

# Wolverhampton City Council

## Health Scrutiny Panel

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| Originating Service Group(s) | <b>THE ROYAL WOLVERHAMPTON NHS TRUST</b>                  |
| Date                         | <b>28 MARCH 2013</b>                                      |
| Contact Officer(s)/          | <b>CHERYL ETCHES, CHIEF NURSING OFFICER</b>               |
| Telephone Number(s)          | <b>01902 695960</b>                                       |
| Title                        | <b><u>RWT 2011/12 QUALITY ACCOUNT PROGRESS UPDATE</u></b> |

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### **RECOMMENDATION**

The Panel note The Royal Wolverhampton NHS Trust's progress on the priorities identified in the Annual Report & Quality Account 2011/12.

#### **1. PURPOSE**

- 1.1 This report provides the Panel with an update on progress against the priorities identified by the Trust in the 2011/12 Annual Report & Quality Account.

#### **2. BACKGROUND**

- 2.1 All NHS healthcare providers are required to produce a Quality Account. This is an annual progress report to the public to provide details about the quality of the services they provide.

The Quality Account focuses on the three aspects of quality – patient experience, patient safety and clinical effectiveness and aims to give a realistic picture of the Trust's approach to quality whilst highlighting areas for improvement across the breadth of services delivered.

In common with many acute and community providers the Trust published a combined Annual Report & Quality Account for 2011/12 to ensure there was a more rounded picture of the activities of the Trust and in particular those that support better patient experience and outcomes. The 2011/12 document was originally presented to the Panel in May 2012 in draft format.

#### **3. THE TRUST'S PRIORITIES**

- 3.1 Set out below is an update on progress towards the Trust's three strategic priorities for improvement in 2011/12.

##### **Priority One: Urgent Care.**

This is a Trust priority because it impacts on everyone at their most vulnerable and is where services can make a real difference to patients. It covers 3 main areas:

- i) Services offered by GPs
- ii) Services in the Community such as Walk in Centres
- iii) Hospital services such as Accident and Emergency and the Emergency Assessment Units

### **Example Goals for 2012/13:**

- Patients who arrive by Ambulance will be assessed by a nurse within 15 minutes.
- The average time to be seen by a doctor will be 1 hour.
- Accurate information will be available for patients on their waiting time and the treatment they can expect.
- Pathways of care will be available for the top 10 conditions.
- The number of children attending the Emergency Department and Paediatric Assessment Unit will be reduced.

### **Update on progress:**

- Assessment times of patients who arrive by ambulance are monitored on a daily basis. A Rapid Assessment and Triage room opened on the 16<sup>th</sup> July 2012 to support the immediate assessment of patients and achievement of this target. A dedicated nurse has been assigned to a "Majors Triage" role greeting ambulance crews on arrival to take handover. An improvement in the time to initial assessment target has been made, but an increase in the numbers of ambulances arriving in the department means that further work is in progress to ensure consistency and sustainability. The chart at **appendix 1** shows performance against this target.
- The chart at **appendix 2** shows performance against the A&E Time to Treatment Decision Target.
- Static information slices to inform patients of the expected flows through the Emergency Department have been produced and are in place. The Trust's Information Technology team is devising a solution to provide patients with accurate information regarding waiting times and the treatment they can expect to receive.
- Work continues in the development of internal pathways with the Emergency Department clinical teams. Pathways previously developed are currently being rolled out and assessed.
- Presentations have been delivered during November and January in relation to the top conditions for Children. Work is on-going and updates are provided to the Urgent & Emergency Care Strategy Board.
- The Emergency Department is actively recruiting medical and nursing staff to ensure provision of 24 hour consultant cover, the availability of Advanced Care Practitioners and a 14 hour nurse led minor injuries unit. The staffing increase will be phased over the next 5 years.
- Senior nurse competencies are being developed in triage and plastering. Each shift leader has a supernumerary period alongside existing senior nurses assisting with duties and responsibilities to develop competency within the role. Also, a role has been defined for a Healthcare Support Worker.
- The Department has developed two additional consulting cubicles to increase capacity, which have been operational since July 2012.
- A communications campaign was launched early 2011 in order to inform and promote services to patients, in particular our Walk-In services across the City. Initiatives undertaken to date include:
  - ✓ Attendance at the Wolverhampton City Show to raise awareness;
  - ✓ Pull-up posters within the Emergency Department supported by distributing 500 leaflets to patients on alternative options to attending A&E and staff actively informing the patients about those services;
  - ✓ Development and launch of a dedicated Phoenix Walk-In Centre webpage;
  - ✓ 4 week bus advertising campaign;
  - ✓ Leaflets distributed to 14,175 households within a 2 mile radius of the city centre

### **Priority two: Care of the Older Person .**

An increasing aging population means that the Trust must design care appropriately around the needs of the largest section of its service users. Focus has been on four key areas as detailed below:

### **Example Goals for 2012/13:**

- Falls – We will aim to reduce the number of patient falls resulting in serious harm to less than 10 in 2012/13.
- Pressure Ulcers - We will aim to have no avoidable pressure ulcers occur in the hospital and community setting by December 2012.
- Nutrition - No patient unintentionally loses weight whilst in our care.

- Preventing Infections - Reducing the number of device related infections and patients who test positive for Clostridium Difficile.

### **Update on progress:**

#### Falls

- We have reduced the number of patients who fall by 20% and the number of unwitnessed falls has reduced to 23% which is a marked improvement on last year which was 40%. This is due to the changes we have made by nursing patients in bays with the nurses remaining in the bays and also by ensuring all patients have been risk assessed for falls within 6 hours of admission to the ward.
- A falls care bundle has also been introduced which is a range of interventions undertaken by the multidisciplinary team to reduce the risks of the patient falling. Where patients have fallen and suffered serious harm an investigation is undertaken and lessons learned. This information is reported to Trust Board monthly.

#### Pressure Ulcers

- 70% of all ward areas including the community achieved no avoidable pressure ulcers by December 2012. In addition a pressure ulcer care bundle is in place to reduce the risks to deteriorating skin. Each patient who is at risk of pressure damage has strict 2 – 3 hourly moves which is documented as part of the comfort round or intentional rounding as it is known elsewhere
- 30% of our wards have gone for more than 200 days without an avoidable pressure ulcers and great importance is attached to demonstrating where the problems lie when an avoidable pressure ulcer is detected including a full root cause analysis report.

#### Nutrition

- Between meal patient snacks are being trialled on all ward areas. Evaluation of this is still in its early stages, but initial patient feedback has been very positive.
- Work is in development concentrating on a team of volunteers dedicated to patient feeding and assistance with nutrition.
- Nutrition training is mandatory for nurses new to the Trust, and three yearly mandatory update training on nutrition for nurses was introduced during the year, and compliance is monitored on a monthly basis. Compliance is currently >90%. Mandatory training for doctors who are new to the Trust will be introduced in 2013/14.
- On-going audit of case notes for compliance with risk screening and use of the nutrition care plan. The Trust is meeting its target of 95% of patients undergoing nutrition screening on admission to hospital. Nutrition screening will move onto VitalPAC in 2013/14 – this will prompt when repeat screening is due, and also indicate appropriate actions for patients at medium and high risk to further improve nutritional care of our patients.
- Real time patient experience surveys will include questions for patients to rate the meal service and the support they receive at mealtimes.
- The patient menus have been reviewed, and changes made to ensure that dishes meet nutritional standards and provide sufficient energy dense options for patients at nutritional risk.
- Over the past 12 months the Trust has further developed its guidance to promote safe artificial feeding for patients who are unable to eat & drink. Educational materials and care plans will be further developed in 2013/14.

#### Infection Prevention

- An Intravenous Resource Team has been in place since August 2012 with a significant focus on reducing the number of line related blood stream infections.
- A focus on, and specific support and planning for high risk areas for infection.
- The number of electronic training packages has been increased, allowing all staff to access them and updated practical courses regarding all aspects of infection prevention.
- Daily audit of intravenous line care to reduce device related bacteraemia.
- A baseline of surgical site infection has been achieved with on-going surveillance of surgical wound infection in most categories of surgery; this included follow up of each patient at 30 days post operatively.

- Baseline measurement of chronic wounds and urinary catheters in Wolverhampton which contribute to blood stream infection and other less serious but nevertheless distressing infections.
- Development and initiation of plans to reduce the use of urinary catheters and chronic wounds.
- The set up and delivery of an Outpatient Parenteral Antibiotic Therapy (OPAT) Service to enable the monitoring and safe care of patients requiring long term antibiotic therapy possible in the community rather than hospital.
- Appendices 4 – 10 show infection prevention performance.

**Priority three: End of Life Care**

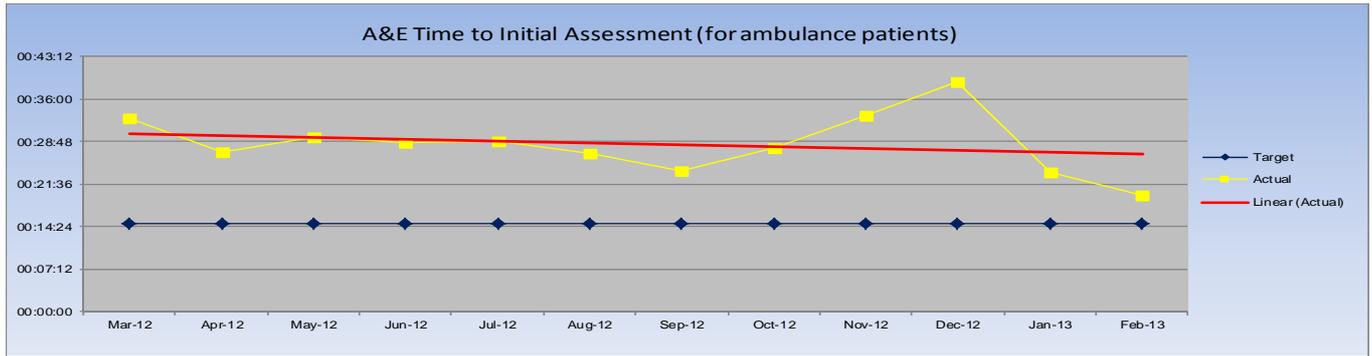
The impact of end of life care can have a lasting impact on family and friends. The Trust established this as a priority to ensure that patients die with dignity and respect.

**Example Goal for 2012/13:** We will ensure that our staff have the skills and resources to provide information, support and will deliver care so that patients nearing the end of life will be cared for with dignity and respect in the place of their choice.

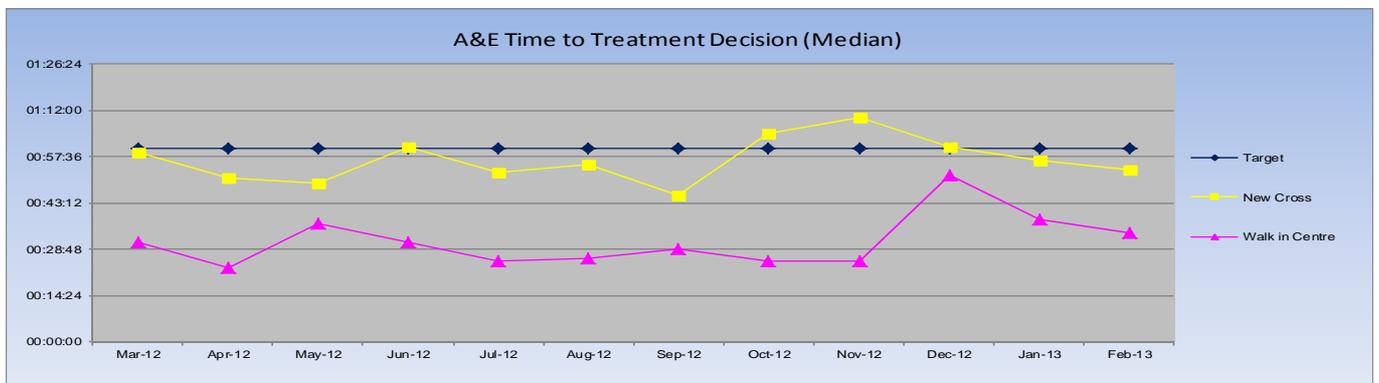
**Update on progress:**

- The Liverpool Care Pathway (LCP) is utilised Trust wide, as approved for use at the Trust by the Marie Curie Palliative Care Institute.
- New Cross Hospital employs an End of Life Care Education and Pathway Facilitator.
- Education and training has been strengthened through training relating to end of life care and the LCP.
- Teaching updates/refresher training is available along with teaching for new starters at ward level.
- End of Life care preceptorship training is now in conjunction with competency frameworks
- The Trust continues to undertake its own internal audits on the use of the LCP in addition to participating in the National Care of the Dying Audit for hospitals.
- The District Nursing Service act as key workers and provide contact details to patients. In addition there is a dedicated telephone line for patients.
- GPs within Wolverhampton are informed if patients commence on the LCP and within 24hrs of a death and District Nursing Services work closely with GPs colleagues with regarding patients on the LCP
- Patients are referred to end of life care/district nursing/community palliative care/social work/AHP services for on-going care/support as needed on discharge.
- Discharges home/to other care settings are facilitated for End of Life care patients where that is their wish and it is safe/appropriate to do so.
- A bereavement group has been established to explore any improvements that could be made to the bereavement experience.
- A post bereavement is conducted in the community with positive feedback.
- The Trust is participating in the national pilot for the use of the amber care bundle within stroke.

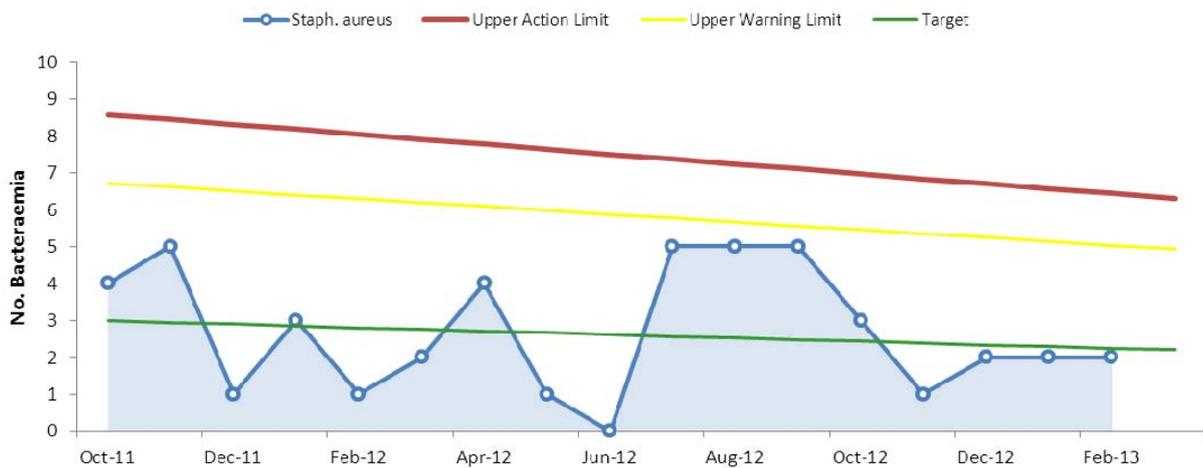
**Appendix 1 – Time to Initial Assessment for Patients Arriving via Ambulance – March 2012 - February 2013**



**Appendix 2 – A&E Time to Treatment (Median Time) March 2012 - February 2013**



**Appendix 3 – SPC Chart RWT Staph. aureus Bacteraemia**



**Performance Information**  
**Scorecard – Green**  
 0 – MRSA bacteraemia  
 2 – MSSA bacteraemia

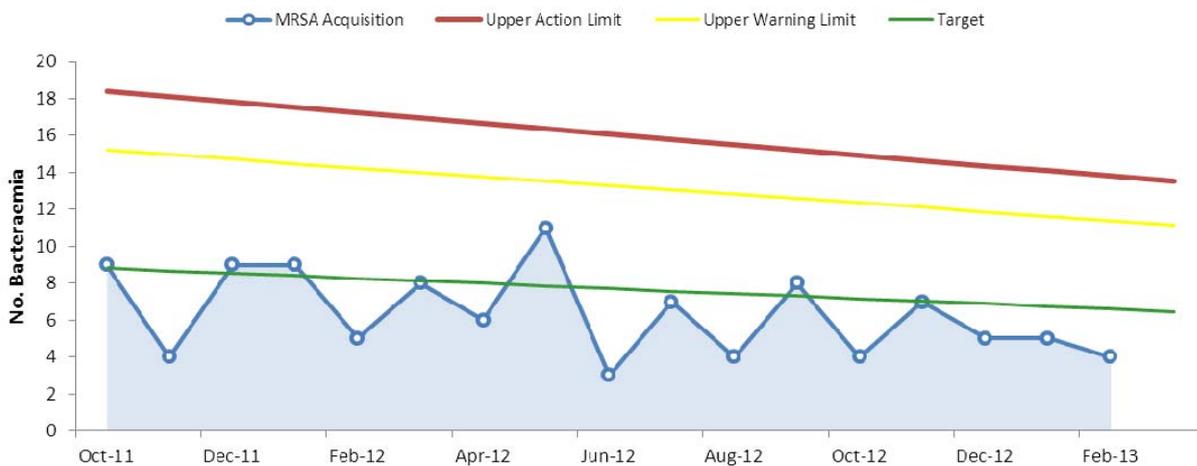
## Appendix 4 – Performance Against Target MSSA Bacteraemia 2012 - 2013



### Performance Information

Bacteraemia – 27 (YTD)  
Target – 27.5 (YTD)

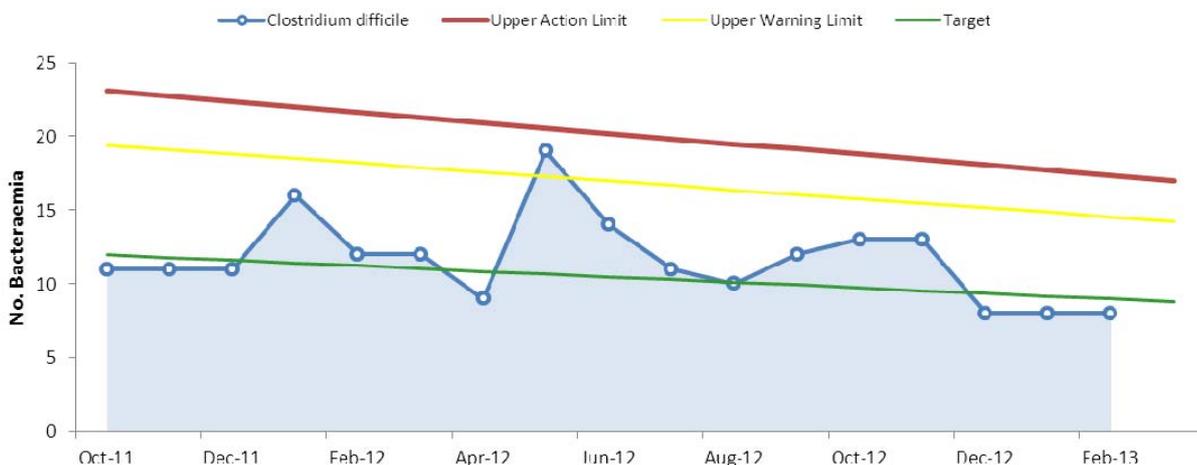
## Appendix 5 – SPC Chart – RWT MRSA Acquisition



### Performance Information

Scorecard – **Green**

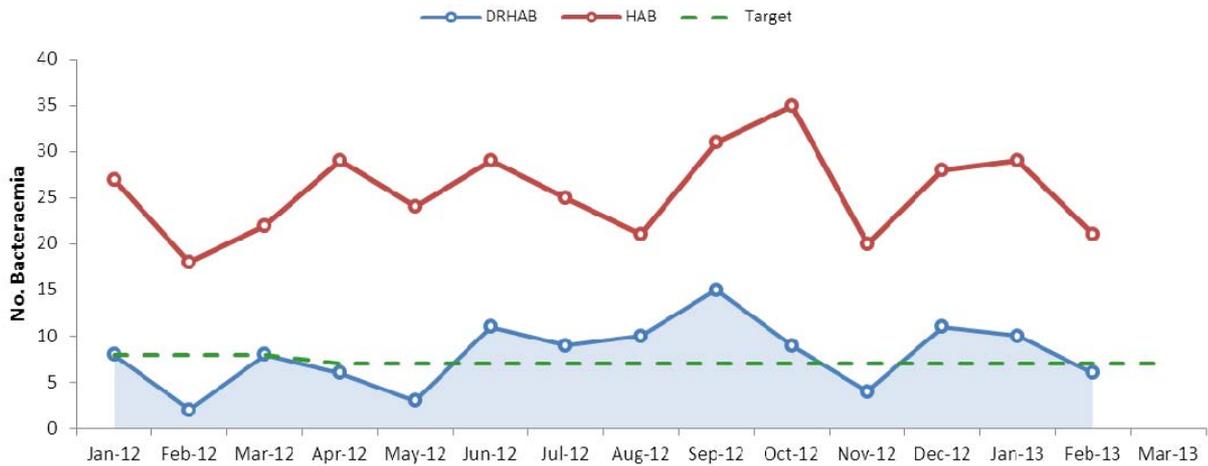
## Appendix 6 - SPC Chart – RWT Clostridium Difficile



### Performance Information

Scorecard – **Green**

**Appendix 7 – Hospital Acquired and Device Related Hospital Acquired Bacteraemia 2012 - 2013**

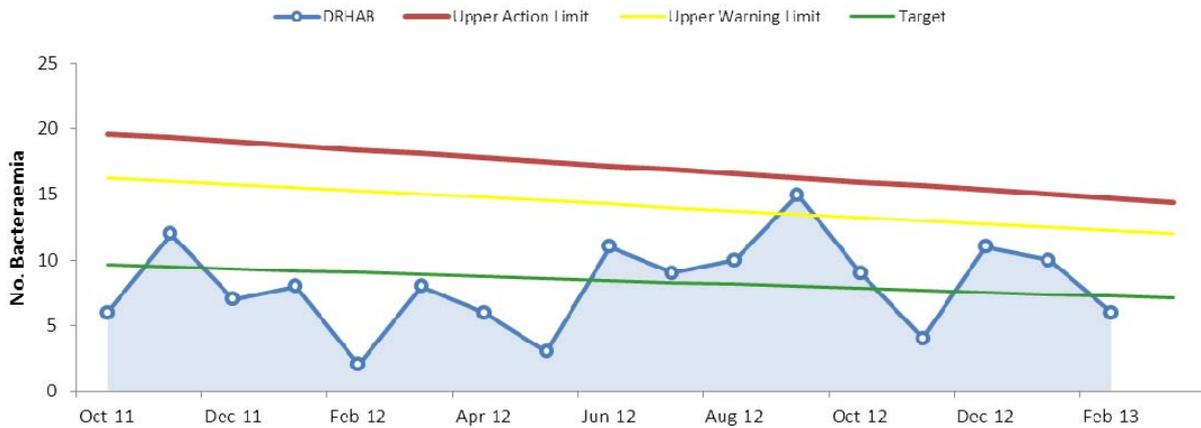


Performance Information

21 HAB  
6 DRHAB

Monthly DRHAB target – 7

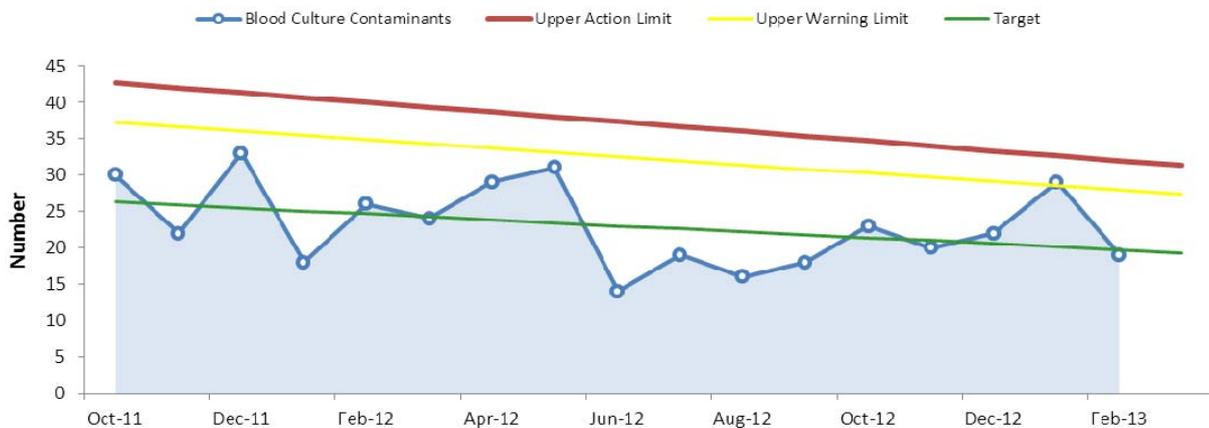
**Appendix 8 – SPC Chart – RWT Device Related Hospital Acquired Bacteraemia**



Performance Information

Scorecard – **Green**

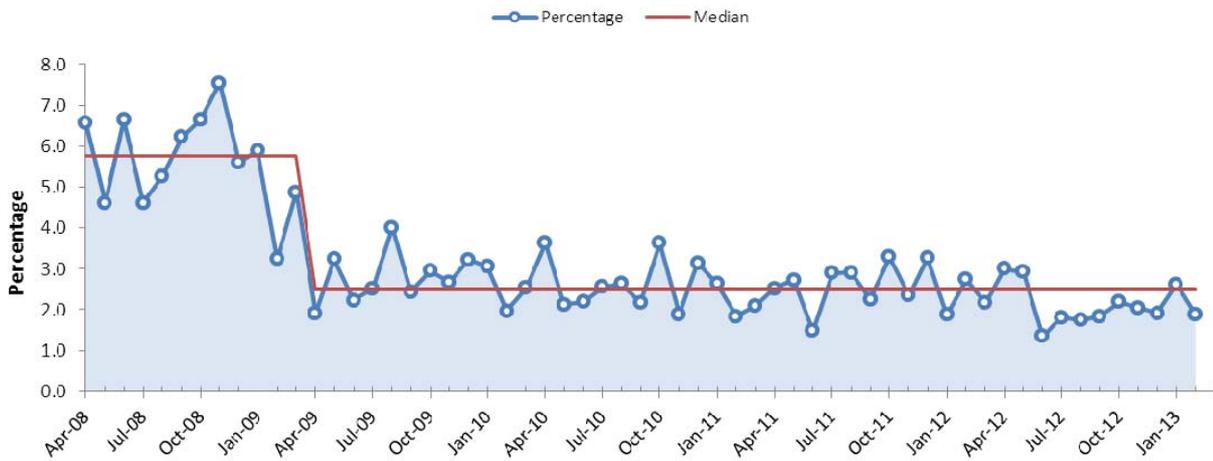
**Appendix 9 – SPC Chart – Blood Culture Contaminants**



Performance Information

Scorecard – **Green**  
19 contaminated Blood Cultures

## Appendix 10 – Run Chart Percentage of Contaminated Blood Culture Sets



### Performance Information

1.87% current month