



Health Scrutiny Panel

10 June 2014

Time 6.00 pm **Public Meeting?** YES **Type of meeting** Scrutiny
Venue Committee Room 3 - Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

Membership

Chair Cllr Claire Darke (Lab)
Vice-chair Cllr Zahid Shah (Con)

Labour	Conservative	Liberal Democrat
Cllr Greg Brackenridge Cllr Jasbir Jaspal Cllr Milkinderpal Jaspal Cllr Peter O'Neill Cllr Bert Turner Cllr Daniel Warren	Cllr Paul Singh	

Quorum for this meeting is two Councillors.

Information for the Public

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

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Copies of other agendas and reports are available from:

Website <http://wolverhampton.cmis.uk.com/decisionmaking>
Email democratic.support@wolverhampton.gov.uk
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Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

Agenda

Part 1 – items open to the press and public

Item No. *Title*

MEETING BUSINESS ITEMS

- 1 **Attendance**
- 2 **Apologies**
- 3 **Declarations of Interest**
- 4 **Minutes of previous meeting** (Pages 1 - 8)
[To approve the minutes of the previous meeting as a correct record.]
- 5 **Matters Arising**
[To consider any matters arising from the minutes.]

DISCUSSION ITEMS

- 6 **Royal Wolverhampton NHS Trust Quality Account 2013/14 - Health Scrutiny Panel Response** (Pages 9 - 108)
[To comment and agree the draft response to the Royal Wolverhampton NHS Trust Quality Account 2013/14.]

Attendance

Members of the Panel

CLlr Claire Darke (chair)
CLlr Ian Claymore
CLlr Paul Singh
CLlr Susan Constable
CLlr Ian Claymore

Other Councillors

Employees

Earl Piggott-Smith	Scrutiny Officer
Viv Griffin	Assistant Director Community

Other attendees

Charlotte Hall	Deputy Chief Nursing Officer (The Royal Wolverhampton Hospital NHS Trust)
David Loughton	Chief Executive (The Royal Wolverhampton Hospital NHS Trust)
Dee Harris	Wolverhampton Clinical Commissioning Group
Mark Lane	Wolverhampton Clinical Commissioning Group
Jo Kavanagh	West Midlands Ambulance Service
Nick Henry	General Manager, West Midlands Ambulance Service
Dr Johnathan Odum	Medical Director (The Royal Wolverhampton Hospital NHS Trust)
Justine Lewis	Care Quality Commission
Jonathan Potts	Care Quality Commission
Carol Bott	Healthwatch Chief Officer, Healthwatch Wolverhampton

Apologies

Apologies were received from the following Councillors

Cllr Milkinder Jaspal
Cllr Burt Turner

Part 1 – items open to the press and public

<i>Item No.</i>	<i>Title</i>	<i>Action</i>
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2	Declarations of Interest	
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There were no declarations of interest received

3.	Minutes of the meeting 6.2.14 Resolved	
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That the minutes of the meeting held on 6 February 2014 be approved as a correct record and signed by the Chair.

	Minutes of the meeting 13.3.14 Resolved	
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That the Chair be delegated authority to approve amendments to the minutes. The following changes were approved by the Chair

Add the following to paragraph (2), page 8 “The Chief Executive is responsible to the Secretary of State and Parliament, and leads a 24 hour service governed by a local unitary board.”

Amend the wording on paragraph (3), page 8 to read “Jeremy Vanes commented on the challenges of working in a politicised environment, in a deprived catchment, with a workforce exceeding 7,000 headcount, delivering complex tertiary services.”

Amend the wording on paragraph (4), page 8 to read “Jeremy Vanes outlined the main responsibilities of the Trust Board and his appointment as Interim Chair following the departure of Richard Harris. Jeremy has been interim chair for nine of the previous 18 months, in two separate spells.”

Amend the wording on paragraph (1), page 9 to read “Jeremy Vanes stated that there had been four Chair’s appointed over an eight year period and there was no single reason linking their decisions to leave, but Richard Harris had served a short-term.”

Amend the wording on paragraph (3), page 3 to read “This included Patient Forums until 2008, after which, responsibility had passed to Local Authority’s to procure LINK and the Health watch. Jeremy Vanes explained the impact of introducing different structures for involving the public in health care provision since the abolition of Community Councils had mixed results in terms of success, but these were national changes that the Trust had always tried to make a success.”

Amend the wording on paragraph (4), page 9 to read “Jeremy Vanes commented on the potential future use of mobile phone technology to engage the public, and particularly young people - for example, the use of the phone to monitor blood pressure levels, which could easily be adapted to harvest feedback on services.”

Amend the wording on paragraph (6), page 9 to read “Jeremy Vanes commented that this situation has the potential to create tension, but considered that powerful management was needed to deal with the hospitals financial problems at the time of David Loughton’s appointment by the then Chair – Professor Mel Chevannes in 2003/04. Jeremy Vanes while accepting that the article was embarrassing disputed the accuracy of parts of the report and also stated that some of the references relate to events that happened many years ago and were unrelated to the Trust.”

Amend the wording on paragraph (7), page 9 to read “Jeremy Vanes explained the role of the Strategic Health Authority prior to 2013 in appointing Chief Executives. Currently the Governors of a Foundation Trust or the Trust Development Authority now steer these appointments.”

Amend the wording on paragraph (2), page 10 to read “Jeremy Vanes commented on the increase in annual turnover from when David Loughton was first appointed. The turnover had increased to over £400 million for 2014, and is a change from the Trust making annual losses of £6 million per annum in 2007/08 to now achieving a regular surplus above £5 million per annum since 2010.”

Amend the wording on paragraph (4), page 10 to read “Cheryl Etches explained the processes and controls to assess quality impact which have been used by the Trust to deliver annual budget surpluses when funding proposals are submitted for consideration, for example Quality Impact Assessments on any changes that reduce expenditure.”

Amend the wording on paragraph (5), page 10 to read “Jeremy Vanes commented on the impact on the Trust due the issues at Mid Staffordshire Foundation Trust and the potential to deliver care as a result of using the resources at Cannock Hospital to create extra capacity at New Cross, which will reduce waiting times for elective procedures, and enable safe expansion of more emergency medical care.”

Amend the wording on paragraph (6), page 10 to read “Cheryl Etches commented that the area used previously for vascular surgery is now an acute medical ward used for winter pressures activity and it would be difficult to bring the vascular service back.”

Amend the wording on paragraph (7), page 10 to read

1. “Managing the medical research facility hub at the hospital on behalf of 14 health networks. The hospital has been given responsibility to coordinate funding of £27 million to support the research studies for five years.
1. Managing the takeover of Cannock Hospital and the development of services, which was the most suitable option to emerge from the enforced reconfiguration of the failing Mid-Staffordshire Foundation Trust.
2. Preparation for Foundation Trust application and recruiting extra nurses as part of the action plan following the Care Quality Commission Inspection in September 2013.”

Subject to the above amendments the Minutes were duly accepted as a fair and accurate record of the proceedings.

4. **Matters arising**

There were no matter arising from the minutes.

MEETING BUSINESS ITEMS

DECISION ITEMS

5. **West Midlands Ambulance Service – Quality Accounts 2013/14**
[Nick Henry, General Manager, West Midlands Ambulance Service]

Nick Henry outlined the performance of West Midlands Ambulance Service against nationally set standards in terms of response times. Nick Henry commented on the specific work being done to increase resources to improve ambulance response times for Category Red 2 (respond to 75% of calls within 8 minutes) and Green 2 (respond to 90% of calls within 30 minutes).

Nick Henry commented on the very positive working relationship with the staff in emergency department at the Trust to reduce delays in ambulance turnaround times. The working relationship was described as being the best across the West Midlands.

Nick Henry explained the criteria for Wolverhampton Clinical Commissioning Groups issuing fines for delayed patient handovers and the amount of fines issued for the period 1.4.13 – 31.1.14.

Nick Henry commented on work being done to reduce the number of high volume service users to refer people to the appropriate alternative service such as a GP to better manage their care. Nick Henry explained that extra paramedic staff being trained to respond to growing demands on the service following decision to increase funding.

Nick Henry explained that a copy of Quality Accounts was not available to be sent in advance of the meeting, but would be sent to the Panel following the meeting

Jo Kavanagh explained plans for the presentation of the Quality Accounts and that there will be an opportunity to answer any specific questions about the report.

The Panel queried the nature of the public complaints about the service and the work being done to improve the situation. Nick Henry explained that customer services training would deal with the complaint about behaviour. Nick Henry explained that the “other” category for complaints was a catch all group.

The panel queried the impact on performance following the introduction of the Make Ready scheme. Jo Kavanagh explained that the changes had allowed the service to respond more effectively and put more resources to meet peaks in demand. Jo Kavanagh explained the benefits of improved medicine

management, quicker turnaround times, and improved infection control for ambulances following the change.

Resolved:

The Panel welcomed the progress made to improve performance and agreed to receive a further update at a future meeting when the information is available.

The Panel to be sent a copy of the Quality Accounts report when received.

Earl Piggott-
Smith

6. **Care Quality Commission - Proposed changes to the inspection and regulation of care services**
[Jonathan Potts/Justine Lewis, Care Quality Commission]

Jonathan Potts gave a presentation about the role and responsibilities of the Care Quality Commission and the plans for developing new criteria for assessing the quality of care provided by health organisations. Jonathan Potts explained that the use of performance ratings will lead to improvements in quality of services.

Jonathan Potts explained that a series of 'listening events' are planned to get the views of the public about the new proposed assessment criteria.

Jonathan Potts explained that the new assessment criteria will apply to all services and the focus of the CQC is to 'shine a light' that supports improvements in the quality of care provided.

Jonathan Potts explained the consultation of the new assessment criteria will be completed in October 2014 and the aim is to have a robust system to check compliance against the care standards.

Resolved:

The Panel was supportive of the new proposed assessment criteria to inspect and regulate care services.

7. **Royal Wolverhampton Hospital NHS Trust - Care Quality Commission Chief Inspector of Hospitals inspection – outcome and action plan** [Charlotte Hall/David Loughton, The Royal Wolverhampton NHS Trust]

David Loughton introduced the report and commented that there were no surprises for the hospital following the inspection.

David Loughton commented on the findings of the inspection report which highlighted concerns about staffing levels.

David Loughton explained that the issue of staffing is common of hospitals nationally and there estimated shortfall of 230,000 in nursing staff.

David Loughton commented that it will take 18 months to 2 years to train a nurse and it is difficult to introduce a large number of staff to a unit at the same time – new staff do need to be introduced slowly in order to maintain patient care standards. David Loughton commented that there are 170 vacancies at the hospital which they are working hard to fill.

David Loughton was supportive of the new hospital inspection arrangements but had concerns about whether the teams will have all the necessary skills as there is shortage of the necessary expertise nationally.

Jonathan Potts commented on the similar challenge facing providers of adult care establishments who are also finding it difficult to recruit staff with the necessary skills and experience.

Resolved:

The Panel welcomed the progress made to implement the action plan approved by RWT Trust Board at the meeting on 27 January 2014.

8. **Provision of Urgent and Emergency Care for Patients using Services in Wolverhampton to 2016/17 – Progress Report [Dr Jonathan Odum, Medical Director, The Royal Wolverhampton NHS Trust]**

Dr Jonathan Odum commented on different methods used to consult with the public about the proposed service changes.

Dr Jonathan Odum briefed the Panel on the main message from the public consultation on future for Urgent and Emergency Care Service in Wolverhampton. Dr Jonathan Odum explained that the report has not yet been finalised and the comments from the public were still being assessed.

Dr Jonathan Odum commented that 90 per cent of responses agreed with the proposals. Dr Jonathan Odum explained that there was specific feedback from the public about wanting to have more access to their GPs when they have an urgent problem.

The Panel commented on the commented on the consultation timetable. Charlotte Hall commented that there was support from staff about the planned changes.

David Loughton commented on public complaints about parking problems and concerns about the impact of more people being seen at the hospital when the Urgent Care Centre opens. David Loughton explained that hospital has good bus service, but the public are not willing to use it as an alternative to the care. David Loughton commented that the new car parking facility cost £5 million to build. The car park provides 550 extra hospital car parking spaces – the money spent on the car park could have been used to fund the cost of recruiting 166 extra nurses.

Resolved:

The Panel accepted the following recommendations:

- to approve the methodology used to undertake the consultation about plans for the new Urgent and Emergency Care Centre.
- to support the proposed strategy for Urgent and Emergency Care Centre.

9. **Health Scrutiny Panel Draft Work Programme 2014/15**
[Earl Piggott-Smith]

Earl Piggott-Smith briefed the Panel on a list of possible topics for inclusion in 2014/15 work programme.

Earl Piggott-Smith explained plans for annual health scrutiny event to inform the panel work programme. The event will involve representatives of all key organisations contributing to the discussion. Earl Piggott-Smith explained that details about the event will be sent to the Panel after discussions with Chair and Vice Chair.

Resolved:

The Panel accepted the recommendation to have annual health scrutiny planning event to consider topics for the 2014/15 panel work programme.

Earl Piggott-Smith

The meeting ended at 15:08



Health Scrutiny Panel

10 June 2014

Report title	Royal Wolverhampton NHS Trust - Quality Account 2013/14 - Health Scrutiny Panel Response	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Well Being	
Wards affected	All	
Accountable director	Sarah Norman, Community	
Originating service	Policy	
Accountable employee(s)	Earl Piggott-Smith	Scrutiny Officer
	Tel	01902 551251
	Email	earl.piggott-smith@wolverhampton.gov.uk
Report to be/has been considered by	N/a	

Recommendation(s) for action or decision:

The Panel is recommended to comment and agree the draft response to the Royal Wolverhampton NHS Trust Quality Account 2013/14 Statement. The statement will be included in the final published document.

1.0 Purpose

- 1.1 Royal Wolverhampton presented a draft of the NHS Trust Quality Account 2013/14 to Health Scrutiny Panel meeting on 23.5.13.
- 1.2 The Panel were invited to comment on the report and if considered appropriate to make comments that they would like included in the final published report.
- 1.3 A copy of the Annual Report and Quality Account 2013/14 and the draft response is attached at Appendix 1.

2.0 Background

- 2.1 Quality Accounts are annual reports to the public from providers of NHS healthcare services about the quality of services they provide.
- 2.2 Healthcare providers publishing Quality Accounts have a legal duty to send their Quality Account to the Health Scrutiny Panel in the local authority area in which the provider has its registered office, inviting comments on the report prior to publication.
- 2.2 The Health Scrutiny Panel has the opportunity too review the information contained in the report and provide a statement on their view of what is reported. Providers are legally obliged to publish this statement (of less than 1000 words) as part of their Quality Account.

3.0 Financial implications

- 3.1 There are no financial implications associated with the recommendations in this report.
[NM/02062014/N]

4.0 Legal implications

- 4.1 There are no legal implications associated with the recommendations in this report.
[AS/02062014/M]

5.0 Equalities implications

- 5.1 Panel members will be asked to consider equality implications as part of all scrutiny investigations and recommendations, especially when identifying who to consult and call to give evidence.

6.0 Environmental implications

6.1 There are no environmental implications arising from this report.

7.0 Human resources implications

7.1 There are no human resource implications arising from this report.

8.0 Corporate landlord implications

8.1 There are no corporate landlord implications arising from this report.

9.0 Schedule of background papers

- Health Scrutiny Panel - **Royal Wolverhampton NHS Trust Quality Account 2012/13 – Health Scrutiny Response** – 18.7.13
- Department of Health - **Quality Accounts: a guide for Overview and Scrutiny Committees** - 16 .3.11

Appendix 1: Wolverhampton Health Scrutiny Panel response to Royal Wolverhampton NHS Trust Quality Accounts 2013/14

The Health Scrutiny Panel welcome the opportunity to comment on the Quality Account Report. The Health Scrutiny Panel has as part of its work programme considered specific reports on the work of Royal Wolverhampton NHS Trust throughout the year. This change to the previous arrangements provided an opportunity for panel to better understand the issues detailed and reach much a more informed view when completing the Quality Account report.

The Health Scrutiny Panel has considered specific reports about the work of the Royal Wolverhampton NHS Trust in making progress against each of the priority improvement areas detailed in the 2012/13 Quality Accounts. In addition, the panel has considered detailed reports on patient satisfaction and experience data against national standards and had the opportunity to scrutinise the evidence presented.

The hospital has responded promptly to requests for information and has attended meetings to respond to emerging issues of public concern. During meetings officers have been open about the challenges facing the service and have responded positively to comments from the Panel.

The Panel reviewed the effectiveness of work done to record and respond to patient and staff complaints about the quality of services provided. The Panel has considered evidence from Wolverhampton Clinical Commissioning Group report outlining the content of a quarterly operational performance report in regards to its commissioning activity.

The Health Scrutiny Panel has invited Wolverhampton Healthwatch and Care Quality Commission to present evidence about their respective work and to identify areas for improvement. The information provided has helped to test the reliability of written and verbal evidence presented by the hospital.

The Panel is assured that the evidence and findings presented in the Quality Accounts report is a fair reflection of the range of health care services provided and the work done to actively involve patients, staff and the wider population in the process.

The Health Scrutiny Panel considers that the work done by the hospital to consult with it about planned service changes and major building projects at all the key stages of the process has been model of good practice.

The Health Scrutiny Panel visited the Accident and Emergency Department in response to concerns about the impact on the hospital as result of major increasing demand on the service

The hospital health priorities match those of the public and the issues highlighted by Councillors.

In response to the findings and recommendations of the Francis Inquiry the Health Scrutiny Panel has reviewed the governance arrangements. The Acting Chair of the Trust Board attended a panel meeting to discuss the governance arrangements and the work done to engage with the public.

The Health Scrutiny Panel will continue to review progress of the following:

- Cannock Chase Hospital consultation
- The Royal Wolverhampton NHS Trust –Foundation Trust Application
- Implementation of the Care Quality Commission Chief Inspector of Hospital Inspection Report action plan
- Joint and Emergency Care Strategy for Wolverhampton and the building of the new Urgent Care Centre
- Patient Experience – results of Friends and Family Test and patient complaints

An important issue missing from the Quality Account statement is a reference to the significant increase in the numbers of people attending accident and emergency and the work being done by the hospital to manage this demand and respond to the challenge.

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The Royal Wolverhampton



NHS Trust

Annual Report & Quality Account 2013/14

An NHS organisation that continually strives to improve patients' experiences and outcomes



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Annual Report

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About the Trust

The Royal Wolverhampton NHS Trust was established in 1994 and is a major acute and community Trust providing a comprehensive range of services for the people of Wolverhampton, the wider Black Country, South Staffordshire, North Worcestershire and Shropshire. It gained Cancer Centre status in 1997, was designated as the 4th Regional Heart & Lung Centre during 2004/05 and became one of the first wave Bowel Screening Centres in 2006. The Trust is the largest teaching hospital in the Black Country providing teaching and training to more than 130 medical students on rotation from the University of Birmingham Medical School. It also provides training for nurses, midwives and allied health professionals through well-established links with the University of Wolverhampton.

With an operating budget in excess of £380 million the Trust is one of the largest acute and community providers in the West Midlands having more than 800 beds on the New Cross site including intensive care beds and neonatal intensive care units and 82 rehabilitation beds at West Park Hospital. As the second largest employer in Wolverhampton the Trust employs more than 6,700 staff. The Trust provides its services from the following locations:

- New Cross Hospital – secondary and tertiary services, maternity, Accident & Emergency, critical care and outpatients;
- West Park Hospital – rehabilitation inpatient and day care services, therapy services and outpatients; and
- More than 20 Community sites – community services for children and adults, Walk in Centres and therapy and rehabilitation services

The Trust has an excellent reputation for its clinical services and for whole system transformation in the delivery of clinical care, service reform and partnership working. Delivering its services from a number of locations including outreach clinics it fulfils two main roles:

- The provision of top quality emergency, community and secondary care services for our local population; and
- Tertiary and specialist services both independently and through clinical networks to the wider population of West Midlands and beyond.

Our Vision and Values

The Trust's vision and values play an important role in describing the principles and beliefs that underpin the way in which it does business. They provide the checks and balances to make sure that all plans improve the experience for patients.

Our vision

An NHS organisation that continually strives to improve patients' experiences and outcomes.

Our values

Patients are at the centre of all we do:

- We maintain a professional approach in all we do.
- We are open and honest at all times.
- We involve patients and their families and carers in decisions about their treatment and care.

Working together we deliver top quality services:

- We work in partnership with others.
- Working in teams we will recognise and respect our differences.
- We support each other as members of the Trust.

We will be innovative in how we work:

- We make it easy to do the right thing.
- We continue to improve the experiences of those who use our services.
- We encourage and support people who lead change.

We create an environment in which people thrive:

- We empower people to explore new ideas.
- We act as positive role models.
- We work hard for our patients.
- We recognise achievements.

Our Strategic Goals

Our vision and values are supported by ten strategic goals. The achievement of these goals, individually and collectively will enable the Trust to demonstrate that it is “living” its vision. These goals are underpinned by our service developments, operational infrastructure and organisational capacity and capability. They are the framework for our performance management - each goal has a range of Key Performance Indicators which enable us to track our progress at a Divisional and Board level. These indicators are reviewed each year to ensure they reflect the aspirations of the Trust in achieving its strategic goals. Delivery of the qualitative and quantitative measurements is through our monthly performance monitoring at local levels and to the Trust Board.

The Trust has an important role to play not only in improving the health and social care services for the local population but also in the continuing regeneration of the City of Wolverhampton as a vibrant multicultural and diverse community. It is important to us that we are efficient and effective in our delivery of services and are seen as a socially responsible organisation. Our strategy enables us to use the cultural diversity of the population we serve to stimulate innovation in the way we deliver services. Our relationship with our members and governors ensures we focus on issues that make a difference to local people. Our strategic goals are shown in the table below:

- To provide our patients and staff with a safe environment, supported by the appropriate estate, equipment and facilities.
- To be an employer of choice with a motivated, productive and committed workforce.
- To achieve a balance between demand and capacity with integrated working and seamless services within the hospital and the wider health community.
- To progressively improve the image and perception of the Trust.
- To be in the national NHS top quartile of benchmarks and targets.
- To achieve our Long Term Financial Plan and Service Modernisation objectives.
- To be a high quality educator.

- To develop and improve our service portfolio.
- To develop our position as a tertiary centre.
- To consolidate our position as a leading healthcare provider operating in a commercial environment.

In 2013/14 the Trust made progress in delivering its goals in a number of areas including:

- Delivering a financial surplus.
- Securing clinical income equal to the previous year.
- Securing the bid to host the West Midlands Local Clinical Research Network.
- Being named as a receiving Trust for services from Mid Staffordshire Foundation Trust.

The NHS Constitution was updated in March 2013 and can be accessed at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170656/NHS_Constitution.pdf

The NHS Constitution

The NHS Constitution contains a number of rights and pledges, which are underpinned by the following seven key principles embedded into the Trust’s philosophy for designing and delivering services and our operational plans:

1. The NHS provides a comprehensive service, available to all.
2. Access to NHS services is based on clinical need, not an individual’s ability to pay.
3. The NHS aspires to the highest standards of excellence and professionalism.
4. The NHS aspires to put patients at the heart of everything it does.
5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.
6. The NHS is committed to providing best value for taxpayers’ money and the most effective, fair and sustainable use of finite resources.
7. The NHS is accountable to the public, communities and patients that it serves.

Management Commentary: Strategic Context

Each year the Department of Health publishes the NHS Outcomes Framework. This document describes the outcomes and actions for the coming year that will help the whole NHS system deliver its longer term ambitions. April 2013 saw the commencement of the most significant changes in the NHS since it began. NHS England has now taken over responsibility for commissioning services – this is done at a local level by Clinical Commissioning Groups and at a regional level by Local Area Teams. During 2012/13 these arrangements operated in shadow form and set out a number of Offers and Outcomes:

- Maintaining performance on key waiting times such as A&E and 18 weeks;
- Continuing to reduce hospital acquired infections;
- Reducing emergency readmission rates; and
- Improving the survival rates for cancer.

The Trust delivered strong performance against all its targets and contractual obligations linked to these priorities. There was a further reduction in cases of Clostridium difficile however the Trust had 1 MRSA against a target of zero.

In terms of financial management, NHS Trusts were expected to improve their financial management. The Trust achieved all its financial targets for the 6th successive year and generated funds for its capital programme.

Economic factors

The impact of the recession on public funding presents challenges in future years. This is becoming evident across the NHS with increasing numbers of commissioners and providers with financial deficits. The Trust's continued strong performance in service delivery and financial management are evident from its achievements in the past year. The qualities shown as an organisation in delivering these results will be the same qualities that will help the Trust to deliver against the next wave of challenges.

Driving Efficiencies – Cost Improvement Programmes and Quality, Innovation, Performance and Productivity

The National challenge to improve quality and safety and reduce costs facing all organisations over the next few years has been reinforced within the national guidance for securing safe and sustainable services and the continued response from advisory and regulatory bodies to the Francis report into Mid Staffordshire Foundation Trust. The Trust has strengthened its arrangements to support delivery of a comprehensive Cost Improvement Programme. This will help clinical divisions and corporate teams make fundamental changes in how they deliver their services more efficiently. The Trust is clear that in improving the services for patients there is a need to review quality and safety and efficiency together. There will be a focus on improving the processes that deliver best clinical outcomes and patient experience. Delivering efficiency is a continuing agenda for the Trust and will be achieved without compromising safety or quality. Our approach is supported by an international evidence base that proves doing the right thing first time in the right place saves money whilst delivering better patient experience and outcomes. Our commissioners also have a continued requirement to deliver efficiencies and get best value on behalf of the patients they serve. To do this they have developed a Quality, Innovation, Performance and Productivity (QIPP) programme. Some of the schemes in this programme will ultimately impact on Trust services, to ensure we are involved in discussions about these decisions we work closely with primary care colleagues and the Clinical Commissioning Groups through our contract discussions and as part of a joint Modernisation Programme Board.

Liberating the NHS

During 2012/13, Liberating the NHS became the Health Act, and was passed through Parliament into Law. As part of this, the commissioning environment across the NHS in England was dramatically altered. In the last year we have been working with a number of key commissioning organisations:

NHS England

NHS England was formally established on 1st October 2012 as an independent body, at arm's length to the Government. They have direct responsibility for commissioning primary care services, including GPs, dental and pharmacy services, as well as taking over parts of the planning process from the Department of Health.

NHS England Regional Offices

NHS England has four Regional Offices. The Regional Office covering Wolverhampton will be Midlands and the East. The Regional Office guides commissioning organisations in contract management and delivery, and in areas relating to quality measurement, including the delivery of Commissioning for Quality and Innovation (CQUIN) schemes.

Local Area Teams (LATs)

There are 27 LATs working on behalf of the Regional Offices. The LAT covering Wolverhampton will be Birmingham and the Black Country. Shropshire and Staffordshire Area Team will also cover part of the Trust's activity. In addition to the commissioning of primary care services, ten selected LATs, including Birmingham and the Black Country, will host the Specialised Commissioning Team taking on an increased range of specialist high cost/low volume services.

Clinical Commissioning Groups (CCGs)

There are 212 CCGs across England. The commissioning portfolio of CCGs will be those services falling outside of the scope of the organisations covered above. Wolverhampton Clinical Commissioning Group (WCCG) have outlined four key commissioning priorities:

- Improve outcomes and the cost effectiveness of planned care;
 - Build a sustainable and effective urgent care system;
 - Create a sustainable and effective system for the whole care journey of patients with long term conditions (including mental health); and
 - Reduce the gaps in mortality across Wolverhampton.
- The Trust also works closely with South East Staffordshire and Seisdon Peninsular CCG.

Public Health

The Public Health function now sits with the Local Authority. This function will take over the commissioning of some services from health, such as healthy lifestyles, sexual health and school nursing.

The Trust has made a number of changes to how services are delivered. Some of the highlights are shown below with further information in Section 2 Quality Account.

During 2014/15 the Trust will work more closely with commissioners for Staffordshire patients for the services currently provided by MSFT

Listening to Our Patients

Learning from what patients tell us about our services is extremely important to the Trust. To ensure we give patients the opportunities to tell us what they think the Trust carries out a number of local surveys as well as participating in National Surveys. The table below sets out the Trust's performance for three key questions in the National Inpatient Survey. The Trust is proud of its performance in these areas, but is keen to continue to improve. More detail about this survey and our internal surveys is shown in Section 2: Quality Account.

	2009/10	2010/11	2011/12	2012/13
Involved as much as want to be in decisions about care definitely/ to some extent	87%	90%	90%	89%
Treated with respect and dignity all the time/sometimes	97%	97%	97%	96%

In regard of the scores given below about patients' overall rating of care, the scale of responses changed from a 5 point poor to excellent scale in the 2011 survey and those of previous years to an 11 point 0 to 10 scale in 2012. In order to provide some comparison between the two methodologies the Trust has shown scores as follows:

- Years 2009/10 to 2011/12 is the percentage for ratings excellent/very good / good
- For 2012/13 the percentage reflects scores 5-10 in the 11 point scale.

	2009/10	2010/11	2011/12	2012/13
Overall care rated as excellent/very good/ good	94%	93%	93%	92%

Principles for Remedy

When dealing with complaints, the Trust fully adheres to the Principles for Remedy issued by the Parliamentary and Health Service Ombudsman. The good practice principles contained in this are:

- Getting it right;
- Being customer focused;
- Being open and accountable;
- Acting fairly and proportionately;
- Putting things right; and
- Seeking continuous improvement.

These principles are put into action in a variety of ways, including training staff to ensure they are aware of and can use the Complaints Policy which supports these principles.

Listening to Our Staff

The Human Resources and Organisational Development Strategies outline the Trust approach to staff engagement and participation. We believe that engaged staff deliver better care and have therefore implemented a suite of involvement methodologies to ensure that we maximise employee engagement. These encourage a multi-disciplinary approach with the focus being on enabling and empowering everyone at all levels to lead, own and drive change.

A key tool that we utilise is a local monitoring process called 'Chatback', this focuses on aspects of engagement and participation that are of local interest. It enables us to get in- depth feedback from our staff at a departmental level to enable rapid action planning at a team level. The Trust has found this tool to be an invaluable catalyst to getting staff engaged with identifying and removing blockages to service delivery/wider aspects of departmental performance. The fact that it is a local intervention that can be tailored to the specific needs of the Trust has meant that it remains flexible and responsive.

Interventions that have proved effective have been departmental focus groups where HR/ line manager facilitate discussions around concerns within a team resulting in jointly agreed action plans. Regular feedback between managers and staff ensures traction is maintained.

In addition, to our local approaches, each year the Trust participates in the National Care Quality Commission Staff Survey. For the 2012 survey there was a 45% response rate to the survey which is sent to a small sample of Trust employees. Results are presented in the form of key findings, of which there are 28 in total.

When the Trust's 2012 National CQC Staff Survey results are compared nationally, the Trust features in the top 20% of comparative Trusts for 10 of the 28 key findings and 'above average' for a further 13.

Staff engagement was also measured. The Trust's score for 2012 was 3.76 out of a possible

5. This means that our results for overall staff engagement has been in the top 20% of acute Trusts for the last 2 years. In addition, a number of other engagement indicators have performed similarly well:

- Staff recommendation of the Trust as a place to work and to receive treatment has been above average for acute Trusts in the previous 2 year's results.
- Overall job satisfaction has been above average in the previous 2 year's results.
- Staff satisfaction with the quality of work and patient care they are able to deliver was above average in the 2012 results.

The overall findings are particularly encouraging however not all the results have improved and we have committed to understanding the cause of any deterioration in performance and will be putting in place robust action plans to address any concerns including assessing our survey results against the issues raised in the Robert Francis QC's report into failings at Mid Staffordshire Foundation NHS Trust.

Technical details of the survey including the full results for the Trust can be found at:

http://nhsstaffsurveys.com/cms/uploads/Guidance/ST12_GuidanceNotes_final.pdf

We will build on our existing communication and action planning mechanisms that we have used in the past as these ensure that staff are fully engaged in identifying and resolving issues in partnership with management.

Part 1:

Statement on Quality from the Chief Executive

Our Quality Account provides an overview of our performance in providing high quality care for the patients we treat and their families and carers. It also sets out our plans to improve the quality of services in specific areas by identifying key priorities and how we intend to reach them.

The Trust knows that patient experience is critical to both patients and their families and goes well beyond the health outcomes of care. We know that our staff are highly motivated to care for patients with humanity and decency, and identify strongly with the idea that they should care for patients in a way they would want a member of their family to be treated. In publishing the Report, we aim to be transparent about our own (and others') assessment of the quality of care we provide. The Board recognises that transparency, and the ability of third parties to assess and scrutinise our performance, helps us to focus on tracking evidence based performance on quality issues in a way that helps improve services. In addition, and equally importantly, it nurtures our already existing culture of continuous improvement and innovation.

Last year, in addition to our over arching priority of Patient Safety, we continued with three main priorities:

- **Urgent Care** as we know this is where patients are at their most vulnerable and where we can make the best of our integrated acute and community focused organisation.
- **Care of the Older Person** because this is the largest group of patients we serve and where we can make real progress in improving nutrition and reducing harm from falls, infections and pressure ulcers.
- **End of Life Care** as we only have one chance to get this right and give patients and their families the dignity and respect they deserve.

These will continue as our priorities as they underpin so much of what we do. As in previous years Patient Safety continues to be an over arching priority with some key indicators to demonstrate our continued commitment to our patients.

To support our aim for our minimum standard to be the best that can be provided on every occasion we are also continuing with our ten "Always Events" as a reminder to all staff who contribute to patient care of the most significant patient safety and experience events which must occur to safeguard patients who receive our services. These "events" cover a wide group of staff both clinical and non-clinical and support the obligation to meet professional codes and include NHS England '6 Cs', Care, Compassion, Competence, Communication, Courage and Commitment

We know that, on occasions, we do not always get it right and we may not meet patients' expectations or our own rigorous quality standards. In these circumstances, our commitment is to be open about what went wrong and to ensure that we learn and integrate this learning into on-going and continuous improvement. We have done a lot of work this year in improving the way we support patients and their families when they are unhappy with their experience which is detailed in this document

We recognise the value of involving our local community in decisions about our services and priorities for improvement, therefore we have listened to the feedback we have received, when things have gone well and when we could have done better. This feedback from a variety of sources has been influential in steering our direction for 2014/15

To the best of my knowledge, the information contained in this quality account is accurate.

David Loughton CBE
Chief Executive
The Royal Wolverhampton NHS Trust

Our Vision and Values

Our Vision

An NHS organisation that continually strives to improve patients' experiences and outcomes.

Our Values

Our values are described in detail in Section 1: Annual Report, the main principles are shown below:

Patients are at the centre of all we do.

We will be innovative in how we work.

Working together we deliver top quality services.

We create an environment in which people thrive.



Part 2 – 2014/15 Priorities for improvement

Our quality improvement priorities for 2013/14 mirrored those of the previous year. They were initially chosen after consulting both our staff and clinical teams who work in the Trust, and looking at what patients and members of the public say about us and our services in national and local surveys and in complaints and compliments. We have also taken account of what people say nationally about health services and where services need to improve.

We believe these priorities to be highly relevant for the coming year as they reflect so much of the services we provide and they will remain as our driving focus in the year ahead. We have achieved much over the previous 12 months in these areas and there is more that we can further accomplish. These three priorities are detailed below.

Priority one: Urgent Care: people who have used our urgent and emergency care services will know that it impacts on everyone at their most vulnerable. We believe we can really make a difference to patients through the best use of all the services available in the hospital and in the community.

Priority two: Care of the Older Person: this is a huge proportion of our patient population and therefore improvements can have a significant impact. Care for this group includes many key aspects of treatment requiring continuous improvement and monitoring of quality, i.e. good nutrition and the prevention of pressure ulcers, falls and infections.

Priority three: End of Life Care: we only have one chance to get this right to ensure patients die with dignity and respect. The impact of end of life care can have a lasting effect on the loved ones left behind.

A thread running through everything we do is our priority around Patient Safety – this has been a primary focus for several years and will continue to be pivotal in what we do. You will see references to actions and indicators relating to patient safety throughout this document

Priority 1: Urgent Care

Why is this a priority?

Urgent and Emergency Care is a priority because it impacts on everyone when at their most vulnerable. It is a point in the patient's journey where a real difference can be made to their experience and outcomes, and it drives the demand for a number of other services both in the acute and community setting. The vision for these services in Wolverhampton is to "improve and simplify the arrangements for Urgent and Emergency Care"

Baseline

Urgent and Emergency Care covers three main areas:

1. GP Services
2. Community Services i.e. Walk-In Centres or Out of Hours provision
3. Hospital Services i.e. the Emergency Department and the Acute Medical Unit (AMU)

The Emergency Department (formerly referred to as Accident and Emergency – A&E) is the first step in the pathway of emergency care and the number of attendances continues to increase at a rate that is becoming difficult to manage.

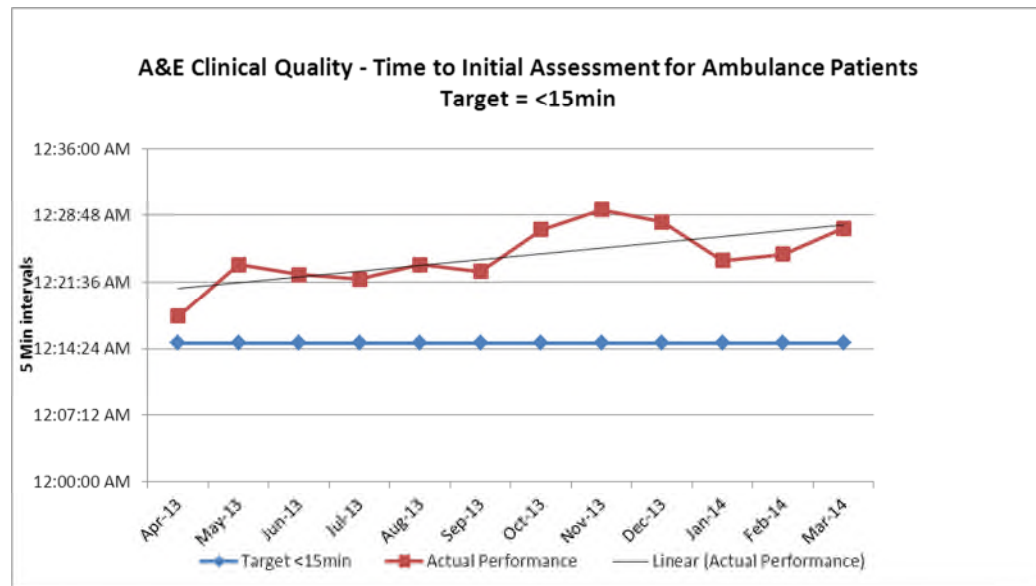
Performance

The pressure seen by the urgent and emergency care system across the country is unsustainable. Performance on a number of indicators was challenging during the winter period in both 2012 and this continued into 2013, with indicators relating to how quickly patients are seen, discharged or admitted at the Emergency Department (ED) particularly affected.

This deterioration is common with a national picture and the Trust has taken steps over the past 12 months to ensure, where possible, that this increased pressure has not impacted on the quality of patient experience offered within the Emergency Department and adjoining clinical teams.

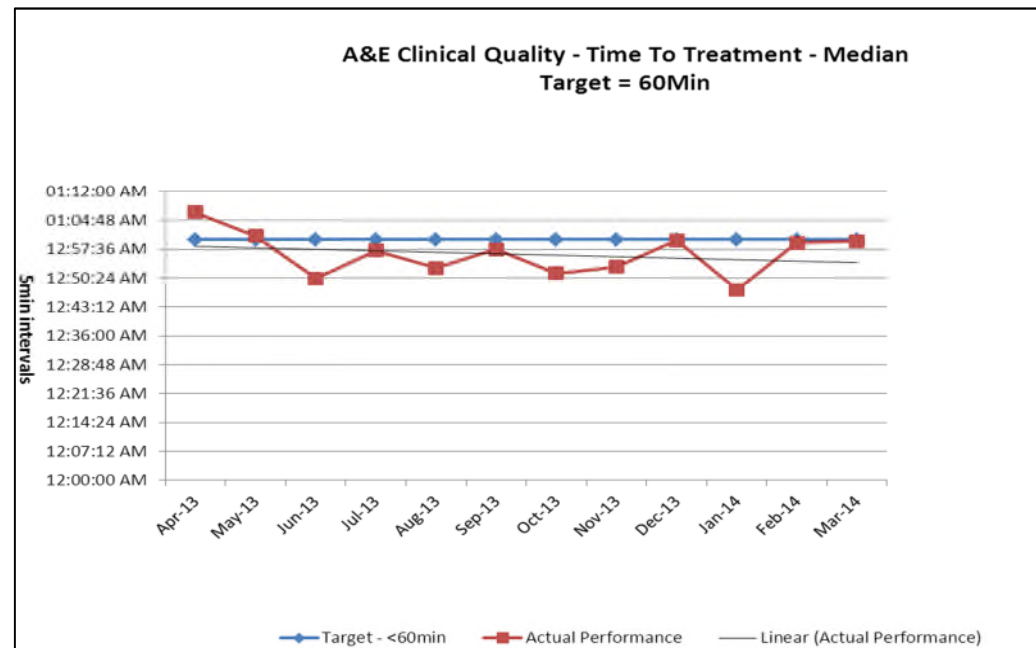
The following section indicates performance against the key targets monitored within ED:

- Patients who arrive by Ambulance will be assessed by a nurse within 15 minutes.



Assessment times of patients who arrive by ambulance are monitored on a daily basis as the number of ambulances arriving in the department continues to rise in line with pressures on ED, this target is monitored regularly to ensure sustainability of this target.

- The average time to be seen by a doctor will be 1 hour.



How we have performed against 2012/13 plans?

- **Develop an agreed and signed off Joint Urgent & Emergency Care Strategy encompassing the needs of the respective organisations and the requirements of the local health economy. Anticipated date for completion; Summer 2013.**

The draft Joint Urgent and Emergency Care was approved by the relevant stakeholder organisations in November 2013.

- **Commence public and partner engagement with the wider community in relation to the discussions and options for Urgent and Emergency Care in Wolverhampton.**

The approval of the Joint Urgent & Emergency Care Strategy allowed a 3-month consultation period on the strategy proposals to begin. Formal consultation commenced on 2 December 2013 and closed on 2 March 2014.

The consultation enabled the proposals for the future of Urgent and Emergency Care Services in Wolverhampton to be shared with stakeholders.

The specific aims of the consultation were:

- To communicate the key aims of the strategy and promote the opportunities for people to get involved.
- To establish and provide a range of methods – both targeted and general – for people to feed back their views.

A series of both formal and informal events took place across various locations within the City to ensure that the public, patients and other stakeholders had the opportunity to receive information, ask questions and communicate their feedback on the proposals. The key question that was posed to respondents was their response to, and agreement or disagreement, with the urgent and emergency care proposals.

This question below was asked following explanation of the plans, either face-to-face, through the consultation document, or via a dedicated website.



- I agree strongly with the plans (62)
- I agree with the plans (115)
- I disagree with the plans (10)
- I disagree strongly with the plans (2)

Of those respondents that answered this question (which was n.189 in total) 115 respondents agreed with the plans (61%), and 62 respondents (33%) strongly agreed with plans.

This equates to a 94% support share for the plans for Urgent & Emergency Care in Wolverhampton.

- **Continue to forge strong working relationships with our partner organisations in order to continue to work in a productive and cohesive manner.**

The Urgent Care Working Group (formerly the Urgent & Emergency Care Strategy Board) continues to bring together GPs from Wolverhampton and South East Staffordshire & Seisdon Peninsula, Trust doctors, nurses and managers, Social Services, West Midlands Ambulance Service, Commissioners and the Black Country Partnership (Mental Health) to pave the way for changes to Urgent and Emergency Care in Wolverhampton. Meetings take place on a monthly basis.

- **Expansion of majors area in the Emergency Department (ED) by November 2013.**

The expansion of the Majors Areas in the Emergency Department has seen an increase of 9 major's cubicles. Initially these cubicles were utilised 18 hours per day by the team; however, they are now operational 24 hours per day.

This expansion has enhanced the Emergency Department in a number of ways; enhancing capacity via the increased space, and an improved environment for patients and staff. Additional staff have been recruited to support the extra capacity. This additional space has meant the time spent in the Ambulance Offload Area has been considerably reduced as patients are able to move into a cubicle space more quickly.

Further operational support aligned with the expansion has included additional capacity for storage and access to medication via the Mediwell system and increased Point of Care Testing (POCT) facilities.

This development has received favourable feedback from staff, patients and other agencies e.g. Ambulance crews.

- **The opening of a Clinical Decisions Unit by September 2013.**

The Clinical Decisions Unit (CDU) became operational for 12 hours a day during May 2013. The unit offers 7 clinical spaces, which enable the ED team to further monitor and investigate a patient's condition in an appropriate clinical environment.

The Unit became operational 24 hours a day, 7 days a week during September 2013.

The introduction of a Clinical Decisions Unit has enabled the prevention of unnecessary admissions offering clinical teams the opportunity to undertake further investigations in an appropriate environment.

What else have we achieved?

- **Ambulatory Assessment Area - Patient Flows and System Changes**

This work stream relates to patients that are referred to the Hospital, but who do not necessarily require a hospital bed, and are able to be assessed in the Ambulatory Assessment Area (AAA) attached to AMU.. Work has been undertaken to develop a clear patient flow through the AAA to ensure a seamless and coordinated approach to the management of their care, ensuring that they have a comprehensive assessment of their immediate clinical needs.

The team is working towards the sustainable presence of a Senior Clinical Decision maker in the area to facilitate speedy assessment and treatment of patients. Partnership working with the IT Department has also taken place in order to implement an IT system, MSS – Patient First, which provides information on time spent in the area and to gives the clinician real-time information to support the episode of care in AAA.

- **Introduction of a See & Treat Work stream**

The ED Team has worked to develop a framework for patients that present at ED Minors that are suitable for the See and Treat workstream.

See and Treat is an initiative designed to reduce waiting times and improve the patients experience in ED. It is a simple technique that involves seeing patients when they arrive, assessing their needs, and providing treatment. (EMJ, 2005). For the Emergency Department at New Cross Hospital the See and Treat criteria is defined as: Limb injuries and wounds in patients 18years and over, but under 65years old – excluding; hip injuries.

There is clear definition of roles and responsibilities for staff working in both the Minors and in the See and Treat workstreams to facilitate the swift treatment and discharge of patients that present at ED.

The Plans for 2014/ 15

- **Implementation of the Joint Urgent & Emergency Care Strategy**

The approval of the strategy allows work to begin on implementing the plans to improve Urgent and Emergency care services across the City.

The work of the Urgent Care Working Group (formerly the Urgent and Emergency Care Strategy Board) continues and the priority will be focused on the implementation of the strategy. Projects and work streams will be overseen by the Urgent and Emergency Care Working Group and will be delivered through dedicated project groups and work streams with a reporting structure to ensure progress is continually monitored.

The Urgent and Emergency Care System in the Future



- **Delivery of the new Urgent & Emergency Care Centre**

Alongside, and an integral part of, the Joint Urgent and Emergency Care Strategy is the construction and delivery of a new Urgent and Emergency Care Centre on the New Cross Hospital site. This development will provide the organisation with a new Emergency Department, with supporting Ambulatory, Diagnostic and Urgent Care facilities. Services will operate within a purpose built, state of the art clinical environment with the aim of improving the patient and staff experience, improving quality and efficiency of care and patient safety, and will provide flexibility to meet future demand.

Expected operational date: Winter 2015.

Leads – Medical Director/ Director of Planning & Contracting

Priority 2: Care of the Older Person

Why is this a Priority for us?

The population of Wolverhampton will change over the next 20 years with older age groups making up the a bigger proportion of the population for example the office for national statistics suggests by 2028 over 70s will comprise 36.5% of the city's population.

We know that the elderly use more health care services than any other group therefore the Trust remains committed to delivering services that are designed appropriately for our biggest service user and respect for the autonomy and dignity of the older person must underpin our approach and practice at all times.

- **2013/14 Review of Priority 2: Care of the Older Person**

What we set out to achieve

In addition to realising our commitment to work effectively with colleagues in primary and social care the Trust focused on a number of specific goals.

- **Falls**

- To continue to identify measures which help reduce the incidence of falls and to work towards all wards introducing the practice of nurses based in bays.
- To reduce the number of patient falls resulting in serious harm to less than 15 in 2013/14.

- **Pressure Ulcers**

- To achieve the ambition of zero avoidable pressure ulcers.

- **Nutrition**

- Nutrition screening & care planning: To meet our targets of 100% for re-screening and care planning.
- Eating & drinking: Identify dishes that are energy dense (suitable for patients with increased nutritional needs or poor appetite) and those with lower fat and sugar content (suitable for patients who are overweight or for those with diabetes).
- Artificial Feeding: To introduce mandatory training for doctors who join the Trust and introduce patient care plans and educational materials for staff.

- **Preventing Infections**

- Sustain best practice and broaden knowledge of infections
- Develop infection prevention systems in the wider healthcare community setting



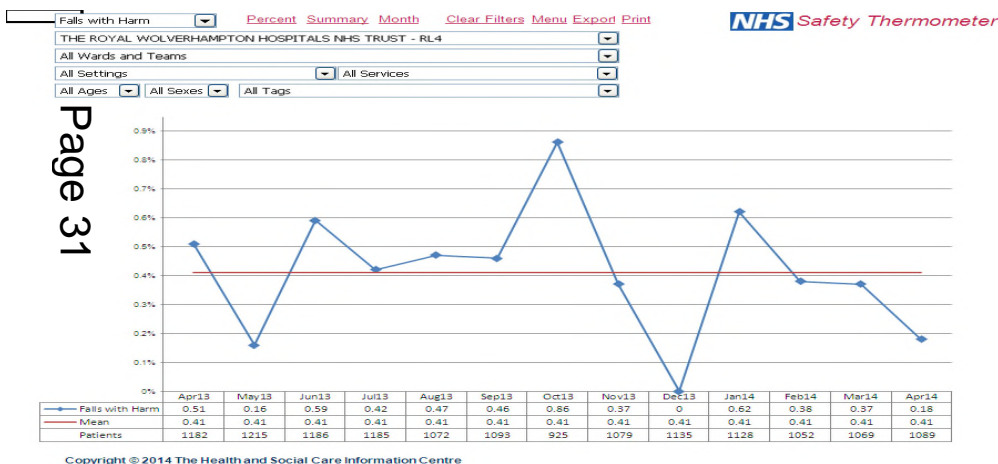
Key Achievements 2013/14

Falls

Every fall that causes harm is scrutinised for any gaps in care and to determine if anything could have been done differently to have prevented the harm. Over the last year the prevalence of falls as measured through the NHS Safety Thermometer has declined. However our incident data highlights that 44 patients suffered serious harm between April 2013 and March 2014.

Numbers of falls causing harm – ‘NHS Safety Thermometer’

The prevalence of falls that cause harm is measured via the NHS Safety Thermometer and has remained fairly static as demonstrated in the graph below. The Trust also counts the numbers of falls and specifically those that cause serious harm. The number has deteriorated from 23 in 2012/13 to 44 in 2013/14. Every fall that causes harm is scrutinised and factors including what we could have done differently are considered. Reducing the numbers of falls that cause harm continues to be a challenge but will continue to be a high priority in caring for the older patient.



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Pressure Ulcers

During the last 12 months the organisation has made significant strides in reducing the number of avoidable pressure ulcers (sores) from 69 recorded in the 12 months April 2012 – March 2013; to 26 from April 2013 to March 2014.

There has only been 1 avoidable pressure ulcer since January 2014 and so since that time we have achieved zero avoidable pressure ulcers

This has been achieved by improving accountability for care through the senior ward sister or charge nurse, all of whom are now supervisory and able to dedicate time to improving standards of care. The Trust has a very robust system of intentional rounding (comfort rounds) and we have improved access to new mattresses that have been trialled on six wards.

We have designated tissue viability nurses in both the acute medical unit and the emergency department who successfully improve local assessment and vigilance in skin integrity. The local nursing homes now participate in our pressure ulcer training and advice is provided by one of our tissue viability staff across the whole health economy this means the patients admitted from nursing homes also benefit from improved management of skin helping to reduce the risk of pressure sores across the whole health economy not just in the hospital.

Nutrition

To assist us in meeting our ambitious target of 100% for re-screening and care planning nutrition screening on VitalPAC (an electronic monitoring system) was introduced in July 2013

The system prompts our staff to screen patients on admission, and weekly thereafter.

Monitoring of nursing nutrition & hydration include weekly re-weighing and a review of their care plan.

Our 2012/13 performance is demonstrated below:

Nutrition related indicators	Our performance in 2012/13	Our performance in 2013/14
% of patients re weighed weekly	79%	97%
% of patients who have a care plan in place and who are at medium or high risk from under nutrition	89%	97%

Our hospital menu was reviewed early in 2013/14, and a new menu launched.

The revised menu includes coding for energy dense and lower fat/sugar options and each ward has been issued with an updated resource folder that indicates the suitability of menu items for specific therapeutic diets and appropriate additional choices.

During 2013/14 we have reviewed and further enhanced our nutrition and training packages.

- We have updated our Doctors' induction manual
- An e-learning package for junior Doctors has been developed, for roll out early in 2014/15.
- Specific care plans have been introduced for patients who require enteral feeding,
- Education packages for nursing and dietetic staff have been reviewed and improved.
- Nutrition is also included in our three yearly nurse mandatory training programme with compliance currently >95%

The past 12 months has also given us the opportunity to introduce an inpatient catering survey. which is completed every 6 months and has provided us with useful information.

In the most recent survey (January 2014) we found that

- 93% of patients said that they were offered the type of food they liked
- 84% of patients said their meals were hot
- 83% of patients described their meals as appetising
- 90% of patients described their meals as well presented
- 90% of patients reported being offered food and drink regularly
- 71% of patients said protected mealtimes were in evidence

Further developments during 2013/14 include

- A programme of work to improve the care of inpatients with swallowing difficulties; this includes development of care plans, protocols and identifying link practitioners as a resource in each clinical area.
- The development of protocols, patient & staff education and ring fencing beds for planned surgery that together minimises fasting prior to planned surgery

Safe Hands is an innovative real-time location system that is being used throughout the Trust to drive improvements in patient safety and quality of care and we have developed it to help us identify those patients who have specific nutritional needs e.g. swallowing problems, artificial feeding, and therapeutic diets.

Source of Data:

- Nursing quality metrics.
- Compliance with mandatory and non-mandatory training on nutrition for nurses and doctors
- Audit protected mealtimes.
- Audit of case notes for compliance with risk screening and use of the nutrition care plan.

Monitoring

- Nutrition Support Steering Group
- Creating Best Practice Steering Group
- Catering Operational Group

Preventing Infections

Infection prevention is an overarching priority for the Trust however the increased risk factors or health care acquired infections in our aging population is recognised.

2013-14 was another successful year both within the acute hospital and across the health economy in reducing health care associated infections through partnership working. Our work includes the provision of education and training programmes and the management of patients with infections in the community.

We have forged and are proud of our close links in care homes, very sheltered housing, local authority and independent contractors and as a result the MRSA Care Homes screening project has reduced MRSA colonisation to less than 2% in Wolverhampton Care Homes from

our starting point of 9% in 2008.

Source of Data:

- NHS 'Safety Thermometer'
- Nursing quality metrics

Monitoring

- Trust Infection Prevention and Control Group
- Creating Best Practice Steering Group
- Weekly accountability meetings chaired by the chief nursing officer

Specific achievements against last year's objectives include the following:

- The Intravenous Resource Team has been made substantive and will continue to focus on a reduction in line related infections, delivering the right line at the right time.
- The Outpatient Parenteral Antimicrobial Therapy (OPAT) Service continues to enable the monitoring and delivery of IV antibiotics in the community, rather than in hospital.
- The Surgical Site Infection Team provides complete SSI surveillance and shares the information with Consultant Surgeons via a monthly dashboard.
- Daily audit of intravenous line care supports best practice and reduces line related bacteraemia.
- Continued focus on supporting high risk areas of infection.
- Improved chronic wound management through a baseline audit, a team of specialist nurses targeting supporting practice nurses, patients and staff with education and specialist wound care advice to promote healing.
- Prevalence study for urinary catheters and a working group formed to discuss strategies to reduce infection related to the use of urinary catheters.
- Appointment of a Biomedical Scientist to support Infection Prevention related research and innovation.

Plans for 2014/15

The Trust will continue to work effectively with colleagues in primary and social care and develop work streams and individual projects that will deliver the values identified through our initial Care of the Older person key stakeholder event in held November 2012.

- Person centered care
- The involvement of carers and family
- Effective collaborative working
- Development of intermediate care
- Safe hospital
- Care, kindness and a respectful attitude
- Education training and innovation

Our values are complimented by those highlighted in [Compassion in Practice](#), a vision based around six values - care, compassion, courage, communication, competence and commitment. The vision aims to embed these values, known as the Six C's, in all nursing, midwifery and care giving settings throughout the NHS and social care to improve care for patients.

Dementia Care and caring for vulnerable adults

We believe that the 6Cs apply to everyone from clinical staff to people working in corporate and support services therefore the Trust will, throughout 2014/15 roll out a Dementia Awareness Programme – a 3 phased trust wide education and awareness programme resulting in Wards / Department / Teams developing individual action plans.

Specific training to develop staff skills in caring for older people and family liaison will be piloted across care of the elderly wards and evaluated and will include a Therapeutic Activity Project - an education programme for volunteers on activities that include sensory equipment.

A redesign programme is planned to introduce single sex Care of Elderly wards during 2014/15. Although we currently provide single sex bays we believe our plans will offer further privacy for our patients

Falls

- The Trust is piloting a therapy led walking team to work with patients who are at high risk of falls. The intention is to support patients in exercising and mobilising gently prior to discharge home and identify what aspects of care actually reduce the incidence of falling over, particularly in older people.
- The Trust links into the national lead for reducing patient falls and is receiving the most up to date information in managing this risk
- Improved patient assessment and intentional rounding continues to reduce the risks of patient falling however more needs to be done around reducing serious harm. The Trust is linking with national falls specialists, participating in research with NHS England and reviewing how the care bundle is used to reduce the number of serious falls.

Pressure Ulcers

The Trust will extend the number of new mattresses across every inpatient bed, the use of these has already evidenced improvements in pressure damage on the pilot wards.

We will concentrate on continuing to have zero avoidable grade 3 or 4 pressure ulcers and concentrate on extending our success in eradicating avoidable grade 3 and 4 pressure ulcers to include grade 2 as well.

Nutrition

The Trust continues to strive to improve nutritional care. In order to do this we have identified the following areas of work for 2014/15:

1. Work with The Learning Clinic to develop MUST reporting from VitalPAC – this will provide further data on compliance with nutrition screening on admission, and weekly re-screening on all admissions.
2. Improve our delivery of 'Protected mealtimes'. A new Matron quality round will be introduced in April 2014 to assess and promote effective 'Protected Mealtimes'.
3. Further improve practice to promote safe artificial nutrition – this will include roll out of the Doctors' induction training package, and nursing indicators regarding the management of patients who are being tube fed.

Preventing Infections

The prevention of avoidable infection is the vision for infection prevention in Wolverhampton and remains the priority message and key focus in health economy care delivery. The need to understand the basics of infection prevention principles and promote clean, safe care each and every time care is delivered is continually reinforced through the Dr Hans Clean messages across the acute site. Staff complete mandatory infection prevention training annually and link practitioners support the wards and care homes to promote the Infection Prevention messages.

The Trust acknowledges the current challenges in infection prevention working in partnership with colleagues across the health economy to deliver nine strategic objectives through an Annual Infection Prevention Programme of Work. Strategic Objectives focus on prevention and control of healthcare associated infections through surgical site surveillance, emerging infections and use of devices, research, and the investigation of novel treatments.

Integral to this is the communication network established between the Acute Trust, independent contractors and community care settings which, in the past two years, has seen improved control of outbreaks and has sustained the systematic follow up of MRSA colonised and *Clostridium difficile* infected patients, offering them a community pathway for treatment and support.

The PREVENT approach has seen MRSA colonisation reduced in care home settings, annual audit supporting an improvement in environmental standards, supported a link practitioner group, and delivered a free, bespoke, Wolverhampton infection prevention care home training DVD to facilitate in-house training for care home staff in the City.

The Trust Infection Prevention and Control Group continues to provide strategic direction,

monitor performance , identify risks and ensure a culture of openness and accountability is fostered throughout the organisation in relation to infection prevention and control. This is reinforced in the community by working closely with Public Health and Commissioners to manage risks within independently contracted services and care homes.

GOALS

- Sustain best practice and broaden knowledge of infections through collection and analysis of good quality surveillance data.
- Develop an infection prevention system in the wider healthcare community setting.
- Expand research activity of the Infection Prevention Team.

Action Required:

- Improve health care infection data across services.
- Maintain the approach to prevention of avoidable infection across the pathway through partnership working.
- Implementation of an annual programme of work working towards the delivery of nine key strategic aims.
 - Investigation of novel treatments for *Clostridium difficile*.
 - Expand research following the appointment of a Biomedical Scientist.

Priority 3: End of Life Care

Why is this a priority?

2013 was a crucial year for End of Life Care; it marked the halfway point of the 10 year End of Life Care Strategy. The government has said that it will hold a review into the feasibility of a “national choice offer” to enable people to die at home. Dr Bee Wee, the new National Clinical Director for End of Life Care at NHS England is holding a consultation on how the strategy can be refreshed, following on from reports on the Liverpool Care Pathway and Mid Staffordshire Foundation Trust and the failures in care that occurred. It is vital that we continue working to ensure that end of life care is a core priority in the reformed health and care world.

It is recognised that palliative care is a crucial element in the care received by patients and carers throughout the course of their disease. Our aim is to ensure that all patients with an advance life limiting illness receive high-quality personalised care at all times, including symptom control and provision of psychological, social and spiritual care. Individuals’ preferences on the location of care will be followed whenever possible and those patients that are dying within the Trust will have a dignified death, with family and other carers adequately supported during this process.

Providing supportive and palliative care should be integral part of every health care professional’s role.

What we set out to achieve

To have a very comprehensive approach to palliative and end of life care to provide information, support and deliver care so that patients nearing the end of life will have our commitment to implementing a person-centred, safe, and effective approach to the provision of high quality palliative and end of life care in the place of their choice.

How are we performing?

- **Following publication of the recommendations from the Independent Review of the Liverpool Care Pathway (LCP)** for the dying (July 2013), guidance for health care professionals across the Trust has been developed, highlighting that it is imperative that people who are dying continue to receive good end of life care and that the principles of good palliative care, on which the LCP is based, must continue to be upheld.
- **In September 2013 the Care Quality Commission (CQC) carried out an inspection of our Hospital** almost all patients referred to the hospital Specialist Palliative Care Service was seen on the day of referral. Staff on the wards spoke highly of this support and felt this teamwork helped them to provide safe care to palliative patients in the hospital setting.
Key quality initiatives have been implemented since the inspection these include:
 - Monthly audits of the DNACPR forms have been undertaken, which have shown improvements in documentation regarding how the DNACPR decision has been reached and who was involved in making the decision
 - A group was set up to review the bereavement service, improvements include a dedicated comfortable and private room for bereaved relatives, training in how to support bereaved visitors given to staff and a review of the viewing arrangements for relatives of the deceased is taking place
 - Improved education and training to all medical grades in the “breaking of bad news” is being implemented

The Trust participates in the National Care of the Dying Audit in Hospitals (NCDAH). This audit takes place every two years and is led by the Royal College of Physicians (RCP) in collaboration with the Marie Care Palliative Care Institute, it is also supported by the Public Health, England.

The key performance indicators (KPI) for 2012 showed:

National Care of Dying Audit in Hospitals (NCDAH) round 3 – Key Performance Indicators (KPI)			
NCDAH round 3 Organisational key performance Indicators		National round 3 (n=131 Hospital Trusts)	Your site
	KPI1: access to information relating to death and dying: to support care in the last hours or days of life	Median 71% IQR (57% - 71%)	86%
	KPI 2: access to specialist support (Specialist Palliative Care Services, LCP facilitator) for care in the last hours or days of life	Median 63% IQR (50% - 75%)	75%
	KPI 3: care of the Dying: continuing Education, Training and Audit	Median 67% IQR (50% - 83%)	92%
	KPI 4: Care of the dying: clinical provision / protocols promoting patient privacy, dignity and respect, up to and including after the death of the patient	Median 78% IQR (67% - 89%)	78%
NCDAH round 3 Clinical key performance Indicators		National round 3 (n=121 Hospital Trusts)	Your site (n=30)
	KPI 5: anticipatory prescribing for the 5 key symptoms that may develop in the last hours or days of life (pain, agitation, respiratory tract secretions, nausea and vomiting, dyspnoea)	Median 83% IQR (73% - 92%)	97%
	KPI 6: communication with the relatives or carers regarding the plan of care (LCP) to promote understanding	Median 71% IQR (65% - 80%)	94%
	KPI 7: on-going routine assessment of the patient, relatives or carers	Median 76% IQR (69% - 84%) N=120*	84%
	KPI 8: compliance with completion of the LCP (or matched alternative	Median 67% IQR (59% - 76%)	88%

*Reduced by 1 hospital as all goals excluded

Results from this year's audit will be published in 2014

The Trust has supported the successful implementation of the Gold Standards Framework (GSF) for Palliative Care in Primary Care Services in Wolverhampton over the last 4 years and has now signed up to the GSF in Acute Hospitals, Phase 5 (2014 -2015). The GSF programmes are designed to improve the quality of palliative and end of life care delivered by non-specialist health care staff caring for patients in the last 12 months of their lives. The implementation in our Trust will be overseen by the Hospital Specialist Palliative Care Team

- **The Royal Wolverhampton NHS Trust Adult Community Nursing Service** sends a survey to the families of end of life care patients, six weeks following their loved ones death. The results continue to show high levels of satisfaction, 93% of comments being positive. The 7% which were negative have guided us to make improvements in the service we provide.
- **The Royal Wolverhampton NHS Trust Specialist Palliative Care Team** user satisfaction survey (June 2013) highlighted how approachable, caring and compassionate all members of the team are. No negative comments were received. The team also participated in the National Bereaved Relatives Satisfaction with End of Life Care Survey (2013), which is overseen by the Professional Standards Committee of the Association for Palliative Medicine. The questionnaire was distributed to the main carer 4-8 weeks after the death of a patient who had been seen by the hospital specialist palliative care team during their final hospital admission. The percentage responding “very Satisfied” or “satisfied” was higher than the national results for questions relating to; patients comfort, the way in which the patients physical needs for comfort were met, availability of the palliative care team to the family, emotional support provided to the patient by the palliative care team.
- **The Palliative Support Worker Service** is managed by Heantun Housing on behalf of Royal Wolverhampton NHS Trust and helps support palliative and end of life patients in their own homes. They work closely with other providers of palliative and end of life care in Wolverhampton and carry out a user survey. The results showed high levels of satisfaction with the service. Particularly in maintaining patient’s independence at home for as long as possible, supporting dying patients who are socially isolated and remain at home and helping to keep patients at home in the face of an unexpected crisis affecting their carer. The service will continue to evaluate and monitor the service they provide in 2014.
- **NICE Quality Standards for End of Life Care for Adults (August 2011).** The quality standard covers all settings and services in which care is provided by health and social care staff to all adults approaching the end of life. It sets out markers of high-quality care for adults aged 18 years and older with advanced, progressive, incurable conditions; adults who may die within 12 months; and those with life-threatening acute conditions. It also covers support for the families and carers of people in these groups. It is not expected that each quality statement will apply to all groups.
 - Of the 16 Quality Standards set out by NICE the Trust was compliant with 12 and partially compliant with 4, of the 4 partially compliant a plan is in place to improve performance
- **Department of Health (DH) Palliative Care-Funding Pilot (PCFP) now being overseen by NHS England.** The aims of the pilot programme is to gain an understanding of the criteria which best predict patient needs and drive costs by testing a case mix classification system based on “phases of illness” which occur within a “spell of care” in order to develop a currency. Also gather sufficient data to understand the national picture for palliative care need, resource use and associated costs. This would also link in social care data with palliative care data to inform the proposal for fully integrated health and social care at the end of life.

Progress to date

- The Trust as a site for both acute and community with partners (Compton Hospice, Wolverhampton, Atholl Nursing Home, Severn Hospice, Shropshire Community Trust, and Shrewsbury and Telford Hospitals NHS Trust and lately Shropshire Local Authority and Wolverhampton Local Authority) successfully collected essential cost and activity data for over a two-year period which began with our first submission in October 2012 and achieved our site target of 1000 spells. To date we have submitted 1064 spells.
- We continue to collect detailed data on complexity of patient need, resource use and costs
- We have engaged both Shropshire and Wolverhampton Local Authority in collecting social care data , and continue to work in partnership
- Excellent progress being made on phased rollout across the site and all partners involved and submitting spells
- We continue to build on working relationships and having a commitment to improving care and delivery on data for the long term gain
- We continue to provide DH progress reports on a monthly basis with data collection returns monthly

Next year in delivery of per patient funding system 2014/2015

- To be involved and engaged in the National Steering group chaired by National Clinical Director for End of Life Care Bee Wee -that will formally:
 - Support the recommendations of the Palliative Care Funding Review
 - Support the development of a currency for palliative care and implementation of the new funding system
 - Ensure currency development is informed by latest research and development work being undertaken by King's College London (KCL)
 - Monitor the progress of currency and systems development and ensure lessons are learned and shared as quickly as possible
 - Provide leadership for the creation of the new funding system
 - To develop a communications strategy to all partners and stakeholders
 - improve processes for all organisations on pilot site for patients, discussed with clinical leads within all organisations on delivery of PCFP
 - deliver in discussion with DH and NHS England and agree moving forward on programme for PCFP key milestones within programme plan

Plans for 2014/15

To review and refresh the End of Life Strategy for Adults in Wolverhampton with a view to developing further services for End of Life Care for Adults in Wolverhampton, a small working group coordinated by NHS Wolverhampton Clinical Commissioning Group (CCG) are looking at objectives and quality markers to further develop the service offered to patients within the last year of life

- To ensure that the strategy for adults supports transition for adolescents where appropriate
- To develop a single Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) policy and form for the local health care economy to ensuring it retains its validity when the care setting changes e.g. discharge from hospital. This will prevent the need to repeat emotionally upsetting conversations with patients and their families about their DNACPR status when the patient moves between care settings
- To appoint a rapid discharge education pathway facilitator to ensure the implementation of a rapid discharge home at end of life pathways is implemented
- To ensure people approaching end of life will be encouraged to express their wishes and feelings
- To development a shared record for patients at the End of life
- To support Wolverhampton Clinical Commissioning Group (CCG) in supporting Nursing and Residential Homes in reducing unnecessary admission of patients in the end of life phase to hospital and in particular emergency portals
- To improved facilitation of Advance Care Planning / preferred priorities for care in order to create a co-ordinated approach across health and social care economy to support nursing homes and to improve service delivery and safety in nursing homes through co-ordinated support of training and education opportunities
- To ensure the national recommendations on the Liverpool Care Pathway (LCP) will be adhered too

Leads - Chief Operating Officer/ Director of Human Resources

Statements of Assurance from the Board

Mandatory Quality Statements

All NHS providers must present the following statements in their quality account, this is to allow easy comparison between organisations.

Review of services

During 2013/14 The Royal Wolverhampton NHS Trust provided and / or sub-contracted xxx relevant health services.

The Royal Wolverhampton NHS Trust has reviewed all the data available to them on the quality of care 32 of these relevant health services.

The income generated by the relevant health services reviewed in 2013/14 represents 91.4% of the total income generated from the provision of relevant health services by The Royal Wolverhampton NHS Trust for 2013/14.

The Trust has reviewed the data against the three dimensions of quality; patient safety, clinical effectiveness and patient experience. The amount of data available for review has not impeded this objective. The data reviewed included performance against national targets and standards including those relating to the quality and safety of the services, clinical outcomes as published in local and national clinical audits including data relating to mortality and measures related to patient experience as published in local and national patient survey, complaints and compliments.

Participation in clinical audits

During 2013/14, 37 national clinical audits and 2 national confidential enquiries covered relevant health services that The Royal Wolverhampton NHS Trust provides.

During 2013/14 The Royal Wolverhampton NHS Trust participated in 95% national clinical audits and 50% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

National Confidential Enquiries	Participated
Tracheostomy Care	Yes
Gastrointestinal Bleeds	No

The Trust has internal processes for monitoring compliance with the CQC Essential standards for quality and safety. The Trust used the CQC Quality Risk Profile (QRP) in its reporting of compliance to Trust Committees. The table below shows 4 months performance against each outcome.

Period	Outcome 1	Outcome 2	Outcome 4	Outcome 5	Outcome 6	Outcome 7	Outcome 8	Outcome 9	Outcome 10	Outcome 11	Outcome 12	Outcome 13	Outcome 14	Outcome 16	Outcome 17	Outcome 21
Apr-13	Low Yellow	Low Yellow	High Yellow	High Green	Low Yellow	High Yellow	Low Green	High Yellow	Low Green	Low Green	Low Yellow	Low Yellow	High Green	Low Yellow	Low Yellow	High Green
May-13	Low Yellow	Low Yellow	High Yellow	High Green	Low Yellow	High Yellow	Low Green	High Yellow	Low Green	Low Green	Low Yellow	Low Yellow	Low Yellow	Low Yellow	Low Yellow	Low Yellow
Jun-13	Low Yellow	Low Yellow	High Yellow	Low Yellow	Low Yellow	High Yellow	Low Green	High Yellow	Low Green	Low Green	Low Yellow	Low Yellow	High Green	High Green	Low Yellow	Low Yellow
Jul-13	Low Yellow	High Yellow	High Yellow	High Green	Low Yellow	Low Amber	Low Green	High Yellow	Low Green	Low Green	Low Yellow	Low Yellow	High Green	High Green	Low Yellow	Low Yellow

CQC has developed a new model for monitoring a range of key indicators about NHS acute and specialist hospitals. These indicators relate to the five key questions they asking of all services – are they safe, effective, caring, responsive and well-led?

A new Intelligent Monitoring Report will now be published, in place of the previous QRPs, which determine where "risks" sit for each indicator. In March 2014 the Trust was highlighted to have 4 key areas of risk identified, as detailed in the table below. This information is cascaded for local attention and action, the Trust is continuing to develop intelligence to provide assurance of compliance with CQC standards.

Elevated risk	Composite indicator: In-hospital mortality - Conditions associated with Mental health
Elevated risk	Whistleblowing alerts
Risk	Composite indicator: In-hospital mortality - Cerebrovascular conditions
Risk	Composite indicator: In-hospital mortality - Musculoskeletal conditions

The national clinical audits and national confidential enquiries that The Royal Wolverhampton NHS Trust participated in during 2013/14 are as follows:

NATIONAL AUDITS 2013/14 -				
National Clinical Audit	Directorate	Applicable	Participating	Status of audit
Adult community acquired pneumonia	Respiratory	Yes	Yes	Completed
Diabetes (Paediatric)	Paediatrics	Yes	Yes	Completed
Non-invasive ventilation	Respiratory	Yes	Yes	Completed
Rheumatoid and early inflammatory arthritis	Rheumatology	Yes	Yes	Completed
Emergency use of oxygen	Respiratory	Yes	Yes	Completed
Epilepsy 12 (Childhood Epilepsy)	Paediatrics	Yes	Yes	Completed
Neonatal intensive and special care - NAPP	Paediatrics	Yes	Yes	Completed
Paediatric asthma	Paediatrics	Yes	Yes	Completed
Sentinel Stroke National Audit Programme (SSNAP) includes SINAP	Stroke	Yes	Yes	Completed
National Audit of seizure management (NASH)	Emergency Department	Yes	No	N/A
National Cardiac Arrest	Critical Care	Yes	No	N/A

The national clinical audits and national confidential enquiries that The Royal Wolverhampton NHS Trust continues to participate in since 2013/14 are as follows:

Acute Coronary Syndrome or Acute Myocardial Infarction	Cardiothoracic Services	Yes	Yes	In Progress
Adult Cardiac surgery	Cardiothoracic Services	Yes	Yes	In Progress
Adult Critical Care (Case Mix Programme)	Critical Care	Yes	Yes	In Progress
Bowel cancer	Oncology & Haematology	Yes	Yes	In Progress
Cardiac Arrhythmia	Cardiothoracic Services	Yes	Yes	In Progress
Congenital Heart Disease (paediatric cardiac surgery)	Cardiothoracic Services	Yes	Yes	In Progress
Coronary Angioplasty	Cardiothoracic Services	Yes	Yes	In Progress
Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)	Diabetes	Yes	Yes	In Progress
Elective surgery (PROMs)	Trauma & Orthopaedics	Yes	Yes	In Progress
Falls and Fragility Fractures Audit programme, includes National Hip Fracture database	Trauma & Orthopaedics (National Hip Fracture) and Care of the Elderly (Inpatient Falls)	Yes	Yes	In Progress
Head and neck oncology	Oncology & Haematology	Yes	Yes	In Progress
Heart failure	Cardiothoracic Services	Yes	Yes	In Progress

Lung cancer	Oncology & Haematology	Yes	Yes	In Progress
Moderate/severe asthma in children (ED)	A&E	Yes	Yes	In Progress
National audit of dementia audit	Care of the elderly	Yes	Yes	In Progress
National comparative audit of blood transfusion	Pathology	Yes	Yes	In Progress
National emergency laparotomy audit	Critical Care (Lead)/General Surgery	Yes	Yes	In Progress
National joint registry	Trauma & Orthopaedics	Yes	Yes	In Progress
Oesophago-gastric cancer	Oncology & Haematology	Yes	Yes	In Progress
Paracetamol overdose (care provided in ED)	Emergency Department	Yes	Yes	In Progress
Prostate cancer	Onc & Haem / Urology	Yes	Yes	In Progress
Renal replacement therapy (Renal Registry)	Renal	Yes	Yes	In Progress
Severe sepsis and septic shock	Emergency Department	Yes	Yes	In Progress
Severe Trauma (TARN)	Trauma & Orthopaedics	Yes	Yes	In Progress
Specialist rehab for patients with complex needs	Neurology	Yes	Yes	In Progress
Chronic Obstructive Pulmonary Disease	Respiratory	Yes	Yes	In Progress

Inflammatory bowel disease IBD	Gastroenterology	Yes	Yes	In progress
Ophthalmology	Ophthalmology	Yes	Yes	Pending

The national clinical audits and national confidential enquiries that The Royal Wolverhampton NHS Trust participated in, and for which data collection was completed during 2013/14, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry. [insert list and percentages]

Eligible National Confidential Enquiries (NCEPOD)	Trust Participation
Tracheostomy Care	Yes
Gastrointestinal Bleeds	No

The reports of 9 national clinical audits were reviewed by the provider in 2013/14 and The Royal Wolverhampton NHS Trust intends to take the following actions to improve the quality of healthcare provided:

National Clinical Audit	Directorate	Applicable	Participating	If participating status of audit	Actions that we have identified to improve the quality of healthcare we provide in this Trust
Adult community acquired pneumonia	Respiratory	Yes	Yes	Completed	<ol style="list-style-type: none"> 1. Updated local intranet clinical guideline containing agreed criteria with Critical Care. 2. Simplified and condensed current guidance and incorporated links to pneumonia care bundle and hospital antibiotic prescribing guidance. 3. Improve compliance with pneumococcal and urinary antigen testing - feedback to acute physicians emphasising importance of testing and education of junior doctors on the post take ward round.
Diabetes (Paediatric)	Paediatrics	Yes	Yes	Completed	The audit was conducted to ensure compliance with RCPCH guidance. To improve the quality of care a Education Programme has been developed for the referral pathway for GP's and

					walk in Centre staff to follow.
Non-invasive ventilation	Respiratory	Yes	Yes	Completed	<p>1. Audit summary presented at both directorates governance meetings to agree on action plan to change practice where required including consideration of addition of DECAF score to NIV care pathway.</p> <p>2. Liaised with respiratory and critical care colleagues</p>
Rheumatoid and early inflammatory arthritis	Rheumatology	Yes	Yes	Completed	Alterations to ERAC protocol to include referral to PT/OT before 12 weeks, in line with NICE
Emergency use of oxygen	Respiratory	Yes	Yes	Completed	<p>1. Improve our prescription of oxygen further - new prescription charts are now in use.</p> <p>2. Show improvement of prescribing oxygen- Re-audit 14/15 (added to plan).</p> <p>3. Pharmacists added to the alerts for oxygen datix.</p>
Epilepsy 12 (Childhood Epilepsy)	Paediatrics	Yes	Yes	Completed	The audit highlighted current advice leaflet available in the Trust ref. Seizures in Childhood required updates. Actions to complete this task have been done and the updated leaflet is now available on the intra-net
Neonatal intensive and special care - NAPP	Paediatrics	Yes	Yes	Completed	<p>The audit looked at whether babies requiring specialist neonatal care received consistent high quality care. A detailed breast feeding action plan has been created for midwifery. This action plan is Midwifery led and currently in place.</p> <p>The obstetric team to develop a system so the issues of all mothers who deliver their babies between 24 and 34+6 weeks and are given a dose of antenatal steroids, can be reviewed.</p>
Paediatric	Paediatrics	Yes	Yes	Completed	National Audit of the Paediatric Asthma looked at Institution v National Analysis (New Cross

asthma					Hospital v All Institutions). No actions for Trust as this National Audit has shown improvements from the previous 2011 report.
Sentinel Stroke National Audit Programme (SSNAP) includes SINAP	Stroke	Yes	Yes	Completed	<p>Ensure submissions (business cases) provide capacity to deliver required intensity of each therapy and also 24/7 access to both to required specialist care on arrival in A&E</p> <p>Review draft new ICP</p> <p>Agree use of ASU beds</p> <p>Ongoing audit of missed direct admissions with weekly reporting</p> <p>A&E teaching juniors and consultants</p> <p>Review of A&E protocols and processes</p> <p>Feed-back all missed direct admissions to A&E</p> <p>Agree A&E swallow screen for stroke nurse use</p> <p>Review EAU and Eye Clinic stroke protocols</p> <p>Work towards 45min each therapy 5 days/week within current resource</p>

There were 304 local clinical audits reviewed by the provider in 2013/14 and 284 completed: The Royal Wolverhampton NHS Trust intends to take the following actions to improve the quality of healthcare provided:

- An acute handover care toolkit has been developed to improve handover time
- Re-launch of SBARD across the Trust
- Mandatory training updated to reflect MUST on Vitalpac and ulna length as an alternative height measure
- Change of bowel preparation – patients are no longer required to have a low residue diet pre-op
- Purchase of six Combifixes (reduces pelvic tilt and improves set up accuracy) to aid immobilisation for pelvic radiotherapy
- Posters displayed throughout EAU detailing the prescribing requirements for Enoxaparin prophylaxis
- Pathway developed for feeding pre-term babies
- Cardiothoracic will provide endoscopic vein harvesting (EVH) to all eligible patients.
- Training and Induction updates undertaken to ensure that all registered nurses are aware of safe practice in correct placement of Naso-Gastric feeding tubes.
- All new patients with a diagnosis of MS are now referred to Clinical Nurse Specialist.
- A new prescription chart has been developed to incorporate not only Warfarin prescribing
- The HIV 3 monthly follow up proforma has been amended to show the CVD risk assessment monitoring and the monitoring of plasma glucose and lipids.

Clinical Audit Activity

The Clinical Audit Committee has reviewed and made significant changes to the clinical audit policy (OP45) for the year 2013-14 due to the poor completion rate and action plans in the year 2012-13. The changes include:

1. Clinical Audit lead must be a Consultant or Senior Staff
2. Limit on number of local audits per directorate to 10
3. Local Audits registered onto the clinical audit database have to show progress within 3 months of registration and 6 months for completion of the audit, otherwise they were abandoned.

These changes have focused majority of directorates in performing quality audits within the timeline and with SMART action plans. During 2013-14 the Trusts Clinical Audit Completion Rate (excluding national audits) was 93%.

Participation in clinical research

RWT performance continues to be on par with large Acute Trusts within the West Midlands region. Our research culture and overall performance continues to be fostered and encouraged. Ensuring that patients are given choice to participate in research trials is a national and local target and is identified by patients as an important clinical choice. The number of patients receiving relevant health services provided or sub-contracted by The Royal Wolverhampton NHS Trust in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was 3310. The Trust currently has 8 chief investigators and 86 principle investigators across the Trust, supported by 31 research nurses and 9 clinical trial assistants.

Overall across the Trust, the total number of patients which were screened for inclusion into one of the 210 active research trials totaled 38,338 of which 20,930 were successfully recruited. The Trust was lead sponsor for two portfolio studies during the 13/14. Academic links with Wolverhampton Birmingham, Aston, Liverpool and Keele Universities in particular where strengthened this year through research collaborations.

Patient representation is encouraged and included in the development of new trials but also in attending localised specialty research groups. To ensure that the experience and future research needs are captured the Trust proactively seeks further engagement from patients upon completion of trial access to innovative treatments. The results for 13/14 have provided assurance that all patients engaged in research are able to influence the future research portfolio and service development. To measure quality the R&D, the management has engaged with external monitors, who undertook 270 external monitoring visits during 13/14. Each monitor was required to feedback on a wide range of criteria and rate each element of activity. In summary monitors rated the Trust as being 86% good/excellent, 11% average/on par with other Trusts whilst 3% was deemed to be but requiring improvement. This has approached has been welcomed by sponsors and monitors and demonstrates the commitment to excel in research quality and performance.

During 13/14, the Trust was successful in achieving its highest accolade, selected as one of 15 new NIHR LCRN the Trust will be the Host to the largest geographical population for research from 1st April 2014.

Innovation and adoption

During 13/14 companies approached the R&D Directorate and products were adopted by Physiotherapy at West Park and the Infection Prevention team. Existing products commercially exploited continue to provide benefits to patients internationally.

R&D Innovative software developments have been supported by the NIHR and development partner to showcase the achievement nationally.

During 2013/14 the Professor of Clinical Practice and Innovation delivered a number of achievements;

A pilot course of seven introductory Master Classes in Research was provided for staff between April and June. This was to further develop the ethos of research

mindfulness and innovation amongst healthcare practitioners. Also, to continuously improve patients' experiences and outcomes through focused evidence based care delivery and make access to research education as easy as possible, encouraging participation. A multidisciplinary group of 22 candidates enrolled. A drop in research advice day was carried out at New Cross Hospital, in conjunction with staff from the National Institute for Health Research Design Service at Keele University.

Two major projects of interest to the Trust were completed during the year; Bereaved families' experiences of organ and tissue donation, and perceived influences on their decision making' reported in June 2013. The report was favourably received and is feeding into the implementation of NHS Blood and Transplant's new strategy Taking Organ Transplantation to 2020. Also completed was 'Recognising the gift of organ and tissue donation: The views and preferences of donor families'. A Working Group has been convened to move this project to implementation and oversee creation of an artwork to honour 'the gift of life' organ donors give to society.

Project implementation and development continues in a number of other fields including: improving the experiences of colorectal cancer survivors, dementia care, organ donation after circulatory death, and an EU funded Innovative Training Network.

In line with Trust ambitions and the new NHS Research and Development Strategy 2013 2018, Research is everybody's business, student nurse recruitment to placements commenced and six students completed a two-day pilot pathway. A booklet of research terms and information about the Research Unit is in development, as are relevant evaluation forms to monitor students' and research nurses' experiences.

A landmark Summit Meeting of Nursing Professors in the West Midlands and the Re-launch of the RCN Research Society was held at the University of Wolverhampton Science Park in June 2014, and was jointly supported by the Trust, the University of Wolverhampton, and the Royal College of Nursing. The agenda included:

- Network opportunities
- Discussion about how Professors could all work towards addressing health issues in the West Midlands
- Re-launch of the RCN Research Society
- Information about the new NHS England Research Strategy
- Nursing topics to submit for NIHR bids
- A programme of education for clinical research nurses

Six students completed a two day pilot pathway placements within the Research and Development Directorate. It is understood that students found the experience enriching. Care was taken to match students with research nurses working on projects within their current clinical placement areas.

Use of the CQUIN payment framework

A proportion of The Royal Wolverhampton NHS Trust income in 2013/14 was conditional upon achieving quality improvement and innovation goals agreed between The Royal Wolverhampton NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2013/14 and for the following 12 month period are available electronically from Simon Evans, Head of Performance - simon.evans8@nhs.net

Statements from the Care Quality Commission

The Royal Wolverhampton NHS Trust is required to register with the Care Quality Commission and its current registration status is active. The Care Quality Commission has taken enforcement action against The Royal Wolverhampton NHS Trust during 2013/14.

The Royal Wolverhampton NHS Trust has participated in special reviews by the Care Quality Commission relating to the following areas of care 2013/14 as part of the new hospitals inspection regime introduced by the Chief Inspector of Hospitals. The aim of this inspection was to assess the organisation against a range of care domains and to check that the organisation was:

- Safe
- Effective
- Caring
- Responsive to people's needs
- Well-led

The Royal Wolverhampton NHS Trust intends to take the following actions to address requirements reported by the CQC:

- Address the shortage of midwives and registered nurses
- Improve dementia care and access to dementia outreach services
- Make environmental improvements in relation to infection prevention, bereavement facilities and safe room for patients with mental health issues
- Improve information about complaints
- Improve staff understanding of Trust feedback channels
- Increase learning disability support to children
- Improve Do not Resuscitate documentation
- Support junior doctors in breaking bad news
- Improve the service provided to bereaved relatives

The Royal Wolverhampton NHS Trust has made the following progress by 31st March 2014 in taking such action. A comprehensive action plan is in place with executive director leadership on each action. This is monitored through the Trust's governance framework and demonstrates significant improvement.

NHS Number and General Medical Practice Code Validity

The Royal Wolverhampton NHS Trust submitted records during 2013/14 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- which included the patient's valid NHS number was:
99.6% for admitted patient care;

- which included the patient's valid General Practitioner Registration Code was:
99.7% for admitted patient care;

99.8% for outpatient care; and
96.4% for accident and emergency care.

99.8% for outpatient care; and
98.2% for accident and emergency care.

Information Governance Toolkit

The Royal Wolverhampton NHS Trust Information Governance Assessment report overall score for 2013/14 was 86% and was graded Green from the IGT Grading Scheme.

Information Governance Toolkit:

IG Toolkit Assessment	Level 0	Level 1	Level 2	Level 3	Total Requirements	Overall Score	Current Grade
Version 11 (2013-14)	0	0	17	28	45	86%	Satisfactory
Not Satisfactory	Not achieved Attainment Level 2 of above on all requirements (Version 8 or after)						
Satisfactory	Achieved Attainment Level 2 or above on all requirements						

Clinical coding error rate

The Royal Wolverhampton NHS Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission. All recommendations made during the 2012/13 PBR Audit have been implemented. Clinical Coding Audits were conducted and conformed to Information Governance Standards whereby two areas were audited. These included Admitted Patient Care for Cardiology and General Medicine. The error rates reported in the latest audit for that period are detailed below;

Cardiology & General Medicine Admitted Patient Care diagnoses and procedure coding (clinical coding) were:

- Primary Diagnoses Incorrect 10%
- Primary Procedures Incorrect 3.55%

This was based on a small sample of 200 Finished Consultant Episodes

Healthcare Resource Groups changes 3.5%

All recommendations following the audit will be completed

Statement on relevance of Data Quality and your actions to improve your Data Quality

The Royal Wolverhampton NHS Trust has taken the following actions to improve data quality in accordance with the relevant Information Governance Toolkit standards:

- Conducts regular audit cycles
- Performs monthly Completeness and Validity checks across inpatient, outpatient, A&E and waiting list data sets
- Monitor activity variances
- Use external/internal data quality reports
- Use standardised and itemised data quality processes in SUS data submissions monthly
- Hold bi-monthly meetings with Commissioners with a set agenda to discuss data quality items
- Hold bi-monthly Trust Data Quality Meetings to manage/review practices and standards.

Core Quality Indicators

The data made available to the Trust by the Information Centre with regard to -

- a. The value and banding of the Summary Hospital-Level Mortality Indicator (“SHMI”) for the trust for the reporting period; and
 b. The percentage of patient deaths with palliative care coded at either diagnosis or speciality level for the trust for the reporting period

	Trust performance			National Average	July 2012 - June 2013 (Latest)	
	July 2010 - June 2011	July 2011 - June 2012	July 2012 - June 2013 (Latest)		Lowest reported	Highest Reported
The value and banding of the SHMI for the Trust for the reporting period.	1.09 (higher than expected)	1.02 (as expected)	1.01 (as expected)	1	0.62 (lower than expected)	1.15 (higher than expected)

The Royal Wolverhampton NHS Trust considers that this data is as described for the following reasons:

The Trust utilises the SHMI, HSMR (Hospital Standardised Mortality Ratio) and crude mortality rates as markers of quality of service provision and outcome. The overall SHMI and HSMR for the hospital are helpful as an overall guide, but using the more specific data relating to standardised mortality rates in the various diagnostic categories is much more useful in ensuring treatment and management protocols are optimised for individual medical conditions. Using these data, the Royal Wolverhampton NHS Trust conducts mortality reviews and audits, looking at hospital processes, which inform decision making in relation to areas that require change or improvement.

The Royal Wolverhampton NHS Trust is a designated cancer centre and has a specialist palliative care team. The Trust places great importance ensuring that patients who require specialist palliative care are referred to the specialist team who will advise on palliative and where necessary end of life care.

The data made available to the trust by the Information Centre with regard to the trust’s patient reported outcome measures scores for –

- i) Groin hernia surgery
- ii) Varicose vein surgery
- iii) Hip replacement surgery, and
- iv) Knee replacement surgery,

during the reporting period.

(c) Patient Reported Outcome Measures

	April 12- March 13	April 13 –Sept 13	National Average	Lowest reported Trust	Highest Reported Trust
(i) groin hernia surgery	0.064	0.085	0.085	0.015	0.195
(ii) varicose vein surgery	0.109	0.049	0.093	0.023	0.175
(iii) hip replacement surgery	0.432	0.427	0.438	0.319	0.543
(iv) knee replacement surgery	0.226	0.371	0.319	0.187	0.387

The Royal Wolverhampton NHS Trust considers that this data is as described for the following reasons:

There are sound mechanisms in place to collect PROMs data, as reflected by national comparison.

Patients are asked to complete the questionnaires. Often, some decline or take the questionnaire but fail to return it to the reception staff, others hand them back incomplete.

The Royal Wolverhampton NHS Trust intends to improve this score, and so the quality of its services, by improving the quality of pre operative information to patients both oral and written.

(d) Readmission Rates

The data made available to the Trust by the Information Centre with regard to the percentage of patients aged –

- i) 0 to 15; and
- ii) 16 or over,

Readmitted to a hospital within 28 days of being discharged forms part of the reporting period.

3: Helping people to recover from episodes of ill health of following injury

Year	RWT			National Average		
	28 day readmissions	All Admissions	28 day % rate	28 day readmissions	All Admissions	28 day % rate
2009/10	7520	97283	7.7%	995895	14138075	7.0%
2010/11	7973	101247	7.9%	1037703	14424128	7.2%
2011/12	7913	101147	7.8%	1052805	14711940	7.2%

2012/13	8216	102603	8.0%	1077392	14720374	7.3%
2013/14*	4617	51876	8.9%	533006	7460106	7.1%

Data Source: Dr Foster Intelligence

*2013/14 data is April 2013 – December 2013 only

The Royal Wolverhampton NHS Trust considers that this data is as described for the following reasons:

It is required to provide information relating to readmission rates as a percentage of all admissions as part of its contracts with commissioners and as such monitors this very closely and discusses it with the commissioners.

The Royal Wolverhampton NHS Trust has taken the following actions to improve this percentage, and so the quality of its services. The Trust reviews readmissions rates by undertaking a sample review of notes to determine whether the patient's treatment plan was appropriate and therefore the readmission was unavoidable. The findings are shared with our commissioners.

(e) The data made available to the Trust by the Information Centre with regard to the Trust's responsiveness to the personal needs of its patients during the reporting period.

	2010/11	2011/12	2012/13	2013/14
RWT	65.7	65.8	67.6	66.8
National Average	67.3	67.4	67.2	
Trust with highest score	82.6	85	84.4	84.2
Trust lowest score	56.7	56.5	57.4	55.4

The Royal Wolverhampton NHS Trust considers that this data is as described for the following reason(s):

- Focus and improvements in care provided have concentrated on providing care in line with individual requirements

The Royal Wolverhampton NHS Trust intends to take/has taken the following actions to improve this score, and so the quality of its services, by:

Increased regular monitoring of specific standards of patient experience

Improved monitoring of ward to board quality and safety indicators

(f) Staff as recommenders of the Trust as a provider of care

4: The data made available to the trust by the Information Centre with regard to the percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.

	2011/12	2012/13	2013/14
RWT	3.68	3.71	3.80

National Average	3.50	3.57	3.68
Trust with highest score	4.05	4.08	4.25
Trust with lowest score	Not available	Not available	Not available

The Royal Wolverhampton NHS Trust considers that this data is as described for the following reasons:

The Trust has implemented a range of service improvement and engagement methodologies to work with our staff to enable us to identify and remove blockages to delivery of excellent service.

The Royal Wolverhampton NHS Trust intends to take and has taken the following actions to improve this score, and so the quality of its services, by:

- Continuing to work closely with staff, giving them the opportunity to contribute towards improvements at work. The Trust is encouraged by the increase from 59% in this result to 70% in 2012 which was maintained in 2013, continuing to position the Trust as better than average for the last 3 years
- Further improving communications between senior management and staff (for example communicating national and local priorities and pressures, innovations, changes to service delivery and improved care pathways) resulting in an increase in this result for 2013 from 31% to 37% (8% above the national average) placing the Trust in the top 20% of acute Trusts

The Trust recognises that these are areas of critical importance and we are therefore committed to further improving these results. Given the significant improvements already made we are confident that our approaches are having a positive impact in this area and will continue to do so.

(g)

The data made available to the Trust by the Information Centre with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.

5: Treating and caring for people in a safe environment and protecting them from avoidable harm

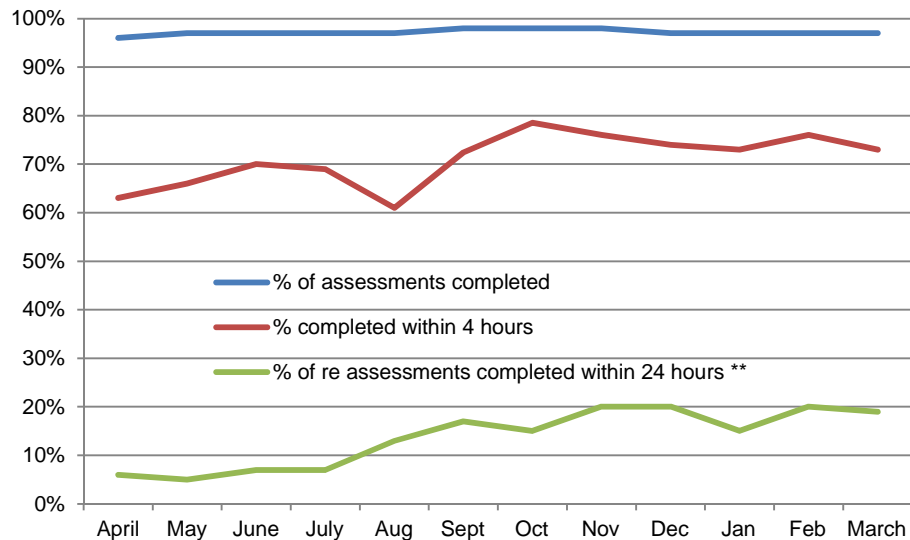
	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14*
RWT	95.8%	96.1%	96%	97.1%	96.93%	97.43%	97.66%	97%
National Average	93.4%	93.8%	94.1%	94.3%	95.48%	95.84%	95.79%	96%
Trust with highest score	100%	100%	100%	100%	100%	100%	100%	100%
Trust with lowest score	80.8%	80.9%	84.6%	89.8%	78.74%	81.3%	74.09%	77%

Source: until February 2014

The Royal Wolverhampton NHS Trust considers that this data is as described for the following reasons:

A concentrated focus has been placed on the importance of undertaking VTE assessments across the organisation. There has been consistent improvement

quarter on quarter and consistently above the national average.



The Royal Wolverhampton NHS Trust intends to take and has taken the following actions to improve this percentage and so the quality of its services, by having a drive on completing VTE assessments in a timely fashion with increasing education of staff and constant vigilance and training of new staff.

(h) The data made available to the Trust by the Information Centre with regard to the rate per 100,000 bed days of cases of C. difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.

5: Treating and Caring for People in a safe environment and protecting them from avoidable harm

	2010/11	2011/12	2012/13	2013/14*
RWT	35.4	39.0	15.8	15.5
National Average	29.6	21.8	17.3	Unavailable
Trust with highest score	71.8	51.6	30.8	Unavailable
Trust lowest score	0.0	0.0	0.0	Unavailable

*Source : http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1195733750761 table 6a.

Positive cases included have the following characteristics:

- Only patients aged 2+ are included.
- A positive laboratory test result for CDI is recognised as a case according to the Trust’s diagnostic.

- Positive results on the same patient more than 28 days apart are reported as separate episodes, irrespective of the number of specimens taken in the intervening period, or where they were taken.
- The Trust is deemed responsible. This is defined as a case where the sample was taken on the fourth day or later of an admission to that Trust (where the day of admission is day one).

The Royal Wolverhampton NHS Trust considers that this data is as described for the following reason(s):

- The current actions to reduce Clostridium difficile are effective.

The Royal Wolverhampton NHS Trust has taken the following actions to improve this rate, and so the quality of its services, by:

- The development of detailed understanding of surveillance data,
- Prompt and thorough review of affected patients,
- Weekly dedicated ward rounds,
- Consistent monitoring and control of the in-patient environment including the use of hydrogen peroxide vapour,
- Promoting early treatment and isolation of patients affected,
- Community follow up of all patients with Clostridium difficile to minimise recurrence
- The adoption of a 3 stage testing algorithm in which all patients at risk of infection are followed up.

The data made available to the Trust by the Information Centre with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Table 1 shows the total number of incidents reported as well as those resulting in serious harm or death.

Table 1
5: Treating and Caring for People in a safe environment and protecting them from avoidable harm

	2012/13		2013/14	
	Incidents	Rate resulting in severe harm/death	Incidents	Rate resulting in severe harm/death
RWT (12 month data)	8982	15 0.17%	9353	11 0.12%

*Data provided is not available via the source stipulated by the Department of Health (<https://indicators.ic.nhs.uk>) and only 6 month data is available for comparison.
Data source - National Reporting and Learning System.

** percentages aren't a calculation of incidents resulting in severe harm or death against total incidents. The Trust with the highest/lowest or average numbers will not necessarily be that which has the highest/lowest or average percentages.

The Trust defines severe or permanent harm as detailed below:

Severe harm: a patient safety incident that appears to have resulted in permanent harm to one or more persons receiving NHS-funded care;

Permanent harm: harm directly related to the incident and not related to the natural course of a patient's illness or underlying condition is defined as permanent lessening of bodily functions; including sensory, motor, physiological or intellectual.

The Royal Wolverhampton NHS Trust considers that this data is as described for the following reasons:

- The Trust has a well embedded and healthy reporting culture and promotes the reporting of near miss incidents to enable learning and improvement.
- The Trust undertakes data quality checks to ensure that all Patient safety incidents are captured and appropriately categorised in order to submit a complete data set to the National Patient Safety Agency.
- The Royal Wolverhampton NHS Trust has taken the following actions to improve risk management and reporting and so the quality of its services:
 - The Trust has reviewed its policy and training to facilitate swift reporting and management review of incidents (including serious incidents).
 - The Trust has revised Induction and risk management training to align with risk indicators e.g. reporting and investigation of incidents and awareness and prevention of never events.
 - The Trust has reviewed its timescale and process for investigation of serious incident to enable timely completion and adequate scrutiny of reports.
 - The Trust was successful at level 3 assessment against NHSLA Risk management standards in September 2013.

The Trust will continue to review its incident reporting performance against the NPSA benchmarks and take appropriate action to redress any trends.

Part 3: Review of Quality Performance

Our performance against 2012/13 priorities

Both the acute and community services focused on similar priorities and the Quality Account for 2013/14 will report performance against all the goals that were set.

Patient Experience:

The methods and scope of our data collection has broadened significantly. We are now placing more information outside each ward telling patients and the public what we have done as a result of their feedback. Our patient stories are used widely across the Trust as training aids. An example of this is where one patient recorded their story for us, they then delivered a session about breaking bad news to clinical staff. They also presented and led a discussion at Grand Round.

Patient Safety:

Pressure ulcers & skin integrity

There is a reduction in numbers of pressure ulcers reported which indicates more joint working across the health economy. However we have found that a number of patients with chronic wounds are seen by a variety of different professionals so we will refine the wound pathway merging chronic and acute wound care across hospital and the community involving practice nurses with nursing homes. This will help to achieve seamless working and better pathways of care for the patient.

Infection Prevention

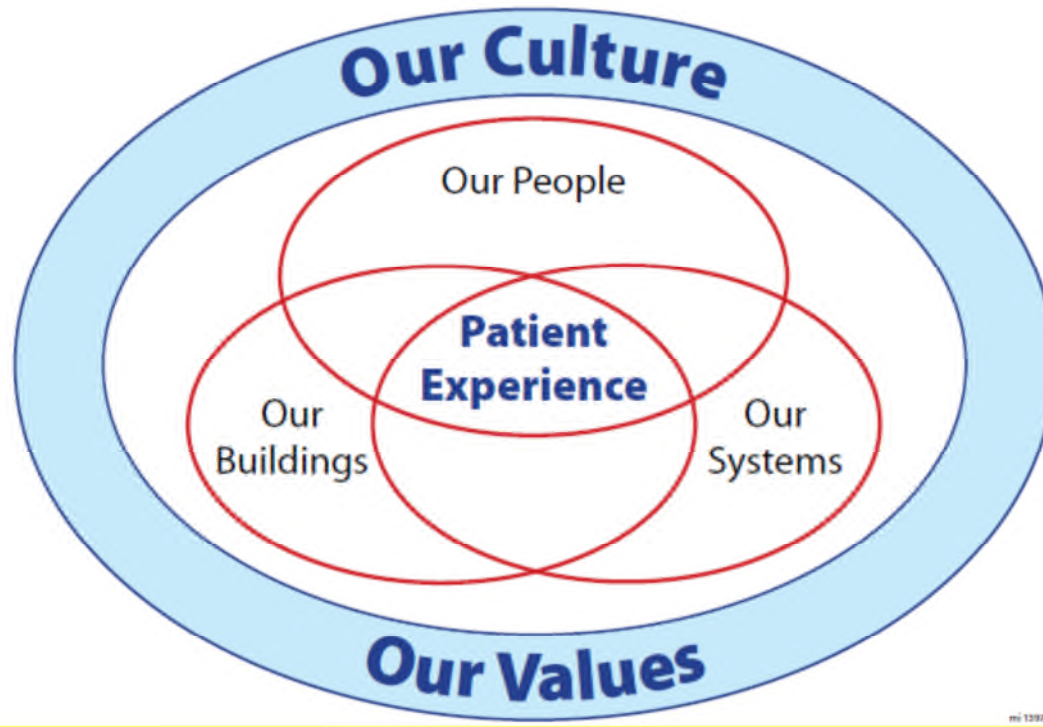
- Surgical site surveillance has seen a reduction in SSI's from 10% to 3.7 %.
- MRSA colonisation rates in care homes below 2%.
- MRSA acquisitions across RWT reduced by 76% since the introduction of universal admission screening.
- Device related hospital-acquired bacteraemia numbers reduced by over 50% since surveillance of these infections was commenced in RWT.
- Infection Prevention Policy suite updated to reflect National Guidance.
- Partnership working with PREVENT in care homes.
- Partnership working with independent contractors.
- Reduction in blood culture contaminants since an enhanced blood culture Phlebotomy service was introduced. The blood culture contamination rate has reduced from 5.96% prior to the introduction of this service, to 1.86% in 2013-14.
- Sustained environmental cleaning standards through audit and the use of hydrogen peroxide vapour decontamination for post outbreak and isolation rooms.

Page 58 Patient Experience

This is what the process of receiving care feels like for our patients, their family and carers. It is how we deliver care and support services and how we use the estates available and created. This can be any aspect that effect patients and the public, from the greeting received in reception or the ease of finding the correct part of the building to the way the clinician examines a patient or explains what is happening.

It includes all interactions a patient or carer has with a healthcare service and their resultant reactions to this service, setting or facility. It is the impact that these interactions have on the patients and carers.

The Trust's Patient Experience Strategy was reviewed during 2013 and this new strategy and strengthens our approach to capturing feedback, measuring performance and improving services in line with the wishes of patients, carers and relatives.



The Patient Experience Strategy 2014 to 2017

Our strategy is to use what patients tell us as the basis for all we do in terms of how our culture forms and how we provide our services. We recognise the changing needs and wishes of patients and the public and we are setting our systems up to reflect this and to be responsive to these needs. Our strategy has an implementation plan to support it, provided below.

Objective	Action required	Timescale to be in place	Measured by	Key Staff	Accountable Staff
<p>Organisational culture instilling patient needs and experience as the founding basis for service provision.</p> <p style="text-align: center;">Page 60</p>	<p>Patient needs and requirements to be the founding basis for service design</p> <p>Publication of patient experience data and changes implemented</p>	<p>December 2017</p> <p>January 2014</p>	<p>Regular review of Patient Experience Data, staff satisfaction survey</p> <p>Self-evident</p>	<p>Chief Nursing Officer, Medical Director, Chief Operating Officer, Director of Human Resources, Patient Experience Lead</p>	<p>Chief Executive</p> <p>Patient Experience Lead</p>
<p>Shift organisational culture instilling patient needs and experience as an intrinsic driver of change</p>	<p>Implement changes as a result of intelligence received</p> <p>Publication of patient experience data and</p>	<p>December 2017</p> <p>January 2014</p>	<p>Regular review of Patient Experience Data, staff satisfaction survey</p> <p>Self-evident</p>	<p>Chief Nursing Officer, Medical Director, Chief Operating Officer, Director of Human Resources, Patient Experience Lead</p>	<p>Chief Executive</p> <p>Patient Experience</p>

	changes implemented				Lead
Update accessibility to reliable digital information in tune with current trends.	Redesign and update of Trust Website, allocate resource to and recruitment of expertise in web design and communications.	April 2014	Self-evident	Head of ICT, Web Developer, Communications Manager/Officer.	Patient Experience Lead
		October 2014	Self-evident		
Implementation of up to date technological methods of engaging with patients, carers and the public.	Resource allocated to and recruitment of expertise communications/social media, RWT to adopt social media as a key engagement and communications tool.	April 2014	Monitoring and reporting of engagement activity via social media	Web Developer, Communications Manager/Officer.	Head of ICT, Patient Experience Lead.
Page 61	Consideration and implementation of mechanisms to allow feedback via various technological routes	October 2014	Monitoring and reporting of feedback received		
Build trust, establish and develop relationships with community and third sector organisations fostering Trust membership as a key engagement tool	Resource allocated to and recruitment of membership and community officer. Increase Trust membership, 3000 over 3 years.	April 2014	Increase in Trust membership, organisations worked with as partners	Volunteer Service Co-coordinator, Membership and Community Officer, Clinical Directors, Matrons, Directorate Managers, Heads of Service.	Patient Experience Lead.
Source insight into patient experiences in a variety of ways , embedding this as part	Review of current methods.	January 2014	Reporting of Patient Experience	Clinical Directors, Matrons, Directorate Managers, Heads of	Patient Experience Lead

of routine activity			data formats	Service.	
Provide Trust Board and Senior Management with sound triangulation of Patient Experience information from a variety of sources	Recruit to/Develop data analyst skills, review reporting information and update	January 2014	Reporting of Patient Experience data formats	Clinical Directors, Matrons, Directorate Managers, Heads of Service.	Patient Experience Lead
Adopt honest and open approach to patient and public views about RWG	Patient Experience reports to be published on the Trust Website Implementation of Patient Experience display boards	January 2014 April 2014	Self-evident Self-evident	Communications Officer, Web Developer	Patient Experience Lead Clinical Directors, Matrons, Directorate Managers, Heads of Service.

Progress to date

We have achieved much in a short period of time in terms of delivery against this plan. Some specific actions to date are:

- Implementation of a Trust wide system of standards to measure patient experience at ward level. Each ward is tasked with reporting its performance against these standards
- Patient experience metrics tailored to specific areas such as maternity and Emergency Department
- Implementation of the Friends and family Test in maternity and emergency Department in addition to all inpatient areas.
- Meeting all CQUIN requirements of the Friends and Family Test.
- All patient experience data is publicised locally on each ward, including actions taken as a result of feedback received
- A range of patient stories are available for use on the Trust intranet for us in staff meetings and training sessions

- Review of the Patient Experience Forum terms of reference and re-launch of the Forum. Since this revamp the Forum meets every other month alternating meetings between the New Cross and West Park Hospital sites. The Forum is now chaired by the Head Nurse for Surgery and has been involved with various developments across the Trust including the Emergency Department plans, Pharmacy, car parking and visiting policy.
- A comprehensive patient experience report is produced each quarter and available through the Trust Boards papers section of the Trust website
- Purchase (charity funded) of a second mobility scooter to assist patients with mobility needs around the New Cross site.
- Development of a team of volunteers to assist with feeding and promoting nutrition.

Patient Involvement & Feedback

We continue to value the feedback and involvement from our patient, carers, Trust members, local support groups and community representatives to help shape the development of services. We have recruited volunteers who provide much appreciated support across a range of services, from way finding and escorting patients around the hospital site, to carrying out surveys and the Walking for Health team. We currently have around 500 volunteers and regularly hold volunteer recruitment events and explore new volunteering roles. In the last year we have been able to strengthen the support we provide to the service which has enabled us to recruit a team of volunteers to assist with the feeding of patients who require support with this. As mentioned above we have also arranged for a second mobility scooter on the New Cross site to assist patients and relatives who find it difficult to mobilise around the site.

In the coming year we will develop the Arts for Health programme through the volunteering service. This will both improve patient experience and will assist with patient’s rehabilitation.

We routinely collect and analyse information in many different ways about what our patients experience. This includes the vast range of statistical data described below. We also analyse all of handwritten qualitative information patients provide us with through the various survey work we do. The vast majority of this is very positive with patients commenting largely on the care, compassion and skill of the staff.

Going Forward

Our plans are to support the demands of the growing need to utilise social media in the NHS as a ways of communicating with and engaging local groups and people, also to overhaul and develop a new Trust website. We will also use the website as a means of communicating how we are performing with regard to patient experience, publicising local information for each ward such as survey results, Friends and Family Test score, complaints and Patient Advice and Liaison feedback. We will also branch out our patient experience data collection into our outpatient areas in line with the on-going requirements of the Friends and Family Test.

Patient Feedback

The table below sets out our performance for three key questions in the national inpatient survey.

National Inpatient Survey

	2009/10	2010/11	2011/12	2012/13	2013/14
Involved as much as want to be in decisions about care definitely/ to some	87	90	90	89	88
Treated with respect and dignity always/sometimes	97	97	97	96	98

In regard of the scores given below about patients' overall rating of care, the scale of responses changed from a 5 point poor to excellent scale in the 2011 survey and those of previous years to an 11 point 0 to 10 scale in 2012. In order to provide some comparison between the two methodologies the Trust has shown scores as follows:

- Years 2009/10 to 2011/12 is the percentage for ratings excellent/very good/ good
- From 2012/13 onwards the percentage reflects scores 5-10 in the 11 point scale.

	2009/10	2010/11	2011/12	2012/13	2013/14
Overall care rated as excellent/very good/ good	94	93	93	92	94

The Trust was in the top performing 20% of Trusts relating to 9 questions, including the standard of experience overall. RWT was in the bottom performing 20% for 6 questions. Through the survey patients reported the below as opportunities for improvement:

- The hospital specialist being provided the necessary information about the condition or illness from the referring clinician.
- The anaesthetist's explanation how they would put the patient to sleep or control pain in a way the patient could understand.
- Explanations as to the purpose of medicines the patients were to take at home in a way they could understand.
- Explanations as to medication side effects to watch for when patients went home.
- Explanations as to how to take medication in a way patients could understand.
- Whether hospital staff discussed if patients would need further health or social care services after leaving hospital.

A feedback session was made available to all staff in April to highlight the areas of positive performance and the areas to consider in the year ahead.

The below points were highlighted in the previous national inpatient survey as areas for improvement and they were not highlighted again in this most recent national survey.

- Pain control
- Call buzzer repose times
- Availability of staff in discussing worries and fears
- Involving patients in their discharge from hospital.

We have monitored these aspects (immediately above) of patient experience using anonymous methodology at the point of discharge and provided on-going progress across the organisation (further information and results are given below).

National Maternity Survey

The national maternity survey also took place and the CQC survey questionnaire was mailed to ladies who gave birth in February 2013. The findings were released in December. 300 ladies were asked to participate and 119 surveys were returned completed (40.6%). Key findings were that all indicators had improved that had previously been measured. 86% of RWT scores were above 80%. There was one indicator in which the organisation scored below 50% and this was around advice on breastfeeding. The department has an action plan in place to address this and any indicators below a 70% threshold, of which amounted to 12% of the indicators.

In terms of national benchmarking, RWT performed in the bottom 20% of Trusts regarding one indicator. This was whether partners or companions were able to

be involved as much as they wanted during labour and delivery.

RWT performed in the top 20% of Trusts nationally when ladies were asked if they were spoken to in a way they could understand during labour and birth.

In tandem with the additional measures we now have in place around maternity patient experience described below, these results are being used to drive improvements in the services provided.

The Trust participated in the National Accident and Emergency Survey managed by the Care Quality Commission during 2012 and findings were provided in our previous Quality Account. This survey was repeated in March 2014. Results are expected in January 2015. There was no national outpatient survey during 2013/14.

National Cancer Survey

Findings from this survey were published in August. RWT was the third most improved Trust in the country regarding the experiences reported by patients. We were in the bottom performing 20% of Trusts on just one question the of 63 scored questions in the survey. We were in the top 20% of Trusts on 12 items and statistically significant improvements were made on 15 questions.

Patient Experience Metrics and Friends and Family Test

During 2013 a new set of patient experience measurements were implemented. This was done to simplify the information we receive in this way, to make it meaningful to staff at the front line and to judge how we have performed against the areas highlighted for improvement resulting from the national inpatient survey from 2012. They were also introduced to help us understand a little better what patients were telling us through the Friends and Family Test, a statutory requirement of all Trusts. Our performance both our internal metrics and the Friends and Family Test are shown below.

Patient Experience Metrics Data, Inpatient April 2013 – March 2014

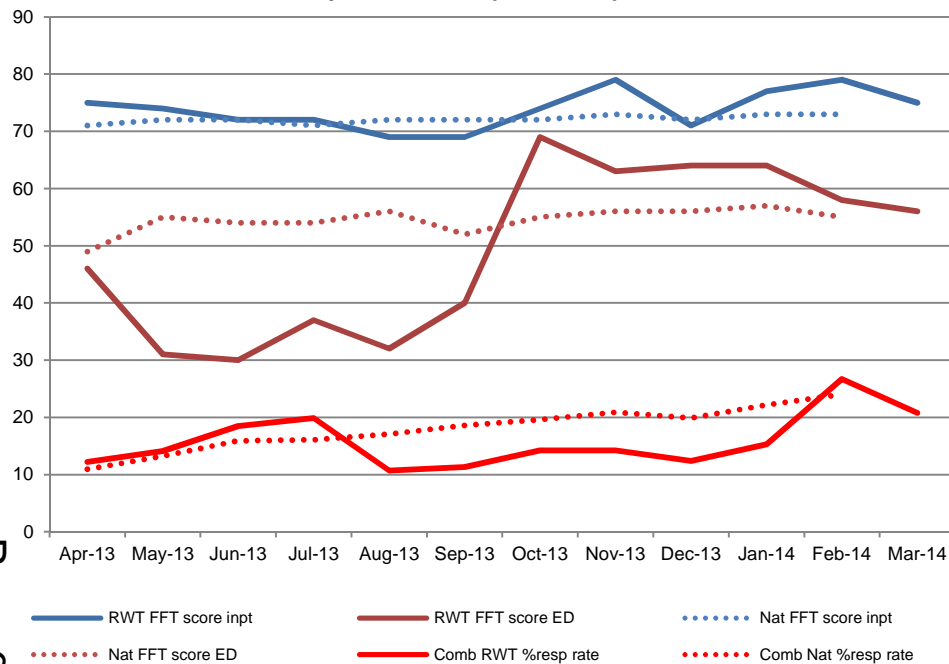
Question	RWT Nat inpt (n=415)	Apr 13 (n= av 421)	May 13 (n= av 538)	June 13 (n= av 442)	July 13 (n=av 481)	Aug 13 (n=av 549)	Sep 13 (n=av 716)	Oct 13 (n= av 664)	Nov 13 (n= av 615)	Dec 13 (n= av 597)	Jan 14 (n=av 925)	Feb 14 (n=av 729)	Mar 14 (n=av 957)
Did you feel cared for?	NA	92.3%	95.5%	96.0%	95.5%	93.6%	93.7%	94.7%	95.4%	94.7%	94.6%	95.3%	95%
Pain control	79%	91.3%	94.7%	95.4%	93.6%	92.0%	92.7%	93.4%	94.3%	96.0%	94.7%	95.7%	95.5%
Responses patient buzzers	60%	74.4%	78.6%	81.6%	77.2%	75.8%	77.6%	75.6%	77.4	74.5%	79.5%	83.0%	82.6%
Discussing worries/fears	54%	88.3%	86.5%	91.5%	92.7%	86.0%	87.4%	90.1%	89.8%	88.7%	88.0%	90.1%	88.6%
Involvement discharge decisions	65%	85.6%	87.2%	88.6%	88.1%	86.6%	83.9%	88.2%	84.8%	86.5%	86.4%	86.7%	87.9%
RWT Score	64.5%	86.5%↑	88.6%↑	90.6%↑	89.4%↓	86.8%↓	87%↑	88.2%↑	88.3%↑	88.1%↓	88.7%↑	90.2%↑	88.1%↓



We used our scores from the 2012 national inpatient survey as our baseline. Whilst there was significant improvement in the first month against this baseline which must be viewed in the context of use of different methodologies. For example with the national inpatient survey, patients have time to reflect after their admission and they complete the survey in the comfort of their own home. Our data is collected at the point of discharge from hospital and we know that this will have a positive bias, as is evident, on the scores received. Nonetheless our scores over the year have shown a steady improvement in experiences reported by patients. The volumes of patients who have feedback to us in this way give us confidence in the reliability of the data.

Friends and Family Test, Inpatient April 2013 – March 2014

Friends and Family Test Scores Inpt and ED April 2013 - March 2014



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From April 2013 all Trusts nationally were mandated to operate the Friends and Family Test which involved ensuring that at least 20% of inpatients are asked within 48 hours of discharge from hospital whether they would recommend the hospital to friends or family, should they be in need of similar treatment. RWT has largely held its Friends and Family test score above that of the national score over the year. In terms of response rates RWT managed to achieve the standards set nationally also in the latter months of the year.

Patient Experience Metrics Data, Emergency Department September 2013 – March 2014

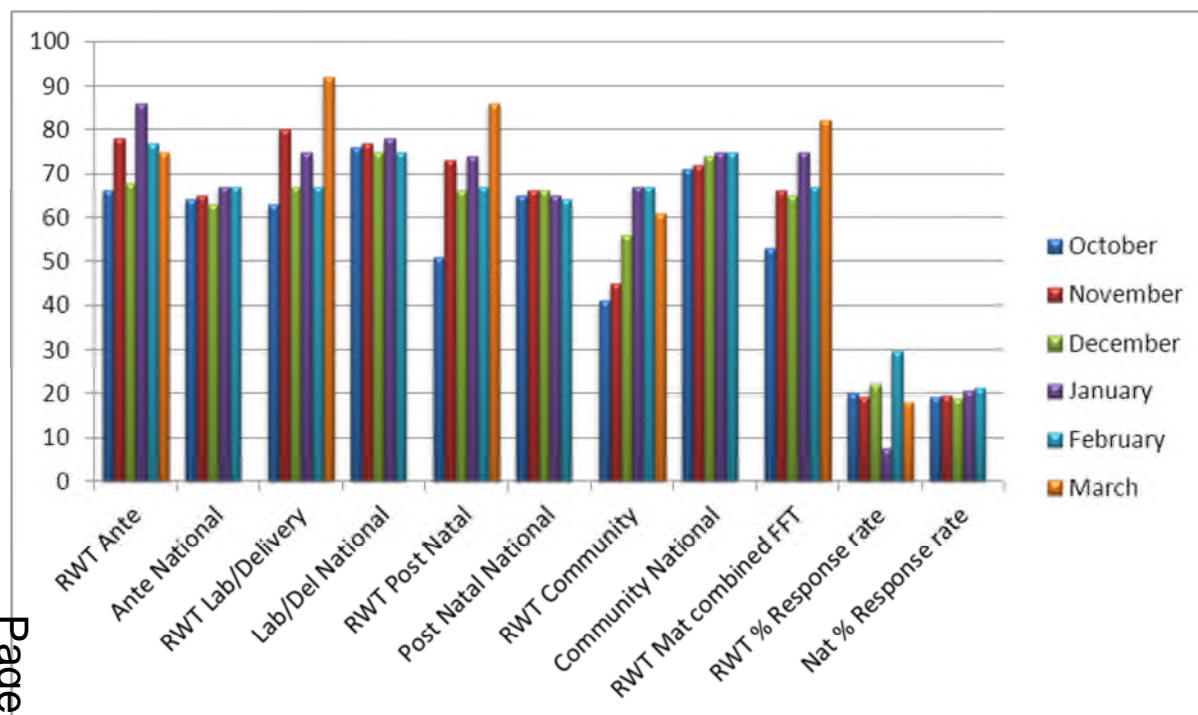
Question	Sept 13 (n=av 213)	Oct 13 (n=av 765)	Nov 13 (n=av 579)	Dec 13 (n=av 414)	Jan 14 (n=av 476)	Feb 14 (n=av 545)	Mar 14 (n=av 311)
Cared for?	87.2%	92.3%	94.0%	91.5%	92.9%	93.4%	95.4%
Pain	84.1%	92.0%	89.0%	91.3%	91.7%	93.6%	95.8%
Worries/fears	79.6%	86.9%	86.8%	87.5%	89.2%	87.6%	85.9%
ED Score	83.6%	90.4% ↑	90% ↓	90.1% ↑	91.3% ↑	91.5% ↑	92.4% ↑

>95%
≥85% - <95%
<85%

	Time to ask questions or discuss pregnancy?	96.8%	94.8%	94.8%	100.0%	97.1%	100.0%
	Information or explanations needed?	96.8%	97.9%	94.8%	100.0%	97.1%	97.5%
Delivery	Start of your labour - appropriate advice/support when contacted midwife (Midwifery Led Unit)?	92.9%	94.4%	100.0%	100.0%	100.0%	100%
	Left alone at a time when it worried you (Midwifery Led Unit)?	86.7%	95.2%	86.7%	89.7%	94.7%	93.5%
	Start of your labour - appropriate advice/support when contacted midwife?	96.8%	100.0%	95.8%	82.4%	96.4%	100%
	Left alone at a time when it worried you?	84.2%	81.3%	69.0%	87.8%	72.3%	75%
Maternity Standard	Call Buzzer (Midwifery Led Unit)	85.0%	92.3%	100.0%	96.2%	95.5%	100%
	Treated with kindness and understanding (Midwifery Led Unit)?	90.6%	100.0%	100.0%	100.0%	100.0%	98.6%
	Call Buzzer	78.9%	86.7%	80.0%	83.8%	87.9%	92.4%
	Treated with kindness and understanding?	89.0%	90.6%	89.7%	97.1%	91.3%	96%
Discharge from Community	Telephone number for a midwife or midwifery team that you could contact?	98.0%	100.0%	96.9%	100.0%	100.0%	100%
	If you contacted a midwife - given the help that you needed?	70.3%	77.3%	75.0%	79.2%	96.4%	84.8%
Total		90.1%	93.2% ↑	91% ↓	93.8% ↑	94.2% ↑	92.4% ↓

>95%
≥85% - <95%
<85%

Friends and Family Test, Maternity October 2013 – March 2014



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This graph shows RWT performance in maternity since the introduction of the Friends and Family Test in October. There are four different touch-points (36 weeks/ante/natal, delivery, post natal and discharge from community) at which ladies are asked the question. Each bold coloured bar represents the RWT score for each month at each touch point. The faded bars show the same but reflect the score nationally.

PALS and Complaints

The Trust recognises the importance of learning lessons when we do not provide the standard of care patients, carers and relatives expect and taking remedial action to prevent future recurrences. We continue to work on improving our reporting systems and understanding the underlying issues that we need to address in order to improve patient experience and reduce complaints.

The Patient Advice & Liaison Service (PALS) offers support, information and the opportunity for patients and carers to feedback their concerns or compliments. The number of people using the service continues to rise year on year as can be seen in the table below.

The table below shows the Trust's complaints and PALS data

	2009/10	2010/11	2011/12	2012/13	2013/14
No of PALS Contacts	549	858	1292	1475	1862
Total number of complaints	424	289	417	419	402

During 2013/14 19 complaints were referred to the Parliamentary Health Service Ombudsman (PHSO) by complainants. Three of these complaints were partially upheld by the PHSO.

What do we do with all the information we collect?

From November 2013 we started to produce a detailed quarterly patient experience report, which is provided to the Trust Board. This includes all feedback detailed above and also analysis of feedback left on websites such as Patient Opinion (www.patientopinion.org.uk), quality and safety walkabouts and feedback from our Patient Experience Forum. We also provide each ward with a poster communicating to patients and the public all the feedback that local area has had during the previous month, including any complaints received and what they have been about. We ask our Senior Sisters and matrons to add information into these posters to tell patients and the public what they have done in that area to improve patient experience.

Ward A12 Patient Experience Information – December 2013

Complaints
Our ward received 1 complaint. This was about:
• Patient care

Compliments
We received 1 enquiry through the Patient Advice and Liaison Service. This was about:
• General care of patient

The Friends and Family Test
On discharge we ask patients and relatives if they would recommend our ward to friends and family if they needed similar care and treatment. Our scores and numbers of responses are shown below:

We also ask additional questions about our care on discharge and our scores are shown below:

Question	Nov 13	Nov 14	Nov 15	Nov 16	Nov 17	Nov 18	Nov 19	Nov 20	Nov 21	Nov 22	Nov 23	Nov 24	Nov 25	Nov 26	Nov 27	Nov 28	Nov 29	Nov 30
No. of responses	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Did you feel safe?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Did you feel well looked after?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Did you feel your care was safe?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Did you feel your care was good?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Did you feel your care was excellent?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Did you feel your care was outstanding?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Compliments / Messages of Thanks
999 A&E returned to thank you (100%).
No experiences have been posted here in the last month.

Ward A23 Patient Experience Information – December 2013

Complaints
Our ward received 0 complaints.

Compliments
We received 1 enquiry through the Patient Advice and Liaison Service. This was about:
• Complaint handling

The Friends and Family Test
On discharge we ask patients and relatives if they would recommend our ward to friends and family if they needed similar care and treatment. Our scores and numbers of responses are shown below:

We also ask additional questions about our care on discharge and our scores are shown below:

Question	Nov 13	Nov 14	Nov 15	Nov 16	Nov 17	Nov 18	Nov 19	Nov 20	Nov 21	Nov 22	Nov 23	Nov 24	Nov 25	Nov 26	Nov 27	Nov 28	Nov 29	Nov 30
No. of responses	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Did you feel safe?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Did you feel well looked after?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Did you feel your care was safe?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Did you feel your care was good?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Did you feel your care was excellent?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Did you feel your care was outstanding?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Compliments / Messages of Thanks
999 A&E returned to thank you (100%).
No experiences have been posted here in the last month.

Ward C16 Patient Experience Information – December 2013

Complaints
Our ward received 1 complaint. This was about:
• Patient care

Compliments
We received 0 enquiries.

The Friends and Family Test
On discharge we ask patients and relatives if they would recommend our ward to friends and family if they needed similar care and treatment. Our scores and numbers of responses are shown below:

We also ask additional questions about our care on discharge and our scores are shown below:

Question	Nov 13	Nov 14	Nov 15	Nov 16	Nov 17	Nov 18	Nov 19	Nov 20	Nov 21	Nov 22	Nov 23	Nov 24	Nov 25	Nov 26	Nov 27	Nov 28	Nov 29	Nov 30
No. of responses	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Did you feel safe?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Did you feel well looked after?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Did you feel your care was safe?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Did you feel your care was good?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Did you feel your care was excellent?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Did you feel your care was outstanding?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Compliments / Messages of Thanks
No experiences have been posted here in the last month.

Gynaecology Ward Patient Experience Information – December 2013

Complaints
Our ward received 2 complaints. These were about:
• Communication
• General care of patient

Compliments
We received 1 enquiry through the Patient Advice and Liaison Service. This was about:
• General care of patient

The Friends and Family Test
On discharge we ask patients and relatives if they would recommend our ward to friends and family if they needed similar care and treatment. Our scores and numbers of responses are shown below:

We also ask additional questions about our care on discharge and our scores are shown below:

Question	Nov 13	Nov 14	Nov 15	Nov 16	Nov 17	Nov 18	Nov 19	Nov 20	Nov 21	Nov 22	Nov 23	Nov 24	Nov 25	Nov 26	Nov 27	Nov 28	Nov 29	Nov 30
No. of responses	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Did you feel safe?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Did you feel well looked after?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Did you feel your care was safe?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Did you feel your care was good?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Did you feel your care was excellent?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Did you feel your care was outstanding?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Compliments / Messages of Thanks
No experiences have been posted here in the last month.

What have we done about what you have told us?
Safe hands system fully operational and reduced by ward staff.

What have we done about what you have told us?
Ward will be aiming to answer nurse call buzzers more effectively.

What have we done about what you have told us?
Ward Manager to ensure nurse call buzzers are answered in a timely manner.

What have we done about what you have told us?
As a result of this feedback, 100% of patients receive a high standard of care, ensuring staff to ensure this continues.

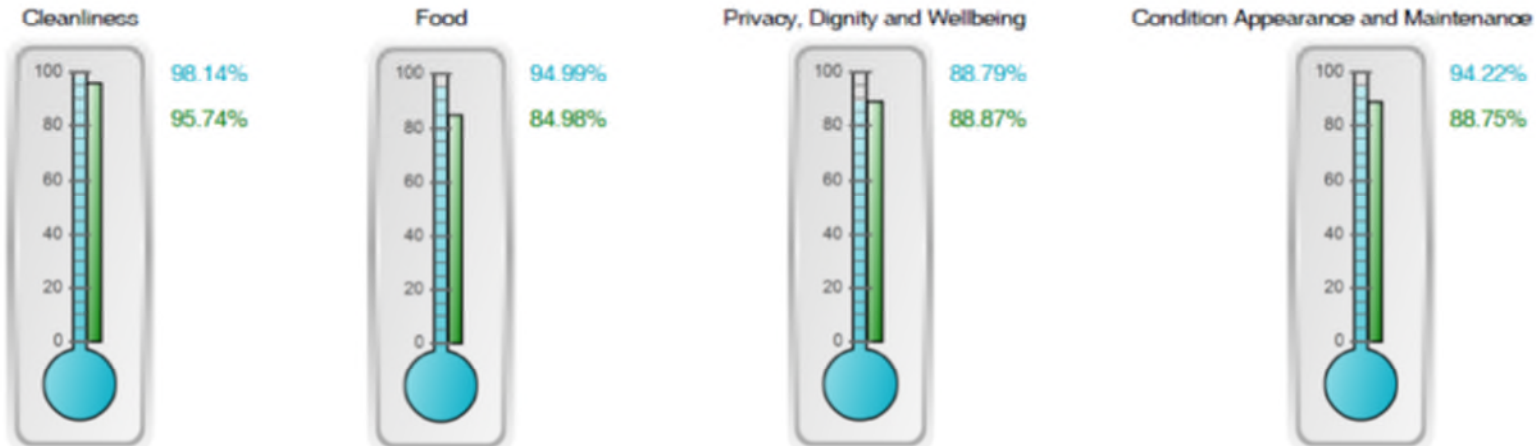
PLACE (Patient Led Assessment of the Care Environment)

On 20 February 2013 the Chief Nursing Officer for England announced the new system for assessing quality of the hospital environment to start in April 2013. This replaced the assessment previously called PEAT and concentrates on things that matter most to patients and looks at how the environment supports privacy and dignity, general building maintenance and décor. It focuses entirely on the care environment and non – clinical issues. The PLACE is scored differently from PEAT with a pass for all areas in the Trust.

Once again the Trust scored exceptionally well above the national average on all areas with the exception of one area; privacy and dignity which was 0.6% less than the national average. An action plan has been devised and is monitored closely at Trust groups.

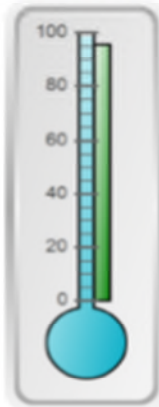


The Royal Wolverhampton NHS Trust



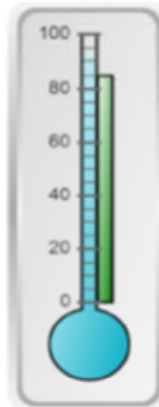
WEST PARK HOSPITAL

Cleanliness



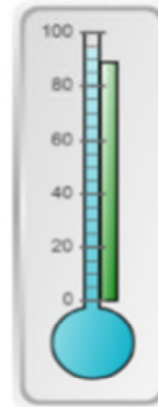
98.61%
95.74%

Food



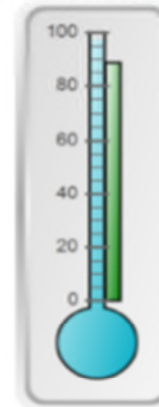
92.05%
84.98%

Privacy, Dignity and Wellbeing



93.88%
88.87%

Condition Appearance and Maintenance



97.47%
88.75%

Equality & Diversity

The Trust is committed to providing quality services to meet the diverse needs of the population of Wolverhampton. A summary of key progress on actions on the Trust's equality objectives is below:-

Employment Action Plan

- Training sessions have been provided for interpreting, dementia awareness and deaf blind awareness. Equality and diversity training can be provided on request.
- Relevant training has been reviewed e.g., recruitment and selection, management and leadership development programme (including recruitment and selection).
- Specific equality and diversity course for consultants.
- Equality and Diversity leaflet has been developed and advertised to staff.
- A data cleanse exercise was carried out to capture accurate personal staff data, staff records were updated with replies received.
- Equality analysis policy, guidance notes and forms have been developed and implemented.
- A brief overview of the current workforce by pay band against the Personal Protected Characteristics has been captured, an in-depth analysis is planned by the end of 2014.

Services Action Plan

- Information has been circulated to relevant members of staff around the Public Sector Equality Duty so they are aware of their responsibilities around; publishing equality information, procurement and commissioning.
- An annual register of equality analysis (equality impact assessments) is published.
- The patient experience team promote their services at events when requested.
- Interpreting and translation services have been publicised within the Trust.
- Patient Advice and Liaison Service (PALS) leaflet is available in alternative formats including easy read.
- PPC data is captured for the Patient Advice and Liaison Service (PALS).
- Dietetics annually review induction and mandatory training sessions on nutrition.
- Equality impact assessment completed for catering services.
- Nourishment is available to meet individual needs for inpatients e.g., religious, cultural, therapeutic etc.

Patient Safety

Promoting normal birth

Normality continues to be supported throughout the Maternity Service. The Midwifery Led Unit (MLU) opened in Oct 2012, now in its 16th month the activity within the Midwifery led unit has surpassed expectations during its infancy despite staffing challenges and temporary closure. To date the following activity has been seen in the MLU

923 women in labour
746 births
642 waterbirth (85%)
68% BF on transfer
99% skin to skin
70% physiological third stage
81% transfer to community
98% FFT uptake

Transfer rates are significantly encouraging:

Primip peri-partum	18.3%	Birthplace 40.4%
Multip peri-partum	6.2%	Birthplace 12.5%

The service is extremely proud of this achievement and strives to develop 'normality' throughout. The Midwifery led unit has also allowed the central delivery suite to continue to offer 'choice' for High risk women accessing the service, thus optimising their birth experience as much as possible.

SafeHands

The SafeHands project uses sensor technology to improve patient safety and experience.

Patients, equipment and staff are given badges containing sensors. The badges send out invisible harmless radio waves that are detected in real time by receivers placed around the hospital.



The real time information from badges is used to trigger rules in a computer package to trigger audible alarms, alert staff to safety issues, and detect hand hygiene events of staff before and after patient contact.

During 2013 we have been implementing this programme of work and now the system is up and running in all in-patient wards.

Benefits to date include:

- Showing real time locations of patients on the ward screens (pictured) giving staff the ability to locate vulnerable patients, thereby improving their safety.
- Automating hourly checks by showing when the patient was last seen in real time. This ensures patients are not missed.
- Improving the rates of Hand Hygiene before and after patient contact.
- Reducing the potential for cross infection by quickly tracing who was with infected patients and screening and isolating them.
- Highlighting safety risks at a glance so ward and visiting staff have access to the same standardised information
- Automating a live bed state so we can proactively manage our capacity.
- Locate equipment such as wheelchairs, and ECG machines at the click of a button, saving staff time and reducing unnecessary delays to patient care.

Leadership Quality & Safety Walkabouts

The Trust has continued with the Safety Walk Rounds with Board members and in addition a renewed focus on how the area mitigates risk of Never Events happening. The CCG undertake Safety and Quality Rounds using the Patient Safety '15 Steps to Quality' and together we use the rich data this provides to support our assessment of safety and safety culture amongst our staff. Throughout the year all areas have been reviewed on more than one occasion and community areas continue to be included in the programme.

NHS Safety Thermometer

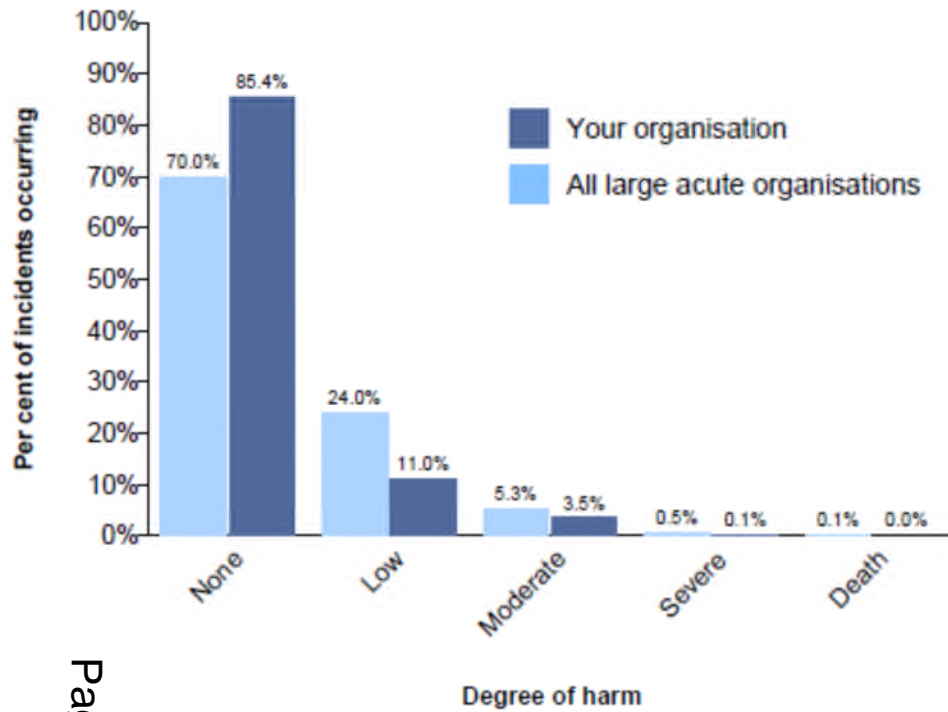
The Royal Wolverhampton NHS Trust was one of the pilot Trusts to submit data via the Safety Thermometer starting in April 2012. The purpose of the Safety Thermometer is to specifically 'look' for harms; pressure ulcers, catheter associated urinary tract infections, venous thrombo embolism and falls. We do this one day every month and look for trends and information that enables us to improve month on month. Our monthly surveillance covers an average of 1100 patients looked after in both hospital and in their homes.

The Trusts aim is to achieve 95% harm free care and by March 2014 we achieved 94%,.

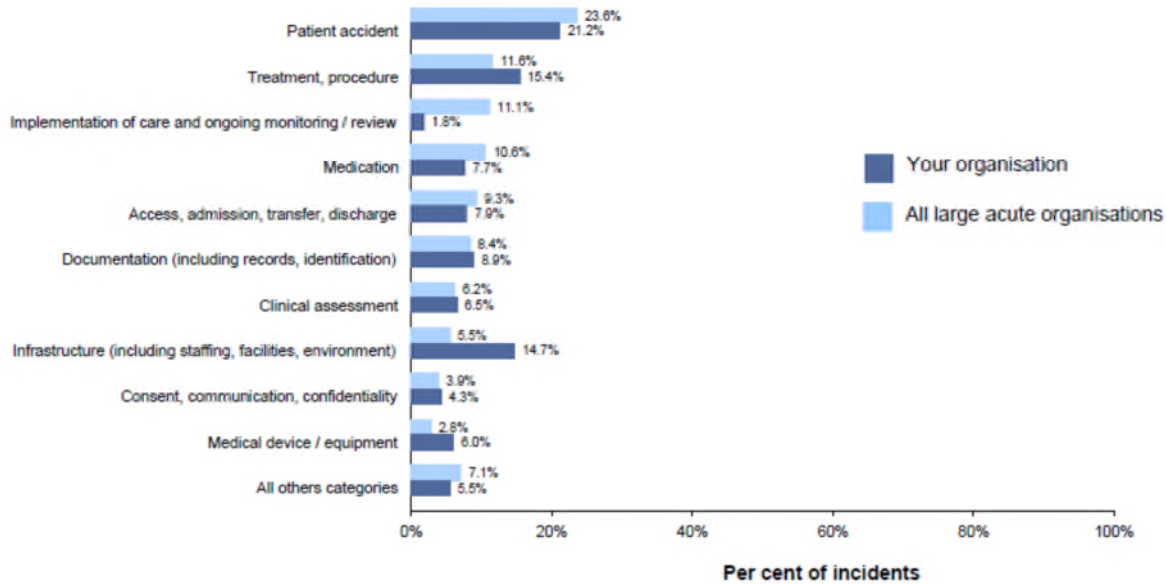
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Sample	1182	1215	1186	1185	1072	1093	925	1079	1135	1128	1052	1069
Harm Free Care (%)	90.1	92.1	92.24	92.66	91.42	92.13	92	92.31	93.48	92.46	94.01	93.8

Incident reporting

The Trust prides itself in reporting all types of incidents to ensure that we learn lessons and improve. Monthly reports of all Patient Safety incidents are made to the National Patient Safety Agency (NPSA) reporting system. Twice yearly the NPSA produces a feedback report that compares the Trust reporting data with the rest of the country. The type of data presented compares the types of incidents occurring, degree of harm to patients and the Trust compares to similar sized organisations across the NHS.



The graph above shows degree of harm to patients and the Trust differs from other organisations in reporting more 'No Harm' incidents noted as none. This is linked to the high reporting of near miss incidents and influenced by the quality checks performed on entries to ensure they are correctly recorded and categorised. The Trust uses learning from incidents, near misses and trends to make improvements and create a safer environment for patients and staff.



Reporting Culture

The Trust has well established systems for incident reporting. On average the Trust reports 714 patient safety incidents (8.2 incidents per one hundred admissions) to the NPSA per month. Broadly similar totals are reported to the NPSA by Trusts equivalent in size any make-up indicating a healthy reporting culture. Reporting of incidents and risk is also triangulated with other assessment indicators on safety culture such as the NHSLA Risk Management standards for which the Trust has been awarded level 3 for General practice.

Responding to safety alerts

There are several types of safety alerts received via the CAS system, these include:

- MDA - Medical devices & sundries alerts
- EFA - Estates & Facilities management
- EFN – Estates Plant & Equipment
- NHS/PSA – clinical procedural alerts
- Drug alerts

The Trust has a policy and effective systems in place to respond to safety alerts. Alerts received are distributed promptly to relevant service areas for response and action within a given timeframe.

Alerts can affect from as little as one department to the whole of the Trust depending on the topic, most alerts have a short response time e.g. EFN/MDA with the actions requiring stock checks and withdrawals. The NHS/PSA alerts require a specialist Lead for implementation of actions which may include reviewing Trust

policies and procedures and will have a longer timeframe attached to them. In all cases the alerts actions are monitored to closure through the relevant specialist lead/group/division and overdue alerts are escalated to the Patient Safety Improvement Group (PSIG). The closure of alerts will only take place when the Trust can be satisfied that sufficient assurance is available on completion of actions. The alert remains open on the Central Alert system and internal monitoring continues during this period.

In January 2014 a new alert system has been launched by NHS England this will affect how the organisation responds to alerts. The new system is the National Patient Safety Alerting System (NPSAS) and has implemented a three stage alert model for alerts:

Stage One Alert (Warning) – Warns of an emerging risk. It can be issued quickly to allow rapid dissemination of information.

Stage Two Alert (Resource) – Provision of resources, tools, and learning materials to help mitigate a risk identified in a stage one alert.

Stage Three Alert (Directive) – Organisations are required to confirm they have implemented specific actions or solutions to mitigate the risk.

NPSAS have requested through NHS/PSA/D/2014/005 the appointment of a Medication Management Officer to improving medication error incident reporting and through NHS/PSA/D/2014/006 a Medical Devices Management Officer to improving medical devices incident reporting & learning which will (together with the stages of alert) change the process and assurance for compliance with MHRA alerts and will subsequently the Trust policy. This review is underway and will be completed by the end of April 2014.

The consequences of not signing off the alerts by the deadlines given are:

- By April 2014, MHRA will publish data monthly on any trusts who have failed to declare compliance with any NPSAS alerts by their due date.
- Failure to comply is likely to be used by the CQC in their Intelligent Monitoring System and by commissioner responsibilities for improving quality.
- Failure to comply with a Stage Three Alert: Directive within the deadline will be a cause for significant concern on the part of regulators, commissioners and most importantly, patients..

As of 31st March 2014 the following alerts were overdue, all others had been responded to within timescales:

Reference	Alert Title	Originated By	Issue Date	Response	Deadline	Lead
NHS/PSA/D/2014/002	Non-luer spinal (intrathecal) devices for chemotherapy	NHS England	20-Feb-14	Acknowledged	20-Aug-14	Gary Brian
NPSA/2009/PSA004B	* Safer spinal (intrathecal), epidural and regional devices - Part B	National Patient Safety Agency	24-Nov-09	Action Required: Ongoing	01-Apr-13	Gary Brian
EFN/2014/23	High Voltage Hazard Alert - DANGEROUS INCIDENT NOTIFICATION (DIN) - GEC Alstom - VMX Circuit Breaker	DH Estates and Facilities	26-Mar-14	Assessing Relevance	23-Apr-14	E & F
EFN/2014/20	High Voltage Hazard Alert - DANGEROUS INCIDENT NOTIFICATION (DIN) - CG Power Systems - 11kV Pole Mo ...	DH Estates and Facilities	20-Mar-14	Assessing Relevance	17-Apr-14	E & F
NHS/PSA/D/2014/006	Improving medical device incident reporting and learning	NHS England	20-Mar-14	Assessing Relevance	19-Sep-14	not assigned yet
NHS/PSA/D/2014/005	Improving medication error incident reporting and learning	NHS England	20-Mar-14	Assessing Relevance	19-Sep-14	Ray Fitzpatrick
EFN/2014/04 (U)	High Voltage Hazard Alert - DANGEROUS INCIDENT NOTIFICATION (DIN) - UPDATE - CG Power Systems - 11 k ...	DH Estates and Facilities	19-Mar-14	Assessing Relevance	16-Apr-14	E&F
MDA/2014/010	Infusion pumps: GemStar infusion system. Manufactured by Hospira. List numbers: 13000, 13100, 13150.	MHRA Medical Device Alerts	13-Mar-14	Assessing Relevance	03-Apr-14	Medical Physics
MDA/2014/009	FreeStyle Mini® and FreeStyle® blood glucose monitoring systems manufactured by Abbott Dia ...	MHRA Medical Device Alerts	13-Mar-14	Assessing Relevance	14-Apr-14	Medical Physics
EFN/2014/15	High Voltage Hazard Alert - DANGEROUS INCIDENT NOTIFICATION (DIN) - Schneider Electric - RNgC Ring M...	DH Estates and Facilities	11-Mar-14	Assessing Relevance	08-Apr-14	E&F
MDA/2014/008	Insulin infusion pump: Accu-Chek Spirit Combo insulin pump Manufactured by Roche Diagnostics Ltd. AI ...	MHRA Medical Device Alerts	11-Mar-14	Assessing Relevance	06-May-14	Medical Physics
EFA/2014/001	Biomass boilers	DH Estates and Facilities	10-Mar-14	Assessing Relevance	30-Sep-14	E&F
	Addressing rising trends and					

<p>NPSA/2009/PSA004B</p> <p>Safer spinal (intrathecal), epidural and regional devices - Part B</p> <p>TRUST LEAD:</p> <p>Gary Bryan</p> <p>Dr Odum</p>	<ul style="list-style-type: none"> • We (the clinical group of directorate representatives) have been delaying implementation of both parts of the NPSA alert until ALL the equipment needed has been made commercially available. The final piece of the jigsaw (giving sets with the Surety connector for dedicated local anaesthetic infusion pumps) has only recently come onto the market. It will still take a month or so to get everything changed but swapping over just the spinal needles (to satisfy Part A) could be achieved early February. • Directorate leads have been asked to provide Procurement with a list of requirements. Procurement will calculate additional costs to changeover; Trust will assess those cost implications before making changeover. 	<ul style="list-style-type: none"> • Trust has not yet procured a suitable device as required by the alert. • Outstanding actions cannot be addressed until procurement and implementation achieved. • Guidance has been received from CAS providing criteria for closure of this alert. Lead reporting to PSIG 14/3/14 requesting closure. • April 14 update – collating device information for procurement to enable ordering to commence. Once received a further meeting will be required to address education & training needs.
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EU Directive for safer sharps

Safety needles and cannulas have been implemented across the Trust in line with the Directive deadline. There was a long lead time for the introduction of the Directive due to the scale of implementation within NHS organisations. The Trust has conducted product trials and consultations with users to ensure the safest and most effective product was selected. Demonstration and awareness presentations were held for staff. This work continues with reviews of the mechanisms implemented in place and identification of other equipment requiring transfer to the safer mechanisms. The Trust has a Sharps Safety Working Group who will continue to monitor the implementation of the directive.

Numbers and themes of serious incidents

The Trust has robust reporting mechanism communicated through policy, training and management lines. Since the change to internal timescales there has been progressive improvement in the timely reporting and completion of investigations. As at April 14 there were no investigations overdue. In financial year April 2013 to March 14 the Trust has reported 35 serious untoward incidents and 197 reportable incidents through the serious and reportable incident system (UNIFY). Changes and expansion to the reportable incident criteria as well as combined numbers for acute and acquired community services has contributed to an overall increase.

Accumulated Totals (Acute & Community April 2013 To March 31 2014 Suis)	
Confidentiality	7
Infection (C/DIFF / MRSA)	8
Surgical Error	4
Unexpected Death	6
Ward Closure	1
Screening issues	3
Delayed Diagnosis	0
Health and Safety	0
Accident whilst in Hospital	0
Drug Incident	1
Sub-Optimal Care of Deteriorating Patient	0
Allegation Against Healthcare Professional	0
Safeguarding Vulnerable Child	1
Serious Self Inflicted Injury (inpatient)	1
Child Abuse	1
VTE	2
Total	35
Accumulated Totals (Acute & Community April 2013 to March 31 2014 Suis)	

Pressure Ulcers	132
Maternity	18
Slips Trips and Falls	45
Other	2
Total	197

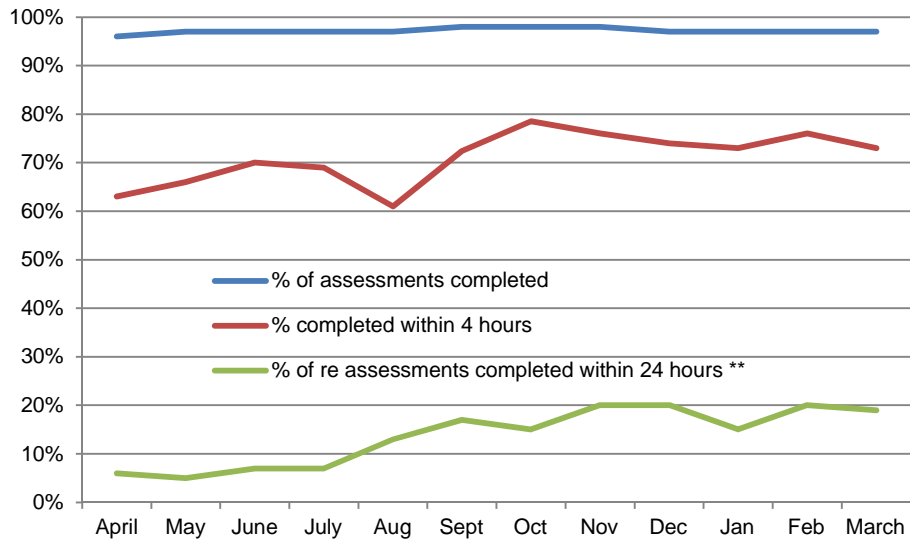
Numbers and Themes of Never Events

There were five reported Never Events reported in the period of April 2013 to March 2014 however one has been downgraded in light of additional guidance from NHS England in December 2013. The never event in March 2014 involved the same incident on the same patient and is technically counted as two separate incidents.

Date	Location	Category
April 2013	Delivery Suite	Retained Foreign Object
May 2013	Cardiothoracic Theatre	Retained Foreign Object
March 2014	Ophthalmology Outpatients	Wrong site surgery
	Ophthalmology Outpatients	Wrong site surgery

VTE Risk Assessments

Individual patient risk assessment compliance remains consistently above 95% for third year running.



Individual patient risk assessment remains compliant above 95% consistently for second year running. Improvements in timeliness of this assessment have been made and now more than 70% of patients are assessed within the internal target of 4 hours. Work is on-going to improve the timescales for 24 hour second assessments and improvements in reporting systems are under way to support this work.

**This figure reflects the number of second assessments completed within 24 hours – it does not include those that were not done at all

Clinical Effectiveness

Care Quality Commission (CQC) Registration

The Trust is required to be register with the Care Quality Commission in order to carry out regulated activity under the Health and Social Care Act 2008. The Trust is registered to deliver the following regulated activity and the CQC monitors compliance against the Essential Standards of Quality and Safety:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and/or screening services
- Family Planning services
- Management of supply of blood and blood derived products
- Maternity and midwifery services

- Nursing care
- Services for everyone
- Surgical procedures
- Termination of pregnancy
- Treatment of disease, disorder or injury
- Caring for children (0 - 18yrs)
- Caring for adults under 65 yrs
- Caring for adults over 65 yrs

Between April 2013 and April 2014 the CQC have carried out the following inspections at the Trust:

Date of report	Date of inspection	Type of inspection	Summary of findings published	inspection
23 October 2013	16 & 17 September 2013	Unannounced inspection of community services	All standards inspected found the Trust to be compliant: <ul style="list-style-type: none"> • Respecting and involving people who use services • Care and welfare of people who use services • Staffing • Complaints • Records 	
21 November 2013	26 & 27 September 2013	Announced inspection under the CQC new inspection model	The Trust did not receive a rating because it was in the CQC pilot, testing out the new inspection regime however a number of recommendations were made which have been managed through an action plan which is discussed monthly through the governance framework	

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CQC Quality Risk Profile

The Trust has internal processes for monitoring compliance with the CQC Essential standards for quality and safety. The Trust used the CQC Quality Risk Profile (QRP) in its reporting of compliance to Trust Committees. The table below shows 4 months performance against each outcome.

Period	Outcome 1	Outcome 2	Outcome 4	Outcome 5	Outcome 6	Outcome 7	Outcome 8	Outcome 9	Outcome 10	Outcome 11	Outcome 12	Outcome 13	Outcome 14	Outcome 16	Outcome 17	Outcome 21
Apr-13	Low Yellow	Low Yellow	High Yellow	High Green	Low Yellow	High Yellow	Low Green	High Yellow	Low Green	Low Green	Low Yellow	Low Yellow	High Green	Low Yellow	Low Yellow	High Green
May-13	Low Yellow	Low Yellow	High Yellow	High Green	Low Yellow	High Yellow	Low Green	High Yellow	Low Green	Low Green	Low Yellow	Low Yellow	Low Yellow	Low Yellow	Low Yellow	Low Yellow
Jun-13	Low Yellow	Low Yellow	High Yellow	Low Yellow	Low Yellow	High Yellow	Low Green	High Yellow	Low Green	Low Green	Low Yellow	Low Yellow	High Green	High Green	Low Yellow	Low Yellow
Jul-13	Low Yellow	High Yellow	High Yellow	High Green	Low Yellow	Low Amber	Low Green	High Yellow	Low Green	Low Green	Low Yellow	Low Yellow	High Green	High Green	Low Yellow	Low Yellow

CQC has developed a new model for monitoring a range of key indicators about NHS acute and specialist hospitals. These indicators relate to the five key questions they asking of all services – are they safe, effective, caring, responsive and well-led?

A new Intelligent Monitoring Report will now be published, in place of the previous QRPs, which determine where "risks" sit for each indicator. In March 2014 the Trust were highlighted to have 4 key areas of risk identified, as detailed in the table below. This information is cascaded for local attention and action, the Trust is continuing developing its intelligence to provide assurance of compliance with CQC standards.

Elevated risk	Composite indicator: In-hospital mortality - Conditions associated with Mental health
Elevated risk	Whistleblowing alerts
Risk	Composite indicator: In-hospital mortality - Cerebrovascular conditions
Risk	Composite indicator: In-hospital mortality - Musculoskeletal conditions

National Health Service Litigation Authority (NHSLA) Standards

The Trust successfully achieved level 3 accreditation for compliance with NHSLA Risk Management Standards in September 2013. This achievement has provided assurance that sound standards for risk management are embedded across acute services and acquired community services. Maternity Services have maintained their Level 2 accreditation for compliance with the Maternity specific risk management standards (Clinical Negligence Scheme for Trusts)

Adopting National Institute for Clinical Excellence (NICE) Guidelines including Quality Standards

The Trust uses a process of gap analysis and action planning to review and implement compliance with all NICE guidance, including NICE quality standards. During the period between April 2013 and March 2014 NICE published the following guidance and the response by the Trust is shown below:

Table showing figures to be finalised on 26th March 2014.
 The Trust response to NICE guidance is review externally by The NICE Commissioning Assurance Group, chaired by a member of the Clinical Commissioning Group and attended by Trust Clinical NICE lead. There are also internally processes in place within the Trust to monitor NICE guidance implementation.

Decisions “not to implement” are based on a number of variables such as other clinically researched independent guidance which may contraindicate the full implementation.

Hospital Mortality

The RWT has a continuous improvement ethos in the field of hospital governance and aims to minimise in-hospital mortality. The Trust uses a variety of mortality monitoring measures including, the

well-known Hospital Standardized Mortality Ratio (HSMR) and the Summary Hospital Level Mortality Indicator (SHMI). We work with a range of information intelligence agencies, to help us benchmark our performance. These include the Public Health Observatory, Dr Foster Intelligence and *HED analytics at University Hospitals Birmingham NHS Foundation Trust.

**The HED system is an alternative to Dr Foster's Real Time Monitoring System, now widely used across the West Midlands and nationally as a comprehensive surveillance tool for clinical outcomes as well as effectiveness.*

The Trust stance on mortality surveillance is one of "Total Vigilance" and includes looking at clinical processes, and following evidence based improvement strategies from national bodies such as NCEPOD, NICE, Academy of Royal Medical Colleges and the Association of Public Health Observatories. The Trust's threefold approach to monitoring mortality can be summarized as follows:

Mortality Performance
years:

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HSMR

Clinical Informatics

- Analyse information
- Generate overviews
- Highlight areas of interest

Mortality Review Group

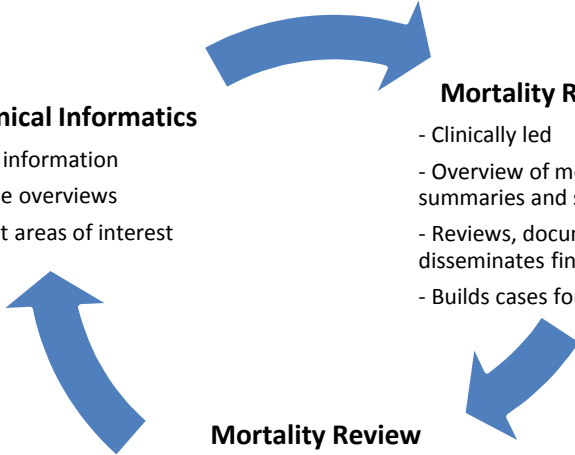
- Clinically led
- Overview of mortality summaries and specialties reviews
- Reviews, documents and disseminates findings
- Builds cases for change

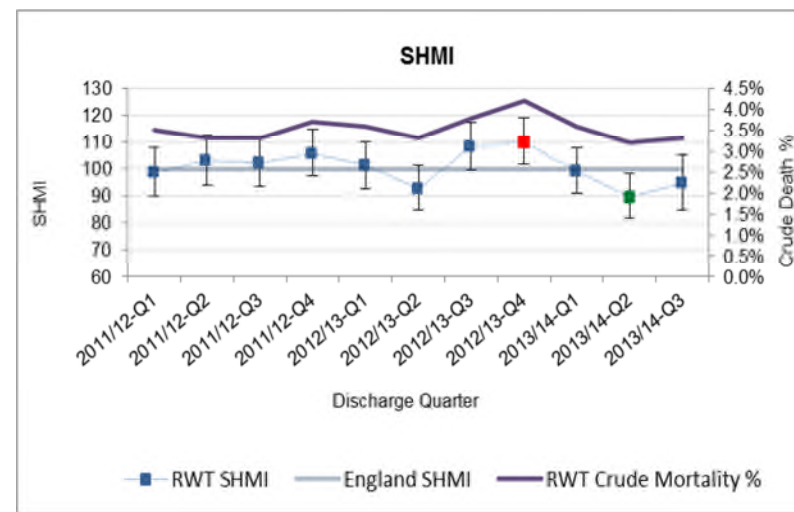
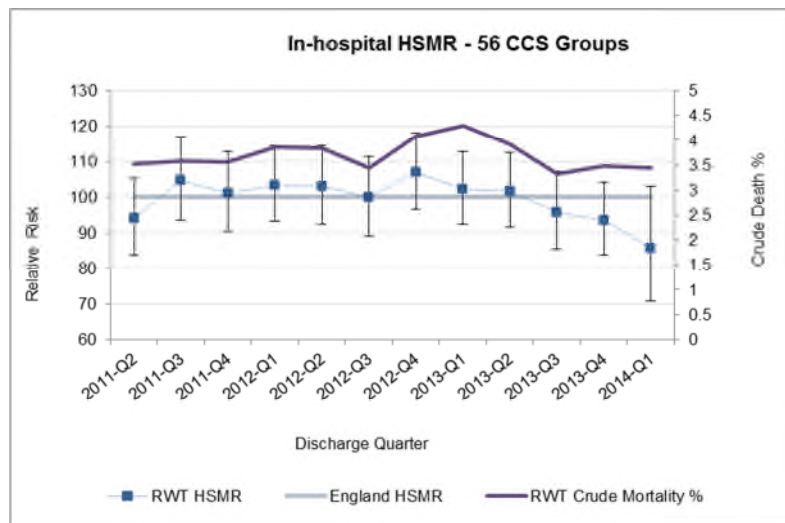
Trends, three financial

SHMI

Mortality Review Assurance Group

- Led by executive team
- Oversees general performance
- Ensures protocols are adhered to





Legend: Red - significantly worse than expected performance; Black/Blue - as expected performance, in line with national rates; Green - significantly better than expected performance; 56 CCS Groups – a group of diagnoses accounting for over 80% of in-hospital mortality; SHMI indicator includes all in-hospital deaths and deaths occurring 30 days post hospital discharge.

Future Plans for Mortality

1. All inpatient deaths will continue to be clinically reviewed by each directorate according to the Trust's Mortality Review Policy and results reported through Mortality Review group.
2. The Trust will continue to investigate all mortality alerts at a threshold lower than CQC alert threshold.
3. All procedural and diagnostic SMRs will continue to be monitored.
4. Linkages between sub-optimal acute care elements and mortality will continue to be investigated. Current work streams include suboptimal clinical observations; hospital acquired infection, cardiac arrests, medication errors, deaths within 24 hours of hospital admission.
6. End of Life Care analyses on whole system pathways incorporating community care, acute care, care establishments, social services and palliative care will be enhanced. High mortality CCS diagnostic groups such as Pneumonia, Acute Cerebrovascular Disease, Congestive Heart Failure and Renal Failure are already subject to continual meta and micro analyses.
7. As a result of governance reviews around mortality across West Midlands, care bundles for managing specific conditions such as Pneumonia and Sepsis were introduced.

Supporting our staff

The workforce:

With a workforce of more than 6,500 the Trust remains one of the largest employers in the local community. Details of our workforce profile are shown in Section 1: Annual Report

National Staff Survey Results:

Details of our national staff survey results and our local surveys and future plans are shown in Section 1: Annual Report

Equality & Diversity:

The Trust's commitment to Equality & Diversity influences services for our staff as well as our patients as detailed in the table below:

Employment

- Reasonable adjustments for disabled staff are provided where possible.
- The Management of Sickness Absence, Equality of Opportunity and Capability policies all support reasonable adjustments.
- The Trust is a Two Ticks organisation (positive about employing disabled people) which has five commitments regarding; recruitment, training, retention, consultation and disability awareness.
- We collect, review and publish relevant workforce data to look at possible inequalities.
- Equality and Diversity is a core dimension on the Knowledge and Skills Framework (KSF). This means every member of staff (on Agenda for Change Terms and Conditions) has to adhere to the relevant level on their outline to comply with KSF.
- Employment equality and diversity monitoring forms capture all personal protected characteristics for people completing exit questionnaires and flexible working applications.

Trust-wide Training is available for staff to attend and includes:-

- Quick Induction e-learning pack.
- Local departmental induction.
- Trust induction for all new starters (face to face).
- Nurse and nurse bank induction (face to face or online via the Trust's KITE site).
- Equality and diversity (face to face) bespoke training provided as and when.
- Equality and diversity training for consultants and doctors (face to face or e-learning).
- Bullying and Harassment is delivered as part of Mandatory Training (face to face or online via the Trust's KITE site).
- Recruitment and selection (face to face).
- Preceptorship for newly qualified nurses.
- There are a range of leadership and management development programmes for staff throughout the career escalator.
- Equality and Diversity training is embedded within all vocational Qualification Credit Framework/apprenticeship programmes and staff development programmes delivered both internally and externally for Trust staff.
- Volunteers induction training available.
 - Development of Trust's Equality Objectives to meet the Public Sector Equality Duty 2011. Objectives have been drawn up to have the biggest impact on the main aims of the general equality duty for people with personal protected characteristics.
 - Equality Impact Assessments are done on an on-going basis with annual results overview published on website.
 - An equality and diversity staff group is in place.
 - Contact Links service offer confidential support to staff who may be bullied or harassed at work.
 - The equality and diversity section of the website and intranet sites have been re-designed and include up-to-date information.

Management and Leadership

The Trust offers a comprehensive range of non-accredited and accredited internal Leadership Programmes across the academic spectrum, from the Action Centred Learning (ACL) Supervisory Level Programme up to Masters Level programmes – the Emotionally Intelligent Leadership programme. 176 staff have been through these programmes in 2013-14.

At the heart of the leadership programmes, and their greatest degree of impact, is the focus on the behavioural skills of self-regard and regard for others – key factors in managing effective relationships. This approach to leadership development resonates with some of the key recommendations of the Francis Report.

Integral to self-development as a leader, we offer a 360 approach to feedback from peers and managers; this enables the recipient to receive constructive feedback, which in turn allows them to concentrate on those areas of development which may not be as evident to themselves as they are to others.

Personal Development

The Trust offers a wide range of courses and workshops to support personal development and staff health and well-being, from relationship management to team building, MBTI (Myers Briggs) through to Understanding and Managing Pressure in the healthcare setting. In addition, we can help you with time management, appraisal skills, and training teachers, managing change coaching to improve performance (and other 'coaching conversation' topics). We also offer a coaching and mentoring service for staff who would benefit from a short or medium term coach or mentor relationship.

Undergraduate Medicine Teaching

The Trust is an official teaching trust of the University of Birmingham and supports the second largest number of medical students in the West Midlands, approximately 332 students in an academic year.

Student feedback consistently acknowledges the enthusiasm of the Medical and Nursing staff who are keen to teach on the wards and in out-patient clinics. Medical students also learn in the state-of-the-art simulated ward, with the SimWard having the latest high-tech computer-controlled mannequins. Students learn through simulated scenarios to treat medical conditions as well as how to work as part of an effective clinical team. This prepares them for, and supplements, their clinical experience - particularly in ensuring the safe treatment of patients.

National re-structuring of the funding arrangements for education means the Royal Wolverhampton NHS Trust will progressively benefit from increased funding over the next 5 years. This will allow us to further develop quality initiatives such as designated teaching time for more consultants and for junior doctors, as well as enable us to develop more innovative ways of teaching. This will help to enhance the positive experience of medical students in Wolverhampton who we hope will be attracted to return as qualified doctors.

Library and Information Service

The Library Service provides an essential support service for organisational staff and students on placement via partner universities, through access to high quality evidence resources and staff expertise and advice. A strategic decision was made in 2013 to move towards increasing the number of textbooks available as e-books to ensure that the information can be accessed at the point of care and need.

Over 40 important textbooks are now available via this route to complement the national collections.

To enable instant access to clinical reviews the subscription to UpToDate was renewed and nearly 20,000 reviews had been accessed by staff between 01/04/2013 and 28/02/2014. This is a 40% increase on the figures for 2012/13. Clinicians have utilised the information on UpToDate to answer a wide range of patient related enquiries including the treatment of a pregnant 20 year old with malaria.

A total of 1,150 staff now have Athens accounts enabling access to the suite of online resources. In partnership with BASE libraries an e-learning system has been developed which provides support in undertaking searches for information and how to correctly reference and publish research. A specialist course has been developed to support staff critically appraising research to ensure they understand its relevance for practice.

A West Midlands wide collaborative group WMCAG (West Midlands Current Awareness Group) has been created of which the Trust Library Service was a protagonist to share expertise in developing evidence newsletters covering many clinical topics and specialties.

Investment has been made in technology to support the rapidly changing environment in accessing information, and upgraded PCs and printers have been introduced in the Bell Library and software systems upgraded to include a reference management service. A number of promotional events have also been undertaken to highlight how mobile devices can be used to search for current guidelines and health information.

Clinical Skills & Resuscitation Services

The Department has had a very challenging year responding to the demands of the Trust and its staff. All aspects of the service have been delivered to a high standard of education whilst adopting a holistic and welcoming aspect. Simulation has developed far faster than expected and now not only offers training to local groups but also to regional partners. We have also had presentations accepted at national and international levels, putting us firmly at the forefront in regards of Simulation. We have also been successful in setting up a Human Factors Group and are currently pursuing a Human Factors training day aimed at the very senior management level. Resuscitation and National Courses remain at the centre of departmental activity and will remain so. Undergraduate Clinical Skills have continued to be delivered to a high standard to an ever increasing number of changes to the curriculum and student numbers. Our response to Trust requirements and those of Healthcare Reforms and reports has been positive and effective and will continue to be so.

In-Service Training Activity -2013:

Course	RWHT Staff requiring Training	RWHT Staff completed
BLS 3	2793	2265 (81%)
BLS 2	1017	815 (80%)
Paediatric BLS	290	223 (77%)
New-born BLS	223	200 (90%)

National Course Training Activity- 2013:

Course	Places Provided	Number Accessed by Staff	Places by RWHT
ILS	216	157 (73%)	
ALS	144	81 (56%)	
PLS	54	42 (78%)	
NLS	72	43 (60%)	

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In addition to the above, our staff have priority access to the following national courses: ATLS, CcRISP and Basic Surgical Skills.

Simulation Training:

Over 600, 50% undergraduate and 50% post graduate staff have had the opportunity to access training in Sim-Ward.

Postgraduate Medical Education (PGME)

RWT has a thriving Postgraduate Medical faculty of educators. This includes 16 consultants who have been appointed to Foundation Faculty of Educational Supervisors for Foundation Doctors over the last twelve months. This group has been led by the Clinical Tutor and are fully conversant with the foundation curriculum and its associated work-based learning assessments. This group meets twice per placement (4 month period) to discuss current issues and sharing of good practice and to partake in calibration exercises to ensure equitable scoring. In addition, the Postgraduate Medical Education Committee comprises 29 consultants from all

specialties and sub-specialties with an active interest in postgraduate medical education. They champion the requirement to deliver service specific and curriculum based medical education to a very high standard throughout the Trust.

The following has been achieved during the year:

- Foundation Faculty delivered 190 hours of teaching for both FY1 and FY2 doctors
- 12 FY2 doctors successfully completed the Basic Surgical Skills Course
- 90 foundation doctors received two 40-minute interviewed at interim and final validation which contributed to the overwhelming success of the foundation doctors in all of them achieving sign-off at the end of the academic year
- Four FY1 doctors and eight FY2 doctors completed evidence-based papers which were accepted for national publications. Four F1 doctors and eight F2 doctors completed papers which were accepted for presentation at national meetings – this is exemplary practice, particularly at FY1 level.
- Junior Doctors Fora is held bi-monthly in each specialty. Trust-wide JDF takes place twice per annum with attendance from Directors including Chief Nurse, Chief Executive and Medical Director
- Core Specialty Training: 180 hours of protected teaching delivered to both core medicine and core surgical trainees
- Grand Round: 27 presentations at the Grand Round this year. Topics varied from Emotional Intelligence to Vasculitis – to Good Antimicrobial Stewardship with a whole range of topics in between.
- The Trust was awarded level 3 (highest level) for consultant clinical and educational supervision of doctors in training, which included high standards of patient safety and quality control
- The 2013 General Medical Council (GMC) Trainee survey results show that RWT was first in the West Midlands Region for excellence quality indicators in the national survey

HealthTec

HealthTec is a training resource which bridges the gap between students and work; Encouraging work experiences in the field of health and social care and offering taster Sessions of value to the school's National Curriculum to schools and colleges both within Wolverhampton and the wider West Midlands. The training has largely been delivered at the HealthTec facility, in schools or at youth centres around the City. 264 students have received training either at Healthtec or by Healthtec staff in their school.

HealthTec continues to engage with various community groups throughout the city and works in partnership with the University of Wolverhampton and City College either delivering sessions or giving them access to our specialist equipment if we are unable to attend events

First Aid and other courses are delivered during school holidays and new courses have been developed this year around Social Media Awareness and Domestic Abuse.

2013/14	WEX students	= 90
	First Aid = 80 plus the 90 WEX students	= 170
	Casualty 999/Patient Journey = 42 plus the 90 WEX students	= 132
	Forensics	= 12
	Dangers of the Internet	= 40

Work Based Learning

The Work Based Learning team provides qualifications and development for support staff bands 1-4 across the Trust including: Quality & Credit Framework [QCF]

qualifications, adult apprenticeships, foundation degrees, development programmes and personal development support. The following table demonstrates the number of vocational based qualifications achieved during 2013 by RWT staff

Courses	Apprenticeships	QCF/ In-house programmes	Foundation Degrees
Business & Administration	34		
OCR Word/Text		20	
Customer Service	7	2	
Foundation Degrees			8
Health & Social Care	35	9	
Laboratories	6		
Perioperative	4		
Phlebotomy	6		
Porters	2		
Receptionist Development Programmes		20	
Totals	94	51	8

Grand Total

153 support staff have accessed learning

Adult Apprenticeships

Adult apprenticeships are competence based training programmes providing employed staff with underpinning knowledge that supports daily duties along with Functional Skills in Literacy & Numeracy at the appropriate level. This framework ensures staff are developed appropriately and fit for purpose and supports patient safety - thus enhancing the service user experience as well as providing the potential for staff to undertake new/enhanced roles and modernising career pathways.

Quality & Credit Framework (QCF)

The QCF is a single qualification course which is competence based, providing employed staff with underpinning knowledge relating to their role and duties.

Foundation Degrees

A Foundation Degree is a programme of learning which is a combination of work-based learning and academic study providing learners with the knowledge and skills required to support their individual work roles, thus benefiting service users.

This qualification further enhances the Adult Apprenticeship and often provides the potential for staff to undertake new/enhanced roles e.g. Assistant Practitioners.

In 2012/13 there were:

- 6 staff successfully completed foundation degrees in the following subjects
 - 2 Community Health & Social Care
 - 2 Audiology
 - 1 Project Management
 - 1 Administration in the NHS.
- 2 new Radiology students embarking on their foundation degree.

Receptionist Development Programmes

The Work Based Learning team delivers this programme providing training and support for receptionists across the Trust covering specific topics e.g. customer service, effective communication, telephone skills, confidentiality, complaints, health records, a manager's perspective and dementia awareness.

20 receptionists attended courses 2013-2014

How we selected our 2014/15 priorities

We believe these priorities to be highly relevant for the coming year as they reflect so much of the services we provide and they will remain as our driving focus in the year ahead. We have achieved much over the previous 12 months in these areas and there is more that we can further accomplish. These three priorities are detailed below.

Each Priority has a Director sponsor as shown below:

Priority	Director Lead/ Co-Sponsor
1. Urgent Care	Medical Director/ Director of Planning & Contracting
2. Care of Older People	Chief Nursing Officer/ Chief Financial Officer
3. End of Life Care	Chief Operating Officer/

Each of the priorities are supported by various projects and schemes that underpin the objectives and principles outlined in the strategies that have, or are being developed, to support each priority. A thread running through everything we do is our priority around Patient Safety – this has been a primary focus for several years and will continue to be pivotal in what we do.

Working with Governors and Members

We have had another good year working with our shadow governors many of whom are involved in Trust working groups and committees. We will be re-launching a focused programme of activities for our Members giving them more opportunities to get involved with the Trust and hear about our plans and developments.

To achieve our vision we need to continue to develop a strong membership comprised of patients and public, staff and stakeholders who will work with us to develop our services. We want our membership to be truly representative of the vibrant multicultural and diverse community that we are part of and to whom we are accountable for the provision of healthcare.

We are not proposing to limit the number of people who can register to become a Member as we want to encourage a broad, diverse and representative membership base. The Trust has a duty to take measures to ensure that our public membership reflects the diversity of our communities and the wider population that we serve in terms of geography, age, gender, ethnicity, faith, sexual orientation and socio – economic groups.

We recognise that we do not have easy access to a significant number of our patients and local people therefore have put measures in place to target under-represented, and “hard to reach” groups, including those who do not understand written or spoken English, those who feel culturally isolated or those who live with long term conditions.

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Statement of Directors Responsibilities in Respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011 and the National Health Service (Quality Accounts) Amendment Regulations 2012)).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Accounts presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Chief Executive

Acting Chairman

Acknowledgements

We would like to thank all of the patients, community representatives for their feedback and members of staff who gave their time to help us select our priorities and ensure that the document is clear and accessible.

Glossary

For those readers who are not familiar with some of the terminology used in this document, the table below offers some explanation of abbreviations that have been used:

A&E	Accident and Emergency Department	MSSA	Methicillin Sensitive Staphylococcus Aureus
ACPs	Advanced Clinical Practitioners	MUST	Malnutrition Universal Screening Tool
CCS	Clinical Classification System	NCDAH	National Care of the Dying Audit – Hospitals
C-Diff	Clostridium Difficile	NCEPOD	National Confidential Enquiry into Patient Outcome and Death
CICT	Community Intermediate Care Team	NCI/NCISH	National Confidential Inquiry into Suicide and Homicide by People with Mental Illness.
CQC	Care Quality Commission	NHS	National Health Service
CQUIN	Commissioning for Quality and Innovation	NHSLA	NHS Litigation Authority
CMACH	Confidential Enquiry into Maternal and Child Health	NICE	National Institute of Clinical Excellence
CNO	Chief Nursing Officer	NIHR	National Institute for Health Research
DNA	Did Not Attend	NPSA	National Patient Safety Agency
DRHABs	Device related hospital acquired bacteraemia (blood infections)	NRLS	National Reporting and Learning Service
EAU	Emergency Assessment Unit	NSSC	Nutrition Support Steering Committee
ED	Emergency Department		
ENT	Ear, Nose & Throat	ONS	Office for National Statistics
EOLC	End of Life Care	OSC	Overview & Scrutiny Committee
GP	General Practitioner	OWL	Outpatient Waiting List
GMCRN	Greater Midlands Cancer Research Network	PALS	Patient Advice & Liaison Service
HCA's	Health Care Assistants	PEAT	Patient Environment Action Team
HRG	Healthcare Resource Group	PHSO	Parliamentary and Health Services Ombudsman
HSMR	Hospital Standardised Mortality Ratio	PSIs	Patient Safety Incidents
IHI	Institute for Healthcare Improvement	PCT	Primary Care Trust
IT	Information Technology	RRR	Rapid Response Report
KITE	Knowledge, Information, Training and Education	RWT	The Royal Wolverhampton NHS Trust
KPI	Key Performance Indicator	SHA	Strategic Health Authority
KSF	Knowledge and Skills Framework	SHMI	Summary Hospital Level Mortality
LCP	Liverpool Care Pathway	UTI	Urinary Tract Infection
LINK	Local Involvement Network	VTE	Venous Thrombo-embolism
MLU	Midwifery Led Unit	WHO	World Health Organisation

MRSA	Methicillin Resistant Staphylococcus Aureus	WMNCLRN	West Midlands (North) Comprehensive Local Research Network
		WMQRS	West Midlands Quality Review Service

Statements from our partners:

Wolverhampton City Clinical
Commissioning Group

Wolverhampton Health Scrutiny Panel

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Independent Auditors' Limited Assurance Report to the Directors of the Royal Wolverhampton NHS Trust on The Annual Quality Account

28 June 2013

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How to give your views on our Quality Account

We welcome your feedback on this Quality Account and any suggestions you may have for future reports. Please contact us as indicated below:

Patient Experience Team

The Royal Wolverhampton NHS Trust

New Cross Hospital Wednesfield Road **WOLVERHAMPTON** WV10 0QP

Tel (01902) 695333

E-mail rwh-tr.yourcomments@nhs.net

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Online – submit a comment to rwh-tr.yourcomments@nhs.net

In person – call into the Patient Information Centre on the main corridor at New Cross Hospital, location C3.

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