

# Health Scrutiny Panel Meeting

Thursday, 16 November 2017

Dear Councillor

## HEALTH SCRUTINY PANEL - THURSDAY, 16TH NOVEMBER, 2017

I am now able to enclose, for consideration at next Thursday, 16th November, 2017 meeting of the Health Scrutiny Panel, the following reports that were unavailable when the agenda was printed.

Agenda No	Item
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| 7 | <b><u>The Royal Wolverhampton NHS Trust – Quality Accounts 2017/18 (report to follow) (Pages 3 - 16)</u></b> |
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Report of Jeremy Vanes, Chairman, The Royal Wolverhampton NHS Trust

If you have any queries about this meeting, please contact the democratic support team:

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# Quality Accounts update

Debra Hickman Deputy Chief Nurse  
November 2017

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Safe & Effective | Kind & Caring | Exceeding Expectation

Agenda Item No: 7

- **Nurse Staffing Levels** - We recognise the impact that staffing levels have on safe care provision.
- The Trust continue, to pursue a range of approaches towards ensuring high calibre staff are recruited and retained.
- The Trust will continue to review its workforce requirement , and mirror that in relation to the changing demands and roles required.

**Safer Care** – By prioritizing safety we are committed to reducing avoidable harm.

- The Trust will continue to be proactive in reviewing its systems and processes in relation to preventing harm
- Learn from incidents both internally but also regionally and nationally

**Patient Experience and Satisfaction** - We recognise the importance of patient feedback in improving services and experience

- Will be measured and monitored by the Friends and Families Test (FFT)
- This will be further supported and triangulated alongside complaints (formal and informal) and national and local survey responses.



CQC inspection of The Phoenix Walk in Centre on the 8th  
March 2017 rated the service Good Overall.

- Feedback from patients was consistently positive
- Good facilities & well equipped
- Open & transparent approach to safety
- Patients were informed of waiting times
- Care was in line with evidence based practice
- Patient information was available

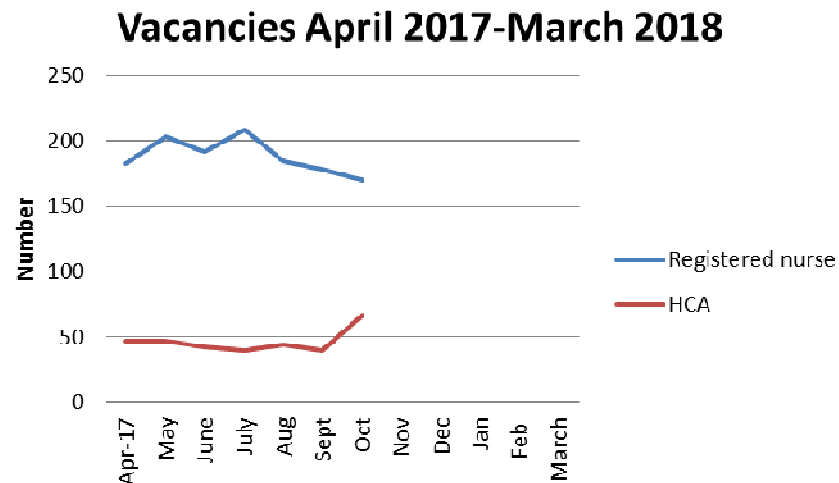
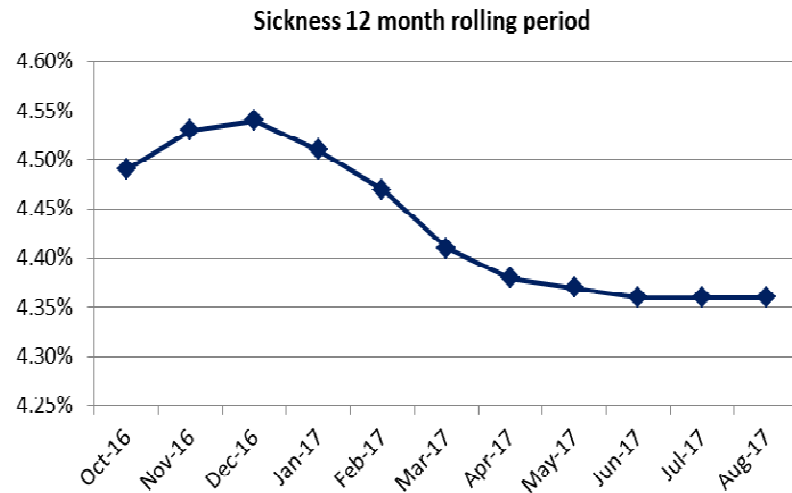
**Improvements recommended were:**

- A programme for clinical audit
- Audit prescriber performance



## Priority 1: Nurse Staffing Levels

Interventions include:



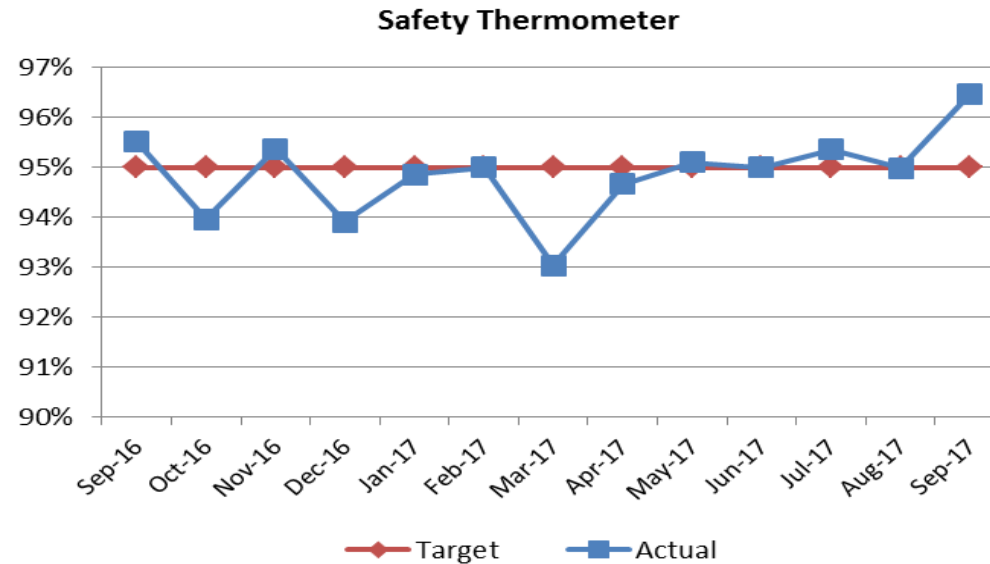
The Royal Wolverhampton **NHS**

NHS Trust

- Review of the Trusts advertisement strategy to target the use of social media.
- Reviewed and refreshed nursing job descriptions.
- Remodel and design of 'what an efficient and effective team should consist of'.
- Exploration and introduction of new roles e.g. 'Associate Nurse' and 'Assistant Practitioner'.
- The Trust took part in the first wave of Trusts to pilot this National initiative -employing 19 Trainee Nursing Associates and 12 Associate Practitioners
- Overseas recruitment achieved 29 RN staff .
- 59 student nurses from local HEI were recruited into RN posts.

## Priority 2: Safer Care

2016/17 position:



- Relaunch of the safety thermometer data collection process
- Triangulation of prevalence data vs incidence data

# Pressure Injuries

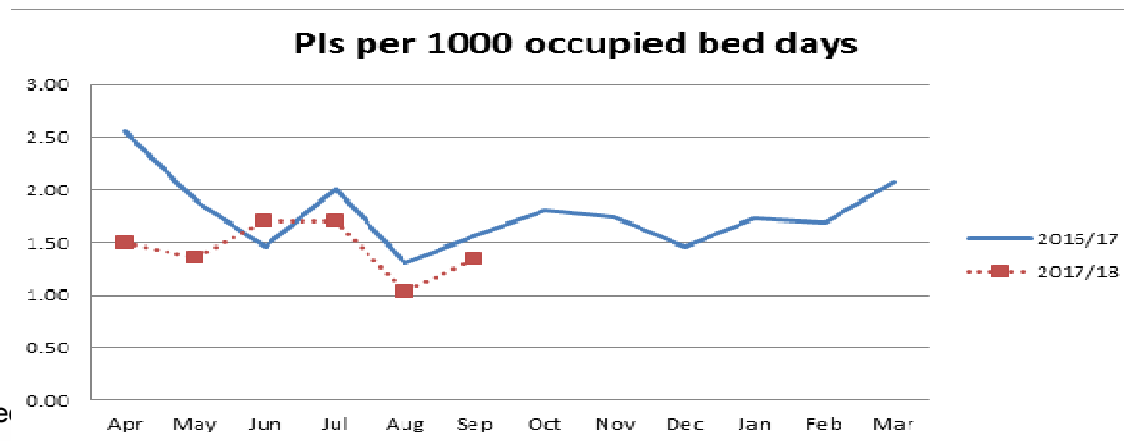
The Royal Wolverhampton



NHS Trust

## Achievements include:

- The Trust achieved 16% reduction of total incidents and a reduction of 28% reduction across inpatient areas and community services of avoidable pressure injuries.
- Incident analysis has shown an impressive leadership approach to drive pressure injury preventative measures in many areas. Robust holistic assessment and consistent approach to repositioning are continued foci.
- In the adult areas, new documentation has been launched to help record accurate interventions during the patients' journey.
- A 3 year health economy Tissue Viability Strategy was developed with a focus on wound prevention relating to all types of wounds. Key milestones have been achieved including renewed pathways to speed up wound healing and make better use of resources.
- The below graph demonstrates numbers of pressure injuries per 1000 occupied bed days (inpatient areas, total pressure injuries). The community rate per 10,000 population remains below 0.28/10000 of avoidable pressure injuries.



Grade 2/3/4 acquire  
Pressure injuries



# Falls

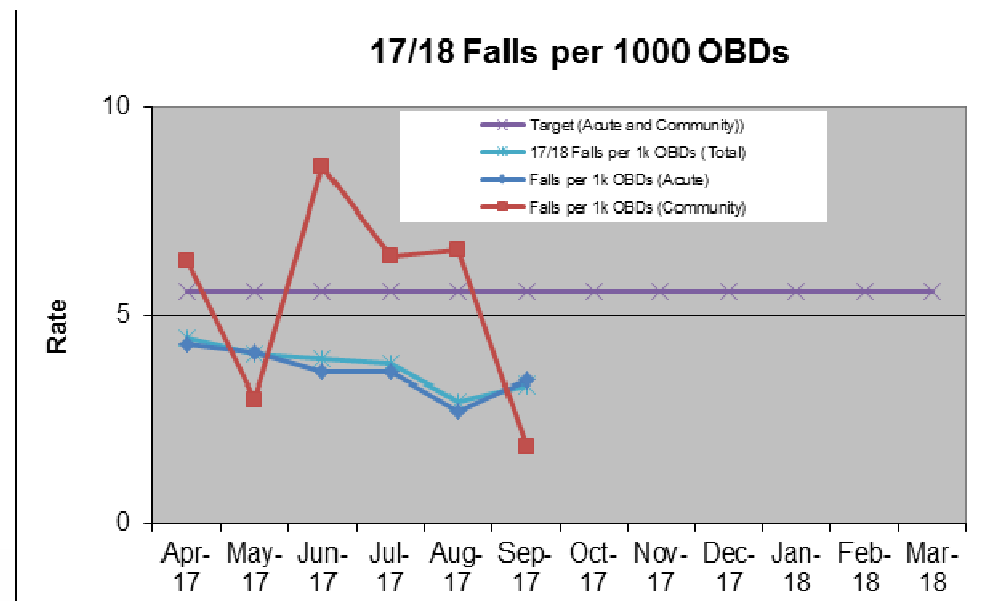
The Royal Wolverhampton



NHS Trust

## Achievements include:

- Launch of revised policy and supporting documentation
- Clarity regards roles & responsibilities
- Commencement of the National Falls Collaborative programme launched by NHSI
- Introduction of Multi disciplinary observation
- Creation of Delirium protocol to support identification and management
- Availability of walking frames for urgent use on admission to wards
- Education of Junior Doctors regards the risk of falls



# Medication Incidents

The Royal Wolverhampton **NHS**

NHS Trust

	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Number of reported medication incidents	109	115	120	108	73	95	82	93	72	117	90	94
Level of harm caused	104	110	117	104	69	92	77	92	69	113	85	91
	5	3	3	4	3	3	5	0	2	3	4	2
	0	1	0	0	1	0	0	1	1	1	1	1
	0	1	0	0	0	0	0	0	0	0	0	0
Number of admissions (RWT Inpatients only)	13,333	13,741	13,201	13,690	12,566	13,442	13,250	13,875	13,797	13,568	13,435	10,930
Rate of medication error (%)	0.82%	0.84%	0.91%	0.79%	0.58%	0.71%	0.62%	0.67%	0.52%	0.86%	0.67%	0.86%

- Medication Safety Group**  
Multidisciplinary group meets monthly to discuss current issues around medication safety  
All incidents associated with patient harm are scrutinised for areas for improvement and Trust-wide learning

- Regional Medication Safety Meeting**  
Collaboration with other Trusts within the region to share best practice in all areas of medication handling

- Datix Categories**  
Medication categories within datix have been reviewed and amended to improve data quality within the Trust, and allow comparisons to be drawn with other Trusts within the region

- 30 day treatment chart**  
Many prescribing errors are found to have happened when treatment charts have been rewritten. As a result, a new 30 day treatment chart has been designed and is in the process of being trialled in clinical areas for use prior to the implementation of electronic prescribing

- Missed Doses Audit**  
Missed or delayed doses of medicines are commonly reported incidents, and often associated with a level of patient harm. A snapshot Trust wide audit of missed doses was performed in July. Results and actions will follow during the current financial year

- Electronic Prescribing and Medicines Administration (EPMA)**  
The EPMA programme will support safer prescribing and medicines administration. Currently the programme is being tested, and configured to the requirements of RWT. The first wards will go live in March 2018.

# Preventing Infection

The Royal Wolverhampton

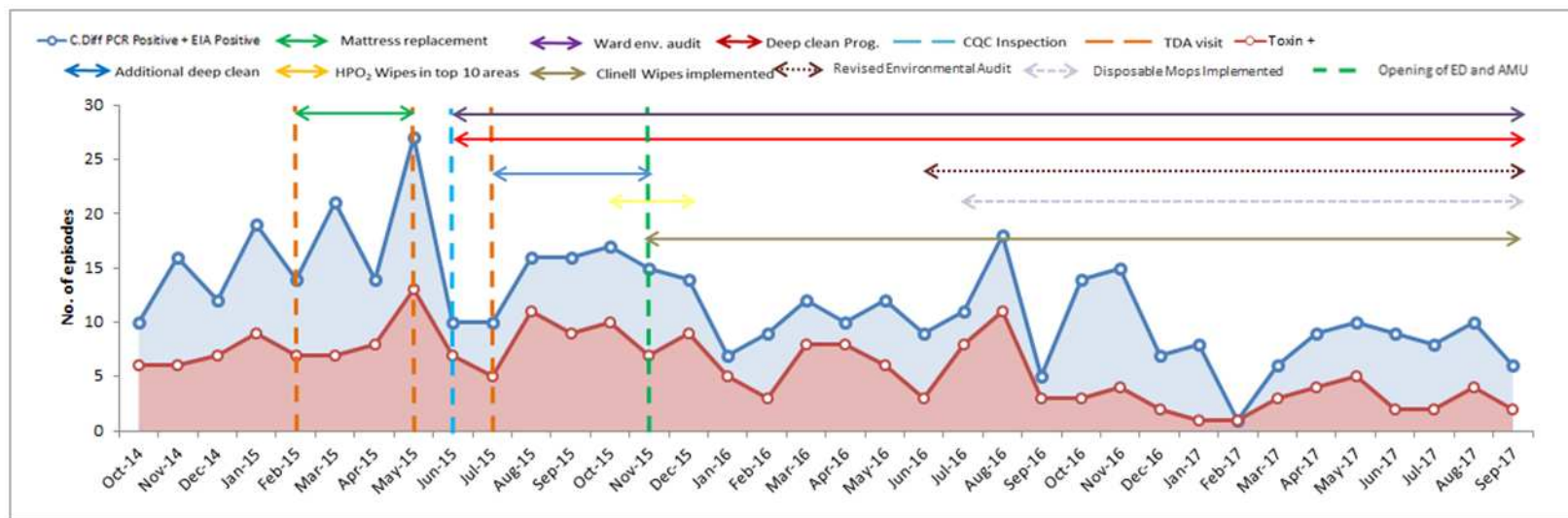


NHS Trust

Interventions include:

Bringing *Clostridium difficile* Infection back into expected levels through a range of interventions.

*Clostridium difficile* Infections number internally attributed (blue) and externally reported (red) with interventions mapped.



# Preventing Infection

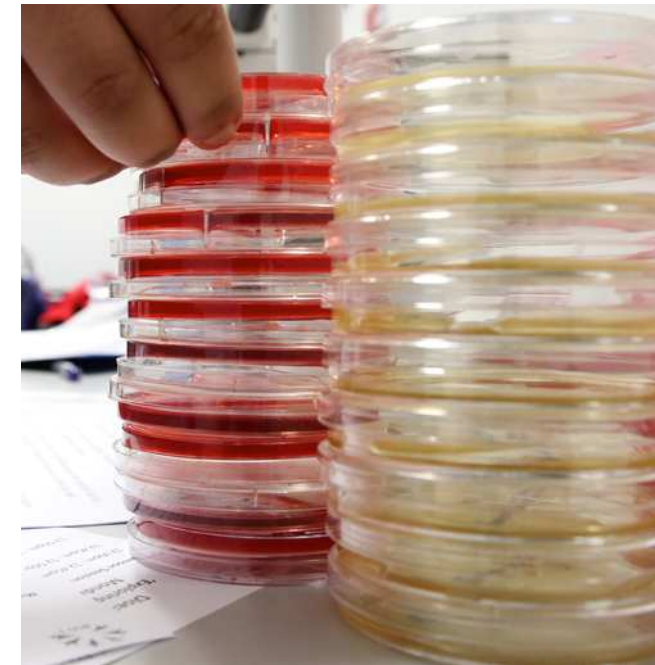
The Royal Wolverhampton



NHS Trust

## Achievements include:

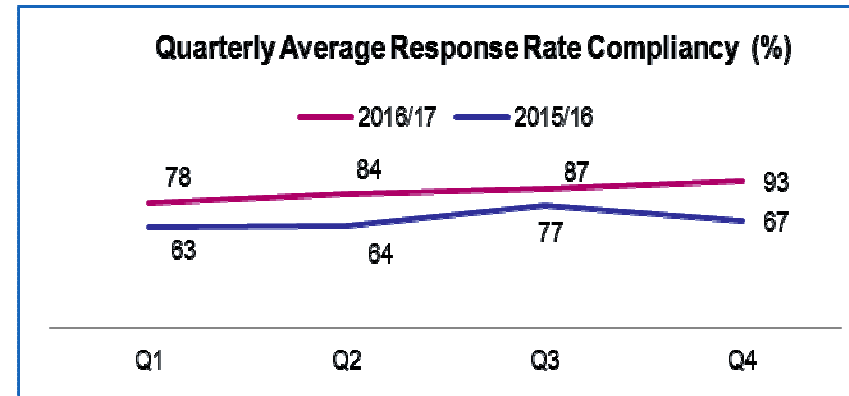
- Nil MRSA bacteraemia.
- Reinforcement of screening for CPE, an emerging group of highly resistant organisms.
- Expansion of the Intravenous Therapy Resource Team who inserted their 3000<sup>th</sup> line since their creation in Sept 2012.
- Work of the IVRT and Surgical site infection team shortlisted for HSJ Awards.
- Lowest year on year record for device related bacteraemia in the Trust Streamline of catheter usage and care across the City using a standardised agreed formulary.
- Delivery of a care home prevalence project.
- Continued support to care homes and very sheltered housing establishments across the Wolverhampton health economy, ensuring a seamless service across healthcare facilities throughout the city and preventing norovirus-related hospital admissions to acute services.
- Introduction of an Infection Prevention Scrutiny process, involving clinical areas presenting their investigations for each incidence of infection, to identify themes, risk, lessons learnt and to support with strengthening Governance processes in relation to HCAI.
- Partnership working with Walsall Healthcare Trust to develop electronic sharing of infection risks.



## Priority 3: Patient Experience and Satisfaction

### Patient Experience metrics:

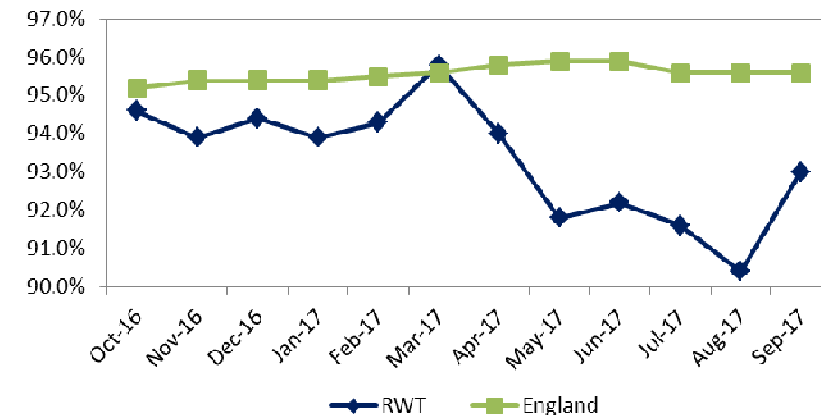
- Monitoring of the revised complaints policy resulting in complaints compliance rate improvement from an average of 78% in Q1 2016/17 to 93% in Q4 2016/17.
- An external full complaints audit and quarterly compliancy audit
- A full analysis of the complaints that breach



### Friends and Family Test

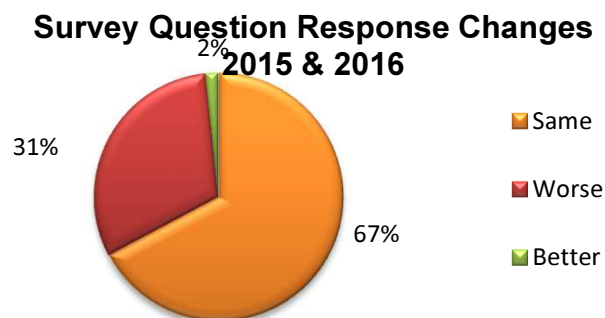
- A comprehensive review and analysis of 2015/16 scores and additional patient feedback.
- Ensuring FFT inclusivity across ED, Inpatient, Outpatient, Day Case, Community Services and Maternity.
- Implementation for Children and Young People, Learning Disabilities, Dementia, Deaf, Blind or visually impaired and people with little or no English.
- Hand held devices used to capture FFT responses in real time on wards.
- Monthly metrics are analysed and the lowest five performing areas for response and recommendation rate are targeted with direct work for improvement.

### Inpatient FFT Recommendation Rates



## Priority 3: Patient Experience and Satisfaction

National Inpatient Survey 2016 – published 8<sup>th</sup> June 2017



### Positives

- Cleanliness.
- Single sex accommodation provision.

### Areas for improvement

- Waiting for admission to hospital.
- Provision of explanations and information.
- Aspects of care: emotional support, pain management, responsiveness to call bells.

## 2017/18 Priorities

### Safe Nurse Staffing Levels:

- Continuing to explore new / changing roles to meet the care needs that present
- Continuing to engage with the workforce to support Health & Wellbeing needs
- Continue to

### Safer Care:

- Roll out of the work undertaken by the Falls collaborative across the Trust
- Implementation of the revised 'Learning from Deaths' methodology and associated policy
- Review of how learning is created from Pressure Injury incidents

### Patient Experience and Satisfaction:

- Implementation of the action plan following National Inpatient results 2016
- Implementation of the Trusts 'Council of Members'
- Review of the Volunteer roles across the organisation



# Any Questions?

