

St Helens and Knowsley Teaching Hospitals NHS Trust

Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust	Good	
Are services at this trust safe?	Good	
Are services at this trust effective?	Good	
Are services at this trust caring?	Outstanding	
Are services at this trust responsive?	Good	
Are services at this trust well-led?	Good	

Summary of findings

Letter from the Chief Inspector of Hospitals

St Helens and Knowsley Teaching Hospitals NHS Trust was formed in 1991 and is now a £309m provider organisation, providing care to a population of 350,000. The services are provided across the boroughs of St Helens, Knowsley, Halton and the area of South Liverpool. The Mersey Regional Burns and Plastic Surgery unit at Whiston Hospital provides treatment for patients across Merseyside, Cheshire, Isle of Man and parts of the North West.

The trust has 887 beds and employs over 4,000 members of staff.

A full range of acute services is provided across two sites;

Whiston Hospital provides a comprehensive range of services including an urgent and emergency care facility, general and specialist medicine, general and specialist surgery full consultant led obstetric and paediatric hospital service for women, children and babies.

St Helens Hospital provides a range of hospital services, including general and specialist medicine, general and specialist surgery outpatients and diagnostic testing.

We carried out this inspection as part of our scheduled program of announced inspections.

We visited the both locations on the 19-20-21 August 2015. We also carried out an out-of-hours unannounced visit to Whiston hospital on Saturday 5 September 2015.

Our overall rating for this trust was Good.

We found that the trust provided services that were outstanding for caring and of good quality, responsive, effective and well-led.

Our key findings were as follows:

Leadership, vision and values

The trust's mission was 'to provide high quality health services and an excellent patient experience'. The trust's vision for 'five star patient care' was supported by five key areas: safety, pathways, systems, care, and communication. The vision was also underpinned by the ACE behavioural standards; Attitudes, Communication and Experiences.

The vision, values and behavioural standards were clearly displayed throughout both hospital sites and it was evident from our discussions and interviews with staff that they were fully engaged in their ongoing development and implementation.

The trust was led and managed by a stable, visible and accessible executive team. The senior team led the trust with a consistent focus on service quality and positive patient experience.

Patient safety and positive experiences were key priorities for the Trust and underpinned all aspects of service planning and delivery.

The Trust achieved the vast majority of national targets across the full range of services provided.

The executive and non-executive directors were very well known to staff and were frequent visitors to the wards and departments on both hospital sites. There were positive levels of staff engagement. Staff were highly motivated and committed to providing high quality services and experiences for patients. The trust had been ranked as one of the top 100 places to work by a Heath Service Journal in both 2014 and 2015.

The Trust also positively engaged with both patients and the local community. There was a range of inclusion events provided for the local community. The CEO was very visible and highly regarded within the local area.

There was a very positive culture throughout the trust. Staff were positive about their line managers and felt supported, able to raise concerns, suggest improvements and develop professionally. Staff were proud of their services and proud of the trust.

There was a range of reward and recognition schemes that were highly valued by staff. Staff were supported and encouraged to be proud of their service and achievements.

The Employee of the Month award was discussed at all board meetings and staff felt valued by the high profile this award had within the organisation.

Summary of findings

The annual awards ceremony was a focal point for staff who were very positive about the evening as an opportunity to celebrate theirs and their colleague's achievements. Successes at all levels were actively acknowledged and celebrated.

However, in maternity services there were concerns regarding the visibility and the lack of a proactive approach from service leaders. Staff also raised concerns regarding a lack of transparency about the management of the service. These included a lack information sharing by the management team and a lack of opportunity to discuss and understand the services strategic objectives.

In maternity, staff felt well supported by their immediate line managers, however, felt there was a lack of senior support for innovation and limited opportunities for them to be proactive about service development. This was the only service where we found this to be the case.

Governance and risk management

The trust had good systems and processes for governance and risk management. A comprehensive system was in place that set out the roles and responsibilities for risk management.

The Board Assurance Framework (BAF) was aligned to the trust vision, values, objectives and priorities. Controls, mitigation, assurance, gaps in assurance, rating and rationale for ratings were clearly documented. The BAF linked appropriately to the corporate risk register that was regularly reviewed.

Mortality rates

The Trusts mortality rates compared with the England average and there were robust systems and processes in place to review mortality and share learning as appropriate.

Nurse Staffing

Nurse staffing establishments were calculated using a recognised dependency tool and regularly reviewed. There were minimum staffing levels set for all wards and departments. All the wards and departments had adequate staffing numbers at the time of our inspection. However, the maintenance of nurse staffing levels remained a challenge for managers. This was a particular

issue in Maternity, Medicine and Gynaecology services at Whiston Hospital. Staffing levels were maintained by staff regularly working overtime and with the use of bank or agency staff.

There was an escalation process in place that nurses used to alert managers to staffing shortages (often as a result of unplanned absence). Managers responded by securing additional resources where possible to maintain appropriate staffing levels and skill mix. Staffing levels were discussed at 'bed meetings' and contingency arrangements were applied to meet increased demand in areas with high patient acuity.

The trust maintained a rolling programme of nurse recruitment that meant vacancies were filled in a timely way. In addition the trust had implemented a number of initiatives to address shortages in nurse staffing including: actively recruiting nursing staff from overseas and linking with local universities.

Midwifery Staffing

Maternity staffing did not comply with the Royal College of Obstetrics and Gynaecologists recommendations of the safer childbirth staffing standards. This was identified on the maternity risk register and had been reviewed annually and proposals for improvement presented to the executive team since 2013. This situation had been reviewed by the board in June 2015 with resulting agreement to recruit five midwives and five midwife support assistants. This additional recruitment meant that the service would then meet national guidance in respect of staffing levels.

Medical staffing

Although there were a number of medical vacancies patients received prompt and appropriate medical intervention.

Medical staff rotas were maintained by the existing staff and through the use of agency or locum consultants. Where locum doctors were used, they were subject to recruitment checks and induction training to ensure they understood the hospital's policies and procedures. The majority of locum and agency doctors had worked at the hospital on extended contracts so were familiar with the hospitals management systems and expectations.

Summary of findings

There was ongoing consultant and middle grade recruitment and there were plans in place to appoint an additional specialist palliative care consultant to enhance and strengthen the service provided to patients.

There was a well-established standing operating procedure for the review of patients placed in wards outside the required speciality (outliers). There was good evidence that this (small) group of patients were reviewed on a daily basis.

Access and flow

The trust met internal and national referral to treatment targets and was meeting the national six week target for patients waiting for a diagnostic appointment. The trust also performed better than the England average during 2013/14 and 2014/15 for patients waiting less than 32 and 62 days for treatment. We found the trust was consistent with the England average for patients seen by a specialist within two weeks from 2013/14 to 2014/15. Patients were provided with diagnostic tests and treatment in a timely way. Performance in this regard was above the national average.

Discharge planning began at the point of admission and there were processes in place to facilitate timely discharge seven days a week. As a result the number of delayed discharges were reducing.

The emergency care pathway had been under considerable pressure due to increased demand. The proportion of all patients that attended the emergency department and were treated within four hours was 93.2% (2,099 attendances) between October and December 2014, 91.7% (2,548 attendances) between January and March 2015 and 93.2% (2118 attendances) between April and June 2015. This level of performance was just below the national target of 95%. There was an action plan in place to improve performance in meeting the four-hour waiting time targets. This included actions to review medical staffing arrangements to improve treatment and discharge times and to improve medical cover during nights and weekends.

There were also occasions when the handover of patients from ambulance crews was not completed in a timely way. However, since January 2015, the emergency department had set up a rapid assessment and treatment (RAT) process where a consultant was

allocated at set times on a daily basis to assess and treat ambulance stretcher patients. This had led to a reduction in the number of 'black breaches' and improved performance in this area.

In addition, There were escalation plans in place in the event of increasing system pressure and demand on the bed base. However, there were times when patients were placed in areas not best suited to their needs and condition. The systems in place for the medical review and treatment of these patients were robust and well understood by staff. There was evidence that this group of patients were appropriately reviewed on a daily basis.

Cleanliness and Hygiene

Patient-led assessments of the care environment (PLACE) showed that the trust has achieved the best PLACE audits nationally for two consecutive years 2014 and 2015.

Both hospitals were visibly clean. Cleaning schedules were in place with clearly defined roles and responsibilities for cleaning the environment and decontaminating equipment. Staff were aware of and followed current infection prevention and control guidelines.

Regular hygiene audits indicated a high level of compliance throughout the trust.

The numbers of MRSA and MSSA infections were below the England average between April 2013 and March 2015. C.diff infections were within expected limits. Infection control training had been completed by 95% of staff.

Nutrition and hydration

Wards throughout the trust had protected mealtimes when all activities on the wards stopped, if it was safe for them to do so. This meant staff were available to help serve food and assist those patients who needed support.

Patients who required support and assistance with eating and drinking were identified using a coloured jug system. Support to patients was provided in a sensitive and discreet way.

Patient records included assessments of patient's nutritional requirements; fluid and food charts were reviewed and updated regularly.

Summary of findings

Specialist dieticians were involved in with patients who were identified as needing a special diet or support.

We saw several areas of outstanding practice including:

- The trust had developed a pressure ulcer (PU) risk assessment tool used by the tissue viability nurses across the wards. This took into account the grade of the PU risk and a care plan was determined which included the equipment to be used for the patient.
- The additional needs pathway and coordinated approach to a patient with additional needs reduced the need for repeat procedures and enhanced the patient's experience.
- In order to improve the response time and access to timely treatment for a patient, if a critical or abnormal finding on an X-ray was seen detected radiology staff could book another follow up appointment with the appropriate specialist at the time of reporting.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Continue its efforts to meet four-hour emergency department national targets.
- Meet the DH target for handovers between ambulance and emergency department.
- Ensure there is the appropriate skill mix of staff and patient's privacy and dignity is maintained at all times on the coronary care unit.
- Ensure there is a system in place to assess and improve the quality and safety of the services provided following a serious incident. This must include actions to mitigate the risks relating to the health and safety of service users. (Maternity services).
- Ensure systems in place for the storage of medicines are safe.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to St Helens and Knowsley Teaching Hospitals NHS Trust

St Helens and Knowsley Teaching Hospitals NHS Trust was formed in 1991 and is now a £309m provider organisation, providing care to a population of 350,000. The services are provided across the boroughs of St Helens, Knowsley, Halton and South Liverpool. The Mersey Regional Burns and Plastic Surgery unit at Whiston Hospital provides treatment for patients across Merseyside, Cheshire, Isle of Man and parts of the North West which reaches a population of over 4 million. The Trust provides 887 beds, 817 General and acute, 56 Maternity, 14 Critical care.

The IMD (2010) ranked St Helens Borough as the 51st most deprived local authority in England. The Borough of Knowsley is ranked as the 3rd most deprived in the country. Across both areas some of the severe health problems seen include the incidence of heart disease, lung cancer and chronic lung disease which are much higher than the national average.

Our inspection team

Our inspection team was led by:

Chair: Chris Harrison, Medical Director

Head of Hospital Inspections: Ann Ford, Care Quality Commission

The team included a CQC inspection manager, 14 CQC inspectors, a CQC pharmacy inspector two CQC analysts, a CQC inspection planner and a variety of specialists

including: A former medical director; consultant in clinical oncology , a consultant physician, surgeon & obstetrician ; surgical, medical, emergency department , maternity, critical care and paediatric senior nurses ; an expert by experience (lay members who have experience of care and are able to represent the patients voice) and a clinical governance specialist.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

Before visiting, we reviewed a range of information we held about the trust and asked other organisations to share what they knew about the hospital. These included the clinical commissioning groups, the Trust

Development Authority, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal colleges and the local Healthwatch.

The announced inspection of the trust took place on 19, 20 and 21 August 2015. We held focus groups and drop-in sessions with a range of staff in the hospital, including nurses, trainee doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters. We also spoke with staff individually as requested.

The unannounced inspection took place on Saturday 5th September 2015.

Summary of findings

What people who use the trust's services say

Patient-led assessments of the care environment (PLACE) showed that the trust has achieved the best PLACE audits nationally for two consecutive years 2014 and 2015.

The trust had been recognised as the best patient experience in the NHS (CHKS top hospitals 2015).

The NHS Friends and Family Test is a satisfaction survey that measures patients' satisfaction with the healthcare

they have received. The latest data between March 2014 and February 2015 showed the trust consistently scored above the England average, indicating that the majority (95%plus) of patients were positive about recommending the hospital to friends and family.

The trust performed about the same as all other trusts in all areas of the 2014 CQC inpatient survey.

Facts and data about this trust

Whiston Hospital is part of St Helens and Knowsley Teaching Hospitals NHS Trust. Whiston Hospital is situated in Prescot, Merseyside. The hospital services a population of approximately 350,000 residing in the surrounding area of Knowsley and St Helens. In total, the trust has 887 beds and employs approximately 4,200 members of staff.

The total outpatient attendances over the previous 12 months were 433,069 and the total number of Accident and Emergency attendances was 124,682.

During this inspection, the team inspected the following core services:

- Urgent and emergency services
- Medical care services (including older people's care)
- Surgery
- Critical care
- Maternity and gynaecology
- Children and young people
- End of life
- Outpatients and diagnostic services

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>The trust was committed to the safe and appropriate care of patients and safety was a key feature of the trust's five star approach to patient care. There were good systems and processes in place to promote the provision of harm free care to patients.</p> <p>Both hospitals were visibly clean and there were robust systems for the prevention and control of infection</p> <p>Staff were aware of and adhered to current infection prevention and control guidelines. Cleaning schedules were in place, with clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment.</p> <p>Infection rates were within an acceptable range for a trust of this size.</p> <p>Incident reporting was robust and well understood by staff. Staff escalated and reported incidents appropriately. There was evidence of organisational learning and improvement as a result of incident investigations.</p> <p>Staff were able to identify and escalate appropriately issues of abuse and neglect. Practice was supported by regular and ongoing staff training. The trust safe guarding team provide support and guidance for staff so that safeguarding issues were escalated and managed.</p> <p>There were sufficient numbers of trained nursing and support staff with an appropriate skills mix to ensure that patients needs were met appropriately and promptly.</p> <p>Patients care and treatment was regularly reviewed by skilled and competent medical staff.</p> <p>Incidents</p> <ul style="list-style-type: none">• The trust had robust systems for reporting actual and near miss incidents across all services.• Staff were supported and encouraged to report incidents in a culture of 'no blame'.• There was good evidence that staff understood their responsibilities to raise concerns and record safety incidents.• Learning from incidents was captured, shared and applied to support improvement and prevent reoccurrence.	<p>Good </p>

Summary of findings

- There was evidence of changes in practice and policy as a result of incident investigations.
- There was work to do to embed learning from incidents in Maternity services.

Duty of Candour

- The trust had good systems in place to fulfil its obligations in relation to the Duty of Candour Regulations.
- The incident reporting system identified incidents that had led to serious or moderate harm to patients and prompted staff to apply duty of candour.
- There was evidence that the trust was open and honest with patients and those close to them when things went wrong for example a complaint made in July 2015 where a patient experienced moderate harm as a result of a delayed / inappropriate diagnosis. Records showed that a formal apology had been given to the patient and their relatives along with an explanation of the actions that would be taken to prevent the issue happening again.

Safeguarding

- Accessible policies and procedures explained the processes for safeguarding vulnerable adults and children.
- Staff were also provided with adult and children safeguarding training. Over 90% of staff had received safeguarding training commensurate with their roles.
- Staff had ready access to and support from the designated safeguarding lead, safeguarding link nurses or a social worker if a patient was suspected of being at risk of neglect or abuse.
- There was a trust-wide safeguarding team that provided support and guidance for staff for mental capacity assessments, best interest meetings and deprivation of liberties safeguards applications.

Nurse Staffing

- Staffing levels were set and reviewed every six months using the 'safer nursing care tool (Shelford Group, 2013)' endorsed by the National Institute for Health and Care Excellence. This is an evidence based tool that allows nurses to assess patient acuity and dependency and to determine the recommended number of staff.
- There were sufficient numbers of trained nursing and support staff with an appropriate skills mix to ensure that patients needs were appropriately met.

Summary of findings

- The expected and actual nurse staffing levels were displayed and updated on a daily basis on notice boards in all of the areas we inspected.
- The trust was in the process of implementing an electronic roster system which included rules with numbers of staff for minimum and safe staffing that alerted managers if there were shortages.
- Staff escalated staffing concerns to managers in accordance with the trust wide escalation policy. Managers responded appropriately and worked hard to maintain appropriate staffing levels in all services.
- Staffing levels were increased in accordance with changes in patient acuity or demand.
- Where there staff vacancies, staffing levels were maintained by staff working overtime and with the use of bank and agency staff. Agency staff were subject to local an induction and checks were made to ensure they had completed mandatory training prior to commencing employment.

Midwifery Staffing

- At the time of our inspection maternity staffing did not comply with the Royal College of Obstetrics and Gynaecologists recommendations of the safer childbirth staffing standards. This was identified on the maternity service risk register. This had been reviewed by the board in June 2015 with resulting agreement to recruit five additional midwives and five midwife support assistants. This would improve staffing levels within the service and leave only 1.8 full time equivalent posts vacant.

Medical Staffing

- Medical treatment was delivered by skilled and committed medical staff.
- Medical staff rotas were maintained by the existing staff and through the use of agency or locum consultants. Where locum doctors were used, they were subject to recruitment checks and induction training to ensure they understood the hospital's policies and procedures. The majority of locum and agency doctors had worked at the hospital on extended contracts so they were familiar with the hospital's policies and procedures.
- Consultant cover was provided 24 hours a day seven days a week on the critical care unit.
- In the emergency department the proportion of registrars and junior doctors was greater than the England average. The

Summary of findings

proportion of consultants was below the England average (19% compared with the England average of 23%). The proportion of middle grade doctors was also below the England average (4% compared with the England average of 13%).

- Consultant staff in children's and young people's services reported a shortfall in middle grade doctor staffing. Ten middle grade doctors were required but the service only currently employed eight. The two remaining vacancies were filled by locum doctors and support from colleagues in A&E.
- The specialist consultant in palliative care was on secondment during the inspection. Support to the SPCT was provided by the community consultant in palliative medicine for St Helen's, Knowsley and Halton who provided five sessions per week at the hospital. In addition the hospice's associate specialist provided two sessions per week. The Trust was aware of this shortfall and had plans in place for the recruitment of a specialist consultant in the near future.
- At St Helens hospital there was sufficient on-call consultant cover over a 24 hour period with appropriate medical cover outside of normal working hours and at weekends.
- The hospital employed a resident medical officer (RMO) who was based at the hospital 24 hours per day covering a weekly or fortnightly rota. The RMO was resident on site and available on call outside of normal working hours
- The divisional director, assistant director of operations and a consultant confirmed the local deanery was reducing the numbers of junior doctors they were allocating to the trust. As a result they had been involved in a project to recruit junior doctors from countries with the degree taught in English. The service had been successful in recruiting seven students from the Czech Republic and was looking at other countries.

Cleanliness, infection control and hygiene

- Wards and departments throughout the trust were visible clean and maintained to a good standard.
- Staff were aware of and adhered to current infection prevention and control guidelines. Cleaning schedules were in place, with clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment.
- There were arrangements in place for the handling, storage and disposal of clinical waste, including sharps.
- There were infection control link nurses in place who cascaded information from the trust-wide infection control team.

Summary of findings

- There were regular audits of cleanliness and infection control standards with high levels of compliance across the trust. Where audits identified shortfalls in practice action plans were developed and implemented to secure improvement.
- Overall Infection rates were consistent with the England average.

Mortality rates

- The trust was vigilant in reviewing and assessing mortality rates. There was good medical and board oversight of mortality rates
- Mortality and morbidity reviews were held in accordance with trust policies and procedures. Deaths were reviewed thoroughly and learning opportunities shared and applied to improve patient outcomes and reduce incidents of avoidable deaths.
- Mortality meetings were held in the form of critical reviews for any deaths involving children. The service linked with maternity services to ensure a multi-disciplinary approach to review and application of any identified learning.
- Mortality rates for the trust were within the England average.

Are services at this trust effective?

Care and treatment was evidence-based and the policies and procedures, assessment tools and pathways followed recognisable and approved guidelines such as the National Institute for Health and Care Excellence (NICE).

Clinical pathways and care bundles were used to ensure appropriate and timely care for patients in accordance with nationally recognised standards.

There was good use of clinical audit to monitor and improve performance. Where audits highlighted areas for improvement the trust developed, implemented and monitored action plans to secure improvement.

Multi-disciplinary team work was well established and focused on securing the best outcomes for patients

Staff in all disciplines worked well together for the benefit of patients in their care.

Care and treatment was delivered by skilled and committed staff.

Evidence based care and treatment

- Care and treatment was evidence-based and the policies and procedures, assessment tools and pathways followed recognisable and approved guidelines such as the National Institute for Health and Care Excellence (NICE).

Good



Summary of findings

- Clinical pathways and care bundles were used to ensure appropriate and timely care for patients in accordance with nationally recognised standards.

Patient outcomes

- Patient outcomes were, in the main, in line with or better than the average for England.
- There was good use of national and local audit to monitor and improve performance.
- Where audits highlighted areas for improvement the trust developed, implemented and monitored action plans to secure improvement. For example, there was evidence of the trust responding positively to audit findings in the treatment of suspected sepsis in A&E, in maternity paediatric and medical services.
- The national hip fracture audit 2014 showed the hospital performed better than the England average for five out of the nine indicators, including surgery on the day of or after day of admission, bone health medication assessment, mean length of acute stay and mean length of post-acute stay.
- However, the hip fracture report highlighted that only 20.3% of patients were admitted to orthopaedic care within 4 hours compared to the England average of 48%, only 39% of patients had a pre-operative assessment by geriatrician compared to the England average of 52% and the mean total length of stay was 23 days compared to the England average of 19 days.
- The hip fracture care action plan showed many of the actions had been completed. The assistant director of operations and divisional director told us they had recruited a consultant orthopaedic geriatrician since the last audit in order to improve compliance. Trust data from January 2015 to May 2015 showed there was an overall reduction in acute phase length of stay by 1.4 days since the introduction of the Ortho-geriatric consultant.
- The national bowel cancer audit (2014) showed the trust had performed better than the England average for the number of patients that had a CT scan, the number of patients that underwent surgery, the number of cases discussed at multidisciplinary team meetings and the number of patients seen by a clinical nurse specialist. The trust also performed better than the England average for patient length of stay above 5 days (77% compared with 69%).
- The national bowel cancer audit showed the trust was slightly worse than the England average for the number of patients for

Summary of findings

whom major surgery was carried out as urgent or emergency (14% compared with 16%) and the number of patients for whom laparoscopic surgery was attempted (39% compared with 55%).

- Performance reported outcomes measures (PROMs) data between April 2013 and March 2014 showed the percentage of patients with improved outcomes following groin hernia, hip replacement, knee replacement and varicose vein procedures was either similar to or better than the England average.
- The trauma and orthopaedics PROMs action plan meeting minutes from July 2015 showed a review of the action plans which included an increase capacity of patients receiving surgery in the joint school from 10 patients per week to 15. Other actions were also appropriately discussed and updated such as ensuring patients mental health and wellbeing was explained.
- The national emergency laparotomy audit (2014) showed a mixed performance in the 12 out of the 28 standards that were available at the trust.
- Hospital episode statistics data (January 2014 to December 2014) showed the average length of stay for elective and non-elective surgery was similar to the England average aside from non-elective trauma and orthopaedics which was approximately four days longer.
- The results from ICNARC showed that patient outcomes and mortality were generally within the expected ranges when compared with similar units nationally.

Multidisciplinary working

- Multidisciplinary team work was well established and focused on the securing good outcomes for patients.
- Staff across all disciplines worked well together in this regard. There were robust mechanisms in place such as combined ward rounds and regular MDT meetings in all services that enabled all disciplines to positively contribute to the care and treatment of patients.
- It was evident that colleagues valued each other's contribution; relationships between the disciplines were positive and productive.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Staff had appropriate skills and knowledge to seek consent from patients or their representatives.
- Records confirmed that verbal or written consent had been obtained from patients or an appropriate person.

Summary of findings

- Staff understood the legal requirements of the Mental Capacity Act (2005) and Deprivation of Liberties Safeguards.
- If patients lacked the capacity to make their own decisions staff made decisions about care and treatment in the best interests of the patient and involved the patient's representatives and other healthcare professionals appropriately.
- Staff carried out mental capacity assessments for patients who lacked capacity and where deprivation of liberties safeguards applications had been made accurate records were available for review.
- There was a trust-wide safeguarding team that provided support and guidance for staff for mental capacity assessments, best interest meetings and deprivation of liberties safeguards applications.
- Staff in services for children and young people were confident and competent in the use and understanding of the Fraser Guidelines and the Gillick Competency Framework.
- However, there were some concerns identified regarding variances in practice and understanding in relation to capacity and deprivation of liberty in cases where patients required bedrails.

Competent staff

- Data provided by the trust indicated high rates of compliance in both medical and non-medical appraisal for 2014/15 and plans to achieve full compliance in 2015/16.
- The appraisal system was used to underpin and support the professional development of staff.
- Staff were positive about the process and the support they received regarding their ongoing development.

Are services at this trust caring?

Care and treatment was delivered by caring, committed, and compassionate staff. Staff at all grades treated people with dignity and respect. Patients were very positive about their interactions with staff. Patients felt staff had a positive attitude to their work and sought to enhance the patients experience. Staff were open, friendly and helpful, many went out of their way to help and support patients.

There was a strong, visible person centred culture and staff and management worked collaboratively to constantly review and improve the patient experience.

Staff actively involved patients and those close to them in all aspects of their care and treatment. Patients felt included and valued by the staff team.

Outstanding



Summary of findings

Patients and those close to them understood their treatment and the choices available to them. Meeting people's emotional needs was recognised as important by all staff disciplines, and staff were sensitive and compassionate in supporting patients and those close to them during difficult and stressful periods.

There were a range of support groups facilitated by the hospital that were available to patients and their families that enabled patients to understand their condition and influence service delivery for the future.

Compassionate care

- Care and treatment was delivered by caring, committed, and compassionate staff. Staff at all grades treated people with dignity and respect.
- Patients were very positive about their interactions with staff. Patients felt staff had a positive attitude to their work and sought to enhance the patients experience. Staff were open, friendly and helpful, many went out of their way to help and support patients.
- The NHS Friends and Family Test is a satisfaction survey that measures patients' satisfaction with the healthcare they have received. The latest data between March 2014 and February 2015 showed the trust consistently scored above the England average, indicating that the majority (95%plus) of patients were positive about recommending the hospital to friends and family.
- The CHKS Top Hospitals 2015 rated the trust as providing the best patient experience in the NHS.

Understanding and involvement of patients and those close to them

- Staff respected patients' rights to make choices about their care.
- Patients and those close to them and received information about their care and treatment in a manner they understood. As a result patients and those close to them understood their treatment and the choices available to them and were actively involved in all aspects of their care and treatment.
- Patients felt included and valued by the staff team.

Emotional support

- Meeting people's emotional needs was recognised as important by all staff disciplines.
- Staff were sensitive and compassionate in supporting patients and those close to them during difficult and stressful periods.

Summary of findings

- Counselling and individualised support packages were available for patients and staff who had suffered a traumatic event.
- Trained volunteers provided emotional support for patients at the end of life.
- Multi faith spiritual leaders were available 24 hours a day for patients requiring spiritual support

Are services at this trust responsive?

The Trust had well developed approach to strategic planning. Services were planned to meet the needs of the local population and included national initiatives and priorities.

Patients received care and treatment in a flexible and timely way. Clinics and diagnostic appointments were planned and arranged to meet the needs of the patient. The trust met internal and national referral to treatment targets in all specialities.

However, the proportion of all patients that attended the emergency department and were treated within four hours was 93.2% (2,099 attendances) between October and December 2014, 91.7% (2,548 attendances) between January and March 2015 and 93.2% (2118 attendances) between April and June 2015. This level of performance was below the national target of 95%.

There was an action plan was in place to improve performance in meeting the four-hour waiting time targets. This included actions to review medical staffing arrangements to improve treatment and discharge times and to improve medical cover during nights and weekends.

In maternity services we found that there were limited choices for pregnant women to plan their delivery and facilitate normality in childbirth as a result of a predominant medical model for childbirth within the service.

The system of triage for maternity patients impacted on the work of the delivery suite and the ability of staff to provide individualised care. There was a lack of capacity on the delivery suite and wards that led to areas being used outside of their intended purpose and there were delays for some patients at busy periods and particularly outside of normal working hours.

Never the less there were some very good examples of initiatives to meet the needs of patients whose circumstances or illness made them vulnerable including patients who were living with dementia or who had a learning disability.

Good



Summary of findings

There were also systems in place to support homeless people gain access to services and attend appointments. In addition there were good examples of service changes in response to suggestions from patients.

Interpreters were available on demand for patients whose first language was not English.

British Sign Language interpreters were also available for patients who were deaf.

Collectively, this indicated that the trust was responsive to the individual needs of patients.

Service planning and delivery to meet the needs of local people

- The Trust had well developed approach to strategic planning. Services were planned to meet the needs of the local population and included national initiatives and priorities.
- Patients were appropriately assessed and provided with treatment plans based on clinical priority. Discharge planning with multidisciplinary input began following a patient's admission.
- A frailty unit had been established that assessed patients and provided comprehensive older persons review.
- There had been a significant increase in the provision of ambulatory care that improved the patient experience and reduced the need for inpatient stays.
- Arrangements were in place with neighbouring trusts to allow the transfer of patients for surgical specialties not provided by the hospital.
- Outpatient and diagnostic imaging services were offered at both Whiston and St Helens Hospitals to enable easier access for the local community.
- There was a free shuttle bus service for patients to that ran between both hospital sites.
- The types and numbers of clinics offered in the outpatient department had increased to meet the demand in the area; additional services were being developed in response to patient feedback and consultation.
- Outpatient clinics were being offered several evenings a week for people to access outside their working hours

Meeting people's individual needs

Summary of findings

- Care plans were in place to provide guidance for staff caring for patients with learning disabilities. Staff could also seek support from social workers or the mental health liaison team for advice and guidance to meet the needs of patients with a learning disability.
- Staff had developed bespoke approaches for people with a learning disability in a number of core services. For example in maternity services managers described how they would use additional resources for patients with a learning disability that were included in a clear pathway of antenatal and post-natal care.
- The trust had undertaken two audits in respect of meeting the needs of patients with learning disabilities.
- The results of the audits led to further training regarding reasonable adjustments and the importance of recording appropriate information in mental capacity assessments.
- Translation services and interpreters were available to support patients whose first language was not English. Staff confirmed they knew how to access these services.
- Leaflets were available for patients about services and the care they were receiving. Staff knew how to access copies in accessible format, for people with dementia and learning disabilities, and in braille for patients who were blind.
- There were facilities in place to support vulnerable people such as homeless people including the provision of transport tokens that enabled and support this group of patients to attend their appointments.
- The trust was also in the process of implementing a system for providing food bank vouchers for vulnerable patients.
- There were limited choices for pregnant women to plan their delivery and facilitate normality in childbirth.
- The system of triage for maternity patients impacted on the work of the delivery suite and the ability of staff to provide individualised care.
- There was a lack of capacity on the delivery suite and wards which led to areas being used outside of their intended purpose and there were delays for some patients at very busy times particularly outside of normal working hours.

Dementia

- There was a comprehensive dementia strategy in place. The strategy was aimed at improving outcomes and experience for patients living with dementia.
- The trust had implemented the 'forget-me-not sticker scheme. This was a discrete flower symbol used as visual reminder to

Summary of findings

staff that patients were living with dementia or were disorientated in time and place. This was to ensure that patients received appropriate care, reducing the stress for the patient and increasing safety.

- Staff used a 'forget me not' document for patients living with dementia. This was completed by the patient or their representatives and included key information such as the patient's likes and dislikes.
- The documents were designed to accompany the patients throughout their hospital stay and support sensitive and person centred care for this group of patients.
- There was a nurse consultant for older people who was the clinical lead for dementia who provided support for staff and a central point for queries. The trust also employed a psychiatric liaison team who saw and assessed appropriate patients with a cognitive impairment.

Access and flow

- Clinics and diagnostic appointments were planned and arranged to meet the needs of patients.
- The trust met internal and national referral to treatment targets in all specialties.
- Referral to treatment percentage within 18 weeks for non-admitted and incomplete pathways were better than the England average and standard throughout the reporting period March 2014 to February 2015
- The trust was comfortably meeting the national six week target for patients waiting for a diagnostic appointment.
- The trust performed better than the England average during 2013/14 and 2014/15 for patients waiting less than 32 and 62 days for treatment. We found the trust was consistent with the England average for patients seen by a specialist within two weeks from 2013/14 to 2014/15.
- Information provided by the trust from a patient survey carried out in April 2015 showed 261 patients out of 394 surveyed waited less than 20 minutes. Where there was a delay and clinics were running late patients told us they had been told by reception staff on arrival of the delay and the expected waiting time.
- Patients and those close to them confirmed that they did not routinely wait for long periods to have their consultation.
- In June to July 2015 a sample of 150,000 patients was taken who attended radiology they experienced an average waiting time of sixteen minutes from arrival to treatment
- The did not attend rates (DNA) between January 2014 to December 2014 were similar to the national average. The trust

Summary of findings

confirmed that this was being managed actively by the outpatient service utilising the patient contact call centre and use of mobile technology for follow-up appointments in an effort to engage with patients more effectively to ensure they attended their appointments. The emergency care pathway had been under considerable pressure due to increased demand.

- The proportion of all patients that attended the emergency department and were treated within four hours was 93.2% (2,099 attendances) between October and December 2014, 91.7% (2,548 attendances) between January and March 2015 and 93.2% (2118 attendances) between April and June 2015. This level of performance was below the national target of 95%.
- There was an action plan in place to improve performance in meeting the four-hour waiting time targets. This included actions to review medical staffing arrangements to improve treatment and discharge times and to improve medical cover during nights and weekends.
- There were also occasions when the handover of patients from ambulance crews was not completed in a timely way. However, since January 2015, the emergency department set up a rapid assessment and treatment (RAT) process where a consultant was allocated at set times on a daily basis to assess and treat ambulance stretcher patients. This had led to a reduction in the number of 'black breaches' and improved performance in this area.
- In addition, there were escalation plans in place in the event of increasing system pressure and demand on the bed base. However, there were times when patients were placed in areas not best suited to their needs and condition. The systems in place for the medical review and treatment of these patients were robust and well understood by staff. There was evidence that this group of patients were appropriately reviewed on a daily basis.

Learning from complaints and concerns

- There was a formal policy in place for managing concerns and complaints.
- Staff were aware of the policy and how to access it for reference.
- An easy read guide detailing how to make a complaint, comment or suggestion was available
- Staff would deal with complaints informally if possible to aid timely resolution for the complainant

Summary of findings

- Where this was not possible staff referred patients to patient advice and liaison service (PALS) and the formal complaints procedure.
- The trust aimed to respond to complaints within 25 days.
- Where this was not possible there was ongoing dialogue with the complainant to keep them informed of the progress or reasons for the delays.
- Learning from complaints was shared implemented and evaluated. There were good examples of system and practice changes made in response to learning from complaints.

Are services at this trust well-led?

The trust had a vision and strategy with clear aims and objectives. The trust's mission was 'to provide high quality health services and an excellent patient experience'. The trust's vision for five star patient care was supported by five key areas: safety, pathways, systems, care, and communication. The clinical and quality strategy 2014 - 2018 listed key objectives that were all aligned to the governance and assurance framework.

The vision, values and ACE behavioural standards Attitudes, Communication and Experiences were well understood by staff at all levels and were displayed throughout both hospital sites.

The trust was led and managed by a stable, visible and accessible executive team. The team were very well known to staff and were frequent visitors to the wards and departments on both hospital sites. Staff in all services with the exception of the maternity service felt service managers were visible and supportive and responded to concerns promptly and openly.

However, in maternity services there were concerns regarding the visibility and the lack of a proactive approach from service leaders. Staff also raised concerns regarding a lack of transparency about the management of the service. These included a lack information sharing by the management team and a lack of opportunity to discuss and understand the services strategic objectives.

In maternity services staff felt well supported by their immediate line managers, however, felt there was a lack of senior support for innovation and limited opportunities for them to be proactive about service development.

Overall there was a very positive culture throughout the trust. Staff were positive about their line managers and felt supported, able to raise concerns, suggest improvements and develop professionally. Staff were proud of their services and proud of the trust.

Good



Summary of findings

There was a range of reward and recognition schemes that were highly valued by all staff. Staff were supported and encouraged to be proud of their service and achievements. Successes were acknowledged and celebrated.

The trust had been ranked as one of the top 100 NHS places to work by a Heath Service Journal in both 2014 and 2015.

Vision and strategy

- The trust had a vision and strategy with clear aims and objectives. The trust's mission was 'to provide high quality health services and an excellent patient experience'. The trust's vision for 'five star patient care' was supported by five key areas: safety, pathways, systems, care, and communication. The clinical and quality strategy 2014 - 2018 listed key objectives that were all aligned to the governance and assurance framework.
- It was evident that staff were well sighted and engaged in delivering the trusts vision.
- Staff at all levels could articulate the vision, strategy and expected behavioral standards.
- They were clear about their role and contribution in delivering 'five star patient care'.

Governance, risk management and quality measurement

- The trust had a well embedded approach to governance and risk management that had developed over time. There were clearly set out the roles and responsibilities for risk management. There was a clear governance reporting structure
- The Board Assurance Framework (BAF) was reviewed quarterly by the Executive Team and at least 3 times per annum by the Trust Board.
- The BAF provided the board with an overview of the main components of the framework and a summary of the trust's vision, values, objectives and priorities. The Framework was aligned to strategic objectives, departmental risks, performance activity, incidents and other quality indicators.
- The trust's Corporate Risk Register (CRR) was reviewed and updated monthly with a summary report of the highest scoring risks being made to the Executive Committee. The Trust Board reviewed the CRR at least 3 times a year. The Executive Committee assessed any new high scoring operational risks to determine if they had strategic implications and if necessary make a recommendation to the Trust Board.
- Information relating to performance against key quality, safety and performance objectives was monitored and cascaded to

Summary of findings

staff through performance dashboards. Staff in the wards and departments had good access to performance information and were able to describe the risks and mitigating actions for their service.

- From our review of the BAF, risk registers and governance and committee structures it was apparent that risk and performance issues were escalated to relevant committees and onwards to the board through clear reporting structures and processes.

Leadership of the trust

- The senior team was visible and accessible and were well known to staff.
- Senior managers were frequent visitors to the wards and departments. The only exception was the Maternity services where staff felt they would benefit from more visible and proactive local leadership.
- Leaders were knowledgeable about trust priorities and shared and included staff the actions planned to achieve and address them.
- Leaders demonstrated a deep commitment to service quality and patient safety. Staff worked collaboratively to continuously improve and develop services.
- Staff were positive about the leadership team and felt valued by their line managers and the senior team.
- The only exception was the Maternity services where staff felt they would benefit from more visible and proactive local leadership.
- There were plans and opportunities for staff to develop and consolidate their leadership and management skills.
- Professional development was supported and encouraged for staff at all levels through leadership development and talent management programmes.

Culture within the trust

- In 2014 the trust was ranked in the top 100 places in the NHS to work, it was rated top in the North West and seventh nationally for staff recommending it as a place to work.
- There was a positive culture throughout the trust.
- Staff were open and honest and were very proud of the work they did and proud of the services they provide.
- Overall staff morale was high with the exception of some staff in maternity services who were concerned regarding recent changes to shift patterns and internal rotation.

Summary of findings

- Staff were encouraged to speak freely and to raise concerns so that action could be taken. The introduction of HALT (a hierarchical challenge tool) had supported staff to challenge practices or areas of concern confidently.
- There was a range of reward and recognition schemes that were highly valued by staff. Staff were supported and encouraged to be proud of their service and achievements. Successes were acknowledged and celebrated.
- In the 2014 NHS staff survey. The majority of response were positive including staff feeling there were sufficient opportunities for them to develop their career. Staff also felt very positive about their colleagues and strongly agreed with the statement “I would consider some of my work colleagues to be good friends”.

Fit and Proper Persons

- The trust was prepared to meet the requirements of the Fit and Proper Persons regulation (FPPR). This regulation ensures that directors of NHS providers are fit and proper to carry out this important role.
- The trust policy on pre-employment checks covered criminal record, financial background, identity, employment history, professional registration and qualification checks.
- It was part of the trust’s approach to conduct a check with any and all relevant professional bodies and undertake due diligence checks for all senior appointments.

Public engagement

- The trust actively sought feedback and suggestions from people who used services.
- People using the services were actively encouraged and supported to develop support groups and local networks in relation to the understanding and management of their condition.
- There were regular engagement events for the local community to raise the profile of the trust and secure local understanding and support. For example ‘open days’ and fete type events.
- The volunteer programme was well established and offered local citizen’s opportunities to contribute to services within their community.
- Volunteers were very positive about the scheme and how they were valued and included by the wider staff team

Staff engagement

Summary of findings

- Staff engagement was well managed and supported by leaders and managers.
- The trust provided regular and on-going engagement opportunities for staff through meetings, workshops written information and feedback requests.
- Staff were involved in decisions for making improvements to services and were given opportunities to influence service design and delivery.
- Staff spoke positively about being involved in service planning.
- All the staff we met as part of our inspection were committed to delivering good, compassionate care and were well motivated.
- Staff spoke favourably about the methods used to seek their views, comments and ideas.

Innovation, improvement and sustainability

- There was a deep commitment evident throughout the trust to improve and sustain high quality service provision.
- The trust was proactive in seeking ways to improve and look for additional opportunities to provide services for patients. There was however, a lack of encouragement of innovation in the maternity services. There were examples where ideas had progressed in to actions however; this was due to the enthusiasm of individuals giving their own time to the project rather than management support.
- Staff were encouraged to be innovative and were supported to implement their ideas and suggestions.
- There were examples of national targets being shortened by internal targets to drive improvements.

Overview of ratings

Our ratings for Whiston Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Good	Requires improvement	Good	Good
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Services for children and young people	Good	Good	Outstanding	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Outstanding	Good	Outstanding	Outstanding
Overall	Good	Good	Outstanding	Requires improvement	Good	Good

Our ratings for St Helens Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Outstanding	Good	Outstanding	Outstanding
Overall	Good	Good	Outstanding	Good	Outstanding	Outstanding

Overview of ratings

Our ratings for St Helens and Knowsley Teaching Hospitals NHS Trust

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

Outstanding practice and areas for improvement

Outstanding practice

- The trust had developed a pressure ulcer (PU) risk assessment tool used by the tissue viability nurses across the wards. This took into account the grade of the PU risk and a care plan was determined which included the equipment to be used for the patient.
- The additional needs pathway and coordinated approach to a patient with additional needs reduced the need for repeat procedures and enhanced the patient's experience.
- In order to improve the response time and access to timely treatment for a patient, if a critical or abnormal finding on an X-ray was seen detected radiology staff could book another follow up appointment with the appropriate specialist at the time of reporting.

Areas for improvement

Action the trust MUST take to improve

- Continue its efforts to meet four-hour emergency department national targets
- Meet the DH target for handovers between ambulance and emergency department
- Ensure there is the appropriate skill mix of staff and patient's privacy and dignity is maintained at all times on the coronary care unit.
- Ensure there is a system in place to assess and improve the quality and safety of the services provided following a serious incident. This must include actions to mitigate the risks relating to the health and safety of service users. (Maternity services).
- Ensure that staffing levels in the maternity service meet national recommendations.
- Ensure systems in place for the storage of medicines are safe