

Quality Account 2022-23



Delivering excellent care.
For every patient. Every time.

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Our Vision

Delivering excellent care.
For every patient. Every time.

The Trust's vision is "Delivering excellent care. For every patient. Every time" so that patients and their families can be confident that the Trust remains focused on positive outcomes for them, and that this is understood to be everyone's responsibility. It is underpinned by the organisations SCOPE values; Supportive, Caring, Open and Honest, Professional and Efficient as shown in the Values Charter below.

Trust Values

OUR VALUES CHARTER

it MATTERS to us

SUPPORTIVE
 Working together and valuing each other for the benefit of patients

CARING
 Caring for our patients and our colleagues as individuals, safely and with compassion

OPEN & HONEST
 Acting with the highest standards of integrity, behaviour and accountability

PROFESSIONAL
 Aspiring to be the best in everything we do

EFFICIENT
 The best quality care within the resources available

Values and Behaviours:

- Supportive:**
 - Recognise and value the contributions of all staff
 - Work together to achieve our common goals
 - Support each other in our work
 - Be open to new ideas and ways of working
 - Be respectful and considerate to all
 - Be honest and transparent
 - Be accountable for our actions
 - Be resilient and adaptable
 - Be flexible and open to change
 - Be proactive and take initiative
 - Be committed to our work
 - Be respectful and considerate to all
 - Be honest and transparent
 - Be accountable for our actions
 - Be resilient and adaptable
 - Be flexible and open to change
 - Be proactive and take initiative
 - Be committed to our work
- Caring:**
 - Put patients at the centre of everything we do
 - Be respectful and considerate to all
 - Be honest and transparent
 - Be accountable for our actions
 - Be resilient and adaptable
 - Be flexible and open to change
 - Be proactive and take initiative
 - Be committed to our work
- Open & Honest:**
 - Be honest and transparent
 - Be accountable for our actions
 - Be resilient and adaptable
 - Be flexible and open to change
 - Be proactive and take initiative
 - Be committed to our work
- Professional:**
 - Be honest and transparent
 - Be accountable for our actions
 - Be resilient and adaptable
 - Be flexible and open to change
 - Be proactive and take initiative
 - Be committed to our work
- Efficient:**
 - Be honest and transparent
 - Be accountable for our actions
 - Be resilient and adaptable
 - Be flexible and open to change
 - Be proactive and take initiative
 - Be committed to our work

Trust Objectives

Trust Objectives

2022-2023

Delivering excellent care. For every patient. Every time.



Southport and Ormskirk Hospital
NHS Trust

Care & Safety

Improve clinical outcomes and patient safety to ensure we deliver high quality services

- Reduce avoidable harm by preventing falls and hospital acquired pressure ulcers
- Improve the early detection of deteriorating patients to improve timeliness of treatment
- Improve the quality of end of life care through additional training and clear treatment plans
- Enhance Same Day Emergency Care and frailty services to avoid unnecessary hospital admissions
- Implement the final recommendations of the Ockenden Report across Maternity Services
- Improve communication between staff, patients and their families

Supporting our workforce

Develop a flexible responsive workforce of the right size and with the right skills who feel valued and motivated

- Enhance health and wellbeing support services for staff
- Launch and embed the new Trust values to be known as 'SCOPE'
- Increase staff engagement to ensure they feel valued and appreciated

Service delivery

Deliver services that meet NHS constitutional and regulatory standards

- Improve the effectiveness of discharge processes, increasing the number of patients going home before noon to 30%
- Deliver elective activity targets to reduce waiting lists
- Continue to improve the ways that we deliver timely and effective assessment of patients in the Emergency Department
- Develop a Community Diagnostic Centre to maximise capacity and reduce waiting times

Open and honest culture

Build an open and honest culture, supported by embedded Trust values

- Utilise an open management style that encourages staff to speak up
- Embed just and learning leadership principles, and raise awareness of civility and respect behaviours across all staff
- Provide a supportive and inclusive working environment

Financial performance and productivity

Efficiently and productively provide care within agreed financial limits

- Achieve the approved financial plan for 2022/23
- Further develop the use of electronic patient information to replace paper-based records
- Maximise the productivity and effectiveness of clinical services through the use of benchmarking and comparative data e.g. GIRFT
- Implement automated technology across Clinical Business Units to increase efficiency of administrative processes and reduce delays
- Invest in the Trust estate to improve the environment for patients and staff

Sustainable services

Engage strategic partners to maximise the opportunities to design and deliver sustainable services for the population of Southport, Formby and West Lancashire

- Work with partners to implement place based partnerships to improve the health of the local population
- Explore opportunities for collaboration with our partner organisation St Helens and Knowsley Teaching Hospitals, and other local healthcare providers to ensure sustainable services



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Section 1

1.1 Statement on quality from the Chief Executive of the Trust

Southport and Ormskirk Hospital NHS Trust is pleased to present the Trust's 14th Annual Quality Account for the period 1st April 2022 to 31st March 2023. I am very proud to present this account as Chief Executive which documents our progress, performance, and achievements over the past year, as well as outlining the priorities for improving quality in 2022-23.

2022-23 continued to present many challenges for staff with ongoing demands on an already stretched workforce. Those challenges included continued urgent and emergency care pressures, reducing the backlog and waiting times for elective interventions, responding to and living with COVID-19, and industrial action. Staff continue to work incredibly hard to provide the best care and treatment for our patients, maintaining essential services, as well as meeting the needs of patients in a variety of different settings.

During this last year, we have continued to develop our 'agreement for long-term collaboration' in partnership with St Helens and Knowsley Teaching Hospital NHS Trust (STHK) which has provided us with many exciting opportunities to develop joint working and supported several fragile services. The enthusiasm shown by the teams has been a testament to their commitment to patients and services alike. This has allowed us to stabilise previously at-risk services and develop key work programmes for the coming year. Alongside this we also managed to secure additional investment to develop and improve a number of clinical areas which has included the new endoscopy unit and a new discharge lounge.

There were no Care Quality Commission (CQC) Inspections undertaken between 1st April 2022 to 31st March 2023 and a Trust rating of Requires Improvement remains in place.



The Trust has continued to monitor key quality indicators via the monthly comprehensive Integrated Performance Report (IPR), which is reviewed by the Board level Committees and the Southport and Ormskirk Clinical Assessment and Accreditation Scheme (SOCAAS). This scheme continues to be rolled out within all inpatient and outpatient areas. From April 2022 to March 2023 the Trust presented four Bronze, 16 Silver and 15 Gold awards across the organisation. An independent assessment of SOCAAS by the Merseyside Internal Audit Agency (MIAA) in November 2022 found substantial assurance with our assessment and accreditation scheme.

However, I was extremely disappointed that during the year there were three never events, relating to a retained guide wire, an incorrect investigative procedure and use of air instead of oxygen. 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 the report.

Our vision is “Delivering excellent care. For every patient. Every time” which means patients and their families can be confident that this Trust remains absolutely focused on positive outcomes for them, and that this is understood to be everyone’s responsibility. It is underpinned by our SCOPE values; Supportive, Caring, Open and Honest, Professional and Efficient. We look forward through the transaction to develop a joint vision, values, and objectives so that patients and their carers continue to receive services that are safe, person-centred, and responsive, aiming for positive outcomes every time.

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 the report). Delivery of the quality improvement and clinical audit programme is reported to the Quality & Safety Committee via the Clinical Effectiveness Committee.

The Trust also further developed the quality walkarounds with members of the Trust Board visiting a number of areas 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 Community Engagement Group, which reports to the Trust Board’s Quality & Safety Committee.

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 2023-24.

I am pleased to confirm that the Trust Board of Directors has reviewed the Quality Account for 2022-23 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 2022-23.

I remain extremely proud of all our staff who continue to give the best of themselves to care for the people who need us, as well as supporting each other through these very difficult times. I would like to thank all our staff for everything they continue to deliver during the most challenging times we face. And I look forward to combining the best of our organisations and becoming One Team, One Trust working together for patients.

Ann Marr OBE

Chief Executive
Southport & Ormskirk Hospital NHS Trust

1.2 Shaping Care Together

Shaping Care Together is an engagement programme run by NHS leaders across West Lancashire, Formby and Southport, which seeks to 'futureproof' the NHS by looking at new ways of working and new ways of delivering services. Shaping Care Together is about providing better care for patients and about using our money, staff, and buildings to maximum effect. Over the past two years, Shaping Care Together (SCT) has received almost 3,000 responses through online questionnaires and hard copy feedback forms. It has run a series of online and face-to-face in-depth discussion groups with local community organisations, public and staff engagement meetings, and delivered electronic newsletters and information videos about the programme.



The communications and engagement team has fed in all ideas, comments, suggestions, and feedback to the clinical workstream throughout the programme.

The programme has, and will continue to, seek advice and guidance from the Consultation Institute throughout the process.

In order to mitigate potential risks and ensure SCT continues a programme of continuous engagement, SCT aims to deliver a series of in-depth discussion groups with community groups and its members, based on the updated "You Said, We Did" public document, ensuring members will see clear progress since the last round of focus groups in the spring of 2022.

The Trust continues to work with partners and awaits the completion of the planned transaction with STHK in order to progress further with SCT.



1.3 Summary of Quality Achievements in 2022-23

Quality of Services overall

There were no CQC Core Service inspections in 2022-23 therefore the December 2019 rating of Requires Improvement remains.

Well-led

- The Trust was awarded the Freedom of the Borough of Sefton in January 2023 in recognition of the dedication, sacrifice and heroism shown by local healthcare workers throughout the COVID-19 pandemic.



- The Neonatal Unit gained Family Integrated Care accreditation "green" rating. This means the unit, at Ormskirk Hospital, is one of only five in the North West to achieve these high standards in the care they provide for their babies and families.



- The Trust's maternity services signed the Royal College of Midwives (RCM) 'Caring For You Charter', committing to providing a healthy and safe working environment for colleagues within Maternity Services.

- The Trust has again been awarded the Navajo Charter Mark in recognition of its commitment and knowledge of the specific needs, issues and barriers facing Lesbian, Gay, Bisexual, Trans and plus (LGBT+) people. The Charter Mark signifies an organisation's goals of developing good practice and a commitment and knowledge of the specific needs, issues and barriers facing LGBTIQ+ people in Merseyside.



- The Maternity Unit was successful in securing UNICEF UK Baby Friendly accreditation. The award is a reflection of a commitment to increasing breastfeeding rates and improving care for all mothers.



- The Trust received a letter of thanks from the Chief Nursing Officer, Ruth May, and Deputy Chief Nursing Officer, Duncan Burton, for successfully meeting its target of recruiting 172 international nurses.

Staff

- Admiral Nurse, Hilary McLaren received the Cavell Star Award for her services to patients. Cavell Star Awards are national awards given by the Cavell Nurses' Trust to nurses, midwives, nursing associates and healthcare assistants who shine bright and show exceptional care.



- Associate Medical Director for Specialist Services, children's diabetes doctor and autism campaigner, Professor May Ng, was awarded an OBE in the Queen's Birthday Honours List for her commitments to improving the care of young people with diabetes and young people with autism.



- The Acute Oncology Nurses and Critical Care Team, along with the Acute Admiral Nurse Service and student nurse Andrea Lewington were all nominated for Nursing Times Awards.



- Joanne Unsworth, Specialist Bereavement Midwife, received a special recognition award at the Mariposa Awards. The Mariposa Trust provides free support to people affected by baby loss, pregnancy after baby loss, fertility, adoption and more.



- Hospital porter, Robbie Graham, won the Dennis Southern Lifetime Achievement award at this year's National MyPorter Awards.



- Therapist, Stef Edwards, scooped the Practice Educator Award at the University of Liverpool School of Health Sciences. Stef is an Advanced Occupational Therapist with the Stroke Therapy Service Early Supported Discharge Team.



- The North West Regional Spinal Injuries Centre celebrated their 30th anniversary at Southport hospital with a belated post-pandemic celebration in the Spinal Unit's garden and gym.



Key investments for our future

- Funding was received to provide a Community Diagnostic Centre (CDC) at Southport and develop new endoscopy services across both hospital sites. The new Community Diagnostic Centre will provide a vital service as the early detection and diagnosis of a wide range of conditions and can lead to earlier support and interventions which will lead to better patient outcomes, reduced hospital stays and potentially save lives, particularly for those with cancer.



- In February 2023, Ward 11A converted to a nurse and therapy led unit with a care model dedicated to caring for patients who have been identified as being Medically Optimised For Discharge (MOFD) and awaiting discharge.
- Work started to install a second CT scanner at Southport hospital, improving the quality of stroke and other diagnostic services for local patients.



- In July 2022 a new £1.1m Discharge Lounge opened at Southport hospital. This new facility has improved the transition of patients leaving hospital, freeing up ward beds for newly admitted patients
- The Maternity Assessment Unit and Delivery Suite have both undergone extensive refurbishment to integrate the two units. This new space has enabled the Trust to improve the safety and waiting times from women attending through triage.
- The Trust's haematology service reopened to new referrals. Patients now no longer need to travel to Liverpool for treatment.
- Additional staff were recruited to the paediatric dietetics service which reopened to new referrals. This has resulted in significant reductions to waiting times.
- The Trust saw reduced waiting times for rheumatology services following the sharing of clinical capacity across both Southport and Ormskirk and STHK.



1.4 Celebrating success

The Trust has continued to share positive comments from patients and carers via the Trust News email sent to all members of staff twice a week. In addition, staff are recognised and thanked at the weekly Trust Brief Live session.

The Trust was delighted to recognise staff at the 2022 Time to Shine Awards. Almost 200 members of staff gathered to recognise the enormous difference our NHS heroes have made to the lives of their many patients and the local community over the past two years with awards being presented to staff from all areas of the Trust. The winners were:

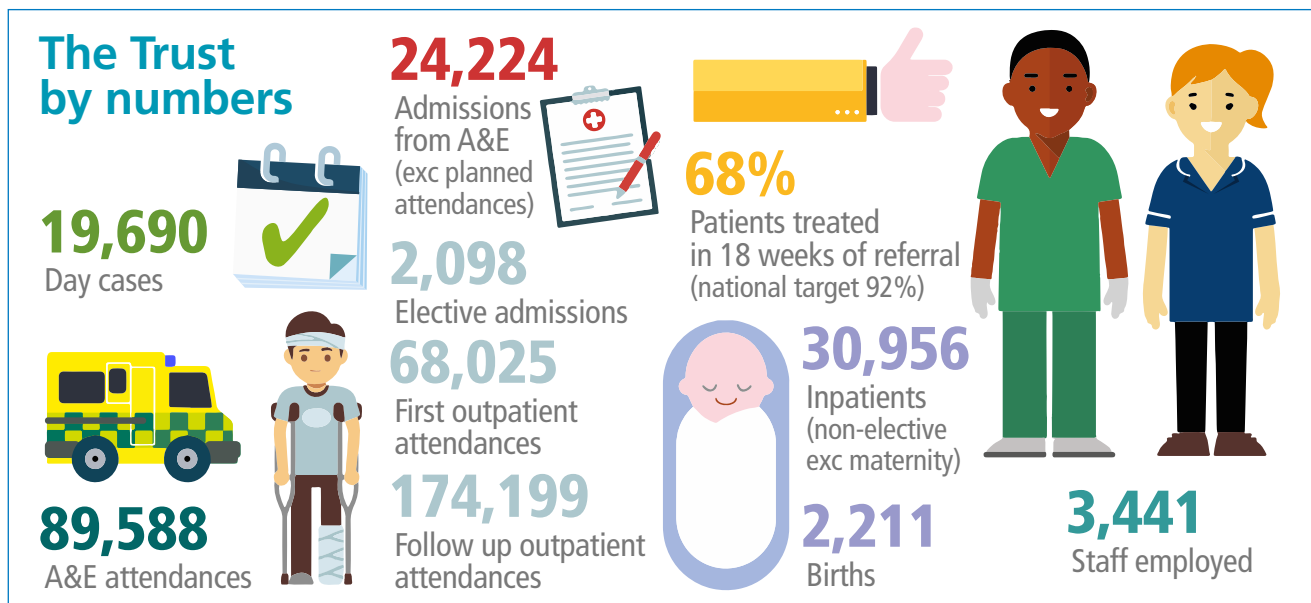
- Integrated Governance Team - Non-Clinical Team of The Year
- Spiritual Care and Chaplaincy Team - Special Recognition Award
- Angie Westwood, Matron, Critical Care Unit - Compassion in Action Award
- Erica Isherwood, Clinical Educator - Everyday Excellence Award
- Frail, Elderly, Short-Stay Team (FESS), Ward 10a - Quality Improvement & Innovation Award
- Daniel Phiri, Assistant Practitioner, Medical and Surgical Therapy Team- Learner of the Year
- Gardening Team - Volunteer of the Year
- Emergency Department - People's Health Hero Award
- Dr Krishnan Gokul – Associate Specialist, General Surgery - Clinical Mentor of the Year
- Stroke Unit, Ward 15B - Clinical Team of The Year



2. Section 2

2.1 About us

2.1.1 Our Services



Southport and Ormskirk Hospital NHS Trust provides healthcare in hospital and the community to 258,000 people across Southport, Formby and West Lancashire. The Trust has more than 480 overnight general and acute beds, which includes 360 beds on the Southport site, 59 adult beds at Ormskirk, 45 maternity beds and 21 paediatric beds. It is a small to medium sized Trust providing the majority of its services from two main sites at Southport and Ormskirk hospitals, which provides challenges in delivering acute services where Southport Hospital houses the Adult Emergency Department, Critical Care and all acute care beds. Ormskirk Hospital houses day-case and elective surgery, women's and children's services, including maternity, neonates and the Paediatric Emergency Department and Ward.

The North West Regional Spinal Injuries Centre is based at Southport hospital and provides specialist care for spinal patients from across the North West, North Wales and the Isle of Man. The Trust also provides community sexual health services for the Metropolitan Borough of Sefton.

The Trust Board is committed to continuing to deliver safe services and high-quality care, set within the context of the ongoing increases in demand for urgent and emergency care, the backlog in the elective programme caused by the pandemic and the financial challenges facing the NHS.

Despite the ongoing management of COVID-19 normal hospital services were resumed or increased from their pre COVID-19 levels to restore normal levels of services, as far as possible, to start the process of recovery and restoration.

In the Emergency Department, performance in 2022-23 against the four-hour standard for patients to be seen, discharged or transferred was 74.4% - just above national performance at 70.7%. In Cheshire & Merseyside, the Trust was the best performing non-specialist Trust behind only Liverpool Women's Hospital and Alder Hey at the end of the year. Although this was significantly below the 95% target, this challenge nationally has been reflected in a reduction in the national target for 2023-24 to 76% which we aim to achieve.

Ambulance handovers saw 67.6% completed in 30 minutes compared to 77.0% the year before.

	2021/22	2022/23	% Change 21/22 to 22/23
Outpatient Attendances (Seen)	247,790	242,224	-2.2%
Non-Elective Admissions (Less Obstetrics)	27,972	30,956	10.7%
Elective Admissions	2,124	2,098	-1.2%
Births	2,392	2,211	-7.6%
Emergency Department Attendances (As reported)	90,260	89,588	-0.7%
Emergency Department Attendances (Excluding Ambulatory Care Unit (ACU))	87,234	86,524	-0.8%

The Trust is experiencing an increase in patients more acutely unwell and needing to be admitted, resulting in more beds occupied by long stay patients (21+ days) and an overall increase in average length of stay.



2.1.2 Our staff and resources

Nursing workforce plans

The Trust continues to align its workforce plans to the NHS People Plan to ensure sustainable pipelines attract and retain nurse, midwives, operating department practitioners and allied health professionals including and has made a number of improvements including:

- Developing and launching a Trust-wide Nursing strategy to support the nursing workforce for the next three years.
- Supporting the use of flexible working, family friendly working and retire and return options to encourage staff members to remain.
- Launching an internal transfer standard operating procedure to support retainment of staff within the organisation.
- Encouraging use of apprenticeship programmes.
- Developing collaborative working with local higher education providers to promote the organisation as an attractive place to work.
- Supporting health and wellbeing and staff support programmes.
- Developing a nationally recognised preceptorship programme supporting new staff in first two years of employment.
- Devising a new to care health care assistant recruitment programme to encourage staff from outside NHS organisations to join.
- Promoting a regional International Trained Nurse and Midwifery recruitment programme to support recruitment across the organisation.

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 percentage for nights and days on each ward. Agency, bank, overtime, extra time hours, and ward managers' supernumerary management days are included in the actual hours worked totals in accordance with the guidance.

The acceptable monthly fill rate is 90% and over. Throughout the year, this has been variable due to contributory factors including staffing vacancies and high patient acuity resulting in the opening of escalation areas requiring additional staffing. However, the Trust has reported an average of 93.90% over the previous 12 months.

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 average for 2022-2023 was 8.6 hours, with a range of 8.1 to 8.1 hours over the previous 12 months.

The Trust has successfully taken part in the regional International Trained Nurse recruitment programme. From September 2020 the Trust successfully recruited and welcomed 172 internationally trained nurses and is currently involved in the regional International Midwife recruitment programme and aims to recruit two midwives by the end of the financial year. In addition, the Trust has also recruited two overseas Occupational Therapists from the regional recruitment initiative.

Working in partnership with STHK has led to innovative working with Allied Health Professionals and allowed joint recruitment to specialist roles and cross boundary working.

The preceptorship programme is now extended across all disciplines, including pharmacy and physiotherapy, for all newly qualified staff. Alongside this is specific preceptor training to enable staff to guide and empower our newly registered professionals. The Trust has 30 preceptorship champions in different areas and with different professional backgrounds.

Training for the newly recruited HCAs continues with support through the Care Certificate, on-the-job training, and external training courses.

The Professional Nurse Advocate (PNA) national programme launched in March 2021 has continued to be embraced. Currently the Trust has six qualified PNAs with a further seven working through training. This programme equips staff with the skills to facilitate restorative supervision to colleagues and teams, in nursing and beyond. Outcomes point to improved staff wellbeing and retention, alongside improved patient outcomes.

Nursing and Midwifery Strategy (new for 2022-23)

The Southport and Ormskirk Hospital NHS Trust Nursing and Midwifery Strategy 2022 –25 was launched in October 2022. The document outlines the priorities for the coming years and supports our nurses and midwives to continue to deliver excellent care, for every patient every time. There is a particular focus on recovery and restoration during a time of emergence from the global pandemic coupled with a strategy for adapting to new and emerging modes of care. It also sets out aims and ambitions to modernise our profession, develop our staff and encompass new and exciting roles across the Trust.

The strategy outlines six key areas of focus:

- **Workforce that is valued**
- **Embedding safety**
- **Clear communication**
- **Achieving person-centred care through improved systems and processes**
- **Raising standards of care**
- **Evidence-based pathways to improve outcomes**

As with any plan it is imperative that it is constantly monitored and refined to ensure success and continued improvement. Measures for this Plan will be reported regularly to Workforce Committee, providing assurance on the delivery of the outcomes.

This strategy outlines our goals of what outstanding care is as well as what our staff can expect and aspire to in terms of their own career development.

Preceptorship

Over the last year the Trust has established a very successful multi-professional preceptorship programme. When newly registered staff start with the Trust, they receive a preceptorship pack. This includes a Daisy Badge which staff can wear so that non-preceptee colleagues can identify newly registered staff and offer them extra support and encouragement.



Preceptee staff also get a Core Knowledge and Skills Booklet and Preceptorship Handbook, which is full of useful information, meeting templates, reflection tools and a wealth of support services and networks to join. The Trust also offers monthly Preceptee Workshops, covering Health Education England's (HEE) Preceptorship Standards, featuring guest speakers, group coaching and wellbeing activities. These are a great place for peer support and developing belonging and professional identity with the Trust. Feedback is sought regularly, to ensure the programme is updated in collaboration with preceptees. The Trust has regular engagement activities and reward and recognition schemes to show staff they are valued. Preceptor Training is also available to train non-preceptee staff on how to best guide and empower newly registered professionals, with more than 30 Preceptorship Champions across the Trust.

The programme now aligns with the newly released Preceptorship Framework from HEE and has received national recognition, with resources chosen as an example for best practice which are available on The Health Education England North West RePAIR Hub.

Having held its first Preceptorship Graduation in September 2022, the Trust is now in the process of applying for the National Preceptorship Quality mark.

Rachelle Alty one of our senior nurses, is now the regional preceptorship lead for NHSE/I.

International nursing

To provide pastoral, educational and leadership support to our international nurses, the Trust held International Nurses Extraordinary Events in May. These were one-hour virtual sessions once a week and were co-hosted by several of the Trust's own international nurses. Feedback and insights were sought to improve a sense of belonging and build on knowledge and skills to empower development. This linked in with the National #StayAndThrive workstream which the Trust presented nationally and is displayed on the NHS Horizon channel.



Allied Health Professionals (AHP)

Over the last year, the Trust has invested greatly in the development of its Allied Health Professionals workforce. The Trust, like many, has seen a number of recruitment challenges with a recognised national shortfall of a number of AHP professions.

In 2022 the Trust appointed a new AHP Strategic Workforce Lead, responsible for the development and implementation of its first AHP Workforce Strategy. Aligned to both the NHS People Plan and the AHP Strategy for England.

The strategy outlines a number of areas of focus which have included:

- Early careers support; engagement with local schools and Universities and the provision of the Trust's first AHP Careers Event in March 2023.
- Enhancement and expansion of clinical placement opportunities for trainee AHPs.
- The use of apprenticeship pathways for registered and non-registered AHP professionals, including the recruitment of two annex-21 apprentice Physiotherapists.
- Engagement in international recruitment. The Trust has successfully welcomed two Occupational Therapists and one Physiotherapist from overseas in 2022. Additionally, the Trust has also engaged with a regional Cheshire and Merseyside international recruitment collaborative which has seen the appointment of two Diagnostic Radiographers and the expected appointment of an additional two Occupational Therapists.
- Investment and expansion of Advanced Clinical Practitioner roles.
- The development of an AHP preceptorship programme including the delivery of bespoke preceptee workshops and training opportunities.
- Expansion of Band 4 support workforce role and the qualification of two Therapy Assistant Practitioners.
- Expansion of rotational opportunities for staff.
- Engagement with external organisations in support of cross-organisational rotations to enhance training opportunities, and joint appointment to challenged roles.

- The development of a new Clinical Practice Educator role for therapies.
- The launch of a Trust AHP Brand "SOHT AHPs."
- Enhanced opportunities of AHP workforce engagement and the launch of a Trust AHP Forum.

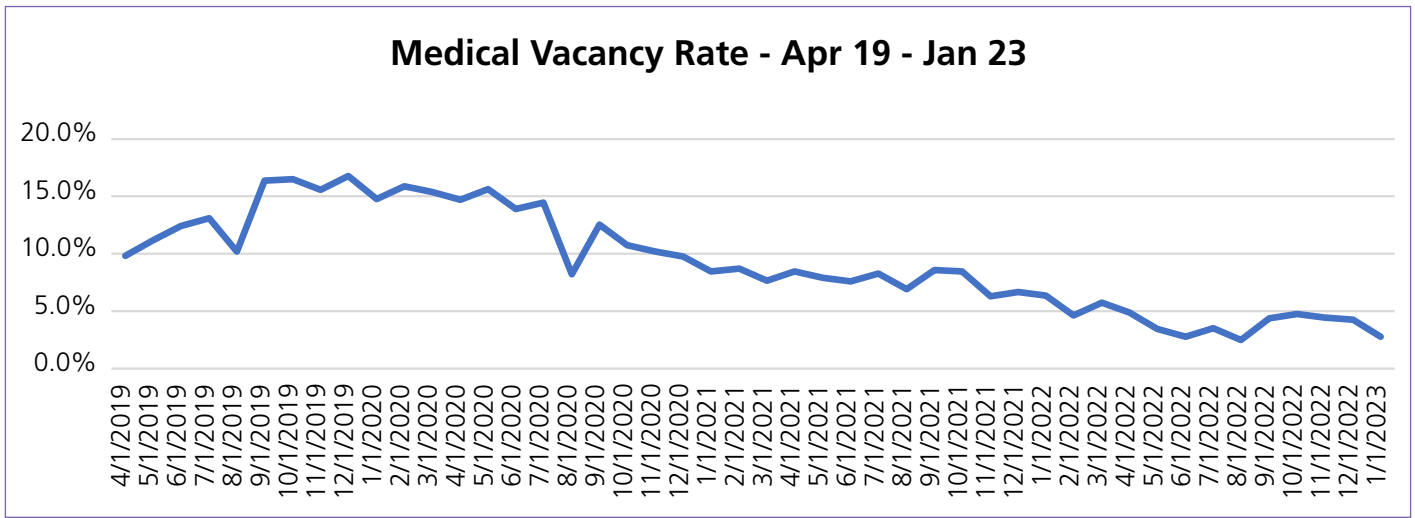


The AHP vacancy position has improved by 7.22% from Q1 in 2022, to the improved overall vacancy position of 6.78%. Implementation of the strategy is ongoing, and measures will be reported into the AHP Forum and the Trust's Workforce Committee.



Medical workforce

The average medical and dental vacancy rate for this financial year is 21.3. There were 17.86 medical gaps as at 31st March 2023 across the Trust. The organisation has made significant progress in reducing the number of gaps by utilising both national and international recruitment opportunities and by ensuring all recruitment is done in a timely manner, particularly focusing on reducing the length of time between application and offer. The current labour market moves quickly and speeding up the process helps reduce the number of applicants withdrawing before interview.



The Trust is also formalising a support package to ensure there is a supported development route from Specialty doctor to consultant for those wishing to progress in this way. It is acknowledged that there is a national shortage of consultants and this will support the development of the workforce of the future.



Clinical education and training

2022-23 has been a year of innovation and renewal in Medical Education. The Trust has led on developments and opportunities in clinical education and training with the aim of ensuring the outcomes benefit all Trust staff and learners at all stages of their careers or pathways of learning.

This has been achieved largely through successive streams of funding from Health Education England, underpinned by collaborative working and partnership with colleagues in the Library, Knowledge & Skills Team and Nurse Education colleagues.

The Southport Clinical Education Centre (SCEC) and Hanley Library have installed Study Booths which are available to book for solo-working, meetings, and study, along with a Lapsafe supporting loan of devices and self-issue machines for borrowing and returning books. VR headsets, high spec laptops and Oxford Medical School (OMS) learning packages are also available to book by individuals or small groups, providing immediate access to a bank of role-specific virtual training modules which enable staff and learners to develop and refresh their skills in a safe and supported environment. The OMS modules have been included in a new and comprehensive programme of Simulation Faculty Development opportunities, designed to develop Sim-faculty members to deliver and support clinical simulation training for their departmental colleagues and clinical learners.

The Trust's bank of clinical skills and simulation manikins has also been expanded to include Sim Junior and Sim infant, who will be joined by an End-of-Life/Frailty Sim manikin. All equipment may be booked to support clinical programmes of training either within the SCEC or in-situ across the Trust, supported by our own Clinical Educators and Technician alongside departmental education leads.



The Clinical Education Centre itself has benefited from the installation of new touch-screen audio-visual equipment throughout, supporting interactive training delivery and access to virtual meetings. The Trust's clinical skills lab has benefited from a refit with fully mobile works stations, along with modifications to some of the learning zones to support flexibility of space, supporting the delivery of multiple programmes of clinical skills training simultaneously.



The Trust's cohorts of learners are growing and diversifying year-on-year, as is the workforce. The modifications undertaken at the SCEC and the

expansion of bank equipment during this training year will serve to ensure that education, training, and learning needs of all clinical staff and learners can be met effectively and equitably.

The Trust's aim for 2023-24 is to continue to evolve as an education centre to meet the needs of service users with innovation and inclusivity.

Promoting health

The Trust has provided a range of activities and opportunities to show colleagues how much they are appreciated and valued. These included:

- Cycle to work scheme.
- Lifestyle platform VIVUP.
- Wellbeing conversations.
- The Going Home checklist.
- Internal transfer guidelines to assist with work life balance (or health needs).
- Medical redeployments.
- The introduction of the Just and Learning process.
- Putting people before process.
- Continuing to distribute George Cross pin badges to recognise people's contribution during the pandemic.
- Financial awareness information to assist with cost-of-living crisis.
- Wellbeing apps such as Headspace, City Parents, Unmind and Bright Sky.
- Discounted sports centre membership.
- Menopause and andropause guidance.

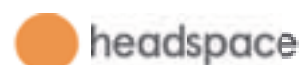


In addition to the organisational development work and the health education/promotion campaigns the Occupational Health & Wellbeing Team continues to deliver a wide range of services to maintain and promote the wellbeing of staff using evidence-based approaches (e.g. Making Every Contact Count), including:

- Occupational health advice line
- Self-referral process
- Supporting attendance
- Supporting recruitment – pre-employment screening
- Physiotherapy
- Counselling
- Covid vaccinations
- Flu vaccinations
- Case management
- Supporting Manager to Support Staff Workshops
- Schwartz Rounds
- Vita Health - Employee Assistance Programme



The Occupational Health & Wellbeing Team has, since 2013, continued to maintain SEQOHS (Safe, Effective, Quality, Occupational Health Service) accreditation. The Team continues to support the national vaccination programmes and achieved 80% uptake for health care workers for the flu vaccination campaign.



Our People Plan – Key Deliverables 2022-23

The Trust's People Plan has 19 key deliverables. To date 17 are in progress and two have identified issues to be resolved.

Since the last report, the following activity has taken place:

- Along with Sefton Place partners, the Trust held its fifth Schwartz Round in September 2022 and smaller 'Team Time' rounds have taken place in ITU.
- More than 30 staff have been referred to the individual restoration programme.
- A Nursing and Midwifery Workforce Plan was approved in September 2022 and an aligned medical workforce plan is under development. Consultation on an AHP workforce plan commenced in October 2022.
- A nursing career pathway, with an associated leadership development offer, was presented in October receiving support to align to the overall leadership offer for staff.
- The Trust has been awarded the Navajo Charter Mark signifying good practice, commitment and knowledge of the specific needs, issues and barriers facing LGBTIQ+ people.
- Staff networks were launched in September, with 14 staff signed up to date and positive engagement at the recent 'pop up' stands raising awareness of the networks. The first meeting of the staff networks took place in November 2022.
- Delivery of a suite of Equality, Diversity and Inclusion training commenced in October 2022.

- The root and branch review of recruitment and selection processes at the Trust has commenced, resulting so far in the development of a statement for inclusion on all recruitment adverts (offering support to individuals to access and complete online applications via NHS Jobs), as well as the inclusion of Navajo and Disability Confident charter marks on recruitment materials. Next steps are to review the training for managers to improve recruiting manager practices at shortlisting and interviewing stages.



- The second programme of events under the Trust's Staff Voice Partnership engagement strategy commenced in September. The Executive Pop Ups are proving popular, and momentum is picking up with regular Board to Ward visits. Feedback is collated and shared with Executive Directors with actions and responses communicated to staff via Team Brief every quarter.
- October 2022 was 'Speak up for civility' month driven by the Freedom to Speak Up (FTSU) team.

Our People Plan – Measures of Success

The quarterly People Plan aims to measure the impact of *Our People Plan* programmes of work against the aspirational targets to be achieved by 2023.

The data shows there has been a decline to staff feedback across all the Pulse Survey indicators represented on the dashboard, although there are encouraging indicators for the employee relations activity, sickness absence, some recruitment activity, and an increase in flexible working requests.

Additional work being undertaken to engage with staff include:

- **Wellbeing Conversations** – managers to hold conversations with each member of their team and include this topic as part of their Appraisal Form.
- **Mental Health Foundation** – information is now available on how to manage/reduce stress and how to manage mental health at work.
- **Zero Suicide Alliance** - training is available for all staff.
- **Menopause** - guidance and information is provided.
- **Staff Networks** - ability, multi-cultural and LGBT+ networks have been established.
- **Positive Approach** - taster session introduced.
- **Civility and respect** - training and assertiveness techniques have been implemented.
- **Fair Employment Charter** – application is in process with the focus on ‘Healthy, Fair, Inclusive & Just’.



2.1.3 Our communities

The Trust provides services to the communities of Southport, Formby and West Lancashire. Those communities do have high levels of deprivation and a growing, ageing population, with more than 25,000 people over the age of 75 which means a high number of frail patients and a significantly higher number of care home beds in the region than in the UK population.

2.1.4 Our partners

The Trust is part of the NHS Cheshire and Merseyside Integrated Care System and works with the Integrated Place Partnerships in Sefton and West Lancashire. In addition, the Trust is a member of both the provider collaboratives in Cheshire and Merseyside, the Cheshire and Merseyside Acute and Specialist Trust provider collaborative (CMAST). The provider collaboratives coordinate activities between providers to maximise capacity and capability to respond to both urgent and emergency and elective pressures.

The Trust continued to provide a COVID-19 vaccination service during 2022-23, which mainly focused on staff vaccinations in the second half of the year, when the mass vaccination centres closed.

The Trust also worked very closely with social care, community and primary care services across Sefton and West Lancashire throughout the period to ensure that patients received the care they needed in the most appropriate setting.

Throughout 2022-23 the Trust continued the formal Agreement for Long Term Collaboration (ALTC) with St Helens and Knowsley Teaching Hospitals NHS Trust. The aim of the collaboration is to find a safe and sustainable solution for services in Southport and Ormskirk. The ALTC facilitates for STHK's Board to provide strategic and operational management of the Trust. In September 2022 the boards of both Trusts agreed to formalise the partnership by stating the intention to come together as one organisation. The transaction business case was submitted to NHS England in December 2022 and was followed by statutory consultation with the staff side organisations representing staff at Southport and Ormskirk Hospital NHS Trust and with Healthwatch representing the populations of Sefton and Lancashire.

2.1.5 Technology and information (IT projects)

Advancements in the Trust's digital maturity continues and there has been significant progress in some areas, in particular in infrastructure. Work to improve the ageing network is nearing completion and should see the organisation in a better position moving forward. There has also been a noticeable improvement in the telephony system, and this has had a positive impact for both patients and staff. Enhancements to the internal wireless phone system have supported safety improvements and better-quality communication between clinicians.

System Developments

The continuing development of the electronic patient record (EPR) has been the primary focus of the Clinical Systems team with the development of a programme of works to implement electronic prescribing beginning in April 2023.

Careflow Connect

Roll out of the automated Careflow Connect system continues on the Southport site, supporting the electronic handover of patients and electronic referrals, reducing the use of paper.

Robotic Process Automation

The development of robotic process automation (RPA) is ongoing with the first process in the final stages of development. The ability to automate routine tasks will allow staff to focus on more detailed work in supporting patients and clinical colleagues.

2.1.6 Business Intelligence

Performance and Business Intelligence (BI) is a key enabler in allowing the Trust to record and process the wealth of data stored in every ward and office of the hospital. The data produced by the BI team helps diagnose and treat patients and provides senior leaders with information and intelligence about their area to understand how the hospital is performing.

Achievements

The Performance and Business Intelligence team, along with Informatics colleagues in IT and the Project Management Office, have been accredited with Level 2 in Excellence in Informatics by the Informatics Skills Development Network. This nationally recognised standard demonstrates the Trust's commitment to this discipline and offers assurances to the quality of service and the care and development of the staff within. In addition to this, the Trust has been asked to consult on the accreditation of several regional partners, demonstrating the high regard in which the Trust is held in the region.

Performance

The Trust is a key partner for NHSE/I in championing best practice performance reporting methodologies. Working closely with national and regional partners to create a suite of intelligence reports covering 'Ward to Board reporting' ensures key decision makers have not just access to data but credible intelligence which covers all the Trust's strategic objectives.

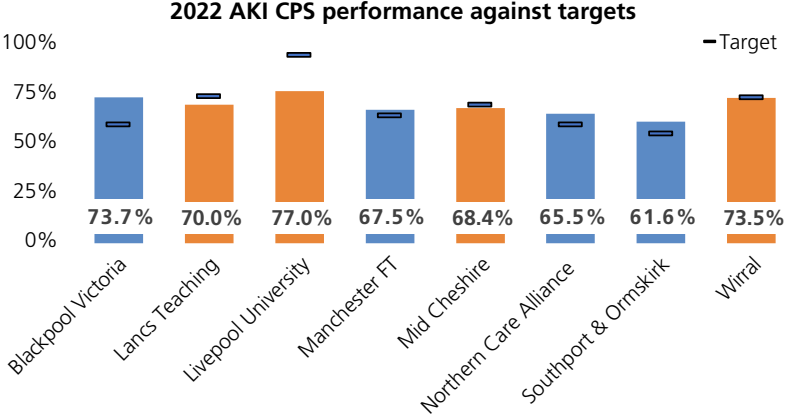


2.2 Summary of how we did against our 2022-23 Quality Account priorities

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 2022-23 quality objectives

Quality Priority	Outcomes Measures	Update	BRAG																														
1 Reduce number of falls	Reduce all falls by at least 10% and falls resulting in harm by at least 20% compared to 2021-22	<table border="1"> <thead> <tr> <th colspan="3">Patient Falls</th> </tr> <tr> <th></th> <th>Number of Falls</th> <th>Falls per 1,000 bed days</th> </tr> </thead> <tbody> <tr> <td>2021-22</td> <td>810</td> <td>5.79</td> </tr> <tr> <td>2022-23</td> <td>812</td> <td>5.21</td> </tr> <tr> <td></td> <td>-0.2%</td> <td>10.0%</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="3">Patient Falls - Moderate/Severe/Death</th> </tr> <tr> <th></th> <th>Number of Falls</th> <th>Falls per 1,000 bed days</th> </tr> </thead> <tbody> <tr> <td>2021-22</td> <td>25</td> <td>0.18</td> </tr> <tr> <td>2022-23</td> <td>22</td> <td>0.14</td> </tr> <tr> <td></td> <td>12.0%</td> <td>22.2%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Reporting by bed days shows an improvement, from 5.94 per 1,000 bed days in 2020-21, to 5.58 in 2021-22 and 5.2 for the current financial year, with a March figure of 4.1. All falls were appropriately investigated. 	Patient Falls				Number of Falls	Falls per 1,000 bed days	2021-22	810	5.79	2022-23	812	5.21		-0.2%	10.0%	Patient Falls - Moderate/Severe/Death				Number of Falls	Falls per 1,000 bed days	2021-22	25	0.18	2022-23	22	0.14		12.0%	22.2%	
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2 Reduce number of hospital acquired pressure ulcers	<ul style="list-style-type: none"> Reduce number hospital acquired pressure ulcers with lapses in care by 10% compared to 2021-22 Ensure all patient harm incidents are reported and investigated 	<table border="1"> <thead> <tr> <th colspan="3">Hospital Acquired Pressure Ulcers</th> </tr> <tr> <th></th> <th>Number of HAPUs</th> <th>HAPUs per 1,000 bed days</th> </tr> </thead> <tbody> <tr> <td>2021-22</td> <td>68</td> <td>0.49</td> </tr> <tr> <td>2022-23</td> <td>66</td> <td>0.42</td> </tr> <tr> <td></td> <td>2.9%</td> <td>12.9%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Hospital Acquired Category 2 Pressure Ulcers are below target and Category 3 HAPUs are in line with the target. 	Hospital Acquired Pressure Ulcers				Number of HAPUs	HAPUs per 1,000 bed days	2021-22	68	0.49	2022-23	66	0.42		2.9%	12.9%																
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Quality Priority	Outcomes Measures	Update	BRAG																		
<p>3 Acute Kidney Injury (AKI): Nutrition and Hydration</p>	<ul style="list-style-type: none"> Reduce Hospital Acquired AKI by 20% compared to the 2021-22 baseline 	<p>Due to an increase in numbers in Quarter 4, we have not met the Reduction of Hospital Acquired AKI by 20%. However, the Trust continues to participate in AQUA AKI pathway and we are currently on trajectory for achieving the cumulative target set by Advancing Quality (AQ).</p>  <table border="1"> <caption>2022 AKI CPS performance against targets</caption> <thead> <tr> <th>Trust</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr> <td>Blackpool Victoria</td> <td>73.7%</td> </tr> <tr> <td>Lancs Teaching</td> <td>70.0%</td> </tr> <tr> <td>Liverpool University</td> <td>77.0%</td> </tr> <tr> <td>Manchester FT</td> <td>67.5%</td> </tr> <tr> <td>Mid Cheshire</td> <td>68.4%</td> </tr> <tr> <td>Northern Care Alliance</td> <td>65.5%</td> </tr> <tr> <td>Southport & Ormskirk</td> <td>61.6%</td> </tr> <tr> <td>Wirral</td> <td>73.5%</td> </tr> </tbody> </table>	Trust	Performance (%)	Blackpool Victoria	73.7%	Lancs Teaching	70.0%	Liverpool University	77.0%	Manchester FT	67.5%	Mid Cheshire	68.4%	Northern Care Alliance	65.5%	Southport & Ormskirk	61.6%	Wirral	73.5%	
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<p>4 To improve communications with families prior to discharge/End of Life (EoL)/DNACPR</p>	<ul style="list-style-type: none"> Number of complaints received relating to EoL communication Number of complaints received relating to discharge communication Number of complaints received in relation to Communication regarding DNACPR 	<ul style="list-style-type: none"> There has been a significant reduction in complaints received in relation to communications regarding: <ul style="list-style-type: none"> End of Life (0 March 23) Discharges (0 March 23) DNACPR (0 March 23) The relaunch of the Treatment Escalation Plan (TEP) will support improving discussion with patient and families regarding escalation of care and DNACPR decisions. This is being incorporated into the medical clerking document (currently being re-printed). A training package has been developed and introduced for all clinicians and senior clinical decision makers to improve confidence in conversations and decisions relating to treatment escalation planning, decisions about DNACPR and anticipatory clinical management planning. A Clinical Audit & Quality Improvement project - Improving the clinical relationship and collaborative working between palliative care and hepatology services won the first joint 'A Clinical Audit & Quality Improvement' competition. Since then, it has been confirmed that it will also be published nationally. Two posters demonstrating collaborative working between the Trust and Queenscourt Hospice were presented at the Palliative Care Congress in March 2023. The posters will also be published by the British Medical Journal (BMJ). This is a fantastic example of the collaborative working between the Trust and Queenscourt. Passing the baton of care is based on the training around TEPS /DNAPCPR/ACMPs. Joint Quality Improvement workstream focusing on DNACPR established with StHK for 2023-23. 																			

Quality Priority	Outcomes Measures	Update	BRAG
<p>5 Compliance with the Immediate and Essential actions of the Ockenden 2 enquiry</p>	<ul style="list-style-type: none"> Compliance with the 92 elements of the Ockenden 2 Standards 	<ul style="list-style-type: none"> The Ockenden action plan has been broadened to encompass the recommendations from both the initial and Ockenden 2 Report. Continuous progression reported and scrutiny in place with the establishment of a weekly monitoring meeting for Ockenden evidence. Bereavement service enhanced. Investments seen in theatres, leadership, governance, Neonatal AHPs, O&G Consultant and junior medical rotas for neonatal. Declaring compliance with 10 safety standards for the Maternity Incentive Scheme (MIS) Human Factors Training in place. Workforce planning in line with Royal College of Obstetrics & Gynaecology (RCOG) guidance Significant learning and improvement from incidents Maternity Voices Partnership (MVP) in place Maternity and Neonatal Champions in place, including Healthwatch and MVP representative. Plan in place for centralised cardiotocography (CTG) monitoring. New structure proposed for new organisation. MIAA audit in relation to compliance against Ockenden 1 recommendations concluded 'Substantial Assurance'. Joint working between S&O and STHK continues to evolve. Continue to engage with the Local Maternity and Neonatal Systems (LMNS) partnership for regional and national actions. 	



2.3 Quality priorities for improvement for 2023-24

The Trust's quality objectives for 2023-24 are listed below with the reasons why they are important areas for quality improvement. The quality priorities have been jointly developed with STHK to ensure that following the transaction the new organisation has a common suite of priorities and metrics to monitor 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 stakeholders.

The consultation was undertaken and there was high level agreement with the proposed objectives, all receiving more than 93% positive responses, with the highest being 98% support for timely and effective assessment of patients in the Emergency Department and for improving the effectiveness of the discharge process. The lowest scoring question was ensuring patients remain hydrated with 93%, with the rationale for one negative response noting that this is already carried out very well.

Further suggested objectives covered the following areas of focus: cancer/end of life patients, deteriorating patients, nutrition, fluid balance recording, improvements to communications (including deafness/hearing loss and access to video interpreting), reducing the length of time patients are in ED, reducing waiting times for prescriptions in outpatients, increased use of digital systems, better liaison with GPs, more involvement of patients in their care, more eco-friendly and care and training for staff. These were not included in the final list for this Quality Account. However, all responses were shared with the Executive Committee and relevant leads for wider consideration and inclusion in Trust workstreams.

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	<ul style="list-style-type: none"> Quarterly audits to ensure all patients identified as requiring assistance with hydration have red jugs in place. Quarterly audits to ensure fluid balance charts are up-to-date and completed accurately. Quarterly audit of most dehydrated patients to ensure appropriate treatment in place, including IV fluids/fluid balance 	Quality Committee

Quality Domain: Patient Safety				
Objective	Rationale	Lead Director	Measurement	Governance Route
Implement and embed the national Patient Safety Incident Response Framework (PSIRF)	<p>PSIRF will replace the current Serious Incident Framework and will result in a significant change to the way in which the Trust and the NHS responds to patient safety incidents to establish a comprehensive safety management system. It will support the delivery of four key aims:</p> <ul style="list-style-type: none"> • Compassionate engagement and involvement of those affected by patient safety incidents • Application of a range of system-based approaches to learning from patient safety incidents • Considered and proportionate responses to patient safety incidents • Supportive oversight focused on strengthening response system functioning and improvement 	Director of Nursing, Midwifery and Governance	<ul style="list-style-type: none"> • 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. 	Quality Committee

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	Director of Operations and Performance	<ul style="list-style-type: none"> • 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. • 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. • Documented evidence that patients have had timely risk assessments and relevant related actions confirmed by regular audits. 	Quality Committee

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	Director of Operations and Performance	<ul style="list-style-type: none"> Improved Inpatient Survey satisfaction rates for receiving discharge information. 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. 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. 	Quality Committee

Quality Domain: Patient Experience				
Objective	Rationale	Lead Director	Measurement	Governance Route
Improve the overall experience for women using the Trust's Maternity Services	<p>The Trust remains committed to providing the best possible experience for all the women accessing our Maternity Services, particularly in the following areas which were rated lower than we would like in the most recent national survey:</p> <p>Ormskirk Maternity Services</p> <ul style="list-style-type: none"> Increasing involvement of women and their partners in their care Increased access to medical history of the mother and baby Increased information about induction and labour Increased information about physical recovery after birth <p>Whiston Maternity Services</p> <ul style="list-style-type: none"> Support for infant feeding Increasing involvement of women and their partners in their care Timely discharge Increased access to medical history of the mother and baby 	Director of Nursing, Midwifery and Governance	Demonstrable improvements in the key areas from previous national surveys shown through regular inhouse surveys of women receiving maternity care.	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 2022-23, the Trust provided and/or sub-contracted £247m NHS services.

The income generated by NHS services reviewed in 2022-23 represents 95% of the total income generated from the provision of NHS services by Southport and Ormskirk Hospital NHS Trust for 2020-21.

The above figures relate to income from patient care activities. The remaining total operating income mainly arose from the NHS North West Deanery for the education and training of junior doctors, services provided to other organisations, mainly for Estates and Facilities and income for support of International Nurses.

2.4.2 Participation in clinical audit

Annually, NHS England publishes a list of national clinical audits and clinical outcome review programmes which 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. During 2022-23, 60 national clinical audits and five national confidential enquiries covered relevant health services that Southport and Ormskirk Hospitals NHS Trust provides.

During that period, the Trust participated in 100% 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 Southport and Ormskirk Hospital NHS Trust was eligible to participate in during 2022-23
- The national clinical audits and national confidential enquiries that Southport and Ormskirk Hospital NHS Trust participated in during 2022-23
- The national clinical audits and national confidential enquiries that Southport and Ormskirk Hospital NHS Trust participated in, and for which data collection was completed during 2022-23, 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.

1	Mothers and babies: reducing risk through audits and confidential enquiries across the UK (MBRRACE – UK) – maternal infant and newborn
2	NCEPOD <ul style="list-style-type: none"> • Epilepsy • Crohn’s disease • Community Acquired Pneumonia • Testicular Torsion • Endometriosis

2.4.2.1 Local clinical audit information

The reports of 212 local clinical audits were reviewed by the provider in 2022-23 and Southport and Ormskirk Hospital NHS Trust has taken and intends to take the following actions to improve the quality of healthcare provided:

The table below lists the National Clinical Audits, Clinical Outcome Review Programmes and other national quality improvement programmes which NHS England advises Trusts to prioritise for participation and inclusion in their Quality Accounts for 2022-23.

Audit Title	Eligible	Participated
Breast and Cosmetic Implant Registry	No	No
Case Mix Programme (ICNARC)	Yes	Yes
Child Health Clinical Outcome Review	Yes	Yes
Cleft Registry and Audit Network Database	No	No
Elective Surgery: National PROMs	Yes	Yes
Emergency Medicine Quality Improvement Projects (QIPs): RCEM a. Pain in children b. Infection Control c. Mental health self harm d. Consultant Sign off	Yes Yes Yes Yes	Yes Yes Yes Yes
Epilepsy 12	Yes	Yes
Falls and Fragility Fracture Audit Programme: a. Fracture Liaison Service Database b. National Audit of Inpatient Falls c. National Hip Fracture Database	No Service Yes Yes	No Yes Yes
Gastro-intestinal Cancer Audit	Yes	Yes
National Bowel Cancer Audit	Yes	Yes
National Oesophago-gastric Cancer	Yes	Yes
Inflammatory Bowel Disease Audit IBD Registry	Yes	Yes

Audit Title	Eligible	Participated
LeDeR	Yes	Yes
Maternal and Newborn Infant Clinical Outcome Review Programme (MBRRACE)	Yes	Yes
NCEPOD	Yes	Yes
National Confidential Inquiry into Suicide and Safety in Mental Health	No	No
National Adult Diabetes Audit a. National Diabetes Core Audit b. National Diabetes Foot care Audit c. National Diabetes Inpatient Safety Audit d. National Pregnancy in Diabetes Audit	Yes Yes Yes Yes	Yes Partially Yes Yes
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme: a. Adult Asthma Secondary Care b. Chronic Obstructive Pulmonary Disease c. Paediatric Asthma Secondary Care d. Pulmonary Rehabilitation	Yes Yes Yes Yes	Yes Yes Yes Yes
National Audit of Breast Cancer in Older Patients	No	No
National Audit of Cardiovascular Disease Prevention	No	No
National Audit of Care at the End of Life	Yes	Yes
National Audit of Dementia	Yes	Yes
National Audit of Pulmonary Hypertension	No	No
National Bariatric Surgery Registry	No	No
National Cardiac Arrest Audit	Yes	Yes
National Cardiac Audit Programme a. National Congenital Heart Disease Audit b. Myocardial Ischaemia National Audit Project c. National Adult Cardiac Surgery Audit d. National Audit of Cardiac Rhythm Management e. National Audit of Percutaneous Coronary Interventions f. National Heart Failure Audit	No Yes No No No Yes	No Delayed No No No Delayed
National Child Mortality Database	Yes	Yes
National Clinical Audit of Psychosis	No	No
National Early Inflammatory Arthritis Audit	Yes	Yes
Case Mix Programme (ICNARC)	Yes	Yes
National Emergency Laparotomy Audit	Yes	Yes
National Joint Registry	Yes	Yes
National Lung Cancer Audit	Yes	Yes
National Maternity and Perinatal Audit	Yes	Yes

Audit Title	Eligible	Participated
National Neonatal Audit Programme	Yes	Yes
National Obesity Audit	Yes	Yes
National Ophthalmology Database Audit	Yes	Yes
National Paediatric Diabetes Audit	Yes	Yes
National Perinatal Mortality Review	Yes	Yes
National Prostate Cancer Audit	Yes	Partially
National Vascular Registry	No	No
Neurosurgical National Audit Programme	No	No
Out-of-Hospital Cardiac Arrest Outcomes	No	No
Paediatric Intensive Care Audit	No	No
Perioperative Quality Improvement Programme	Yes	Yes
Prescribing Observatory for Mental Health	No	No
Improving the quality of valproate prescribing in adult mental health services	No	No
The use of melatonin	No	No
Renal Audits : UK Kidney Association	No	No
Respiratory Audits : British Thoracic Society - Adult Respiratory Support Audit - Smoking Cessation Audit- Maternity and Mental Health	Yes Delayed	Yes Delayed
Sentinel Stroke National Audit	Yes	Yes
Serious Hazards of Transfusion UK	Yes	Yes
Society for Acute Medicine Benchmarking Audit	Yes	Yes
Trauma Audit and Research Network Trauma Audit and Research	Yes	Yes
UK Cystic Fibrosis Registry Cystic	Yes	Yes
UK Parkinson's Audit	Yes	Yes

Audit Title	Outcome/actions
Emergency Department (ED)	
A&E Documentation Audit	Every month 10 CAS cards are audited to measure compliance with medical and nursing documentation, pain relief and safeguarding. The results are fed back at the A&E audit meetings to ensure continuing improvement.
Reaudit- Renal Colic Pathway	Demonstrated greater use of pathway than before (improvement from 60% of cases to 89% of cases). Also increased use of advice leaflet.
General Surgery	
Perioperative management of patients taking anticoagulants and antiplatelets	This audit, and then reaudit after quality improvement, demonstrated an improvement in the management of anticoagulants before patients went for surgery. This project was shortlisted for presentation at our clinical audit and quality improvement competition.
The value of Colonoscopy in patients aged 80 and above	This project was submitted for our clinical audit and quality improvement competition and focused around improving patient experience and safety along with better use of resources.
General Medicine:	
Pressure ulcer prevention	This project illustrated patients are being assessed for pressure ulcer risk and then appropriate management is being put in place depending on level of risk identified.
Comparing documentation for checking X-Ray interpretation for NG tube placement to the National Patient Safety Guidelines	This project has been accepted as a poster at a national audit conference and has been entered as a patient safety project for the HSJ Patient Safety Awards. The introduction of an electronic checklist for junior doctors has improved the checking of NG tube placements.
Paediatrics	
Audit of Paediatric and Neonate nursing documentation	Every month we audit 10 sets of paediatric notes looking at nursing documentation and the results have improved over time to help achieve full assurance.
Audit of 14-hour consultant reviews in paediatrics.	Audits have demonstrated over time an improvement in this national target to ensure patients are reviewed by a consultant within 14 hours of admission.
Audit of follow up for patients with ward attenders' appointments who do not attend (DNA)	This project was undertaken following changes made to practice after a serious incident. The audit indicates that changes have been sustained to ensure patients receive a safer service.

Audit Title	Outcome/actions
Obstetrics & Gynaecology	
Audit to monitor compliance of consultant attendance in line with the RCOG 'roles & responsibilities of Consultant providing acute care in Obstetrics' guidance	This audit provided assurance for Clinical Negligence Scheme for Trusts (CNST) that our consultants attend the cases which are recommended by the Royal College of Gynaecologists (RCOG).
Preterm labour clinic	Audit demonstrated good compliance with guidelines and good outcome in our preterm clinic. However we need to aim to offer progesterone to all women with history of pre-term birth as per North West guideline.
Maternity Services	
Evidence of completion of Maternity EWS and evidence of escalation metric for assurance	This audit highlighted good performance around documenting early warning scores in line with the current Maternity and Neonatal services guidelines. This audit looked at postnatal Early Warning Score (EWS), i.e., all observations following delivery until discharge from maternity unit.
Handover of care/SBAR communication	This project was requested following an incident and the results of the ongoing data collection indicate an improvement in practice and subsequent improvement in patient safety.
Antenatal Risk assessment	Project was undertaken following the actions set out in the Ockenden report. The project demonstrates we undertake formal risk assessment at every contact so that women have access to care provision by the most appropriately trained personnel.
Sexual Health	
Audit of Sexual Health Documentation	Audit achieved significant assurance and indicated a good standard of record keeping in sexual health
Pharmacy	
Safe storage of medicines in Healthcare settings	The audit demonstrated good compliance with The Royal Pharmaceutical Society's recently revised Duthie's Report into the Safe and Secure Handling of Medicines. The new professional guidance encompasses all healthcare settings and health professionals involved in the handling of medicines.
Palliative Care	
Rapid End of Life Transfer 2023 Re-Audit	Most documentation is achieving 90% completion. The recent introduction of labelled envelopes to support ward staff in sending all required documentation helps avoid missing documentation on patient discharge.
Orthopaedics	
Administration of fascia-iliaca blocks for hip fracture patients on admission to the A&E department	This project was shortlisted for presentation at our clinical audit quality improvement event and demonstrated quality improvements which have been implemented to improve the use of fascia-iliaca blocks in A&E.

Audit Title	Outcome/actions
Anaesthetics	
Review of inpatient fascia ilica block service.	Following on from this audit it has encouraged the change to improve the management of patient pain levels. There has also been a project from the orthopaedic perspective to improve the use fascia ilica blocks.
The emergency guideline audit	Gradual improvement from previous cycles, continue to monitor to measure improvement.
Urology	
Using Clinical Audit to Support the Introduction of a new technique (Local Anesthetic Transperineal Prostate Biopsy)	This project has been accepted as a poster presentation at a national clinical audit competition. It demonstrates how clinical audit and patient satisfaction were jointly used to review the safety and patient experience of a newly introduced technique.
Botox patient satisfaction questionnaire	This project demonstrated patient satisfaction with the procedure. One person said: <i>"It was life changing. An immediate end of embarrassment whilst out shopping or walking with friends. In fact I had stopped going out walking with friends. It was too embarrassing, I have so much confidence now"</i> .
Radiology	
Comparison between outcomes of CT and US guided biopsies and drainages	<p>Complication rates of percutaneous biopsy and drainage procedures as well as inadequacy of biopsy samples were slightly higher than the aimed standards and guidelines.</p> <p>Complication rates, inadequate samples and need for biopsy repeat were much more common in CT-guidance compared to Ultrasound-guidance.</p> <p>A significant percentage of cases were done using CT-guidance while they could have been done by US according to the standards and guidelines.</p>
Percutaneous lung biopsy - safety and diagnostic adequacy	Project has used PDSA methodology to make an improvement following the first clinical audit. The introduction of a different sized needle was the main change instigated.

2.5 Clinical effectiveness

The Clinical Effectiveness Committee meets monthly and monitors key outcome and effectiveness indicators, including national clinical audit, application of National Institute for Health and Care Excellence (NICE) guidance.

2.5.1 National Institute for Health and Care Excellence Guidance

Southport and Ormskirk Hospital 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

The Trust must 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 CQC. The Clinical Audit and Effectiveness Team is responsible for supporting the implementation and monitoring NICE guidance compliance activity.

Compliant	709 / 825 = 86%
Working towards compliance	114 / 825 = 13%
Not compliant	2 / 825 = 1%

There is a system in place to ensure all relevant guidance is then distributed to the appropriate clinical lead to assess its relevance and the Trust's compliance with the requirements. This is then reported to the Clinical Business Unit's governance meetings. Action plans are produced for any shortfalls to ensure compliance is achieved. Compliance will be rigorously assessed by mandatory departmental compliance audits reportable through the Trust audit meetings. Above is a table highlighting the Trust's current compliance levels for all NICE products produced.

2.5.2 Intensive Care National Audit & Research Centre (ICNARC)

The Trust's Critical Care Unit performs well in the patient centred quality indicators, as externally benchmarked by the Intensive Care National Audit and Research Centre (ICNARC), which collects data from 100% of all Intensive Care Units in the country (<https://www.icnarc.org>).

The most recent annual report and HQIP benchmarking reporting demonstrates good performance from the Trust who are not an outlier for any of the measures.

2.5.3. Participation in clinical research

Participation in research brings many benefits for the NHS. Through advances, the quality of care and health outcomes is improved for our patients. Since 2020, the COVID-19 pandemic changed the landscape of research.

The Trust has responded at speed to setting up COVID-19 Urgent Public Health (UPH) studies investigating new treatments and preventions. According to the National Institute for Health Research (NIHR), this ground-breaking research is helping to save lives in the UK and around the world. It is informing government policy and providing NHS doctors and nurses with the tools they need to prevent and treat COVID-19.

The Trust is extremely proud of its staff and patients who have continued to support the organisation through a difficult and unprecedented period. During 2022-23 the Trust continued to recruit to and follow-up many patients and staff who are taking part in COVID-19 research contributing greatly to the national effort. Since March 2020, the research teams have worked diligently to support these studies whilst also maintaining some non-COVID-19 important research.

The Trust is now increasingly focusing on managing the recovery of research into other conditions and building on the lessons learnt during the pandemic. However, the Trust will continue to work on COVID-19 studies, including the long-term consequences of COVID-19, some vital vaccine and antiviral studies, alongside other studies.



Key Achievements

The Trust is pleased to report that so far in 2022-23, it has successfully recruited 308 participants with data still being collected until 31st March 2023. This is a great achievement and reinforces the Trust's commitment to offering patients and public the opportunity to take part in research. This is especially impressive given the high workload involved in follow-up visits for research participants who joined the COVID-19 studies last year. The Trust has also been short staffed throughout much of the year due to vacancies and staff sickness.



The Trust is proud to report that more than 400 staff took part in the **SIREN study**. The Trust participated in the study from the outset which has helped answer questions about immunity and vaccination to help control the spread of COVID-19.

The Trust is also proud to have contributed towards the Oxford-led **RECOVERY trial** which has found that the treatment of baricitinib significantly reduced deaths and the benefit was consistent regardless of which other COVID-19 treatments patients were receiving. Patients were also more likely to be discharged within 28 days.

Overall, nine trials (covering around 12,000 patients) found the use of baricitinib reduced deaths in patients hospitalised for COVID-19 by about one-fifth.

The **GenOMICC study** aims to discover specific genes that control the process that led to life threatening diseases. By gaining an understanding of these processes, the aim is to design effective treatments. Southport & Formby District General Hospital continued to be one of the top recruiting sites across the UK for this study at the end of 2022.



Dr Arvind Nune and Anna Morris, Research Nurse (part of the team who are working on the GenOMICC study)

The **PARROT 2 study** was comparing what happens in women who have repeat PIGF based testing (Placental growth factor) with those who don't, to see if this has any impact on complications for women or their babies (such as stillbirth, neonatal death, or the baby needing to be admitted

to the neonatal unit). This study relied on collaboration and support between the Laboratory, the Antenatal Clinic and the Maternity Assessment Unit. The Trust is pleased to report that it recruited to this study and were first place for getting all the data locked in the country.

Pharmacy support for research

Michelle O'Neill joined the Trust in September 2022 as a Consultant Pharmacist for Older People. As part of this role, Michelle will also be working with the RD&I Team to develop research links by establishing research partnerships within pharmacy and multi-professional groups, Higher Education Institutes, Academic Health Science Centres, research networks and communities of practice.



Patient Research Experience Survey (PRES)

The National Institute for Health and Care Research (NIHR) places emphasis on the Patient Research Experience Survey (PRES) High Level Objective. The feedback so far this year has been extremely positive, with the majority of respondents stating that they would consider taking part in research in the future and a similar number reporting that the research staff always treated them with courtesy.

"I found the research staff to be very efficient, knowledgeable and sensitive".

"Well informed, notified of results in timely manner and staff leading on this very approachable, professional and easy to interact with".

"Friendly staff who take the time to make you feel at ease explaining what will happen and supporting you though the journey".

International Clinical Trials Day 2022

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



Promoting International Clinical Trials Day 2022

These achievements are only possible because of the continued support from the committed consultants, who take the role of chief and principal investigators, the research nurses, research administrative teams, support services and, most importantly patients, who give up their time to take part in clinical trials.

Research aims for 2023-24

The Trust's aim is to maintain and increase recruitment activity and thereby secure its income. The Research Development and Innovation Manager works with clinical managers and other interested parties across the Trust to maximise research opportunities in all specialities, but particularly in areas where there is currently either no or minimal research activity.

The Trust will support Life Sciences Industry (commercially funded research) as this is one of the Department of Health's primary research objectives. The Trust aims to supplement research income by working with the pharmaceutical industry and increasing participation in commercial studies.

The Trust will work in partnership with the CRN NWC to ensure that it aligns their priorities with that of the NIHR. The Trust will also encourage healthcare professionals to apply for speciality research lead opportunities within the Clinical Research Network in the North West Coast (CRN NWC).

The Trust will continue to promote the Patient Research Experience Survey; this is one way in which the Trust can offer participants an opportunity to share their experience of research and will embed this as part of the research journey and report both positive and negative findings.

The Trust also aims to strengthen and support strong partnerships with universities, the Academic Health Science Network and the CRN NWC in the adoption and spread of research and innovation across the Trust and invest in training research staff, as it is imperative that they possess an understanding of the important issues that underpin research practices.

The Trust will encourage more staff to take part in the NIHR Associate Principal Investigators scheme with the aim of them becoming principal investigators in the future.

The Trust is also looking to expand the RD&I team to include a Deputy Clinical RD&I Director, Senior Research Nurse and RD&I Coordinator.

The Research Development & Innovation Advisory Group was set up in 2022 and has gone from strength to strength. The aim of the group is to help shape the direction of research going forward and to develop a robust Research Development & Innovation Strategy.



2.5.4 Clinical goals agreed with commissioners

A proportion of Southport & Ormskirk's NHS Trust income in 2022-23 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body the Trust entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework (CQUIN).

The table below provides a summary of achievement.

CQUIN include CQUIN performance for 2022-23

Ref	Description	Payment basis*	Q1	Q2	Q3	Q4
CCG1	Flu vaccinations for frontline healthcare workers	Minimum: 70% Maximum: 90%	n/a	n/a	80%	80%
CCG3	Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions	Minimum: 20% Maximum: 60%	100%	97.14%	100%	100%
CCG8	Supporting patients to drink, eat and mobilise after surgery	Minimum: 60% Maximum: 70%	88%	91.78%	82.14%	86.7%
*CCG5	Treatment of community acquired pneumonia in line with BTS care bundle	Minimum: 45% Maximum: 70%	34%	23.94%	37.14%	51.6%
CCG7	Timely communication of changes to medicines to community pharmacists via the discharge medicines service	Minimum: 0.5% Maximum: 1.5%	10.9%	9.2%	11.6%	20.6%

*Over the course of the year documentation of the CURB score improved from 50% in quarter 1 to 64% in quarter 4. Timeliness of antibiotics within 4 hours also increased during the year from 76% in quarter 1 to 81% in quarter 4.

CQUIN proposals 2023-24

The table below reflects the CQUIN targets currently being finalised between the Trust and its commissioners. The Director of Nursing, Midwifery and Governance will confirm the final five acute CQUINs linked to financial payments once agreed with commissioners.

Reference	Contract Type	Title
CCG1	Acute & Community	Flu vaccinations for frontline healthcare workers
CCG3	Acute	Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions
CCG4	Acute	Compliance with timed diagnostic pathways for cancer services
CCG7	Acute	Timely communication of changes to medicines to community pharmacists via the discharge medicines service
CCG8	Acute	Supporting patients to drink, eat and mobilise after surgery
CCG15	Acute & Community	Assessment and documentation of pressure ulcer risk
PSS2	Specialised Commissioning	Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery within HIV & Chemotherapy
CQUIN03	Acute	Prompt switching of intravenous to oral antibiotic
CQUIN05	Acute	Identification and response to frailty in emergency departments

2.5.5 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 took place in July/August 2019 and covered the following areas:

- Use of resources
- Surgery
- Urgent and emergency care
- End of Life Care
- Sexual Health
- Outpatient Services
- Critical Care
- Children & Young People
- Medicine
- Well-led domain

The final report was published on 29 November 2019 and the overall Trust rating was **Requires Improvement**, this rating remains in place.

CQC ratings table for Southport and Ormskirk Hospital NHS Trust, November 2019:

Following the publication of the Southport & Ormskirk Hospital Trust Inspection Report (29 November 2019), the ratings for the whole Trust are:

Safe	Effective	Caring
Requires improvement →← Oct 2019	Requires improvement →← Oct 2019	Good →← Oct 2019
Responsive	Well-led	Overall
Requires improvement →← Oct 2019	Requires improvement ↑ Oct 2019	Requires improvement →← Oct 2019

An unannounced CQC inspection of the Medicine Core Service was undertaken from 3rd to 5th March 2021



and during this inspection, the Trust was inspected but not rated. Inspectors reported 'significant improvements' across all the reviewed areas with no regulatory breaches or 'must do' actions noted.

The 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 the Trust during 2022-23.

The Trust has not participated in any special reviews or investigations by the Care Quality Commission in 2022-23.

2.5.6 Learning from deaths and mortality

	No. In Hospital Deaths	No. In Hospital Deaths Screened	%	No. of Not In Hospital Deaths Screened	Total Number of Deaths Screened	No. Triggering for Review
Apr-22	79	77	97.47%	11	88	8
May-22	64	63	98.44%	11	74	6
Jun-22	55	55	100%	11	66	8
Jul-22	62	60	96.77%	10	69	10
Aug-22	78	76	97.44%	9	85	7
Sep-22	85	83	97.65%	5	60	6
Oct-22	76	74	97.37%	6	56	4
Nov-22	49	47	95.92%	17	77	8
Dec-22	76	76	100%	18	94	1
Jan-23	104	101	97.12%	19	120	5
Feb-23	62	58	93.55%	9	67	9
Mar-23	73	72	98.63%	15	87	1

In this year there have been many outputs from the learning from deaths process. A few learning points are summarised:

Clinical communications

The learning from deaths system highlighted inconsistencies in processes for urgent clinical communications and non-urgent. Review of this has supported the consistent use of robust systems for urgent communication and the development of a new approach for routine clinical communication.

Regional networks

Problems occurring in regional networks of care covering geographical areas were highlighted.

This has supported national work on Interventional Radiology and supported system-wide improvement.

Expansion of SJR reviewers into non-medical roles

Structured Judgement Reviews (SJRs) are traditionally undertaken by medical staff. The hospital's lead resus officer and head of audit and effectiveness now complete these reviews which adds to the breadth of clinical reviews undertaken.

Medical Examiner's Office

Whilst not an output of learning from deaths, the introduction of the Medical Examiner's office has increased the reliability, timeliness, and effectiveness of the learning from deaths process with cases referred to various avenues for learning such as mortality and morbidity meetings, HM coroner, incident review and Structured Judgement review (SJR).

Medical outliers

Most NHS hospitals attempt to cope with more medical admissions than they were originally designed for. Learning from deaths has supported the identification and review of processes that support the care of patients that are unavoidably cared for in a less than ideal location.

Capacity

Identification of the lack of adequate endoscopy and elective caesarean section resource has contributed to the case for allocation of funding in this area which has been successful.

End of life care

Learning from deaths has consistently highlighted the need to anticipate, discuss and provide sensitive care when death is considered a potentially likely outcome. Improving the confidence and skills of staff to discuss these issues, providing the appropriate tools and guidance, and ultimately improving the care and experience for families when there is only one chance to get this right is at the heart of this ongoing work.

2.5.7 Priority clinical standards for seven-day hospital services

The Seven Day Hospital Services (7DS) Programme aimed to ensure that patients requiring emergency admission received high quality care every day of the week through timely access to diagnostics supported by early senior decision-making as outlined in the 10 7DS Clinical Standards (CS). Trust performance against the priority CS defined by NHS England (NHSE) was previously audited and reported to the Trust Board and NHSE to provide assurance of progress towards the target of full compliance with the standards. With respect to access to diagnostics, the Trust meets the majority of the standards. The challenge to increase access to MRI scans out of hours remains an issue and is likely to require system support due to workforce limitations.

Monitoring of 7DS has been paused during the COVID-19 pandemic in line with national guidance. In February 2022, updated guidance was published NHSE/I with a recommendation that providers should assess delivery against the four priority 7DS clinical standards by using the Board Assurance Framework at least once a year to monitor progress and compliance.

The Trust is currently in the process of reviewing compliance against the four priority standards, this work was commenced at the Medical Leadership team in March 2023.

The two priority standards are:

- CS2: Time to first consultant review - all emergency admissions must have a clinical assessment by a suitable consultant within 14 hours of the time of admission to hospital.
- CS8: Ongoing daily review by consultant (or their delegate).

In addition, two other standards were considered to be key:

- CS5: Access to diagnostics and reported results every day.
- CS6: Emergency and urgent access to consultant-directed interventions.

Following completion of a gap analysis an improvement plan aligned to the previous action plan is in development, referencing collaboration with STHK and GIRFT principles, and will be reported to Board.

2.5.8 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 consistent way and a framework for employees to deal with the many different information handling requirements in line with Data Protection legislation.

Information Governance is underpinned by the following legislation and standards:

- The Computer Misuse Act 1990
- The Data Protection Act 2018
- The UK General Data Protection Regulation (GDPR)
- The common law duties of care and confidentiality
- The Human Rights Act 1998
- The Freedom of Information Act 2000
- The Privacy and Electronic Communication Regulations 2003
- The rights and pledges made to patients within the NHS Constitution
- The Confidentiality NHS Code of Practice
- The Information Security NHS Code of Practice

The Information Governance Team, based at Southport and Ormskirk Hospital NHS Trust, is comprised of the Head of Information Governance and the Information Governance Officer.

The Trust uses the Data Security and Protection Toolkit (DSPT) to benchmark its IG 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 to publish a successful assessment.

For the 2021-2022 DSPT submission the Trust received a 'Standards Met' rating for the DSPT with the Mersey Internal Audit Agency (MIAA) independent audit providing the Trust a 'substantial' rating in respect of the veracity of the self-assessment and 'moderate' assurance for the Trust's compliance to the 10 Data National Data Guardian Standards.

The 2022-23 DSPT is on course for being submitted for the June 2023 deadline.

2022-2023 also saw the Trust again partake in NHS Digital's Simulated Phishing Exercise. The Exercise simulated a phishing email being sent to all staff to test how they would deal with a phishing email. Following on from the event, new awareness material has been distributed and the exercise has been increased from annually to a quarterly to provide the Trust with the assurance necessary that staff are confident with spotting dealing with phishing emails.

Adherence to Information Governance is actively monitored through regular information governance audits and looks at both physical and technical controls. Results of these audits are fed back to the appropriate managers and, if trends are noted, directly impacts on the information governance awareness material.

The Trust has a Data Breach Management Procedure in place which is adhered to when a personal data breach/incident occurs.

There have been no Information Commissioner reportable incidents for 2022-2023 for the Trust.

2.5.9 Clinical coding error rate

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.

The department has 17 members of staff in a variety of roles – including the Clinical Coding Service Manager, Clinical Coding Supervisor, 12 clinical coding analysts at various stages of their careers (from trainee through to qualified), and clerical support staff. Four members of the team have achieved Accredited Clinical Coder status (the profession's recognised qualification), with six members of the team in trainee positions, who will be supported in studying for and sitting the National Clinical Coding Qualification. The achievement the ACC qualification provides assurance that the coding of the clinical information is being carried out to a high standard.

Following the pattern of the past few years, 2022-23 proved to be a challenge for the department with more changes to staff, structures, and processes, alongside the continued impact of COVID-19. However, the department achieved all mandatory reporting deadlines which in turn ensured the Trust was able to meet statutory national reporting requirements.

Despite the various challenges faced by the team, the Trust and wider community should be reassured that the data reported at Southport & Ormskirk Hospital NHS Trust is accurate and reflects the activity that is taking place, and in order to demonstrate this, the 2022-23 DSPT clinical coding audit submission achieved a high standard of accuracy.

	Trust Score	Standards Met	Standards Exceeded
Primary Diagnosis	94.00%	>=90%	>=95%
Secondary Diagnosis	96.42%	>=80%	>=90%
Primary Procedure	92.65%	>=90%	>=95%
Secondary Procedure	91.80%	>=80%	>=90%

This demonstrates that the department continues to maintain the excellent quality of coding that it has achieved over the last few years.

2.5.10 Data quality

NHS Number and General Medical Practice Code validity

The Trust submitted records to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was:

- 99.9% for admitted patient care.
- 99.9% for outpatient care.
- 99.6% for accident and emergency care.

Data which included the patient's valid general medical practice code was:

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

The Trust submitted records during 2020-21 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 includes the patient's valid NHS number and registered GP practice contributes to the overall Data Quality Maturity Index (DQMI) scores.

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



2.5.11 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.

Indicator	Source	Reporting Period	SOHT	National Performance			Comments
				Average	Lowest Trust	Highest Trust	
SHMI	NHS Digital	Dec-21 to Nov-22	1.022	1	0.7173	1.222	
SHMI	NHS Digital	Nov-21 to Oct-22	1.019	1	0.6226	1.247	
SHMI	NHS Digital	Oct-21 to Sept-22	1.004	1	0.6454	1.234	
SHMI	NHS Digital	Sept-21 to Aug-22	1.001	1	0.6979	1.2246	
SHMI	NHS Digital	Aug-21 to Jul-22	1.009	1	0.7117	1.213	
SHMI	NHS Digital	Jul-21 to Jun-22	1.019	1	0.7047	1.211	
SHMI	NHS Digital	Jun-21 to May-22	1.01	1	0.7118	1.198	
SHMI	NHS Digital	May-21 to Apr-22	1.024	1	0.7072	1.195	
SHMI	NHS Digital	Apr-21 to Mar-22	1.026	1	0.6964	1.194	
SHMI	NHS Digital	Mar-21 to Feb-22	1.025	1	0.7132	1.189	
SHMI	NHS Digital	Feb-21 to Jan-22	0.9965	1	0.7123	1.196	
SHMI Banding	NHS Digital	Dec-21 to Nov-22	2	2	3	1	
SHMI Banding	NHS Digital	Nov-21 to Oct-22	2	2	3	1	
SHMI Banding	NHS Digital	Oct-21 to Sept-22	2	2	3	1	
SHMI Banding	NHS Digital	Sept-21 to Aug-22	2	2	3	1	
SHMI Banding	NHS Digital	Aug-21 to Jul-22	2	2	3	1	
SHMI Banding	NHS Digital	Jul-21 to Jun-22	2	2	3	1	
SHMI Banding	NHS Digital	Jun-21 to May-22	2	2	3	1	

Indicator	Source	Reporting Period	SOHT	National Performance			Comments
				Average	Lowest Trust	Highest Trust	
SHMI Banding	NHS Digital	May-21 to Apr-22	2	2	3	1	
SHMI Banding	NHS Digital	Apr-21 to Mar-22	2	2	3	1	
SHMI Banding	NHS Digital	Mar-21 to Feb-22	2	2	3	1	
SHMI Banding	NHS Digital	Feb-21 to Jan 22	2	2	3	1	
% of patient deaths having palliative care coded	NHS Digital	Dec-21 to Nov-22	40%	41%	13%	66%	
% of patient deaths having palliative care coded	NHS Digital	Nov-21 to Oct-22	41%	41%	12%	65%	
% of patient deaths having palliative care coded	NHS Digital	Oct-21 to Sept-22	41%	40%	12%	65%	
% of patient deaths having palliative care coded	NHS Digital	Sept-21 to Aug-22	43%	40%	11%	65%	
% of patient deaths having palliative care coded	NHS Digital	Aug-21 to Jul-22	43%	40%	11%	65%	
% of patient deaths having palliative care coded	NHS Digital	Jul-21 to Jun-22	43%	40%	12%	65%	
% of patient deaths having palliative care coded	NHS Digital	Jun-21 to May-22	43%	40%	11%	66%	
% of patient deaths having palliative care coded	NHS Digital	May-21 to Apr-22	45%	40%	11%	66%	
% of patient deaths having palliative care coded	NHS Digital	Apr-21 to Mar-22	45%	40%	11%	66%	
% of patient deaths having palliative care coded	NHS Digital	Mar-21 to Feb-22	46%	40%	11%	66%	
% of patient deaths having palliative care coded	NHS Digital	Feb-21 to Jan 22	48%	39%	11%	66%	
Q18d. If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust.	NHS staff surveys	2022	51.2%	61.9%	39.2%	86.4%	Low scores are better performing trusts
Q18d. If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust.	NHS staff surveys	2021	52.6%	67%	43.5%	89.5%	
Q21d. If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust.	NHS staff surveys	2020	58.3%	74.3%	49.6%	91.8%	
Q21d. If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust.	NHS staff surveys	2019	55.3%	70.6%	39.8%	90.5%	

Indicator	Source	Reporting Period	SOHT	National Performance			Comments
				Average	Lowest Trust	Highest Trust	
% experiencing harassment, bullying or abuse from other colleagues in last 12 months	NHS staff surveys	2022	22.7%	20%	25.9%	12.4%	
% experiencing harassment, bullying or abuse from other colleagues in last 12 months	NHS staff surveys	2021	21.1%	19.5%	27.3%	12.4%	
% experiencing harassment, bullying or abuse from other colleagues in last 12 months	NHS staff surveys	2020	21.8%	19.8%	26.5%	12.4%	
% experiencing harassment, bullying or abuse from other colleagues in last 12 months	NHS staff surveys	2019	18.7%	19.5%	26.5%	11.8%	
% Believing there are opportunities for me to develop my career in this organisation	NHS staff surveys	2022	42.9%	53.4%	42.9%	63.6%	
% Believing there are opportunities for me to develop my career in this organisation	NHS staff surveys	2021	44.5%	52.2%	38.9%	64.8%	
% Believing there are opportunities for me to develop my career in this organisation	NHS staff surveys	2020	Not available				
% Believing there are opportunities for me to develop my career in this organisation	NHS staff surveys	2019	Not available				
Friends and Family Test - % That Rate the service as Very Good or Good - A&E	NHS England	Feb-23	88%	80%	38%	95%	
Friends and Family Test - % That Rate the service as Very Good or Good - A&E	NHS England	Jan-23	89%	83%	43%	100%	
Friends and Family Test - % That Rate the service as Very Good or Good - A&E	NHS England	Dec-22	82%	73%	20%	100%	
Friends and Family Test - % That Rate the service as Very Good or Good - Inpatients	NHS England	Feb-23	95%	95%	66%	100%	
Friends and Family Test - % That Rate the service as Very Good or Good - Inpatients	NHS England	Jan-23	95%	95%	79%	100%	
Friends and Family Test - % That Rate the service as Very Good or Good - Inpatients	NHS England	Dec-22	93%	94%	73%	100%	

Indicator	Source	Reporting Period	SOHT	National Performance			Comments
				Average	Lowest Trust	Highest Trust	
% of patients admitted to hospital who were risk assessed for VTE	NHS England	Quarter 3 2019-20	98%	95.3%	71.6%	100%	All data is for Acute Providers only Data for Q4 2019-20 onwards is suspended
% of patients admitted to hospital who were risk assessed for VTE	NHS England	Quarter 2 2019-20	98%	95.4%	71.7%	100%	
% of patients admitted to hospital who were risk assessed for VTE	NHS England	Quarter 1 2019-20	97.8%	95.6%	69.8%	100%	
C Difficile rates per 100,000 bed- days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	GOV.UK	April-21 to Mar-22	54.4	43.7	0	138.4	Please note this includes Hospital Acquired, HOHA & COHA as per Trust reporting.
C Difficile rates per 100,000 bed- days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	GOV.UK	Apr-20 to Mar-21	45.1	41.1	0	161.3	
C Difficile rates per 100,000 bed- days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	GOV.UK	Apr-19 to Mar-20	41	34.7	0	136	
Incidents per 1,000 bed days	NHS England	Apr-21 to Mar 22	64.9	57.5	23.7	205.5	Based on acute (non- specialist) trusts with complete data
Incidents per 1,000 bed days	NHS England	2020-21 (Reporting changed to annual)	55	58.4	27.2	118.7	
Incidents per 1,000 bed days	NHS England	Oct 19 – Mar 20	62.4	50.7	15.7	110.2	
Incidents per 1,000 bed days	NHS England	Apr 19 to Sep-19	59.6	49.8	26.3	103.8	
Incidents per 1,000 bed days	NHS England	Oct-18 to Mar-19	51.4	46.1	16.9	95.9	
Number of incidents	NHS England	Apr-21 to Mar 22	7881	14368	3441	49603	
Number of incidents	NHS England	2020-21 (Reporting changed to annual)	6222	12502	3169	37572	
Number of incidents	NHS England	Oct-19 to Mar-20	4205	6502	1271	22340	
Number of incidents	NHS England	Apr-19 to Sep-19	3970	6276	1392	21685	

Indicator	Source	Reporting Period	SOHT	National Performance			Comments
				Average	Lowest Trust	Highest Trust	
Number of incidents	NHS England	Oct-18 to Mar-19	3598	5841	1278	22048	
Number of incidents resulting in severe harm or death	NHS England	Apr-21 to Mar-22	13	57.9	3	216	
Number of incidents resulting in severe harm or death	NHS England	2020-21 (Reporting changed to annual)	15	55.1	4	261	
Number of incidents resulting in severe harm or death	NHS England	Oct-19 to Mar-20	6	19.7	0	93	
Number of incidents resulting in severe harm or death	NHS England	Apr-19 to Sep-19	5	19.4	0	95	
Number of incidents resulting in severe harm or death	NHS England	Oct-18 to Mar-19	9	18.8	1	72	
Percentage of patient safety incidents that resulted in severe harm or death	NHS England	Apr-21 to Mar-22	0.16%	0.42%	0.028%	1.7%	
Percentage of patient safety incidents that resulted in severe harm or death	NHS England	2020-21 (Reporting changed to annual)	0.2%	0.5%	0%	2.8%	
Percentage of patient safety incidents that resulted in severe harm or death	NHS England	Oct-19 to Mar-20	0.1%	0.3%	0%	1.5%	
Percentage of patient safety incidents that resulted in severe harm or death	NHS England	Apr-19 to Sep-19	0.1%	0.3%	0%	1.6%	
Percentage of patient safety incidents that resulted in severe harm or death	NHS England	Oct-18 to Mar-19	0.3%	0.4%	0%	1.8%	
<p>The 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.</p> <p>The data has been validated against National Reporting and Learning System (NRLS) and Health and Social Care Information Centre (HSCIC) figures. The latest data to be published is up to March 2023. The Trust's overall percentage of incidents that resulted in severe harm or death was 0.1%.</p> <p>The Trust has taken the following actions to improve this number and rate, and so the quality of its services, by:</p> <ul style="list-style-type: none"> 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. Continuing to promote an open and honest reporting culture tonsure incidents are consistently reported. 							

2.5.12 Performance against national targets and regulatory requirements

The Trust aims to meet all national targets. Performance against the key indicators for 2022-23 is shown in the table below:

Performance Indicator	2021-22	2021-22	2022-23	2022-23	Latest data
	Target	Performance	Target	Performance	
Cancelled operations (% of patients treated within 28 days following cancellation)	100%	100%	100%	48%	Apr – Mar 2022/23
Referral to treatment targets (% within 18 weeks and 95th percentile targets) – Incomplete pathways	92%	81.4%	92%	68%	Apr – Mar 2022/23
Cancer: 31-day wait from diagnosis to first treatment	96%	97.8%	96%	88.6%	Apr – Mar 2022/23
Cancer: 31-day wait for second or subsequent treatment:					
- surgery	94%	100%	94%	81.5%	Apr – Mar 2022/23
- anti-cancer drug treatments	98%	100%	98%	100%	Apr – Mar 2022/23
Cancer: 62-day wait for first treatment:					
- from urgent GP referral	85%	66.6%	85%	57.9%	Apr – Mar 2022/23
- from consultant upgrade	85%	84.2%	85%	79.2%	Apr – Mar 2022/23
- from urgent screening referral	90%	56%	90%	33.3%	Apr – Mar 2022/23
Cancer: 2 week wait from referral to date first seen:					
- urgent GP suspected cancer referrals	93%	80.6%	93%	83.5%	Apr – Mar 2022/23
Emergency Department waiting times within 4 hours – all types	95%	78%	95%	74.4%	Apr – Mar 2022/23
Percentage of patients admitted with stroke spending at least 90% of their stay on a stroke unit	80%	56.6%	80%	60.5%	Apr – Jan 2022/23
Clostridium Difficile	27	44	49	48	Apr – Mar 2022/23
MRSA bacteraemia	0	2	0	0	Apr – Mar 2022/23
Maximum 6-week wait for diagnostic procedures: % of diagnostic waits waited <6 weeks	99%	67.2%	99%	65.3%	Apr – Mar 2022/23



Section 3. Additional information

3.1 Patient experience

The Trust participated in the annual National Inpatient Survey 2021 coordinated by the Care Quality Commission. The results of the survey were published on the CQC website in October 2022.

For a second year, the survey was delivered both online and via paper copy. The following results provide a score out of 10 when results are banded against other NHS organisations.

Section	Theme	2021 score (out of ten)	2021 Band
Section 1	Admission to Hospital	6.7	About the same
Section 2	The hospital and ward	7.5	About the same
Section 3	Doctors	8.7	About the same
Section 4	Nurses	8.5	About the same
Section 5	Your care and treatment	8.0	About the same
Section 6	Operations and procedures	8.2	About the same
Section 7	Leaving hospital	7.1	About the same
Section 8	Feedback on the quality of care	1.0	About the same
Section 9	Respect and Dignity	9.0	About the same
Section 10	Overall experience	8.0	About the same

The Trust's results were the same when compared with all other Trusts for all 47 questions.

When compared to the benchmarking results of the 2020 survey, the Trust has demonstrated an improvement in the leaving hospital section with an increase in score from 6.8 to 7.1.

Examples of improvements are as below:

- Supporting patients with nutrition and hydration
- By increasing the number of dining companions
- Relaunching Protected Mealtimes
- Focused recruitment of healthcare support workers
- The launch of the Carers Passport to facilitate unpaid carers to support their loved ones while in hospital
- A review of ward stock snack items and access out of usual catering hours

Supporting patient privacy and dignity:

- Patient Respect and Dignity Policy reviewed and approved
- Monitored through observation and asking patients about their experiences as part of the ward accreditation programmes

Quality of care:

- Ward accreditation assessments include asking patients about their experience of care
- Matron's checklists completed on the Tendable system include patient engagement questions

An action plan has been developed and implemented to support improvement in the above areas.

3.1.1 Bereavement

An enhanced bereavement service has been maintained since the first wave of COVID-19. Relatives of all patients who died within hospital are contacted following the event with a telephone call where possible. All bereaved relatives are sent a handwritten bereavement card along with a lasting memories poem. Where possible offers of memory boxes are made and delivered to those who wish to receive one.

The Trust maintains close collaborative working with the Spiritual Care and Chaplaincy team, along with the Medical Examiner's office and PALS to ensure relatives concerns, worries, complaints and compliments are recorded and dealt with in a timely and appropriate manner.

The Trust presented two posters, 'Cultivating Confident Conversations' and 'Passing the Baton of Care', at the national Palliative Care Congress. Both celebrate the collaborative working between the Trust and Queenscourt Hospice. They were also published in the BMJ supportive and palliative care journal which covers all disciplines and specialities in palliative research.

Cultivating Confident Conversations: the impact of an End-of-Life Care study day for preceptee nurses in an acute hospital.

Background: Following recruitment of a large number of new nurses to a district general hospital, it was identified that this group of staff lacked confidence when having conversations with, and caring for, dying patients and their families. Recognising the challenges of transitioning from student to autonomous practitioner, an evolving Preceptorship programme within the hospital offered a forum to review end-of-life care training needs.

Methods: Supported by the Preceptorship Programme, the Palliative Care Team introduced an interactive study day, "An introduction to end-of-life care" which includes 'Simple Skills Secrets' communications skills training and an introduction to the key enablers of end-of-life care. Case-based learning allows learners to apply knowledge of 'Care of the Dying' and the 'Rapid End of Life Transfer' process.

Key findings:

- Three successful study days have been delivered to 33 learners.
- The agenda, set by attendees of the day, mirrors the proposed learning outcomes.
- The sessions were well evaluated (mean 9.4/10).
- Pre and Post course confidence levels showed improvement in confidence across all domains. (Facilitating End of Life Transfer from 4/10 to 8/10).
- Feedback showed that learners valued the interactive group activities.

Topic	Before	After
before conversations	4.5	8
develop palliative care lecture material	4.5	7.5
before end of life transfer	4	8

Conclusion: These vibrant training days stimulated lively discussion throughout the day, allowing staff to explore their anxieties about caring for those approaching the end of their lives and providing the opportunity to dispel myths about end-of-life care. The opportunity for preceptee nurses to meet the palliative care team has enhanced clinical relationships and joint working back on the ward. Further learning needs were identified, and new international recruits highlighted the challenge of providing end-of-life care within an unfamiliar health care culture. Staff are signposted to other end of life training opportunities. It is proposed that this training is included in the preceptee programme for all new adult nurses within the trust, with roll-out to other allied health care professionals.

Next Steps

- 1) Training included within Hospital End of Life Care Strategy and Trust Quality Priorities action plan.
- 2) Attendees signposted to further end of life training.
- 3) Complementary point-of-care training delivered on wards.
- 4) Study day extended to all nurses and allied health care professionals.
- 5) Explore cultural competence in relation to end of life care across the organisation.

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Passing the baton of care: Training on Treatment Escalation Plans (TEPs), decisions about Cardio-Pulmonary Resuscitation (CPR) & Anticipatory Clinical Management Planning (ACMP) in an Acute Hospital

Background: Making clinical decisions when recovery is uncertain can be challenging for clinicians working within the acute hospital. Recognising the possibility of uncertain recovery facilitates honest and sensitive conversations about patients wishes, values and preferences, enabling clear plans to be developed which guide future decision making.

Method: In a collaborative project between Specialist Palliative Care, the Emergency Department and Frailty, an interactive workshop, "Critical Decision Making in Clinical Uncertainty" was developed to enable experienced clinicians to explore the clinical, communication, legal and ethical considerations of caring for patients where prognosis is limited and recovery uncertain. The role of Treatment Escalation Plans (TEPs), Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and Anticipatory Clinical Management Plans (ACMP) are explored, using clinical cases, enabling senior clinicians to reflect on their own practice with colleagues.

Results: Training has been delivered to 63 senior clinicians (23 hospital doctors, 1 GP, 39 senior nurses/ANPs) resulting in lively discussions, and a sharing of knowledge and experience. The sessions were well evaluated (mean 9.3/10) and staff valued the interactive and inter-disciplinary nature of the workshop, subsequently recommending it to colleagues. Improvement in confidence levels was reported (see graph).

Conclusions: This training stimulated inter-disciplinary discussions about the clinical components of future care planning. Clinicians were able to identify how they could apply learning to their own practice and reflect upon how they document conversations, decisions, and treatment escalation plans, as they "pass the baton of care" to the next clinician caring for the patient.

Next steps:

- Support the formal launch of trust-wide Treatment Escalation Plan (TEP)
- Development of electronic template & prompt cards to support clinicians to document and share Anticipatory Clinical Management Plans (ACMP)
- Continued interdisciplinary training and education
- Explore the feasibility of "lightening SIM" training

ACMP Prompt Card

1. What is the current clinical situation?
2. What is important to the patient?
3. What clinical events are anticipated?
4. What evidence is there for the management of this/ these events?
5. Who was involved in the development of this plan?

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3.1.2 Volunteer service

The Trust volunteer service has been integral in supporting patient experience across the organisation, particularly over the last 12 months. The ability to re-instate volunteers into the Adult Accident and Emergency department has been invaluable in supporting patients particularly with their nutrition and hydration needs.

The service continues to offer volunteering opportunities to the 16-17 year age group. This has enabled not only the recruitment of volunteers to existing roles but the implementation of new roles within:

- Medical Day Unit.
- Paediatric ward.
- Accident and Emergency.
- Discharge Support.
- Welcomers.
- Bleep Holders/runners.
- Ward volunteers.

At the end of the 2022-2023 financial year the Trust is planned to have 115 volunteers in post.

Since March 2021, we have made over 5,000 welfare calls to discharged patients to try and prevent readmissions.

Volunteers can make referrals to community services for additional short term support for patients who may be struggling when they first get home.



3.2 What our patients say about us in 2022-2023

I attended Southport A&E with my 16-year-old son and although the department was extremely busy, the staff of all grades and departments were wonderful. I saw compassion, humour, sincerity, dignity, and humanity. If I could thank every one of the staff that I spoke to I would. It isn't just what they did it is the way that they did it that made a difference. They are a fantastic group.

Having visited the Ormskirk A&E twice in a month I just wanted to say how professional, calm and thorough the whole team was on both occasions. I was especially blown away by the calm approach during what must have been one of the busiest days they have experienced. Despite this chaos the team handled everyone as important and ensured everyone had the care needed. Having a young baby this is something we don't take for granted but are very thankful for.

Following a routine visit to my GP I attended hospital following concerns about high blood pressure. After A and E triage I was transferred to the Ambulatory Care Unit who over the period of the week, and further visits, helped to stabilise and manage my condition. I received such kind, professional care from the whole ACU.

My mum had a spell as a patient on Ward 11A and the staff (without exception) showed concern, care and organisation towards her medical care. As the weeks went by, I saw every member on the ward and without exception, they were brilliant and a credit to the NHS. They demonstrated patience with the patients and put them first.

Each and every individual treated me with respect and compassion. They worked seamlessly as a team. They were both professional, friendly and reassuring and took my fears seriously. The team made me feel confident in them and felt as though I was getting their total focus and ultimate care. They are a credit to the NHS.

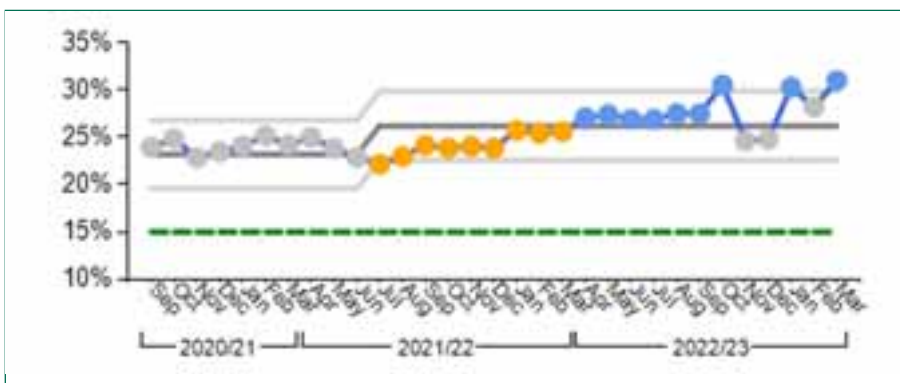
Theatres - Ormskirk

I was so impressed by every member of staff, both professional and ancillary. My daughter was assessed, treated so proactively and with such empathy I found it quite emotional. The kindness shown to me by all staff, with cups of tea and kind words was truly appreciated. I was amazed at the standard of care in Southport Hospital and the staff can be very proud of their work.

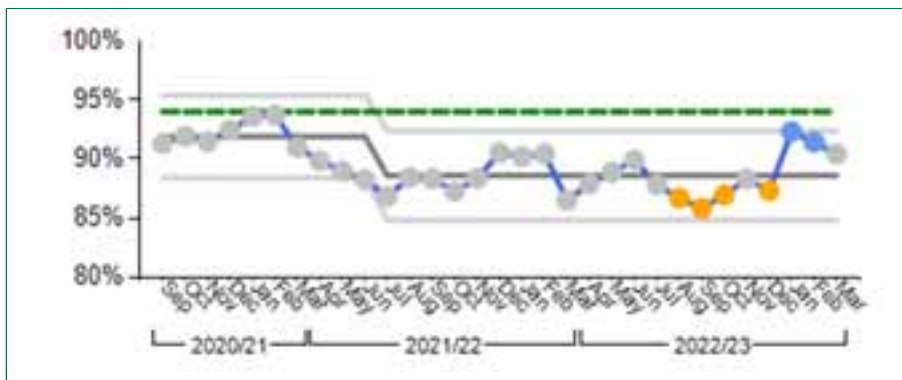
3.2.1 Friends and Family Test (FFT)

The Friends and Family Test is a Department of Health initiative that was introduced in April 2013. It is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients helps the Trust to identify what is working well and what can be improved. From April 2020, a new question replaced the original FFT question 'Would you recommend?'. Patients are now invited to rate the overall experience of using a service and are given the opportunity to also offer feedback of their experiences.

Friends and Family Test - Patients % response rate.



Friends and Family Test - % that rate the service as very good/good - Trust Overall



- The green dashed line is representative of the Trust internal performance indicator:
- Response rate – 15%
- % of patients that rate their care as very good/good - 94%

FFT can currently be accessed via automated messaging or via an online survey tool which is available on the Trust website. The Trust continues to maintain a satisfactory response rate which is consistently above the internal performance indicator of 15%.

Percentage of patients who rate their overall experience as Very Good / Good.

FFT scores are compared internally against Trust performance indicators, regional peers and nationally against NHS England data. FFT performance is reported monthly from ward to board level.

You said – We did

YOU SAID	WE DID
<p>"6-7 hours in A+E before I saw a doctor, no vending machines to get anything to eat or drink and on my own so couldn't leave to try elsewhere" (Adult A+E)</p>	<p>Following the easing of COVID-19 restrictions and guidance, volunteers were recruited to support nutrition and hydration in the Adult Accident and Emergency Department.</p>
<p>"Lack of Communication was massive issue. Wards moved twice" (Ward 11A).</p>	<p>'Keep Me Here' campaign implemented to reduce the number of ward-to-ward transfers for vulnerable patient groups</p>
<p>"It was very noisy and like being in a school hall at lunch time." (Ward 7A)</p>	<p>Silent Night Campaign extended to include the implementation of Sound ears on adult inpatient wards to alert staff to high levels of noise during the day and night.</p>

May I take this opportunity to thank you all for the care you have given me over the last months in the Spinal Unit.

I would also like to thank the doctors, all the nursing staff, anaesthetist and domestic staff, who all together made my stay a joy.



3.2.2 Complaints

Feedback from patients, their families, and carers, gives the Trust a valuable opportunity to review services and make improvements. The team acts as a single point of contact for members of the public who wish to raise complaints, concerns, and compliments. The service is responsible for co-ordinating the process and managing the responses once the investigations and updates are received from the relevant Clinical Business Units. They are contactable by telephone, email, via the Trust website, in writing or in person.

The Trust took the step to implement a Patient Advice and Liaison Service (PALS) to offer help to patients and families, which went live to the public in September 2020. PALS is dedicated to the frontline response of information requests and concerns raised. They are located near the front entrance of Southport and Formby District General Hospital and have a telephone link from Ormskirk District General Hospital.

PALS offers advice and support to patients and families and help to resolve problems or concerns about health services as quickly as possible, which can help improve and develop the services provided.

Lessons Learned

- A review of the content and delivery of Hypnobirthing classes has taken place following feedback to acknowledge expectant mothers who may have sadly experienced a previous baby loss.
- Implementation of a substantive Falls Lead to the organisation to lead improvement and enhance both staff and patient education in the reduction of falls.
- The introduction of 'Talk for Ten' pressure ulcer prevention education sessions on the Orthopaedic Trauma ward. Supported by 'Waterlow Wednesday', substantive catering assistants and daily MDT communication to highlight high risk patients.
- Delivery of an education session on End-of-Life care by the Medicine and Emergency Care Clinical Business Unit as an outcome of a Parliamentary Health Service Ombudsman Complaint.

2022-23 Parliamentary Health Service Ombudsman (PHSO)

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Investigation: not upheld	3	1	2	0	2	1
Investigation: fully upheld	0	0	0	0	0	0
Investigation: partially upheld	3	2	1	1	2	2
Complaints withdrawn by PHSO	1	1	3	0	4	3
No decision made yet: carried forward	4	4	6	5	2	2
Total	11	8	12	6	10	8



The team on A+E were fabulous from start to finish including the receptionists all very helpful, kind and caring under absolutely dreadful pressure. (This review is from a nurse).

Adult A+E

Gratitude to the staff at Ormskirk Children's AED. My child attended with a limp. He is 10- years-old, is autistic and non-verbal and can find hospital very difficult. On arrival the receptionist offered us the sensory room to wait in which helped him to remain calm throughout the whole experience. The difference such facilities and such understanding makes cannot be overestimated.

Children's A+E

3.3 Equality, Diversity and Inclusion (EDI) Strategy

The provision of high-quality patient care is our key driver, and the principles of equality, diversity and human rights are intrinsic to the Trust's core business. We are committed to delivering high quality services that are accessible, responsive, and appropriate to meet the needs of all our patients. In this respect, patient pathways have been designed to reduce variations in care and improve outcomes, whilst recognising the needs of individual patients. We aim to be an employer of choice and ensure that all our staff have equality of access to jobs, promotion, and training opportunities. The Trust is committed to creating an environment where everyone is treated with dignity, fairness, and respect and developing a culture of support and inclusion for all our employees and for those patients who access our services.

The Trust continues to meet its legal and statutory obligations for workforce equality, diversity and inclusion returns including Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Gender Pay Gap monitored through the Valuing our People Inclusion Group and Workforce Committee.

The Trust has established Staff Networks (Ability, Multicultural and LGBT+) which are supported by a Trust Executive Lead. In August 2022, the Trust successfully secured re-accreditation of the Navajo Charter Mark and gained Aspiring Level of the Liverpool City Region Fair Employment Charter.

In February 2023, the Trust held the revised Equality Delivery System (EDS2022) assessment, a revised edition, which was attended by representatives from Healthwatch, the Integrated Care Board equality team, staff side colleagues and equality staff from our partners at St Helens and Knowsley Teaching Hospitals NHS Trust. Progress on EDS2022 domains were presented and the current scores are outlined in the table below.

Domain	Outcome	2023
Commissioned or provided services	1a	Achieving
	1b	Achieving
	1c	Achieving
	1d	Achieving
Workforce health and wellbeing	2a	Developing
	2b	Achieving
	2c	Achieving
	2d	Developing
Inclusive leadership	3a	Achieving
	3b	Achieving
	3c	Developing

3.3.1 Learning Disability (LD)

The Trust has a Learning Disability and Autism Practitioner who supports care of patients with a Learning Disability and/or Autism in several ways:

The Trust had a Learning Disability and Autism champions launch. This was supported by a local group of people with learning disabilities, who showcased their talent by singing songs and working with staff to improve communication and information sharing.

- The Live to Learn choir came to sing some Christmas songs for our staff and patients. They are a group of people with Learning Disabilities and Autism who attend a weekly musical theatre workshop.
 - Learning Disability and Autism training is being rolled out across the Trust. The feedback has been excellent.
 - The Trust approved funding for an Autism Reality Experience, affectionately known as "The Autism Bus". It gives staff an insight into what it is like to live with sensory processing issues, the feedback for this has also been extremely positive. Staff report that they feel better equipped to meet the needs of our patients with Autism.
 - Numbers of alerts on Careflow have increased by 170% since the implementation of the Learning Disability and Autism Practitioner.
 - Bespoke social stories are now available to support patients in understanding complex health procedures and interventions.
 - The Trust has recruited a new Learning Disability and Autism volunteer who is advising on easy read documentation and supporting to run training sessions.
 - The Trust has purchased several beds through its charitable funds that can be accessed by family/carers who wish to stay overnight to support hospital admission.
- Patients with a learning disability and/or Autism can be assessed to have their own funded carer to stay with them throughout admission.
 - The use of Careflow alerts allows us to identify patients who have a learning disability and/or Autism and benefits the patient by allowing the communication of any necessary reasonable adjustments.
 - The use of the Learning Disability hospital passport also supports the sharing of information of the needs of the patient.
 - The service also has a strong relationship with both West Lancashire and Sefton Community Learning Disability teams which enhances care and communication for both planned and unplanned admissions of a patient with a learning disability and/or Autism.
 - The Learning Disability and or Autism Practitioner supports the Learning from Lives and Deaths – people with a learning disability and autistic people (LeDeR) - agenda, ensuring the Trust reports within the required timeframe the deaths of those with and learning disability and/or autism. The Learning Disability and or Autism Practitioner liaises with the LeDeR reviewer to provide the required information and following the review feedback recommendations into the Trust Mortality Operational Group. The Learning Disability and/or Autism Practitioner provides representation at both Lancashire and Sefton LeDeR steering groups, ensuring the Trust is sighted on improvements required to improve lives and prevent unavoidable deaths of those with a learning disability and/or autism.
 - The Trust is working towards improving the identification of patients who require reasonable adjustments.



3.3.2 Accessing trust services

The Trust offers the following interpretation and translation services and will provide other services as requested:

- Foreign language translation of Trust documents.
- Braille translation of Trust documents.
- Face-to-face and telephone interpretation.
- British Sign Language interpreting.
- Easy-read or large font translation of Trust documents.
- Moon Literacy (raised characters for blind and partially sighted people).

3.3.3 Patients with mental health needs

- The Trust has a Service Level Agreement with MerseyCare for them to provide the Mental Health Act Administration. This ensures patients are legally detained and provided with their rights and right to appeal in a timely manner.
- The Accident and Emergency department undertakes monthly relationship meetings with the Mental Health Liaison Team Manager to discuss changes in practice and process to continue to work collaboratively.
- The Accident and Emergency department complete a risk assessment in triage for those patients awaiting a mental health assessment.
- Within the Accident and Emergency department there is a designated room for mental health patients under Section 136 of Mental Health Act
- The clinical team in the department works closely with Mersey Care NHS Foundation Trust to ensure timely assessments and plans for care are implemented.
- The wards work closely with the mental health liaison nurses from Mersey Care NHS Foundation Trust completing timely referrals for mental health assessments.

- The mental health liaison team nurses are integral part of the Multi-Disciplinary Team (MDT) when best interest meetings are held.
- Patients are assessed as individuals and care is tailored to their needs. Additional support with close or continuous supervision is available. Side room facilities are available, with open visiting for relatives / families to support the patient as required.
- The Frail Elderly Unit has an in-reach service from a mental health practitioner to support/ advise on the care of patients on the ward.

3.3.4 Carer support

- The Trust continues to promote John's Campaign to welcome carers whenever they are needed.
- In November 2022, the regional carers passport was introduced aiding the identification of unpaid carers and supporting them to contribute to the care of loved ones. This has been supported by the introduction of 'I am a carer' lanyards and identification cards to enable easy identification when in the ward environment.
- The Trust has purchased four foldaway beds through its charitable funds that can be accessed by family/carers who wish to stay overnight to support the hospital admission of those patients who have additional needs.
- The OASIS room to support family members of patients who are receiving end of life care has recently been refurbished and now offers families kitchen, bathroom and showering facilities.
- For patients on the Regional Spinal Unit, carers who are not residents are supported in finding local accommodation. For individual cases the Spinal Unit Action Group may also offer an amount of financial support towards this.
- The Trust has embraced the reintroduction of visiting in all clinical areas.

3.4 Workforce strategy

The Trust's Workforce Strategy was developed in line with the ambitions of the NHSE/I National NHS People Plan which sets out what our NHS People can expect from their leaders and each other. The plan focuses on how we must look after each other and foster a culture of inclusion and belonging, as well as actions to grow and train our workforce, working together differently to deliver patient care.



Delivery of the strategy focuses on four pillars, aligned to the NHS Long Term Plan. The four pillars are:

1. Looking after our people – with quality health and wellbeing support for everyone
2. Belonging in the NHS – with a particular focus on the discrimination that some staff face
3. New ways of working and delivering care – capturing innovation and transformational change
4. Growing for the future – how we recruit, train, and keep our people and welcome back colleagues who want to return

The NHS People Promise is central to the plan which is monitored by the Trust's Workforce Committee and will help to embed a consistent and enduring offer to all staff in the NHS (insert attached picture).



3.4.1 Freedom to Speak Up

The Trust has an established systems to encourage and support staff to have the freedom to speak up.

With a dedicated Freedom to Speak Up (FTSU) Guardian, a FTSU Administrator in

post and a network of FTSU Champions, from different professional groups and varying backgrounds, the organisation has a developing, Speak Up, Listen Up and Follow Up culture. Links to Freedom to Speak Up Information is available to staff on induction and via the Trust's internal intranet. In addition, the FTSU Guardian and administrator have visited departments across the Trust to raise awareness and speak to staff. This system is complimentary to, and is supported by, the Just and Learning Culture adopted by the organisation and the Staff Voice Partnership.

Staff are encouraged to speak up on anything that gets in the way of delivering great care and treatment or an area of great practice that could be replicated elsewhere. This can be done by speaking to their line manager, a FTSU champion or via the Freedom to Speak Up Guardian.

Champions primarily support the development of the speak up, listen up, follow up culture, within the teams in which they are embedded, however may also offer support and signposting to any staff member within the Trust.

October 2022 was FTSU month and the Trust and the FTSU team ran several staff events to raise awareness and support staff. This included information stands and quizzes/puzzles for staff. Several staff made pledges to speak up during the month.



In 2022-23, whilst no Trust themes have emerged following analysis of FTSU cases, there has been appropriate action taken to address all cases, where action was required following review of the issues raised. Feedback from staff who have spoken up, has been positive with no indications, to date, that any staff member has suffered detriment as a result of speaking up.

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



The four indicators relating to Freedom to Speak, within the 2022 staff survey disappointedly show a deterioration in scores though this deterioration was also reflected nationally. This deterioration may be representative of a challenged NHS and within the context of national workforce challenges and industrial action. Moving forward the Trust is planning to develop a new Freedom to Speak Up strategy and further develop the role of champions.

3.4.2 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 2022 survey, reported in 2023, the Trust conducted a full census staff survey. A total of 1,107 completed questionnaires were returned from the eligible staff group of 3,247. This provided a 34.1% response rate.

The survey compares results with similar Trusts via the use of benchmarking groups, which comprises the data for 'like' organisations, weighted to account for variations in individual organisational structure.

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.

For the first time, the survey applied to bank staff to enable NHS organisations to understand the experiences of temporary workforce and how their experiences compare with substantively employed staff. Areas of improvement were shown in staff behaviours to each other, improvement in compassionate and inclusive culture, and although scores are lower, staff fared better than other Trusts throughout the pandemic with their health and wellbeing.

3.5 Patient safety

Throughout 2022-23 the Trust started the process of reviewing the way in which it reports, investigates and learns from safety incidents and has started to prepare for the nationally mandated change to PSIRF (Patient Safety Incident Response Framework) which will be launched in the late summer of 2023. Significant progress has been made on training and education around patient safety with a Human Factors Introduction course being made available to all staff, a course that was nominated and shortlisted for the 2022 HSJ Patient safety awards.

The Trust has reviewed its weekly safety meeting structures and developed new reporting tools to support staff in reviewing when things do not go according to plan. This helps support learning and reduces the risk of harm, keeping our patient population safe. The launch of the Trust's Patient Safety Strategy and Incident Management Framework in 2022-23 has been another positive step in strengthening its safety culture and supporting the transition to PSIRF.

The organisation remains a high reporter of incidents with a low incidence of harm compared to national peers. We will also continue our improvement work to develop as a learning organisation to ensure we are able to feedback to colleagues when an incident is reported or when a complaint about care is received. We continue our improvement work and inform our "Just and Learning Culture", ensuring we feed back to colleagues when any incident is reported, or when a complaint is received in order to capture that learning. Just and Learning is regularly incorporated into relevant Patient Safety training which is available to all colleague as well as the Patient Safety Strategy.

In 2022, the Trust made Patient Safety Syllabus L1 and L2 training available to colleagues through the HEE website and through its internal education portals. In 2022 the Monthly Patient Safety Group was launched which continued to support and drive a positive safety culture.

3.5.1 Pressure ulcers

The reduction of Hospital Acquired Pressure Ulcers (HAPUs) remained one of the Trust's quality priorities in 2022-23. The reduction in HAPUs across all categories continues with consistent investigation, validation, and support from the Tissue Viability Nursing (TVN) team and new lead who started in September 2022. Thorough root cause analysis of all potential HAPUs reports are presented to the Trust's Harm Free Care Panel to identify learning, common themes and inform the Trust action plan on pressure ulcers with a continuous cycle of learning for all hospital staff and patients involved in the process.

The numbers of patients with hospital acquired category 2 pressure ulcers continues to consistently reduce year on year from 62 in 2020-21, to 45 in 2021-22 and a total of 43 cat 2 HAPU for 2022-23 with sustained continued focus on education for staff on risk assessment and pressure ulcer prevention. The Trust celebrated the pressure ulcer prevention strategies undertaken in November 2022 with participation in the national 'Stop the Pressure Campaign'

We will be aligning our current reporting systems for HAPUs with our colleagues at STHK for the coming year to ensure reliable reporting to further reduce the incidents of pressure ulcers.



3.5.2 Falls

The Trust recruited a Trust Falls Lead in 2021-22 who continues to coordinate the ongoing work and support education of staff to minimise the risk of inpatient falls. All falls resulting in moderate or above harm had detailed investigations presented to the Trust's Harm Free Care Panel, and/or Serious Incident Review Group. The Trust's falls action plan is reviewed within the monthly Trust Falls Group and ensures that any key themes are identified, and appropriate actions are implemented.



Improvement work continued during 2022-23 with the focus on several key areas for improvement:

- Using data to drive improvement – additional audit tools were developed to ensure continued monitoring of compliance with timely feedback to areas that required focused improvement work.
- Review of policy and all documentation specific to falls management.
- Implementation of new resources to support staff and patients in managing and mitigating risk.
- Increased education provision and deliverance of lessons learnt across the Trust. This includes development of the role of the Falls Champions, commencement of bi-monthly Falls Champions meetings, and a monthly newsletter available Trust-wide.
- Additional training in relation to post falls management including appropriate moving and handling methods for retrieval from the floor.
- Continued scoping work on falls prevention technology and equipment provision.
- The launch of a multifaceted programme to reduce hospital associated deconditioning.

3.5.3 Medicine safety

The Pharmacy department has delivered a round the clock seven-day clinical and technical service despite a challenging and busy environment. This has provided patients with safe, effective medicines in line with the NHS Constitution and the Royal Pharmaceutical Society's professional standards/guidance.

The pharmacy's senior leadership team ensures that medication safety is embedded, both within our Trust and partner organisations, including those providing outsourced services. Services are risk assessed and reviewed regularly to ensure safety. By providing a clear vision for pharmacy services, they are safe, effective, and efficiently delivered in line with organisational, regional, and national priorities and performance indicators. The range and level of healthcare commissioned/purchased. Licences are maintained with the GPhC, Medicines and Healthcare products Regulatory Agency (MHRA), Home Office, QC NW, as well as being accountable to the CQC and NHS England.

Systems of work are established that are accountable, safe, regularly audited, and comply with relevant regulations, including management of the pharmacy workforce to support service quality, productivity, and safety. We continue to support pharmacy staff in training despite staffing recruitment challenges to provide a high-quality service.

We have seen significant improvements in yellow card reporting and safety bulletins have been issued. The Medicines Safety team held an event for World Patient Safety Day in September 2022, with excellent feedback. The pharmacy team has responded to national drug shortages to ensure continuity of care during a difficult winter, including difficulties in accessing penicillin during the Strep A breakout in children.

The team has provided the clinical and technical expertise to create and calibrate the advanced drug library (Dose Error Reduction System) for IV administration for adults for the BBraun infusion pumps, which increase the safety of injectable medicines across the Trust.



Clinical pharmacy

The Pharmacy Team has continued to maintain a clinical and medicines supply service. The Department has continued to commit to training all suitable pharmacists as non-medical prescribers. More than 60% of pharmacists are now registered or in training to prescribe. Staff turnover and significant long-term sickness has unfortunately limited the roll-out of the ward-based technician role where medicines are reconciled, and patients/carers are counselled on medicines use by Pharmacy Technicians leaving nursing staff more time to care.

The successful implementation of Omnicell dispensing cabinets in Paediatric AED and Pharmacy has improved Controlled Drug Management and the Trust's Controlled Drug policy has been updated and now includes SOPs for Omnicell-related controlled drugs (CD) administration, including patches and transportation of CDs.

We have improved the safety of medicines given and administered in providing leadership in medicines management, a medicines information service, leading the medicines safety group alongside input to regional area prescribing committees.

Dispensary

Despite staff and equipment issues we are running a 7-day service with enhanced late nights.

Audit/Quality

Audit work of note includes improvements in safe and secure handling of medicines in ward and department areas of the trust, and oxygen prescribing.

We achieved 10% for discharge medicines service (significantly above CQUIN 1.5% target).

The development of SLAs with LSCFT and Queenscourt has led to the new role of palliative care pharmacist.

Digital

We prepared for the go live date for the EPMA pilot on the Spinal Unit in April for safer prescribing and administration. Training levels are high, and refresher sessions offered. This has been supported with the appointment of a digital nurse.

We have collaborated with STHK colleagues on pharmacy and electronic prescribing issues, developing EPMA protocols with the clinical staff and deployment of a new supplementary chart.

Over the last 12 months we have maintained and updated all Pharmacy Computer Systems to ensure the continuity and efficiency of the service to our customers and provided reports on all aspects of Pharmacy activity. Delivering EMIS training for all clinicians to ensure they can complete discharges in a timely manner for our patients.

Aseptic Services

The unit has been refurbished, making it safer for staff to work and more efficient, reducing the risk of equipment failing and treatment being cancelled.

Following a review, we have been able to make improvements to drug lifespans which will benefit the patient by reducing waiting times and time on the Medical Day Unit. We have started to prepare IV Cyclophosphamide for rheumatology patients, this is a new treatment we now provide.

The chemocare system has recently merged with STHK; this was a great example of system working, with thanks to pharmacy, IT, nursing and clinicians across SOHT, STHK, Aintree and Mid-Mersey. Improving patient experience by having a continuity of treatment, and promoting teamwork and building relationships across the two hospitals, to standardise care.

Procurement

Despite international issues on medicines manufacturing during 2022-23 we have continued to ensure a reliable procurement and supply chain to both internal and system wide partners. We maintain a wholesaler dealers' licence with the Medicines and Healthcare products Regulatory Agency (MHRA), home office controlled-drugs licence, and recently became registered dispensaries with the General Pharmaceutical Council (GPhC).

3.5.4 Theatre safety

The Trust Operating Theatre Department has continued 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 department has not had any never events for the last four years.

The World Health Organisation (WHO) surgical safety checklists continue to evolve in response to learning from incidents and other improvement work. Completely redesigned charts were implemented in quarter 3 2022-23, which are clearer and provide more space for additional checks, in particular relating to recording of surgical implant details.

3.6 Being open – Duty of Candour

Our 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 has achieved 100% compliance in providing both a verbal apologies and written apologies when Duty of Candour was applied in 2022-23. We continue to ensure Duty of Candour is applied with review of cases at the weekly Harm Free Care and Serious Incident Review meetings.



3.6.1 Never events

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. In 2022-23, the Trust reported three never events, relating to a retained guide wire, and incorrect investigative procedure and use of air instead of oxygen. Actions have been taken following these as part of the Trust's commitment to learning from incidents.

- Retained Guide wire. Doctor recognised the issue within seconds of insertion. There was low harm to the patient. The main point of learning was to raise awareness that there is a potential for the loss of a guidewire during insertion of a central venous catheter. Actions included a safety alert was issued to all areas where central venous catheters are inserted. The existing local safety standard for invasive procedures (LocSSIP) was revised as a result with a review of training for staff involved in CVC insertion.
- The wrong patient was referred for an investigative procedure. There was low harm to the patient. The main point of learning was to restrict how many clinical records are set out on a clinician's desk to review at a time. Always check if a patient queries their diagnosis prior to a procedure. Always refer to the most up-to-date clinic letter for review. Actions included the roll out of Human Factors training. The clinicians completed a reflection of the incident and lessons were shared at the Medical Risk Meeting.
- A patient was placed on piped air instead of piped oxygen which was immediately recognised. There was low harm to the patient. This is still under investigation, but immediate lessons learned were the fact the member of staff mistook the air outlet for the oxygen port. Immediate actions included the clear identification of all areas in the emergency department (ED) which have the facility to carry out air flow. A safety alert out to all of the team in ED with staff told to check processes to ensure all meters are appropriately positioned. The case was raised at ED safety group.

3.6.2 Coroner's Regulation 28 Prevention of Future Deaths Reports

Between April 2022 and March 2023 the Trust received no Regulation 28 reports from the Coroners. This is a significant achievement, and it reflects the hard work that has been going into the Trust's investigations and action plans and the continued monitoring of actions to ensure their timely completion. The coroners are satisfied that the Trust's practices are suitably sufficient to prevent deaths from occurring in similar ways – a sign of the quality of the Trust's collective learning.

3.7 Infection prevention and control (IPC)

The Health and Social Care Act 2008 requires all Trusts to have clear arrangements for the effective prevention, detection and control of healthcare associated infection (HCAI). The Medical Director is the Trust's Director of Infection Prevention and Control (DIPC), with board level responsibility for infection control.

The Infection Prevention Team carry out a series of rolling audits of each ward and department, this is monitored through the infection prevention and control operational group and actions and compliance form part of the assessment for our clinical accreditation scheme (SOCAAS).

The Trust's Infection Priorities are:

- Reduce the incidence of healthcare associated infections
- Adopt and promote evidence-based infection prevention practice across the Trust
- Identify, monitor and prevent the spread of pathogenic organisms, including multi-resistant organisms throughout the Trust

During the period April 2022 to March 2023 the Trust reported the following;

- Zero MRSA Bacteraemias (MRSAb)
- 48 cases of Clostridium difficile against a trajectory of 49
- 25 cases of Methicillin Sensitive Staphylococcus Aureus bacteraemia (MSSAb) which was our exact trajectory. 6 of these cases were community onset.

Lessons learned from the Post Infection Review (PIRs) of these cases are shared with the Trust via a monthly Infection Prevention report which is also shared with Clinical Commissioning Group (CCGs), now integrated care system places.

Key Achievements for 2022-23 were:

- Continuing to embed learning from the Trust's Clostridium Difficile Action Plan to raise awareness of antimicrobial stewardship and holistic care for patients with co-morbidities and frailty.
- Moving from a command and control model to 'living with Covid' supported by a proactive review of operating processes and guidance to ensure compliance with changing national guidance.
- Infection prevention input into environmental monitoring systems and implementation of national standards for cleanliness and validation of standards.
- Support from the Infection prevention team to ensure IPC standards are met for the multiple programmes of work to improve our estate and infrastructure.
- Ensuring greater clinical engagement with the RCA process for richer learning.
- 80% of staff received their flu vaccination.

Members of the infection Prevention Team (IPC) were responsible for advising the Trust via Silver and Gold Command at the start of 2022 and then as active participants in the clinical reference group and advising the executive committee. This ensured the continued education of staff in how to best provide care for COVID-19 patients while protecting themselves.

The team took responsibility for communication to the wider Trust of the frequently changing guidance during the transition to recovery from the pandemic and 'living with covid'. This has also included changes to testing and supporting digital solutions to record point of care testing. IPC team members continued to work 365 days a year to support with issues continuing from the pandemic.

3.8 Safeguarding

All NHS bodies have a statutory duty to ensure they make arrangements to safeguard and promote the welfare of children and young people, to protect adults at risk from abuse, and support the Home Office Counter Terrorism strategy. There are key legislative frameworks supporting the Trust's safeguarding responsibilities.

The CQC fundamental standards require the Trust to ensure that suitable arrangements are in place to ensure that all service users are protected from the risk of abuse, and that internal processes are in place to reduce the potential for abuse.

The Trust Safeguarding Team is responsible for ensuring that robust and effective systems are in place to support the Trust in working effectively to safeguard the un-born, children, young people and adults who are at risk of abuse or neglect.

The Safeguarding Team is a multi-functional team providing both operational and corporate responsibilities across the hospital sites, with the adult team based at Southport and the children's team based at Ormskirk. The team work closely with both Sefton Metropolitan Borough and Lancashire County Councils and support the work of the Local Safeguarding Boards for Sefton and Lancashire.

This year has seen additional staff roles join the Safeguarding Team. This includes the recruitment of Learning Disability (LD) and Autism Practitioner to support the LD and autism health agenda. The Trust has a LD and autism improvement action plan, informed mostly by the yearly NHSE LD and Autism benchmark submission. Results of the benchmark can be found at: [Outputs | NHS Benchmarking Network](#) (registration is required)

The Trust was successful in its submission for funding from the Police and Crime Commissioners for a Health Independent Domestic Abuse Advisor (HIDVA), to work alongside the current Health Independent Sexual Abuse Advisor (HISVA). The post was successfully recruited to, and the post holder commenced in January 2023. In addition to this Sefton Local Authority was successful in their bid submission for a HIDVA to be based at the Southport and Ormskirk sites, as a result the Trust has two 1.0 wte HDIVAs based within the Safeguarding Team.

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 (Sefton Place). During 2022-23, a red/amber/green (RAG) rating of green was given in all areas except safeguarding training compliance for Mental Capacity training and PREVENT Level 3-5 training. The Assistant Director of Safeguarding undertakes regular business meetings with the Designated Nurses for Sefton Place. The KPI assurance feedback report is an agenda item at the Trust Contract & Clinical Quality Review Meeting (CCQRM). The ICB continue to express assurance in relation to safeguarding activity which has risen consistently across all areas, particularly numbers of referrals and evidence of good multi agency working.

A safeguarding triple A reports is presented bi-monthly to the Quality and Safety Committee. The Safeguarding Assurance Group meets bi-monthly to provide safeguarding updates in all areas of safeguarding activity and process, with external stakeholder representation provided by the Designated Nurses and Safeguarding Leads from Sefton and Lancashire ICB, for the purpose of external scrutiny and information sharing. An annual report is completed and presented to the Quality and Safety Committee.

The Trust provides representation at two 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 homicide reviews and theme specific multi-agency audits. The annual safeguarding report is shared with the safeguarding partnership boards.

3.9. Clinical Business Unit Update

3.9.1 Medicine & Emergency Care (MEC) CBU

The pandemic made the last two years the most challenging that the NHS has faced. The Medicine and Emergency Care CBU, encompassing emergency care, medicine, and therapies has been particularly challenged by the need to tailor pathways, using the Emergency Care Model to ensure patients can return to their own home as quickly as possible without the need for admission.

Following lessons learned during COVID-19 the Trust has been focussing on building services to operate with COVID-19 as a fact of life. The Trust has continued to provide care for COVID-19 with emergency admissions and ongoing care in dedicated COVID-19 ward.

This year, the Trust has made it a priority to invest in workforce and understand succession planning requirements, by exploring new ways of working and new roles to attract and retain high calibre staff across all disciplines of staff and specialties. The Trust remains part of the Registered Nurse International Recruitment Plan and the Cheshire and Mersey Healthcare Support Worker (HCSW) programmes. Funding has been aligned to a lead AHP role in order to focus on the AHP workforce strategy.

The Trust has improved its communication style to support personalised care and staff wellbeing by asking “What matters to you today?”

Over the course of the year, the CBU has worked to ensure investment in its Same day Emergency Care (SDEC) Programme including workforce model and the estate. The Trust have also made investments in its frailty model for SDEC and inpatients. This included working with North West Ambulance Service (NWAS) to remodel the emergency care front door in order to accommodate SDEC pathways and direct admissions from GPs and NWAS. The assessment areas were remodelled to accommodate streaming and improve clinical practice and patient experience. In Spring 2022, the Trust worked on site with the Emergency Care Improvement Support team (ECIST) to look in detail at its current processes in the Emergency Department in order to draft an Improvement Plan as a basis for the delivery of that improvement.

Developing relationships with community partners has been key to the development of a two-hour crisis response model and developing relationships with the Primary Care Network (PCN) has enabled the Trust’s delivery of virtual wards for frailty and care homes. This allows more of the Trust’s frail elderly to receive care out of hospital which in turn is likely to reduce the likelihood of deconditioning due to prolonged inpatient stays.



Work has been undertaken to support delivery of new models of care across medical, nursing and AHP workforce, responsive to the service delivery and innovation proposed. Development of the Frailty Service and Older Patients inpatient area included the inauguration of Ward 11A Unit which is therapy led and expedites timely discharge of patients who have been medically optimised for discharge but who require therapeutic input. This work was done at pace and brought together several internal stakeholders to work collaboratively to effectively deliver the change. Nurse Consultant roles were recruited to for Frailty and Same Day Emergency Care so that the Trust could better ensure that staff skills matched the needs of patients. Working with community colleagues in the development of the frailty model means the Trust can increase admission avoidance.

The Trust estate benefited from the programme of ward refurbishment with a further three wards being refurbished and electronic white boards are being installed to support digital monitoring of inpatient flow which will enhance the discharge process.

The Trust has invested in creating a new discharge lounge that is purpose built and was officially opened in May 2022 which increased capacity by 50% to support improvements in discharge performance and flow, providing significant improvements to patient experience and supporting the organisation with managing the challenges of flow and capacity. The discharge lounge provides care for all patients including patients with cognitive impairment in both a bedded and a recliner chair capacity and ensures the early movement of patients out of acute beds and into an environment where they can wait for transport to their discharge destination.

In addition, support was given for leadership and managerial roles within directorate teams to facilitate transition and sustain growth within the CBU. The Trust was able to draw on external resources to map capacity and demand to maximise efficiencies and identify opportunities to invest to save. This led to a robust workforce model with succession planning for clinical staff. The staffing model has now been aligned with the North Mersey Stroke Strategy, reviewing the set-up of clinics, and engaging with task and finish groups for Stroke pathways work.

The North Mersey Hub for stroke patients was delivered as part of the service redesign with colleagues across North Mersey to ensure acute stroke patients will be dealt with quickly in the centre of excellence and rehabilitated in spoke centres.

Ward teams have continued to deliver excellent patient care with areas achieving significant improvements in their accreditation scoring Southport and Ormskirk Clinical Assessment Accreditation (SOCAAS) many of which have improved and enabled wards using the SAFER care bundle to strive for excellence and show pride in their achievements and are able to celebrate the wards achieving high standards across communications channels to increase confidence and pride in their role.

A&E performance has consistently been above 70% each month, which some months achieving 76%. The Trust has continually to perform as the best Adult ED in Cheshire & Merseyside and is consistently in the top performing quarterly in the country.



Southport and
Ormskirk Hospital
NHS Trust

Medicine and Emergency Care



£68.9m
Annual
budget



22,388
Non-elective
admissions



8,620
Day cases



994.29 WTE
Staff across
all areas



87,952
Non-elective
bed days



57,249
SDGH ED
attendances



18,021
Referrals



10,234
Outpatient 1st
attendances



44,097
Outpatient
follow-ups

Acute Medicine Cardiology ED Gastroenterology General Medicine Haematology Respiratory Stroke

The CBU has engaged with the National 'FRAIL' pilot testing and working closely with NHSI/E to explore the priorities for acute frailty services, supporting the frailty service development and next steps planning. In addition we have had the NHSI/E Same Day Emergency Care (SDEC) Team in to review and support the developments in SDEC. The CBU has ambitious plans in place to develop the model of care and pathways into SDEC which will expand the opportunities to utilise the SDEC offering enhanced access to community partners and enabling patients to access an alternative 'front door', improving their experience and outcomes also. A Nurse establishment review has been undertaken to support increasing the SDEC service provision also, to improve the offer and consistency in model provision.

The team is developing the Frailty Virtual Ward, which the Trust will host. This is led by a senior decision maker and the Trust has recruited two GPs with special interests in Frailty, to support this as well as increasing staffing levels. This ward is intended to go-live by June 2023 and includes opportunities for point of care testing at home and virtual reviews. The team is developing the process for IV antibiotic provision to support this cohort of patients. The virtual ward is made up of an MDT from a range of providers allowing the group to collectively ensure that the right person reviews patients at the right time to enhance their experience and outcomes. In addition, the teams have access to refer into the Respiratory Virtual Ward and the team support the identification of patients across the ED and inpatient bed base and are working hard to raise the profile and volume of referrals into the respiratory virtual ward.

As a winter initiative in 2022-2023, the Trust was successful in a bid for a six-month pilot introducing a therapy-led Discharge To Access (D2A) Homefirst pathway utilising 14 beds in Chase Heys New Directions in collaboration with system partners. These beds are supporting the reduction of medium and long term decision making in the acute environment in relation to a patient's on-going care needs. They enable a reduction in social package of care prescription and see patients improving in their functional abilities prior to discharge which allows people to live well in their own environment and with a greater level of independence. The patient experience feedback on the model has been phenomenal and the CBU has been requested to showcase the model and outcomes on a regional platform, commended by Cheshire and Mersey on the success. This year has also seen the re-purposing of Ward 11A, to deliver care for those ready for discharge but with nursing or complex needs and delays that cause them to remain in hospital while not requiring an acute hospital bed. The patients similarly receive dedicated therapy input and the ward has a re-abling and reconditioning focus, with social activities and physical activities taking place to support the patients until they are ready for discharge.

I was taken into A and E after a fall in the home where my shoulder was badly injured to the point of fainting with pain. Within minutes of arriving in hospital I was X-rayed and everyone was fantastic and the ambience of the department was great with no stress no aggravation. I was fortunate that I had dislocated my shoulder and not broken it and could not believe an hour later I was going home free from pain. I think you are all amazing.

3.9.2 Planned Care

As we continue to work within the COVID-19 restrictions our main focus is to deliver activity around pre-pandemic levels across the CBU to reduce the backlog of patient waits and reduce long waiting times as a result of COVID-19. Our elective restoration plans made great improvements for our patients. At year end, the Trust reported only two 78+ week waits. One case was due to patient choice and the other due to delays in transfer out following the closure of the orthodontic service. Both these patients have received their care in April 2023. The Trust continues to closely manage this programme to ensure delivery of the KPIs for 2023- 24.

Outpatient services have continued to work with the blended appointment model commenced during the COVID-19 pandemic. We continue to offer telephone, virtual and face to face appointments as part of this offer to our patients. The Trust has continued to work in implementation of Patient Initiated Follow Up (PIFU). This model will vary slightly to suit the needs of each clinical speciality to ensure a safe and effective offer to our patients. The Trust is meeting the 5% target with further improvements being made across the specialities. The Trust is currently engaged in the NW OP Forum to support the continued performance in delivery of patient care.

Endoscopy service improvements made in 2021-22 continue. The backlog from surveillance scopes has been investigated and the DM01 for endoscopy is now improved on our pre covid position. At year end the DM01 for endoscopy was 1.5%.

Further building work is underway on both sites and additional staff have been recruited to enable the opening of additional endoscopy capacity in 2023-24, following a successful bid for CDC and TIF monies.

The Trust has implemented the High-Risk Faecal Immunochemical Test (FIT) with monies awarded by Cheshire & Mersey Cancer Alliance. The Trust has also mitigated the safety meeting for the Low Risk FIT contract for patients from primary care. Work is now beginning with primary care and the Cancer Alliance on the new FIT pathways to ensure patients are triaged on the appropriate ongoing pathways.

The four bedded Post Operative Critical Care Unit (POCCU) on the Southport site continues to ensure we are able to continue to offer surgery to our cancer and most clinically urgent patients at our Southport site.

Critical Care continue to be recognised nationally for the quality improvements that are developed at the Trust. Staff have the honour of supporting the organisation. The Practice Educator has been elected deputy chair of Cheshire and Mersey Critical Care Network and their Service Improvement Lead Nurse has been asked to be the Chair of SILS (Service Improvement Lead Group) for Cheshire and Mersey. The team is also presenting at the Intensive Care Society later this year to share their high achievements with both staff retention and training but also the fantastic development of a family bereavement clinic.

The theatre team has completed an extensive recruitment drive which has been hugely successful across all nursing and AHP roles. The first in-house Apprentice Operating Department Practitioners are due to qualify in September 2023 and join the substantive workforce.

Our four Anaesthetic Associates have now qualified and are an invaluable addition to the anaesthetic team in theatres.

We recognise the importance of developing and supporting our teams and with the support of our training leads we are ensuring that their needs are being met both professionally and emotionally. We have a training programme planned for the next 12 months to include sessions for Mental Health First Aid, Quality Improvement Workshops, Managing Stress and Building Resilience and Peri Menopause and Menopause Awareness.

I recently underwent a left total hip replacement at the hospital, and I was delighted with the care, treatment and expertise exhibited by all members of staff. I honestly believe that I could not have had better treatment anywhere else in the world.

H ward - Ormskirk

Within our CBU we continue to be supported by the Quality Team and as part of that they undertake SOCAAS inspections for which five of our wards and departments have been successful in achieving Gold Awards. Two of these wards/departments, 10B and ITU, have achieved double Gold and E Ward is the first ward/department within the organisation to have achieved Triple Gold.

In support of patient flow and utilisation of acute beds at Southport we continue to utilise the Post Operative Care Ward, on the Ormskirk site. The pathway supports surgical and urology transfers in addition to orthopaedic needs. This increases capacity on the Southport acute site for emergencies or non-elective patients and has enabled delivery of the elective activity through winter. The opening of a theatre forward-wait on the Southport site early in 2023-24 will further enable these improvements in patient flow.

In our theatres suites we continue to maximise the capacity and productivity whilst working within the Covid-19 changes.

We have undergone several refurbishments in our Ormskirk Hospital theatres including an upgrade of our recovery area to support Maternity and Paediatric patients. As of February 2023, our theatre utilisation is currently second best in the Cheshire & Mersey (C&M) region.

Our theatre team is currently engaging with the C&M Theatre Academy to support ongoing improvements.

The Trust offered mutual aid to STHK for a period of seven weeks. One of the Ormskirk theatres was utilised to enable the ongoing delivery of their orthopaedic elective recovery programme through the winter period, in line with the C&M elective restoration programme. During this time Southport and Ormskirk Trust continued to deliver against their own plan. Lessons learnt and sharing of best practice was enabled across both trusts during this period.



3.9.3 Specialist Services CBU

Paediatrics and Neonates

In January 2023 following a visit from the North West Neonatal Operational Delivery Network (NWNODN), the Neonatal Unit (NNU) were awarded a GREEN certificate of achievement. At the time of our inspection, only 5/22 Neonatal units in the Northwest had managed to attain GREEN status. This was a fantastic achievement by all staff involved.

We are now working towards the next accreditation which is planned for 2024, which will focus on the neurodevelopment of babies on the NNU.

We continue to progress the Breast-Feeding Initiative (BFI) Programme. We have been awarded with Stage 1 (Policies & Guidelines) and are now working towards Stage 2 (Staff Education). One of the sisters, has created a training package to complete for all Neonatal staff. This will lead to an external panel coming to assess staff later this year.

This year the Trust invested further in Paediatric staffing. This led to the approval to recruit an additional 3.0 wte Tier 2 medical staff and 4.0 wte Advanced Neonatal and Paediatric Nurses (APNP).

The increase in the number of APNP will support both the nursing and medical teams on the Paediatric and Neonatal Unit. We have successfully recruited into most of these posts and will be able to establish new clinics in the near future which will be led by the senior nurses. We will be fully recruited to by August 2023.



The ED department has experienced the busiest year since opening and have maintained the expected standards through the additional staff support and commitment of all the staff to ensure patient care remained the priority.

The Children's Ward and Neonatal Unit achieved the GOLD status following the SOCASS inspection and were re inspected eight months later and this status was maintained. This is a credit to all the hard work the staff have done together as a Team.

Maternity

Maternity Assessment Unit and Delivery Suite have undergone extensive refurbishment to integrate the two units and create a large room for Multi-Disciplinary Team handover, improving the quality and safety of both our areas. The refurbishment has facilitated the introduction of the Birmingham Symptom Specific Obstetric Triage System (BSOTS). This has improved the safety and waiting times from women attending through triage.

We have introduced a new elective caesarean pathway with lists running from main theatre three days a week. This is staffed with a separate team of obstetric and theatre staff to be able to provide safe, timely and responsive care so we can provide women with the best possible patient journey.

We have introduced specialist consultant clinics for those women pregnant with twins, those requiring uterine artery doppler ultrasound and for those women pregnant again following a stillbirth or neonatal death. We now have a Lead Bereavement Midwife who supports this service including inpatients and is now working closely to support the paediatric service. The Rainbow Clinic was introduced to provide antenatal care for women who have experienced pregnancy loss.

"The whole team from start to finish was absolutely amazing. We weren't expecting our little man for another couple of weeks, and I was terrified. Everything happened so quickly, but the midwives and doctors were all so supportive. My midwife was lovely and helped both me and my birth partner so, so much. Despite a bit of a rocky delivery, we couldn't have asked for anymore from the team, and are so pleased you helped bring our little man into the world safely."

We have built a close working relationship with our local Maternity Voice Partnership (MVP). This has enabled us to co-produce our maternity service in response to the local service user feedback, improving the experience for women and their families.

We have recruited an additional Matron to oversee outpatient services including community and implement the continuity of carer model when the time is right.

We have launched a new antenatal education programme provided by The Real Birth Company, giving greater flexibility to women who now have the option to attend face to face sessions or access the information virtually at a time suited to them.

Gynaecology & Sexual Health

We have maintained virtual appointments within several Gynaecology services which has maximised our ability to maintain both in and out-patient activity and accessibility for our patients. We are utilising skills of all staff by introducing more nurse led and collaborative clinics, particularly in Colposcopy,

Urogynaecology and Menopause, this has increased our capacity in these services and is supporting a reduction in our wait times.

The introduction of Patient Initiated Follow Up (PIFU) has developed at pace within Gynaecology. This now gives the patient more control of when they need to access outpatient follow up care. This is particularly beneficial for those with a long-term health condition as it means spending less time attending hospital appointments, but still having access to specialist input if it's needed.

Advice and guidance service is now in place in Gynaecology which provides GPs with access to consultant advice on investigations, and potential referrals. This service enables a patient's care to be managed in the most appropriate setting and strengthens shared decisions making with GPs.

We now have a fully established Consultant workforce with leads in all subspecialty areas to support the efficiency of the departments, ensure developments and training are running and risk monitoring is ongoing.

Yesterday I was in surgery having a hysteroscopy and polypectomy as a day case at Ormskirk Hospital. I wanted to say thank you to every single person that I've dealt with from the person who booked me in prior to the operation, the ward staff, the theatre staff, literally everyone that I met. The surgeon made me feel at complete ease and came and reassured me prior to the operation, in recovery and then back on the ward. To summarise I felt like I received the royal treatment and looking around the ward I was on I was not the only one!

We are actively working with regional data and patient feedback to continue improving our services and patient experience.

The non-medical team continues to develop competencies to deliver enhanced roles to support delivery in menopause, colposcopy and smear clinic and are working with key stakeholders to develop a plan for service delivery in both primary and secondary care including active participation with the following:

- Shaping Care Together
- Cheshire & Merseyside Cancer Alliance
- Cheshire & Merseyside Gynaecology Network
- Local Commissioning teams

We have also successfully bid for additional funding via the Cancer Alliance to purchase additional Hysteroscopes and have supported additional nurse posts.

Sexual Health and HIV

Since the introduction in 2021 of online testing for Sexually Transmitted Infections (STI), the service has seen an increase in testing within Sefton including HIV testing and the National Chlamydia Screening Programme. The online service has been expanded to include multisite testing for Men Who Have Sex With Men (MSM) and testing for service users with mild symptoms. We continue to support reduction in the likelihood of onward transmission with the aim of reducing infection and improving the health outcomes of the wider community.

The service has introduced PrEP (pre-exposure prophylaxis) provision to support the reduction of HIV transmission in men who have sex with men.



The Sexual Health service led the management locally of the Monkeypox outbreak and introduced vaccination clinics for the identified at risk cohort. All identified service users have been offered a vaccination course.

Since the service had achieved a rate 32.02 per 1000 long-acting reversible contraception (LARC) fitting which was 138.2% above the National average, we have continued to maintain delivery of LARC and were ranked Number one in England for clinic based LARC fitting. A key priority for the service is to continue to engage with Primary Care to increase provision in LARC.

Clinical Support

In January 2023 the department went live with it's Community Diagnostic Centre (CDC), increasing capacity for MRI, CT & Non-Obstetric Ultrasound (NOUS). The department has received just under £3 million for investment of our staffing, which will provide the team with an additional 40 wte members of staff, including Radiologists, Modality Leads, Sonographers, Radiographers, Radiology Department Assistants (RDAs) and Administrative Support. Recruitment for these posts has already started and will continue through to 2025. Since the implementation of the CDC there has been a significant reduction in the wait times for our patients.

The CDC will also support Best Practice Times Pathways (BPTP) in the Trust, reducing diagnostic wait times for some of our most urgent patients. As part of the CDC project, the team has procured two additional CT scanners. The software upgrade project for one of the MRI scanners has been completed with the final upgrade to take place in the coming months. The Trust continues to be involved in the recruitment of international radiographers whilst also training some of our current radiographers to be report plain film scans, such as chest x-rays. In 2022 the department took in its first ever cohort of Radiology Registrars and the department will have two Registrars for each rotation. As part of this project, the team successfully applied for funding to turn a storage room into a dedicated reporting room for the Registrars.

Cancer

The Cancer support service has made great improvements in strengthening our workforce. The team is at full capacity for Cancer Navigators and Early Diagnosis Support Workers who are all fully trained in their tumour groups.

We have appointed a 12-month Directorate Manager and permanent Matron to support the continual improvement and maintenance of clinical standards for Cancer.

We are progressing at pace with the Faster Diagnostics Programme, supporting the Trust to achieve the 28-day Faster Diagnosis Framework and National strategic priorities. We have appointed a Senior Programme Manager and further recruitment is planned for project management and analyst support (Alliance funding secured). Following benefits realisation work with Cancer Alliance there has been additional investment in the Early Diagnostic Support Workers (EDSW) role this will further support delivery of highly personalised care for cancer patients undergoing their diagnostic pathway consistently beyond the point of diagnosis.

Since 2019/20 (pre-covid) we have seen a 39.7% increase in the number of patients referred to the Trust with a maximum of two- week wait to see a specialist to rule out suspected cancer. Despite this increasing activity, we are exceeding the national target for 14-day performance at 93.6%. We have significantly reduced the number of patients waiting for definitive treatments by 70% since April 2022 and our longest waiting patients has reduced by 91.6% since April 2022.

We continue to work collaboratively with each service lead and have developed clinically led and operationally driven Cancer improvement plans.

3.10 Summary of national patient surveys reported in 2022/23

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

3.11 National Inpatient Survey

The Trust participated in the annual National Inpatient Survey 2021 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 2022.

The Adult Inpatient 2021 survey built on the new 2020 survey methodology and result reporting. The survey was sent to those who were inpatients during the month of November 2021.



The Trust's results were:

- Banded about the same as other trusts for all 47 questions with specific improvement made in the questions about 'Leaving Hospital'.

Themes for improvement have been identified including access to snacks outside of mealtimes, assistance with eating and drinking, privacy and dignity, being involved in decisions about care, explanations about how a patient may feel after a procedure and discussing the need for further health/social services after discharge.

An action plan has been developed focusing on the main priorities and actions for improvement from the survey.

3.12 National maternity survey

A CQC maternity survey was undertaken in 2022 where women aged 16 years or over who had a live birth between 1st and 28th February 2022 at Ormskirk Hospital were asked to participate.

The survey was sent to 300 women with 123 women responding leading to a response rate of 41%.

The overall findings identified that the maternity service was:

- Better than most trusts for two questions
 - Were you involved in the decision to be induced?
 - If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?
- Somewhat better than most trusts for one question
 - After your baby was born, did you have the opportunity to ask questions about your labour and birth?
- Worse than most trusts for one question
 - During your antenatal check-ups, did your midwives or doctor appear aware of your medical history?
- About the same as other Trusts for 46 questions

The priorities for improvement for 2023-24 are:

- Face to face antenatal bookings to be reintroduced for all patients with extension of appointment times.
- Patient education classes to be recommenced.
- Place on birth information evenings to be reintroduced and written information reviewed with Maternity Voices Partnership (MVP).
- Develop further continuity within care teams.
- Continue collaborative work with MVP to obtain service user feedback and review of written information.

- Review of handover information to community teams.
- Physical recovery post- birth to be highlighted in 'lessons of the week' communication.

National cancer patient experience survey (NCPES)

The Trust participated in the latest National Cancer Patient Experience Survey 2021 (NCPES). 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 NCPES reviews the opinions of patients with a new cancer diagnosis who have had an episode of hospital treatment during the period April - June 2021. The survey was designed and analysed by Picker as approved by NHS England.

The survey was in a new format and, therefore, cannot be compared with previous year's results. The Trust had a 63% response rate (66 patients responded out of a total of 105), this was above the national response rate of 55%.

When asked how patients rated their overall care on a scale 1-10, 61 (92%) patients responded, giving a positive rating of 9.2 out of 10. This was above the national average of 8.9, an increase of 0.3 when compared with the previous year's results demonstrating how the staff have improved care standards.

A total of 50 questions in the survey were directly related to hospital care:

- One question scored higher than the national expected range results.
 - Patient felt the length of time waiting for diagnostic results was about right.
- No questions scored lower than the national expected range results.

The Trust is always looking to improve and has identified areas for improvement linked to the following survey questions:

STATEMENT	AGREED ACTION
Patient received all the information needed about the diagnostic test in advance	Undertake review of written literature provided to all Cancer patients.
Staff provided the patient with relevant information on available support	Ensure the appropriate information has been provided and is up to date.
Beforehand patient completely had enough understandable information about chemotherapy	Audit of the provision of information leaflets in each tumour group.
Patient was told they could go back later for more information about their diagnosis	
Diagnostic test staff appeared to completely have all the information they needed about the patient	Updates provided to all medical and clinical teams who complete referrals for diagnostic regarding full completion of patient details/information
Patient was told they could have a family member, carer or friend with them when told diagnosis	Review of correspondence sent to patients to ensure this is included in clinic invite.
Patient was definitely able to have a discussion about their needs or concerns prior to treatment	Discussions with clinical team to ensure appropriate conversations are taking place within clinical environments at point of diagnosis/treatment planning.
Patient was always able to discuss worries and fears with hospital staff	Ensure appropriate written information is available and provided.
Patient was always able to discuss worries and fears with hospital staff	Ensure contact details for Clinical Teams are given to every patient.
Possible side effects from treatment were definitely explained in a way the patient could understand	Ensure referrals to appropriate support agencies are completed as necessary.
Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	Appropriate time was available at clinical appointments to allow for full and sensitive conversations. Support offered to all patients between treatment and follow up appointment.
Patient was definitely able to discuss options for managing the impact of any long-term side effects	Use of self-supported management programme wherever possible/available
The right amount of information and support was offered to the patient between final treatment and the follow up appointment	Ensure all clinicians involved in breaking cancer diagnosis should have appropriate communication skills training
Patient was definitely told sensitively that they had cancer	Promote use of pain care plans and support from pain specialists within organisation.
Hospital staff always did everything they could to help the patient control pain	Support from pharmacy to ensure appropriate prescriptions used.
	Audit of above via Quality & Safety walkabout.
Cancer research opportunities were discussed with patient	Ensure all clinicians are aware of regional research trials within specialist areas

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

Section 4

Statement of Directors' responsibilities in respect of the Quality Account

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 2022-2023.
- 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



Neil Masom OBE Chairman



Ann Marr OBE, Chief Executive

Section 5

Written statements by other bodies

5.1 Commissioners



Cheshire and Merseyside

Quality Account Statement 2022-23

Southport and Ormskirk NHS Trust

Cheshire And Merseyside Place representatives along with other stakeholders including NHSE, NHSE Specialist Commissioning and Health Watch, welcomed the opportunity to jointly comment on Southport and Ormskirk Hospitals NHS Trust Draft Quality Account for 2022-23.

The ICB appreciate the focus that Southport and Ormskirk have maintained on quality and safety acknowledging that 2022 – 23 remained an extremely challenging and busy year, impacted by increases in demand for care in the aftermath of Covid-19 pandemic and further compounded by the industrial action in the last quarter of the year. It was recognised that different ways of working have been required and the need to increase capacity to reduce those waiting for treatment. The Sefton Place team have worked closely with the organisation throughout 2022 – 23 to gain assurance that services delivered were safe, effective, and personalised for service users.

The Trust provided a detailed and honest presentation. They highlighted the key achievements for 2022/23, provided a good overview of those areas identified for further improvement and outlined the priorities for 2023/24. The Trust demonstrated that they continue to work collaboratively with St Helens and Knowsley Teaching Hospitals NHS Trust (STHK) ahead of the transaction.

The Trust were open and honest in acknowledging that the response rate and results of the NHS Staff Survey were disappointing. However, they will be using the feedback to drive improvements, keeping the focus on the People Plan to better support and empower staff going forward.

The Trust also acknowledged the challenges in relation to the implementation of 7-day services with workforce issues impacting on compliance. The Trust informed the group that a gap analysis will be undertaken in collaboration with STHK which will then inform the improvement plan.

Key achievements for 2022/23

It was positive to note some of the key achievements for 2022/23 including:

- Development of the Community Diagnostic Centre and Discharge Lounge which has enhanced patient safety and experience.
- Achievement against Quality Priorities for 2022/23 including:
 - Implementation of the national Ockenden recommendations specifically, the development and launch of trust wide Nursing & Midwifery Strategy.
 - Reduction in number of falls
 - Reduction in the number of pressure ulcers.
 - Acute Kidney Injury (AKI) was only partially achieved. However, it was positive to note that the Trust continues to participate in the AQUA AKI pathway and will be taking the learning forward into 2023/24.

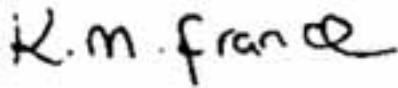
- Key highlight noted for the neonatal unit gaining the Family Integrated Care accreditation (green rating).
- Good recognition of achievements of staff via the staff awards both at team and individual level.
- Good work noted in relation to patient experience including providing evidence of working with community engagement groups. Also, positive to note a decrease in the number of complaints received.

Priorities for 2023/24

The Trust have worked collaboratively with STHK to collectively agree and align their priorities for 2023/24. Cheshire And Merseyside Place representatives and stakeholders agree with the priorities presented.

This included the following:

1. Implementation and transition to the national Patient Safety Incident Response Framework (PSIRF).
2. Ensure the timely and effective assessment and care of patients in the Emergency Department.
3. Ensure patients in hospital remain hydrated.
4. Improve the effectiveness of the discharge process for patients and carers.
5. Improve the overall experience for women using the Trust's Maternity Services.



SIGNED:

Kerrie France
Associate Director of Quality and Safety Improvement
Cheshire and Mersey ICB Sefton Place

DATE: 15/06/2023

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

5.2 Healthwatch Sefton response to the Quality Account 2022-2023

Southport & Ormskirk Hospital NHS Trust

Commentary for the Quality Account 2022/2023

Healthwatch Sefton would like to thank the trust for presenting the account for comment at the local presentation day, (18th May) and we were able to receive a second presentation as we are a member of the Sefton Adult Social Care and Health Overview & Scrutiny Committee.

The Trust's vision and values are in keeping with what local residents' aspirations for healthcare services are, in particular working with patients and their families to ensure positive outcomes and by encouraging an open and honest culture within the Trust. The introduction by Ann Marr OBE, Chief Executive provides such openness and transparency in acknowledging 3 never events, subsequent actions taken and the commitment to learning from incidents and ongoing challenges.

The report acknowledges Healthwatch Sefton's part in helping to improve services. We attend the 'Patient Experience and Community Engagement Group' and share independent feedback.

The report is written in an easy to read format with an explanation for abbreviations being provided, with the addition of a glossary. However, there is a table which shows progress against priorities and they are rated 'BRAG'. There is no mention of what this rating means and it would be useful for this to be described. Overall we think the document needs to include more context as it reads as vague in some areas.

We would have liked to see a short paragraph to explain what Shaping Care Together is and future plans. Local residents have shared concerns about what is happening next with the programme.

We are pleased Navajo has been awarded and would like to see the Trust continue to progress in this area and ensure they have an Equality and Diversity lead in post. We note that a Learning Disability and Autism practitioner has been appointed and we support the Carer initiatives within the account.

The account shared that interpretation and translation services are available and other support services as requested. Healthwatch would like to highlight the importance of accessible information for all patients and families.

In terms of PALS and complaints information, there are no statistics included about how many enquiries and complaints were received and this would have been useful. The report does include some information about lessons learnt.

The opening of a new discharge lounge was great news, and we acknowledge discharge continues to be a priority area. The report does not appear to consider the demographic of the patient population, a larger proportion of older people are being cared for by the Trust who are more acutely unwell and tend to have longer stays.

The staff survey has a low response rate of 34%, but it is encouraging to see how staff contributions have been celebrated. It is interesting that the two negative themes emerging relate to morale and staff engagement. We can see the Trust has put support in place, and can appreciate how this could be related to the transaction process. We also note that partnership work with St Helens & Knowsley Teaching Hospitals NHS Trust has brought stability to fragile services and see this a positive outcome.

Information relating to safer staffing levels is provided but we found the information difficult to interpret. It was great to read that 172 international nurses have been recruited as we have received feedback that staff often seem overstretched.

The account shows that there has been a reduction in the number of contacts with the Care Quality Commission (CQC), and the Trust has been working on the deregistration and reregistration of the new trust.

We notice the Trust is still unable to run 7-day services, there being problems with the timeliness of reviews and not being able to offer a full suite of diagnostics. It will be good to see if support from its partnership arrangements/ transaction can support this moving forward.

We can see a reduction in the number of falls and numbers of pressure ulcers has been achieved, but the Trust didn't achieve the priority in relation to acute kidney injury.

It was positive to read about the work undertaken on last year's priority of improving communications with families prior to discharge, as this is an issue that has been highlighted with Healthwatch.

We have noticed the improvements made in the Trust's Maternity services and the Trust's compliance with Ockendon. We also note the priority of Neonatal and Maternity services and the work undertaken by the Trust in gathering more feedback from maternity service users, and their partnership work with Maternity Voices Partnership and Healthwatch Sefton in this area.

We think that the trusts volunteer service is an important aspect of the service offer and the account shows commitment to listening to and improving patient experiences.

We understand the operational pressures which have been placed on all NHS trusts with the recent ongoing strikes and no doubt the next 12 months will provide both opportunities and challenges and we look forward to working with the trust moving forward.

Healthwatch Sefton

5.3 Sefton Council response to the Quality Account 2022-2023

Southport and Ormskirk Hospital NHS Trust – Quality Account 2022/23

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 2022/23.

I met informally with the Vice-Chair and the co-opted members of the Committee from Healthwatch Sefton on 19 May 2023, together with the Deputy Director of Quality, Risk and Assurance; the Assistant Director of Quality; and the Executive Medical Director from the Trust, 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 had chosen to comment on the Trust's draft Quality Account as we were conscious of the collaboration between the Trust and St. Helens and Knowsley Hospitals NHS Trust and the proposed merger.

Overall, we considered that the "readability" of the Trust's Quality Account has improved year on year, although there is an element of assumed knowledge by the reader present.

Reference was made to the Statement on quality from the Chief Executive and we liked the introduction, considering it to be transparent. We asked about the possibility of Healthwatch being invited to join quality walkarounds in the future, as we felt that there is currently not enough working with Healthwatch and more of a partnership approach is required going forward. Our Healthwatch representative indicated that she would be happy to attend such walkarounds, as was our Vice-Chair, Councillor Myers.

We found the inclusion of the section on Abbreviations to be useful.

Our Healthwatch representatives also asked if Commissioners took demographics into account when assessing performance in relation to discharge.

A number of areas were raised where we suggested that additional information could be provided, including the following:

- The section on Shaping Care Together could include a brief summary of what the programme is.
- The context for A&E ambulance attendance and handovers could be included.
- Areas where there are particular staffing vacancy rates could be identified.
- Dental services offered by the Trust could be detailed.
- Reference to the People Plan does not currently include how success will be measured.
- The section on Our Communities could be expanded, as it currently gives the impression of "high levels of deprivation", whereas this is found in pockets.
- We found the data on patient falls to be confusing and increases in admissions could be included. A key explaining the colour coding for achieved and completed tasks could also be included.
- Additional context could be included on Patient Safety, particularly around its measurement.
- We queried the accuracy of the statistics around non-compliance for the NICE Guidance.

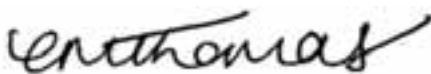
- Additional context could be included for staff experience of harassment and bullying by colleagues as this could be misconstrued.
- Section 3.2 could include comments about the challenges to the Trust going forward, together with numbers of complaints.
- The section on the workforce strategy could include key performance indicators and additional context.
- The results of the recent staff survey could be included, although it was useful to see what support has been put in place for the workforce.
- Comparisons with previous years could be included at section 3.6.2, to provide additional context.
- A section on the pressures and challenges faced by the Trust could be included within the Quality Account.
- Additional information on the second CT scanner installation and when it is likely to be ready, together with how many patients will benefit, could be included.
- We considered that the information provided on Acute Kidney Injuries does not represent the full picture as there are multiple levels of injury ranging from mild to severe and risk factors such as age are not mentioned. Impact on other conditions could also be highlighted, together with different levels of treatments available, although we acknowledged that it can be difficult to strike a balance in the Quality Account with the amount of information to be provided.
- Reference to Healthwatch in section 3.3 does not relate to Healthwatch Sefton, rather it may relate to Healthwatch West Lancashire.

We also requested that our thanks be extended to all staff at the Trust and congratulations where successes have been achieved.

We very much appreciated the opportunity to scrutinise your draft Quality Account for 2022/23 and I hope you find these comments useful and recognise Scrutiny's role as the "critical friend" in this process.

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,



Councillor Carla Thomas

Chair of Sefton Council's Overview and Scrutiny Committee (Adult Social Care and Health)

5.4 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 6 Abbreviations

ACP	Advance Care Planning
ACP	Advanced Clinical Practitioner
ACSA	Anaesthesia Clinical Services Accreditation
ACU	Ambulatory Care Unit
AF	Atrial fibrillation
AHPs	Allied Health Professionals
AKI	Acute Kidney Injury
ALTC	Agreement for a Long Term Collaboration
ANP	Advanced Nursing Practitioner
AoH	Ambassadors of Hope
App	Application
AQ	Advancing Quality
AQuA	Advancing Quality Alliance
BAF	Board Assurance Framework
BAME	Black, Asian and minority ethnic
BAPEN	British Association of Parenteral and Enteral Nutrition BI
BMJ	British Medical Journal
BPTP	Best Practice Times Pathways
BSI	Blood stream infection
BSL	British Sign Language
BSOTS	Birmingham Symptom Specific Obstetric Triage System
CBU	Clinical Business Unit
CCGs	Clinical Commissioning Groups
CCNOT	Children's Community Nursing and Outreach Team CCU
CCQRM	Contract & Clinical Quality Review Meeting
CDC	Community Diagnostic Centre
CDs	Controlled drugs
C:Diff	Clostridium difficile infection
CESR	Certificate of Eligibility for Specialist Registration CHPPD
CHPPD	Care Hours per Patient per Day
CMAST	the Cheshire and Merseyside Acute and Specialist Trust provider collaborative
CNS	Clinical Nurse Specialist
CNST	Clinical Negligence Scheme for Trusts
COPD	Chronic Obstructive Airways Disease Pulmonary Disease CPD
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRN / NWC	Clinical Research Network, North West Coast
CTG	Cardiotocography monitoring
Datix	Integrated Risk Management, Incident Reporting, Complaints Management System DIPC
DNA	Did not attend
DNACPR	Do not attempt cardiopulmonary resuscitation

DOLS	Deprivation of Liberty Safeguards
DQMI	Data Quality Maturity Index
DSPT	Data Security and Protection Toolkit
DVT	Deep vein thrombosis
EAP	Employee Assistance Programme
ECIST	Emergency Care Improvement Support Team
ED	Emergency Department
EDI	Equality, Diversion and Inclusion
EDS or EDS2	Equality Delivery System
EoLC	End of life care
ePMA	Electronic Prescribing and Medicines Administration
ePR	Electronic Patient Record
eTCP	Electronic Transfer of Care to Pharmacy
EWS	Early Warning Score
FESS	Frail, Elderly, Short-Stay
FFT	Friends & Family Test
FIT	Faecal Immunochemical Test
FTSU	Freedom to Speak Up
GDPR	General Data Protection Regulation
GIRFT	Get It Right First Time
GMC	General Medical Council
GNBSIs	Gram-negative bloodstream infections
GP	General Practitioner
GPhC	General Pharmaceutical Council
GSF	Gold Standard Framework
GUM	Genito Urinary Medicine
HASU	Hyper-acute Stroke Unit
HAPU	Hospital Acquired Pressure Ulcer
HCA	Healthcare Assistant
HCAI	Healthcare associated infections
HCSW	Healthcare Support Worker
HEE	Health Education England
HES	Hospital Episode Statistics
HIDVA	Health Independent Domestic Abuse Advisor
HISVA	Health Independent Sexual Abuse Advisor
HIT	Head Injury Trauma
HNA	Health Needs Assessment
HR	Human Resources
HSJ	Health Service Journal
HSMR	Hospital Standardised Mortality Ratio
ICNARC	Intensive Care National Audit and Research Centre

ICO	Information Commissioner's Office
IG	Information Governance
IPC	Infection Prevention and Control
IPR	Integrated Performance Report
IT	Information Technology
IV	Intravenous Therapy
JAG	Joint Advisory Group
KPI	Key Performance Indicator
LARC	Long-acting reversible contraception
LD	LearninG disability
LeDeR	People with Learning Disabilities and Autism
LGBT	Lesbian, gay, bisexual, transgender
LGBTQ+	Lesbian, gay, bisexual, transgender, and questioning
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex and questioning
LMNS	Local Maternity and Neonatal Systems
LocSSIPs	Local Safety Standards for Invasive Procedures
LSCB	Local Safeguarding Children Board
MARAC	Multi-Agency Risk Assessment Conferences
MBRRACE- UK	Mothers and Babies - Reducing Risk through Audits and Confidential Enquiries across the UK
MCA	Mental Capacity Act
MDT	Multi-disciplinary Team
MEC	Medicine and Emergency Care
MEOWS	Modified Early Obstetric Warning System
MHRA	Medicines and Healthcare products Regulatory Agency
MIAA	Mersey Internal Audit Agency
MINAP	Myocardial Ischaemia National Audit Programme
MIS	Maternity Incentive Scheme
MR	Magnetic Resonance
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-resistant staphylococcus aureus
MSSA	Methicillan - sensitive staphylococcus aureus
MUST	Malnutrition Universal Screening Tool
MVP	Maternity Voices Partnership
NABCOP	National audit-breast cancer in older patients
NACAP	National asthma (adults) and COPD audit programme
NAOGC	National Audit Oesophago-Gastric Cancer
NASG	Non-autonomous SAS Grades
NBOCAP	National Bowel Cancer Audit Programme
NatSSIPs	National Safety Standards for Invasive Procedures
NCAA	National Cardiac Arrest Audit
NCAP	National Cardiac Arrest Programme

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	Naso-gastric
NHSE	National Health Service England
NHSE/I	National Health Service England/Improvement
NHSI	National Health Service Improvement
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NIV	Non-Invasive Ventilation
NJR	National Joint Registry
NLCA	National Lung Cancer Audit
NMC	Nursing and Midwifery Council
NNAP	National Neonatal Audit Programme
NPDA	National Paediatric Diabetes Audit
NOAC	New oral anticoagulant
NoF	Neck of femur
NOUS	Non-Obstetric Ultrasound
NPCA	National Prostate Cancer Audit
NPSA	National Patient Safety Agency
NRLS	National Reporting and Learning System
NSTEMI	Non-ST-segment elevation myocardial Infarction
NWAS	North West Ambulance Service
NWNODN	North West Neonatal Operational Delivery Network
OBE	Order of the British Empire
OMS	Oxford Medical School
ODPs	Operating Department Practitioners
OPCS	Office of Population, Census and Statistics
OT	Occupational Therapist/Therapy
OSCE	Objective Structured Clinical Examination
PALS	Patient Advice and Liaison Service
PCN	Primary Care Networks
PCNL	Percutaneous Nephrolithotomy
PDSA	Plan, do, study, act
PE	Pulmonary Embolus
PECE	Patient Experience and Community Engagement
PEG	Percutaneous Endoscopic Gastrostomy
PEWS	Paediatric Early Warning Score

PHE	Public Health England
PHSO	Parliamentary and Health Service Ombudsman
PI	Principal Investigator
PICO	Patient Information Communication Officer
PIFU	Patient Initiated Follow Up
PIR	Post infection review
PLACE	Patient-Led Assessments of the Care Environment
PIGF	Placental growth factor
PMRT	Perinatal mortality review tool
PMO	Programme Management office
PNA	Professional Nurse Advocate
PoCT	Point of Care Testing
POCCU	Post Operative Critical Care Unit
PPD	Preferred place of death
PPE	Personal Protective Equipment
PRES	Patient Research Experience Survey
PROMs	Patient Reported Outcome Measures
PSIRF	Patient Safety Incident Response Framework
QICA	Quality Improved Clinical Audit
QIP	Quality Improvement Project
QOF	Quality Outcomes Framework
RACPC	Rapid Access Chest Pain Clinic
RAG	Red, Amber, Green
RCA	Root Cause Analysis
RCEM	Royal College of Emergency Medicine
RCM	Royal College of Midwives
RCOG	Royal College of Gynaecologists
RDI	Research Development and Innovation
RePAIR	Reducing preregistration attrition and improving retention
RN	Registered Nurse
RPA	Robotic Process Automation
RSV	Respiratory Syncytial Virus
SALT	Speech and Language Therapy Team
SAU	Surgical Assessment Unit
SCOPE	Supportive, Caring Open Professional Efficient
SDEC	Same Day Emergency Care
SEQOHS	Safe Effective Quality Occupational Health Services
SCEC	Southport Clinical Education Centre
SCR	Summary Care Record
SCT	Shaping Care Together

SHMI	Summary Hospital-level Mortality Indicator
SHOT	Serious Hazards of Transfusion
SIREN	SARS-COV2 Immunity and Reinfection Evaluation
SIRO	Senior Information Risk Owner
SJR	Structured Judgement Review
SLA	Service level agreement
SMR	Standardised Mortality Ratio
SOCAAS	Southport and Ormskirk Clinical Assessment Accreditation Scheme
SSI	Surgical Site Infection
SSNAP	Sentinel Stroke National Audit Programme
ST	Specialty Trainee
STEMI	ST-segment elevation myocardial infarction
STHK	St Helens and Knowsley Teaching Hospitals NHS Trust
STI	Sexually Transmitted Infection
STP	Sustainability and Transformation Plan
SUS	Secondary Uses Service
TARN	Trauma Audit & Research Network
TCDS	Terminology and Classifications Delivery Service
TEP	Treatment Escalation Plan
TIFF	Targeted Investment Fund
TMC	Telemedicine Clinic
TNA	Trainee Nursing Associates
ToP	Termination of pregnancy
TPN	Total Parenteral Nutrition
TVN	Tissue viability nursing team
TWOC	Trial without catheter
TWIST	Thoracic Wall Injury Support Team
uDNACPR	Unified Do Not Attempt Cardiac Pulmonary Resuscitation
UKAS	United Kingdom Accreditation Services
UNICEF	United Nations International Children's Fund
UPH	Urgent Public Health
US	Ultrasound
VTE	Venous Thromboembolism
WALANT	Wide-Awake Local Anaesthesia, No Tourniquet
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
2WW	Two week waits
7DS	Seven day



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Additional information about the Trust is available on the website:

www.southportandormskirk.nhs.uk

If you have any queries relating to this Quality Account please direct them to the following email: j.simpson12@nhs.net

Alternatively, please contact the Communications Team on 01704 704714