Warrington and Halton Hospitals
NHS Foundation Trust

Quality Account
2009-2010

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Introduction

Welcome to the Quality Account for 2009-2010 for Warrington and Halton Hospitals NHS Foundation Trust.

Quality Accounts are annual reports to the public from organisations that provide NHS services. They provide information about the quality of the services which we deliver.

We hope that the public, patients and others with an interest in their hospitals will use this report to help understand:

- what our Trust is doing well and how we approach quality and safety in our organisation
- where improvements in service quality are required
- what our priorities for improvement are for the coming year
- and how we have involved people who use services, our staff, and others with an interest in the Trust in determining these priorities for improvement.

You can also read more about the hospitals and our work on quality on our website www.warringtonandhaltonhospitals.nhs.uk

This Quality Account is available to read at the national NHS Choices website www.nhs.uk

1 Chief Executive's statement

At Warrington and Halton Hospitals NHS Foundation Trust our vision is to provide High Quality, Safe Healthcare to all of our patients.

Last year was a pivotal one in terms of driving forward improvements in the quality and safety of our services. We achieved all the national and local key performance indicators, built on our quality and safety strategy implemented in 2008-2009 and introduced four National Quality and Safety Improvement Programmes. All of these changes are designed to further improve quality and safety in our hospitals and reduce risk to patients.

Two of those programmes focus particularly on patient safety, those being the Leading Improvement in Patient Safety (LIPS) programme started in September 2009 and the Surgical Safety Checklist Programme.

LIPS is a complex national programme that actively measures risks in the hospitals and therefore allows us to take action. It has been welcomed by our clinical teams. The surgical checklist is a best practice tool that sees the entire operating theatre team meeting before an operation takes place to discuss risks and raise possible concerns so that possible errors are eliminated before the procedure starts. These are two examples of different approaches we are taking to reduce the risk of harm to patients.

Overall clinical effectiveness has been enhanced by our participation in the North West Advancing Quality programme which helps ensure that patients get the right treatment at the right stage of their care with us. The Trust has performed well against the standards set for acute myocardial infarction; community acquired pneumonia; hip and knee replacements and heart failure. We look forward to the challenge in the coming year of implementing the Advancing Quality Stroke care pathway.

Recognising that improving the working lives of our staff is essential if real improvements in patient care are to be achieved, we also introduced the Productive Ward and Productive Operating Theatre programmes which we believe will increase the time our staff have to care for patients, thereby improving the patient experience.

The Trust Board reviewed the overall vision and strategic objectives of the Foundation Trust that has led to our simple, yet clear, vision of High Quality, Safe Healthcare.

The focus for the Trust is to continually improve experiences by listening to patients, our Governors, Foundation Trust members, partners and others to learn from what has gone well but importantly from when experiences are not as good as we would like them to be. Considerable discussion has taken place to ensure that three of the four strategic objectives reflect our ambition to continuously improve the quality, and safety of the patient and staff experience. These are to:

1. Ensure all our patients are safe in our care
2. Give our patients the best possible experience
3. Be the employer of choice for health care we deliver

We are moving in the right direction towards meeting our objectives and are proud of our achievements this year, particularly in:

- Reducing hospital acquired MRSA bacteraemia and sustaining our reduced levels of C-difficile infection
- Delivering the same sex accommodation plans so that mixed sex areas of the hospital are virtually eliminated
- Improving privacy and dignity, as reported by our patients
- Seeing improvements in our Staff Survey results.

However we are not complacent, and still have more to do. Our patients still need us to improve:

- Access to services for those patients with disabilities
- Services for those who are vulnerable
- Our patient information.

The Quality Improvement Board becomes a formal Board Committee in May 2010 and this group will oversee these issues and our quality and safety improvement programme to realise our ambition to massively reduce harm events by 2012.

As you read this report, I hope our commitment to improvement led by the Board of Directors and Governors' Council, and our willingness to listen and learn is well demonstrated.

The information contained within this Quality Report has been shared widely with the organisation and with our partners. To the best of my knowledge I believe the content to be accurate.

Catherine Beardshaw
Chief Executive
2nd June 2010

2 Priorities for improvement and statements of assurance from the Board

Introduction

In 2008, the Trust held a series of stakeholder events to create its three year Quality and Safety Strategy. 30 improvement themes were identified as areas of work to progress, which it was felt would make a real difference to patients and staff. During 2009, the Trust successfully applied to undertake the Leading Improvement in Patient Safety course (LIPS) run by the NHS Institute for Innovation and Improvement. This six month course, led by the Director of Nursing; Associate Director of Nursing and the Medical Director, has focused the quality and safety work of the Trust even further.

Through this Quality Report, we want to demonstrate how the Trust's commitment to quality and safety has strengthened and built on the work identified in last year's report, and will be carried forward in the year ahead in a systematic and consistent way.

Progress from 2008-2009

In last year's Quality Report, the Trust highlighted four key indicators:

1. Further reduce the incidences of hospital acquired MRSA bacteraemia and *Clostridium difficile.*
2. Delivering the Commissioning for Quality and Innovation (CQUIN) improvement themes, which included improvement of acute stroke care; implementation of Copeland's Risk Adjustment Barometer (CRAB) across surgical specialties to monitor trends in morbidity and mortality; and implementation of nursing care metrics, specifically related to falls, pressure sores and medication issues.
3. Driving improvement through patient feedback.
4. Improving performance through the quality and safety framework improvement themes.

In parallel with the priorities identified above, the Trust has continued its development of the Advancing Quality Agenda.

The following section of the report shows how we performed in each of these priority areas.

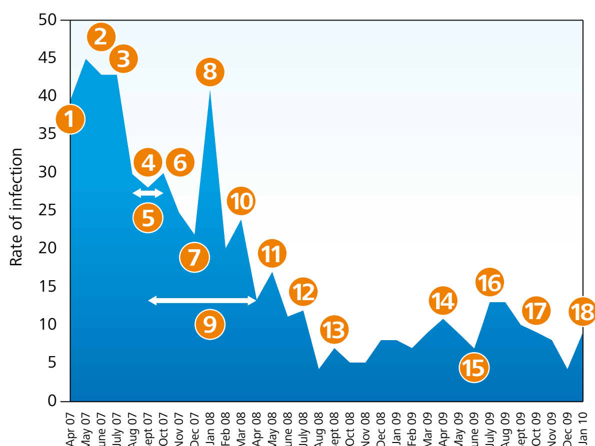
How we've performed:

Priority 1 - reducing the incidence of MRSA Bacteraemia and *Clostridium difficile*

The reduction of healthcare acquired infections is a key national priority for the NHS and for our patients. Over the last two to three years, the Trust has made major improvements in reducing the incidence of MRSA bloodstream infections and *Clostridium difficile*, the two infections that have been the priority for the NHS to deal with.

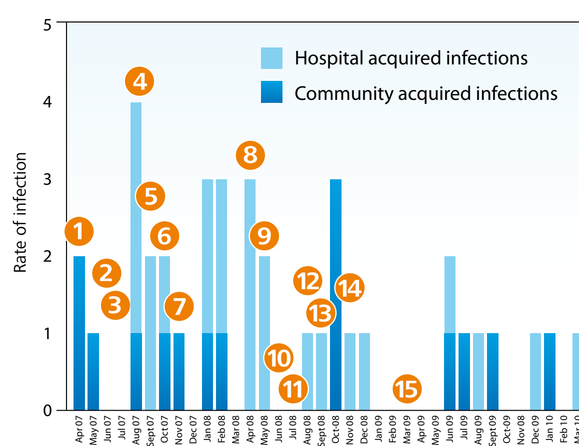
The following graphs provide a look over the last three years to show the numbers of infection that we have seen and some of the key steps that have been put in place to reduce infection at our hospitals:

Clostridium Difficile cases and actions by month



1 Mandatory reporting introduced
2 Colour coded cleaning equipment introduced
3 Target set to reduce incidence
4 Restrict antibiotic sensitivities on lab specimen report
5 Trial of chlorine based cleaning products Aug-Oct 2007
6 Infection control week focus to promote hand hygiene
7 Terminal cleaning guide introduced / cohort ward staff education on C-diff
8 Infection ward opened / daily ward rounds by consultant microbiologists
9 Deep cleaning programme Sept 07 - March 08
10 Bioquel decontamination
11 Task (cleaning) team established
12 Further restrictions on antibiotic sensitivities released
13 Antibiotic formulary review / traffic light prescribing poster revised
14 GP seminar for education and joint working
15 Anti Microbial Team established to look at antibiotic usage
16 Antibiotic ward rounds introduced
17 Infection control week
18 Point Prevalence audit changed to quarterly

MRSA bacteraemias and actions by month



1 Root cause analysis of infections introduced
2 Colour coded cleaning equipment introduced
3 Target set to reduce incidence
4 Re-launch and strengthen the role of infection control link nurses / staff including training and development / identification of medical infection control clinical leads within each specialty
5 Review job descriptions to ensure infection control is incorporated. Talking boxes installed in unscheduled care
6 Infection control week focus to promote hand hygiene
7 Use of Chloraprep skin preparation introduced
8 Department of Health recovery support
9 Work wear policy
10 Hand hygiene audits
11 Blood culture policy
12 Re-launch of saving lives audit
13 Re-launch scoring and audit compliance. Launch of regular infection control news letter
14 Blood culture technique poster launched for staff
15 MRSA screening introduced for all elective cases

Standards the Trust agreed with the Commissioners (Primary Care Trusts) for 2009-2010:

- The Trust will have no more than 12 hospital acquired MRSA bacteraemia *(an internal stretch target of eight hospital acquired cases was also set)*

  The Trust had four hospital acquired MRSA bacteraemias in 2009-2010 - this compares to nine cases the year before
- The Trust will have no more than 204 cases of *Clostridium difficile* (a later Commissioner stretch target of 110 was also set)

  The Trust had 114 cases in 2009-10 which was a very small reduction from the 116 cases in 2008-2009. The Trust also set itself a stretch target of 85 cases which it did not hit in the year. In total 92 patients were affected. 22 of these cases were repeat specimens, taken outside the Health Protection Agency's 28 day period so classed as a new case. We want to improve on this each year. Continuous improvement is essential so we will set ourselves tough stretch targets again next year.

What we did well

- MRSA screening is now in place for all elective (planned) patients at the hospitals. From the 1st March 2010, non-elective patient screening commenced for emergency admissions as well. This allows for emergency patients who need to be rapidly tested for MRSA to receive a result within two hours. This is nine months ahead of the December national implementation target
- Trust wide and Critical Care action plans and audit have led to a marked decrease in cases of MRSA bacteraemia this year. These plans have looked at key risk areas around MRSA such as Critical Care where a high number of invasive lines are used.
- Use of antibiotics is a key factor in *Clostridium difficile* cases. The Antibiotic formulary (the Trust's guide to which antibiotic drugs are suitable for use in which circumstances) has been reviewed again this year, with antimicrobial ward rounds taking place twice a week to monitor use. Increased compliance audits on the use of antibiotics show 87% compliance to the guidance across the Trust and have been accompanied by monthly antimicrobial team meetings and ongoing junior doctor training around use of antibiotics.
- The Trust only allows junior doctors to prescribe antibiotics once they have consulted with senior colleagues to ensure effective prescribing.
- We have increased training for staff and auditing of practice. Hand hygiene audits are undertaken weekly; intravenous line audits are undertaken three times per day and all High Impact Interventions audits are performed at least monthly. The High Impact Interventions are a series of tools that reinforce practical actions that clinical staff need to undertake every time they carry out particular key tasks (such as inserting catheters and caring for surgical site infections)
- We have improved signage at ward entrances reminding visitors about how they can play a part in infection prevention and control and staff about correct work wear (bare below the elbows).
- Our cleanliness scores measured against the Standards of Cleanliness (national DH guidance) have remained strong. 97% of our patients also reported in the National Inpatient Survey that wards were clean / very clean.

Standards of Cleanliness scores by Trust site

	2008-2009	2009-2010
Warrington	91%	93%
Halton	95%	94%
Houghton Hall	92%	95%

Note: Scores are an average from across the entire year

What more do we need to do

- Continue the work on antibiotic prescribing - this is a health economy wide issue so collaborative working with the GPs will continue. We audit our performance every three months and compliance with the Formulary is up to 87% but we want to reach at least 90%.
- Ensure that all patients only receive antibiotics for the minimum time required for their clinical condition.
- Further reduce our length of stay - we know that elderly patients who stay in hospital for more than four weeks have a greater incidence of *Clostridium difficile*.
- Reduce the rates of hospital acquired *Clostridium difficile* to meet our stretch target for 2010-2011.

How we've performed:

Priority 2 - delivering the CQUIN Improvement themes

A proportion (0.5%) of Warrington and Halton Hospitals NHS Foundation Trust's income in 2009-2010 was conditional upon achieving quality improvement and innovation goals. These are agreed between the Trust and any person they entered into a contract, agreement or arrangement with, for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework (CQUIN). NHS Warrington as the Trust's lead Commissioner monitored improvement each month.

There were three key CQUIN Improvement Themes that we focused on which are reported on below:

CQUIN Improvement Theme 1 - Development of the acute component of the stroke care pathway, and improving compliance with key standards of care

In order to improve the standard of care to all stroke patients the Trust measures each step of the care that patients receive at the hospitals to ensure they get the right treatment at the right time. We use an audit called the Sentinel Audit to measure how we are performing in this area.

Standards agreed with the Commissioners in 2009-2010:

In order to proactively improve quality, the initiative selected under CQUIN, aims to develop the acute component of the stroke care pathway that will focus on the key indicators defined through the Sentinel audit. The Sentinel audit only covers three months of the year, April to June, which traditionally are the quieter months of the year. We have looked at extending the period for our audit and have found that seasonal pressures do affect patients getting into our Stroke Unit. In order to improve this further we have now ring fenced two stroke beds and have created a monthly electronic data gathering tool so that we can improve on our previously manually collected data.

Key Indicators	% Compliance Sentinel Audit Feb 2009 based on April - June 08 data collection	% Compliance June - Nov 09
Patients treated for 90% of stay in a Stroke Unit.	81	67
Screening for swallowing disorders within 24 hours of admission.	65	54
Brain scan within 24 hours of stroke.	69	82
Commenced aspirin by 48 hours of admission.	93	88
Physiotherapy assessment within first 72 hours of admission.	88	82
Assessment by an Occupational Therapist within 4 working days of admission.	60	53

What we did well

- Significant reductions in length of stay have been achieved through Early Supported Discharge initiatives. This has been facilitated through increased therapy, specialist intervention and coordinated care across hospital and the community.
- Improved access to timely brain scans.

What more do we need to do

- The Trust is participating in the 90:10 Stroke Project as part of a regional collaborative which is focused on improving performance to achieve 90% in eight pathway indicators (i.e. the acute phase plus mood and weight assessment).
- To improve specialist assessment and care, specific stroke assessment beds are being introduced in April 2010 supported by step down facilities on an Acute Elderly/ Neurological Ward.
- The Primary Care Trust have been asked to increase the specialist training for our staff on swallowing assessments
- Development of patient group directives to facilitate nurse prescribing of aspirin
- Further improve patient access to brain scanning.

CQUIN Improvement Theme 2 - Implementation of Copeland's Risk Adjustment Barometer (CRAB) across all surgical specialties to proactively monitor trends in morbidity and mortality

To enhance Board Assurance, the Copeland Risk Adjustment Barometer (CRAB), was introduced to allow real time capture and trend analysis on mortality and complications. Designed by one of the Trust's consultants, CRAB creates a true picture of consultants' practice, adjusting for the patient's presenting condition and complexity of the surgical operation required. It helps the Trust to identify best practice. It can also provide feedback to improve clinical cost effectiveness and patient safety, and over time will allow clinicians to review the effectiveness of treatments they undertake.

Using data from a range of Trust information systems, CRAB can predict the level of expected complications and mortality for each operation performed. A flagging system alerts where the expected threshold is breached. It means that every surgical patient's care is audited, in order to detect any potential complication. The Clinical Benchmarking Group led by the Trust Clinical Audit Lead, reviews both the CRAB and Dr Foster systems each month and any flags from either system are then looked into. A formal report is received by the Clinical Governance Sub Committee bimonthly, and by exception to the Governance Committee and the Trust Board. The development of CRAB has been sponsored by the Department of Health.

Standards agreed with the Commissioners

- Implementation of CRAB across surgery facilitating reporting at both specialty and consultant level.

What we did well

- Implementation of the CRAB system across all surgical specialties providing information at specialty and consultant level.
- Improved the reporting back to Consultants so that they are aware of their practice.
- Improved the level and reporting of investigation into outlier surgical activity providing a basis for early intervention and corrective action. *A good example of this in action was that outlier activity was identified by CRAB regarding complications relating to minor wound haematomas (bruising where blood collects as a result of an internal bleed). This was attributed to the surgical practice of a registrar which was identified and immediately addressed resulting in a change of practice by the individual.*
- Improved the assurance reporting provided to the commissioner.
- Initiated participation in a national study and so are working on entering data directly into the CRAB system within the Operating Theatres, which is being nationally validated.

- Use of the CRAB system to review each month a sample of the case notes of patients who have died, to see if there are lessons we can learn or if care could be improved.

What more do we need to do

- Continue the development of investigation of outlier activity by the multi-disciplinary clinical team, through the Clinical Benchmarking Group.
- Develop and implement the Medical CRAB system which will extend the system to all Consultants and all patients' activity.
- Use CRAB for our case note review work, as this allows a greater focus on specific patient conditions rather than just random sampling.

CQUIN Improvement Theme 3 - Implementation of the Nursing Care Metrics

Nursing Care Metrics are a series of measures looking at the essentials of patient care. Using a range of audit and direct observation we can assess the way care is carried out and also ensure that care is properly documented in patients' notes. This year we have started to collect and monitor this information in a more robust way.

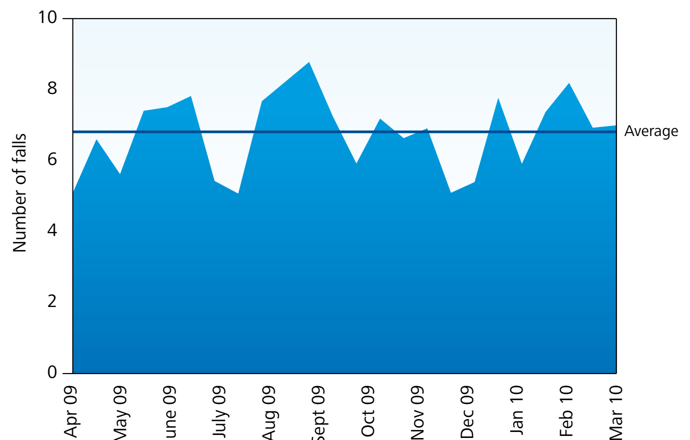
Following discussion with the Commissioners, it was agreed this would have a phased approach across the year with each quarter introducing a new metric and developing a baseline on which to measure progress. The metrics chosen were:

- Reducing hospital acquired infections - focusing on the nurse's role
- Reducing the incidence and severity of falls
- Reducing the incidence and severity of pressure sores
- Reducing medication administration errors - focusing on the nurses' role in the medication process.

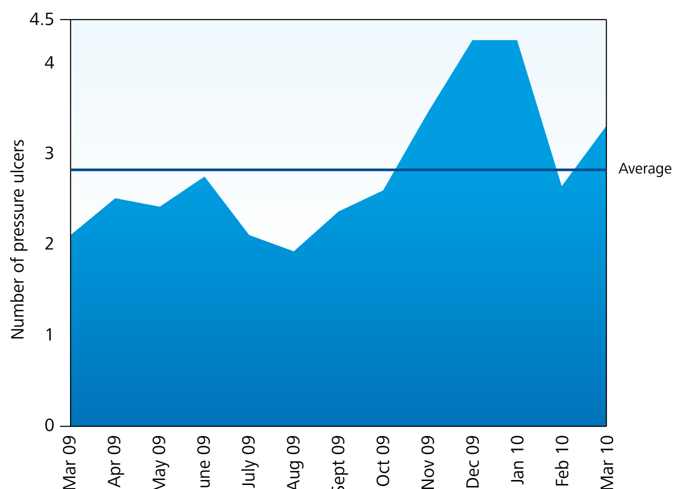
The following three charts show how the Trust has been performing in its measures of these metrics. Studying the high and low incidences allows us to look at practice in these areas and any triggers that caused changes so we can then review and change practice as necessary.

Nursing Care Metrics measures - Trust wide performance

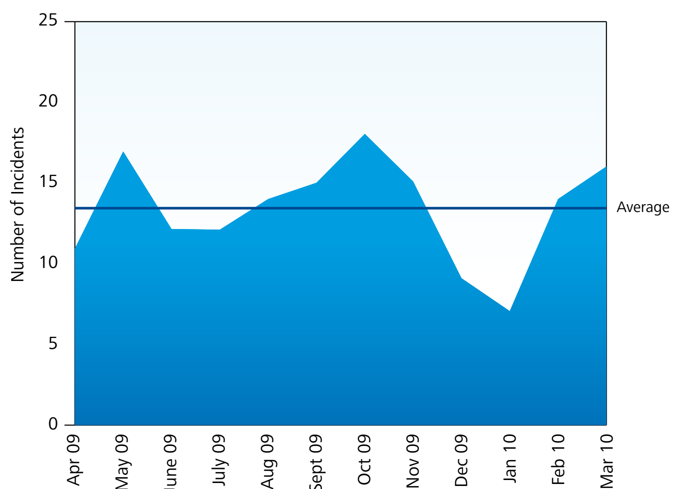
Rate of falls per 1000 bed days



Rate of pressure ulcers per 1000 bed days



Nursing medication incidents



Standards agreed with the Commissioners in 2009-2010

The standard agreed with the Commissioners was that for each metric baseline measurements would be captured and that time would be spent ensuring data accuracy. A monthly measurement would be performed and these were shared at the Contract Quality Review meetings held monthly with the Commissioners. It was recognised that as all the audits were manually collected, this was time consuming and data quality was essential. Quantitative reduction targets were not explicitly set this year whilst the systems were being established.

What we did well

- Established a robust system of data capture which was shared with Ward Managers regularly so that they are aware of the Trust's performance on the nursing metrics.
- Linked strongly with the work already underway on a wider range of nursing indicators which is looking at nursing outcomes and is being reported through to the Trust Board.
- Highlighted the importance of nurses using the Incident Reporting system (Datix) in the Trust to ensure data accuracy.

What more do we need to do

- Further develop the work on falls in a more coordinated way. Falls are the highest incident in the Trust and the Falls Group is being revitalised to tackle this.
- Continue the work on medication administration issues, as this work has only recently been an area of focus and requires ongoing attention.
- Review our health economy wide Wound Formulary to ensure that there remains consistency across hospital and community on the management of wounds and pressure sores.

How we've performed:

Priority 3 - driving improvement through patient feedback

Considerable work has been undertaken this year on a more structured approach to patient feedback. The Trust Governors established a Staff and Patient Care Committee which alongside the Trust's Patient and Workforce Experience Committee has put a strong focus on ensuring the patient's voice has been heard and acted upon. Both the Patient Experience Group and Patient Communication Group have been reconstituted in response to member suggestion as to how they might operate more effectively.

A number of key survey and monitoring work has been carried out in 2009-2010 across the Trust:

- Monthly surveys have been undertaken as part of the Trust's commitment to Delivering Same Sex Accommodation on ensuring Privacy and Dignity, the results of which have been very promising. The overall scores for feedback on the overall privacy and dignity is shown in the table below.

Monthly inpatient survey responses to question - *Do you feel you have been treated with dignity and respect during your hospital stay?*

Month	Yes %	No %	Not stated
June 2009	89	11	
August 2009	91	7	2
September 2009	96	4	
October 2009	94	5	1
November 2009	92	5	3
January 2010	99	1	
February 2010	91	3	6
March 2010	93	2	5

- Complaints, comments and suggestions are all taken seriously with these being focused on monthly at Divisional level, and compliance with response times monitored alongside the top five themes.

	2008-09	2009-10
Total formal complaints received	380	378

Formal Complaints by Subject 2009-2010 - Top five subjects	Total
Aspects of clinical treatment	212
Attitude of staff	42
Appointments, delay/cancellation (out-patient)	32
Communication/information to patients (written and oral)	22
Patients' property and expenses	19

- PALS contacts are an informal but valuable way of gaining patient feedback and these continue to be encouraged. In 2009-2010 we put in place a range of publicity materials to encourage use of the PALS service at the hospitals.

	2008-09	2009-10
Total PALS contacts	691	920
Number of PALS contacts escalated to formal complaints	7	15

PALS contacts by subject 2009 -2010 - Top five subjects	Total
Requests for information	440
Waiting Times	103
Attitudes	67
Service Delivery	62
Communication Problems	60

- The Divisional Matrons, Ward Managers and Clinical Leads **discuss anonymised PALS information** at their team meetings to ensure that learning from any negative patient and/or relatives experiences is shared with staff to prevent recurrence. Issues regarding staff attitude are addressed on an individual basis, either through attendance at the customer care training or via the disciplinary procedure.
- **The Tell Us Three Things** survey is a way of gaining feedback using the Trust's Foundation Trust members (most of whom have been patients or visitors) and visitors to the Trust internet site. Designed to give the Governors direct feedback from their Members, patients and visitors are encouraged to tell us what is both good about their visit and how we might improve things. To date there have been over 300 responses and initial feedback has been shared through the members' newsletter Your Hospitals. Key themes from the survey such as parking and time waiting for appointments after arriving at hospital have been fed back into the Trust and have led to action by our Governors and at committees.
- **The Your Thoughts suggestion scheme** which has been so successful in Maternity has been rolled out into the Scheduled Care Division this year, with notice boards identifying issues patients have raised and what has been done as a result.
- **The national Inpatient Survey** is an important area of feedback. It takes the views of a wide range of patients who have had care at the hospitals during the year and is carried out independently. Our Clinical Divisions ensure that action plans are drawn up to address areas of weakness. The Trust scores for 2009-2010 showed little change from the improved scores recorded in 2008-2009 and the senior nursing team are creating a series of patient pledges in response to the key elements of the survey that will be used at the entrances to wards.
- An important addition for the Trust this year has been the purchase of **Patient Experience Trackers (PET)** which allows patients in both Outpatients and in ward areas to give feedback on hand held devices and reports are generated electronically. Whilst the questions are restricted to five, it allows more timely feedback to be given and a wider spread across the Trust as they are used on all the hospital sites. Key areas that the trackers are being used to gain feedback on are privacy and dignity and discharge. The Trust's Public Governors and LINks groups have been involved in developing this work.

Standards the Trust set itself to be achieved:

- The Trust will have systems in place to ensure regular and timely information from patients that can be reported the Board and Governors' Council

What we did well

- Engage the Governors in conducting the Privacy and Dignity audits.
- Engage LINks in undertaking visits and audits
- Implemented the PET system
- Staff increasingly want to actively survey patients on how good their service is. More patients are able to express their views in a variety of ways reflecting the open culture of learning and listening that we are trying to establish across the hospitals.

What more do we need to do

- Improve the feedback to staff further.
- Use the patient experience module from the Clinical Nursing Indicator project to triangulate with all the other feedback to continually watch for any areas of dissatisfaction.
- Use patient stories at the Board - due to start in May 2010
- Create a series of patient pledges based around themes of the Inpatient Survey, and reflecting the NHS Constitution pledges, to remind staff and patients of the standards the Trust expects to deliver.

How we've performed:

Priority 4 - further implement the quality and safety framework

The Quality and Safety Framework has given the Trust a real focus for its quality and safety work. In last year's report, an area which was highlighted was the improvement theme on improving End of Life care.

As part of the quality agenda, we have reviewed our approach to End of Life / Care of the Dying. A multi-disciplinary group, which has included external partners, has produced a draft strategy on Care of the Dying patient, which incorporates the national strategies on end of life care, the local care pathway for end of life care and has developed some basic standards of care which we will be ensuring are delivered to those who die in the hospital setting. This work has recognised some of the common issues that have been raised at the Trust via the complaints system and ensure that whilst attention is given to the clinical aspects of issues such as pain relief, equal attention is paid to dignity and respect. Our strategy has been produced in consultation with our lead Commissioner and will be implemented within the Trust during the coming year.

Many of the themes have similarly made excellent progress and have helped focus the work for the LIPS programme. Whilst the course is of six month duration, the real work then is expected to take two to three years to complete, and be the basis of a continual improvement process.

Development of the Advancing Quality (AQ) Agenda

Staff and patients at the Trust are benefiting from a revolutionary healthcare improvement programme which went live in the North West region on October 1st 2008. Advancing Quality aims to save lives and promote better quality patient care. The programme at the Trust is based on a series of quality standards when treating patients for four common conditions and procedures for - heart attacks (known as acute Myocardial Infarction or acute MI), pneumonia, heart failure, hip and knee replacements; helps the hospital save valuable resources by cutting unnecessary readmissions and the time patients have to spend in hospital whilst at the same time improving the care patients receive.

So for example, for the Hip and Knee pathway in advancing quality we would measure these key steps on the patient's journey to make sure they happen in a timely way and are fully recorded:

Hip and knee replacement AQ measures

1 Prophylactic antibiotic received within one hour prior to surgical incision
2 Prophylactic antibiotic selection for surgical patients
3 Prophylactic antibiotics discontinued within 24 hours after surgery end time
4 Recommended Venous Thromboembolism prophylaxis ordered
5 Appropriate Venous Thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery
6 Re-admission rates within 28 days.

For each of the AQ areas there a re a similar set of standards relevant to that condition.

The table below shows the percentage compliance with the best practice standards agreed by the AQ programme, and shows the Trust's improvement over the year:

Pathway	October 08	October 09
Acute MI	93.98%	99.06%
Hip & Knee	88.40%	92.00%
Heart Failure	70.31%	87.80%
Pneumonia	82.81%	84.09%

What more do we need to do

- The Trust will continue to develop systems for compliance with the requirements for each of the AQ pathways.
- Introduce the new pathways e.g. Stroke

Statements of Assurance from the Board

Review of services

During 2009-2010 Warrington and Halton Hospitals NHS Foundation Trust provided and subcontracted eight service themes including:

Diagnostic and screening procedures

These are X-rays and other methods to examine the body: the use of radiation, ultrasound or magnetic resonance imaging; the use of instruments or equipment which are inserted into the body to view its internal parts and gather physiological data; the removal of tissues, cells or fluids from the body to discover the presence, cause or extent of a disease, disorder or injury; the use of equipment to measure or monitor physiological data in relation to the neurological, vision, cardiovascular, respiratory, gastro-intestinal, urinary or audio-vestibular system.

Family planning

Services that involve the insertion or removal of an intrauterine contraceptive device (formerly called a coil) carried out by, or under the supervision of, a health care professional. Other forms of contraceptive fitting or supply are included in nursing care or are exempt from regulated activities.

Maternity and midwifery services

Health care professionals provide or supervise the care of pregnant mothers and the delivery of babies.

Surgical procedures

Surgical operations, including all pre-operative and post-operative care, carried out by a health care professional for the purpose of: treating disease, disorder or injury; cosmetic procedures where instruments or equipment are inserted into the body; religious observance.

Termination of pregnancies

The termination of a pregnancy carried out by, or under the supervision of, a healthcare professional in Warrington hospital.

Treatment of disease, disorder or injury

The treatment by a health care professional or a multi-disciplinary team which includes a health care professional. If the treatment is for a mental disorder a social worker will be involved.

Estates Management

The provision and maintenance of all NHS services and utilities across the estate for Warrington and Halton Hospitals NHS Foundation Trust.

Patient Services

The facilities services include: catering, domestic, portering, switchboard, linen, general offices, mortuary, security services and procurement.

The locations where Warrington and Halton Hospitals NHS Foundation Trust carries out its registered activities are:

- Halton General Hospital (Runcorn)
- Houghton Hall (Warrington)
- Warrington Hospital

The list of services above cover the activities that the Trust is registered to carry out and any conditions that apply. These services have been approved and are registered by the Care Quality Commission for 2010-2011.

Warrington and Halton Hospitals NHS Foundation Trust have reviewed all the data available on the quality of care in all six of these NHS services.

The income generated by the NHS Health Care services reviewed in 2009-2010 represent 91% of the total income generated from the provision of NHS services by Warrington and Halton Hospitals NHS Foundation Trust for 2009-2010.

Participation in Clinical Audits and National Confidential Enquiries

During 2009-2010 the total number of National Clinical Audit and National Confidential enquiries covered NHS services that the Trust provides was:

- National confidential enquiries: Seven studies
- National Audits carried out at Warrington and Halton Hospitals NHS Foundation Trust:
  - National Audits: 108
  - Local Audits: 24
  - Others: 101

During 2009-2010 Warrington and Halton Hospitals NHS Foundation Trust participated in the following national Clinical Audits which it was eligible to participate in, they were:

- National Confidential Enquiry into Patient Outcome and Death (NCEPOD): Seven studies in total of which four studies were eligible, the Trust has agreed to take part in all four studies (100%)
- National Audits: 101
- NICE: 16 / 88 audits carried out.

The purpose of NCEPOD is to assist in maintaining and improving standards of medical and surgical care for the benefit of the public by reviewing the management of patients, by undertaking confidential surveys and research, and by maintaining and improving the quality of patient care and by publishing and generally making available the results of such activities.

Each year, NCEPOD invites organisations or individuals to submit original study proposals for consideration as possible forthcoming studies. Proposals should be relevant to the current clinical environment and have the potential to contribute original work to the subject. Organisations or individuals wishing to submit a study proposal are required to complete a Study Proposal Form, which will be available to download from this website at the time the call for proposals is announced.

The four NCEPOD studies that WHH were eligible for were:

1. Peri-operative Care - ongoing
2. Elective and Emergency Surgery in the Elderly - published later this year.
3. Deaths in Acute Hospitals: Caring to the End - published 2009
4. Acute Kidney Injury: Adding Insult to Injury - published 2009

The Trust identifies the importance of using data to review clinical practice, to identify remediable factors in the care of patients, and to make recommendations for clinicians and managers to implement.

Below are a summary of the number of cases submitted to each audit or enquiry as a percentage of the number or registered cases required by the terms of that audit or enquiry.

- Adding Insult to Injury - 2/4 cases (50%)
- Deaths in Acute Hospitals - 40/268 (15%)
- National Audits - Database in place for review of data.

The reports of national clinical audits were reviewed by the Trust in 2009-2010 and we have taken or intend to take the following actions to improve the quality of Healthcare provided:

- **Improving standards of care** by accessing national comparative data that would allow clinicians, healthcare professionals Trust-wide to examine key aspects of the quality of care and impact on patient outcomes and quality of life, and implement change accordingly
- **Patient choice and improvement of patient care and outcomes** - the information generated from the reports will be used to assist patients in making decisions about their care
- **Measuring Quality** - measure the internal quality and standards and develop models to reflect improvement on areas identified
- **Develop Local working links** to identify other ways in which clinical audit and the audit department can support local improvement and drive change.

The reports and recommendations of local clinical audits were reviewed by the Trust and we intend to take the following actions to improve the quality to healthcare we provide:

- Standardised clinical guidelines across the Trust
- Raise staff awareness regarding clinical coding rules.
- Utilise and apply audit recommendation to encourage the use of evidence-based medicine.
- Utilise recommended guidelines and protocols which would result in improving the method of healthcare data collection, transparency, quality management, patient safety, efficiency, efficacy and appropriateness of care.

Commitment to research as a driver for improving the quality of care and patient experience

The number of patients receiving NHS services provided or sub-contracted by the Trust in 2009-2010 that were recruited to participate in research approved by a research ethics committee was 97.

The Trust continues to build on recruitment into cancer clinical trials with a total of 84 patients being recruited during 2009-2010 (30% decrease from 2008-2009). People with cancer in Warrington and Halton have received a major boost with the opening of the CANtreat chemotherapy centre at Halton General Hospital. The Trust provides this service in partnership with Clatterbridge Centre for Oncology NHS Foundation Trust.

A considerable amount of cancer research is still being undertaken within the Trust and a further number of national trials have been opened, which are mainly led by Consultant Medical and Clinical Oncologists from Clatterbridge Centre for Oncology. We are working closely with the Merseyside & Cheshire Cancer Research Network to secure resources to support further cancer projects.

The Trust is continuing working closely with other topic specific networks to build its research portfolio in Stroke, Diabetes, Medicines for Children, Reproductive Health and Cardiovascular, Respiratory and Critical Care. We are also continuing to work in close partnership with the Cheshire & Merseyside Comprehensive Local Research Network to further support National Institute for Health Research (NIHR) clinical research activity. The Trust is committed to supporting researchers in developing new research projects and to secure future funding.

We were involved in conducting in conducting 58 clinical research studies (a 29% increase on 2008-2009). The Trust completed 20% of these studies as designed within the agreed time and to an agreed recruitment target. We used national systems to manage the studies in proportion to risk. Of the 58 studies given permission to start 20% were given permission by an authorised person less than 30 days from receipt of a valid complete application. 22% of these studies were established and managed under the National Coordinated Systems for gaining NHS permissions and 11% of the 58 eligible research involved used a Research Passport.

In 2009-2010 the NIHR supported 30 of these studies through its research networks.

There have been a number of publications that have been contributed to by staff in the Trust in helping to improve patient outcomes and experience across the NHS.

The use of CQUIN

A proportion (0.5%) of Warrington and Halton Hospitals NHS Foundation Trust's income in 2009-2010 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and any person they entered into a contract, agreement or arrangement with for the provision of NHS services, thorough the Commissioning for Quality and Innovation payment framework (CQUIN). The conditional income equated to £815,730. Progress on each of the schemes was discussed previously, and as all schemes were achieved this resulted in full payment.

The 2009-2010 primary schemes related to:

- Development of the acute component of the stroke care pathway, and improving compliance with key standards of care
- Implementation of Copeland's Risk Adjustment Barometer (CRAB) across all surgical specialties to proactively monitor trends in morbidity and mortality
- Implementation of the Nursing Care Metrics

The anticipated schemes for 2010-2011 relate to national, regional and local schemes.

National Schemes

- Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)
- Improve responsiveness to personal needs of patients.

Regional Schemes

- To promote Clinical Effectiveness, Safety and Patient Experience through Advancing Quality (AQ).
- Improved trauma care for patients in the North West with better outcomes.

Local Schemes

- These remain to be finalised with NHS Warrington, but the schemes being discussed incude:
- Improvement of care for patients with Chronic Obstructive Pulmonary Disease (COPD).
- Development and implementation of CRAB in Acute Medicine to promote clinical effectiveness, safety and patient experience.
- Improved prescribing of medication.

Registration with the Care Quality Commission

The Care Quality Commission has registered Warrington & Halton Hospitals NHS Foundation Trust without conditions.

The Care Quality Commission has not taken any enforcement action against Warrington and Halton Hospitals NHS Foundation Trust during 2009-2010.

Warrington and Halton Hospitals NHS Foundation Trust is not subject to periodic review by the Care Quality Commission.

Special Reviews by the Care Quality Commission

The Trust has not been involved in any Special Reviews but will be participating in a range of reviews in 2010:

- Services for people who have had a stroke and their carers - Data collection mid April/May 2010, results October 2010
- Meeting the physical health needs of those with mental health needs and learning disabilities - Data collection May 2010, results September/October 2010
- Support for families with disabled children - Data collection May/June 2010, results September2010

Quality of data

Warrington and Halton Hospitals NHS Foundation Trust submitted records during 2009-2010 to the Secondary User 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 valid NHS number was: 94.55% for admitted patient care: 96.82% for outpatient care and 90.92% for accident and emergency.
- which included the patients valid General practitioner registration code was: 98.48% for admitted patient care; 99.17% for outpatient care and 96.66% for accident and emergency

Information Quality and Records Management

Warrington and Halton Hospitals NHS Foundation Trust score for Information Quality and Records management assessed using the information governance toolkit was 70% (Green). This score is the overall Trust score for when using the information governance toolkit.

Payment by Results Clinical Coding audit

Clinical coding is the process of categorising procedures and what happens to a patient in the right way. Different procedures have different codes and it ensures that the Trust is paid correctly for the work it carries out and that a patients' care is properly logged. Warrington and Halton Hospitals NHS Foundation Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for diagnosis and treatment coding (clinical coding) was:

- Primary diagnosis - 0.8%
- Secondary diagnosis - 1.1%
- Primary procedures - 5%
- Secondary procedures - 3.3%

The Trust is performing excellently compared with the overall performance of NHS Trusts in 2009-2010. Our HRG error rate has remained low compared with the previous audits and it has implemented the recommendations from our 2008-2009 review, indicating excellent performance. This year our HRG error rate was 3.3%.

The national average in 2008-2009 was 8.1 per cent and our Strategic Health Authority (SHA) average error rate in 2008-2009 was 8%.

3 Improving Quality, Safety and Patient Experience

The Way Forward in 2010-2011

The quality measures that have been chosen for ongoing development in the following year were highlighted in Part 2, but will be explained in more detail here. A considerable amount of work has been invested in the LIPS programme which will be the focus of the majority of quality indicators for next year. However it is not the only area of focus, as the patient experience work continues alongside the Clinical Nursing Indicators project.

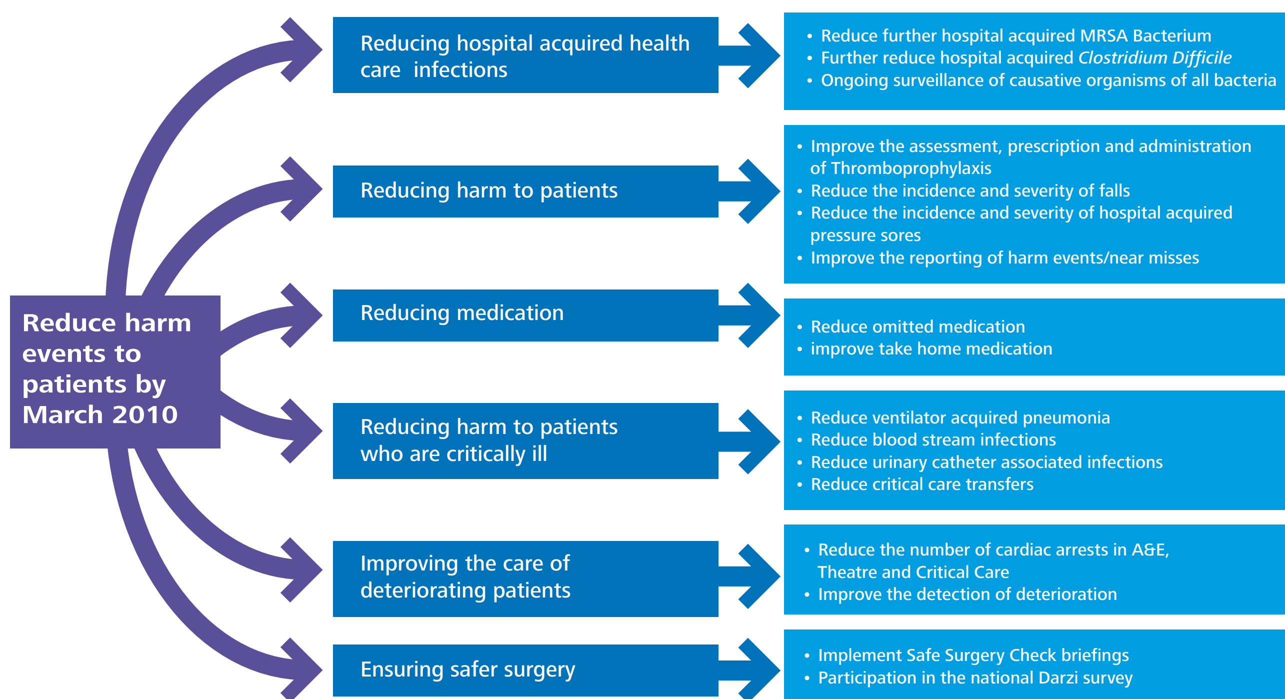
The areas the Board has chosen are encompassed in our driver diagram produced as part of the LIPS programme. The ambitious target is to reduce harm events by 50% by March 2012. To do this the Trust is focusing its activities into six primary areas, which are subdivided into a further 20 key areas of work.

These areas have been chosen from our quality and safety framework by staff as areas of development; in discussion with our Commissioners in order to address national and local issues; in response to concerns from Governors and patients' complaints and by the Trust Board in order to achieve the Trust's strategic objectives.

Within the LIPS programme, there are six primary areas:

- Reduction of Hospital acquired Health Care Infections
- Reducing harm to patients
- Reduction in medication errors
- Reducing harm to patients who are critically ill
- Improving care of the deteriorating patient
- Ensuring safer Surgery

Within each area there are further pieces of work which build on the quality and safety work undertaken to date. The work in each area is described in more detail below.



LIPS area 1 - Reduction in Hospital Acquired Health Care Infections

Three indicators which have been agreed under this driver are:

1 Set a Trust stretch target to further reduce hospital acquired MRSA bacteraemia to 3 cases which is a higher target than that set by the National Quality Board, which already places the Trust in the highest quartile of Acute Trusts.

2 Further reduce hospital acquired Clostridium difficile to hit the stretch target of 85.

3 Undertake ongoing surveillance of other bacteraemias, to ensure that there are no dormant organisms which suddenly become activated without notice.

LIPS area 2 - Reducing harm to patients

There are four key areas under this driver:

a) Improving the assessment; prescribing and administration of thromboprophylaxis.

This is to prevent patients developing a deep vein thrombosis as a result of inactivity whilst they are in hospital. Assessment has now become a national CQUIN requirement, using the new national assessment form. Over the past year the Trust has developed slightly different forms across the main specialties, but has struggled with ensuring effective assessment occurs with every patient. The Trust is now in the process of changing to use the national assessment form and identifying how this might be electronically captured in order to demonstrate the required 90% compliance.

b) Reducing the incidence and severity of falls

This builds on the work undertaken last year in establishing the baseline and data quality. An initial 10% reduction is aimed at which will be achieved by more effective falls assessment when patients are admitted. This is being monitored through the Clinical Nursing Indicators project which audits one third of patients' notes in each ward per month. At a Trust wide level, the Falls Group has been revamped with increased leadership and it is anticipated that the benefit of their work will become apparent in the latter half of the year. The Chief Nursing Officer has recently published Nurse sensitive indicators which will be used to measure the adjusted falls rate per 1000 bed days.

c) Reducing the incidence of hospital acquired Grade 3 and above pressure sores.

This also builds on the CQUIN work of last year. As with falls, the Chief Nursing Officer for England has established a definition for those newly acquired pressure sores per 1000 bed days which are to be reported monthly.

d) Improving the reporting of actual patient harm events and near misses.

The Trust noted a slight reduction in incident reporting last year whilst it changed to an electronic version of incident reporting. This dropped the Trust just into the lowest quartile of reportees. The target for 2010 will be to increase reporting to a level determined by the National Reporting and Learning Service (NRLS) as in the top third of Acute Trust reporting.

LIPS area 3 - Reducing Medication Errors

There are several key areas of work which fall under this important quality and safety driver:

a) Reducing omitted medication

This has been the source of some patient negative feedback and recently been the subject of a National Patient Safety Alert, to ensure that patients receive their prescribed medication on time. Whilst there are many reasons for patients potentially missing doses of their medication (refusing medication, being off the ward at the time of the drug round or being nil by mouth in preparation for a procedure for examples), the therapeutic benefit may be lost if this is not recognised. The Trust identified in a small scale test of change that using a highlighter pen on the medication administration sheet made omissions highly visible and helped our staff quickly act to ensure that medications are then given quickly and the routine re-established. On one ward in the pilot phase, within one week the number of omissions dropped by 50%. The pilot phase is now almost complete and will then be rolled out to all wards, with the improvement monitored.

b) Improving take home medication

This has been the source of patient complaint that medication has either to be waited for or is unavailable on discharge. This is a system issue at the heart of which is effective discharge planning. A new system is being trialled which will improve information to GPs; allow more timely dispensing and improve medication education for patients. This will be measured by patient satisfaction and a reduction in complaints citing delays in medication.

We are also working to ensure that patients have a better understanding of their medication and its importance to ensure they realise the importance of completing their course of medication once outside the hospital.

LIPS area 4 - Reducing harm to patients who are critically ill

The Critical Care areas in any Trust are highly technical environments with very ill patients, many of whom are suffering from multi-organ failure. Such patients are very susceptible to infection because of their weakened immune response coupled with the need to be intensively monitored through invasive devices. What is critical to patients' survival is rigorous attention to detail and a near obsession with infection prevention and control. These patients are the most vulnerable in the hospital and a harm event that happens to them can be extremely serious. There are several areas of focus:

a) Reducing ventilator acquired pneumonia (VAP)

This is monitored by the Intensivists and the Consultant Microbiologist daily. Using the care bundle approach for ventilated patients, a range of interventions rigorously undertaken at a fixed interval 24 hours a day will reduce the incidence of VAP. The Trust wide Critical Care Delivery Group have agreed the definition of what constitutes a VAP (as there is no consistently agreed national definition) and this is now being measured to establish a baseline. Audit of the care bundle is undertaken weekly.

b) Reducing blood stream infections

This relates primarily to central lines, but the Trust also monitors peripheral Intravenous (IV) lines and arterial lines each shift. The Trust is part of the Matching Michigan national study which is hoping to replicate the results achieved in Michigan USA and subsequently maintained, by using measures that reduced central line infections.

c) Reducing urinary catheter associated infections

Work is beginning on the definitional work associated with urinary catheters. The Chief Nursing Officer's Nurse Sensitive Outcome measures highlight the difficulties of benchmarking with the lack of consensus with what is defined as an infection. Internally, agreement has been reached on a definition between the Consultant Microbiologists and Consultant colleagues, so this definition will be used and applied to gain baselines over the first two quarters.

d) Reducing further critical care transfers

Prior to the move into the new Critical Care Unit, the Trust had one of the highest transfer rates in the North West. There has been a significant drop since the Unit opened in February 2009, which has made a significant difference to patients and their families who have not had the trauma of moving to a hospital and the subsequent cost in time and resources of excess travelling. The impact on patients and families' experience is well recognised and the Trust would like to reduce this further for non specialist transfers.

Reducing non-clinical Critical Care transfers - progress so far since opening our new Critical Care Unit

Previous Unit	Quality Improvement Measures
The unit had the highest rate of non-clinical transfers within Mersey & Cheshire. In 2006 alone, 66 patients were transferred out.	There has been a 94% reduction (since 2006) in the number of non-clinical transfers. Relatives do not have to travel to neighbouring units and back again, therefore reducing the inconvenience and the risk of complaints. The Trust has received no formal complaints since January 2008 in relation to non-clinical transfers. We have improved staffing levels, due to staff no longer needing to accompany transferred patients.

LIPS area 5 - Improving the care of the deteriorating patient

There has been considerable national work which highlights the efficacy of treating the deteriorating patient quickly and arresting the deterioration if at all possible. To do this requires constant observation, ensuring physiological observations are undertaken responsively and subtle changes detected quickly. Once deterioration is detected, then proactive management is required with escalation to senior colleagues occurring quickly. There are a range of initiatives underway in this area, but key indicators are:

a) Reducing the number of cardiac arrests outside of A&E, Theatre and Critical Care areas

Work has been undertaken over the past quarter to establish a baseline of cardiac arrests occurring outside specialist areas. The cardiac arrest team may be called to a range of clinical incidents which are not true arrest situations, so understanding when and where arrests occur is essential. The Trust has spent considerable resource in standardising equipment and in training staff how to respond but the outcome / impact now needs to be evaluated. This indicator has three components - one is a quantitative reduction in the overall number of cardiac arrests; secondly is an increased survivability to discharge of those patients who suffer a cardiac arrest and finally audit of selected cases to determine if the arrest was preventable.

b) Improving the detection of deterioration

The Trust currently uses the Modified Early Warning Score (MEWS) system which uses observations and rates them to give an overall picture of a patient's condition and ensure action is taken in the event of deterioration. However in reviewing other Trusts' documentation it was felt that adopting a colour coded observation chart would enhance the visibility of deterioration more vividly than on a plain chart. Work is almost completed on this, and it will be measured to determine if the number of incidents where observations are not acted upon quickly reduce. Audit of a sample of observation charts is undertaken by the Ward Manager on the weekly ward key performance indicators and a third of ward charts are audited monthly as part of the Clinical Nursing Indicators work.

LIPS area 6 - Ensuring Safer Surgery

The Trust is part of a national research project looking at the implementation of the World Health Organisation Safe Surgery Checklist. As one of only four Trusts involved in all stages of the research, this links in with last year's CQUIN scheme of implementing CRAB in Surgery, as it is hoped this will be able to demonstrate positive patient outcomes.

A key element of the checklist implementation is ensuring a culture of safety is generated in the Operating Theatre, similar to that in an airplane cockpit where safety checks occur before take-off. The Trust is keen to learn from errors that have occurred, especially wrong site surgery, where it has been found that in such cases someone in the Theatre suspected something was wrong but felt unsure and did not speak out. By having a briefing / debrief as well as the checklist it is hoped that all staff, irrespective of how junior they are, feel empowered to seek clarification if they are concerned or suspect an error without detriment.

We will continue the establishment of the checklist as part of our culture, embedding the principles of the work and ensuring that it is documented.

Patient Experience / Clinical Nursing Indicators

Over the past 18 months, The Director of Nursing and the senior nursing team have been working on refining a set of clinical nursing indicators which would capture the contribution of nursing both quantitatively and qualitatively. The CQUIN work of 2008-2009 helped develop a series of benchmarks on several of the indicators, but there is an important qualitative element that needed to be captured.

The Clinical Research and Audit Nurse (CRAN) each month audits a random sample of one third of the patients in each adult ward.

The nursing indicators cover the following areas of clinical practice:

- Documentation
- Observations
- Nutrition
- Falls
- Tissue Viability
- Continence
- Prevention of venous thrombo-embolism (VTE)
- Medicines Management
- Pain management
- Patient Experience

The CRAN, who is an advanced Nurse Practitioner, audits the patient's notes as well as discussing their experience with them and undertakes observation of the patient and their surrounding bed space. Each component is scored with a percentage score given for each area of practice. The first reports have been shared with Ward Managers; Matrons and Divisional Heads of Nursing, and the Trust Board. It is anticipated that modification of the indicators will take place over the next six months to make them relevant for Maternity and Paediatrics.

The existing Patient Experience work will continue as last year and develop further with the implementation of the Patient Involvement Strategy. The Trust is committed to improving the patient experience, and has learnt considerably from the Delivering Same Sex Accommodation work on what matters to patients. Patient information is being targeted for further improvement, and has been considerably enhanced by Governor and LINks input on the Group.

Safeguarding Children and Vulnerable Adults

The Trust has continued to undertake considerable work on Safeguarding. In recognition of the increasing work around care of vulnerable adults, a full time Matron post was created this year for vulnerable adults which complemented the two staff who support the Safeguarding Children agenda. Staff training is a key issue to ensure staff are aware and can react quickly and responsively to support potentially vulnerable patients. Training is undertaken at induction and within the Trust, as well as on a multi-agency basis with both Warrington and Halton Council staff; Primary Care staff; Cheshire Police and other agencies. The Trust actively supports both Warrington and Halton Safeguarding Children's Boards and Safeguarding Adults Boards and their various sub-committees.

Our performance against key national priorities

The following overview of performance is against the 2009-2010 national priorities and national core standards from the department of health operating Framework and against the department of health's national core standards. The national core standards are detailed within table below. Against the 10 existing commitments the Trust is delivering on these standards with non failing.

Against the 13 national priorities the Trust has not failed to deliver on any of these standards. The Care Quality Commission self assessment confirms this stated position

Warrington and Halton Hospitals NHS Foundation Trust performance against key national priority targets 2009-2010:

	2009-2010 acute indicator	Existing commitment	National priority	Target/commentary	Achieved
Health and Wellbeing	Infant health and inequalities: smoking during pregnancy and breastfeeding initiation		√	2008-2009 target Achieved = Within tolerance of 2007-2008 performance, or the 2007-2008 national average, for both smoking during pregnancy and breastfeeding initiation rates	2009-2010 threshold has not been published. Achieved against 2008-2009
	Access to genito-urinary medicine (GUM)	√		Target is >= 98%	Achieved (100%)
	Data quality on ethnic group	√		Target is >=85%	Achieved (96.39%)
Clinical Quality	Participation in heart disease audits		√		Achieved
	Time to reperfusion for patients following a heart attack	√		2008-2009 target >=68%	2009-2010 threshold has not been published. Achieved against 2008-2009 target (87.5%)
	Engagement in clinical audits		√	Evidenced via clinical audit committee	Achieved
	Stroke Care		√	Sentinel audit outcomes are detailed and improved on previous year	Improvement achieved on last year by sentinel audit data set
	Maternity Hospital Episode statistics data quality indicator		√	Target is <= 15%	Achieved (14.75%)

	2009-2010 acute indicator	Existing commitment	National priority	Target/commentary	Achieved
Safety	Incidence of MRSA bacteraemia		√	Maximum of 12 cases over the year.	Achieved (Eight cases including four hospital acquired)
	Incidence of Clostridium difficile		√	Maximum of 204 cases over the year.	Achieved (114 hospital acquired cases)
Patient focus and access	Delayed transfers of care	√		2008-2009 target <= 3.5%	2009-2010 threshold has not been published. Achieved against 2008-2009 target
	18 week referral to treatment times		√	90% of admitted patients and 95% of non-admitted patients seen within 18 weeks of GP referral.	2009-2010 thresholds have not been published. Achieved against 2008-2009 targets.
	All cancers: two week wait (including new cancer strategy commitments)		√	There are a range of targets around referral to treatment and diagnosis to treatment designed to ensure patients with suspected cancer are seen and treated quickly.	2009-2010 threshold has not been published. Achieved against 2008-2009 target
	All cancers: one month diagnosis to treatment (including new cancer strategy commitments)		√		2009-2010 threshold has not been published. Achieved against 2008-2009 target
	All cancers: two month urgent referral to treatment (including new cancer strategy commitments)		√		2009-2010 threshold has not been published. Achieved against 2008-2009 targets.
	Total time in A&E	√		98% of patients to be admitted to hospital or discharged within four hours of arrival.	Achieved 98.06%
	Experience of patients		√		

	2009-2010 acute indicator	Existing commitment	National priority	Target/commentary	Achieved
Patient focus and access	Outpatients waiting longer then the 13 week standard	√		Target is <= 0.03%	Achieved (0%)
	Inpatients waiting longer than the 26 week standard	√		Target is <= 0.03%	Achieved (0%)
	Patients waiting longer than three months (13 weeks) for revascularisation	√			Not applicable
	Waiting times for rapid access chest pain clinics	√		Target is >= 98%	Achieved (99.52%)
	Cancelled operations and those not admitted within 28 days	√		Achieved = Less than or equal to 0.8% cancelled operations and less than or equal to 5% breaches of the 28 day cancelled operations standard. Underachieved = Less than or equal to 1.5% cancelled operations and less than or equal to 15% breaches of the 28 day cancelled operations standard.	Underachieved
	NHS staff satisfaction		√	National survey undertaken	Achieved improvement

Performance against Care Quality Commission Standards

The Trust declared compliance with all 44 health care standards. Standards for Better Health is a set of standards that the National Health Service in England must meet. The standards were set out by the Department of Health. NHS Trusts must declare their level of compliance with these standards annually as part of the Annual Health Check. The Care Quality Commission has now published a set of standards which superseded those previously used in the Annual Health Check. The Trust must demonstrate ongoing compliance with these as part of its registration requirements.

Standards of Workforce Performance

The Trust Board has recognised the need for improvement and has been focusing on improving those areas which contribute to enhancing the quality of our service. In particular we are pleased to have improved the attendance at key mandatory training and the number of staff who are undertaking an annual appraisal. There is still room for improvement in these areas and we will major on this during the coming year.

In recognition that our staff are key to delivery of a quality service, an action plan has been drawn up to implement the recommendations of the Boorman Report on Health and Wellbeing and will be seeking to enhance our level of staff engagement in the development and delivery of our services.

Improving the Environment of Care

In order to continue to improve the quality of care within the Trust some significant investments occurred during 2009-2010:

- **Endoscopy Unit** - £1.4m was invested into the transfer of the endoscopy unit into a new purpose built facility on the Warrington Hospital site. The new unit offers single sex accommodation and additional diagnostic capacity within a new state of the art environment.
- **Ophthalmology Day Case Unit** - this £300,000 development opened at Warrington in February 2010 and will ensure that all patients requiring eye surgery are treated within a designated area immediately adjacent to the theatre suite.
- **Medical equipment** - £600,000 was invested into new and replacement medical equipment during 2009-2010
- **Single sex accommodation** - £473,000 was invested to ensure that the Trust is now able to declare compliance with virtually eliminating mixed sex accommodation on both the Warrington and Halton Hospitals sites. Examples of where the money was spent include ensuring all ward bays have sliding doors to improve privacy and reduce noise for patients; improving bathroom and toilet facilities and creating an adolescent lounge within the paediatric wards to ensure our teenage patients have an appropriate environment away from younger children.

Indicators		April 2008 to March 2009	April 2009 to March 2010
Mandatory Training	Health and Safety	74%	82%
	Fire Safety	52%	55%
	Manual Handling	63%	80%
Non-medical staff appraisals		51%	67%

The Trust is consistently assessing how the patient environment can be improved. Further developments are planned over the next two to three years to ensure that the level of patient care continues to be of the highest standard across both our sites

Improving Quality in Partnership

The Trust cannot deliver its services in isolation, and is an active participant in quality and safety work undertaken across the health economy both with lead commissioners and neighbouring provider units. Through its Safeguarding work with both Adult and Children, strong relationships have been developed with other partner agencies such as the Police; Social Care; Youth Offending Services / Probation and the Voluntary sector.

Key partners are the Trust Governors, who through their own sub committees and involvement in the Trust committees are able to bring the patients' and local communities' views and experiences into our quality improvement work. Their challenge and positive commitment to enhancing the patient experience, has been practically focused into undertaking audits; identifying quality priorities and bringing external expertise into improving communication and patient journeys.

Our two local LINks provide external scrutiny by undertaking visits with formal reports which identify both areas of good practice as well as areas for improvement. Their involvement in larger pieces of work such as improving discharge and in membership of the Patient Experience and Patient Communication groups has been particularly valuable.

The Trust has close links with both Local Authorities Overview and Scrutiny Committees. Warrington has a system of Emissary members, whereby three members of the Health Overview and Scrutiny Committee have a specific liaison function with the Trust and meet with the Trust regularly to learn about key issues. This has been an excellent opportunity for the Trust to work more closely with elected members, and gain feedback on services from their constituents' viewpoint.

Preparation of the Quality Report and Accounts

The Trust's quality and safety work has been strongly influenced by patients; Governors and our partners. The Trust embarked on a three year programme in 2008, refined each year, which was a commitment to continuous improvement.

This report highlights the progress made with them on that improvement journey. The content of the report has been shared within the Trust with staff, but importantly with our Governors; LINks and our Commissioners, to ensure it is an accurate reflection of our performance to date.

Unfortunately, the Overview and Scrutiny Committees are not formally meeting due to the local and national elections, however a copy was sent for information and comment if possible.

Assurance

The Trust's Audit Committee chaired by a Non Executive Director has formally reviewed this Quality Report and Accounts.

Annex to the Quality Report - Statements from commissioners and partners

NHS Warrington

NHS Warrington is responsible for ensuring that the health services it commissions for the people of Warrington are of good quality. We have checked and verified the content of the Quality Accounts on the data that we have access to and I reported this to the Warrington and Halton Hospitals NHS Foundation Trust. I congratulate the Trust on their significant achievement in controlling Healthcare Acquired Infections such as C.difficile and MRSA and also the improvements that have been made in care for strokes; heart attacks; hip and knee surgery and pneumonia. These improvements mean that those patients are getting a better standard of care than they were in the past. The CRAB system has also assisted in assuring the quality of treatment in general surgery and the roll out to medical specialties will further improve and safeguard this.

It is disappointing that little real improvements have been made in the patient's experience of services - hopefully the work the Trust plans to undertake over the next 12 months will see this change in the Quality Accounts in future. I hope to see much more information in next year's document about what has actually happened to patients in terms of outcomes and much more about the rate of complaints; incidents and litigation, the common themes and what the Trust plans to do about them. It is also disappointing that the national guidance was produced quite late in the year; this resulted in the Trust being unable to develop as full a process of consultation with stakeholders such as Governors. A complete and thorough consultation would have been preferred in the production of this document. As a partner governor, I have high hopes that this will be significantly different next year.

Nevertheless, this document presents a view of services that I think is a good start to a meaningful debate with the public about what quality of care means to them and what it is like to be in hospital.

Chrissie Cooke
Executive Director of Patient Safety,
Quality and Governance/Executive Nurse

Halton LINk

As a method of monitoring services Halton LINk members welcome a Quality Accounts report. It demonstrates openness and willingness to engage with the community and members look forward to being able to measure improvements in future years by using this report as a bench-mark. Members respected and acknowledged the effort put into compiling this informative report. The Halton LINk looks forward to engaging with the Trust throughout this coming year, so that ideas and comments can be exchanged during the year and actions taken if necessary, rather than waiting until April next year.

Lyn Williams
Halton LINk Manager
on behalf of the Halton LINk Board