paediatrics	Yes	Yes	Continuous monitoring	Continuous monitoring
15	National Audit of Inpatient Falls	Yes	Yes	Continuous monitoring	Continuous monitoring

No.	National clinical audits and clinical outcome review programmes	Eligible	Participated	STHK	S&O
16	National Hip Fracture Database	Yes	Yes	Continuous monitoring	Continuous monitoring
17	Improving Quality in Crohn's and Colitis	Yes	Yes	Continuous monitoring	Continuous monitoring
18	Learning disability mortality review (LeDeR) - learning from lives and deaths of people with a learning disability and autistic people	Yes	Yes	Continuous monitoring	Continuous monitoring
19	Mothers and Babies: Reducing Risk Through Audits and Confidential Enquiries across the UK (MBRRACE–UK) – Maternal Infant and New-born	Yes	Yes	Continuous monitoring	Continuous monitoring
20	National Diabetes Core Audit (NDA)	Yes	Yes	Continuous monitoring	Continuous monitoring
21	National Pregnancy in Diabetes Audit	Yes	Yes	Continuous monitoring	Continuous monitoring
22	National Diabetes Foot Care Audit	Yes	Yes	Continuous monitoring	Continuous monitoring
23	National Diabetes Inpatient Safety Audit	Yes	Yes	Continuous monitoring	Continuous monitoring
24	National Paediatric Diabetes Audit (NPDA)	Yes	Yes	Continuous monitoring	Continuous monitoring
25	National Asthma & Chronic Obstructive Pulmonary Disease Audit Programme (NACAP) Paediatric Asthma Secondary Care	Yes	Yes	Continuous monitoring	Continuous monitoring
26	NACAP Adult Asthma Secondary Care	Yes	Yes	Continuous monitoring	Continuous monitoring
27	NACAP Chronic Obstructive Pulmonary Disease (COPD)	Yes	Yes	Continuous monitoring	
28	National Audit of Cardiac Rehab	Yes	Yes	Continuous monitoring	Continuous monitoring
29	National Audit of Care At The End Of Life (NACEL)	Yes	Yes	Active	Active
30	National Audit of Dementia (round 6)	Yes	Yes	Active	Active
31	National cancer audit collaborating centre - national audit of metastatic breast cancer	Yes	Yes	Continuous monitoring	Not applicable
32	National cancer audit collaborating centre - national audit of primary breast cancer	Yes	Yes	Continuous monitoring	Not applicable
33	National Cardiac Arrest Audit (NCAA)	Yes	Yes	Continuous monitoring	Continuous monitoring
34	National Cardiac Audit Programme (NCAP) (includes the Myocardial Infarction National Audit Programme - MINAP)	Yes	Yes	Continuous monitoring	Behind Schedule
35	National Heart Failure Audit	Yes	Yes	Continuous monitoring	Behind Schedule
36	2023: Audit of Blood Transfusion: National Institute for Health and Care Excellence (NICE) QS-138	Yes	Yes	Active	Active
37	National Clinical Audit Rheumatoid and Early Inflammatory Arthritis	Yes	Yes	Continuous monitoring	Continuous monitoring
38	National Emergency Laparotomy Audit (NELA)	Yes	Yes	Continuous monitoring	Continuous monitoring

No.	National clinical audits and clinical outcome review programmes	Eligible	Participated	STHK	S&O
39	National GI Cancer Programme: Bowel Cancer (NBOCA)	Yes	Yes	Continuous monitoring	Continuous monitoring
40	National audit oesophago-gastric cancer (NAOGC)	Yes	Yes	Continuous monitoring	Continuous monitoring
41	National Joint Registry (NJR)	Yes	Yes	Continuous monitoring	Continuous monitoring
42	National Lung Cancer Audit (NLCA)	Yes	Yes	Continuous monitoring	Continuous monitoring
43	National Maternity and Perinatal Audit (NMPA)	Yes	Yes	Continuous monitoring	Continuous monitoring
44	National Neonatal Audit Programme (NNAP)	Yes	Yes	Continuous monitoring	Continuous monitoring
45	National Ophthalmology Audit (NOD) & National Cataract Audit	Yes	Yes	Continuous monitoring	Continuous monitoring
46	National Prostate Cancer Audit (NPCA)	Yes	Yes	Continuous monitoring	Continuous monitoring
47	National Vascular Registry (NVR)	Yes	Yes	Continuous monitoring	Not applicable
48	National Perinatal Mortality Review Tool (PMRT)	Yes	Yes	Continuous monitoring	Continuous monitoring
49	Sentinel Stroke National Audit Programme (SSNAP)	Yes	Yes	Continuous monitoring	Continuous monitoring
50	Serious Hazards of Transfusion: (SHOT) UK National Haemo-Vigilance Scheme	Yes	Yes	Continuous monitoring	Continuous monitoring
51	Society for Acute Medicine Benchmarking Audit (SAMBA)	Yes	Yes	Completed	Completed
52	National Major Trauma Registry (NMTR) ED – formerly Trauma Audit and Research Network (TARN)	Yes	Yes	Project delayed nationally	Project delayed nationally
53	United Kingdom (UK) Cystic Fibrosis Registry	Yes	Yes	Continuous monitoring	Continuous monitoring
54	Fracture Liaison Service Database	Yes	No	No capacity to participate	No fracture liaison service within Trust
55	Perioperative Quality Improvement Programme	Yes	No	No capacity	No capacity to participate
56	British Hernia Society Registry (BH Registry)	Yes	Not started	This project is not due to start until Nov 2024	This project is not due to start until Nov 2024 – ready to register Trust
57	RCEM Care of Older People	Yes	No	Failed to complete	Completed
58	2023: Bedside Transfusion Audit	Yes	Not started	New not started yet - delayed	New not started yet - delayed

2.4.2.1. Other National Audits participated in during 2023-24 (not on Quality Account list)

National audits
East Midlands National Breast Pain Audit
Gap Score Missed Case Audit
Respond: National Quality Audit
Acute Oncology Passport: Pilot Study
Completion Mastectomy for ductal carcinoma in situ/sentinel lobe node biopsy
Management of the Open Abdomen: National Open Abdomen Audit
Identification of Difficult Airways in Critical Care Units
National Axial Spondyloarthritis Society Aspiring to Excellence Time to Diagnosis Audit
Surgical Management of Breast Cancer in Patients with Previous Breast Augmentation with Implants
National Children and Young People Diabetes Programme
Mandatory Surveillance of healthcare associated infections (HCAI)
Mandatory Surgical Site Infection (SSI) Surveillance Service (Total Hip and Knee Replacements)
Collaborative Acute Aortic Syndrome Project

The reports of 52 national clinical audits were reviewed by the provider in 2023-24 and Mersey and West Lancashire Teaching Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided.

Audit Title	Outcome/actions STHK	Outcome/actions S&O
Intensive Care National Audit & Research Centre		
ICNARC (CMP) CMP= Case mix Programme	STHK - The latest report showed that from April - Sept 2022 the quality indicator dashboard of 11 quality indicators were all green across the board for our Trust.	The case mix programme is an audit of patient outcomes from critical care units covering England, Wales and Northern Ireland. The results for this are reported separately in the Quality Account.
NELA		
National Emergency Laparotomy Audit (NELA)	The Trust continues to participate in this national audit and results are within the expected parameters. Regular reports are shared with staff at the Clinical Effectiveness Council and local Quality Improvement (QI) - Clinical Audit meetings.	The Trust continues to participate in this national audit and results are within the expected parameters. Regular reports are shared with staff at the Clinical Effectiveness Council and local QI-Clinical Audit meetings.
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Surgical & Medical/Child Heath Programme		
Completed studies during 2023-24: • Community Acquired • Pneumonia • Testicular Torsion • Endometriosis	Active studies during 2023-24: • Juvenile Idiopathic Arthritis • End of Life Care • Rehab following Critical Illness	Active studies during 2023-24: • Juvenile Idiopathic Arthritis • End of Life Care • Rehab following Critical Illness
Studies under development:		
NCEPOD Epilepsy Care (adults) 2022 Report 'Disordered Activity'	Report reviewed and disseminated at the Trust's ED QI-Audit meeting. Report actions recommended pertaining to ED are already covered in the current Seizure Pathway.	Report disseminated and discussed.
Transition from Child to Adult Health 'The Inbetweeners' Report June 23	Report disseminated and discussed. Gap analysis underway	Gap analysis for recommendations completed and shared at paediatric governance meeting
Crohn's Study 'Making the Cut' Report July 23	Report disseminated and discussed. Gap analysis underway	Awaiting completion of the recommendations gap analysis

Audit Title	Outcome/actions STHK	Outcome/actions S&O
National Paediatrics Diabetes Audit (NPDA)		
National Paediatric Diabetics Audit (NPDA) Note: HbA1c is Haemoglobin A1c which measures the average blood glucose (sugar) levels for the last two to three months	STHK 2021-22 data presented at the Paediatrics audit meeting: Key Successes: 98.4% % of all children and young people (CYP) had HbA1c check in 2021-22 year. Compared to 61% in 2020-21. Our median (unadjusted) HbA1c for CYP with Type 1 diabetes is 57.5 mmol/mol (improved from 62 mmol/mol last year) 100% of newly diagnosed CYP with Type 1 diabetes had all key care processes at diagnosis Key improvements needed: Did not attend (DNA) rates Low capture of sick day rules & blood ketone testing Low capture of foot examinations in data Blood pressure (BP) readings high in some patients Actions: DNA Rates: Any patient who did not attend and is admitted to the ward is to be seen as an opportunity for undertaking of annual review investigations during that admission including doing HbA1c. Telephone reminders by Diabetes Administrative staff the week prior to clinic attendance Key worker to investigate barriers to clinic attendance Low capture of sick day rules & blood ketone testing: Check during every clinic appointment to ensure being ticked Discuss with HiCom in next meeting, if it is a software issue Low capture of foot examinations in data: Improved documentation in Twinkle of foot examinations Discuss with HiCom Reminder from admin staff as to key processes to be completed, especially if patient DNA previous annual review appointment BP readings high in some patients: If BP is noted to be high by clinic staff, this needs to be repeated before end of clinic If BP continues to be high, team to arrange for manual BP check with hospital at home team	S&O – 2022-23 The mean HbA1c for children and young people with Type 1 diabetes was 59.9 mmol/mol. The overall health check completion rate is 93.2%, compared to 90.8% for England and Wales 42% were using closed loop systems compared to 15% in England and Wales nationally

Audit Title	Outcome/actions STHK	Outcome/actions S&O
Emergency Dept		
RCEM National Quality Improvement Project (QIP) Infection Control 2021-22	The results showed: 249/260 96% cases conformed to standard 1A (COVID 19 screening at triage) 56/63 89% cases conformed to standard 2 (documented vulnerability requiring isolation were isolated) 12/15 80% cases conformed to standard 3 (potentially infectious requiring isolation were isolated) Inability to isolate all potentially infectious or vulnerable patients in side rooms – due to overcrowding in ED and physical capacity (number of cubicles available).	The aim of this audit was to identify current performance in ED against clinical standards and compare the results nationally. Performance was measured against 6 clinical standards. -33% of patients were screened on arrival for COVID symptoms (1A) -4% of patients with a documented vulnerability should be isolated in a side room (2) -86% of patients were isolated when identified as being potentially infectious (3) – this is above the national mean of 81.82%

2.4.2.2. Local clinical audit information

The reports of 488 local clinical audits were reviewed by the provider in 2023-24 and Mersey and West Lancashire Teaching Hospitals NHS Trust has taken and intends to take the following actions to improve the quality of healthcare provided:

Audit Title	Outcome/actions
Anaesthetics	
STHK - Post-op adult acute pain management (using continuous regional analgesia wound infusion or nerve block)	• Patients reported higher satisfaction scores with the pain team in the group that had rectus sheath catheters. • Staff becoming familiar with a new analgesia technique • New service established which can now be expanded to other areas of local anaesthetic infusions eg for rib fractures • New pumps have been purchased.
STHK - Anaesthetics record keeping Q1 & Q2 2023-24	77% of the standards fully met and reminder of standards given for each quarter where there were gaps in compliance found.
S&O - Pre-operative assessment patient survey	This project was undertaken to provide evidence as part of the Anaesthesia Clinical Services Accreditation process. Over a 2 week period patients in both Southport and Ormskirk Hospitals were asked to complete the survey. The responses indicated patients were very satisfied with the care they were provided before their operation.
S&O Audit of Obstetric Anaesthetic Documentation	This project was requested as part of the Ockenden action plan and looked at documentation of anaesthetic charts used for maternity patients. The audit found that 61% of documentation standards were fully met. Improvement areas have been shared with the anaesthetic team. Improvement areas have been shared with the anaesthetic team and it has been agreed to audit more regularly to driving improvement.

Audit Title	Outcome/actions
Burns & Plastics	
STHK - Hidradenitis Suppuritiva (HS) – A single surgeon experience	The audit found minimal recurrence rate and good outcome in surgical group of graft and flap reconstruction. Only 50% underwent medical treatment. The following actions have been implemented: • A dedicated multidisciplinary (MDT) HS service • Involvement of dermatologists in the service
STHK - Improving Adherence to deep inferior epigastric perforators (DIEP) Protocol using Standardised Ward Round Entry Stickers	A re-audit was carried out from 18th May 2023 to 1st July 2023 reviewing implemented changes from initial audit (presented in May 2023) following revisions to the ward round sticker after feedback from nursing staff and clinicians. Compliance for prescribing prophylactic enoxaparin for patients with body mass index >30 and for those receiving neoadjuvant chemotherapy increased from 48% to 100% in the re-audit after implementing key recommendations. Compliance for prescribing postoperative antibiotics increased from 61% to 73% in the re-audit after implementing key recommendations.
STHK - Holistic Therapy Service evaluation survey	The survey found: • Positive that great satisfaction to service provided • Positive benefits to patients
STHK - Measuring the data completeness of burns admission pro forams	Successful measurement of data completeness of burns pro forma. Suggested changes made to improve the data completeness of burns pro forma to improve data submitted for the national audits and increase sample size within the unit. Actions: • Daily reviews of the pro forma to ensure completed • Dissemination of information at junior doctor inductions for every new group • In version 4.3 a column for not applicable criteria to be included, to improve the accuracy of future improvement – such as inhalational injury or urinary catheter • A re-audit will be conducted in future to assess any improvements following actions of this audit
STHK - Assessment of adherence in skin cancer operation notes	The audit noted improved compliance in certain areas of the new pro forma. Actions: • Pro forma layout will be amended to encourage increased compliance.
Critical Care	
STHK - Critical Care Record Keeping Q1 2023-24	Overall, 70% of standards met. Actions: • Ward clerks ensure adequate labels. • All staff to ensure stickers of patient ID on each sheet • Reminder to all staff of standards given
S&O - regional quality standards audit	Participation in regional quality standards audit which looks at various aspects of critical care. We have developed a local patient and relative feedback via QR code to encourage feedback.

Audit Title	Outcome/actions
Dermatology	
STHK - Regional Audit of Janus Kinase (JAK) Inhibitor Use	All patients treated with a JAK inhibitor drug were previously trialled on a systemic agent as dictated by guidelines. More than 90% of patients had baseline investigations done. There are no guidelines regarding frequency of monitoring – despite this most patients were regularly monitored when on JAK inhibitor. Actions: • Improve the performance of baseline and 16 week Dermatology Life Quality Index (DLQI) and Eczema Area and Severity Index (EASI) scoring • Consider stopping JAK inhibitor if inadequate response at 16 weeks. • Ensure lipid and tuberculosis (TB) screening done for all patients for initiation of a JAK inhibitor. • Improve counselling regarding possible adverse events such as clots, stroke, smoking, diverticulitis.
Emergency Department (ED)	
STHK - Direct referral to Surgical Assessment Unit (SAU) for stable abscess patients	Planned/Completed Actions: • Direct referral pathway from ED triage nurse to SAU created completed • Use Careflow for out of hours referral so the list can be picked up by the SAU coordinator in the morning
STHK - Head Injury Advice QIP	• Identified that all patients presenting with head injuries who met the audit inclusion criteria were appropriately receiving safety netting advice from clinicians • After message of the week teaching, identified that a greater proportion of patients presenting with head injuries who met the audit inclusion criteria, received head injury leaflet advice and verbally told to avoid sport • Identified current gap in advice given upon discharge to younger patients specifically presenting with head injuries from sport • No specific gradual return to play advice available to give to paediatric patients by clinicians on discharge Actions: • Current paediatric head injury advice leaflet/adult head injury advice leaflet to be updated to contain information on a gradual return to play as per new guidance.
STHK - QIP: Review of Patients in ED: Suspected Cauda Equina Pathway	Between May-June 2023, 114 Patients returned to same day emergency care (SDEC) after lumbar magnetic resonance imaging (MRI) scan 20% of MRI scans requested to exclude ?Cauda equina were deemed inappropriate as per national guidance. Resulting in patients re-attending the ED to be reviewed with their scan results. Actions: • Aim is to reduce the number of inappropriate scans – which in turn will reduce the numbers of re-visits to ED for review • Posters will be placed in the SDEC area of the ED displaying the results of the audit and will serve as a prompt/reminder to only request appropriate scans. It will also display where the national guidance on Cauda equina can be found for reference • Results of the audit will also be discussed at doctors' handover by the ED consultants as a "learning point" and part of the "message of the week". • Re-audit planned for Feb 2024.
STHK - Open fracture (#) management in the ED	The audit found some areas for improvement. Actions: • Education for clinical and nursing staff re importance of prompt antibiotic administration • Clear antibiotic guidance as part of open # pro forma • Area to document neurovascular status in new open # pro forma • Reminder on open # pro forma to upload photography

Audit Title	Outcome/actions
S&O – The management of paracetamol overdose in the ED	Audit of newly introduced pathway for the management of paracetamol overdose. The audit found that some areas of the pathway had improved including prescribing N-Acetyl Cysteine on the pathway prescription chart and the of prescribing N-Acetyl Cysteine accurately. Improvements required have been shared with the department.
S&O – Management of Deep Vein Thrombosis (DVT) in acute care	Audit aimed to see whether Southport ED department were diagnosing and managing lower limb DVTs in line with local guidelines that are based on NICE guidelines. The audit demonstrated an improvement in practice from the previous audit. The one area requiring improvement was ensuring the patient had an ultrasound on the same day.
S&O – Audits linking to the Trust's quality priorities	There are 3 audit projects which link to the Trust's quality priorities looking at patients who wait more than 15 minutes for triage and their monitoring, completion of nursing risk assessments in ED and the escalation of patients who have an early warning score of 5 or above. The results of these projects are fed back monthly to the quality improvement group.
Ear, Nose and Throat (ENT)	
STHK - ENT Record Keeping Q2 23/24	79% of the standards met fully. Actions: • All ENT staff reminded to make a conscious effort to improve and make sure all standards are met. • Social history is applicable to only ward emergency in patient admission. ENT Patients are largely day case surgery/surgical patients admitted from clinic.
General Medicine	
STHK - DVT prophylaxis in patients diagnosed with Stroke	Actions: • Discussion of Venous thromboembolism (VTE) and intermittent pneumatic compression have been held at every huddle on Ward 5C • Poster created inside huddle room as a reminder regarding intermittent pneumatic compression • Information provided to ward juniors about VTE prophylaxis in stroke patients • Stroke nurses have an assigned VTE champion • National clinical stroke guidelines 2023 is out and this is being followed for VTE prophylaxis The second audit cycle shows improvement.
STHK - Audit of early lactate levels monitoring in adult patients with sepsis	Planned Actions • New guidelines provided • Re-education and training for staff on the sepsis pathway • Re-iterate the importance of early intervention and management repeat lactates and early referral to critical care • Promote the role of the sepsis nurse specialist
STHK - VTE Assessment	Interventions carried out prior to second cycle helped achieve a 2% improvement in the study. Actions recommended: • Parent admitting ward should perform VTE risk assessment before transferring to another ward • Education/teaching sessions about VTE risk assessment in ward • Work with IT to implement VTE risk assessment pro forma in ED • Time of starting prophylaxis and filling in of risk assessment pro forma should be at the same time

Audit Title	Outcome/actions
STHK - From seen to scan: Time taken for patients presenting with a transient ischaemic attack (TIA) to have a Carotid Doppler +/- endarterectomy	The audit noted a fairly high percentage of patients received a carotid doppler within 24 hours of specialist assessment in TIA clinic 68%. Currently adhering to the best practice standard of ensuring that patients with suspected TIAs receive their carotid doppler scans within a 36-hour timeframe. High number of inappropriate referrals found. Actions completed: • Findings presented to stroke governance meeting for action • The stroke team will screen the referrals prior to TIA clinic to increase TIA clinic being utilised appropriately
STHK - Optimisation of fluid prescribing QIP (2nd cycle)	Documentation to prescribe intravenous (IV) fluids, fluid status of patient and fluid balance in last 24 hours have all improved since the first cycle. Actions: • Good documentation practice reiterated • Fluid balance recording has improved significantly - to continue improvement, it needs to be easily accessible to doctors - ensure access is shown during induction period and that it can be seen on Careflow vitals
STHK - Intermittent pneumatic compression stocking compliance in stroke patients (re-audit 3rd cycle)	Overall compliance of using intermittent pneumatic compression as VTE prophylaxis in stroke patients has improved from 24% to 86% in 3 years. Further actions: • Trial of putting intermittent pneumatic compression paper checklist in patient admission packs/or in with the devices themselves • Further staff education on wards on importance of thrice daily intermittent pneumatic compression checks and ensure documentation on both ePMA and intermittent pneumatic compression charts reflects this • Clinicians to prescribe intermittent pneumatic compression four times daily to prompt nursing staff to correctly chart intermittent pneumatic compression status on ePMA
STHK - Review of deaths on Ward 2A: a Quality Improvement Project (QIP)	The audit notes some high percentages of compliance against the area's audits. Actions/recommendations: • The results have been shared with Specialist Palliative Care Team • All patients who are recognised as dying should have their care supported with the individual care and communication record (ICCR) • 100% of patients should have had discussions around prognosis/deterioration • Specialist Palliative Care Team to be involved in haematology MDT if possible • Ensure documentation regarding choice to continue active treatment where this is appropriate to ensure personalised care
S&O – Retinal monitoring for hydroxychloroquine in rheumatology patients at Southport Hospital	Hydroxychloroquine has been used widely for the treatment of several rheumatologic conditions, including systemic lupus erythematosus and rheumatoid arthritis. One of the adverse effects of hydroxychloroquine treatment includes toxic retinopathy leading to irreversible vision loss. Aim: To identify prevalence of all patients on hydroxychloroquine for 5 years or more for rheumatological problems who have been referred for ophthalmology review for retinal toxicity. Recommendations: • Mindful documentation of the duration of hydroxychloroquine treatment (with specific mention of the year and month of starting this) and the hydroxychloroquine related risk factors for retinal toxicity by rheumatology care providers during patient visits. • For hydroxychloroquine patients undergoing eye screening outside the Southport Hospital system, requesting the results of the relevant report from the ophthalmologist and updating the results in the patient notes.

Audit Title	Outcome/actions
S&O – Audit of keep me here form	The keep me here form is an electronic form which has been introduced by the dementia team with the purpose of ensuring that once the form has been introduced this group of patients should not be moved from their current ward unless clinically necessary. This audit indicated that 98% of patients audited with dementia/delirium and having a keep me here form had no unnecessary ward moves.
AMU (Acute Medical Unit)	
STHK - Fundoscopy on Acute Medical Unit (AMU)	Useful feedback from staff regarding barriers to performing fundoscopy. Positive experience of trial of new fundoscopy equipment on AMU – good staff engagement with project. Actions: • Teaching on AMU • Papilloedema pathway • Procurement of new digital ophthalmoscope • Supply of tropicamide drops now on AMU
General Medicine - Cardiology	
STHK - Recognition and treatment of iron deficiency anaemia in chronic heart failure patients	The audit found further improvements needed in the reviewed areas. Actions Completed: • Posters containing the guidelines for iron studies and IV Iron Therapy have been displayed on the wards
STHK - Recognition and treatment of iron deficiency anaemia (IDA) in chronic heart failure patients (re-audit)	Significant improvements were demonstrated compared to the previous audit in testing for IDA and patients recognised to have IDA treated appropriately with IV iron therapy. Recommendation of testing for IDA incorporated into existing Heart Failure Protocol. Poster implemented to increase compliance of both testing and treatment of IDA.
STHK – computerised tomography (CT) coronary angiogram completion calcium score and completion stratified for age	Actions Implemented: • Controlling heart rate before the scan. Heart rate to be included in the request form • Clinicians to consider if coronary stent is present at the time of request. This has now been added to the request form. These changes are now a mandatory part of the electronic request form and must be completed to proceed with the request.
General Medicine – Endocrinology/Diabetes	
STHK - Optimization of IV fluid prescribing	Audit findings shared and further education delivered to the team.
STHK - Daily dynamic discharge planning facilitating early ward discharge	• A discharge coordinator on Ward 3C reduced the number of delayed discharges due to social issues from 59.1% to 29.4% • Improved MDT approach and board round meetings led to an improvement in Occupational Therapist/Physio Therapist related delayed admissions from 31.8 to 5.9% • Overall, the number of delayed discharges reduced from 22 to 17 following the implementation of actions from the first audit cycle. Actions recommended: • Creation of a delayed discharge pro forma for completion by Ward 3C discharge co-ordinator to reduce missing information. • The delayed discharge pro forma to include a section of "Did the To Take Out (TTO) medications delay the discharge?" in order to audit this information accurately in the next cycle • Re-audit for cycle 3 following implementation of the delayed discharge pro forma and increased awareness at board rounds

Audit Title	Outcome/actions
STHK - Monitoring, management and follow-up of steroid-induced hyperglycaemia in the inpatient setting	Planned Actions: • Present the guidelines to the respiratory team (doctors, nurses and pharmacists). • Present the findings of audit cycle 3 and reinforce the guidelines to the staff on Ward 2A • Hold a brief teaching session for junior doctors • Raise awareness about the need for emergency steroid cards amongst doctors and the pharmacy team • Inform the staff of 2A, 2B and 2C regarding the need for patients to be followed up by their GP if identified with steroid induced diabetes
STHK - Management of adult inpatient hypernatraemia	Completed/ongoing actions: • Promote early referral to the dietetics inpatient team for clinical management of patients requiring nasogastric (NG) feeding • Agree, finalise and disseminate the inpatient hypernatremia guidelines • Promote timely monitoring of NG fed inpatients • Education and review of audit findings to dieticians and inpatient diabetes nurse specialists on clinical criteria for hyperosmolar hyperglycaemic state (HHS) • New United States/European guidelines on management of HHS which were presented at the European Association for Study of Diabetes meeting in Hamburg (Oct 2023) These will be published imminently in Diabetologia and will inform revision to the MWL adult diabetes guidelines held on the Trust website • The dietetics team have undertaken to use outcomes from this audit to update their education content and improve fluid and electrolyte monitoring and management of inpatients, particularly in the frail and elderly during NG feeding
STHK - Insulin incidents prior to the use of the Insulin Safety Medicine Binder: a QIP	Actions completed: • Binder was promoted during Nurses Day and Insulin Safety week (May 23). It will continue to be promoted as part of staff teaching. • To undertake a project reviewing mealtimes and insulin administration on a sample of 7 wards to identify any trends (May 23).
Respiratory Medicine	
STHK - Audit of oxygen prescription & national early warning score (NEWS) record across respiratory wards	Oxygen delivery record on NEWS charts corresponds with clinical use in over 80% of patients across respiratory wards. When oxygen is prescribed on ePMA, target saturation prescription corresponds clinically in 92.9% (this is close to British Thoracic Society (BTS) recommendation of 95%). Documentation of target saturation in clinical notes improved following quality improvement intervention. Planned actions: • Re- education of respiratory medical team with regards to importance of oxygen prescription • Discussion with pharmacy/IT teams with regards to enhancing oxygen prescription systems • Educational sessions for nursing staff, with regards to importance of accurate recording of oxygen use on NEWS charts. • Re-audit of NEWS chart record of oxygen delivery following these actions.
STHK - Chest drain insertion	Completed actions: • Project findings and new pro forma presented to ED continuing professional development (CPD) meeting and to be available in Resus • Pro forma amended as per recommendations – new boxes for drain type and method of securing uploaded to Trust intranet for use • Medical registrars and juniors informed of pro forma • AMU department presentation given to juniors

Audit Title	Outcome/actions
Biochemistry and Immunology	
STHK - Reviewing serum free light chains (SFLCs) – following test repatriation and replacement of urine Bence Jones protein (BJP) TAT = Thrombin-Antithrobin Complex- It is a marker of net activation of coagulation.	The audit showed: • Overall the improved Thrombin-Antithrobin Complex (TAT) following repatriation of the test is significant. Reduction from an average TAT of 19 days to <1 day. It has permitted cases of early identification of monoclonal gammopathies, particularly in primary care and inpatient settings, leading to prompt and timely referral to Clinical Haematology and treatment where appropriate. • Increase in SFLC requests from primary care and out-patient departments in line with guideline recommendations • Reduction in number of BJP from primary care in line with guideline recommendations • Evidence to support the movement towards including SFLC in 'myeloma screen' and 'myeloma monitoring' care sets in line with guideline recommendations Actions: • Investigate number of SFLC requests not done due to minimum retesting interval and identify any trends in requestors • Discuss findings of audit with Preston Immunology clinical team. Identify how samples were transported, stored and analysed as a sampling exercise if required • Clarify if internal validation of sample stability different from inclusion forming unit exists
Community – Cardiac Nursing	
STHK - Secondary prevention after a myocardial infarction	Most patients have an assessment with a cardiac nurse within 10 days of discharge as per NICE guidance. All patients who are offered cardiac rehabilitation are offered a choice of rehab settings for the exercise component depending on their ability as per NICE guidance. Some patients were not fully titrated within NICE guidance time scale and were not offered an assessment by the community cardiac nurses outside of normal working hours Actions: • Nurses to undertake the nurse prescribing course if there is available funding • The service will consider the benefits of working outside of normal working hours between 8am-17.30 for phone assessments
Haematology	
STHK - Investigation of underlying causes in patients with a multiple transfusion request	100% of patients had their full blood count (FBC) checked before having blood transfusion. Further improvements needed. Actions: • Presented transfusion teaching/ findings to incoming junior doctors at their induction who mostly request blood units.
S&O – The use of prothrombin complex concentrate (PCC)	PCC is the recommended treatment for major bleeding in patients taking oral anticoagulants such as warfarin, apixaban, edoxaban and dabigatran. Its effectiveness is dependent on timely administration. Delays to treatment beyond one hour are common and adversely affect outcomes. • This audit found that 3/5 standards achieved above 90% compliance. The main areas requiring improvement are ensuring the PCC is given within an hour and that the traceability is completed fully.
S&O – Audit of transfusion authorisation record (TAR) sheet/bedside audit	This audit aimed to monitor blood collection and administration in a ward setting including completion of the TAR sheet to ensure patient safety during a blood transfusion. 80% of standards in this audit achieved our target giving the project significant assurance.

Audit Title	Outcome/actions
Histopathology	
STHK - Audit of Renal Cell Carcinoma Specimens during a 3-year period (2017-2019) at Whiston Hospital	Actions: • Turnaround time improvement - When a surgical specimen arrives in the lab, a member of the uropathology team should be immediately informed in order to assign/allocate the case for cut up-diagnosis. • Use of immunohistochemistry for renal tumours - A panel of immunohistochemistry corresponding to the histological appearances/differential diagnosis has been proposed and circulated
STHK - Audit of NICE recommendations: Assessment of compliance for MMR testing in colorectal cancer MMR = Mismatch Repair	Successful audit now completed as per guidelines. We are adequately assessing MMR status. 100% MLH-1 (MMR subtype) is being appropriately referred for further investigations. Actions: • 26% not assessed on index biopsy. Have switched to in-house testing, re-education of reporting pathologists/dual-reporting with specialists
STHK - Cervical cancer reporting according to NHS Cervical Screening Programme (CSP) guidance and Royal College of Pathologists (RCPath) cancer dataset	Our Histology reports showed generally good compliance with NHS CSP guidance and RCPath cancer dataset. Findings have been shared with Pathologists/Gynaecology and Colposcopy staff to further improve results in areas requiring it.
STHK - Audit and reaudit of cervical loop biopsies for Warrington colposcopy service	90% of loops were in 1 piece (adheres to NHS screening programme guidance for loop biopsy specimens of a target of 80%). Clinical details included in 100% of cases Stating type of transformation zone is improving – needs further improvement Actions: • Results shared and updates given. Re-audit planned in 12 months (August 2024) to check improvements have been embedded
General Surgery	
STHK - eVTE, VTE Prophylaxis & Medication Reconciliation Evaluation	Actions planned: • Paper eVTE assessments implemented in ED, plan to extend electronic eVTE assessment in ED • Staff made aware of requirements of assessment and safe prescription/omission
STHK - Complication rates post breast surgery	Low rate of complications requiring admission or operation Significant expected outcomes such as seroma Identified a need to ensure regular review of complications. Actions: • Patients to be counselled that seroma are expected outcomes not a complication by Breast Care Nurse on consent form • Adverse outcomes to be monitored in prospective database • Discuss all complications in breast specific morbidity meeting • Obtain Copelands Risk Adjusted Barometer (CRAB) data for breast unit compared to surrounding hospitals.
STHK - Creating general surgery consent forms to standardise the consenting process	Actions planned to improve documentation: • Create pre-filled consent forms with the risks for the 4 surgical procedures reviewed in the audit (action approved by the Trust Consent lead) • Compile a standardised list of risks for each procedure, to include in the pre-filled consent forms
STHK - Review of practice: endoscopic inguinal hernia repair	The audit met the relevant NICE standards of care. No actions needed.

Audit Title	Outcome/actions
STHK - General Surgery Record Keeping Q1& Q2 23/24	60% of the standards fully met Actions: • Time to be given on ward rounds to ensure that criteria is met • Additional patient labels to be placed in the medical notes to aid completion • Checks on completion of documentation to be completed during the ward round • Trust Record Keeping Policy (for clinical records) to be shared with all staff • Approved list of abbreviations to be discussed within the care group and made available for reference. • Ad hoc checks/audits on discharge/transfer checklist and alterations completion
S&O – TTO and discharge summary	• Discharge summaries are important medical records that summarise a patient's hospital admission, for the benefit of both the general practitioner (GP) and the patient • Poorly completed discharge summaries can negatively impact on the quality of clinical care provided, the safe transfer of care to the community, as well as patient safety and experience • TTO acts as a prescription to order the drugs they need to take home with them • This audit indicated the compliance was overall good with improvements required in documenting the discharge team and any medication change with rationale.
S&O – Limiting overnight stay	The project looked at same day discharge following surgery with the target of 75% of elective hernia surgery being performed as day cases. The audit found that 40% of our patients were staying overnight and the audit looked at possible reasons for this. Reasons for overnight stay included urinary retention, surgical complication, social issues and patient preference. The actions for this audit include ensuring it is clear at booking whether the patient is suitable for same day surgery, for example do they someone at home when they are discharged. It is important to identify social reasons before the operation.
Obstetrics & Gynaecology	
STHK - An audit to evidence women's choices following a shared and informed decision-making process	Actions: • Since February 2022 – membrane sweeping has been introduced from 39 weeks gestation, this can reduce the need for induction of labour • The use of Propess instead of Prostaglandin gel requiring less vaginal examinations. Can remain in situ for 24 hours or longer up to 30 hours under specific circumstances • Use of a balloon catheter as an option instead of prostaglandins • Bleep-holder paperwork completed to note delays in transfer to Delivery Suite and action taken to reduce this happening • Audit of pain relief in labour particularly re-siting of epidurals to be commenced to assess effectiveness, response times etc. • Audit comparing induction of labour methods
STHK - Management of shoulder dystocia: reaudit to check compliance with S004 BPI =brachial plexus injury	Improvement in cord blood gases documentation in comparison with the last audit. No cases of BPI cases (improvement compared to last audit) Good overall completion of shoulder dystocia checklist Overall appropriate clinical management in all shoulder dystocia cases. Some further improvements needed. Actions: • Incorporate debrief in daily postnatal rounds by 1st on call/ registrar on call- to be documented in doctor's postnatal checklist • Clear documentation of Datix on Careflow - circulate reminders regarding documentation of discussions in the notes.

Audit Title	Outcome/actions
STHK - OASI – Management and follow up OASI = Obstetric Anal Sphincter Injury	OASI – incidence = 2.6% (below national average) Initiation of current OASi pathway = 84% Laxatives, Antibiotics and physiotherapy = >90% initiation rate 100% repaired in theatre by appropriately qualified operator (or supervised properly by someone trained) Actions: • Establish dedicated OASI clinic • Education re documentation (ongoing)
STHK - Use of Cooks Catheter for induction of labour in patients with a previous C Section	Standards regarding indication, fetal monitoring and duration of cervical ripening balloon (CRB) in situ met Largely appropriate reasons for induction Actions: • Ensure medical staff and midwifery staff are documenting mechanical induction when patients are attending for Cooks Catheter on Labour ward • Improve counselling for vaginal birth after caesarean (VBAC) patients regarding induction if previous section was for failure to progress and success rates • Use induction diary to trace all patients who attended for Cooks Catheter on Delivery Suite and re-audit data for 2023
STHK - Fetal Growth Restriction (FGR) Audit: Maternity Incentive Scheme – Year 5 – Element Two GAP = Growth Assessment Protocol ANC = Antenatal Clinic	100% compliance met for: • High risk women had a doppler requested for 22-24 weeks gestation • Assessment for FGR at booking • Assessment for aspirin at booking • Had a growth chart generated Further improvements needed: assessment for FGR and aspirin at 16 weeks. Actions: • Completing and documenting the GAP and aspirin risk assessments at booking and 16 weeks has been reiterated via Quality and Safety newsletter and staff safety huddle • Reminder "pop-up" to be setup on Medway system • Practice educator midwife to add to the learning from audit on the midwifery study day • Meeting with ANC and community managers to address improvements in women attending for 15-16 week antenatal assessments • Further re-audit planned
STHK - Audit of electrical fetal monitoring and intermittent auscultation	Documentation at the beginning of the trace has improved and maintained 100% compliance since June. Fresh eyes stickers were updated and changed to accommodate the new NICE guidance released, following this change compliance within audit has improved Actions: • Emails sent to relevant staff members with results of the audit • Global email sent to all staff via fetal surveillance monthly update with themes from the audit
STHK - Stillbirth audit 2022	100% of cases had a Datix and had a full review. 85% attended for a consultant debrief. All patients had contact for follow up care. • Training for post mortem - consultants and obstetricians to attend annual update • All staff to encourage uptake of smoking cessation services with pregnant women

Audit Title	Outcome/actions
S&O – Induction of labour for reduced fetal movements	This audit was undertaken to provide evidence for Ormskirk Hospital's Saving Babies Lives 3 assessment. The audit was undertaken to ensure appropriate use of induction of labour and that reduced fetal movements should not be the only indication for induction prior to 39 weeks. 100% compliance was achieved with the audit as all of the cases audited had another reason documented for induction of labour and reduced fetal movements was not the sole reason. Supplementary reasons included fetal growth restriction, social concerns, epilepsy and unstable lie.
S&O – Audit of consultant attendance in line with Royal College of Obstetricians and Gynaecologists (RCOG) roles and responsibilities.	This audit was undertaken to ensure a consultant is present in all the situations recommended by the RCOG including complex caesarean sections, twin delivery and breech deliveries. The audit found that in all cases apart from 2 a consultant was present and the 2 cases had a clear reason. Case 1 the patient had an undiagnosed breech delivery and Case 2 a senior doctor discussed the case with the consultant. This audit will be repeated to ensure continued compliance with the standard.
S&O – Review of WHO safety checklist	The Surgical Safety Checklist is a simple tool designed to improve communication and teamwork by bringing together the surgeons, anaesthesia providers and nurses involved in care to confirm that critical safety measures are performed before, during and after an operation. The results of this audit demonstrated significant assurance and the main area requiring improvement which was time out of surgery was presented at the joint obstetric anaesthetic audit meeting to improve dissemination of information to all team members.
S&O – Audit of antenatal obstetric documentation	Undertaken regularly to provide assurance that a complete and comprehensive obstetric review has taken place and that the documentation reflects that. The most recent audit demonstrated a good level of documentation with it being clear what grade of doctor was writing the entry, diagnosis and management plan with clear evidence of actions required. The improvement for this project Is to ensure the entry is in Situation, Background, Assessment, Recommendation format (SBAR).
Orthopaedics	
STHK - Reliability of ultrasound in diagnosing acute extensor tendon injuries of knee	The audit found that the ultrasound group had a higher discrepancy from the intraoperative findings, 48.9% compared to MRI group of 13.8%. Therefore, MRI scan is now recommended to diagnose acute extensor tendon injuries of knee.
STHK - Tranexamic acid in primary joint arthroplasty surgeries: hip, knee	The audit showed 70% compliance with NICE guideline. Actions: Surgeons to check with Anaesthetist while doing World Health Organisation (WHO) checklist in theatre if tranexamic acid is given. Re-audit recommended
STHK - Orthopaedics -Annual Consent Audit 1st cycle & 2nd Cycle	The audit showed some good documentation practice. Further improvements are needed: Actions Planned: • Ward staff to ensure there are adequate stickers in patient file • Educate our team and patients – with e-learning and increasing awareness at induction 2nd cycle Stickers are informative, easy to use and safe. Stickers significantly improve our consent compliance. Use of stickers continues to be encouraged.

Audit Title	Outcome/actions
STHK - Consent 4 audit	The audit found some good documentation reaching 100%. There are still some improvements needed. Actions: • Explain importance of documentation of capacity assessments, not just the final decision with trainees. • Education regarding Independent Mental Capacity Advocate (IMCA) warranted • Direct trainees to the Trauma and Orthopaedic Trello page, where consenting is covered and details of how to fill out consent 4 forms. • Also ensure each trainee goes through how to consent and fill out consent forms including the consent 4 forms with their clinical supervisor at the start of the posting.
STHK - Orthopaedic VTE assessment and prescription audit cycle 2	To increase compliance suggest actions: • Move the eVTE to ePMA and make it mandatory • eVTE form could be modified to give message to clinicians to now prescribe any thromboprophylaxis (pharmacological or mechanical) once they have been completed. Can advise to prescribe and withhold if not appropriate to be given yet (e.g. planned surgery) • Expanding the ward dashboard used by pharmacists to include a column on whether the eVTE assessment has been completed or not
STHK - A Retrospective study on acromioclavicular joint reconstruction using LockDown™ technique	Completed Actions: While taking the consent for fixation of acromioclavicular joint disruptions. The results of this survey are communicated to the patients for a better-informed decision. This has been included in the discussions since May 2023
STHK - Documentation of neurovascular assessment in supracondylar humerus fractures	Pre-operative documentation of neurovascular status was found to be satisfactory. Further improvements are needed in post-operative documentation. Actions: • Use of a suggested pro forma for completion to improve standards
STHK - Assessment and management of osteoporosis and prevention of fragility fractures FRAX = Fracture Risk Assessment Tool	The audit showed improvements between the 1st and 2nd cycles in the following areas: • FRAX score documentation • Vitamin D blood testing • More patients considered for bisphosphonate treatment • Replacement of calcium and vitamin D has improved for patients that require this
Palliative Care	
STHK - Mouth care at the end of life (dying patient)	Spot check audit, following the findings of the same audit undertaken in 2022, shows evidence that mouth care is taking place for this vulnerable group. Ward doctors are now starting to prescribe products to support mouthcare. Junior doctors supported this audit and have developed their own knowledge, presented to junior doctors with positive feedback. Actions: • ICCR allows for all staff to have guidance on mouth care and provides provision for documentation (especially HCAs) • Communication with family and ward staff on the importance of mouth care plan • Frequency, equipment, medications, who can provide mouthcare • Champions in education programme should be used as an intervention to measure improvement in undertaking and documenting mouth care over a set time period for all staff • Tooth brushes should be used • Audit recommended annually

Audit Title	Outcome/actions
Paediatrics	
STHK - Retrospective review of the Paediatric High Dependency Unit	Actions: to update the Trust's local guideline for admission to the Paediatric High Dependency Unit to reflect the national guideline
STHK - Annual Paediatric record keeping audits 2022-23	Some good results noted throughout the year with record keeping standards met in most cases. Actions: • Results shared with team at the Trust Quality Improvement Audit Meeting • Emails sent to all staff and discussed in safety huddles to remind clinicians of all the key record keeping standards
STHK - Paediatric Record Keeping Q2 2023-24	24/30 standards met Improvement across all documentation since last quarter Actions: • Reminder of the criteria for making corrections and other key record keeping standards where gaps were noted • Suggestion to obtain name stamps • Paediatrics label request made to ED to provide more labels at source to aid compliance
STHK - Prescription / Kardex audit	Some good results were noted from the Audit. Actions: recommendations were disseminated to relevant staff as appropriate and discussed in the clinical governance meeting, including appropriate recording of weight, discontinued medication and ensuring oxygen and sodium chloride are signed.
STHK - Audit of Completion of Child Exploitation (CE) Screening Tools October 2022	Actions completed: • Paeds ED now complete their own internal audit to provide assurance of the completion/quality of CE tools. This is completed via Tendable • All findings from the 2022 CE tool audit have been shared with the appropriate professionals during Safeguarding Assurance Group meetings • Training is delivered on a continual basis from the Safeguarding Children's Team to both Adult and Paediatric EDs
STHK - Neonatal cranial ultrasound scanning in Whiston Hospital	The audit found some standards met 100%, including if periventricular flare is found, ultrasound scan should be repeated in 2 weeks or prior to discharge and ultrasounds appropriately requested for babies with congenital abnormalities. Further improvements needed. Actions: • To adopt local tertiary guideline – Liverpool Women's Hospital cranial ultrasound policy • Disseminate this new cranial ultrasound policy to Radiology colleagues • Re-audit in 2024
S&O –14 hour consultant review project	We are very proud to have this project accepted as a poster at a national clinical audit conference due to the improvement in practice which has been made. The audit is undertaken regularly to monitor improvement against the national standard of ensuring all patients are reviewed by a consultant within 14 hours of admission to hospital.
S&O – regular casualty card audit	Every month 10 ED casualty card are audited to measure compliance with documentation. The results are then fed back to the paediatric team and via the paediatric clinical audit meeting where areas for improvement are highlighted. By undertaken regular audits we have been able to monitor performance and give timely feedback which has resulted in improved documentation.

Audit Title	Outcome/actions
S&O – audit of documentation of support for parents during neonatal resuscitation	This audit measured against national standards and demonstrated an improvement from 53.7% to 91% of families being updated in delivery suite and discussion documented around resuscitation. Going forward we will reaudit and emphasise the importance of documenting the communication with patients in the delivery room.
Pharmacy	
STHK - To what extend is the new Trust 'safe dosing of paracetamol in adults' being followed on Acute Medical Ward?	The audit showed some good adherence to the guidelines, further improvements needed: Actions: • Provide teaching on prescribing paracetamol in patients weighing <50kg, CrCl 30ml/min and risk factors for hepatotoxicity to all doctors and non-medical prescribers on AMU • Educate nurses and HCAs to weigh patient upon admission and ensure it is priority like other clinical measures, to allow correct dose adjustments to be made • Cascade the audit findings to AMU pharmacist • Repeated audit after 6 months
S&O – controlled drugs audit	This audit is undertaken regularly and looks at the safe and secure handling of medicines on Southport and Ormskirk inpatient wards. A number of standards are measured including keys being held by an authorised nurse and stock being in date. The audit demonstrated full compliance and the results were discussed at the Medicines Safety Group and the Controlled Drugs Oversight Group. Ward compliance is now sent to each area to ensure local review of the results. Training on controlled drugs is also provided by pharmacy for all clinical staff within the medicines management training which is now mandatory for any new starters within the Trust.
S&O – critical medications audit	Audit was undertaken to provide an update on the Trust's position in terms of missed prescribing and administration for critical medications. Critical medications are those that should not be omitted or delayed including anticoagulants, insulin, opioids and antiepileptics. A working group was established to review the results of this audit to ensure any improvements identified were made. Actions include undertaking regular audits to ensure continued focus on critical medications along with immediate feedback to clinical staff from the pharmacy team when any issues with prescribing or administration of critical medications where identified.
S&O – pharmacy in-patient satisfaction survey	This project sought the opinions of patients regarding the inpatient pharmacy service to improve the service using feedback given by patients. 90% of patients questioned reporting seeing a pharmacist within the first 24 hours of their admission. At the end of the questionnaire individuals were asked to rate pharmacy services and 100% of feedback stated the pharmacy team were friendly and polite. The actions from this project to improve the pharmacy service include staff from the team introducing themselves clearly stating their name and job role and explaining the difference between a pharmacist and a pharmacy technician.

Audit Title	Outcome/actions
Quality Improvement & Clinical Audit	
STHK - Delegated consent snapshot audit	Snapshot audit to assess if each department maintains a departmental consent register to ensure that the delegation of authorisation to take consent is kept up to date (as per the Trust's Consent Policy). The audit found of the 10 specialties contacted: 1 had a Delegated Consent register/database 'in progress' in their Specialty. Actions: • Report circulated to Clinical Directors/QI-Audit Facilitators with a copy of the Clinical Consent Policy for review and action • Medical Director discussed the issue with the Surgical Groups in the clinical areas • Chair recommended a re-audit to be undertaken in 12 months' time
STHK - annual Trust Record Keeping programme 2022-23	Overall improvement from the previous audit year Actions completed: • Disseminated findings to Record Keeping Leads for them to share with staff in order to encourage improvement of standards • Continuing with the roll out of the annual record keeping programme for the 2023-24 specialty including 3 new specialties (Newton, Duffy and Seddon Suites) • Due to the expansion of the record keeping programme results will now be provided as a one-page quarterly overview summary and two full presentations per year per specialty. This has been well received and is working successfully.
Quality & Risk	
STHK - Mental Capacity Act (MCA) & Deprivation of Liberty (DoLS) Review	Increase in number of DoLS submitted and the number of Mental Capacity assessments submitted since Service Evaluation– indicates improved awareness from ward staff Actions: • Safeguarding team to attend wards regularly to support staff with the recognition of and completion of DoLS authorisations. • Datix to be completed for late referrals • MCA training compliance to be monitored monthly • Ad hoc training to be offered to ward areas where compliance is highlighted as an issue • Further audit to be completed in Q4 2023-24
Radiology	
STHK - Audit on retrieval rates for temporary inferior vena cava filters at Whiston Hospital between 2012-2022	Audit results discussed and circulated to endure staff are aware of updated recommendations on retrieval aims. Plan: That there is a standardised way of generating a retrieval appointment to ensure we are aligning with the Food and Drug Administration (FDA) recommendations. To create a code on the radiology information system (CRIS) that will generate an appointment for filter retrieval within 29-54 day approved period, which will then be vetted by the interventional radiologist consultants.
STHK - Audit of Giant Cell Arteritis Pathway in Radiology	The audit noted improvements needed in compliance with the Pathway. Actions: • Implement a specific electronic request form with yes or no answers to each risk factor and specified steroid use • Booking staff trained and flow chart implemented • Scanning and reporting protocol recirculated and standard conclusions recommended

Audit Title	Outcome/actions
Safeguarding	
STHK - Special Care Baby Unit (SCBU) liaison form compliance: Audit of SCBU Discharge Paediatric Liaison Forms SAG= Safeguarding Assurance Group	Actions Completed: • Audit findings shared within the Safeguarding and Liaison team and SAG meeting May 23 • Daily scrutiny of forms by liaison staff • Education sessions with SCBU staff delivered- Ongoing and joint sessions with safeguarding nurses booked with SCBU staff • Meet held with SCBU manager to identify any barriers to adequate completion and ways to improve form completion • New form has been created
S&O - restrictive practices for patients with learning disabilities	The aim of this audit was to gather evidence as to whether the guidelines in relation to restrictive practice for patients with a learning disability are being followed. The audit achieved significant assurance and the areas for improvement were highlighted. An action plan has been developed and is being monitored by the Safeguarding Team. One action which has been completed was to launch the Abbey Pain Scale within the organisation and continue to develop the use of it.
S&O –MCA and DoLS compliance	The project reported significant assurance when measuring compliance with patients on the Southport site against care and treatment for patients who lack capacity. This audit demonstrated improvement from a previous audit project and demonstrated staff were implementing and utilising DoLS appropriately.
Urology	
STHK - Urology record keeping quarterly audit 2022-23	The audit found some good standards of record keeping with compliance being met is several areas. Actions: • Further meetings held with urology registrars, nurses and ward sisters to discuss the audit findings with reminders about accurate record keeping including particular emphasis on key areas not meeting targets
STHK - Urology record keeping Q2 23/24	Noticeable improvement compared to Q1. Continue to emphasise the importance of accurate record keeping and the standards that need to be adhered to. • Consultant to flag at junior doctor surgical induction that all alterations should be crossed out with single lines, dates, timed and signed • Email to be distributed to current junior doctor cohort regarding the importance of documenting social and medical history for elective patients. • Email to be distributed to current junior doctor cohort and nursing staff recording the importance of completing the discharge checklist
STHK - An audit of patients who had a Trans Urethral Resection Bladder Tumour (TURBT) (May-Jul 2022)	Actions: • In line with Get It Right First Time (GIRFT) guidance all patients should be listed as day case for TURBT procedure • Work required to improve day case rate including patient and staff education
STHK - Exploring the perceived impact of postgraduate urology education in the workforce	Staff survey. This postgraduate course has made a positive impact on all the domains explored. Contributed to career progression, demonstrating a key role in facilitating postgraduate nurse training and development of nurse-led urology services.

Audit Title	Outcome/actions
STHK - Consent for elective urological procedures - what is the current state of play?	To further improve consenting practice the following actions were planned: • Disseminate Trust and Good Surgical Guidelines to all urology clinicians • Laminated flyer posted in all urology clinic rooms at St Helens and Whiston • TURBT/bladder biopsy consent training organised for nurses • A consent video is to be provided for use in the nurse led teaching • Re-audit planned
STHK - (Review of) Unnecessary admission out of hours in Urology	Improvements needed: Actions: • Urology Registrar to liaise with the surgical junior doctor before leaving the hospital at 5:00pm to ensure they are aware of where to locate guidelines and relevant pathways on Trust intranet • Pathway development and published on Trust intranet
STHK - Audit of diagnostic and treatment pathway in suspected ureteric colic in adults	Significant number of patients referred through the stone pathway. Increased utilisation of CT scan of kidney, ureter and bladder as the initial diagnostic modality for suspected stone patients. Increased performance of serum urate and calcium for stone patients. Actions: • Increase theatre space and make theatre 9 laser safe for primary ureteroscopy • Increase use of non-steroidal anti-inflammatory drugs as first line analgesic for suitable patients • Acute Stone Care pathway poster to be placed in relevant areas in ED • Imaging before clinic for patients on conservative care to speed up efficiency and the patient's pathway. • Implementation of a primary ureteroscopy pathway for hot renal stones
STHK - Urology: The timed prostate cancer pathway	Meeting national standards for prostate Faster Diagnosis Standard (FDS). Delays in histology occasionally impacting ability to meet FDS Actions: • Work with histology department on how the turnaround of tissue analysis can be improved
S&O –urology documentation audit	Project was undertaken to measure the quality of documentation within the Urology Team against national best practice guidance. The audit was presented at a urology clinical audit meeting and achieved significant assurance. The areas of good practice were discussed and the areas requiring improvement were highlighted with suggested actions being put in place. The plan is to audit regularly to monitor improvement.
S&O –audit of transurethral resection of the prostate (TURP) operation notes	This audit aimed to look at the documentation of TURP. As a result of the audit a dedicated pro forma for TURP operations was developed which is available either as a printed copy or via our electronic theatre. The pro forma contains all the information which should be documented when undertaking the procedure.


Our Vision is 5 Star Patient Care

2.4.3. Participation in clinical research

In July 2023, St Helens and Knowsley Teaching Hospitals and Southport and Ormskirk NHS Trusts came together to form Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL). Jointly we serve a population of over 650,000. By extending our population reach we aim to offer as many patients and staff as possible the opportunity to take part in research.

Our joint MWL Research Team:

Encouraging a research-positive culture in health and care organisations is important to give patients wider access to clinical research, improving patient care and treatment options[1]. MWL is committed to providing the best possible care to patients and acknowledges that research has been widely recognised as being an important factor in providing high quality care for healthcare organisations. Not only does organisational involvement in research improve clinical outcomes and service user satisfaction, but research-active organisations attract higher quality employees and have a better organisational culture.

The Lord O'Shaughnessy report[2], published in May 2023 was commissioned to offer recommendations on how commercial clinical trials can help the life sciences sector unlock UK health, growth and investment opportunities. At MWL we have worked hard to increase our Life Sciences (commercial) activity.

MWL Commercial study successes:

- 1st Global patient randomised to the RADIANT study:
  The Paediatric Diabetes Team at Ormskirk Hospital with collaboration and support from the Whiston Paediatric Team were successful in recruiting the first global patient to the RADIANT Study, supporting treatment of type 1 diabetes. We have now recruited 6 children to the study and have met our contracted target.
  Professor May Ng OBE stated, "I am immensely proud of our MWL team's exceptional efforts in recruiting the first global participant for the RADIANT international trial. The importance of research impact on patients' lives cannot be overstated, as it directly translates scientific advancements into tangible improvements in healthcare outcomes."

- Screened the 1st UK patient for the Anthem study:

The Gastroenterology Team at Whiston Hospital screened the first patient to an important study looking at treatments for patients with moderately to severely active ulcerative colitis. Dr Rajiv Chandy stated that, ''MWL is widely known as a top tier commercial research unit in the IBD world. This in turn translates into good clinical care for all our patients. Recruitment has never been an issue thanks to our highly engaged patients."

1. https://www.nihr.ac.uk/health-and-care-professionals/engagement-and-participation-in-research/embedding-a-research-culture.htm
2. https://www.gov.uk/government/publications/commercial-clinical-trials-in-the-uk-the-lord-oshaughnessy-review/commercial-clinical-trials-in-the-uk-the-lord-oshaughnessy-review-final-report

- Dr Ascanio Tridente, Clinical Director for Research, at Whiston Hospital forged links with commercial companies which has led to an increase in the number of commercial studies open to recruitment. We are extremely pleased to have exceeded the recruitment target for the Tozorakimab in Patients Hospitalised for Viral Lung Infection Requiring Supplemental Oxygen (TILIA) study. The purpose of this international clinical study is to evaluate the effect of tozorakimab as an add-on to standard of care treatments in patients with viral lung infection requiring supplemental oxygen to prevent death or progression to Invasive Mechanical Ventilation or Extracorporeal Membrane Oxygenation

- The whole Research Team opened commercial studies swiftly and efficiently and received praise from the sponsors. During 2023-2024, we had 12 commercial studies open, compared to 9 last year.

- **Harmonie study**: This is a research study that looked at how strongly babies can be protected from serious illness due to Respiratory Syncytial Virus (RSV) infection by giving them a single dose of antibodies. The results were published in the New England Medical Journal 2023. Dr Rosaline Garr, Consultant in Paediatrics & Neonatal Medicine & Honorary Clinical Senior Lecturer, and colleagues from Whiston Hospital were one of 110 sites in the UK to run the Harmonie study, which involved vaccinating babies up to 12 months of age with a single dose of Nirsevimab and were acknowledged as one of the top recruiting sites in the North West. The results of the study, supported by the National Institute for Health and Care Research, showed a reduction in RSV-related hospitalisation by 83%, which is a fantastic result.

Dr Garr said, "We're very proud to say that we have been involved in a vital research study, with such great results. We see many babies admitted with RSV through the winter period, so this new vaccine is very much welcomed."

All our commercial studies were supported by our outstanding Chief and Principal Investigators, Research Nurses and support staff. This is a huge achievement for the research staff at MWL and has put us on the map both in the UK and internationally as a site with an excellent reputation for setting up and delivering commercial research.

Key Achievements in 2023-24

In October 2023, we were notified that we had been successful in securing National Institute for Health Research (NIHR) Infrastructure funding to further expand our dedicated clinic space at both the Whiston and Southport sites. Throughout 2023, we also secured Life Sciences funding to improve the delivery of NIHR commercially sponsored studies and capital funding for equipment to help with the delivery of research. Securing this additional funding will allow us to expand our research portfolio and ensure that our patients benefit from a welcoming and friendly dedicated research environment.

In total, MWL staff have recruited over 4380 patients to research studies since the 1st April 2023, the highest recruitment in 5 years, which has placed us as the third top recruiter on the Clinical Research Network, North West Coast (CRN NWC) dashboard. This is an excellent achievement as we normally sit between 8th and 11th position. This is the result of a huge effort from all the staff within the Research, Development and Innovation (RDI) Department; it also demonstrates our commitment to offering patients and public the opportunity to take part in research.

The number of research studies open to recruitment at the Whiston and St Helens sites during 2023-24 was 76 compared to 90 in 2022-23. Although this is a decrease since last year, there has been an increase in the proportion of commercial studies, which are complex and more labour intensive. Also, several studies that have been open for a long period of time closed to recruitment in 2023-2024. For the Southport and Ormskirk sites there was an increase in the number of studies open to recruitment, 49 in 2023-24 compared to 43 in the previous year.

MWL took part in the iGBS study which aims to help develop a vaccine against Group B Streptococcus infection in newborn babies. This is important because if effective, this could be offered

to pregnant women to protect their babies from this devastating disease. So far, MWL has recruited over 2817 women to this study and the Whiston site has been recognised as the top recruiting hospital in the UK.

MWL were also the top recruiters in the UK to several other important research studies. This highlights all the hard work by our staff to ensure our patients are offered access to the latest cutting-edge research.

Top Recruiting studies at MWL during 2023-24

Study	Speciality
Oxford Cognitive Screen - Visual Impairment adaptation	Ophthalmology
Visual scanning training for hemianopia (SEARCH)	Ophthalmology
Melanoma Wide Excision Trial - MelMarT-II	Cancer
Molecular Genetics of Adverse Drug Reactions (MOLGEN)	Genetics

It has been recognised that although the number of patients recruited to research studies is important, there is a shift towards ensuring that the Recruiting to Time and Target (RTT) metric is met. This is the number of clinical trials that meet the target recruitment before the closure of the study. In 2023-24, 96% (n23/24) for the Whiston and St Helens sites and 46% (n6/13) for the Southport and Ormskirk sites met the RTT.

The Whiston site have continued to work with Marshall Cross Medical Centre and for the first time we have also worked with the team to recruit patients into two important hypertension commercial studies. This allows patients in the community setting access to research trials that would normally be out of their reach. The collaboration between primary and secondary care has been acknowledged as a real positive by Astra Zeneca who are the sponsors of the studies.

We are extremely pleased that the CRN NWC successfully appointed Dr Ravish Katira, a Cardiology Consultant at Whiston, as CRN Cardiovascular Specialty Lead. This is a key role that works in partnership with the research network locally and nationally (UK), providing a forum to share good practice, successes, opportunities and challenges, and helping influence and shape the clinical research environment.

In December 2023, MWL also became a member of the Applied Research Collaboration, North West Coast (ARC NWC), which aims to work in collaboration by bringing together academics, health and social care providers, members of the public, universities and local authorities to improve the quality, delivery and efficiency of health and care services; reduce health inequalities and increase the sustainability of the health and care system both locally and nationally. Dr Ascanio Tridente is the main link for this collaboration from MWL.

We have strengthened partnerships with local academic organisations, including Manchester Metropolitan, Edge Hill and Liverpool Universities. Dr Greg Irving, Director of the Health Research Institute and Director of Edge Hill Primary and Integrated Care, has promoted research to academic and Trust researchers to produce good quality research that will benefit our patients in the future.

2024 Journal of Wound Care (JWC) Awards

The 2024 (best clinical research award gold) was presented in London to Professor Kayvan Shokrollahi (MWL/University of Liverpool), Alistair Hampden-Martin (University of Liverpool) & Professor Kathryn Whitehead (Manchester Metropolitan University) in recognition of Innovation and Excellence in Research Practice.

Our excellent Burns team also took part in a study, "A Randomised Trial of Enteral Glutamine for Treatment of Burn Injuries". The results were published in the New England Journal, one of the highest-ranking journals.

2023 British Society for Paediatric Endocrinology and Diabetes (BSPED) Research and Innovation Award

The 2023 BSPED Research and Innovation Award was presented at the British Society of Paediatric Endocrinologists' annual conference to Professor Lucy Bray (Edge Hill University), Dr Jaarod Wong (Glasgow University) and Professor May Ng (MWL) for a joint research collaboration working with patient groups on development of national educational standards and patient resources for emergency management of adrenal insufficiency.

Cancer Research

The recruitment of patients into cancer studies at MWL has remained stable with 126 patients taking part, the same as 2022-2023.

Our Cancer Research Team are the highest recruiting Trust in the country to the Melmart 2 study (Melanoma Wide Excision Trial). This is an important study that aims to further medical knowledge and may improve future treatment of melanoma.

The Cancer Research team is still the only research team to be Macmillan adopted. This is an exceptional achievement and demonstrates our commitment to delivering the best support and treatment for our cancer patients.

At MWL we believe that cancer research is crucial to improving the prevention, detection and treatment of cancers. We are passionate about informing our patients of research opportunities that could improve or prolong their quality of life. The July 2023 skin cancer survey monkey results revealed that 90% of patients at MWL were aware that we are a research active Trust.

The number of patients receiving relevant health services provided or sub-contracted by Mersey and West Lancashire Teaching Hospitals NHS Trust in 2023-24 that were recruited during that period to participate in research approved by a research ethics committee/Health Research Authority was 4384.

Patient Research Experience Survey (PRES)

The PRES is conducted annually by NIHR. In 2023-2024, the Trust received the highest number of responses across the CRN NWC. The PRES continues to be a priority, as participant experience is at the heart of research delivery by providing an opportunity for as many research participants as possible to share their experience of taking part in research. It was encouraging to note the following feedback:

"Research can only be a good thing; research informs from facts; so therefore, helps influence future plans/changes/to help people now and future generations. The Specialist Nurse who enrolled me was informative, knowledgeable, friendly but respectfully professional and efficient. I left the room feeling 'better' and more uplifted than before I went in! Knowing, albeit only small…I was doing my bit to help".

"From the moment I agreed to take part, I have always felt I made the right decision. The care and professionalism I have received has been amazing".

"I feel grateful to take part in this study because if people don't do this, I may not be here to see my family and grandchildren. These tests are needed to move on with medicine".

Feedback from research participants can help us to understand both what they are doing well and where there are opportunities to improve. The PRES has already been instrumental in how we shape our services and feedback has led to the MWL expansion of research facilities at Whiston Hospital, with planned expansion at Southport.

International Clinical Trials Day 2023

International Clinical Trials Day is an annual event that takes place on 20th May to raise awareness of clinical trials to encourage patients, carers and the public to get involved in research.

These achievements are only made possible because of the continued support from the committed clinicians/health professionals, who take on the role of chief and principal investigators, the research nurses/midwives, research administrative teams, support services and, most importantly the patients, who give up their time to take part in research.

Promoting Clinical Trials Day 2023

'Kitty' The Mobile Research Bus

During 2023, the Clinical Research Network (CRN) North West Coast commissioned a Mobile Research Bus called 'Kitty'.

The mobile research bus is called 'Kitty' after Catherine Wilkinson, who became "Saint of the Slums", saving many lives from Cholera by opening the first public washhouse in Liverpool in 1832.

Some of our staff and CRN colleagues with Kitty when she visited the Trust.

Partner organisations can request the use of Kitty to help both promote research and undertake research onboard as it consists of a single consultation room and separate waiting area. A key aim for using Kitty is to enable us to access hard to reach communities.

The CRN have recently acquired a further three mobile research units for the region.

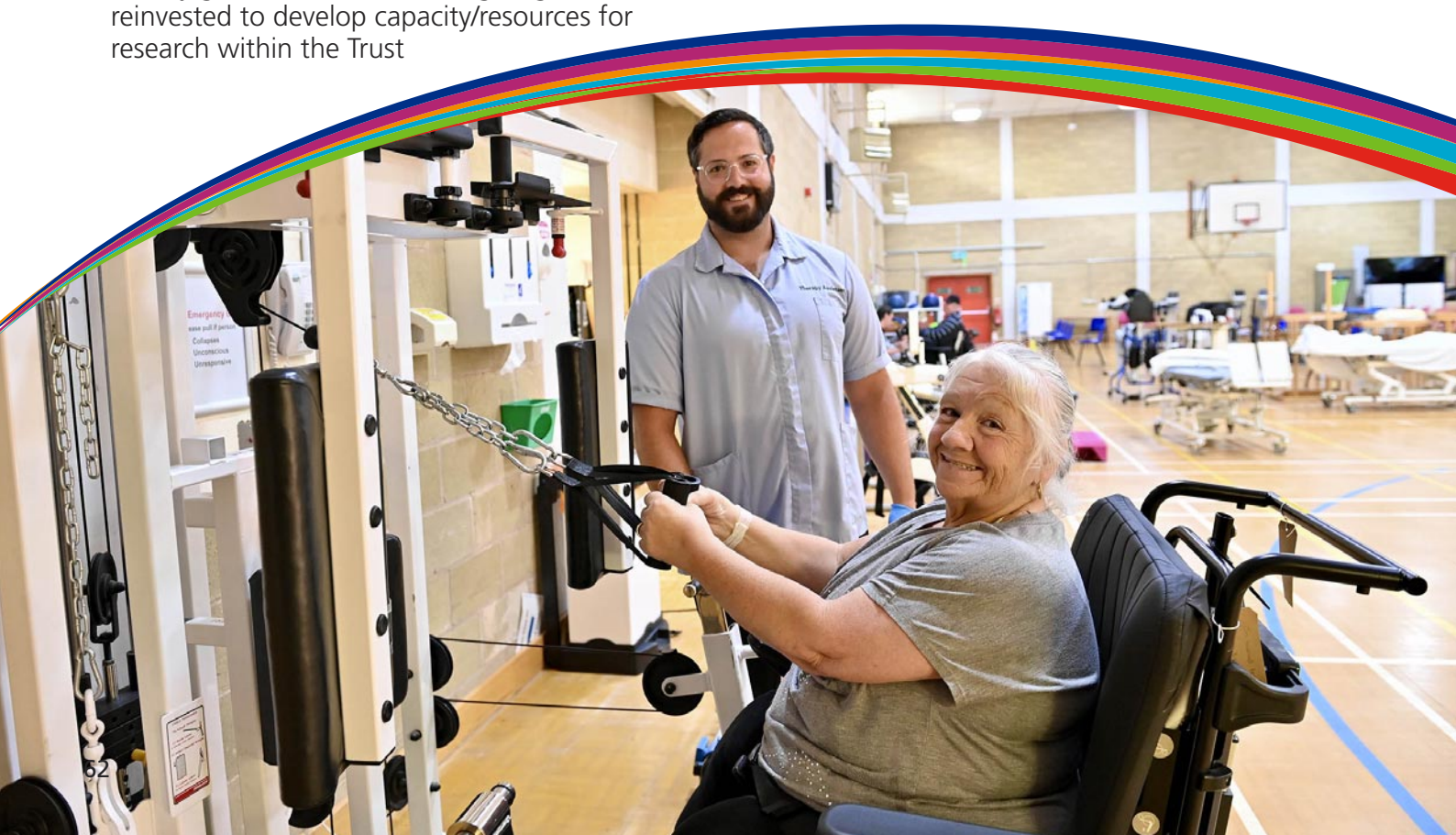
On the 8th February 2024, the MWL Gastroenterology Team held an educational event to highlight the importance of managing patients with inflammatory bowel disease (IBD). The event was attended by consultant gastroenterologists from across the Trust, gastroenterology trainees, dietitians and IBD nurse specialists and members of the MWL Research Department. This was a great opportunity to share and discuss the latest developments in Gastroenterology Research.

2.4.3.1. Research aims for 2024-25

Our aims for 2024-2025 are to:

- Release a 2-year interim Research Development and Innovation Strategy
- Continue to increase the number of commercially sponsored studies
- Collaborate with other NHS organisations and universities. These partnerships will allow us to seek out the best academic expertise to work with our staff and patients wherever possible to ensure that our patients benefit from world-class research
- Review options to expand our workforce to support the successful delivery of both commercial and non-commercial trials, including paediatrics/maternity
- Increase our patient recruitment into NIHR adopted clinical trials
- Explore research options in specialities which are not research active
- Perform thorough feasibility so that studies reach the NIHR high level objectives i.e. setting up studies quickly, recruiting to time and target. The money generated from meeting targets will be reinvested to develop capacity/resources for research within the Trust
- Further develop our Research Hubs; we will submit business cases to the Research Network for additional income when opportunities arise
- Maintain and expand robust procedures to initiate, deliver and manage research, thus increasing opportunities for patients to participate in high quality clinical research
- Engage and communicate with patients and service users. We will ensure that the NIHR Patient Research Experience Survey is embedded into the patients' research journey. We will also feed back both positive and negative experiences, so that we can put action plans in place if necessary
- Continue and update our social media and website platforms to help promote research

In summary, this year has seen the merger of two Trusts with positive outcomes for the RDI Department at MWL. We have worked hard to align our systems and processes and are working on a 2-year interim RDI Strategy. With recruitment at its highest since 2018-2019, more commercial activity and excellent feedback from our patients and research partners we are feeling extremely positive about the future of research at MWL.



2.4.4. Clinical goals agreed with commissioners

A proportion of Mersey and West Lancashire Teaching Hospitals NHS Trust income in 2023-24 was conditional on achieving quality improvement and innovation goals agreed between Mersey and West Lancashire Teaching Hospitals NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation. The full list is shown in the table below:

National Indicator	Commissioner	CQUIN Indicator	National CQUIN Ref 2023-24 Performance	Sliding Scale Payment Basis (%)
CQUIN01	ICB Acute	Staff Flu Vaccinations	54%	75% - 80%
CQUIN02	ICB Acute	Supporting patients to drink, eat and mobilise after surgery	89%	70% - 80%
CQUIN03	ICB Acute	Prompt switching of intravenous (IV) antimicrobial treatment to the oral route of administration as soon as patient meet switch criteria	24%	60% - 40%
CQUIN04	ICB Acute	Compliance with timed diagnostic pathways for cancer services	41%	35% - 55%
CQUIN05	ICB Acute	Identification and response to frailty in emergency departments	35%	10% - 30%
CQUIN06	ICB Acute	Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service	31%	0.5% - 1.5%
CQUIN07	ICB Acute	Recording of and appropriate response to NEWS2 score for unplanned critical care admissions	99%	10% - 30%
CQUIN12	ICB Acute	Assessment and documentation of pressure ulcer risk	65%	70% - 85%
CQUIN10	Specialised Acute	Radical treatment for patients with Stage I - II Non Small Cell Lung Cancer	100%	80% - 85%
CQUIN01	ICB Community	Staff Flu Vaccinations	54%	75% - 80%
CQUIN12	ICB Community	Assessment and documentation of pressure ulcer risk	96%	70% - 85%
CQUIN13	ICB Community	Assessment, diagnosis and treatment of lower leg wounds	94%	25% - 50%
CQUIN14	ICB Community	Malnutrition screening in the community	91%	70% - 90%

2.4.4.1. CQuIN proposals 2024-25

The mandatory CQuIN scheme will not operate in 2024-25. NHS England has produced a list of optional indicators that can be used by any systems that have agreed to operate a local quality scheme during the pause, which is entirely optional and a matter for local agreement between providers and commissioners.

2.4.5. Statements from the Care Quality Commission (CQC)

The CQC is the independent regulator for health and adult social care services in England. The CQC monitors the quality of services the NHS provides and takes action where these fall short of the fundamental standards required. The CQC uses a wide range of regularly updated sources of external information and assesses services against five key questions to determine the quality of care a Trust provides, asking if services are:

- Safe
- Effective
- Caring
- Responsive to people's needs
- Well-led

If it has cause for concern, it may undertake special reviews/investigations and impose certain conditions.

The latest comprehensive CQC inspection of legacy STHK took place in July and August 2018. The Use of Resources review was undertaken on 5th July, the unannounced inspection took place during the week commencing 16th July, the inspection of Marshalls Cross Medical Centre was completed on 14th August and the planned well-led review was completed during the week commencing 20th August.

Teams of inspectors visited Whiston, St Helens and Newton hospitals and the Trust's directly provided community and primary care services during the inspection period to talk to patients, carers and staff about the quality and safety of the care provided. They reviewed care records and observed the care provided. The Trust was able to demonstrate to the inspection team the high standard of work that is undertaken on a daily basis to ensure patients receive excellent care.

A further inspection of Marshalls Cross Medical Centre took place in October 2022 and was rated good for each of the five key questions, with an overall rating of good, improving from the previous requires improvement rating.

The latest comprehensive CQC inspection of legacy Southport and Ormskirk Hospital Trust took place in July and August 2019 and the final report was published on 29 November 2019 with an overall Trust rating of requires improvement.

The current rating for Mersey and West Lancashire Teaching Hospitals NHS Trust is based on legacy STHK's rating as part of the transaction rules when the new Trust came into being on 1st July 2023.

Mersey and West Lancashire Teaching Hospitals NHS Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions.

The Care Quality Commission has not taken enforcement action against Mersey and West Lancashire Teaching Hospitals NHS Trust during 2023-24.

Mersey and West Lancashire Teaching Hospitals NHS Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The following inspections have been undertaken in 2023-24:

- Maternity services at Ormskirk and Whiston Hospitals on 7th and 8th December 2023
- Southport Hospital's medicine and the Spinal Unit on 24th January 2024
- Southport Hospital urgent and emergency care on 4th March 2024
- Whiston Hospital urgent and emergency care on 25th March 2024

The final reports have not yet been received for urgent and emergency care.

The CQC's assessment of Maternity Services at Whiston was rated as good overall. Maternity services overall at Ormskirk and Medicine/Spinal Injuries at Southport were not rated, following the formation of MWL. The outcomes of the further assessments are awaited.

2.4.5.1. CQC ratings table for Mersey and West Lancashire Teaching Hospitals NHS Trust, March 2019

Safe	Effective	Caring	Responsive	Well-led	Overall
Good	Good	Outstanding	Good	Outstanding	Outstanding

Whiston's Emergency Department was rated as requires improvement for the responsive and safety domains in 2019, with action plans implemented to address the recommendations.

Mersey and West Lancashire Teaching Hospitals NHS Trust has made the following progress by 31st March 2023 in taking such action:

- Delivery of action plans to address areas where the Trust requires improvement in the ED, including clarifying and monitoring the quality and completion of ligature and clinical risk assessments to ensure they are completed as appropriate for all patients requiring them in ED

The Trust's maternity service at Ormskirk was rated as requires improvement for safety and an improvement plan has been developed to address the areas outlined, including:

- Development of a maternity specific vision and strategy that incorporates recommendations from the Ockenden report
- Continued monitoring to ensure obstetric modified early waring scores, Cardiotocography (CTG) assessments/fresh eyes, newborn baby risk assessments and baby observations are completed in line with national and Trust guidance
- Strengthened processes for discarding unused epidural infusions
- Ensuring appropriate staffing levels are maintained and all staff are up to date with mandatory training and appraisals
- Ensuring incidents are reviewed in a timely manner

Areas for improvement highlighted in the comprehensive inspection of Southport and Ormskirk Hospital NHS Trust in 2019 have been incorporated into ongoing improvement workstreams, including nutrition and hydration and medicines management.

2.4.6. Learning from deaths

2.4.6.1. Number of deaths

During Quarters 1-4 2023-24, 2,667 of Mersey and West Lancashire Teaching Hospitals NHS Trust's patients died (in hospital). This comprised the following number of deaths which occurred in each quarter of that reporting period:

657 in the first quarter
649 in the second quarter
657 in the third quarter
704 in the fourth quarter

By the end of Q4, 246 case record reviews and 4 investigations (reds and ambers) have been carried out in relation to the 2,667 deaths included in item 2.4.6.1.

In 4 cases (reds and ambers), a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

2 in the first quarter
1 in the second quarter
1 in the third quarter
0 in the fourth quarter

0 representing 0.00% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient (red rated).

In relation to each quarter, this consisted of:

0 representing 0% for the first quarter
0 representing 0% for the second quarter
0 representing 0% for the third quarter
0 representing 0% for the fourth quarter

These numbers have been estimated using Mersey and West Lancashire Teaching Hospitals NHS Trust's Royal College of Physicians Structured Judgement Review (SJR).

126 case record reviews and 0 (reds and ambers) investigations completed during 2023-24 which related to deaths which took place before the start of the reporting period.

0 representing 0% (reds) of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Mersey and West Lancashire Teaching Hospitals NHS Trust's Structured Judgement Review (SJR) (which uses NCEPOD quality score and red, amber, green (RAG) rating similar to Royal College of Physicians SJR and consistent with Royal College of Physicians and NHS Improvement guidance). This represents the final position for Quarter 4 of 2022-23.

0 representing 0% (reds) of the patient deaths during 2022-23 are judged to be more likely than not to have been due to problems in the care provided to the patient. This represents all four quarters of 2022-23.

2.4.6.2. Summary of learning from case record reviews and investigations

The STHK legacy sites have focussed on one or two key learning priorities for each report to the Trust Board. The key lessons shared in 2023-24 are listed below:

- **Adopting a "comfort first" approach**

There have been some excellent examples of end of life care in recent months, particularly in frail older patients who may benefit from a "comfort first" approach. If frail patients have a limited life expectancy, carefully consider the burdens of treatment as well as the benefits. Communication with the patient and their family is vitally important to establish patient wishes.

- **Management of the delirious patient**

Delirium can be challenging to manage, particularly in the patient with an underlying dementia diagnosis. The delirium bundle can be found on the Trust intranet. Further advice can be sought by contacting Marie Honey, Nurse Consultant for Older People, psychiatry liaison team or referring to the Department of Medicine for Older People for specialist advice.

- **Neurological assessment in the confused patient**

Patients presenting with acute confusion should have a neurological assessment carried out and documented in their medical notes at the time of their initial assessment. This will result in earlier identification of those with a focal neurological deficit and prompt earlier stroke team involvement where appropriate. It also provides a baseline assessment that can be used for comparison later in the hospital admission.

- **Assessment of Pain**

Patients who are confused cannot reliably indicate whether they are in pain. The Abbey Pain Scale is a tool that is validated for use in patients who cannot verbalise their level of pain. It is available via the Trust intranet and should be used as an alternative to the standard 1-10 scoring system used in other patient groups.

The S&O legacy sites have focussed on the following learning priorities reported to the Trust Board:

- **End of Life Care**

Access to nutrition has been raised as an issue, particularly in the frail and in those lacking capacity. It is important that this issue is considered and the clinical rationale for intervening or not intervening documented. It is important to recognise that a natural reduction in appetite occurs as part of the dying process. The individual care and communication document prompts consideration of nutrition and hydration.

Improving end of life care, primarily by raising awareness of its inevitability, normalising its discussion and developing processes and tools to put the goals of patients at the forefront of care are key. Good communication when end of life is predictable is essential. Training is available and uptake of this is promoted and monitored.

We continue to support the ongoing staff education programmes designed to improve the quality of end of life care, recognition of patients being sick enough to die and decision making at the end of life.

There have been issues with timely verification of death. This can lead to anger and distress amongst relatives when this is delayed as the date of death is taken as the date of verification. When this delay crosses midnight, the date of death will be different from the date the family witnessed the death of their loved one. Medically it is hard to prioritise this responsibility over the responsibility to living patients, for this reason we are looking at ways of reintroducing nurse verification of death for expected deaths. Unexpected deaths will in some cases be attended by the cardiac arrest team and it is the team's responsibility to verify death and document this.

Some faiths require expedited burial processes as part of their religion. The Medical Examiners' Office is able to help with planning for faith issues to ensure that processes are robust yet expedited.

- **Do not attempt cardio-pulmonary resuscitation (DNACPR)**

It has been raised again that 'learning disability' should not be used on a DNACPR form. This is never a reason to withhold intervention. It is either the condition which makes CPR ineffective or the element of frailty which makes CPR overly burdensome as a treatment which should be documented as the reason.

- **Queenscourt**

There has been a reduction in length of stay and readmission rates due to the implementation of the Queenscourt virtual ward. This has had a great impact on the quality of care received by those in the last days and weeks of life. In the first 3 months, 100 patients have been admitted, which equates to a saving of 354 bed days.

2.4.6.3. Actions taken resulting from learning

The STHK legacy sites have a robust and embedded Learning from Deaths Policy, which includes the principles laid down in the National Quality Board document "Learning from Death: Guidance for NHS trusts on working with bereaved families and carers".

Following the creation of Mersey and West Lancashire Teaching Hospitals NHS Trust, work is underway to align the two learning from deaths processes into one process. Once created and approved this will be reflected in a new MWL Learning from Deaths Policy. It is hoped that this will be complete by quarter 2 2024-25.

Lessons identified from the structured judgement reviews have been shared with the Trust Board, Quality Committee, Finance & Performance Committee, Clinical Effectiveness Council, Patient Safety Council, Patient Experience Council, Grand Rounds, Team Brief, intranet home page, global email, local governance and directorate meetings.

The key actions below have been taken following the learning identified:

- In recognition of the increased challenges with assisted nutrition, a business case for a nutritional support team has been prepared by the gastroenterology service to improve the support to clinical teams with assisted nutrition
- The Trust has developed, with Queenscourt Hospice, a suite of educational sessions for various staff groups to improve the knowledge and confidence in the use of anticipatory clinical management plans and treatment escalation pro forma, to improve the care of deteriorating patients and those at the end of life
- The Trust has recognised the impact of incivility and poor interpersonal communication on the welfare of colleagues and the safety of patients. Departmental educational leads and departmental leaders have been asked to include this in local training and in the conduct of departmental interactions. A dedicated session on this was delivered to the foundation programme doctors
- The Medical Examiners' Office, the Trust and Queenscourt Hospice are designing a process to identify expected faith deaths so that processes of care after death can be managed efficiently, respecting faith considerations. This will include community deaths
- The Trust is evaluating the possibility of nurse verification of expected deaths to relieve pressure on on-call medical teams and provide a more responsive process for the family after death
- The ability to prescribe long-term home ventilation via ePMA to act as a prompt for nursing staff to assist patients to use their own machine whilst in hospital. These patients are usually independent with their machines at home, but may require assistance when unwell and there is the potential for significant harm should they not receive this treatment whilst in hospital

2.4.6.4. Impact of actions taken

The effectiveness of learning is assessed by audit of Datix, serious incidents, complaints, Patient Advice and Liaison Service (PALS) contacts, litigation and mortality reviews for evidence of failure to deliver these priorities. Systematic assessment of effectiveness is necessarily two quarters behind priorities, allowing time for sharing and then time to establish that learning has become embedded.

The learning from deaths process has supported the case for the ongoing construction of a second CT scanner at Southport Hospital to reduce delays for inpatients and to reduce the impact of required maintenance on the current single CT scanner in Southport on the emergency care pathway.

2.4.7. Priority clinical standards for seven-day hospital services

There are 10 standards for seven day clinical services, of which four were highlighted as a priority for trusts to deliver. These priority standards are outlined in the list below:

- Clinical standard 2 states that all emergency admissions should be seen as soon as possible by a consultant and within 14 hours of admission to an inpatient area. For high volume specialties (e.g. acute medicine) consultant presence into the evening is likely to be needed every day
- Clinical standard 5 states that emergency and urgent access to appropriate consultant-led diagnostic tests should be available every day. Relevant diagnostic tests include computerised tomography (CT), magnetic resonance imaging (MRI) and ultrasound imaging, endoscopy and echocardiography
- Clinical standard 6 states that emergency and urgent access to appropriate consultant-led interventions should be available every day. This covers many interventions and typically should include emergency theatre, intensive care, interventional endoscopy, percutaneous coronary intervention (PCI) for acute myocardial infarction, emergency cardiac pacing and thrombolysis for stroke
- Clinical standard 8 states that patients admitted in an emergency should be reviewed by a consultant once daily (twice daily in high-dependency and critical care) unless the consultant has delegated this review to another competent member of the multidisciplinary team on the basis that this would not affect the patient's care pathway

Consultant job plans in acute specialties are organised to deliver these standards, including on call arrangements. Acute assessment areas (e.g. Acute Medical Unit, Frailty Unit, Surgical Assessment Unit) have once or twice daily ward rounds. There are arrangements in place to provide access to consultant delivered diagnostic tests and the majority of interventions onsite, with the remaining available via regional networks ie. interventional radiology, stroke thrombectomy and PCI for myocardial infarctions.

The job planned consultant presence is available to deliver the four priority seven-day clinical standards for the majority of patients admitted to hospital. Specialties which do not currently have job planned consultant time to deliver consistent early review, that is less than 14 hours from admission, (haematology and urology) are responsible for a small proportion of the patients admitted to hospital non-electively.

2.4.8. Information governance and toolkit attainment levels

Information Governance (IG) is the way in which the Trust manages its information and ensures that all information, particularly personal and confidential data, is handled legally, securely, efficiently and effectively. It provides both a framework and a consistent way for employees to deal with the many different information handling requirements in line with Data Protection legislation.

The Trust uses the Data Security and Protection Toolkit (DSPT) to benchmark its IG and IT security controls, also known as the IG Assessment Report. The DSPT is an annual online self-assessment tool that allows health and social care organisations to measure their performance against the National Data Guardian's 10 Data Security Standards (covering topics such as staff responsibilities, training and continuity planning) and reflects legal rules relevant to IG. The Trust must address all mandatory requirements within the DSPT in order to publish a successful assessment.

The 2023-24 DSPT is on course to be submitted for the June 2024 deadline. The two legacy organisations, St Helens and Knowsley Teaching Hospitals NHS Trust and Southport and Ormskirk Hospital NHS Trust were required to demonstrate their IG and IT security controls via the DSPT:

- St Helens and Knowsley Teaching Hospitals NHS Trust Information Governance Assessment Report overall submission position for 2022-23 was published in June 2023. To provide assurance that St Helens and Knowsley Teaching Hospitals NHS Trust's DSPT for 2022-23 was of a good standard, it was audited by Mersey Internal Audit Agency and achieved substantial assurance.

- Southport and Ormskirk Hospital NHS Trust Information Governance Assessment Report overall submission position for 2022-23 was published in June 2023. To provide assurance that Southport and Ormskirk Hospital NHS Trust's DSPT for 2022-23 was of a good standard, it was also audited by Mersey Internal Audit Agency and achieved substantial assurance.

The two former Trusts each had a Data Breach Management Procedure in place which were adhered to when a personal data breach/incident occurred. All incidents were risk assessed and scored; it is a requirement that any incidents scoring highly are reported to the Information Commissioner's Office (ICO). The incidents that were reported throughout the year did not score highly and, therefore, no further escalation was required, and these incidents were managed locally.

The Trust has assigned specific roles to ensure the IG framework is adhered to and is fully embedded:

- Malcolm Gandy, Director of Informatics – Senior Information Risk Owner (SIRO)

- Mr Alex Benson, Assistant Medical Director - Caldicott Guardian

- Camilla Bhondoo – Head of Risk Assurance and Data Protection Officer

All three staff are appropriately trained.

2.4.9. Clinical coding

Clinical coding is the translation of medical terminology that describes a patient's complaint, problem, diagnosis, treatment, or other reason for seeking medical attention into codes that can then be used to record morbidity data for operational, clinical, financial and research purposes. It is carried out using International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10) for diagnosis capture and Office of Population, Census and Statistics Classification of Interventions and Procedures Version 4.9 (OPCS 4.9) for procedural capture.

Mersey and West Lancashire Teaching Hospitals NHS Trust was not subject to the Payment by Results clinical coding audit during 2023-24 by the Audit Commission.

The Trust was subject to an audit of clinical coding, based on national standards undertaken by Clinical Classifications Service (CCS) approved clinical coding auditors in line with the Data Security and Protection Toolkit (DSPT) 2023-24.

It is widely known throughout the NHS that there is a national and local shortage of qualified and experienced Clinical Coders, which unfortunately does create recruitment challenges for all Clinical Coding departments across the country. Despite vacancy challenges faced by the team, the Trust and wider community should be reassured that the data reported at Mersey and West Lancashire Teaching Hospitals NHS Trust is accurate and reflects the activity that is taking place, and in order to demonstrate this, the 2023-24 DSPT clinical coding audit submission achieved a high standard of accuracy.

These results demonstrate that the department continues to maintain the excellent quality of clinical coding.

Mersey and West Lancashire Teaching Hospitals NHS Trust			
	%	Audited	Errors
Primary Diagnosis	92.00	200	16
Secondary Diagnosis	96.81	973	31
Primary Procedure	96.32	163	6
Secondary Procedure	92.14	280	22

Mersey and West Lancashire Teaching Hospitals NHS Trust will be taking the following actions to improve data:

- Continuing to promote clinical engagement to ensure that clinical coding accurately reflects the patient journey
- Ensuring staff are working towards achieving the national clinical coding qualification (NCCQ)
- Ensuring staff attend regular refresher workshops to ensure coding skills are kept up to date
- Continuing to provide a robust audit service to highlight areas for improvement

2.4.10. Data quality

The Trust continues to be committed to ensuring accurate and up-to-date information is available to communicate effectively with GPs and others involved in delivering care to patients. Good quality information underpins effective delivery of patient care and supports better decision-making, which is essential for delivering improvements.

Data quality is fully embedded across the organisation, with robust governance arrangements in place to ensure the effective management of this process. Audit outcomes are monitored to ensure that the Trust continues to maintain performance in line with national standards. The data quality work plan is reviewed on an annual basis ensuring any new requirements are reflected in the plan.

There are a number of standard national data quality items, which are routinely monitored, including:

- Blank/invalid NHS numbers
- Unknown or dummy practice codes
- Blank or invalid registered GP practices
- Patient postcodes

The Trust implemented a new Patient Administration System (PAS), Careflow, in 2018 which has the functionality to allow for National Spine integration, giving users the ability to update patient details from national records using the NHS number as a unique identifier.

The Careflow configuration restricts the options available to users. Validation of this work is on-going and forms part of the annual data quality work plan.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2.4.10.1. NHS number and general medical practice code validity

Mersey and West Lancashire Teaching Hospitals NHS Trust submitted records during 2023-24 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number and the patient's valid registered GP practice code contributes to the overall Data Quality Maturity Index (DQMI) scores. The DQMI score for the most recent 12 months is shown in the table below; please note before July 2023 the data reported was for St Helens & Knowsley Teaching Hospitals NHS Trust sites only and from July 2023 onwards, the data is reported as Mersey and West Lancashire Teaching Hospitals.

DQMI	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Trust score	93.4	93.1	93.3	93.6	93.1	92.4	92.3	92.3	92.7	92.3	92.8	92.8	92.7
National average	82.8	83.1	81.1	81.7	82.0	81.1	80.8	81.5	81.5	80.0	82.4	81.2	81.8

(Source: DQMI)

The Trust performed better than the national average, demonstrating the importance the Trust places on data quality.

The Trust takes the following actions to improve data quality:

- Data Quality team monitors the nationally mandated submissions via the NHS digital toolkit and a formal report is presented at the Information Steering Group meeting. Any elements requiring action are agreed at this meeting
- Data Quality Team will continue to monitor data quality throughout the Trust via the regular suite of reports
- Providing data quality awareness sessions about the importance of good quality patient data and the impact of inaccurate data recording
- Data Quality Forum has been established to provide oversight to ensure the timely completion of data quality checks across departments in the Trust

2.4.11. Benchmarking information

The Department of Health specifies that the Quality Account includes information on a core set of outcome indicators, where the NHS is aiming to improve. All trusts are required to report against these indicators using a standard format. NHS Digital makes the following data available to NHS trusts. The Trust has more up-to-date information for some measures; however, in the main only data with specified national benchmarks from the central data sources is reported, therefore, some information included in this report is from the previous year or earlier and the timeframes are included in the report. It is not always possible to provide the national average and best and worst performers for some indicators due to the way the data is provided.

2.4.11.1. Benchmarking Information

Please note the information below is based on the latest nationally reported data with specified benchmarks from the central data sources. Any internal figures included are displayed in **blue** font, noting there is no national data for this time period.

Indicator	Source	Reporting Period	MWL	National Performance			Comments
				Average	Lowest Trust	Highest Trust	
Summary Hospital-level Mortality Indicator (SHMI)	NHS Digital	Oct-22 – Sept-23	1.063	1	0.677	1.229	
SHMI	NHS Digital	Sept-22 – Aug-23	1.045	1	0.713	1.222	
SHMI	NHS Digital	Aug-22 – Jul-23	1.03	1	0.71	1.207	
SHMI	NHS Digital	Jul-22 – Jun-23	1.02	1	0.71	1.213	
SHMI Banding	NHS Digital	Oct-22 – Sept-23	2	2	3	1	
SHMI Banding	NHS Digital	Sept-22 – Aug-23	2	2	3	1	
SHMI Banding	NHS Digital	Aug-22 – Jul-23	2	2	3	1	
SHMI Banding	NHS Digital	Jul-22 – Jun-23	2	2	3	1	
% of patient deaths having palliative care coded	NHS Digital	Oct-22 – Sept-23	50%	41%	15%	66%	
% of patient deaths having palliative care coded	NHS Digital	Sept-22 – Aug-23	50%	41%	15%	66%	
% of patient deaths having palliative care coded	NHS Digital	Aug-22 – Jul-23	50%	41%	14%	66%	
% of patient deaths having palliative care coded	NHS Digital	Jul-22 – Jun-23	49%	40%	14%	66%	

Mersey and West Lancashire Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:
Information relating to mortality is monitored monthly and used to drive improvements.
The mortality data is provided by an external source (NHS Digital).
Mersey and West Lancashire Teaching Hospitals NHS Trust has taken the following actions to improve the indicator and percentage, and so the quality of its services, by:
Monthly monitoring of available measures of mortality.
Learning from Deaths Policy implemented with continued focus on reviewing deaths to identify required actions for improvement and effective dissemination of lessons learned as noted in section 2.4.6.

Indicator	Source	Reporting Period	MWL		National Performance			Comments
					Average	Lowest Trust	Highest Trust	
EQ-5D adjusted health gain: Hip Replacement Primary	NHS Digital	Apr-22 to Mar-23 (provisional)	S&O *	STHK *	0.468	0.378	0.531	The mandatory varicose vein surgery and groin-hernia surgery national PROMs collections have ended
EQ-5D adjusted health gain: Hip Replacement Primary	NHS Digital	Apr-21 to Mar-22 (final)	S&O *	STHK 0.396	0.462	0.393	0.534	
EQ-5D adjusted health gain: Hip Replacement Primary	NHS Digital	Apr-20 to Mar-21 (final)	S&O *	STHK 0.430	0.472	0.393	0.574	
EQ-5D adjusted health gain: Knee Replacement Primary	NHS Digital	Apr-22 to Mar-23 (provisional)	S&O *	STHK *	0.354	0.233	0.410	
EQ-5D adjusted health gain: Knee Replacement Primary	NHS Digital	Apr-21 to Mar-22 (final)	S&O *	STHK 0.256	0.324	0.181	0.417	
EQ-5D adjusted health gain: Knee Replacement Primary	NHS Digital	Apr-20 to Mar-21 (final)	S&O *	STHK 0.314	0.315	0.181	0.403	
EQ-5D adjusted health gain: Varicose Vein	NHS Digital	Apr-18 to Mar-19 (final)	Not available		Not available	Not available	Not available	
Mersey and West Lancashire Teaching Hospitals NHS Trust considers that this data is as described for the following reasons: The questionnaire used for PROMs is a validated tool and administered for the Trust by an independent organisation (IQVIA). Mersey and West Lancashire Teaching Hospitals NHS Trust has taken the following actions to improve these outcome scores, and so the quality of its services, by: Appointing a Consultant lead to oversee and support PROMs. Explaining PROMs to patients at Joint School and requesting that they complete Part 1 of the form to increase participation rates, manage patient expectations post-surgery and increase knowledge of what to expect following surgery and the support offered if required. Developing plans for an opt in (post discharge) telephone service for follow up with patients to enhance the patient care and quality further. PROMs data was monitored at the Trauma and Orthopaedic bi-monthly clinical effectiveness meeting.								
Patient experience measured by scoring the results of a selection of questions from the national inpatient survey focussing on the responsiveness to personal needs.	NHS Digital	2021-22	-		-	-	-	Following the merger of NHS Digital and NHS England on 1st February 2023 they are reviewing the future presentation of the NHS Outcomes Framework indicators. As part of this review, the annual publication which was due to be released in March 2023 has been delayed. As of the 2020-21 survey, changes have been made to the wording of the 5 questions, as well as the corresponding score regime, which underpin the indicator. As a result, 2020-21 results are not comparable with those of previous years
Patient experience measured by scoring the results of a selection of questions from the national inpatient survey focussing on the responsiveness to personal needs.	NHS Digital	2020-21	S&O 71.5	STHK 76.0	74.5	67.3	85.4	
Patient experience measured by scoring the results of a selection of questions from the national inpatient survey focussing on the responsiveness to personal needs.	NHS Digital	2019-20	S&O 64.9	STHK 66.2	67.1	59.5	84.2	
Mersey and West Lancashire Teaching Hospitals NHS Trust considers that this data is as described for the following reasons: The Trust's vision and drive to provide 5-star patient care ensures that patients are at the centre of all the Trust does. The Trust was rated outstanding overall for caring by the CQC following their latest inspection undertaken in 2018. The survey was conducted by an independent and approved survey provider (Quality Health), with scores taken from the CQC website. Mersey and West Lancashire Teaching Hospitals NHS Trust has taken the following actions to improve this data, and so the quality of its services, by: Promoting a culture of patient-centred care. Responding to patient feedback received through national and local surveys, Friends and Family Test results, complaints and Patient Advice and Liaison Service (PALS). Working closely with Healthwatch colleagues to address priorities identified by patients, including improving discharge planning.								

Indicator	Source	Reporting Period	MWL		National Performance			Comments
					Average	Lowest Trust	Highest Trust	
If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.	NHS staff surveys	2023	71.18%		63.32%	44.31%	88.82%	Data for 2020 onwards is for acute and acute & community providers Low scores are better performing trusts for the % experiencing harassment, bullying or abuse from staff
If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.	NHS staff surveys	2022	S&O 51.2%	STHK 77.6%	61.9%	39.2%	86.4%	
If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust.	NHS staff surveys	2021	S&O 52.6%	STHK 79.4%	66.9%	43.6%	89.5%	
% experiencing harassment, bullying or abuse from staff in last 12 months	NHS staff surveys	2023	14.92%		19.25%	26.09%	12.3%	
% experiencing harassment, bullying or abuse from staff in last 12 months	NHS staff surveys	2022	S&O 22.7%	STHK 15.1%	20.0%	25.9%	12.3%	
% experiencing harassment, bullying or abuse from staff in last 12 months	NHS staff surveys	2021	S&O 21.1%	STHK 15.1%	19.5%	27.2%	12.3%	
% believing there are opportunities to develop their career in this organisation	NHS staff surveys	2023	54.44%		55.07%	46.92%	64.38%	
% believing there are opportunities to develop their career in this organisation	NHS staff surveys	2022	S&O 42.9%	STHK 58.2%	53.4%	42.9%	63.6%	
% believing there are opportunities to develop their career in this organisation	NHS staff surveys	2021	S&O 44.5%	STHK 52.5%	52.1%	38.8%	64.6%	
Mersey and West Lancashire Teaching Hospitals NHS Trust considers that this data is as described for the following reasons; The Trust provides a positive working environment for staff with a proactive Health, Work and Wellbeing Service. An independent provider (IQVIA) provides the data. Mersey and West Lancashire Teaching Hospitals NHS Trust has taken the following actions to improve these percentages, and so the quality of its services, by: Embedding a positive culture with clear visible leadership, clarity of vision and actively promoting behavioural standards for all staff. Engagement of staff at all levels in the development of the vision and values of the Trust. Honest and open culture, with staff supported to raise concerns via Speak Out Safely, Freedom to Speak Up champions and anonymous Speak in Confidence website.								
Friends and Family Test - % That Rate the service as Very Good or Good - A&E	NHS England	Jan-24	84%		78%	48%	98%	
Friends and Family Test - % That Rate the service as Very Good or Good - A&E	NHS England	Dec-23	86%		78%	54%	100%	
Friends and Family Test - % That Rate the service as Very Good or Good - A&E	NHS England	Nov-23	85%		79%	57%	100%	
Friends and Family Test - % That Rate the service as Very Good or Good - A&E	NHS England	Oct-23	84%		79%	52%	97%	
Friends and Family Test - % That Rate the service as Very Good or Good - A&E	NHS England	Sept-23	86%		79%	11%	100%	
Friends and Family Test - % That Rate the service as Very Good or Good - A&E	NHS England	Aug-23	86%		82%	56%	100%	

Indicator	Source	Reporting Period	MWL	National Performance			Comments
				Average	Lowest Trust	Highest Trust	
Friends and Family Test - % That Rate the service as Very Good or Good - A&E	NHS England	Jul-23	87%	82%	0%	99%	
Friends and Family Test - % That Rate the service as Very Good or Good - Inpatients	NHS England	Jan-24	94%	94%	74%	100%	
Friends and Family Test - % That Rate the service as Very Good or Good - Inpatients	NHS England	Dec-23	94%	94%	73%	100%	
Friends and Family Test - % That Rate the service as Very Good or Good - Inpatients	NHS England	Nov-23	94%	95%	75%	100%	
Friends and Family Test - % That Rate the service as Very Good or Good - Inpatients	NHS England	Oct-23	95%	94%	70%	100%	
Friends and Family Test - % That Rate the service as Very Good or Good - Inpatients	NHS England	Sept-23	94%	94%	78%	100%	
Friends and Family Test - % That Rate the service as Very Good or Good - Inpatients	NHS England	Aug-23	95%	94%	67%	100%	
Friends and Family Test - % That Rate the service as Very Good or Good - Inpatients	NHS England	Jul-23	96%	95%	79%	100%	

Mersey and West Lancashire Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:
The Trust actively promotes the Friends and Family Test across all areas.
The data was submitted monthly to NHS England.
Mersey and West Lancashire Teaching Hospitals NHS Trust has taken the following actions to improve these percentages, and so the quality of its services, by:
Continuing to promote Friends and Family Test (FFT) using a variety of methods, including face-to-face and technology, supported by volunteers in key areas.
Actively working with ward staff to improve levels of engagement with the system, to ensure the latest results are shared at local level and actions are delivered to respond to the feedback.

% of patients admitted to hospital who were risk assessed for VTE	NHS England	Quarter 3 2019-20	S&O 98.0%	STHK 96.2%	95.3%	71.6%	100%	All data is for Acute Providers only
% of patients admitted to hospital who were risk assessed for VTE	NHS England	Quarter 2 2019-20	S&O 98.0%	STHK 95.2%	95.4%	71.7%	100%	All data is for Acute Providers only
% of patients admitted to hospital who were risk assessed for VTE	NHS England	Quarter 1 2019-20	S&O 97.8%	STHK 95.2%	95.6%	69.8%	100%	Data for Q4 2019-20 onwards is suspended

Mersey and West Lancashire Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:
Adult admitted patients with a stay over 24 hours have a venous thromboembolism (VTE) risk assessment undertaken to ensure that they receive the most appropriate treatment. NHS England data collection was suspended nationally in 2020 due to the impact of the pandemic. This is due to recommence in April 2024.

Reviews are carried out for all patients who develop a hospital acquired thrombosis (HAT). A hospital-acquired venous thromboembolism (VTE), also known as hospital-acquired or hospital-associated thrombosis (HAT), covers all VTEs that occur in hospital and within 90 days after a hospital admission. Of the 137 reviews completed to date (for the period April 2023 – December 2023) it was found that 22 required a Patient Safety Investigation. Of these 22 it was determined that 14 cases needed escalation to the Incident Review Group as patients did not receive appropriate treatment in relation to VTE prevention. Patient Safety Investigations undertaken on VTEs are recorded on Datix to ensure best practice is followed.

COVID-19 related VTE has been identified nationally and internationally as a complication of the virus and, therefore, the Trust developed and implemented appropriate guidance for clinicians to consider in planning VTE prophylaxis.

Mersey and West Lancashire Teaching Hospitals NHS Trust is taking the following actions to improve this percentage, and so the quality of its services, by:
Utilising IT systems and pathways to facilitate VTE risk assessment and prescribing of thromboprophylaxis.
Undertaking audits on the administration of appropriate medications to prevent blood clots.
Completing investigations on all patients who develop a hospital acquired venous thrombosis to ensure that best practice has been followed.
Sharing any learning from these reviews and providing ongoing training for clinical staff.

Indicator	Source	Reporting Period	MWL		National Performance			Comments
					Average	Lowest Trust	Highest Trust	
C. Difficile rates per 100,000 bed-days for specimens taken from patients aged 2 years and over (Total cases)	GOV.UK	April-22 to Mar-23	S&O 62.7	STHK 38.0	43.9	0	133.6	
C. Difficile rates per 100,000 bed-days for specimens taken from patients aged 2 years and over (Total cases)	GOV.UK	April-21 to Mar-22	S&O 54.4	STHK 42.8	43.7	0	138.4	
C. Difficile rates per 100,000 bed-days for specimens taken from patients aged 2 years and over (Total cases)	GOV.UK	Apr-20 to Mar-21	S&O 45.1	STHK 39.8	41.1	0	161.3	
C. Difficile rates per 100,000 bed-days for specimens taken from patients aged 2 years and over (Total cases)	GOV.UK	Apr-19 to Mar-20	S&O 41.0	STHK 43.2	34.7	0	136	
Mersey and West Lancashire Teaching Hospitals NHS Trust considers that this data is as described for the following reasons: Infection prevention remains a priority for the Trust. All new cases of C. difficile infection are identified by the laboratory and reported to the Infection Prevention Team, who co-ordinate mandatory external reporting. The Trust is maintaining compliance with the national guidance on testing stool specimens in patients with diarrhoea. Cases are thoroughly investigated, which is reported back to a multidisciplinary panel to ensure appropriate care was provided and lessons learned are disseminated across the Trust. Mersey and West Lancashire Teaching Hospitals NHS Trust has taken the following actions to improve this rate, and so the quality of its services, by: Focussing on ensuring staff compliance with mandatory training for infection prevention. Actively promoting the use of hand washing and hand gels to those visiting the hospital. Providing a proactive and responsive infection prevention service to increase levels of compliance. Ensuring comprehensive guidance is in place on antibiotic prescribing.								
Incidents per 1,000 bed days	Internal	Apr-23 to Mar-24	S&O 48.73	STHK 62.13	-	-	-	Nationally published data is suspended with the launch of Learn from Patient Safety Events (LFPSE) framework in 2023. Publications will be reinstated when all trusts have transitioned from National Reporting and Learning System (NRLS) to LFPSE framework. Data for Apr-21 to Mar-22 and Apr-20 to Mar-21 is based on acute (non-specialist) trusts with complete data (12 months data) Data for Oct-19 to Mar-20 is based on acute (non-specialist) trusts with complete data (6 months data)
Incidents per 1,000 bed days	Internal	Apr-22 to Mar-23	S&O 68.48	STHK 52.39	-	-	-	
Incidents per 1,000 bed days	NHS Improvement	Apr-21 to Mar-22	S&O 47.37	STHK 60.56	55.96	30.18	120.59	
Incidents per 1,000 bed days	NHS Improvement	Apr-20 to Mar-21	S&O 55.00	STHK 37.20	57.63	27.20	118.70	
Incidents per 1,000 bed days	NHS Improvement	Oct-19 to Mar-20	S&O 62.35	STHK 35.31	49.70	27.52	110.21	
Number of incidents	Internal	Apr-23 to Mar-24	S&O 8372	STHK 17469	-	-	-	
Number of incidents	Internal	Apr-22 to Mar-23	S&O 10674	STHK 14530	-	-	-	
Number of incidents	NHS Improvement	Apr-21 to Mar-22	S&O 9512	STHK 16557	14808	4577	49603	
Number of incidents	NHS Improvement	Apr-20 to Mar-21	S&O 6222	STHK 8124	12644	3169	37572	
Number of incidents	NHS Improvement	Oct-19 to Mar-20	S&O 4205	STHK 4370	6607	1758	22340	
Incidents resulting in severe harm or death per 1,000 bed days	Internal	Apr-23 to Mar-24	S&O 0.08	STHK 0.137	-	-	-	
Incidents resulting in severe harm or death per 1,000 bed days	Internal	Apr-22 to Mar-23	S&O 0.11	STHK 0.28	-	-	-	
Incidents resulting in severe harm or death per 1,000 bed days	NHS Improvement	Apr-21 to Mar-22	S&O 0.14	STHK 0.18	0.22	0.02	0.63	

Indicator	Source	Reporting Period	MWL		National Performance			Comments
					Average	Lowest Trust	Highest Trust	
Incidents resulting in severe harm or death per 1,000 bed days	NHS Improvement	Apr-20 to Mar-21	S&O 0.13	STHK 0.14	0.25	0.03	1.08	
Incidents resulting in severe harm or death per 1,000 bed days	NHS Improvement	Oct-19 to Mar-20	S&O 0.19	STHK 0.04	0.15	0.00	0.52	
Number of incidents resulting in severe harm or death	Internal	Apr-23 to Mar-24	S&O 13	STHK 39	-	-	-	
Number of incidents resulting in severe harm or death	Internal	Apr-22 to Mar-23	S&O 17	STHK 78	-	-	-	
Number of incidents resulting in severe harm or death	NHS Improvement	Apr-21 to Mar-22	S&O 28	STHK 50	58	5	216	
Number of incidents resulting in severe harm or death	NHS Improvement	Apr-20 to Mar-21	S&O 15	STHK 31	54	4	261	
Number of incidents resulting in severe harm or death	NHS Improvement	Oct-19 to Mar-20	S&O 6	STHK 5	19	0	93	
Percentage of patient safety incidents that resulted in severe harm or death	Internal	Apr-23 to Mar-24	S&O 0.16%	STHK 0.22%	-	-	-	
Percentage of patient safety incidents that resulted in severe harm or death	Internal	Apr-22 to Mar-23	S&O 0.16%	STHK 0.54%	-	-	-	
Percentage of patient safety incidents that resulted in severe harm or death	NHS Improvement	Apr-21 to Mar-22	S&O 0.3%	STHK 0.3%	0.4%	0.0%	1.3%	
Percentage of patient safety incidents that resulted in severe harm or death	NHS Improvement	Apr-20 to Mar-21	S&O 0.2%	STHK 0.4%	0.4%	0.0%	2.8%	
Percentage of patient safety incidents that resulted in severe harm or death	NHS Improvement	Oct-19 to Mar-20	S&O 0.1%	STHK 0.1%	0.3%	0.0%	0.9%	

Mersey and West Lancashire Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:
The Trust actively promotes a culture of open and honest reporting within a just culture framework.
The data was validated against National Reporting and Learning System (NRLS) and NHS Digital figures until March 2022 when publications were paused for the implementation of Learn from Patient Safety Events (LFPSE) framework in 2023. This framework was launched nationally by NHS England and future publications will run from LFPSE data. Data from April 2022 to March 2024 has been taken from the internal data held on Datix and used to report to NHS England.

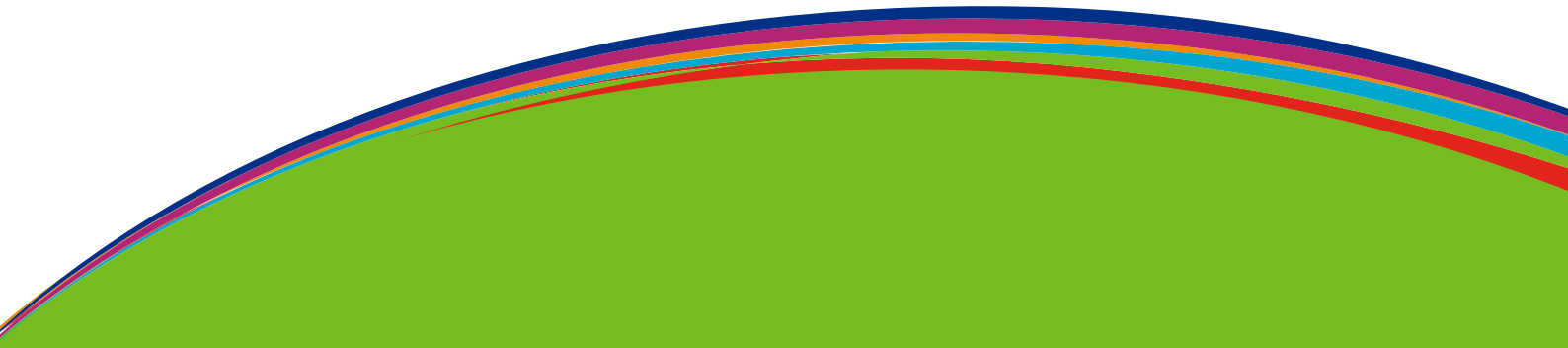
Mersey and West Lancashire Teaching Hospitals NHS Trust has taken the following actions to improve this number and rate, and so the quality of its services, by:
Undertaking comprehensive investigations of incidents resulting in moderate or severe harm.
Delivering simulation training to enhance team working in clinical areas.
Providing staff training in incident reporting and risk management.
Monitoring key performance indicators at the Patient Safety Council, Quality Committee and the Trust Board.
Continuing to promote an open and honest reporting culture to ensure incidents are consistently reported.

2.4.11.2. Performance against national targets and regulatory requirements

The Trust aims to meet all national targets. Performance against the key indicators for 2023-24 is shown in the table below:

Performance Indicator	2022-23	2022-23	2023-24	2023-24	Latest data
	Target for STHK & S&O combined	Performance for STHK & S&O combined	Target	Performance	
Cancelled operations (% of patients treated within 28 days following cancellation)	100%	86%	100%	92.40%	April 23 – Feb 24
Referral to treatment targets (% within 18 weeks and 95th percentile targets) – Incomplete pathways	92%	62.5%	92%	60.80%	April 23 – Mar 24
Cancer: 31-day wait from diagnosis to first treatment	96%	93.50%	96%	91.70%	April – Feb 23
Cancer: 62-day wait for first treatment from urgent GP referral	85%	76.90%	85%	78.1%	April – Feb 23
Cancer: 28 day wait from GP referral to Diagnosis informed	75%	69.10%	75%	69.50%	April – Feb 23
Emergency Department waiting times within 4 hours – all types (mapped performance)	95%	73.70%	76%	74.90%	April 23 – Mar 24
Percentage of patients admitted with stroke spending at least 90% of their stay on a stroke unit	80%	79.20%	80%	85.30%	April – Sept 23
Clostridium Difficile	105	104	85	114	April 23 – Mar 24
MRSA bacteraemia	0	1	0	6	April 23 – Mar 24
Maximum 6-week wait for diagnostic procedures: % of diagnostic waits waited <6 weeks	99%	72.40%	95%	87.80%	April 23 – Mar 24

Section 3. Additional information



3.1. Equality, Diversity and Inclusion (EDI)

The Trust remains committed to ensuring that its staff and service users enjoy the benefits of a healthcare organisation that respects and upholds individuals' rights and freedoms. Equality and human rights are at the core of our beliefs and the Trust strives to ensure that people with protected characteristics, as defined by the Equality Act 2010, and those individuals from traditionally underserved groups are not disadvantaged when accessing the services that the Trust provides.

The Trust's EDI Steering Group meets regularly to ensure compliance with all external standards, including those statutory requirements conferred on the Trust by the Equality Act 2010. The membership of the group is drawn from a wide range of staff from all disciplines, clinical, non-clinical, trade union representatives, Healthwatch representatives and members of the Trust staff networks.

The Trust is a member of the following external charter marks, accreditations and commitments, which are used to further our equality strategy:

- Armed Forces Covenant (re-signed 2023)
- Defence Employer Recognition Scheme (Armed Forces, gold accreditation 2020)
- Disability Confident Scheme, Leader (Level 3, reaccredited 2023)
- Dying to Work Charter (member, 2023)
- NHS Rainbow Badge Accreditation (LGBT) (Bronze, accredited 2022)
- NHS Sexual Safety Charter (member, 2023)
- Veterans Aware (Armed Forces, reaccredited 2023)
- North West region Stroke Voices

The Trust is a member of the North West black, Asian and minority ethnic (BAME) Assembly and is working towards applying for the North West Anti-Racism Framework accreditation.

3.1.1. Human Resources Equality, Diversity & Inclusion Operational Plan

The Human Resources EDI Team has continued to implement the Trust's Equality, Diversity & Inclusion Operational Plan 2022-2025. The Trust's three key priority areas are:

- Inclusive and compassionate leadership
- Culture of inclusion
- Diverse workforce

The plan builds on and complements the activities in response to the Staff Survey results, the Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES) and the Equality Delivery System (EDS).

An informal information, advice and guidance service for line managers and disabled employees was implemented providing advice on the workplace disability reasonable adjustments process and passport. The Trust was recognised for its commitment to supporting disabled staff, winning the Browne Jacobson Award for Excellence in Employee Engagement at the HPMA Awards. A suite of training courses was delivered for staff, line managers and decision makers, on the following topics:

- Lunch and learn: reasonable adjustments
- Designing bias out of recruitment, appraisal, promotion and progression
- Disability awareness & reasonable adjustments for line managers
- Equality & diversity in recruitment and selection (for recruiters)
- Equality impact assessments for decision makers (bitesize & full)
- Harassment and discrimination for managers
- Organising an inclusive event or activity
- Unconscious bias (generic & key recruiters)

The Trust continued to meet is legal and regulatory obligatory obligations, completing the annual:

- EDS assessment,
- Gender Pay Gap
- Workforce Disability Equality Standard,
- WRES, Medical WRES and Bank WRES

A new Carers' Toolkit was launched for staff with caring responsibilities, along with guidance documents on topics including bullying, harassment, sexual misconduct, cultural awareness and cultural competence, common disabilities and adjustments.

The Trust has continued to support six staff networks:

- Armed Forces Community
- Abilities@MWL (disability)
- Building a Multicultural Environment (black, Asian and minority ethnic)
- Carers
- Menopause
- Proud@MWL (LGBTQIA+)

EDI awareness events organised throughout the year included participation at St Helens, Southport and Liverpool LGBTQIA+ Prides, Black History Month and Wear Red Day, Disability History Month and the first EDI festival/week of events.

3.1.2. Patient Experience and Inclusion Strategy

The Patient Experience and Inclusion Team launched the new three year Patient Experience and Inclusion Strategy in 2022 following consultation with internal and external stakeholders. The strategy brings together objectives for equality, diversity, inclusion and engagement for the first time, rather than having separate strategies

The strategy comprises of three commitments with a total of 68 actions, which are on track to be delivered:

- **Commitment 1**
Inclusion and engagement - to be inclusive in our engagement with patients, carers and the public

- **Commitment 2**
Care and treatment accessible to all - We will endeavour to ensure that the care and treatment we provide is accessible to all

- **Commitment 3**
Capture, listen, learn - We will capture, listen and learn from the experiences of patients, carers and the public

3.1.3. Equality Delivery System

In 2023, the Trust transitioned to the new version of the Equality Delivery System (EDS22) and our approved grades are shown in the tables below, with the grades for 2023 shown in the first table and for 2024 in the second table.

In January and February 2024, the Trust held its Equality Delivery System (EDS) panel assessments, which were attended by senior leaders in the Trust, representatives from local Healthwatch groups, St Helens Council, Unison and the Senior Governance Manager from the Integrated Care Board (ICB). Progress on EDS goals and the Equality Objectives 2019-23 action plan were presented and the approved grades are outlined in the second table below.

EDS2 (2023)		
Goal	**Outcome**	**Score**
Better health outcomes	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Achieving
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Achieving
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Achieving
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Achieving
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	Excelling
Improved patient access and experience	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Achieving
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Achieving
	2.3 People report positive experiences of the NHS	Achieving
	2.4 People's complaints about services are handled respectively and efficiently	Excelling
A representative and supported workforce	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving
	3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Excelling
	3.3 Training and development opportunities are taken up and positively evaluated by all staff	Achieving
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing
	3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Achieving
	3.6 Staff report positive experiences of their membership of the workforce	Excelling
Inclusive leadership	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Developing
	4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Developing
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Achieving

EDS22 (2024)		
Domain	**Outcome**	**Score**
Commissioned and provided services	1A Patients (service users) have required levels of access to the service	Achieving
	1B Individual patients (service users) health needs are met	Achieving
	1C When patients (service users) use the service, they are free from harm	Achieving
	1D Patients (service users) report positive experiences of the service	Achieving
Workforce Health & Wellbeing	2A When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Achieving
	2B When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Achieving
	2C Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Achieving
	2D Staff recommend the organisation as a place to work and receive treatment	Achieving
Inclusive Leadership	3A Board members, system leaders and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Achieving
	3B Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Achieving
	3C Board members and system leaders ensure levers are in place to manage performance and monitor progress with staff and patients	Achieving

The EDS22 is split into domains rather than goals. The patient element in the new EDS22 is Domain 1, which involves a deep dive into three services per year to see how inclusive and accessible they are and to identify any gaps as a tool for improvement.

Following the assessments an action plan/improvement plan is developed and progressed by the services, with an update on any improvements made at the following year's assessment.

The Trust reviewed the following three services, with their scores indicated below:

- Sexual health – excelling
- Faster diagnosis pathway – developing/achieving
- Palliative and end of life care – undeveloped

Overall domain 1 score = Achieving

The parties present at the assessment approved the Trust's self-assessment of the grades.

3.1.4. Equality objectives 2019-23

3.1.4.1. Improving access and outcomes for patients and communities who experience disadvantage

Communication support for those with disabilities

We have further increased the number of patients who told us they had additional communication needs due to their disability (in line with the Accessible Information Standard (AIS)) by:

- Additional training for appointments/admissions staff to 'ask'
- Publicity via social media, posters, GPs and Healthwatch
- Regularly audit alerts on patients' records
- Training with team from Deafness Resource Centre (DRC) for our doctors in training
- Webform on communication needs for patients to tell us if they have additional communication needs due to disability
- Ongoing awareness training delivered by St Helens DRC to multiple groups of 25 staff, with over 400 staff completing this training to date. Staff from all groups across the organisation have accessed the training, including our medical workforce who have found the training very good in expanding their knowledge of the issues a D/deaf patient has when accessing our services

Increasing accessibility

- Additional virtual wards launched
- Cancer symptoms advice line originally set up in 2020 due to COVID has been reintroduced
- Virtual British Sign Language (BSL) interpreting available through DRC
- Work completed in ED focussing on their access to interpreting services when they are needed at short notice
- Looking at an application (app) for BSL interpreters for ED and out of hours/short notice requests
- Learning Disability Nurse Specialists increased in the Trust therefore additional capacity to assist with reasonable adjustments and completion of health passports
- Internal and external review of all polices and departments as part of the Rainbow Badge Accreditation (scored bronze)
- Patient information leaflets have content checked to ensure they are inclusive (both language and content)

Collaborative working

- Working in collaboration with Cheshire and Merseyside ICB and the accessibility lead from Sefton Council to look at accessibility and also to seek to improve the information given to us by GPs services when referring patients to the Trust
- Leading on a Transgender task and finish group established to identify issues affecting trans patients and staff; this group developed a workforce policy for use in all trusts in Cheshire and Merseyside, working on this with clinicians from this Trust, Cheshire and Merseyside ICB, Sefton Council and local transgender specialists with the potential to roll the work and guidance out nationally once complete
- Reaccredited for the Veterans Aware and now a member of Lancashire Armed Forces Covenant meetings to work collaboratively with them to improve what we can offer our patients moving forward.

3.1.4.2. Engagement and consultation

- Patient Participation Group is held each quarter, with a face to face meeting and virtual access for those who cannot travel
- Regular updates are given regarding changes to the estate in the Trust, new services and service development. The group helped to develop our Trust values and priorities for the next year and were actively involved in our EDS22 assessment
- We continue to engage regularly with our community stakeholders to understand any barriers that they may face when trying to access our services and also to show them what changes we have made, some of which will be based on their feedback
- Carers groups to explain our carers passport and the benefits for carers detailed in the passport

- Access audits and PLACE inspections restarted following the pandemic and patient representatives from our local communities and local Healthwatch groups participated alongside Trust staff
- Engaged and consulted on policies and standard operating procedures (SOPs) from specialist groups eg trans policies with Lesbian and Gay Foundation (Rainbow Badge) and our Proud staff network
- Engaged with patient groups regarding the formation of the new Trust

3.1.4.3. Patient equality objectives 2023-27

The following objectives will be the focus for the coming years looking at all areas of the Trust, and not only how accessible the estate is, but also how accessible and inclusive are our services which will include:

- Patient app
- Patient letters and alternative to letters and phone calls for patients who are unable to use these formats
- Accessible formats and what more we can offer
- Alternative ways to contact patients e.g. emails
- Information in alternative formats
- Review accessibility of Trust areas/services across all sites
- Lay out/estate
- Accessibility
- Patient call systems
- Booking systems
- Change the way interpreting services are delivered in the Trust:
  - 20% face to face
  - 40% telephone
  - 40% video

The use of interpreters had the following split in 2023:

- Face to face – 65.1%
- Telephone – 34.3%
- Video – 0.6%

3.1.5. Freedom to speak up

The Trust has an established system to encourage and support staff to have the freedom to raise concerns. Staff are encouraged not only to speak up about anything that gets in the way of delivering great care and treatment but also about areas of good practice that could be replicated elsewhere.

- **Freedom to speak up (FTSU)**

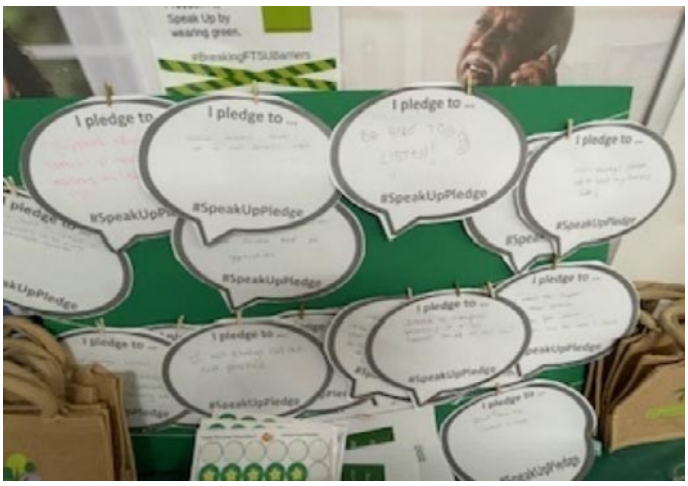
The Trust has six freedom to speak up guardians, two of whom undertake a dedicated role to both support staff and the development of a speak up, listen up and follow up culture, within the organisation. The team is supported by a FTSU Specialist Administrator and a developing network of FTSU champions, who come from different professional groups and are working at various levels and roles within the Trust. Whilst champions primarily support the culture within the teams in which they are embedded, they may also offer support and signposting to any staff member within the Trust. Guardians and champions come together once a month to share information and develop ideas for further developing the culture.

Following the formation of the Trust in July 2023, work has been completed to align processes and further enhance the service offered. Staff are encouraged to speak up and raise any concerns, within their own teams, however they can also access support via the FTSU guardians and champions. They can raise concerns via the web based, Speak in Confidence system, by email to a dedicated inbox, via a hotline to the Medical Director or by contacting the Chief Executive, who is also a FTSU Guardian. FTSU guardians participate in corporate staff inductions and offer an array of sessions to individual departments or as part of a training programme. The FTSU guardians meet on a regular basis to discuss any emerging trends, whilst maintaining confidentiality regarding individual cases.

The Trust Board completed a self-assessment of the FTSU arrangements within the Trust in January 2024, using the National Guardian's office and NHS England's Reflection and Planning Tool. The outcome of this has been used to develop an action plan for continuous improvement and an updated merged FTSU Strategy.

Each year, October is freedom to speak up month and the theme for 2023 was breaking down barriers, with several activities undertaken to raise awareness of speaking up including:

- FTSU guardian and champions walk arounds on each site
- Information stands on each site and encouragement to staff to make a FTSU pledge
- Distribution of quizzes and word search relating to speaking up
- Wear green Wednesdays
- Discussion at Trust Brief Live throughout the month
- Launch of a campaign to recruit FTSU champions across all Trust sites
- Launch of Speak in Confidence system at the Southport and Ormskirk sites



The FTSU system is complementary to the just and learning culture adopted by the organisation.

In 2023-24, whilst no Trust themes have emerged following analysis of FTSU cases, there has been appropriate actions taken to address all cases where action was required following review of the issues raised. When a FTSU guardian has supported a member of staff to raise concerns, feedback is requested before a case is closed. There is consistent positive feedback from staff in relation to the support offered by guardians, with examples below:

> I would speak up again. I found the FTSU Guardian helpful in resolving my concerns. They kept me fully updated and was supportive.

> I found myself in a situation recently, where I needed advice quickly and impartially. I felt that I was listened to and given advice on what to say which enabled me to address the issues I was facing.

> The Team was involved quickly to address the concerns and acted properly with involving proper managers for investigation and satisfactory outcome.

Staff are also asked if they feel they have suffered detriment as a result of speaking up and, whilst there have been no reports of detriment in 2023-24, one member of staff was supported to consider applying and signposted to the NHS England FTSU Support Scheme.

The Trust continues to work in partnership with the National Guardian's Office and Northwest Regional Network of Freedom to Speak Up Guardians to enhance staff experience with raising concerns.

The range of other routes to raise concerns and receive support are listed below:

- **Health, work and wellbeing hotline**

Staff members have access to a dedicated helpline, to provide advice and support regarding health and wellbeing aspects relating to work or impacting on the individual. Bespoke support can be offered depending on the needs and circumstances. Concerns about the workplace can be raised through the hotline.

- **Hate crime reporting**

A hate crime is when someone commits a crime against a person because of their disability, gender identity, race, sexual orientation, religion, or any other perceived difference. The Trust, in partnership with Merseyside Police, continues to support staff members with the first ever Hate Crime Reporting Scheme based at an NHS Trust. This is a confidential online reporting service that enables anyone from across our organisation and local communities to report, in complete confidence, any incidents or concerns around hate crime to Merseyside Police.

- **Policies and procedures**

There are a number of Trust policies and procedures that facilitate the raising of staff concerns, including Grievance Policy and Procedure, Respect and Dignity at Work Policy and Being Open Policy. Staff are also encouraged to informally raise any concerns to their manager, nominated HR lead or their staff-side representative, as well as considering the routes listed above.

All concerns are taken seriously, and changes made where appropriate, including making changes to the working environment, providing individual support and information available to staff and reviewing staffing levels in key areas. The Trust has made available nationally recommended FTSU training to all staff members on its e-learning platform.

3.1.6. Staff survey key questions

The national staff survey provides a key measure of the experiences of the Trust's staff, with the findings used to reinforce good practice and to identify any areas for improvement. For the 2023 survey, reported in 2024, the Trust conducted a full census staff survey. There were 3924 completed questionnaires returned giving a 38% response rate for the first MWL NHS Staff Survey.

For the second year, eligibility to participate in the NHS Staff Survey was extended to bank only workers in NHS organisations, using a tailored version of an online questionnaire. Eligibility was based on bank workers who had worked in the six months between 1st March 2023 and 1st September 2023 and who did not have a substantive or fixed term contract. Out of the 1453 people the survey was sent to, 217 people responded providing a response rate of 14.9%

We are able to make comparisons with the Trust's benchmarking group, which comprises the data for 'like' organisations, weighted to account for variations in individual organisational structure. The Trust's benchmarking group comprises 122 organisations.

The survey questions are still related to the themes and sub-themes of the NHS People Promise with additional themes of staff engagement and morale retained from earlier surveys. The results give a wide picture of satisfaction across the whole organisation.

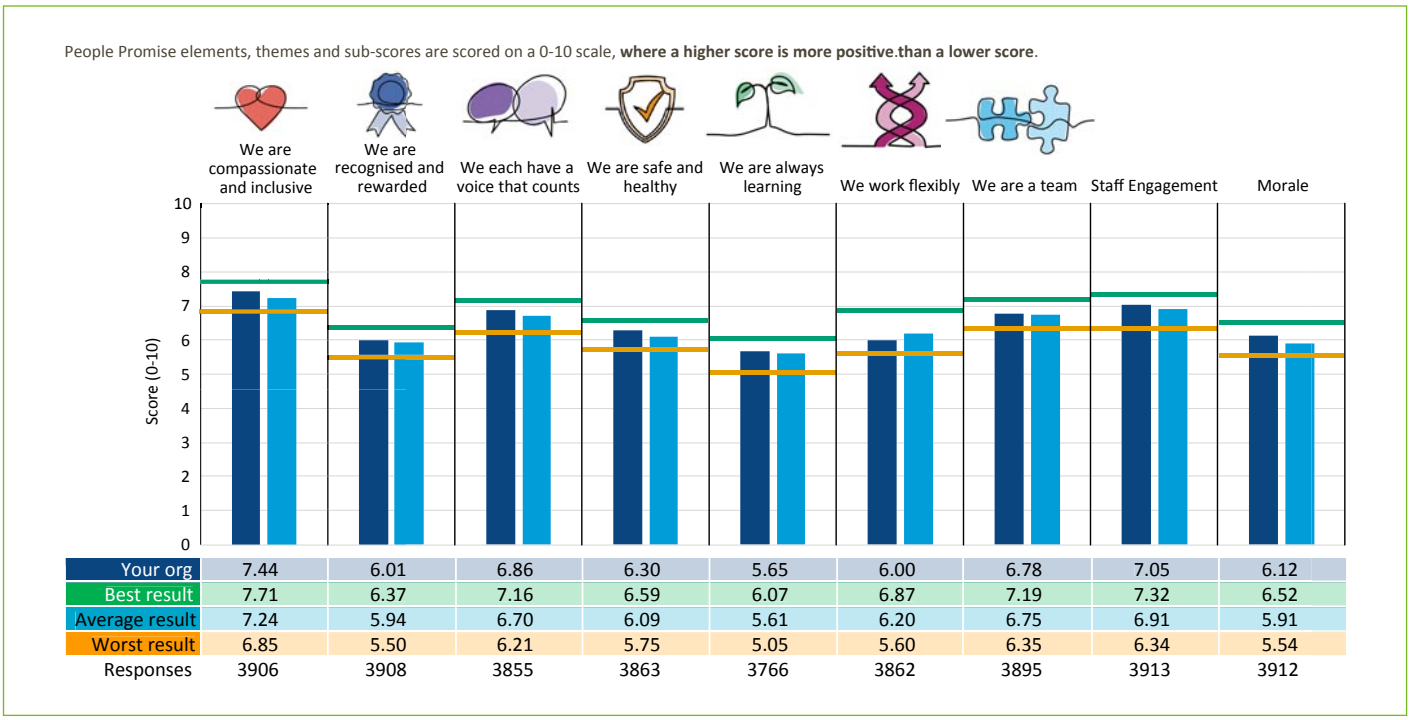
Results are reported both as individual question responses and as themes, aligned to the NHS People Promise which are:

- We are a team
- We are always learning
- We are compassionate and inclusive
- We are recognised and rewarded
- We are safe and healthy
- We each have a voice that counts
- We work flexibly

Plus the two recurring themes:

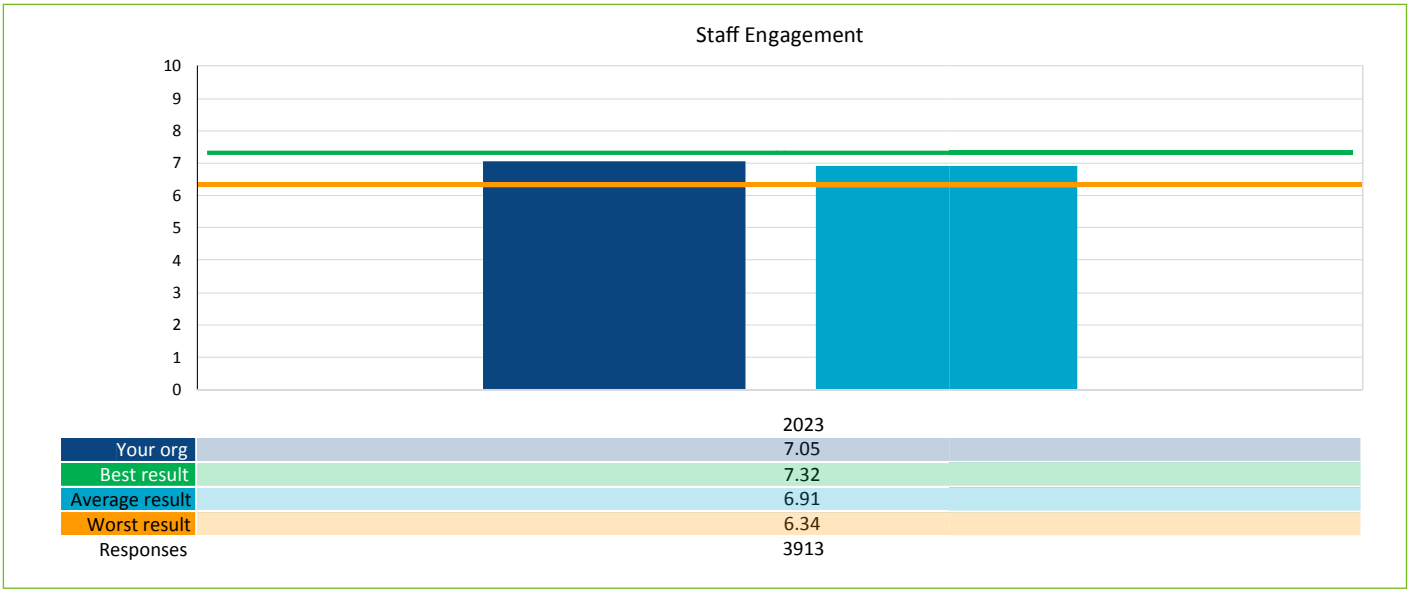
- Morale
- Staff engagement

These results are shown in the chart below:



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.44	6.01	6.86	6.30	5.65	6.00	6.78	7.05	6.12
Best result	7.71	6.37	7.16	6.59	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	6.09	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54
Responses	3906	3908	3855	3863	3766	3862	3895	3913	3912

Staff Engagement Theme



	2023
Your org	7.05
Best result	7.32
Average result	6.91
Worst result	6.34
Responses	3913

Staff Engagement is calculated as an average from the scores of the following three sub-themes: motivation, involvement and advocacy. MWL preformed above the national average for all but one sub theme within this sector, involvement.

The Trust achieved the best scores for an acute trust in the North-West for sub-theme compassionate culture and advocacy, which include responses about recommending the Trust as a place to work, receive treatment, feeling that care is the organisation's top priority and that their roles make a difference to patients/service users.

Action plans are being developed for areas identified for improvement at Trust and local level.

3.2. Patient safety

One of the Trust's continuing priorities in 2023-24 was to embed a culture of safety improvement that reduces harm, improves outcomes and enhances patient experience. There was a particular focus on reducing avoidable harm by preventing falls.

3.2.1. Falls

The Falls Team continues to develop strategies to minimise the occurrence of inpatient falls and in 2023-24 there was a further 2.56% reduction in legacy STHK inpatient falls per 1000 bed days, decreasing from 7.297 falls per 1000 bed days in 2022-23 to 7.110 in 2023-24. This follows a significant reduction in the previous year of 15.81% against a target of 10%, decreasing from 8.667 falls per 1000 bed days in 2021-22 to 7.297 in 2022-23

The Trust continued to implement its Falls Prevention Strategy 2022-25 with a focus on 5 key areas for improvement:

- Embedding a culture of safety improvement that reduces harm caused by falls
- Improvement in communication of patient risk factors between wards/areas and the Falls Team
- Providing assurance of improvements and learning
- Education and development
- Equipment and environment

The Hospital Falls Team have provided staff with various methods of support, education and guidance to ensure the action plan associated with our strategy is completed within the specified timeframes. Some examples of this work include daily falls walk rounds by Falls Nurse Specialist, daily snapshot audits of falls care and ward based training.

Falls prevention training is provided to newly qualified nursing staff, junior doctors and healthcare assistants new to the Trust as part of the induction programmes.

The Team also hosts a North West regional falls nurse forum. The group now meets bi-monthly and is a valuable opportunity for all members to share practice and news on national and local initiatives. Falls nurses, therapists and patient safety colleagues across the region attend and the membership has grown from 9 to 13 trusts during 2022-23.

The forum has also been asked by the NHS England Cheshire and Merseyside Falls Prevention Steering Group chair to support as an operational group where decisions made or suggested by the Steering Group can be discussed with staff who work operationally in falls prevention roles across the region.

3.2.2. Pressure ulcers

The Trust has continued to focus on reducing the risk of patients developing hospital acquired pressure ulcers due to any lapses in care. A Trust-wide strategic action plan was developed and implemented in 2023, with compliance and actions monitored. There has been a decrease in 2023 in cases of category 2 - 3 pressure ulcers with lapses in care, from April to December there was 27 category 2 compared to 36 in 2022 and 3 category 3 cases compared to 1 in 2022. However, the number of total hospital admissions has increased by 9.2% in year to date. In addition, the team have reported significant higher acuity in referrals and an increase in complexity and co morbidities since COVID, as well as extended stays in ED.

In-depth investigations were commissioned to identify the causes of category 3 and 4 pressure ulcers, with improvement actions taken, including education for staff members to improve risk identification and appropriate care planning to prevent the development of a pressure ulcer. In one of the cases the patient had significant vascular insufficiency and vessel occlusion to lower legs.

The Trust-wide action plan highlights the main activities implemented in year to improve performance and is showing some improvements in several areas, including, documentation, compliance with policy and engagement in education and training, which the team offer bespoke at ward level.

Several new strategies have seen improvements including, all patients admitted through ED are placed on a bed frame rather than a trolley when possible.

Further the pressure ulcer CQuIN has enabled the team to raise the profile of risk assessments and care planning, with achievement of a pass rate for April to December 2023.

3.2.3. Venous thromboembolism (VTE)

VTE covers both deep vein thrombosis (DVT) and its possible consequence, pulmonary embolism (PE). A DVT is a blood clot that develops in the deep veins of the leg. However, if the blood clot becomes mobile in the blood stream it can travel to the lungs and cause a blockage (PE) that could lead to death.

The risk of hospital-acquired VTE can be greatly reduced by risk assessing patients on admission to hospital and taking appropriate action. This might include prescribing and administration of appropriate medication to prevent blood clots and application of specialised stockings.

National reporting for VTE risk assessment compliance has been suspended since April 2020, however the Trust has continued to maintain appropriate prevention interventions by:

- Electronic VTE risk assessments live on narrative system
- Paper document integrated into ED acute assessment pro forma making a documented VTE risk assessment available for ED patients
- VTE risk assessment recorded on patient flow boards with distinct purple circle assisting ward staff to identify status at a glance
- Sharing risk assessment compliance through daily dashboards
- Undertaking an investigation of all cases of hospital acquired thrombosis in order to reduce the risk of it happening again
- On-going VTE training including Moodle based online learning for all clinical staff
- Face to face training for new starters to the Trust

3.2.4. Medicine safety

The Pharmacy Department has continued to focus on medicine safety, with a number of actions taken as outlined below.

Electronic Prescribing and Medicines Administration (ePMA)

There has been an ongoing programme of ePMA system development and rollout overseen by the project board. In 2023-24, the Spinal Unit at Southport went live with ePMA, with further roll out to the rest of Southport and Ormskirk sites anticipated to be in the second half of 2024-25. Other priorities for 2024-25 include integrating the discharge prescriptions with ePMA to eliminate transcription and a progressive reduction in the use of paper prescriptions for specialist prescribing, including palliative care, paediatrics and anticoagulation.

Electronic inpatient non-stock drug ordering has been rolled out to all wards that are on ePMA, which saves nursing time but also ensures the order is received immediately in the pharmacy department and ensure patients receive their medicines in a timely manner.

Chemocare electronic prescribing system was upgraded in early 2023 and is now a Trust wide system for MWL.

Pharmacy dashboard

During 2023-24, the pharmacy dashboard continued to be developed. This is an invaluable 'live' resource which enables clinical pharmacy staff to review the medicines status of patients on each ward at a glance and prioritise their workload. This takes feeds from multiple systems including ePMA, laboratory results, alerts and the dispensary systems.

Emergency Department developments

The Whiston ED pharmacy team was expanded at the end of 2022-23 and is now well established in the department. The team focusses on patients being admitted as inpatients and performing medicines reconciliation to ensure an accurate drug history is obtained and that all prescribed medicines are appropriate on an individual patient basis.

During the intense pressure on inpatient beds and patient flows during winter 2023-24, the input of this pharmacy team in ED has been especially important to support the prompt, safe treatment of patients with medicines in ED, especially for those whose onward transfer to wards was delayed. A critical medicines bleep is now in place which ensures patients receive these without delay and there is also a system to ensure any medicines dispensed follow the patient when they are transferred to an inpatient bed.

Targeted education on the management of controlled drugs has been provided to the ED nursing staff.

The storage of individual patients' medicines in ED has also been reviewed and a business case has been submitted to support the storage of medicines. At Southport and Ormskirk hospitals, bedside lockers are in place in ED, Ambulatory Care Unit and Clinical Decision Unit. There is a business case in development to increase the pharmacy team in ED.

Medicines audits

Medicines storage and security audits remain ongoing and continued improvement in performance has been reported from the previous year when Tendable was introduced. Targeted improvement work has been provided to areas identified as requiring support in the audits. Ward based pharmacy technicians now also perform weekly audits on safety and security of medicines on wards. Feedback is given to the ward manager and escalated to the matrons and an action plan put in place if improvement is not made.

The audit pro forma for controlled drugs (CD) in clinical areas is now within Tendable. This will enable faster analysis of results and subsequent feedback and support for areas which require this. A capital bid has been submitted for Careflow CD Manager, an electronic system to replace paper CD registers. In the meantime, the pharmacy technical team is about to trial new pre-printed CD book indexes which will help address some shortfalls in CD audits. High level reporting and assurance for management of CDs will be combined with the general medicines storage and security audit reports from Tendable and presented to Quality Committee in future.

Work has started to align STHK and S&O Safe and Secure Handling of medicines audits.

Additional developments

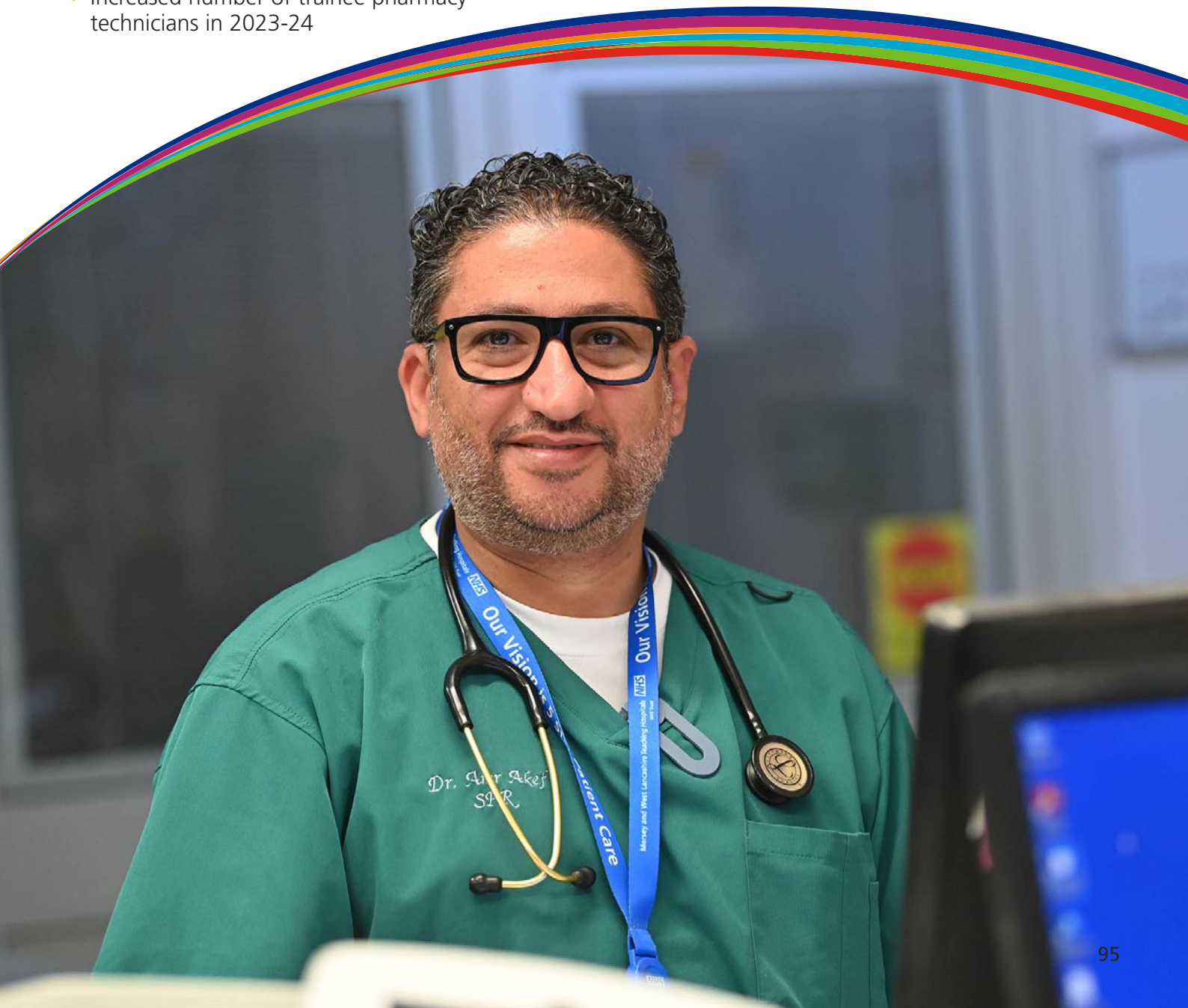
During the year, notable work has been completed to update and implement guidance for valproate prescribing and administration in female patients. We have continued a campaign to alert clinical staff of the importance of obtaining up to date weights for patients on weight-sensitive medicines doses such as both IV and oral paracetamol.

Experienced hospital clinical pharmacists have been required to review clinically vulnerable patients' current medicines for harmful interactions with the first-choice oral antiviral for COVID, Paxlovid. Additionally, our dispensary team ensure the prompt supply of COVID antivirals for community patients, making arrangements for collection or delivery as the demand for these treatments continued.

Other medicines safety and quality-related work has included:

- Regular input into the Trust's safety huddles and quality & risk newsletters
- Cross site medicines safety bulletins, with MWL branding to inform on modified release and non-modified release preparations, and reminder that vigilance required with gabapentin/pregabalin prescribing and administration. Further bulletins for Emollients and Penicillin Allergy being drafted
- Critical medicines guidance cards supplied for attachment to lanyards at STHK, with plans to roll out to S&O
- Adverse drug reaction (ADR) event with stands in foyers at both Whiston and St Helens hospitals to promote ADR reporting
- Discharge medicines service to prompt follow up of patients by community pharmacists after discharge, which now includes targeting for smoking cessation support
- Adrenaline storage in community - creating standard operating procedures for safe storage for community nurses
- Worked with Urgent Treatment Centre (UTC) to help with their patient group directives (PGDs), safe storage and out of hours
- Medicine safety communication board in the department and updated on the intranet with reports and alerts

- IPads in the department for medication error reporting and Yellow card app installed
- Established drug library (Smart Infusion Pumps) for adults in place at S&O, with a view to expanding to paediatrics
- Falls reviews of patients by clinical pharmacists
- Contribution to investigation of serious incidents
- Extended safe and secure audits to reach community clinics
- Medicines Safety Officer in place for MWL, who attends Serious Incident Review Group, to advise on medicines related issues. Plans to review NHS England's (NHSE) enduring standards to benchmark and align processes across MWL
- Relaunch of the nurses' link group (STHK)
- Initiatives to maximise recruitment and retention of pharmacists and pharmacy technicians such as over-recruitment, redesign of posts
- Increased number of trainee pharmacy technicians in 2023-24
- Approval for additional trainee pharmacists to start in 2024-25
- Implementation of the Yellow card team within the department
- Business case approved for additional staff to support increased workload in outpatients; at S&O this is outsourced to Rowlands Pharmacy
- Additional Omnicell in Paediatric ED installed (STHK). Omnicells at S&O sites are situated in ED, ITU, and Paediatric ED
- Expansion continuing of ward-based dispensing with a new dispensary on the 5th floor at Whiston Hospital to be launched in spring 2024
- Aseptic dispensing unit establishment of additional funding stream to enable recruitment of extra staff



3.2.5. Theatre safety

The Trust Operating Theatre Department continues to develop and refine patient safety initiatives in keeping with the National Safety Standards for Invasive Procedures (NatSSIPs) and Local Safety Standards for Invasive Procedures (LocSSIPs), to reduce the number of patient safety incidents related to invasive procedures. The key performance indicators are reviewed and monitored through Datix.

The department had one never event in November 2023 within Ophthalmology Theatres, with immediate actions taken to reduce the risk of further incidents.

As the World Health Organisation (WHO) surgical safety checklists continue to evolve in response to learning from incidents and other improvement work, the department has focused upon initiating several actions within the patient pathways. These will incorporate the new NatSIPPs 8 sequential steps that will provide clearer and more specific space for additional checks. In particular regarding surgical implant verification, consent, site and procedural verification and the reconciliation of items in prevention of retained foreign objects.

3.2.6. Being open – duty of candour

The Trust is committed to ensuring that we tell our patients and their families/carers if there has been an error or omission resulting in harm. This duty of candour is a legal duty on trusts to inform and apologise to patients if there have been mistakes in their care that have, or could have, led to significant harm (categorised as moderate harm or greater in severity).

The Trust promotes a culture of openness, honesty and transparency. Our statutory duty of candour is delivered under the Trust's Being Open - A Duty of Candour Policy, which sets out our commitment to being open when communicating with patients, their relatives and carers about any failure in care or treatment. This includes an apology and a full explanation of what happened with all the available facts. The Trust operates a learning culture, within which all staff feel confident to raise concerns when risks are identified and then to contribute fully to the investigation process in the knowledge that learning from harm and the prevention of future harm are the organisation's key priorities.

The Trust's incident reporting system has a mandatory section to record duty of candour. Weekly incident review meetings are held, where duty of candour requirements are reviewed on a case-by-case basis allowing timely action and monitoring. This ensures the Trust meets its legal obligations. The Trust has continued to raise the profile of duty of candour through the lessons learned processes and incident review meetings. In addition, duty of candour training is included as part of mandatory training and investigation training for staff.

3.2.7. Never events

Never events are described by NHS England in its framework published in 2018 as serious incidents that are wholly preventable. Each never event has a potential to cause serious harm or death. However, serious harm or death is not required for the incident to be categorised as a never event. Never events include incidents such as, wrong site surgery, retained foreign object post-surgical procedure and chest or neck entrapment in bedrails.

The Trust remains committed to understanding the cause of these incidents through comprehensive investigation. This approach is underpinned by the Trust's commitment to ensuring an open and honest culture in which staff are encouraged to report any errors or incidents and to feed back in the knowledge that the issues will be fairly investigated, and any learning and improvement opportunities implemented.

The Trust reported one never event in 2023-24, which met the criteria of wrong implant/prosthesis. A number of actions were identified and implemented, including revision of the storage of the implants, review and update of the policy for the Local Safety Standards for Invasive Procedures (LocSSip) and local safety checklists and embedding pause/stop moment during the handling of implants in theatre as recommended by the centre of perioperative care (CPC) and NatSSIPs. Training was updated and delivered locally.

3.2.8. Infection prevention

The Health and Social Care Act 2008 requires trusts to have clear arrangements for the effective prevention, detection and control of healthcare associated infections (HCAI). The Director of Nursing, Midwifery and Governance is the Trust's Director of Infection Prevention and Control (DIPC), with Board level responsibility for infection control.

The Trust's infection prevention priorities are to:

- Reduce the incidence of healthcare associated infections.
- Adopt and promote evidence-based infection prevention and control practice across the Trust
- Identify, monitor and prevent the spread of pathogenic organisms, including multi-drug resistant organisms throughout the Trust
- Reduce the incidence of HCAI by working collaboratively across the whole health economy

The Infection Prevention and Control Team provides expert advice to the organisation regarding all aspects of IPC, including national policy initiatives and the development and implementation of the HCAI Annual Plan with key stakeholders.

The NHS Standard Contract 2023-24 includes quality requirements for NHS trusts to minimise rates of both Clostridioides difficile (C. difficile) and of Gram-negative bloodstream infections to threshold levels set by NHS England. The MWL combined objectives have not yet been established, with the legacy Trusts reporting separately until the end of the financial year.

STHK (Whiston, St Helens and Newton hospital sites) reported:

- Four hospital-associated MRSA bacteraemia cases; of these, three were associated with peripheral venous cannulae and were deemed avoidable, with the fourth case being linked to a urinary catheter. Improvements were identified in consistency of aseptic non-touch technique (ANTT) competency assessment and reliability of compliance with ANTT during care of invasive devices
- The Trust threshold is no more than 46 cases of hospital associated C. difficile in 2023-24, with 75 hospital-associated cases which is above target and an increase on last year

Southport and Ormskirk sites reported:

- Two hospital-associated MRSA bacteraemia cases. The first case was deemed as unavoidable in a complex patient who was colonised with MRSA on admission to hospital. The second case was an avoidable peripheral venous cannula infection, which resulted in Trust-wide learning and improvement by way of a Trust improvement plan given that this was the fourth cannula-associated bacteraemia
- The Trust threshold for hospital associated C. difficile is no more than 39 cases in 2023-24 with 40 cases reported, a decrease of 9 from last year

All cases of hospital-associated C. difficile undergo post infection reviews (PIR). Themes in these cases are largely unchanged, with the most common lessons identified in the timely isolation and stool testing of patients and antimicrobial stewardship in some cases. Lessons learned from the PIRs are shared with Trust colleagues via a monthly infection prevention report.

The Infection Prevention and Control Team undertakes a programme of clinical practice and environmental audits, to provide assurance on compliance with key standards and to identify areas where improvements can be made.

Key achievements for 2023-24 were:

- The Infection Prevention Teams working collaboratively across the new MWL Trust, with a focus on harmonising policies and guidance, to ensure standardised and reliable IPC practice
- The development of an E. coli bloodstream infection (BSI) improvement plan, with a focus on hydration and urinary catheter care.
- The development of a cannula care improvement plan to address lessons from the MRSA BSI, to improve care and ongoing maintenance of these devices
- Alignment of ANTT system and process across MWL
- Improved engagement with ward leaders to optimise the clinical environment for patients, with a programme of estates walkarounds, with estates and the IPC Team Matron
- Support from the IPC Team on capital estates projects, to improve the built environment for patients and staff

3.2.9. Safeguarding

The Trust is committed to ensuring safeguarding responsibilities are carried out in line with legislation and national and local policy. There are dedicated Safeguarding Teams situated on both the legacy S&O and STHK sites. Within the teams there are Named Nurses and Named Midwifes for both children and adults supported by specialist safeguarding practitioners. There are two Assistant Directors who support the Director of Nursing. Midwifery and Governance to ensure that the Trust is fulfilling its statutory safeguarding responsibilities.

There is a suite of safeguarding policies which have been harmonised following the transaction of the two legacy Trusts, along with associated robust processes to protect unborn infants, children and young people and adults at risk (including those with a diagnosis of a learning disability and/or autism) from harm or abuse. In addition, there is a specific Safeguarding Training Needs Analysis which identifies the level of training every staff member within the organisation must complete, including safeguarding adult and children training, mental capacity, prevent and learning disability awareness.

The Safeguarding Team also ensure there are processes in place to support patients who are unable to consent to care and treatment and require a formal capacity assessment and completion of an urgent deprivation of liberty safeguard (DoLS) authorisation; these are quality assured and processed by the Safeguarding Teams.

The Safeguarding Teams maintain a visible presence across sites and are available to offer advice, support and supervision to all Trust staff. The Trust safeguarding key performance indicators (KPIs) are submitted on a quarterly basis and quality assured by the Integrated Care Board (ICB) Designated Nursing Team (St Helens and Sefton Places). During 2023-24, a red/amber/green (RAG) rating of green was given in all areas except safeguarding training compliance and completion of Looked After Children (LAC) initial health assessments within the St Helens based Developmental Paediatric Service. There has been a steady increase in training compliance with the 90% required compliance achieved in the majority of all levels.

The expectation in relation to initial health assessments for LAC is that 100% of children will receive their assessment within 20 days of entering the care system; this continues to prove challenging due to both internal and external pressures, including late notifications from the Local Authority, children not being brought to appointments and an increase in the numbers of children requiring assessments. The Developmental Paediatric Team has taken steps to increase appointment capacity and provide weekend appointments to support attendance, as well as working with community partners to review processes and consider any potential barriers.

The ICB continue to confirm assurance in relation to safeguarding activity which has risen consistently across all areas, particularly numbers of referrals and evidence of good multi-agency working. Quarterly safeguarding reports and an annual report are presented to the Quality Committee and the Safeguarding Assurance Group meets quarterly to provide safeguarding updates in all areas of safeguarding activity and process, with external stakeholder representation provided by the Designated Nurses and Healthwatch partners for the purpose of additional scrutiny and information sharing.

The Trust provides representation at five local safeguarding partnership boards for adults and children and to associated subgroups. When required, there is additional representation and contribution to adult and children multi-agency reviews, domestic abuse related death reviews (previously known as Domestic Homicide Reviews) and theme specific multi-agency audits.

There has been further external scrutiny by way of a Mersey Internal Audit Agency (MIAA) safeguarding audit. This was a positive report with a rating of substantial assurance with elements of high assurance. The medium/low level recommendations will be implemented as per the Safeguarding Action Plan.

3.2.10. Clinical harm reviews

There continue to be high numbers of patients awaiting elective procedures. Each patient is listed with a clinical priority code (Priority 2 (P2) – Priority 4 (P4)) which guides the timing of the procedure according to the level of clinical need. P2 indicate procedures to be undertaken in less than a month, P3 within three months and P4 being the most routine.

Ongoing operational challenges mean there are a significant number of patients waiting beyond the target timescale. Individual specialties are tasked with validating their waiting lists and reviewing those patients at highest risk of deterioration whilst waiting.

To support this process and ensure we are identifying the patients at the highest risk of clinical deterioration on the waiting list we are utilising artificial intelligence (AI) software (C2AI), which can provide patient level risk data. The system is also able to validate the priority code assigned to each patient. Those patients who have had related non-elective admissions whilst waiting for elective surgery are also identifiable and can be reviewed for harm and reprioritised by the speciality team. Where significant risk of clinical harm due to surgical delay is identified by AI, a formal review of the case is requested by the clinical team to validate and action a new priority if indicated.

A system is also in place for retrospectively reporting any evidence of clinical harm due to prolonged waiting times identified at the time of treatment.

Work is underway to standardise these processes across MWL.

3.3. Clinical effectiveness

The Clinical Effectiveness Council meets monthly, is attended by representatives from all care groups and is chaired by the Medical Director. It monitors key outcome and effectiveness indicators, such as mortality, nationally bench-marked cardiac arrest data, critical care performance, hip fracture performance, readmissions, clinical audit performance, departmental performance and application of National Institute for Health and Care Excellence (NICE) guidance. The Clinical Effectiveness Council reports monthly to the Quality Committee through its chair.

3.3.1. Clinical speciality presentations

Each specialty in the Trust is invited to give a presentation to the Clinical Effectiveness Council outlining their achievements, challenges, research/audit activity and patient feedback from the previous year. This gives them an opportunity to showcase the good work that they have been doing in their specialty and to raise with the Council any challenges they have, which may require Executive or Board support.

3.3.2. Research, Development and Innovation Group

Clinical research is vital to the NHS as it means we can continually improve the healthcare we provide to our patients and develop new and improved treatments and medications. MWL has a successful and busy research department which supports clinical staff to carry out research projects in the Trust to help improve patient care. The Research, Development and Innovation Group (RDIG) presents regular reports to the Clinical Effectiveness Council on the annual plans for clinical research within the Trust, provides assurance that research projects are being successfully completed and gives updates from RDIG meetings.

3.3.3. Quality Improvement and Clinical Audit

Clinical audit is a key process in the Trust's cycle of continuous quality improvement, through the review of care provided against evidence based standards. In order to assist this process, the Quality Improvement & Clinical Audit (QICA) Department provides a wide range of support and advice to Trust staff, both clinical and non-clinical, who are involved with audit projects at national, regional or local/Trust level. QICA present regular updates on compliance with mandatory national audits, the progress of ongoing audit projects within the Trust and compliance with action plans.

3.3.4. National Emergency Laparotomy Audit (NELA)

This is a national audit which is carried out to monitor the outcomes of emergency abdominal surgery. The results are presented to the Clinical Effectiveness Council by the Clinical Director for Surgery to provide assurance that safe care is being provided to patients undergoing emergency laparotomy and to identify any areas where improvements could be made.

3.3.5. National Institute for Health and Care Excellence (NICE) guidance

Mersey and West Lancashire Teaching Hospitals NHS Trust has a responsibility for implementing NICE guidance to ensure that:

- Patients receive the best and most appropriate treatment
- NHS resources are not wasted by inappropriate treatment
- There is equity through consistent application of NICE guidance/quality standards

During 2023-24, as a newly merged organisation, we have been working towards a harmonised process for managing NICE publications to ensure we demonstrate to stakeholders that NICE guidance/quality standards are being implemented within the Trust and across the health community. This is a regulatory requirement that is subject to scrutiny by the Care Quality Commission. The Quality Improvement and Clinical Audit (QICA) Team are responsible for supporting the implementation and monitoring of NICE guidance compliance activity. The Trust has a robust NICE compliance policy and during 2024-25 we will continue to develop our processes throughout the footprint of the new organisation.

A total of 205 pieces of new or updated NICE guidance were published during 2023-2024. 106 of these were identified as applicable to the Trust and there are systems in place to ensure all relevant guidance is distributed to the appropriate clinical lead to assess the guidelines' relevance and, if applicable to the service, to complete a gap analysis of compliance with the requirements. Action plans are produced for any shortfalls to ensure compliance is achieved. Compliance is rigorously assessed by mandatory departmental compliance audits reportable through the Trust audit meetings.

NICE compliance position at end of financial year 2023-24

	Legacy STHK	Legacy S&O
Awaiting response	13%	4%
Fully compliant	65%	83%
Partially compliant	14%	13%

3.3.6. Promoting health

The Trust continues to actively promote the health and wellbeing of patients by undertaking a holistic assessment on admission that looks at physical, social, emotional and spiritual needs. Patients are referred or signposted to relevant services, for example, the Spiritual Care Team, dieticians, stop smoking services and substance misuse. In addition, the Maternity Service actively promotes infant feeding and treatment and support for those with tobacco dependency.

The initial review of patients includes a number of risk assessments that are used to highlight specific concerns that are acted upon, including nutrition, hydration and falls. The Trust has a Smokefree Policy in place that promotes a healthy environment for staff, patients and visitors, with measures in place to support staff and patients to give up smoking. Patients are asked on admission about smoking and alcohol intake and then provided with support and guidance as required. In 2023-24, the Trust employed a dedicated team of Tobacco Dependency Treatment Advisors in preparation for the launch of the inhouse Tobacco Dependency Treatment Service in April 2024.

The Trust works in partnership with other agencies to provide holistic services throughout the patient's journey to ensure a seamless service, supported by integrated pathways across the hospital and community settings. Examples of this include the work of our Community Falls Team, who work collaboratively with the local council, primary and community care and our Infection Prevention Team who liaise closely with community teams and GP services.

In addition, the Trust's volunteer survey from 2022-23 showed that 35.75% of volunteers felt that their general health and wellbeing had increased, with comments received such as, "*When I was made redundant I honestly believe if I had not become a volunteer my life would not be so fulfilled and I have a sense of purpose"* and *"It's been life changing, really helped with my confidence*". The satisfaction of helping others is not the only advantage of the volunteer experience as the gift of helping others may actually benefit health and wellbeing. Volunteering can broaden social networks, enhance mental wellbeing and increase activity levels. Research has shown that volunteering can decrease the risk of depression, it increases social interaction and builds confidence. Our volunteer exit questionnaires highlight a reoccurring theme that volunteering has increased confidence.

3.4. Patient experience

The Trust acknowledges that patient experience is fundamental to the quality of healthcare and that a positive experience leads to better outcomes for patients, as well as improved morale for staff. Patient experience is at the heart of the Trust's vision to provide 5- star patient care.

The Southport and Ormskirk Hospital NHS Trust patient experience strategy 2020 -24 was launched in 2020 and identified four key areas for improvement:

- Listening to our patients, carers and families and responding to their feedback
- We will provide a safe environment for our patients
- We will meet the physical and comfort needs of our patients
- We will provide a safe discharge for our patients

At St Helens and Knowsley Teaching Hospitals NHS Trust, the Patient Experience and Inclusion Team launched the new Patient Experience and Inclusion Strategy in 2022 following consultation with internal and external stakeholders. The strategy brings together objectives for equality, diversity, inclusion and engagement for the first time, rather than having separate strategies.

The strategy sets out the Trust's commitment to improving patient experience by meaningfully engaging with our patients, key stakeholders and local communities to remove any barriers to access, by building on our current engagement activities and ensuring people from all our local communities are included and able to help. There are three commitments and associated objectives laid out in the strategy that will support a continuous cycle of engagement throughout every step of the patient journey and embodies the Trust 5 Star patient care and Trust values. The strategy is re-enforced with a detailed implementation plan which is monitored by the Patient Experience Council.

Patient stories have continued to be shared in multiple formats such as written, digital and filmed. Stories have been collected from a wide variety of areas and featured end of life care, hyperacute stroke pathway and dementia and delirium care. They are shared at the Patient Experience Council and bi-monthly at Trust Board. Stories have been presented that have demonstrated both positive experiences and those where learning and improvements are required, for example, the introduction of butterfly volunteers to support families whose loved ones are receiving end of life care as featured in case study 4 below.

The Tendable patient experience audit provides a quality assessment enabling direct contact with the patients and provides an opportunity for real time experiences to be shared. It is about actively listening and if a concern is raised of a serious nature this is acted upon immediately. It also provides the opportunity to inform patients of services and campaigns and gain specific feedback about different areas within the Trust. A number of changes have been made throughout the year as a result of this direct patient feedback, including, successful reimbursement of monies made for bedside television, provision of employment sick notes for patients on discharge, improvement to WIFI connectivity within paediatric wards and the Radiology Department, use of prevention of delirium volunteers for a patient on our assessment ward and safety netting a diabetic patient on discharge using interpreter services.

The Trust-wide Patient Participation Group, which consists of patients, carers and members of the public has continued to meet quarterly as planned. The group welcome guest speakers to provide updates on current and planned improvement works, with presentations from Staff Engagement Lead, Merseyside Police Hate Crime Coordinator, Macmillan End of Life Care facilitator and People Protection and Asset Manager. The group have been specifically involved in various service improvements, including naming psychology support bags, "unwind the mind kits", (provided to inpatients to support with coping strategies for tolerating distress in response to physical health adversity), contributing to the organisational review of the new Trust values and reviewing the Trust clinical strategy 2023-2025. Colleagues and patient representatives from S&O sites have been added to the group membership.

Additional feedback is gained in many ways, through everyday interactions, local and national surveys, social media platforms, independent statutory bodies and regulators, Patient Advice and Liaison Services (PALS) and complaints. Fundamental to feedback is that we gather, analyse, share and demonstrate learning. To increase the number of comments, the Trust has welcomed external partners such as Healthwatch and the Deafness Resource Centre back into the hospital premises following the removal of social distancing to undertake regular outreach visits. This allows the additional collection of comments from patients and visitors and enables a quick resolution to queries.

Following previous years' success, the Patient Experience and Inclusion Team repeated the appeal for school aged children to send in seasonal pictures and messages to cheer up our patients who were unfortunately in hospital during the Christmas period. The team received nearly 1167 pictures and messages, which were added to the Christmas packs for our inpatients, which also included a festive message from the Trust and quizzes for patients across all sites at MWL. Members of the team have written to every school and child who sent pictures/messages with a thank you from the Trust. CEO Ann Marr OBE also met with some of the children who had made cards and were very happy to tell her all about them.

The festive fun that took place across all hospital sites included delivery of gifts from our local community, charity organisations and rugby and football celebrities, Christmas choir presentations, events to thank our dedicated teams of Trust volunteers and Christmas parties and markets.


Vulnerable shoulder
CAUTION
Care with upper limb handling
Patient Name
Named Nurse
Touch the scre
access TV, Movi
More!

3.4.1. What our patients said about us in 2023-24

Emergency Department, Southport Hospital

My father was rushed to A+E with a bad infection and the doctors advised he had hours to live. The care and attention from the doctors and nurses was fantastic, we couldn't fault the service. It was like private healthcare, they even arranged Chaplain services for prayers. We were given regular updates and they were so caring with my dad. NHS at its absolute best.

Childrens Ward, Ormskirk Hospital

My little boy was looked after amazingly. He had great interactions with the play specialists which he absolutely loved whilst recovering. Thank you.

Dermatology Department, Ormskirk Hospital

Although I had to wait 30 minutes beyond my appointment time I was treated with smiles, chirpiness, and professionalism. Most importantly I felt I was not on a conveyer belt and staff took time not to rush me out.

Physiotherapy, Ormskirk Hospital

The assessment I received was excellent and I completely understood my symptoms after it which made me feel relieved. Was given exercises to complete and very happy with the appointment. I felt that the physio really knew what she was talking about and I was very happy with her explanation.

Maternity, Whiston Hospital

We had an amazing experience today. We didn't wait long. Staff were all lovely and Nikki was so bubbly, made our scan experience fabulous. We would definitely recommend Whiston to all our friends; it is such a clean, friendly, lovely place to have a baby.

Facilities Department, Ormskirk Hospital

I visited with my daughter for an outpatients appointment and arrived early as I know parking can be tricky. As I drove round the back of the hospital I was directed by a series of fantastically helpful and cheery parking marshals. They directed me to a space in no time and each one had a smile and a wave for us! I suspect dealing with parking can be a thankless task so just wanted to share this positive feedback.

Delivery Suite, Ormskirk Hospital

The midwives I had during my delivery were fantastic and very supportive. Everything was explained well and we were guided through the process whilst keeping us motivated and reassured.

Ward 3A-Orthopaedics, Whiston Hospital

I would like to thank all the hospital staff that handled my treatment during my stay from the surgery that I had through to my discharge from the hospital. The staff were friendly, caring, helpful with a sense of humour when appropriate. We know that times are difficult in hospitals and the staff have to deal with a variety of issues with limited time, but nothing appears to have phased them. As it is said, teamwork is key.

Intensive Care Unit, Southport Hospital

We just wanted to thank everyone involved in the care of our mother. We really couldn't have wished for a better team that showed so much care and compassion. It really was a help to both of us and we can't thank you enough. Thanks again

Ward 2A- Haematology, Whiston Hospital

I would just like to say a huge thank you to all the staff who were involved with my son's care at Whiston this year.

Every person that was involved in his care demonstrated the Trust values are being practised across all the teams, from the medical staff and nurses involved in his direct clinical care and the Macmillan nurses who supported him throughout, providing reassurance on the stressful, frightening days and a lot of humour to keep his spirits up and relieve the boredom on the long days as an inpatient. Also, to the friendly staff who came in to offer him drinks or to keep his room spotless, they all referred to him by name, chatted to him and made him feel that he was being well looked after. Thank you to all.

Physiotherapy, Ormskirk Hospital

The assessment I received was excellent and I completely understood my symptoms after it which made me feel relieved. Was given exercises to complete and very happy with the appointment. I felt that the physio really knew what she was talking about and I was very happy with her explanation.

Patient feedback received by Healthwatch Knowsley about the Trust is generally positive and particularly so around treatment and care (83%) and staff (100%). Areas where comments have been less positive include access to services (60%) and communication (60%), reported for quarter 3 2023-24.

3.4.2. Patient case studies

At Mersey and West Lancashire Teaching Hospitals NHS Trust, we know that patient experience is more than just meeting our patient's physical needs, but also about treating each patient as an individual with dignity, compassion and respect. We do not want to just meet expectations, we want to exceed them. This means we are committed to working in partnership with our patients to improve the quality of care that we provide and we commit to actively seek, listen and act on feedback received from our patients. The following four case studies described below provide anonymised examples of changes made as a direct result of patient feedback.

1. Carer Support Southport Hospital site.

As COVID restrictions were lifted and following on from the introduction of the carer passport and the ongoing commitment to John's Campaign it was recognised that further investment was needed to support carers to stay overnight if they wished to support loved ones who have enhanced care needs.

In response to this 5 foldaway beds were purchased via the Charitable Funds which are held centrally and provided to wards on request. This has allowed those carers to be present if they wish to contribute to a loved one's care and allows them to be fully involved in any decisions regarding care and treatment. Most importantly it gives the patient a sense of familiarity when spending time in the unfamiliar hospital environment.

> *'I have attended A & E and as an inpatient a number of times. The hospital is very supportive of carers as my husband has dementia. You are allowed to stay with the person you care for 24 hours a day if you want.'*
> (Sefton Healthwatch Website)

2. Meal Delivery on the Acute Medical Admissions Unit (AMU) Southport Hospital site.

Patient feedback was received expressing concern over the ability to access a hot meal on the Acute Medical Unit (AMU). On further investigation it was noted that the ward only provided soup and sandwiches and a limited choice of hot meals in the evening. This was due to the expected short length of stay of patients on the unit. However, due to the increase in hospital admissions patients were experiencing an extended length of stay. In response to this, improvements were made ensuring that all patients were supported to order a hot meal if required at lunch and in the evening. Once this had been embedded, further improvements were made to ensure that patients received their meal in a timely manner. As an additional outcome of this regular audits are now completed across other inpatient areas to ensure that patients experience an effective meal delivery service.

3. The difference that the patient experience questionnaire can make to a patient

The Patient Experience Team met a patient admitted to Seddon Suite, our Specialist Regional Rehabilitation Unit in St Helens Hospital, during a routine survey of the in-patient experience. For this individual patient it became apparent through questioning, listening and the sharing of personal photographs before admission that her hair was an important physical feature for her and her body image. Unfortunately, her hair had been cut quickly prior to brain surgery and the patient described it as a "shadow of its former glory". We were able to help the patient feel and look a bit more like herself through an appointment with the hospital hairdressing team to cut and colour her hair. The patient also showed the team the protective helmet that must be worn when she goes outside. The helmet in her words was really "ugly and embarrassing". Following a conversation with the physiotherapy team, therapy sessions were arranged to incorporate decoration of the helmet as part of fine motor therapy.

Other changes have been made to capture and use more patient feedback to enable service improvements that will positively impact the experience of future patients. These include refreshing the Tendable audit questions to reflect the areas of improvement highlighted within the

most recent national in-patient survey results, recruitment of other non-clinical members of staff who can support the completion of surveys with patients, including volunteers to enable the experiences of more patients to be captured and actioned and the development of patient experience champions to undertake ward audits as part of their role.

In addition, the Patient Experience Matron is working with the volunteer service to develop a database of young volunteers who are happy to be available to provide some young person distractions for our long-term younger patients at the Whiston, St Helens and Newton sites.

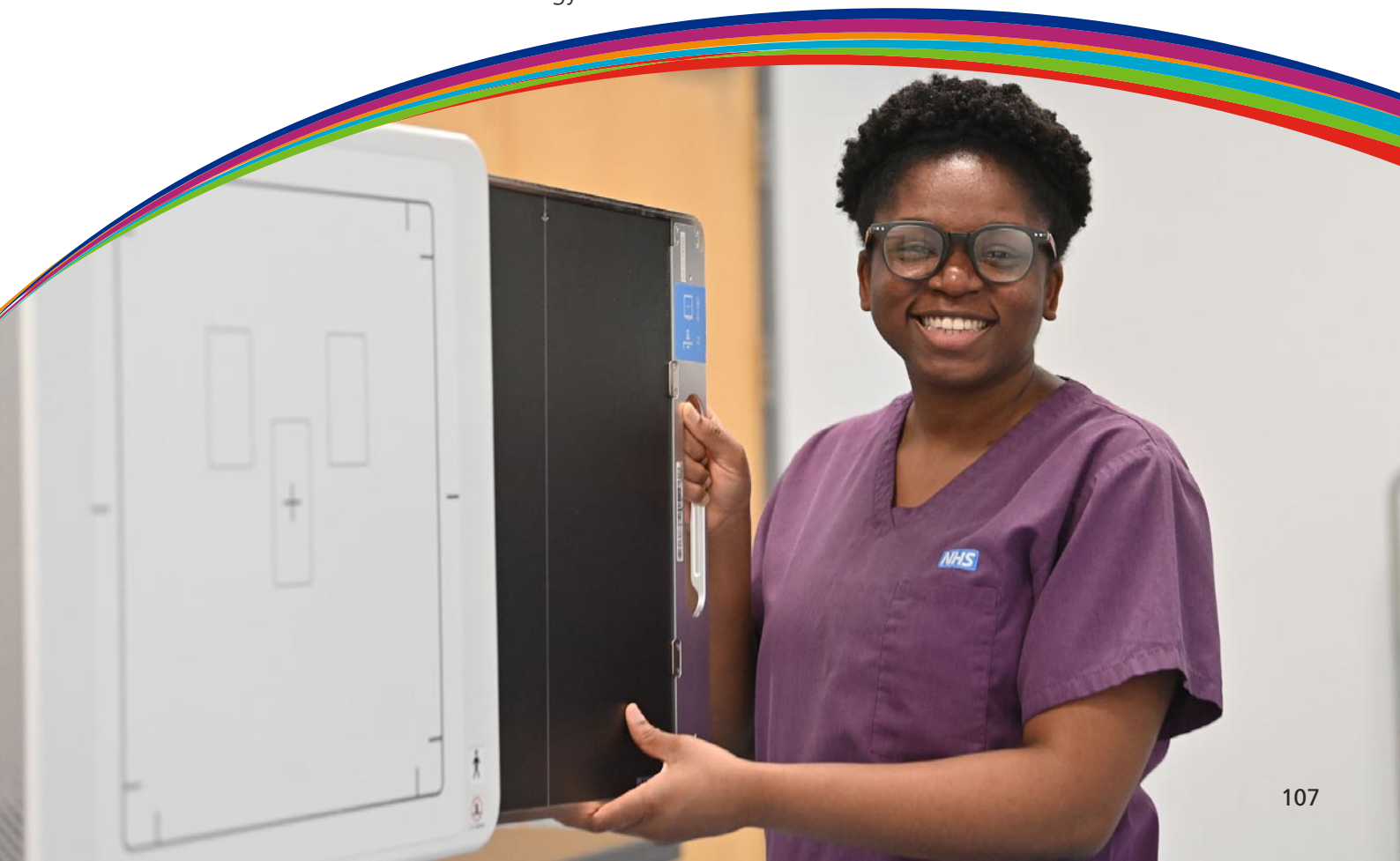
This case study demonstrates that questionnaires stimulate meaningful conversations to yield valuable information that allows staff to make a real difference to the patient, families and friends at point of care and for future patients also.

4. One opportunity to get end of life care right, Whiston, St Helens and Newton Hospital sites.

In the acute setting on average 30% of all current hospital in-patients are in the last year of life. The legacy STHK Trust Bereavement Guiding Principles and Palliative and End-of-Life Care Strategy advocates that bereavement support and end-of-life care is everyone's responsibility. Healthcare professionals have one chance to provide excellent care for the dying, the deceased and those who are grieving. Grief and loss do not start at the time of death**.**

A patient's wife worked with the Patient Experience Team to create a digital story, recounting in her own words the end-of-life care received by her and her late husband during an inpatient stay within the Medical Care Group at Whiston Hospital. On occasion, their experience fell short of the 5 Star patient care vision and Trust values, in relation to communication and care.

Listening to and working with the patient's wife following the death of her husband, many service improvements have been developed, including a patient experience focussed re-launch of Trust bereavement champions, the purchase of thirty-fold up beds for overnight use by loved ones and reconfiguration of our existing family overnight accommodation. The Patient Experience Team remain in contact with the family and have invited them to the next development day for our butterfly champions, who are being introduced across all the MWL sites where end of life care is delivered.



3.4.3. Friends and Family Test

The Friends and Family Test allows patients to rate their overall experience of care. It is an important feedback tool that supports the fundamental principle that people who use NHS services are able to offer real-time feedback at any point in their care.

Feedback that is gathered is used to identify trends and themes to direct local improvements to patients, families and carers. Positive feedback is often shared with staff to ensure that they feel valued.

The opportunity to give feedback is provided via multiple methods such as postcards, online surveys, automated SMS text messaging and interactive voice messaging.

The Trust's inpatient positive rating recommended care rate for 2023-24 was in line with NHS England's average of 94%.

Wards and departments across the Trust monitor the patient feedback and display 'you said, we did' improvement posters to highlight the actions being taken to continuously improve the care we provide, as well as maintaining staff motivation and influencing change. The table below highlights some examples of feedback and actions taken:

You Said	We Did
Ward noisy at night disturbing rest *Southport and Ormskirk Hospitals inpatient areas*	The Silent Night campaign was re-launched across Southport and Ormskirk sites in December 2023. Headphone sets were acquired from Hospedia and shared across all inpatient settings. Sleep well kits are available in both the inpatient and the ED setting.
Parents attending Paediatric ED felt that children with additional needs are not taken into full consideration. *Paediatric ED Ormskirk Hospital*	A new behavioural pain scale has been introduced for use in the department for these children.
Delivery beds are broken and uncomfortable. *Delivery Suite - Ormskirk Hospital*	Differing delivery beds were piloted. Feedback was sought from service users and staff. Based on this feedback new delivery beds were ordered for all delivery rooms.
Long wait in reception before procedure and long wait in ward after waiting discharge. Would like to have been told long waits possible, this would have made the waiting easier. *Plastic Surgery Day Unit Whiston Hospital*	Thank you for your feedback, waiting times have unfortunately increased recently due to extra theatre activity. We will be creating a poster to advise patients of potential long waits during busy periods and will endeavour to keep patients up to date on how long they can be expected to wait in the future.
Feedback on my end of treatment pack which was useful containing lots of information. It would be helpful within the pack to perhaps have some guidance about benefit and household support, etc. I could not find this kind of info out easily from the Macmillan desk previously as no one was there at the time to ask about this. *Lilac Centre, St Helens Hospital*	Thank you for your comments about our end of treatment information packs. We have now included two new Macmillan booklets with guidance on managing your energy costs and claiming benefits when you have cancer. We hope these will help to cover some of the difficulties patients and families may face. The Macmillan desk at St Helens Hospital is now also staffed daily following some recent recruitment.
Patient not eating food as feeling over faced. Daughter expressed concerned to nursing staff. *Newton Hospital inpatients*	Discussed with catering staff who agreed smaller portions and little and often options. List of favourite foods given to catering. Family encouraged to bring in snacks and alternative food options. Continue to monitor patients' food intake and weight.
More contact with patient. *Ward 4F Whiston Hospital*	Firstly, we apologise that you feel contact with our patients was limited, as a team we set out to implement set times to provide engaging physical/mental games to interact with our patients more.

3.4.4. Our chaplains

All the hospital sites are covered by the Spiritual Care and Chaplaincy teams, with the aim of supporting the Trust's Five Star vision by meeting spiritual, religious and pastoral needs. Not everyone has a religious dimension, but everyone has a spiritual dimension and, therefore, spiritual needs.

The service has a good network of multi-faith colleagues who provide specific religious and faith support when requested. The service receives referrals from various sources, including:

- Ward staff
- Hospital systems (Careflow etc)
- Direct from patients, their relatives or faith communities
- Specific teams (for example, Palliative Care)
- Meeting patients on wards

The Spiritual Care Teams work closely with many other teams and also are involved in training, including induction to the Trust, breaking bad news and bereavement support. As well as routine visiting there is a 24 hour on call service available for urgent life changing situations. The aim is to be at a patient's bedside within an hour of an urgent call, although often it is much sooner than that.

There are regular events including annual adult and baby memorial services and other one-off occasions. In the last year, the Ormskirk Baby Garden was renamed the "Evergreen Garden" and the memorial wall was dedicated, in a very moving ceremony in which a number of the hospital leadership team took part.

The Southport and Ormskirk team lead (Martin Abrams) is one of the authors on two papers about to be published in partnership with Edge Hill University on spiritual care in a pandemic. In addition, the Southport and Ormskirk team was very proud to be nominated for the People's award at this year's MWL staff awards.

The teams receive many compliments, including:

Just a very brief email to express again my heartfelt thanks for all your love, help, support, and direction these past few months following the passing of my mum and dad. You helped me and them greatly and I am forever grateful for you being there.

My 87 year old father was rushed to (Southport) A&E at 2am with a bad infection. The 2 doctors on shift advised he had hours to live and we were given a side room. The care and attention from the nurses and doctors was fantastic, we couldn't fault the service. It was like private health care. They even arranged Chaplain services for prayers which called an out of hours Chaplain within 20 mins. We were given regular updates and they were so caring with my dad in his final days. NHS at its absolute best.

The team are available to respond to needs in whatever shape they come including just sitting with patients if that is required.

In addition, the team offer a daily opportunity for staff to take time out by 'dropping in' to the Sanctuary at Whiston Hospital. This gives staff the option of just sitting on their own, talking to one of the duty chaplains or to partake in a guided reflection.

3.4.5. Our volunteers

Whiston and St Helens Hospitals

Our volunteers play a key role in providing 5 star patient care and we are incredibly grateful to them for the time they give. We have a well-established and embedded volunteer team of over 290 volunteers who carry out 19 different roles, including new roles for therapy volunteers on our stroke ward, Discharge Lounge volunteers and re-instated volunteers on our Delivery Suite.

We hold volunteer recruitment events bi-monthly and recruited 160 new volunteers in 2023-24. Our recruitment events are supported by staff who take time to present volunteer opportunities in their areas. In addition, we offer a number of training courses to equip our volunteers with the skills required for their role and during 2023-24 we trained the following:

- 138 volunteers received wheelchair training
- 165 volunteers had infection prevention training
- 109 volunteers received disability & autism awareness
- 34 volunteers had refresher safeguarding training
- 35 volunteers attended dementia awareness courses
- 31 volunteers were trained as dining companions

We currently have 15 dining companions across Whiston Hospital based on our care of the elderly wards. Feedback forms have allowed us to measure the impact of this service, which highlighted that volunteers love interacting with the patients and staff are very supportive and appreciate the help offered by the dining companions.

Staff have made the following comments:

Such an amazing lady really helped having her assist the patients …. I can only say thanks a lot for this service you provide as it really helps both patients and staff. The companion we had has been a diamond and the patients she assisted really enjoyed her company. A job well done!

Lovely communication with patient, very friendly and provided lots of help with feeding.

Volunteer comforted patient and patient became settled because volunteer was gentle and polite with her. Great service as always.

Volunteers gain a sense of satisfaction when assisting our patients during mealtimes and make a real difference to them as shown by the comments below:

Supported Mr W to eat and drink … we chatted throughout the meal. I reported to the nurse some concerns Mr W was expressing about his needs.

Patient struggled to stay awake to eat. Encouraged her to try a little soup, she did eat her rice pudding and drank some tea.

Patient was very distressed and in a lot of pain. It was so upsetting when you cannot do anything other than hold her hand and quietly talk to her. This did calm the patient.

We continue to provide a Volunteer Responder service which delivers urgent medications from the pharmacy department to the wards. During the year, volunteers delivered a total of 600 urgent medications to our wards. As a direct result of this service, nursing staff are no longer required to leave the ward area to collect the medication, thus enabling them to continue to provide essential care to our patients.

We continue to provide a reactive volunteer service and responded to many requests for volunteer assistance. Volunteers have acted as patients and supported staff with their clinical exams. We have received many befriending requests from nursing staff to support patients who are feeling lonely, upset or are in need of a chat.

The Volunteer's Service is pleased to be launching a new 2-year pilot in collaboration with the Anne Robson Trust which aims to offer palliative patients and their loved ones meaningful support in the last days and hours of their life. This will embed the Bereavement Guidelines and Principles and highlights the importance of excellent care at this critical time. It is called the butterfly project and will be led by a Butterfly Co-Ordinator who joined the team in January. They will recruit and train volunteers and promote awareness of the service by linking in with wards and liaising with clinical staff on the referral process as this is developed.

The benefits of patients being supported at this highly sensitive time is evident in reduced anxiety and stress levels for all involved, reduced risk of complex grief for relatives and, therefore, improved outcomes for the Trust and its staff.

Whilst the butterfly project is still in its infancy within Whiston Hospital, we are linking in with the Anne Robson Trust with the aim of rolling out the project initially as a pilot scheme with the support of the Palliative Team and Bereavement Service. We then hope to extend our volunteer support to other wards in addition to Southport and Ormskirk Hospitals.

When volunteers leave the Trust we collect feedback on their experience through our exit questionnaires, which shows that **100%** of leavers would recommend the Trust to other people who are interested in volunteering.

Dining Companion/Infant Feeding/Ward Volunteer

No two days were the same and I loved just being able to have the opportunity to help make a difference to someone's day.

Gained university place to study Midwifery.

Maternity Volunteer

Learning new things along the way and being treated amazingly by staff.

Left due to full time college.

Meet & Greet Volunteer

I gained confidence in helping and supporting the community.

Gained university place at Northampton to study Bio Chemistry.

Southport and Ormskirk Hospital

The Southport and Ormskirk sites volunteer service has continued to support the patient and family experience over the last twelve months. The service has continued to grow allowing volunteer opportunities for those aged 16 years and above. Currently the service has 106 active volunteers within 19 roles such as pharmacy volunteers, ED volunteers and dining companions. Volunteers have provided approximately 18,000 hours of support over the last year.

The reintroduction of volunteers to support nutrition and hydration within the ED and Ambulatory Care Unit has been invaluable particularly over the winter months and is acknowledged positively by both patients and staff.

'I felt compelled to get in touch with you about one of your volunteers. A lovely gentleman is going round with the tea trolley, giving out drinks and sandwiches. He has such a gentle, caring way about him and nothing seems to be too much trouble for him. Thank you all for providing such a valuable service, the simple things like a cup of tea and a friendly face make such a difference when you are in a stressful environment.'

The ED volunteer service was highly commended in the volunteer of the year category in the 2023 Time to Shine awards.

The volunteer dining companion role has been relaunched recently with seven volunteers completing dietetic training to assist patients with eating and drinking on the inpatient wards.

The discharge support volunteer service aims to contact patients 48 hours following discharge and has a positive impact not only with answering queries but ongoing referrals to the local community voluntary sector. Since the service began in 2021, approximately 7000 calls have been made with 88 referrals made to local community services. The service works closely with the community services and patients have benefited from the support offered such as financial advice, befriending and support with shopping.

The volunteer service has also been very fortunate to recruit a volunteer with lived experience of learning disabilities and autism. This has greatly benefited the quality improvements of the learning disability service and has enabled the volunteer themselves to improve their own confidence.

"The job makes me feel like I matter, and to be somebody. I have always wanted to help others but never given that opportunity until this role. This role has made me feel better because it has given me more confidence to talk to doctors and nurses. In this role, I help the Learning Disability Nurse, do all sorts of activities to improve services and raise awareness for Learning Disability and Autism. Thank you for giving me this opportunity."

The volunteer service continues to have a positive impact on the patient experience in many different ways as shown by the quotes below.

I was helped by one of your fabulous volunteers to find the pre op assessment area and check in.

Such a thoughtful gesture to have a volunteer serving drinks and biscuits to those waiting.

Lovely experience from the welcome of the volunteers at the front of the hospital

3.4.6. Complaints

The Trust takes patient and carer complaints extremely seriously. Staff work hard to ensure that any concerns are acted on as soon as they are identified and that there is a timely response to rectify any issues that are raised either at a local level, through the Trust's two PALS Teams, or through the Chief Executive AskAnn process where anyone with concerns or feedback can make contact with Ann Marr directly via the dedicated email address, askann@sthk.nhs.uk, by letter or by telephone to the executive offices. Matrons, ward and departmental managers are available for patients and their carers to discuss any concerns and to provide timely resolution to ensure patients receive the highest standards of care. Each area has a patient experience notice board to highlight how patients and carers can raise a concern and this is also included on the information table placemats available for patients in some areas. At times, however, patients and their carers may wish to raise a formal complaint, which is thoroughly investigated so that complainants are provided with a comprehensive written response. Complaints leaflets are available across the Trust and information on how to make a complaint is also available on the Trust internet. Since 1 July 2023, the Trust has moved to an agreed target to respond to formal complaints within 60 working days, where appropriate.

For simplicity, and where possible, figures are provided for the legacy Trusts for quarter 1 and for the entirety of MWL for the rest of 2023-24. In quarter 1 2023-24, S&O received 39 new first stage complaints that were opened for investigation and STHK received 54. For the remaining three quarters MWL received 327 1st stage complaints, leading to a total of 430 for the financial year.

The previous annual numbers of first stage complaints received for the 2 Trusts are set out below:

	2019-20	2020-21	% change	2021-22	% change	2022-23	% change	2023-24	% change
STHK	325	251	22% decrease	269	7% increase	211	22% decrease	246	17% increase
S&O	254	213	16% decrease	272	28% increase	243	11% decrease	174	28% decrease
Combined total	579	464	20% decrease	541	17% increase	454	16% decrease	420	8% decrease

Therefore, MWL has received 8% fewer first stage complaints than in 2022-23, with a significant reduction in S&O complaints and an increase in the number for STHK.

In Q1 2023-24, there were six complainants at STHK who were dissatisfied with the initial response and raised a stage two complaint. In the same period, S&O had 3 reopened complaints. Since 1 July 2023, MWL have received 36 second stage complaints, which is an increase on the previous year. In response to the increased number of second stage complaints received, the Trust undertook a review in August 2023 to identify if there were any common themes. The clearest theme was delayed responses to 1st stage complaints, with just under 50% of 2nd stage complaints having breached the original 1st stage timescale. In response to this, the Trust now sends out a letter at day 55 indicating that the response may be delayed, where it is anticipated the deadline may breach.

In total, STHK received 65 complaints in total (including second stages, out of time complaints, complaints primarily against other organisations) in Q1. S&O received 42 formal complaints (including reopened complaints). Since 1 July 2023, MWL has received a total of 397 complaints including 2nd stage/reopened, out of time and joint complaints.

On 1 July 2023, MWL standardised the time limit for responding to complaints to 60 working days across the entire Trust. Previously S&O had operated a target of 40 working days, whereas STHK had been operating a target of 100 working days since 1 August 2022, as part of the post COVID complaints recovery plan. There have been challenges in harmonising the time limits, not least for STHK, who had 2 sets of complaints (100 day and 60 day) falling due at the same time going into last winter. The Trust has also decided to take a firmer approach to extensions; these are only granted in very exceptional circumstances (only 2 complaints this year have been granted extended timescales due to their length and complexity).

MWL has achieved total compliance of 52.7% against the timescale of 60 working days from quarter 2 to quarter 4 2023-24. The Trust is working hard to reduce the time taken to respond to complaints, including the appointment of a dedicated Head of Complaints, recirculation of the guidance on drafting and quality checking of statements and complaint responses, offer of training on statement writing to new divisions and discussions with divisions about appropriate resources for complaints within their new structures.

Complaint satisfaction survey

The Trust trialled a new style complaints satisfaction survey from October 2023, due to low responses rates in recent months. This was sent to each complainant who received a response for legacy STHK cases, including all stages and out of time responses.

This report covers the completed satisfaction survey questionnaires received 1 October 2023 to 31 March 2024. During this period, the Trust signed off 142 complaints for STHK and nine completed questionnaires were received giving a response rate of **6.34%**.

The survey highlighted areas where improvements could be made, including making the complaints leaflet more informative, ensuring complainants were aware that making a complaint would not negatively affect their ongoing care and providing regular communication about progress with the complaint.

The Trust will look at updating the satisfaction survey before rolling out across all sites, as well as reviewing if it could be completed using alternative technology. We will also be reviewing the leaflet in order to ensure it better meets the needs of complainants, providing regular updates on progress with the complaint and ensuring patients and carers are confident when complaining that their care will not be adversely affected.

Lessons Learned

The Trust is committed to learning the lessons from complaints and ensuring robust actions are put in place. This is to offer assurance to the complainant and to prevent a similar issue from occurring again. Below are some of the key lessons and changes from the last financial year:

- **Nutrition and Hydration** - Omission in fluid balance chart completion will be shared with wider ward team. Staff will be reminded of the requirements surrounding the completion of fluid balance charts so that an accurate record can be maintained of all fluid input and output. Ward undertook weekly fluid balance compliance audits and these results were shared with the ward team at the daily safety huddles and ward meetings
- **Nutrition and Hydration** – Ensuring all staff are trained in the use of eating and drinking needs assessment and patients to have this completed on admission to AMU. This tool identifies if patients require assistance - e.g. opening packets/removing lids or additional assistance
- **Support to new mothers** - Introduced a specific referral form for staff to fill out and send to the community office when a woman is identified out of hours as requiring a visit. This formalises the process and will avoid missed visits for women in the future
- **Incorrect information regarding medication** - Department manager reviewed and amended the current advice leaflets. The new paperwork was shared with wider endoscopy team to ensure it was implemented

- **Poor documentation** - undertaking monthly audits (10 sets of notes) to ensure high standard of records are being maintained. This specific audit looked at post procedure instructions being clearly documented and communicated to patients
- **Missed/delayed investigations** – Implementation of a weekly tracking list to flag any outstanding inpatient fluoroscopy examinations and expedite appointments
- **Discharge of vulnerable patients** – Ensuring the involvement of family in discharge process e.g. dementia advocate and ensuring the Dementia Passport is completed

3.5. Operational summary

During 2023-24, four divisions were developed as part of the leadership structure for services in the new organisation. These divisions span the entire organisation and cover the Trust geographically. They are based on the principles of:

- Taking best practice from legacy organisations and services
- Maintaining Place-based care provision whilst standardising the way in which we deliver care
- Making the most efficient use of our capacity and resources to deliver 5 star patient care

The four divisions are:

- Medicine and Urgent Care
- Surgery
- Women and Children
- Clinical Support and Community Services

Each division is led by a triumvirate to ensure a robust focus on operational delivery and safe, effective care comprising of:

- Divisional Director of Operations
- Divisional Medical Director
- Divisional Director of Midwifery/Nursing/AHP

The appointment process has progressed to near completion and the rest of the divisional leadership team is currently in development.

Fragile services and areas of greatest opportunity for improvement will be the focus for 2024-25, with a number of services and areas already identified; and building on areas where progress has already been made.

Haematology services at Southport were originally identified as fragile and have now joined forces with the legacy Whiston team and a single service has been designed and launched which has maintained Place-base care and restored the ability to deliver all aspects of care required.

In surgery, we successfully moved a proportion of trauma and orthopaedic work from Whiston Hospital to Ormskirk Hospital to make best use of available capacity during the winter months. This ensured we could do everything possible to protect and continue with our elective recovery work. These principles will feature in the forthcoming work across many other specialties.

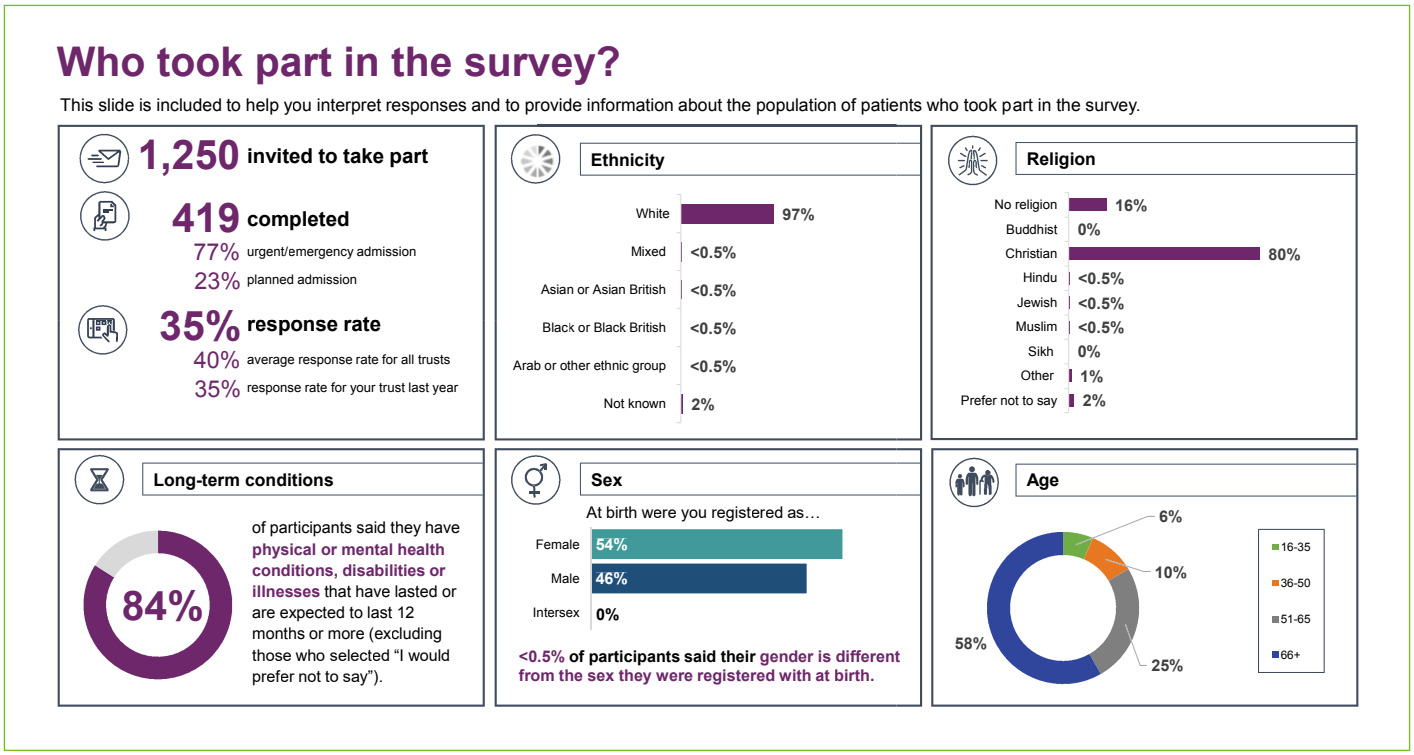
3.6. Summary of national patient surveys reported in 2023-24

The full results for all the latest Care Quality Commission's national patient surveys can be found on their website at www.cqc.org.uk

3.6.1. National inpatient survey

The National Inpatient Survey 2022 was coordinated by the Care Quality Commission. The results from the survey are used in the regulation, monitoring and inspection of NHS Trusts in England and were published in September 2023

Whiston, St Helens and Newton Hospitals



Whiston, St Helens and Newton Hospitals received extremely positive results, which generated a special message of recognition from the Regional Director of NHS England. The Trust scored the 2nd highest score for the overall in-patient experience and when specialist trusts are removed, 57.7% questions are within the top 10 performing trusts.

Patients scored the hospitals particularly highly for having confidence and trust in our clinical staff, being treated with respect and dignity by all and the cleanliness of rooms and wards. Results show a year-on-year improvement in scores, which is proof of our continued commitment to delivering the highest standard of patient care, despite the national challenges facing the NHS.

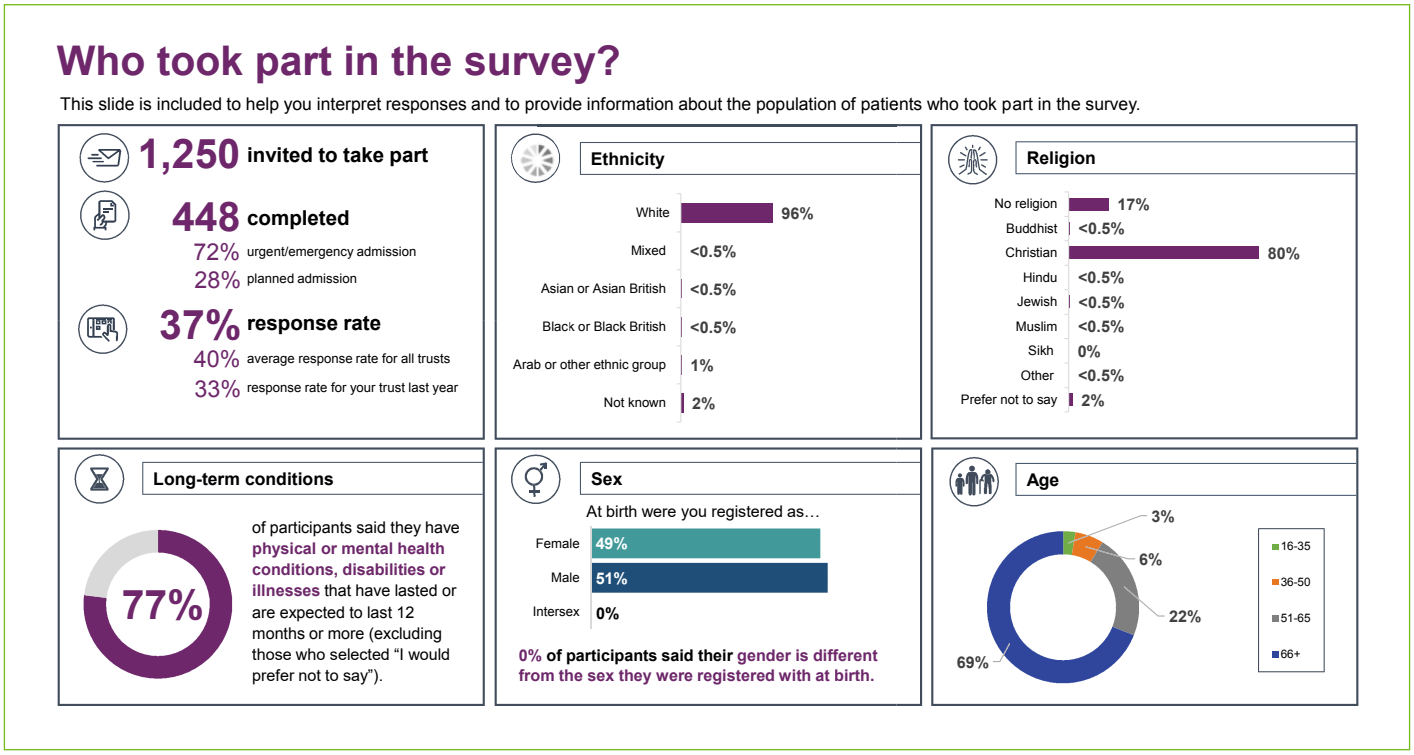
Result highlights:

- Much better than most trusts for 1 question (0 in 2021)
- Better than most trusts for 8 questions (7 in 2021)
- Somewhat better than most trusts for 8 questions (3 in 2021)
- Not banded much worse, worse, somewhat worse than most trusts for any questions (1 in 2021)
- About the same as other trusts for 28 questions (36 in 2021)
- The whole section scores for doctors were banded as better than most Trusts.

- The whole section scores for hospital and ward and overall experience were banded as somewhat better than most Trusts
- No scores have statistically significantly increased or decreased, however scores have increased for 25/45 questions and decreased for 13/45 questions, with reductions of 0.1-0.2 in most of those questions
- Scores have neither increased nor decreased for 7/45 questions
- Six whole section scores have increased from the 2021 survey

Themes for improvement have been identified including communication, involvement in decision making and discharge information, which are included in the action plan. Progress towards all actions is underway and monitored quarterly through the Patient Experience Council.

Southport and Ormskirk Hospitals



Southport and Ormskirk sites were:

- Better than most trusts for 0 questions
- Same as other trusts for 44 questions
- Somewhat worse than most trusts for 1 question – relating to information about what you should or should not do after leaving hospital

An action plan has been developed and is monitored by the Patient Experience Council.

3.6.2. National maternity survey 2023

CQC National Maternity Patient Surveys were undertaken in 2023 looking into women's experiences of maternity care. There was a 41% response rate for the Whiston maternity site and a 37% response rate for the Ormskirk maternity site compared to the national response rate of 41%.

The Whiston site survey findings indicated that they scored:

- Much better than most trusts for **0** questions
- Better than most trusts for **1** question
- Somewhat better than most trusts for **1** question
- About the same as other trusts for **46** questions.
- Somewhat worse than most trusts for **5** questions
- Worse than most trusts for **1** question
- Much worse than most trusts for **0** questions.
- 10 questions had a statistically significant increase compared to the 2022 survey

Key areas of focus for improvement related to antenatal care which included staff being aware of the service user's medical history, having enough time to ask questions or discuss their pregnancy during antenatal check-ups, taking concerns seriously and enabling partners to be involved or stay as much as they wanted during their stay in the hospital.

Areas where service users experience were rated the best were appropriate advice and support provided when they contacted a midwife or the hospital at the start of their labour, being able to get a member of staff to help when they needed it whilst in hospital after the birth, cleanliness of the environment during their stay at the hospital and that they felt that midwives and other health professionals gave them adequate support and encouragement about feeding their baby.

The Ormskirk site survey findings indicated that they scored:

- Much better than most trusts for **0** questions
- Better than most trusts for **1** question
- Somewhat better than most trusts for **0** questions
- About the same as other trusts for **49** questions
- Somewhat worse than most trusts for **0** questions
- Worse than most trusts for **4** questions
- Much worse than most trusts for **0** questions
- 1 question had a statistically significant increase and 1 question showed a significant decrease compared to the 2022 survey

Key areas of focus for improvement were identified as providing more information to help decide where to have their baby, awareness of medical history and having enough time to ask questions to discuss their pregnancy during antenatal check-ups, midwives listening to service users and providing relevant information about feeding their baby during pregnancy.

Areas where service users experience were rated the best were service users being given enough support for their mental health during pregnancy, not being left alone at times when worried during labour and birth, being able to see or speak to a midwife as much as they wanted during care after birth, being given information about any changes and who to contact with any concerns regarding mental health after birth.

The maternity service has identified key priorities following the findings of the survey and developed an action plan to address key areas of improvement, which will be monitored by the Patient Experience Council.

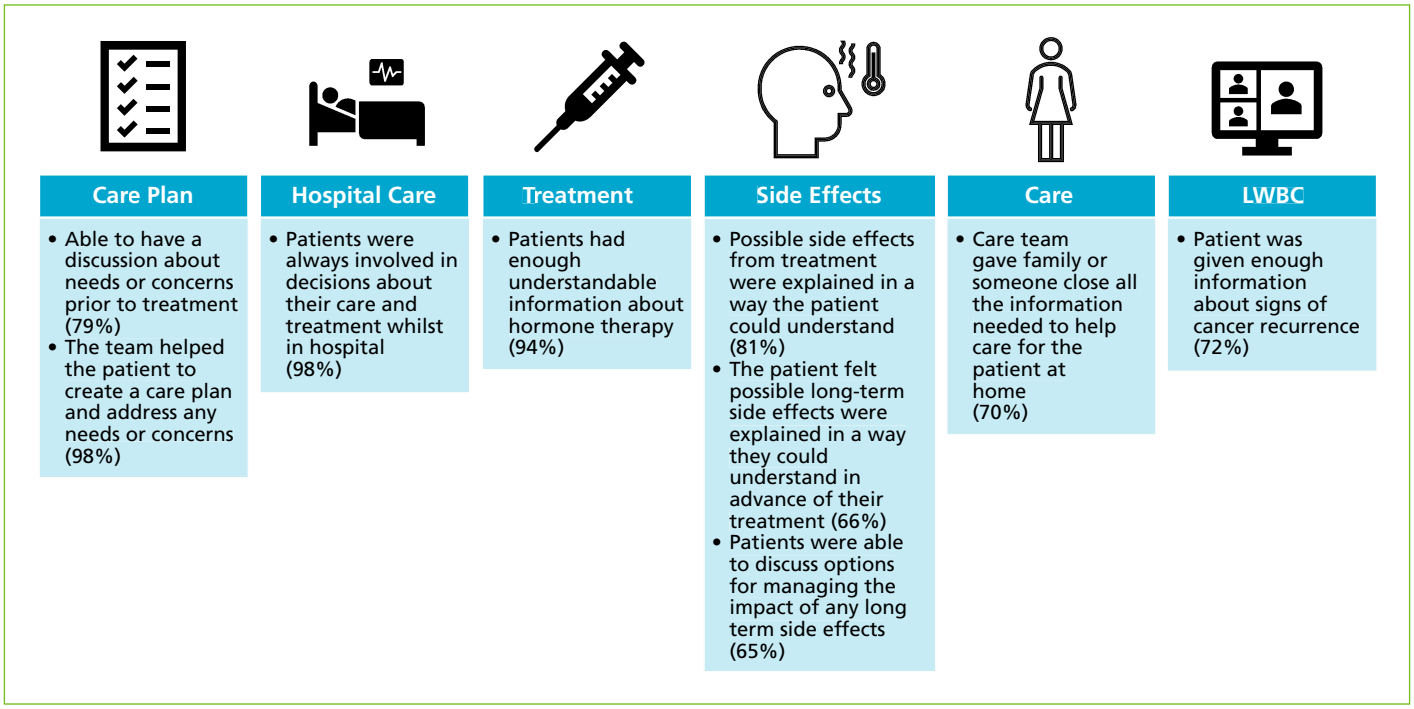
3.6.3. National cancer patient experience survey (NCPES)

STHK participated in the latest National Cancer Patient Experience Survey (NCPES) 2022, which was the 12th iteration of the survey that the Trust has participated in. The NCPES is overseen by the national Cancer Patient Experience Advisory Group, who set the principles and objectives of the survey programme and guide questionnaire development. The survey was commissioned and managed by NHS England.

The sample for the survey included all adult (aged 16+) NHS patients with a confirmed primary diagnosis of cancer, discharged from an NHS Trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2022. The results were published in July 2023.

292 patients responded out of a total 603 patients, resulting in a response rate of 48%. The national response rate was slightly higher at 53%. When asked how patients rated their overall care on a scale of 1-10, patients responded giving a positive rating of 9.1 out of 10, surpassing the national average of 8.88.

All responses scored either within the expected range or above. In total, there were 9 positive outliers where the Trust exceeded the expected range:



Whilst the Trust either met or exceeded the national average on all questions asked there are still areas for improvement. Work for the next year will focus on delivering improvements to the below questions:

- The patient had enough understandable information about immunotherapy pre-treatment
- The patient had enough understandable information about progress with immunotherapy
- After treatment, the patient definitely could get enough emotional support at home from community or voluntary services
- Cancer research opportunities were discussed with the patient

S&O also participated in the latest National Cancer Patient Experience Survey (NCPES) in 2022, marking its 12th involvement in the survey programme. Notably, the response rate for S&O stood at 62%, surpassing the national average by 9%, with 89 out of 143 patients participating.

Patients responded favourably when asked to rate their overall care on a scale of 1-10, giving an average rating of 9.1 out of 10, which exceeded the national average of 8.88. Moreover, an impressive 97% of patients felt they were always treated with respect and dignity during their hospital stay.

Although most responses fell within or exceeded expected ranges, there were two outliers related to radiotherapy, a service not provided at the Trust. However, this will serve as an opportunity to explore how to better manage patient expectations or communicate about services offered in other organisations. The Trust showcased two positive outliers where it exceeded expected performance levels.

These results highlight the Trust's dedication to understanding and enhancing the experiences of cancer patients. Leveraging insights from the survey can further drive improvements in patient care and satisfaction levels.

The full reports can be found at www.ncpes.co.uk

3.6.4. National general practice (GP) patient survey

Marshalls Cross Medical Centre participates in the national GP patient survey each year. In 2023, 123 surveys were returned from a total of 448 resulting in a response rate of 27%.

The results showed that of the 18 questions, 10 responses were above or the same as the national average, with the remaining 8 below; this is an improvement on the previous year's survey when there were 6 above average, reflecting the hard work of staff within the practice. An action plan will be agreed to address areas of performance below the local ICB and national average, including focussing on improving the number of times patients get to see or speak to their preferred GP when they would like to and improving accessibility.


Please Wash Your Hands

Section 4
Statement of Directors' responsibilities in respect of the Quality Account

The Trust Board of Directors is required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2012) to prepare a Quality Account for each financial year.

The Department of Health issues guidance on the form and content of the annual Quality Account, which has been included in this Quality Account.

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

- The Quality Account presents a balanced picture of the Trust's performance over the period covered for 2023-24
- 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
- The Quality Account has been prepared in accordance with Department of Health guidance

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

By order of the Trust Board

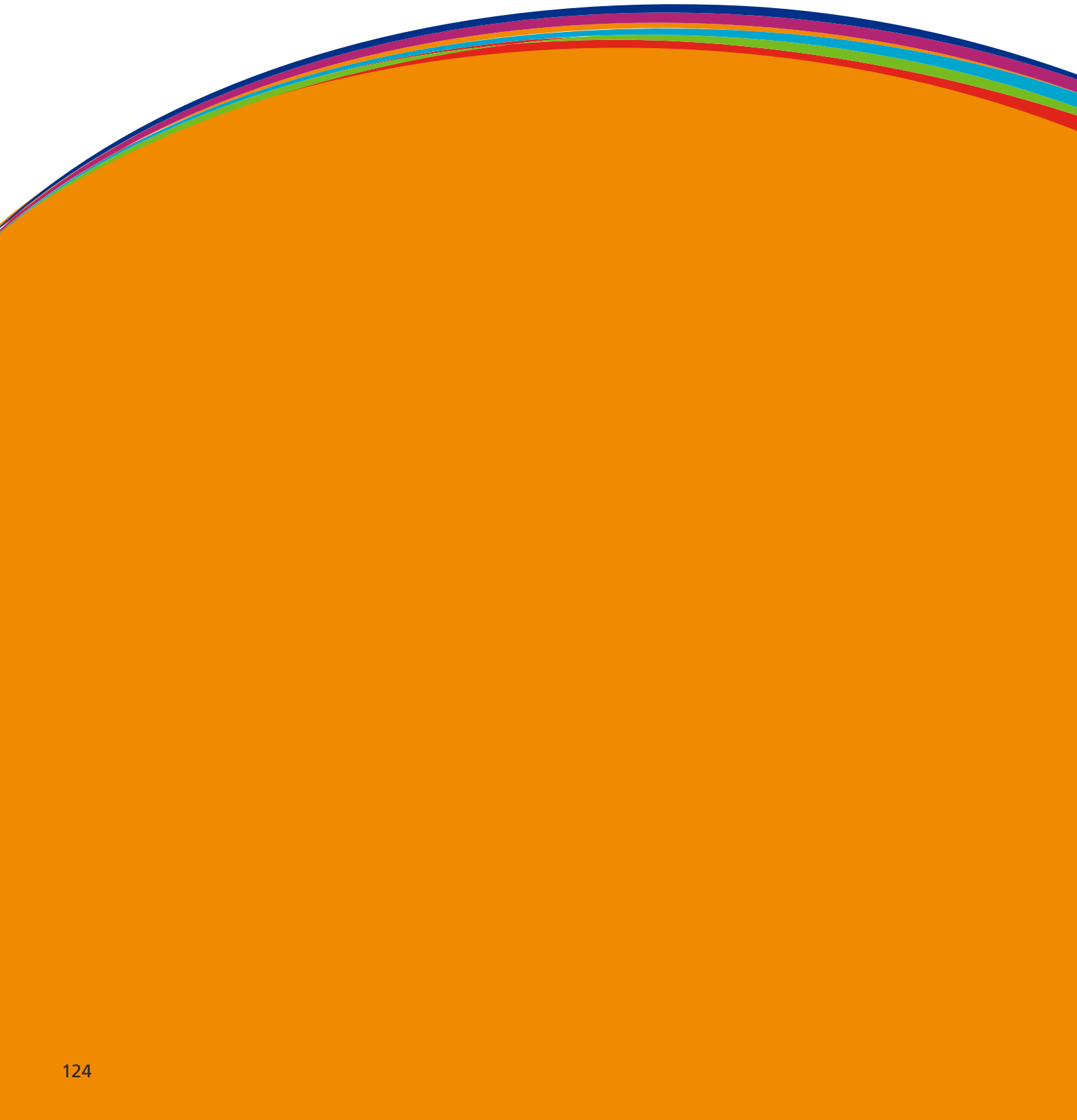
Richard Fraser

Richard Fraser, Chairman

Ann Marr

Ann Marr OBE, Chief Executive

Section 5
Written statements by other bodies



5.3. NHS Cheshire & Merseyside ICB

Quality Account Statement 2023-24
Mersey and West Lancashire Teaching Hospitals NHS Trust

Cheshire And Merseyside Place representatives welcome the opportunity to jointly comment on the Mersey and West Lancashire Teaching Hospitals NHS Trust Draft Quality Account for 2023-24

The ICB appreciate the focus that the Trust have maintained on quality and safety acknowledging that 2023/24 remained a challenging and busy year, impacted by increases in demand for emergency and routine care, focused work on recovery and reduction in waiting lists, compounded by the industrial action. St Helens and Sefton Place teams have worked closely with the organisation throughout 2023/24 to gain assurance that services delivered were safe, effective, caring and responsive.

The feedback from the stakeholders is based upon the Quality Account submitted and the presentation delivered from Mersey and West Lancashire Teaching Hospitals leadership team on 17th May 2024.

The Trust are to be commended on the successful coming together of St Helens and Knowsley Teaching Hospitals NHS Trust and Southport and Ormskirk Hospital NHS Trust to form a new Trust, Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL) on the 1st July 2023. We acknowledge that an enormous amount of work was undertaken prior to the development of the new organisation and further work is continuing into 2024/25 to ensure sustainable and safe services for all our patients, families, and carers.

The NHS Staff Survey was the first full survey as MWL, 3 months post-merger. We know that organisational change can take time to succeed, and successful change management depends on engaging with the people involved. The results of the staff survey therefore showed a very positive outcome with the Trust scoring above average in 7 out of 8 themes. Of note is that the Trust achieved the best scores for an acute Trust in the Northwest for sub-theme compassionate culture and advocacy, which included responses about recommending the Trust as a place to work, receive treatment, feeling that care is the organisation's top priority and that their roles make a difference to patients/service users. This is an excellent achievement, and we acknowledge the Trust will continue to work on any areas identified for improvement at a Trust and local level in 2024-25. In addition to the staff survey results, staff recognition is evident throughout the account and MWL staff on both a personal and team level were recognised for an number of awards in 2023/24, these have been proudly highlighted and showcased within the account.

Stakeholders noted the comprehensive quality improvement clinical audits delivered throughout the year with a number of actions taken as a result of the audit findings. Of note is the reviewed and updated ward accreditation programme, to ensure it is fit for purpose for the new organisation. Also, quality ward rounds with members of the Trust Board to see and hear first hand how staff are striving to provide the best possible care for patients that is safe, effective, caring, responsive and well-led.

As part of the 2023-24 quality objectives the Trust successfully transitioned too the National Patient Safety Incident Response Framework (PSIRF) in October 2023, with the implementation of the Trusts patient safety incident response plan and policy which was approved by Cheshire and Merseyside ICB. Work has been undertaken to put the PSIRF team in place, align processes across MWL sites and set up an executive-led weekly safety panel to review patient safety incident investigation (PSII) reports when completed. During 2024/25 ICB Place leads will continue to monitor and support the implementation of PSIRF to ensure this is embedded with key themes and learning shared to enable Trust and system wide learning.

Key Objective achievements for 2023/24

Key achievements for 2023/24:

- Patient Safety
  - PSIRF - implementation achieved.
  - Timely and effective assessment and care of patients in the Emergency Department – partially achieved.
- Clinical Effectiveness
  - Ensure Patients in hospital remain hydrated - partially achieved.
- Patient Experience
  - Improve the effectiveness of the discharge process for patients and carers - virtually achieved with majority of inpatient survey scores improved.
  - Improve the overall experience for women using the Trust's Maternity Services – majority of scores improved.

Stakeholders noted the Trust's quality objectives for 2024/25 largely remain a continuation of the 2023/24 objectives due to partial achievement in some areas and the transition to the new organisation. The inclusion of the objective to reduce the incidence of methicillin-resistant Staphylococcus aureus (MRSA), healthcare associated bacteraemia infections to meet the zero threshold is welcomed to improve performance during the forthcoming year.

As a key member of the Integrated Care System, we thank the Trust for its commitment to working with its partners in a collaborative and transparent manner in 2023/24, and we look forward to continuing to work with you as part of the wider system exploring and broadening partnerships to take advantage of opportunities for driving change, quality improvement and development in 2024/25.

Lisa Ellis
Associate Director of Quality and Safety Improvement
Cheshire and Mersey ICB St Helens Place

Signed on behalf of the Cheshire & Merseyside ICB Place Associate Directors of Quality and Safety Improvement.

5.5. Healthwatch Knowsley

Mersey & West Lancashire Teaching Hospitals NHS Trust
Quality Account Commentary 2023-24

Healthwatch Knowsley welcomes the opportunity to provide this commentary in response to the Mersey & West Lancashire Teaching Hospitals NHS Trust Quality Account for 2023/24.

Firstly, our congratulations to the Trust on the achievements and range of recognition it gained during 2023-24. Congratulations also on retaining the Outstanding Rating from CQC. We will watch with interest and hope this continues with the added complexities of the enlarged Trust.

We remain grateful for the opportunity to continue to work with the Trust in the various ways referenced throughout the document. This collaborative working has been a consistent theme over many years and is very much appreciated.

Comment on 2023-24 Quality Objectives

We are pleased to see a number of actions are in place to improve performance of Sepsis screening and hydration and look forward to seeing updated data on these objectives.

Comment on Quality Objectives for improvement 2024-25

Looking at the Quality Objectives identified for improvement in the coming year, we especially welcome:

- The timely and effective assessment and care of patients in the Emergency Department. This resonates with our own data from patient experiences such as those summarised in the visit and report produced with HW Halton (Dec 2023) including the recommendations around providing updates for patients waiting to be seen and addressing a lack of information about waiting times.

- Targeting improvements to the discharge process. Again a number of the specific actions the Trust has identified resonate with our own insight based on patient experiences. For example, delays to discharge due to waits for medication continue to be an issue as highlighted from patient interviews in January 2024. From the same exercise and report, there is evidence that information provided within the Whiston hospital setting about support services available to Knowsley residents upon discharge is not always accurate (Updated Discharge Report – May 2024).

Other comments

Adding to the information included in the Patient Experience section (pages 121-134), patient feedback received by HWK about the Trust is generally positive and particularly so around Treatment and Care (83%) and Staff

(100%). Areas where comments have been less positive include Access to Services (60%) and Communication (60%)*

**Reported for Oct-Dec 2023*

Finally, at section 3.1.4.3 of the draft report there is reference to a change in the way interpreting services are delivered in the Trust, together with some proportions of how this will be achieved going forward. We are curious to know what were the former proportions?

David Aspin
Interim Support Team Manager
Healthwatch Knowsley

5.3. Healthwatch Sefton

Mersey and West Lancashire Teaching Hospitals NHS Trust
Commentary for the Quality Account 2023/2024

Healthwatch Sefton would like to thank the trust for providing an overview of key areas within the account at the presentation day held, 17th May. We are commenting on version 6 of the account and overall found the document easy to read. It was helpful for readers of the report to have an image, which shows the geographical area the trust now covers. The use of a glossary is always welcomed, however there are some tables which contain medical terms that are difficult to follow and understand.

We support the trusts vision to continue to provide 5-star patient care, with patients and their families/carers receiving services that are safe, person centred and responsive. This is what local residents tell Healthwatch Sefton they want from the Trust.

It was really good that the positive working relationships with local Healthwatch is acknowledged and how the time and input invested by local Healthwatch is valued and appreciated. It is good to read about the quality achievements and successes; however, we would have liked to have seen more specific detail relating to the Southport & Ormskirk sites. In reading the account, there does appear to be more information included about the Whiston, St Helens and Newton sites and from attending the 'Patient Experience Council' meeting, have noticed that there is a slight imbalance, but appreciate that the trust is still in its infancy. We have attended 2 meetings of the trust wide 'Patient Participation Group', and look forward to attending future meetings. We would welcome meetings taking place in person at Southport and Ormskirk sites too.

We note both in the report and statement from Ann Marr OBE, Chief Executive of the Trust, the continued support and appreciation for staff, and how 71% would recommending the trust to their family/relatives. The improvements that have led to less staff experiencing harassment, bullying or abuse from other staff in the last 12 months are also noted. It would have been good to read about the support which had been given to staff and patients during the acquisition/merger of the two trusts.

Last year we commented on the trusts work to improve the hydration of patients on the Southport and Ormskirk hospital sites. It was disappointing to see that Southport and Ormskirk Hospitals continue to not achieve targets whilst targets were met across other trust sites. It would be good to see how the Southport and Ormskirk sites learn from this work and make improvements over the coming 12 months to avoid acute kidney infections.

We are a member of the Patient Council, and have presented a feedback report which the trust responded to. We are currently monitoring how progress is being made against the recommendations. This account includes a full chapter dedicated to the trusts work on patient experience and this is welcomed. It is encouraging to see the positive feedback shared by patients, carers and family members across the Trust sites and how Whiston, St Helens and Newton hospitals were ranked second in the country and best in the region compared to other general acute and combined trusts in the latest inpatient survey results. It was good to see service improvements from lessons learnt from complaints, particularly when discharging vulnerable patients and how their family are involved, the dementia advocate is contacted when needed and how the dementia passport is completed. We have been a member of the Southport & Ormskirk Admiral Nurse Steering Group and their commitment to ensuring vulnerable patients are not moved from their current ward/treatment area unless clinically necessary should be commended.

We note the good response numbers and uptake for the national cancer patient experience survey and how patients responded favourably (9.1 out of 10), when asked to rate their overall care.

The support which the trusts receives from volunteers is just incredible and how the trust in turn supports them. It was great to read about the recruitment of a volunteer with lived experience of learning disabilities and autism and how this has positively impacted the learning disability service and improved the volunteer's confidence.

It is good to see the additional training for staff to ensure patients are supported with any disabilities/ communication difficulties and are glad to see in the report that staff are told to 'ask' patients on admission. We are a key stakeholder of the Sefton Accessible Information Partnership and know that the trust is also involved in this work too.

It was good to read about the hospital pharmacy medication audits taking place and the establishment of a working group. Medication shortages at hospital pharmacies have been highlighted to us by residents.

It is positive to see the maternity improvements across the Trust with a focus on reducing risks through audits and continuous monitoring, and following the Ockenden action plan for maternity services.

Healthwatch Sefton would like thank the Trust for their supportive and collaborative approach to working with us as a critical friend and in listening and responding to the stories and feedback from patients, carers and families.

Diane Blair
Manager
Healthwatch Sefton.
10th June 2024.

5.3. Healthwatch Halton

Healthwatch Halton response to Mersey & West Lancashire Teaching Hospitals NHS Trust Quality Account for 2023 - 20244

Healthwatch Halton welcomes the opportunity to comment on this year's Quality Account report.

We found the report to be informative and easy to follow, providing good detail on the progress made against last year's quality priorities and clearly laying out the aims for this year's priorities. We liked the inclusion of the 'Summary of quality achievements' in Section 1. This was helpful in providing highlights of the excellent work that has taken place within the Trust.

From our experience working closely with the Trust throughout the past year and from the public feedback we've collected on the Trust, we believe this report reflects people's real experiences of the service.

During the past year we've carried out a number of 'Listening Events' at Whiston Hospital and have found the Trust to be cooperative and responsive in dealing with any issues we have raised. It has shown a clear willingness to learn from people's experiences of treatment and care at the Trust.

We've appreciated the dedicated quarterly meetings the Trust holds with Healthwatch to discuss patient experience issues. There continues to be a willingness by the Trust to involve us on the Patient Experience Council and listen and learn from the patient feedback provided by Healthwatch.

We noted the progress made in achieving the 2023 - 24 quality objectives. It was good to see the improvement in scores for the Inpatient Survey and we hope the Trust can continue this improvement for the coming year.

While we note the targets for compliance with sepsis screening and treatment were not achieved, we were pleased to see that improvement actions have been put in place.

For the 2024 - 25 priorities we are pleased to see a focus on improving the effectiveness of the discharge process for patients and carers. We look forward to hearing about the progress on this during the next twelve months and we would welcome the opportunity to work closely with the Trust on this priority area.

With regards to the quality objectives identified for 2024 - 25 we believe these are challenging enough to drive improvement and there is clear information on how progress on these will be measured.

We'd like to thank everyone at the Trust for their continued dedication and commitment to providing the best possible care and treatment for our local community.

Kind regards

Dave Wilson
Chief Officer, Healthwatch Halton

5.3. Sefton Council

Dear Ms. Marr,

Mersey and West Lancashire Teaching Hospitals NHS Trust – Quality Account 2023/24

As Chair of Sefton Council's Overview and Scrutiny Committee (Adult Social Care and Health), I am writing to submit a commentary on your Quality Account for 2023/24.

On 5 June 2024 and along with the Committee Vice-Chair, Cllr Greg Myers, I met with the Deputy Director of Compliance Anne Rosbotham-Williams and the Director of Nursing and Midwifery, Lynne Barnes to consider your draft Quality Account.

We welcomed the opportunity to comment on your Quality Account and I have outlined the main comments raised in the paragraphs below.

We acknowledge and congratulate the hard work and success in many areas which has resulted in various improvements and awards, particularly those affecting our residents in Sefton, and pass on our thanks to all your staff and volunteers for their efforts.

Whilst it is good to note success in the Quality Account itself, it was felt that perhaps the report had become rather unwieldly and would benefit from focussing in more on the mandated information and less on extraneous material.

For instance, repeated use of positive patient quotes as 'this is what our patients say' without detailing the instances of where they say something less positive appears more PR-related and perhaps much of the content outside the mandated material is more suited to an Annual Report, rather than the Quality Accounts?

Concerns were also raised about the ease of reading and navigating the document, particularly for the public.

A number of areas were raised where we suggested that concise but relevant information could also be provided, which would help to explain the bigger picture:

- It was felt additional context was often needed to help better place the information being provided, for instance comparison with previous years to see rises and falls.
- Additional context could also be included on Patient Falls, particularly around the reduction figures, we acknowledged that a lot of work had gone into falls reduction but the document did not explain why reduction was subsequently only at 2.71%.
- Trust representatives then explained falls were apparently reducing more than the data suggested and indicated this would now be revised in the report.
- With regard to the Equality Delivery System, there needs to be an explanation of what Outcomes 1.1 etc actually are so that readers can better understand what has been achieved, or not.
- The use of graphs and other visuals rather than tables of information may help with understanding the document.
- To assist residents of Sefton, and indeed other areas within MWLTH NHS Trust, it would be useful to split information into sections by geographical area where possible for easy access to information relevant to them.

Trust representatives conveyed that this may not be possible due to the mandatory nature of the report but we believe it is worth investigating in future to see what is possible. If it is not, the suggestion by Trust representatives of an additional document for Southport and Ormskirk Hospitals (outside of the report) was welcomed.

We asked about the possibility of being invited to join quality walkarounds in the future, as this had been mentioned at the quality account meeting in 2022/23, but not progressed. Ms Barnes indicated that she would be happy to facilitate such a walkaround for members of the Overview and Scrutiny committee. Our Scrutiny Support Officer Laura Bootland, who also attended this meeting, will be in contact to arrange.

We appreciated the opportunity to scrutinise your draft Quality Account for 2023/24 and I hope you find these comments useful and recognise Scrutiny's role as the "critical friend" in this process. We understand from your representatives that it might not be possible to act on all our points this time around due to the timescale involved but wish that those not acted upon now are considered for the future.

Please accept this letter as Sefton OSC's formal response to your Quality Account and I look forward to seeing the published Quality Account, together with our submission.

Yours sincerely,

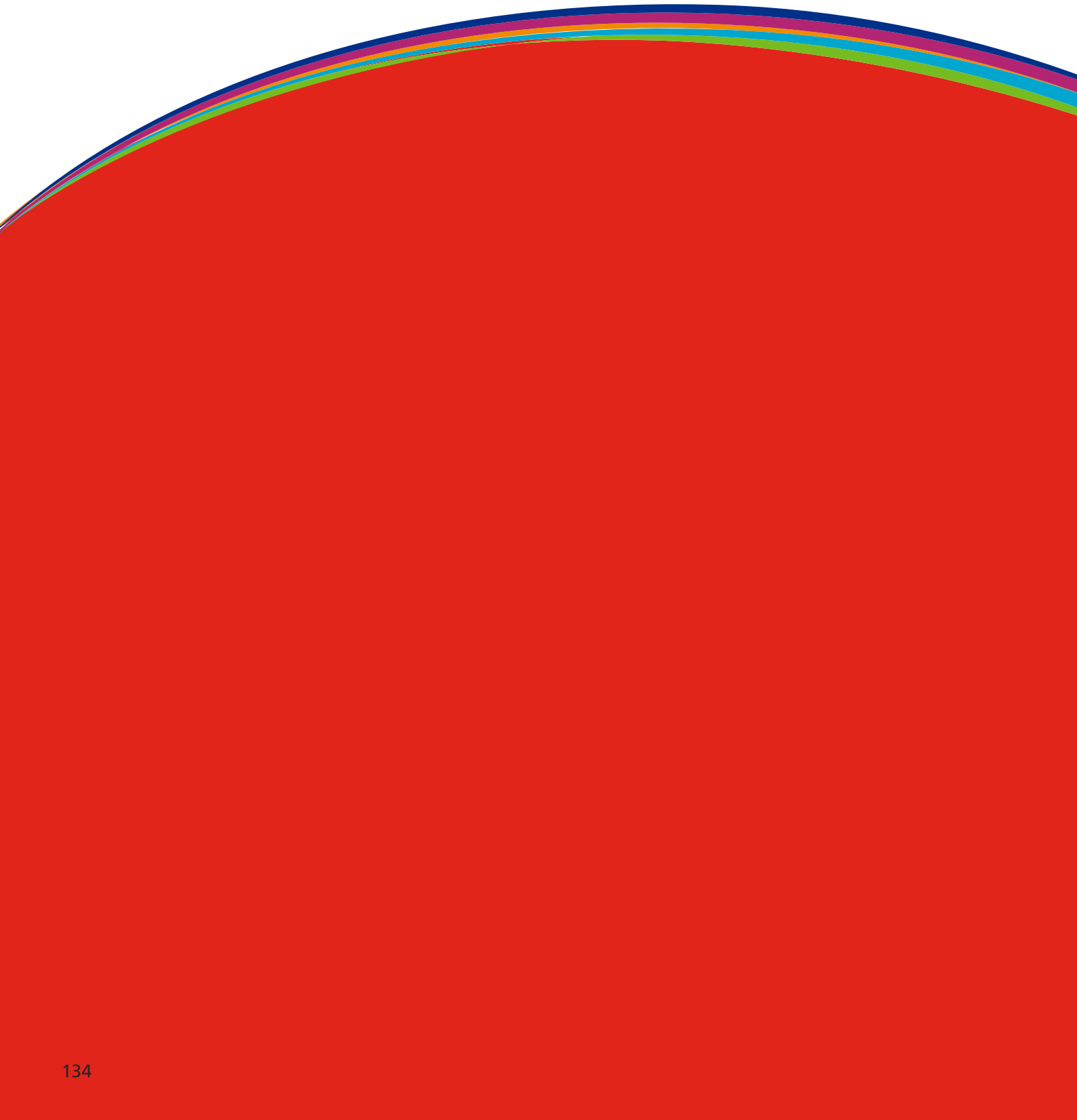
L Lunn -Bates
Councillor Laura Lunn-Bates
Chair of Sefton Council's Overview and Scrutiny Committee (Adult Social Care and Health)

5.7. Amendments made to the Quality Account following feedback and written statements from other bodies

The following amendments were made following feedback from other bodies:

Section	Amendment/addition
2.1	Information has been included about the support provided to staff and patients prior to the formation of the new Trust.
2.2.1	Added the following to the review of progress in achieving the quality objectives: "Commenced the roll out of an AKI risk assessment to be completed within 6 hours of admission." Added the following to hydration section of Quality Account Objective to demonstrated how best practice from other MWL sites was shared with Southport & Ormskirk sites: Areas of best practice are being shared across sites, 2 wards on the Southport site are piloting electronic fluid balance charts on VitalPac as used on legacy STHK sites. Nutrition & Hydration Champions for each ward are being identified following a successful trial at pilot wards at Whiston. The implementation of the nutritional initiatives have supported the Trust's ongoing improving compliance in relation to Advancing Quality (AQ) AKI metrics outlined below
3.1.3	Additional information included in the table outlining the Equality Delivery System outcomes
3.2.1	Amended to read "in 2023-24 there was a further 2.56% reduction in legacy STHK inpatient falls per 1000 bed days, decreasing from 7.297 falls per 1000 bed days in 2022-23 to 7.110 in 2023-24. This follows a significant reduction in the previous year of 15.81% against a target of 10%, decreasing from 8.667 falls per 1000 bed days in 2021-22 to 7.297 in 2022-23."
3.1.4	Added the following information regarding proportions of face-to-face, telephone and video interpreting: The use of interpreters had the following split in 2023: • Face to face – 65.1% • Telephone – 34.3% • Video – 0.6%
3.4.1	Included the following statement: Patient feedback received by Healthwatch Knowsley about the Trust is generally positive and particularly so around treatment and care (83%) and staff (100%). Areas where comments have been less positive include access to services (60%) and communication (60%), reported for quarter 3 2023-24.

Section 6
Abbreviations



ADR	Adverse drug reaction
AHPs	Allied Health Professionals
AI	Artificial intelligence
AIS	Accessible Information Standard
AKI	Acute kidney injury
AMU	Acute Medical Unit
ANC	Ante-natal Clinic
ANTT	Aseptic non-touch technique
App	Application
AQ	Advancing Quality
ARC NWC	Applied Research Collaboration North West Coast
BAME	Black, Asian and minority ethnic
BAUS	British Association of Urological Surgeons
BJP	Bence Jones Protein
BP	Blood pressure
BSI	Blood stream infection
BSL	British Sign Language
BSPED	British Society for Paediatric Endocrinology and Diabetes
BTS	British Thoracic Society
CCS	Clinical Classifications Service
CD	Controlled drugs
C. difficile	Clostridioides difficile infection
CGM	Continuous glucose monitoring
CHPPD	Care hours per patient per day
CMAST	Cheshire and Merseyside Acute and Specialist Trust provider collaborative
CMP	Case mix programme
COPD	Chronic obstructive airways disease
CPD	Continuing professional development
CPR	Cardiopulmonary resuscitation
CQC	Care Quality Commission
CQuIN	Commissioning for quality and innovation
CRAB	Copeland risk adjusted barometer
CRB	Cervical ripening balloon
CRN NWC	Clinical Research Network, North West Coast
CSP	Cervical Screening Programme
CT	Computerised tomography
CTG	Cardiotocography
CYP	Children and young people
Datix	Integrated risk management, incident reporting, complaints management system
DIEP	Deep inferior epigastric perforators
DIPC	Director of Infection Prevention and Control
DLQI	Dermatology Life Quality Index
DNA	Did not attend

DNACPR	Do not attempt cardiopulmonary resuscitation
DQMI	Data quality maturity index
DRC	Deafness Resource Centre
DrEaM	Drink, eat and mobilise
DSPT	Data Security and Protection Toolkit
DVT	Deep vein thrombosis
EASI	Eczema Area and Severity Index
ED	Emergency Department
EDI	Equality, diversity and inclusion
EDS or EDS2	Equality Delivery System
EMIS	Egton Medical Information System
ENT	Ear, nose and throat
ePMA	Electronic prescribing and medicines administration
EPR	Electronic patient record
ESR	Electronic staff record
eVTE	Electronic venous thromboembolism (recording)
FBC	Full blood count
FDA	Food and Drug Administration
FDS	Faster diagnosis standard
FFT	Friends & Family Test
FGR	Fetal Growth Restriction
FRAX	Fracture Risk Assessment Tool
FTSU	Freedom to speak up
GAP	Growth assessment protocol
GAP SCORE	Growth assessment protocol standardised case outcome review and evaluation
GI	Gastrointestinal
GIRFT	Get it right first time
GP	General Practitioner
HASU	Hyper-Acute Stroke Unit
HAT	Hospital-acquired or hospital-associated thrombosis
HbA1c	Haemoglobin A1c - average blood glucose (sugar) levels for the last two to three months
HCA	Healthcare Assistant
HCAI	Healthcare associated infections
HCSW	Healthcare Support Worker
HES	Hospital Episode Statistics
HHS	Hyperosmolar Hyperglycaemic State
HPMA	Healthcare People Management Association
HR	Human Resources
HS	Hidradenitis Suppuritiva
HWWB	Health, Work and Well-being
IBD	Inflammatory bowel disease
ICNARC	Intensive Care National Audit & Research Centre
ICO	Information Commissioner's Office

ICB	Integrated Care Board
ICCR	Individual care and communication record
ICD-10	International Statistical Classification of Diseases and Related Health Problems, 10th Revision
ICS	Integrated Care System
IG	Information governance
IMCA	Independent mental capacity advocate
IPC	Infection prevention and control
IT	Information technology
IV	Intravenous
JAK	Janus Kinase
JSNA	Joint Strategic Needs Assessment
KPI	Key performance indicator
LAC	Looked after children
LeDeR	Learning disability mortality review
LFPSE	Learn from Patient Safety Events
LGA	Large for gestational age
LGBT	Lesbian, gay, bisexual, transgender
LGBTQIA+	Lesbian, gay, bisexual, transgender, questioning, intersex, asexual
LocSSIPs	Local safety standards for invasive procedures
MBRRACE-UK	Mothers and babies - reducing risk through audits and confidential enquiries across the UK
MDT	Multi-disciplinary team
MINAP	Myocardial infarction national audit programme
MRI	Magnetic resonance imaging
MRSA	Methicillin-resistant staphylococcus aureus
MRSAb	Methicillin-resistant staphylococcus aureus bacteraemia
MWL	Mersey and West Lancashire Teaching Hospitals NHS Trust
NACAP	National asthma and COPD audit programme
NACEL	National audit of care at the end of life
NAOGC	National audit oesophago-gastric cancer
NatSSIPs	National safety standards for invasive procedures
NBOCA	National bowel cancer audit
NCAA	National cardiac arrest audit
NCAP	National cardiac arrest programme
NCCQ	National clinical coding qualification
NCEPOD	National confidential enquiry into patient outcome and death
NCPES	National cancer patient experience survey
NDA	National diabetes audit
NELA	National emergency laparotomy audit
NEWS	National early warning score
NG	Nasogastric
NHS	National Health Service
NHSE	National Health Service England
NHSP	NHS Professionals

NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NJR	National joint registry
NLCA	National lung cancer audit
NMPA	National maternity and perinatal audit
NMTR	National Major Trauma Registry (formerly TARN)
NNAP	National neonatal audit programme
NOD	National ophthalmology audit
NPCA	National prostate cancer audit
NPDA	National paediatric diabetes audit
NRLS	National Reporting & Learning System
NVR	National Vascular Registry
OBE	Order of the British Empire
ODPs	Operating Department Practitioners
OH	Occupational Health
OPCS	Office of Population, Census and Statistics Classification of Interventions and Procedures
OSCE	Objective structured clinical examination
OT	Occupational Therapist/Therapy
P2, P3, P4	Priority 2, 3, 4
PALS	Patient Advice and Liaison Service
PACS	Picture archiving and communication system
PAS	Patient administration system
PCC	Prothrombin complex concentrate
PCI	Percutaneous coronary intervention
PE	Pulmonary embolus
PIR	Post infection review
PLACE	Patient-led assessments of the care environment
PMRT	Perinatal mortality review tool
PRES	Participant in research experience survey
PROMs	Patient reported outcome measures
PSII	Patient safety incident investigation
PSIRF	Patient Safety Incident Response Framework
QI	Quality improvement
QICA	Quality Improvement and Clinical Audit
RAG	Red, amber, green
RCEM	Royal College of Emergency Medicine
RCPath	Royal College of Pathologists
RDI	Research, development and innovation
RDIG	Research, Development and Innovation Group
RCOG	Royal College of Obstetricians and Gynaecologists
RLC	Rugby League Cares
RN	Registered Nurse
RNDA	Registered Nurse Degree Apprenticeship

RTT	Recruiting to time and target
RSV	Respiratory syncytial virus
SAG	Safeguarding Assurance Group
SAMBA	Society for Acute Medicine (SAM) benchmarking audit
SAU	Surgical Assessment Unit
SBAR	Situation, background, assessment, recommendation
SCBU	Special Care Baby Unit
SDEC	Same Day Emergency Care
SFLC	Serum free light chains
SHMI	Summary hospital-level mortality indicator
SHOT	Serious hazards of transfusion
SIRO	Senior Information Risk Owner
SJR	Structured judgement review
S&O	Southport and Ormskirk Hospital NHS Trust
SOP	Standard operating procedure
SSI	Surgical site infection
SSNAP	Sentinel stroke national audit programme
STHK	St Helens and Knowsley Teaching Hospitals NHS Trust
SUS	Secondary Uses Service
TARN	Trauma Audit and Research Network
TAR	Transfusion authorisation record
TAT	Thrombin-Antithrobin Complex
TB	Tuberculosis
TIA	Transient ischaemic attack
TILIA	Tozorakimab in Patients Hospitalised for Viral Lung Infection Requiring Supplemental Oxygen
TNA	Trainee nursing associate
TTO	To take out
TURBT	Transurethral resection of bladder tumour
TURP	Transurethral resection of prostate
uDNACPR	Unified do not attempt cardiopulmonary resuscitation
UEC	Urgent and Emergency Care
UTC	Urgent Treatment Centre
UK	United Kingdom
VBAC	Vaginal birth after caesarean
VIP	Visual infusion phlebitis
VTE	Venous thromboembolism
WDES	Workforce Disability Equality Standard
WHO	World Health Organisation
WRES	Workforce Race Equality Standard

Contact details

Additional information about the Trust is available on the website:

www.merseywestlancs.nhs.uk

If you have any queries relating to this Quality Account please direct them to the following email:
askann@sthk.nhs.uk

Alternatively, please contact the Executive Office on 0151 430 1291