

**Warrington & Halton NHS Foundation Trust**  
**Summary of Quality Accounts 2010/11 for the Healthy Halton Policy & Performance Board**

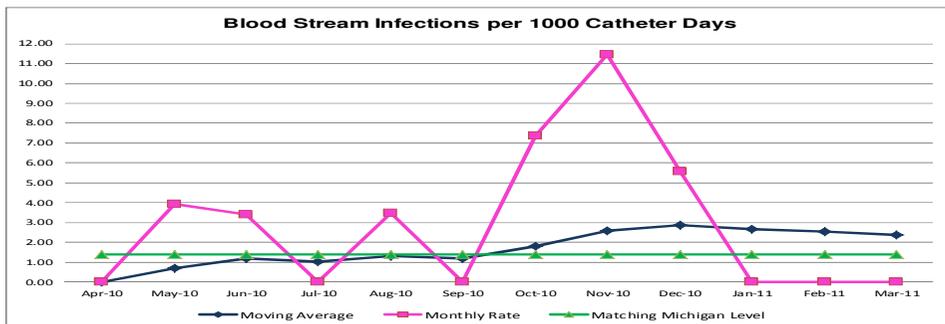
<b>Subject</b>	<b>2009/10</b>	<b>2010/11</b>	<b>Narrative</b>
<p><b><i>Infection Control</i></b></p> <p>MRSA bloodstream infections</p> <p>Clostridium difficile</p>	<p><b>4</b></p> <p><b>114</b></p>	<p><b>5</b></p> <p><b>65</b></p>	<p>The targets set for reduction in 2010/11 were for the Trust to have no more than 4 cases of MRSA bloodstream infections and so it was disappointing that there was one more hospital acquired case than had been anticipated.</p> <p>The Trust had 65 cases of Clostridium difficile in 2010/11 against a target of no more than 116. This is a considerable achievement and is testament to the seriousness that the Trust places against infection prevention and control.</p> <p><b>Targets 2011 – 2012</b></p> <ul style="list-style-type: none"> <li>• 4 cases of hospital acquired MRSA bacteraemia</li> <li>• 54 cases of hospital acquired Clostridium difficile</li> </ul>
<p><b><i>Pressure Ulcers (hospital acquired)</i></b></p> <p>Reducing the incidence of hospital acquired pressure ulcers (grade 3 and 4) was identified as an important challenge for the Trust. During 2010/11, the organisation set itself a target of reduction of 10% of the previous year's total of 39.</p>	<p><b>39</b></p>	<p><b>41</b></p>	<p>This will remain a significant priority for the Trust and is the focus of improvement activity. A package of measures to reduce the incidence of hospital acquired pressure ulcers to 29 (or less) has been introduced.</p>
<p><b><i>Thromboprophylaxis</i></b></p> <p>This relates to the assessment, prescribing and administration of treatments to prevent patients from developing deep vein thrombosis. Target set of 90% of patients would be assessed.</p>	<p><b>New</b></p>	<p><b>95.51%</b></p>	<p>The plan for the next year is to sustain this excellent achievement.</p>

<p><b>Falls</b></p> <p>In the period of 2010/11, the Trust set a trajectory to reduce the number of falls that caused moderate, major or severe harm to patients by 10% from the pervious year's total number of fall of 54 cases</p>	<p><b>54</b></p>	<p><b>55</b></p>	<p>The Trust is disappointed that it did not achieve its target and has set about developing a series of measures to improve on this standard.</p>
<p><b>Hospital Standardised Mortality Review (HSMR)</b></p> <p>The HSMR scoring system works by taking a hospital's crude rate (actual deaths) and adjusting it for a wide variety of factors such as population size, age profile, level of poverty, range of treatments and operations provided etc.</p>	<p><b>92.5</b></p>	<p><b>90.2</b></p>	<p>Nationally the expected HSMR score for a Trust such as Warrington and Halton NHS Foundation Trust is set at a score of 100. This figure does not represent deaths – it is just a baseline number that statisticians use against which to compare observed performances.</p> <p>A number below 100 indicates that a hospital has less than the expected number of deaths.</p>

In last year's Quality Accounts we set out our intention to **reduce harm to critically ill patients** in relation to: reducing ventilator acquired pneumonia (VAP), reducing urinary associated catheter infections and reducing blood stream infections (as part of the 'Matching Michigan' study)

To achieve these goals, we introduced care bundles (which are packages of 'best practice'). Compliance against the implementation of these bundles is audited and we are able to demonstrate a reduction in the associated infections. We set a trajectory of compliance of 90% for compliance against the implementation of care bundles for VAP and the insertion of urinary catheters.

Compliance: VAP - 95%, Catheter Infections – 100%,



This highlights a cluster of 8 infections over a 3 month period in October to December 2010 which significantly reduced our compliance with 'Matching Michigan'.

However, no further infections were reported in January 2011 – March 2011 which is beginning to affect our moving target positively.

**Improving the care of the deteriorating patient**

This aims to reduce the number of cardiac arrests of hospital patients outside of the Accident and Emergency Department, Theatre Department and the Critical Care areas. In 2010/11, we established our baseline for cardiac arrest and set a 5% reduction trajectory. As a result of the actions the Trust has taken (improving the Modified Early Warning Score system and improved knowledge of our staff) the Trust has reduced the number of cardiac arrests by 23%.

**Ensuring Safer Surgery**

Last year's Quality Account stated the Trust's intentions to adopt the principals of the 'Safer Surgery Checklist'. A baseline audit of compliance in May 2010 demonstrated a compliance of 43%. This has now increased to 87% at the end of March 2011, which is slightly below our target of 90%.

<b>Complaints</b>	<b>2009/10</b>	<b>2010/11</b>	
Total formal complaints received	<b>379</b>	<b>491</b>	All complaints are investigated in accordance with Trust policy and wherever appropriate, action is taken to achieve service improvements  Top five subjects <b>2010/11</b>  All aspects of clinical treatment <b>267</b> Appointments, delay / cancellation (outpatient) <b>59</b> Communication / information to patients <b>36</b> Patients property and expenses <b>20</b> Admissions, discharge and transfer arrangements <b>10</b>
<b>PALS</b>			
Total PALS contacts	<b>920</b>	<b>1,253</b>	Top five subjects <b>2010/11</b>
Number of PALS contacts escalated	<b>15</b>	<b>42</b>	Waiting Times For An Appointment – <b>70</b> Support and Advice - <b>64</b> Communication Problems With Family - <b>57</b> Waiting Times For An Operation - <b>52</b> Attitude Nursing – <b>48</b>

## ***Complements***

Although no figures for complements received has been recorded in previous years it should be noted that from May 2010 (when compliment records began) – April 2011 the Trust received 460 formal complaints, however received 2,125 complements in the same period. These numbers do not reflect the many cards and letters sent direct to the wards and departments which are not forwarded for inclusion in the Divisional reports.

## ***National Inpatient Survey 2010***

The National Inpatient Survey 2010 has demonstrated that the improvement work the Trust has implemented over the past year has had a significant effect on the patients' experience.

In the majority of issues that the survey addressed (admission to hospital, the ward patients stayed on, cleanliness, food, care and treatment provided, involvement in decisions, being treated with dignity and respect and discharge from hospital) the Trust has made improvements in its scores. Whilst this is a good result for the Trust, it means that patients feel that they are receiving a much more improved experience at the time they spend under our care.

Overall, patients said that:

- they were treated with dignity and respect whilst in hospital (99% rated this as always or sometimes)
- they felt that the doctors and nurses worked well - excellently together (97%)
- they would rate the care they received as "good" to "excellent" (97%)

There are issues that we need to continue to improve upon, and these will be the focus of our work over the next 12 months. These include:

- Responding to patients when they have used their call bell
- Improved ways of communication with patients about their care
- Reducing the delay in the process of discharge from hospital

**Summary paper prepared by: David Melia (Director of Nursing)**