

yourhospitals

News and information from Warrington and Halton Hospitals NHS Foundation Trust Annual Members Meeting 2011

Summary annual report and accounts special

Making progress on delivering high quality, safe healthcare

Welcome to the annual report and accounts special issue of Your Hospitals. This issue is a review of the 2010-2011 year at Warrington and Halton Hospitals and is a summary of the annual report and accounts which highlights the areas of our performance that we think will be of interest to you as a member.

Our vision for the hospitals is simple – to provide high quality, safe healthcare. Over the last year we believe we have made progress towards this goal – taking clear steps to improve our performance where it needs improving and to provide the best NHS care that we can for our patients.

The vision is all about improving the experience of our patients and minimising risk in the complex services that we provide.

All of our staff and volunteers have an important role to play in helping us deliver this vision to you. As members of our trust, you can play a key part in this work through your elected Public and Staff Governors. Last year, the Governors set up a Quality Committee of the Governors' Council. This group views and challenges the performance of the trust around quality and safety, acting as a 'critical friend' and helping guide what is important to local patients.

There are many areas that we are doing very well on – overall infection numbers continue to fall and remain within the low levels you would expect for a hospital of our size, patient satisfaction has increased, overall mortality rates have fallen. There are also areas where we know we can improve such as reducing falls in hospital and hospital acquired pressure ulcers. We continue to work with the national Leading Improvement in Patient Safety (LIPS) programme, which began in September 2009. This programme helps NHS trusts develop plans for patient safety improvements and it has guided many of

our improvements so far and given us clear measures on what we need to do next.

We plan to uphold a no compromise attitude to issues and practices that do not provide safe and effective care for our patients and to obtain more immediate feedback from our patients on the care they receive.

It is also about achieving our vision in a way that is financially sound given the current economic constraints on the public sector. There is no magic wand that will allow us to spend vast sums to improve services. Foundation Trust's have to make a surplus as part of their financial planning – it is set aside for future investment in services and financial targets. This was achieved last year whilst delivering some challenging savings

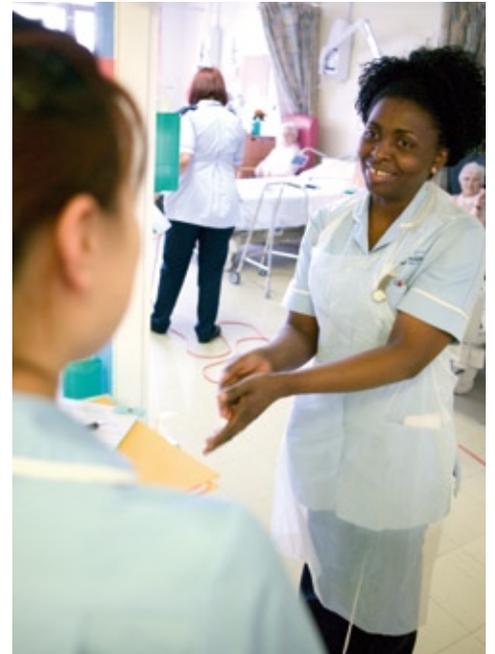
In 2010/2011 we:

Provided 480,000 appointments and procedures to local patients

Employed 4,117 staff across the hospitals and our community services

Had an overall budget of £198.9 million

Made a surplus of £965,000 that can be invested back into our services.



targets and we face an even bigger challenge in the years to come to ensure that our services are efficient and sustainable.

As an NHS Foundation Trust we are able to respond to the needs of the local community and as a member, your opinions are vital to the improvement and development of the trust. Here at the trust we are dedicated to providing high quality care and clinical excellence that puts the patient at the centre of everything that we do. We hope that by explaining to you what we are doing well and also the areas we want to improve on, it will encourage you to voice your opinions to your Governors and help us to further improve our services.

The full annual report and accounts are available on the trust website www.warringtonandhaltonhospitals.nhs.uk and on the Monitor (the Independent Regulator of NHS Foundation Trusts) website www.monitor-nhsft.gov.uk

Chairman's welcome



Chairman's welcome – Allan Massey

It has been a challenging but exciting year here at Warrington and Halton Hospitals. Nationally, the coalition government is taking the NHS in a new direction. There are still many twists and turns for the new direction for health policy to take but it is clear that the landscape will change in the future with the national introduction of GP commissioning consortia. Locally we are already seeing the development of new relationships with our GPs as they begin to work in this new way.

Financial times are also challenging. We saw this during the last year when NHS Warrington (the lead Primary Care Trust who commission our services) took steps to address their own financial issues by stopping non-urgent referrals of Warrington patients to our services. Whilst we disagreed on the logic behind this decision - as it came after several years of working in partnership to increase speed of access to our services - we expect this approach to be the norm in the future due to increased financial pressure on the public sector.

It was a year of internal change as well. After five years at the hospitals, chief executive Catherine Beardshaw left the trust to move to Aintree Hospitals. Director of nursing Kath Holbourn also retired during the year. They were followed after the end of the year by the retirement of our medical director Gordon Ramsden. I'd like to formally express my thanks to them for their key roles

in helping the trust change so much over the last few years.

We have been able to secure excellent new appointees to these roles. In November David Melia joined us from Salford Hospitals as director of nursing. Mel Pickup then joined us from the Walton Centre as chief executive in February. Dr Phil Cantrell became medical director in May, a radiologist with a lot of experience within our trust. They are already making a significant impact at the trust and bring a wealth of knowledge and new ideas to us.

We also saw changes on our Governors' Council as we held elections after some of our first group of Public and Staff Governors reached the end of their terms of office two years after we had become a Foundation Trust. As an NHS Foundation Trust my role as chairman spans the trust board and the Governors' Council. I firmly believe that as our experience grows as an NHS Foundation Trust our Governors are playing an important role.

I hope this summary report helps you to get a better understanding of the trust, what we have done well over the past year and also the steps we are taking to make improvements for the future. It is an honest look at both our successes and the challenges we have faced as a trust this year.

Quality in

Each year every NHS Trust must now publish a document is to measure improvements and set acts as a complement to the traditional financial

The full quality account is available as apr as a separate document on the NHS Choices v Halton Hospitals.

What we're doing well

We have seen some significant improvements achievements reflect the positive steps we have to Highlighted below are the areas we performed par annual quality report.

1. Hospital acquired infection prevention

C-difficile

In 2010-2011 there were 65 cases

In 2009-2010 there were 114 cases

MRSA

In 2010-2011 there were 5 cases

In 2009-2010 there were 4 cases

Reducing hospital acquired infections is a key priority for all NHS trusts, so we were pleased to see a significant decrease in the number of hospital acquired Clostridium difficile (C.diff) cases at the trust last year. The low rate of C.diff infections reflects the seriousness that staff place against infection prevention and control and is a result of strengthened practices adopted by staff whilst caring for patients, particularly in the prescription and monitoring of antibiotics.

Whilst the number of MRSA cases at the trust in 2010-2011 was within what is expected for a trust of our size, disappointingly we exceeded our targets by one more hospital acquired case than anticipated. MRSA screening remains in place for all patients and the safe management of intravenous devices is carefully monitored.

Quality in focus – our quality account

document called a quality account. The aim of this is to set targets around improving quality of services. It is published in our annual report and is also published on our website www.nhs.uk – search for Warrington and Halton accounts.

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Did you know?

As well as our vision of high quality safe healthcare, over the past year the trust has developed a set of quality measures to help us to demonstrate how we are performing and ensure that we meet our objectives. Our key objectives as a trust are:

- To ensure that all patients are safe in our care
- To give all our patients the best possible experience
- To be the employer of choice for the health care we deliver
- To provide sustainable local health care services.

Where we want to improve

Our quality account allows us to set challenging targets for improving services and reducing risk. There are areas where we haven't met our targets we set last year. The improvement of patient care will remain our top priority.

2. Mortality rates

In 2011 our mortality rate was 90.2 against the nationally expected score of 100. A lower score is better.

The NHS uses a system called the Hospital Standardised Mortality Review (HSMR) which adjusts a hospital's actual death rates in line with a range of factors, such as population size, level of poverty and range of treatments available. This allows the trust's mortality rates to be fairly assessed and scored in comparison to other trusts within the NHS. The trust is then given a score, which is compared to the national average score of 100 (where a lower score is better and means fewer deaths than expected). Warrington and Halton Hospitals had a HSMR score of 90.2 this year compared to 92.5 last year.

3. Patient feedback

In 2010-2011 97% of patients rated the care at our hospitals as good to excellent

Our aim is to put patients at the centre of everything that we do, so their feedback is very important in helping us to understand what we are doing well and what we may need to improve on in terms of patient care. The National Inpatient Survey 2010 demonstrated that the improvement work the trust has implemented over the past year has had a positive effect on patient experience, with 99% of patients saying they were treated with dignity and respect whilst in the hospital "always" or "sometimes". 97% of patients also rated the care they received as "good" or "excellent". These significantly improved scores indicate that patients are having a better experience during the time they spend in our care. In line with issues highlighted in the National Inpatient Survey 2010, our focus for the coming years will be on prompt responding to patients who have used their bedside call bell and reducing the delay in the process of discharge from hospital.

2. Falls

55 patients received moderate or severe harm after falling whilst in hospital. Our aim was that there would be no more than 50 such falls.

All patients receiving treatment at the hospital should feel safe in the care of staff and to ensure this, minimising the number of patient falls should remain a key priority for trust. Unfortunately, in 2010-2011 there were a higher number of falls resulting in moderate to severe harm than anticipated. This is something the trust takes very seriously and we have since set about developing a series of measures to improve on this standard, including a revised risk assessment plan and increased staff training in the care of patients who are at risk of falling. The target for 2011-2012 is to reduce the number of patient falls by 10%.

1. Pressure sores

41 patients developed severe hospital acquired pressure ulcers last year. Our target was no more than 35.

We firmly believe that no patient should leave hospital with an avoidable pressure sore that has developed whilst in our care and we are continually striving to keep rates to a minimum here at the trust. In 2010-2011 we had 39 cases of severe pressure sores, which exceeded our targets of no more than 35 cases at the trust. Reducing the rates of pressure sores has been identified as a key challenge for the trust in the future and a series of measures have been put in place to ensure that this year's targets of no more than 29 pressure sores are met.

Did you know?

We provided over 480,000 patients last year across the hospitals. Overall hospital activity dropped slightly over the year compared to the previous year. This was in part due to the postponement of non-urgent elective referrals by NHS Warrington.

	2009-2010 activity	2010-2011 activity	% change
Elective inpatients and Day Cases	35,418	32,796	-7.4
Emergency inpatients	44,022	44,120	+0.22
Outpatients (including ward attenders and outpatient procedures)	308,204	298,509	-3.15
Accident and Emergency	97,252	100,269	+ 3.10
Total	484,896	480,694	-0.87

Finance in focus – financial summary 2

As a Foundation Trust it is increasingly important that the organisation's finances are secure and that we develop robust long-term financial plans that are achievable and support future development. During 2010-2011 the trust had an operating income of £198,893,000 and achieved a surplus of £965,000 which is 0.5% of turnover. Any surplus an NHS Foundation Trust makes through working efficiently can be put back into patient care.

We have broken down our financial information from 2010-2011 into a simple format so that it's easier to understand. As a Foundation Trust, we feel that it is important to let our members know what we are spending our budget on, the investments we have made and where our money is going.

Overall Actual Income and Expenditure results compared with plan 2010-2011

	Planned £000	Actual £000	Variance £000
Operating Income	197,662	198,893	1,231
Operating Expenses	(193,053)	(194,276)	(1,223)
Finance Costs	(4,009)	(3,652)	(357)
Surplus	600	965	365

What do we spend our money on?

Operating expenses include all ongoing costs of running our services. This includes a variety of expenses, from staff wages (our main expenditure), drug costs and supplies through to the cost of running our buildings here at the trust. The table below shows a breakdown of our operating expenses from 2010-2011 and also from 2009-2010. The column on the left shows the area that we have spent our budget on and the two columns on the right show the amount of money we have spent on it in 2009/2010 and 2010/2011, in £000's.

Operating Expenses	2009/10 £000	2010/11 £000
Salaries and Wages	135,609	139,359
Drugs	8,420	9,116
Clinical Supplies and Services	15,712	16,402
General Supplies and Services	2,911	2,859
Establishment Expenses	2,196	2,316
Depreciation	6,430	5,555
Premises	7,881	8,166
Clinical Negligence Insurance Scheme	3,512	4,258
Fixed Asset Impairment	126	166
Other	3,887	6,079
Total	186,684	194,276

You may notice that a number of the operating expenses show an increase this year from the previous year. This is due to several factors, such as increases in inflation, an increase in the VAT rate and an increase in insurance premiums.

What have we invested in this year?

During the year the trust completed £3.1m of capital investments in buildings and equipment which has improved services for both patients and staff. Many of the capital improvements in 2010-2011 were essential works. A summary of the capital investment undertaken in the year is provided in the table below although a number of schemes will only be completed in 2011-2012.

Capital Investment Scheme	Investment Benefits	Value £m
Site Repairs & Maintenance	General improvements to buildings, services and public areas.	0.9
Health and Safety Improvements	Improvements to buildings services and public areas resulting improved patient safety.	0.9
Service Developments	Improved facilities for patients.	0.7
Information technology	Hardware and software additions improving clinical and corporate data and services.	0.4
Purchases of medical equipment	Modern equipment resulting in improved services to patients.	0.2
Total		3.1

Looking forward financially

As an NHS Foundation Trust, we develop a three year strategic plan (referred to as the annual plan). Looking ahead to 2011-2012, the trust is looking to build on the good results achieved during 2010-2011. This includes sustaining strong financial performance and investing in front line services to ensure the delivery of continued improvements both in clinical quality and patient and staff experience.

In support of the objective, the trust is planning a £0.9m million surplus for the 2011-2012 financial year before restructuring costs. The level of surplus planned for 2011-2012 recognises the reduced level of funding the trust will receive next year following reductions made to the money we receive nationally and the need to provide

2010-2011

“Initiatives in place include better use of staff rostering at the hospitals so we can reduce spend on agency staff.”

for increases in expenditure such as pay awards and price inflation for the goods and services we buy. These cost increases will need to be financed from internally generated savings. This is requiring the trust to deliver cost savings of around £13 million in 2011-2012.

The trust has identified a range of potential cost savings and efficiencies that can be achieved by doing things differently across the hospitals. Whilst understanding that the most significant cost to the trust is salaries and wages, the trust is aiming to avoid having to make any forced cuts to staffing as part of these cost savings.

Initiatives in place include better use of staff rostering at the hospitals so we can reduce spend on agency staff, more productive use of our clinics and operating theatre slots and a wide range of general efficiency work across our departments. The trust has been planning in advance and has put a wide range of change programmes in place through 2010-2011 to help us prepare for the financial challenges.

Future investment in services

Despite the financial pressures on the organisation, the capital programme for 2011-2012 has been increased to £14million. This includes investment in a number of services that form part of the trust's annual plan and include the development of a musculoskeletal centre of excellence, investment in our vascular services and a range of essential works across the hospitals. £9m of this is planned to be supported by external borrowing.



Your contacts and useful numbers at the hospitals



Membership and Governors

To contact us about any membership queries or to contact your Public Governor please:

Telephone the membership office on:
☎ **01925 664222**

Write to your governor care of:
Membership Office
Warrington Hospital
Lovely Lane
Warrington WA5 1QG

Email us at:

✉ **foundation@whh.nhs.uk**

Don't forget, member news and information is also available on our website:

✉ **www.warringtonandhaltonhospitals.nhs.uk/members.asp**

General hospital information

Warrington Hospital switchboard –

☎ **01925 635911**

Halton General Hospital switchboard –

☎ **01928 714567**

General hospital enquiries – ✉ **enquiries@whh.nhs.uk**

Accident and Emergency is available 24 hours a day, 365 days a year at Warrington Hospital for serious and life threatening conditions.

At Halton General, the minor injuries unit is open from 9am to 10pm every day for treatment of less serious injuries including sprains, fractures, cuts and eye problems for local residents.

For general health advice and information contact NHS Direct on ☎ **0845 4647**. Your GP will also run an out of hours service for health problems which may not need urgent A&E care out of hours.

Year in focus – a closer look at some of the changes at your hospitals



Record day at A&E sees staff come together

Wintry conditions during December 2010 and January 2011 caused a vast increase in the number of accident and emergency admissions at Warrington Hospital and at minor injuries at Halton General. On Thursday 9th December 2010, black ice caused several severe road traffic accidents on the motorway network around the area and the gridlock meant that Warrington Hospital Accident and Emergency became the focus for treating many of the serious

“The ice on pavements also meant a massive rise in the usual number of slips and falls leading to fractured bones.”

injuries from the accidents as other local hospitals were not easily accessible.

By lunchtime, 53 ambulances had already ‘blue-lighted’ patients to the department. On a normal day staff would expect that amount of emergency ambulance arrivals in a 24 hour period. The ice on pavements also meant a massive rise in the usual number of slips and falls leading to fractured bones.

Simon Wright, chief operating officer at Warrington and Halton Hospitals NHS Foundation Trust, said: “Everyone at the hospitals pulled together superbly. The excellent work of the A&E team, combined with work we’ve done to put the new urgent care centre in place at Warrington and to move more of our routine surgery to Halton General came into its own and meant that our patients had a better experience.”

Urgent Care Centre helping avoid longer hospital stays

The new Urgent Care Centre which opened at Warrington Hospital last winter has helped to reduce the number of unnecessary hospital admissions and waits in Accident and Emergency at Warrington and Halton Hospitals.

The centre is for patients who are referred directly to the hospital by GPs for surgical and medical assessment, for example, if a GP feels there is a potential urgent problem that needs hospital assessment their patient can be sent directly there.

The trust made the decision to invest in the Urgent Care Centre to improve the experience for these patients and to provide a better one-stop service. The 16 bedded unit has its own dedicated nursing and on-call medical teams and all of their patient assessments can be carried out at the centre, meaning they are dealt with quickly with the team of staff working around their needs. The unit has had a significant impact on patient experience, seeing over 1,000 patients a month.





New Ophthalmic Day Case Unit a sight for sore eyes

In summer 2010, eye patients across Warrington and Halton received a huge boost with the opening of the new ophthalmic day case unit at Warrington Hospital. The original ophthalmology unit relocated to a brand new, spacious and comfortable accommodation, which has since allowed up to 28 patients to be treated there a day.

The Ophthalmic Day Case Unit is a special unit that deals with patients who require eye surgery or investigations into eye disorders on a day case basis, such as cataract removal, glaucoma treatments and squint surgery.

Inspired by the need to provide same sex accommodation to patients, we took the opportunity to design a unit that is split into two sections; male and female, including changing areas, toilets and recovery accommodation. This reflects the trust's commitment to eliminating mixed sex accommodation, which was illustrated in April 2011 by a declaration of compliance with the Government's requirement to "virtually eliminate mixed-sex accommodation", except when it is in the patient's overall best interest, or reflects their personal choice.

Mark Halliwell, Ophthalmic Consultant commented,

"The new Ophthalmic Day Case Unit is commitment with both the hospital and Ophthalmology departments desire to develop a range of high quality services and provide an optimal patient experience. This unit will help us to achieve these aims."

Top marks for elderly care at Halton Hospital

In Spring 2011, an unannounced visit to Halton General Hospital produced a glowing report on its care for older people, with the hospital scoring highly for dignity, respect and meeting patients' nutritional needs.

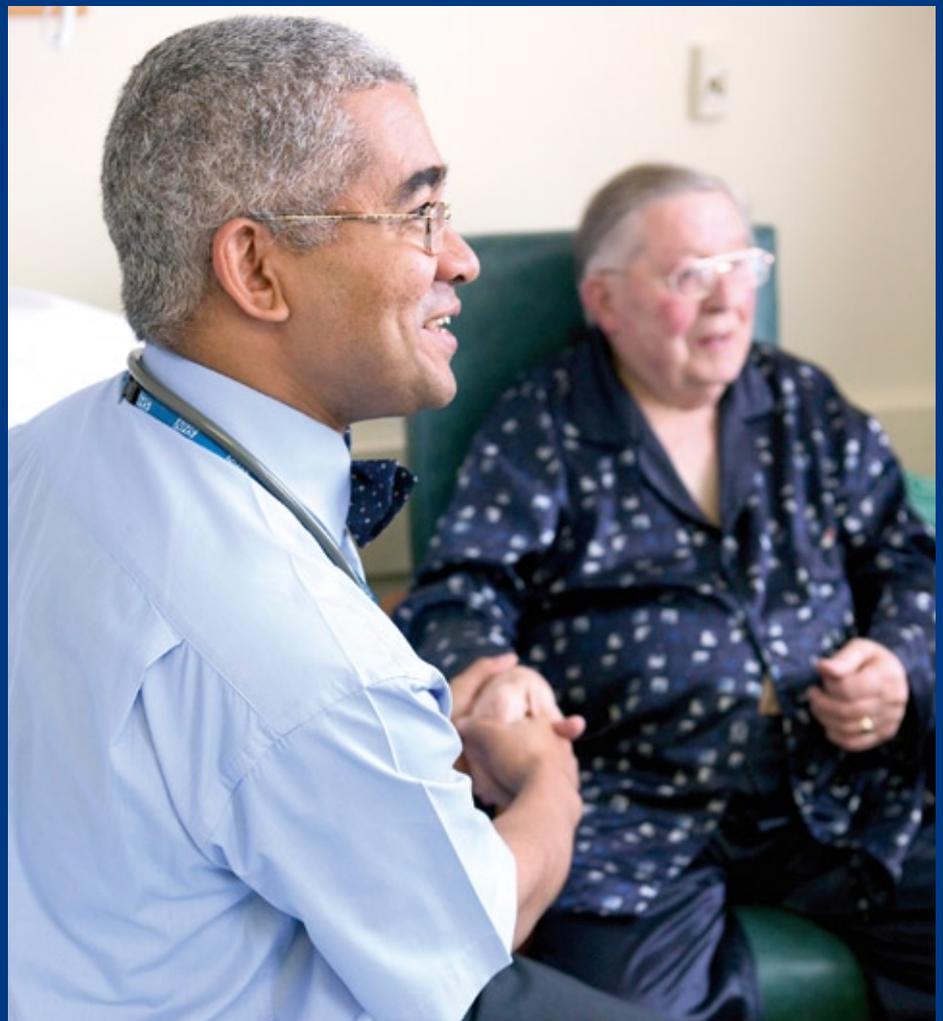
The CQC inspection programme, which aims to assess how well older people are treated during their hospital stay within the NHS, found that staff were respectful,

sensitive to patients' needs and that call bells were answered promptly.

The key focus of the inspection was to assess whether nutritional needs of patients were being met which is an essential aspect of NHS care. The report states that there were choices made available on a daily basis and that dietary requirements were discussed either prior to or during the admission process.

Mel Pickup, chief executive of Warrington and Halton Hospitals NHS Foundation Trust, said: "This report from the Care Quality Commission shows the high standards of care that are provided to local patients by our staff at the hospital. Dignity and nutrition are essential aspects of care for older patients and our staff work incredibly hard to make sure that patients' needs are met in these areas."

"This report from the Care Quality Commission shows the high standards of care that are provided to local patients by our staff at the hospital."



Membership in focus

As an NHS Foundation Trust, Warrington and Halton Hospitals has a membership scheme which means that local people (public and staff) can become members of the trust. Members play a key role the hospitals. Public and Staff Governors are elected from, and by, the membership so that the hospitals have ownership by the local community.

Changes in membership in 2010-2011

Public membership constituency	
At year start (April 1 2010)	8,426
New members	1,813
Members leaving	618
At year end (March 31 2011)	9,621
Staff membership constituency	
At year start	4,212
New members	425
Members leaving	758
At year end (March 31)	3,879
Patient membership constituency (out of area members)	
At year start	157
New members	51
Members leaving	8
At year end	200

Our main recruitment focus was on the hospital sites themselves with the most successful recruitment method being a discharge survey combined with membership form that was given to patients on their discharge from the trust. Outside of the hospital environment, the trust ran a range of recruitment events in local shopping centres, at local major events and at GP practices.

Changes in membership numbers over last twelve months

The numbers of public members leaving the membership was as expected this year. This was mainly due to 'gone away' members who either moved from the area or who could not be located at their original address.

The number of staff members leaving was higher than expected. The reason for this is that there were a number of doctors in training across the Mersey area who where Warrington and Halton Hospitals acted as host employer for HR and other purposes. Responsibility as host employer for these staff transferred to another trust during 2010-2011 so they were excluded

from our staff numbers.

Involving our members

During the year the trust has worked to establish a number of ways in which Members can become involved in the hospitals and ways to ensure they are communicated with on a regular basis. These methods were outlined in our membership strategy called 'Active Community Engagement'. It sets out a range of activities to further develop the membership at the hospitals and to support engagement between members and their Governors.

Some of the work this year has included:

Recruitment

- A continued focus on sustainable recruitment, led through the discharge survey work and other in hospital recruitment.
- A greater membership push with schools and colleges to attract more 12-16 and 17-21 year old members to join the trust. This will build on a model for working with schools and colleges which has been piloted with Lymm High School in the year.

Communications

- Continuation of the quarterly **Your Hospitals**

Your Governors

As an NHS Foundation Trust, our Governors' Council helps shape and endorse the future strategy of the organisation, and provide a critical link between the hospital and the local people it serves within Warrington, Halton and other local areas.

Staff and Public Governors are elected by the Foundation Trust Membership and give up their time voluntarily and make a major contribution to the way the hospital relates to its patients and the wider community.

The full annual report and trust website www.warringtonandhaltonhospitals.nhs.uk has further information on the work of your elected Governors over the last twelve months - including details of attendances at Governors Council meetings, their work on other committees and details of elections held in year.

Governor committee structure

A committee structure has also been put in place with five formal Governor led committees, each chaired by a Governor and with membership made up of Governors:

- **Staff and Patient Care Committee** - Recommending objectives and strategy for the trust in the development and improvement of the patient and workforce experience
- **Communications and Membership Committee** - Recommending objectives

magazine that is sent directly to every Public Member by post.

- A query service where members can contact their Governor and receive a quick response on a topic.
- The continuation of our members' events - now called **Your Health** - where our clinicians present topics of interest to members in the form of lectures and talks. We staged six events in 2010-2011 ranging from an open day in the pathology laboratories (which attracted 150 members) through to smaller events promoting stroke services (attracting a full house of 26 members).

Involvement

- Developing our first **membership survey** which was sent to members in early 2011 and sought further information on the types of interaction members want with their Governors and events that members want the trust to run in the future.
- Developing volunteering opportunities for the membership. This overall work programme is being led by the director of nursing at the trust and we hope to be able to provide a range of volunteering opportunities for members in the coming year as part of it.

and strategy for the trust in the development of communication and engagement with members

- **Compliance with Authorisation Committee** - Reviewing the monthly finance and corporate performance reports and the annual report and accounts
- **Quality Committee** - Receiving and reviewing monthly quality dashboards and reviewing the annual quality report and accounts.
- **Nominations and Remuneration Committee** - Recommends to the Governors' Council the nomination of appropriate candidates to the posts of non-executive directors, including the chair and deputy chair and their terms and conditions.

Other meetings and involvement

Alongside the formal meetings and committees, a wide range of briefing sessions and workshops have taken place to both inform the Governors of trust initiatives and work programmes and gain their views and support.

Two Governors (from the public or staff constituencies) observe each monthly trust board meeting so that they can understand the issues raised and report back to the other Governors. This is on a rotational basis so that each public and staff Governor has the opportunity to attend at least one board meeting each year.