



The Royal Wolverhampton  
NHS Trust

# Quality Account 2018-2019

## Health Scrutiny Panel Meeting

12<sup>th</sup> September 2019



Safe & Effective | Kind & Caring | Exceeding Expectation



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Quality Account 2018-19



## Priority 1: Workforce

### Overarching statement:

We aim to deliver safe patient care and good patient experience. Our wards and departments need to have the right levels of staff and skill mix for the acuity of the patients for which they are caring.

## Priority 2: Safe Care

### Overarching statement:

We aim to be the safest NHS Trust by “always providing safe & effective care, being kind & caring and exceeding expectation”, by making safe quality care a whole-system approach for every patient that accesses the Trust and its services.

## Priority 3: Patient Experience

### Overarching statement:

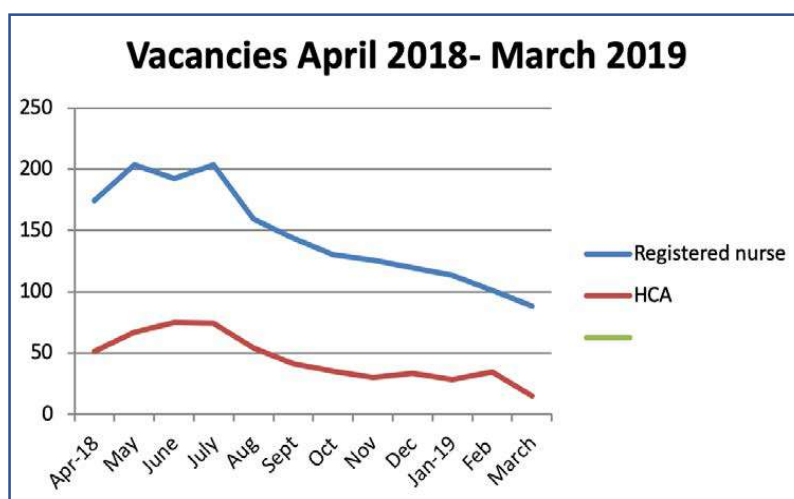
We are committed to providing high quality clinical care and aim to provide an excellent experience for patients, their relatives and carers.



## Priority 1: Workforce

### Key achievements included:

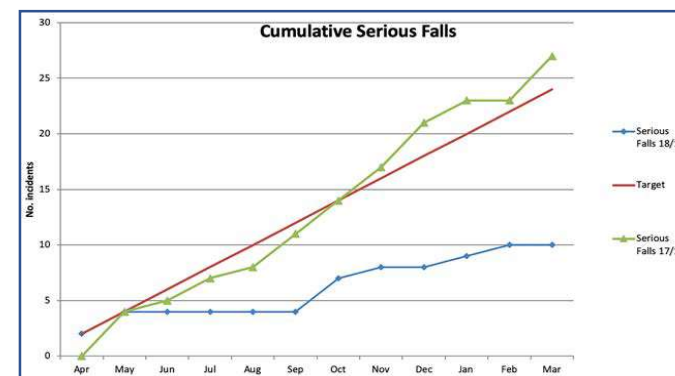
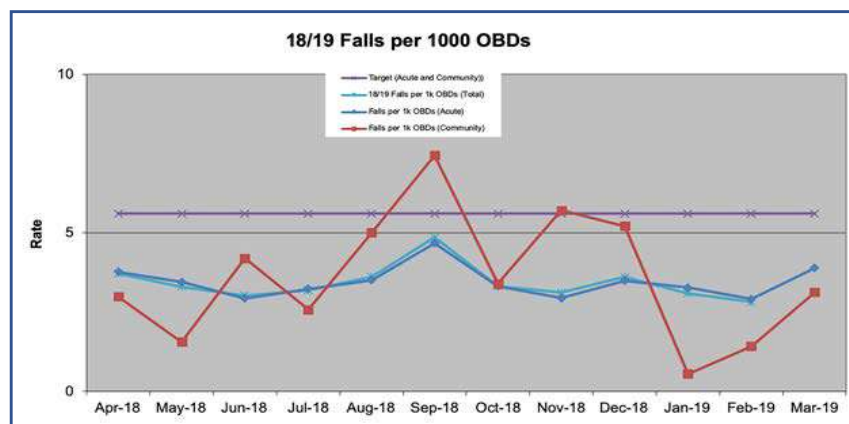
- Registered nurse and midwife vacancies reduced from n=175 to n=88.
- Healthcare assistant vacancies reduced from n=51 to n=14.
- % of student nursing placements increased by 54% when compared with 2017/18 and 80% by 2019.
- Apprenticeship opportunities maximised.
- Nursing Times award received for best international recruitment experience.
- Additional Advanced Clinical Practitioner roles introduced.
- Practice Education Facilitator network launched.
- Care to Share magazine launched aimed at nurses, midwives and health visitors.
- Nursing Fellowship Programme established.
- Trust was a first wave pilot site for the Nursing Associates role.



## Priority 2: Safe Care

### Key achievements included:

- Decrease of serious incidents categorised as “infection” (from 25 to 14) and of those categorised as “diagnostic” (from 29 to 12).
- Review of serious incidents to identify themes, key learning and inform actions.
- Learning from never events identified and implemented.
- Renewed focus on falls prevention with a multidisciplinary approach. Risk assessment process and documentation improved contributing to the reduction of serious incident falls by 61% and the number of falls remaining below the national benchmark.



## Priority 2: Safe Care continued...

### Key achievements included:

- **A variety of projects and actions associated with preventing infection:**
  - *Clostridium difficile* remained below agreed ceiling by n=3 cases (annual ceiling of n=34).
  - Device related bacteraemias remained within the internal trajectory of n=48.
  - Intravenous Resource Team continued to deliver 'line care' to an increasing number of patients.
  - Successful recruitment into the Sepsis Team achieved.
  - Partnership working fostered, for example, health economy gram negative blood stream infection plan continued to be delivered in line with set priorities.
- **Sepsis recognition and treatment:**
  - Notable improvement in performance (recognition and treatment of sepsis) within the Emergency Department (ED), inpatients and haematology/oncology.
  - As at February 2019, antibiotics administered to patients within an hour in ED improved by 49% when compared with 2016-17 data.
  - As at March 2019, antibiotic delivery within an hour to neutropenic sepsis patients improved by 57.9% when compared with 2016-17 data.
  - More recent data has demonstrated that the % of patients screened who met the sepsis criteria in ED was 99% for Q1 2019/20 and 100% in June 2019 and the % of patients who received antibiotics within an hour was 88% during Q1 2019/20 and 95% in June 2019.
- **Mortality:**
  - Oversight arrangements further strengthened – Mortality Review Group and Quality Improvement Programme Board – Mortality.
  - Health Economy Mortality Review Group established.
  - Mortality review process strengthened and aligned with the Learning from Deaths guidance -Structured Judgement Reviews (SJRs).
  - Key themes and learning from SJRs identified and taken forward.
  - Medical Examiner Model established.
  - New Bereavement Centre opened.
  - Mortality Strategy developed, including a mortality improvement plan.



### Key achievements included:

- **Venous thromboembolism (VTE):**
  - Alignment of the Trust's policy to national guidance.
  - Participation in the 'Triumvirate Leadership and Change' programme focusing on VTE management/treatment.
  - Renewed focus on achieving VTE assessment compliance and learning from incidents.
- **Pressure ulcer reduction:**
  - Average rate of pressure ulcers per 1000 inpatient bed days reduced from 0.94 reported during 2017/18 to 0.56 reported during 2018/19, which represents a 40% reduction.
  - Average rate of pressure ulcers per 10000 community population reduced from 0.62 reported during 2017/18 to 0.46 reported during 2018/19, which represents a 26% reduction.
- **Medication incidents:**

- Incident reports are now based upon date of report rather than date of incident in order to ensure that all incidents are captured and included in Trust reports
- In response to a number of errors involving the use of medication patches, a new patch administration chart has been designed.

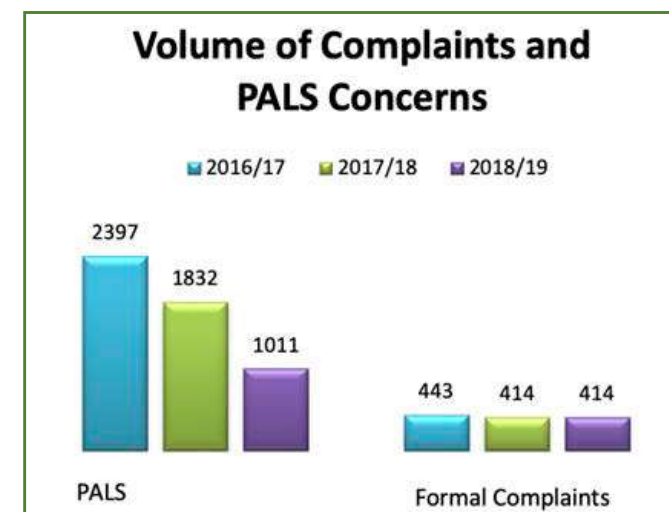
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## Priority 3: Patient Experience

### Key achievements included:

- Complaints and PALS concerns reduced from n=1832 to n=1011. This represents a 44.81% reduction when compared with the previous year.
- Compliments increased from n=419 to n=2548. This represents a 508% increase, which was predominantly due to improvements in capturing these consistently.
- The patient friends and family test average response rate increased from 18.67% to 19.50%. In addition, the average recommendation rate increased from 91.75% to 92.42%.
- Regular audits of volunteer base and focus on increasing or volunteer numbers.
- Patient facing staff were provided with the opportunity to receive basic British Sign Language training to help staff communicate in non-clinical, basic communication.
- Raising awareness of patients from marginalised communities.
- The recruitment of a part time data analyst to enable a more detailed analysis of patient experience data to understand themes and drive improvements.



## Priority 3: Patient Experience continued...



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### National Adult Inpatient Survey results (2018 survey published in June 2019):

Questions showing a significant reduction (5% or more) since last survey					
Number	Question Group	Question	2017	2018	Diff
Q18	The hospital and ward	If you brought your own medication with you to hospital, were you able to take it when you needed to?	78%	69%	-9%
Q47	Operations & procedures	After the operation or procedure, did a member of staff explain how the operation or procedure had gone in a way you could understand?	84%	79%	-5%
Q70	Overall views of care and services	During your hospital stay, were you ever asked to give your views on the quality of your care?	13%	6%	-7%

	2015/16	2016/17	2017/18	2018/19
Involved as much as want to be in decisions about care definitely/to some extent	91%	92%	88%	89%
Treated with respect and dignity always/sometimes	98%	98%	97%	97%

	2015/16	2016/17	2017/18	2018/19
Q68 Overall care rated as excellent/very good/good	95%	95%	93%	94%

#### About our strengths

- The hospital and ward – facilities, including cleanliness and food and disturbance at night time
- Nurses – confidence
- Care and Treatment – involvement in decision making, privacy, confidence in decision making, support and information giving
- Leaving hospital – involvement in decision making, and information and consideration of circumstances upon discharge

#### About our weaknesses

- The Hospital and the Ward – medication information, explanation for reasons for movement, help with mealtimes and support from non-clinical staff
- Nurses – volume of nurses on duty, knowing which nurse was in charge
- Operations and procedures – information giving pre and post operation or procedure

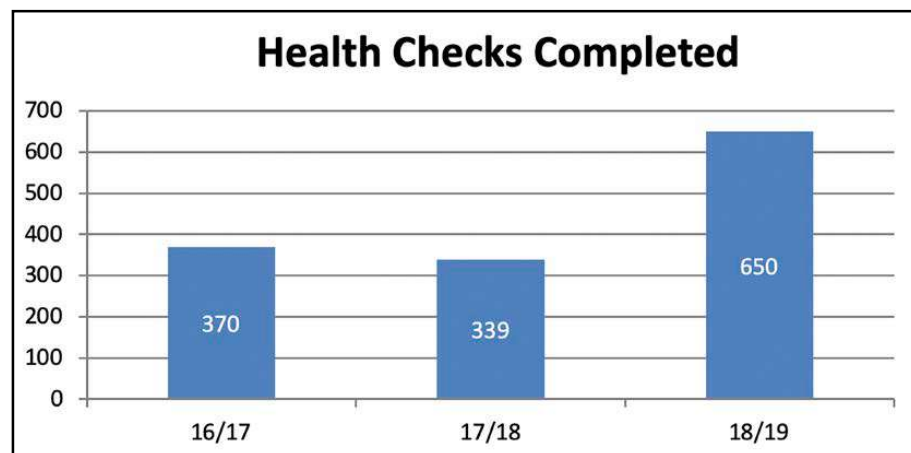




## Priority 3: Patient Experience – Primary Care

### Key achievements included:

- Health check appointments have doubled.



- CQC inspected 7 of our practices during 2018/19 and overall 'Good' rating was achieved for all.
- Number of schemes launched to trial new ways of working. For example, in-hours visiting service whereby Advanced Nurse Practitioners undertake triaged home visits rather than General Practitioners (GPs).
- Number of booked patient appointments with GPs and other General Practice staff continued to rise.



## Priorities for 2019-2020

### Priority 1: Workforce

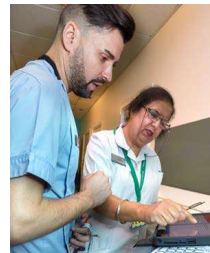
- Development and utilisation of new roles.
- Strengthening our workforce planning.
- Shaping the Trust's future workforce model.
- Strengthening governance arrangements associated with workforce (Developing Workforce Safeguards (2018)).
- Ongoing focus on growing and retaining the nursing workforce.
- Focus on education and development of staff.

### Priority 2: Safer Care

- Further focus on reducing harm – patient falls, pressure ulcers, venous thromboembolism, medication errors.
- Maximising the impact of the Sign up to Safety Programme.
- Response to the deteriorating patient and sepsis management.
- Maximising the impact and learning from Getting it Right First Time (GIRFT).
- A variety of projects pertaining to Allied Health Professionals.
- Driving forward priorities set out in the Trust's Quality and Safety Strategy 2019-2022.

### Priority 3: Patient Experience

- Driving forward the Patient Experience, Engagement and Public Involvement Strategy 2019-2022, which includes key milestones and outcome measures.
- Maximising the opportunities afforded via the vertical and horizontal integration within the Trust and Integrated Care Alliance.





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Thank You and Questions....

