

# Wolverhampton City Council

## **HEALTH SCRUTINY PANEL**

Date **23 MAY 2013**

Originating Service Group **THE ROYAL WOLVERHAMPTON NHS TRUST (RWT)**

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Title/Subject Matter **THE ROYAL WOLVERHAMPTON NHS**  
**TRUST/QUALITY ACCOUNTS AND ANNUAL REPORT**  
**2012/13**

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### **Recommendation(s)**

1. Panel members are recommended to consider the contents of the RWT draft Quality Account 2012/13.
2. The Panel is invited provide comment before 13 June 2013. A Health Scrutiny Panel statement will then be included in the final published RWT Quality Account in the section mentioned above.

## 1 **Purpose of Report**

The purpose of this report is to allow the Panel with to consider the draft RWT Quality Account for 2012/13 and give comment on the content prior to publication on 30 June 2013.

The final Quality Account will contain a section entitled 'Statements from our Partners'.

## 2 **Background**

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 will publish a combined Annual Report & Quality Account for 2012/13 to ensure there is a more rounded picture of the activities of the Trust and in particular those that support better patient experience and outcomes. A progress update was presented to the Panel in March 2013.

A copy of the draft Quality Account is attached at Appendix 1. This is a narrative document and does not reflect the final presentation of the document.

Comments on the content of the report or statement can be sent to Jamie Emery, Patient Experience Lead either by email – [Jamieemery@nhs.net](mailto:Jamieemery@nhs.net) , or in writing to:

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The main points of the Draft Quality Account are RWT's performance and future plans in regard of three key priority areas detailed below:

- Priority 1 – Urgent Care
- Priority 2 – Care of the Older Person
- Priority 3 - End of Life care

3. **Schedule of background Papers**

Royal Wolverhampton Hospitals NHS Trust Quality Accounts and Annual Report 2012/13

# 2012/13 Annual Report and Quality Account

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

# Section 2: Quality Accounts

Draft

## 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.

Improving the experience and outcomes for our patients remains the top priority for the Trust and our vision puts patients at the centre of all that we do. 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 overarching priority of Patient Safety, we developed 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 focussed 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.

This year we will be continuing with these three areas as they help us to keep a focus on where we need to do things differently but will change some of the indicators that measure our progress. We will also be adding a priority about streamlining ambulatory care to help us to reduce unnecessary admissions to hospital. 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 professional and staff groups 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 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 2013/14.

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

Draft

## 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 - 2013/14 Priorities for improvement

Our priorities for 2013/14 mirror 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 still be highly relevant for the coming year 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.

## Priority 1: Urgent Care

### Why is this a priority?

Because it impacts on everyone at their most vulnerable and is where a difference can really be made to patients through the best use of community services. Urgent care also drives demand for a number of other services both in hospital and the community.

### Baseline

Urgent and emergency care covers three main areas:

1. Services offered by GPs
2. Services in the community such as Walk in Centres
3. Hospital services such as Accident & Emergency and the Acute Medical Unit (AMU)

The Accident and Emergency (A&E) Department is the first step in the pathway of emergency care often for patients who have complex needs and are at their most vulnerable. It is the “shop window” of the Trust for many patients and their carers. The number of attendances at A&E has increased over the last 8 years. This is despite the introduction of 2 Walk in Centres in the city of Wolverhampton. We are also aware that we have a high number of children who attend our A&E department and evidence suggests that these children would be better treated by having care delivered closer to home.

An Urgent & Emergency Care Strategy Board has been established to bring together GPs from Wolverhampton and South Staffordshire, Trust doctors, nurses and managers, social services, ambulance service, commissioners, mental health and a Public Governor from the Trust. These people are working together to develop a strategy and care pathways that will help to ensure that patients with urgent and/or emergency needs get to the right service in the right place (either in hospital or in primary care) first time, and also to make sure that patients who attend the Accident and Emergency department need to be there.

### Plans for 2013 /14

- 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.
- Commence public and partner engagement with the wider community in relation to the Urgent Care discussions and options for Wolverhampton and South East Staffordshire & Seisdon Peninsula. Commenced March 2013.

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

**“Our vision is for an improved, simplified and sustainable 24/7 urgent and emergency care system that supports the right care in the right place at the right time for all of our population.**

**Our patients will receive high quality and seamless care from easily accessible, appropriate, integrated and responsive services. Self-care will be promoted at all access points across the local health economies and patients will be guided to the right place for their care and their views will be integral to the culture of continuous improvement”.**

Implementation of the strategy will be overseen by the Urgent and Emergency care Strategy Board and will be delivered through project groups and work streams

Monitoring of outcomes will include reporting of:

- Numbers of attendances and admissions through the emergency department(s) in secondary care
- Availability and utilisation of urgent care services in the Community
- Reporting of and compliance with achievement of quality standards of care.
- Patient and relative satisfaction surveys for quality of care and experience

Leads – Medical Director/ Director of Planning & Contracting

## **Priority 2: Care of the Older Person**

### **1. Why is this a priority?**

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 so it is essential that care is designed appropriately for our biggest service user

### **Plans for 2013 /14**

Care of the Older Person encompasses a wide range of essential care standards that help us to focus on keeping older people safe both in hospital and when being cared for in their homes. The Trust will focus on the care standards that can have the biggest impact on patient experience and outcomes: Falls, Nutrition, Pressure Ulcers and Infections.

In November 2011, the Trust launched the “Creating Best Practice Programme”. This programme has looked at all the activities that take place on a ward during the day and night and made changes to ensure that the patient always comes first. All the staff involved in delivering care for patients either directly e.g. nurses, doctors and physiotherapists or indirectly e.g. housekeeping staff, catering staff and porters worked together to agree how they could make changes. To make sure we knew when changes were successful baseline information was collected so that progress could be monitored before the programme was rolled out to all wards in 2012.

### **Action required**

**Ratification of the Strategy for Care of Older People** - A draft Care of Older People strategy is currently out to key stakeholders for consultation and will be formally signed off at the first meeting of the Care of Older People Programme Board

**Establish the Care of Older People Programme Board** - The Care of Older People Programme Board will be the driving force behind the programme and will develop the principles and objectives outlined in the strategy. The first meeting of the Programme Board is planned for April 2013.

Under the chairmanship of the Chief Nursing Officer the Programme Board will co-ordinate and oversee the development and implementation of the identified work streams, related projects and activities that will deliver outcomes and benefits related to the programmes' strategic objectives and where required, resolve any barriers to progress.

### **Working closely with our partners**

***“If we are to meet the challenges ahead we must work collaboratively to revolutionise the way we organise and deliver care”***  
*Royal College of Physicians 2012.*

A recurring theme throughout the stakeholder event was the need and a desire for all agencies across the social and health economy to work more closely together. During 2013/14 opportunities to work more closely and effectively with colleagues in primary and social care settings will be explored and the Programme Board will actively encourage shared schemes and projects.

### **Falls**

Reducing the number of patient falls has been one element of the Creating Best Practice programme and this has continued across the Trust. Evidence from this has supported the move to base nurses in bays which encourages patients to call for help rather than try to get up on their own and often fall, having the nurses in the bays also promotes improved visibility of patients. This practice is successfully evidenced in existing wards where this is routine and where the number of falls has remained the same as last year despite an increase in numbers of patients seen. The challenge is to introduce this practice into areas where nurses frequently leave the ward routinely, for instance to collect patients from theatre in the surgical wards.

On discharge, patients who are identified as at risk of falling or have already fallen are automatically referred to the community falls team who will visit them at home or invite them to a community based clinic. This supports them in reducing further falls, regaining confidence and instructing patients on how to minimise the risks to falls in their own home.

### **Goal**

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.

### **Monitoring & reporting:**

The Trust uses the NHS 'Safety Thermometer' to record monthly prevalence of patients who fall and suffer harm as well as a comprehensive database which details date and ward where the fall occurred along with circumstances surrounding it. This information is monitored through the Falls Prevention Committee. The Trust has introduced weekly accountability meetings where pressure ulcers and falls that cause harm are scrutinised, this is chaired by the chief nursing officer. This prompts staff to question if more could have been done to reduce the risk of falls causing harm.

Nominated Lead: Chief Nursing Officer

## **Pressure Ulcers**

A pressure ulcer is a localised injury to the skin and/or underlying tissue, usually over a bony prominence such as the ankle, elbow or bottom of the spine as a result of pressure or pressure combined with shear.

Avoidable pressure ulcers can be classified as pressure ulcers that have developed where there is no or inconsistent evidence that all the preventative plans/actions have been implemented. Pressure ulcers can be classed as unavoidable when all plans and actions are in place and evidenced and where underlying condition impacts on the ability to deliver preventative care.

### **Monitoring and Reporting**

The Trust set out to measure success through the use of the Safety Thermometer, this has demonstrated a reduction in harm due to pressure ulcers and with the Trust's own data collected through reported electronic incident reporting and validation has triangulated accurately with the Safety Thermometer data.

Progress continues to be reported to the Tissue Viability Steering group and to Trust Board through the Quality Safety Report.

### **Actions for the coming year will build on the work done to date:**

Continue to document evidence of fundamental elements of care which support pressure ulcer prevention. These include:

- risk assessment and assessment of needs
- Surface- selecting the suitable prevention surfaces for the population at risk of pressure ulcers
- Skin Inspection - staff monitoring of tissue tolerance and reassess needs if there are any signs of deterioration through the effective use of 'comfort rounds'
- Keep moving - repositioning schedules are planned and recorded
- Incontinence and moisture - continence is promoted and the climate control of skin
- Nutrition and hydration - staff promote a balanced diet and hydration
- Self -care and raise awareness with carers and the public

### **Further action required**

- The Trust will evaluate early findings that intervention at the emergency portal decreases significantly the pressure damage in the rest of the patient journey
- We will scope the use of dynamic profiling beds on every bed to evaluate the patient and cost benefits
- Introduce a public facing campaign highlighting the need to 'stop the pressure' for patients at home aimed at informal and formal carers

- Continue to validate the reporting and de-escalation of STDIs on the national reporting database
- Continue formal education and training for all nursing home staff to reduce the risks of nursing home acquired pressure ulcers easing the burden across the whole health economy

This preventative programme is supported by the visible presence of additional Tissue Viability Nurses who are trained in this speciality and who directly advise staff and support patient care. The tissue viability service works across both hospital and the community running specialist clinics for patients living at home and is now training the General Practice Nurses to be able to provide the same level of care and expertise that the specialist team currently provide. In addition, the service provides a telemedicine service offering equitable advice for all clinical areas including care homes, patients in hospital and those at home or in a clinic as well as direct competency development support in wound prevention and care.

The tissue viability team will continue to support clinical staff to achieve the ambition of zero avoidable pressure ulcers, this has included locally and regionally run campaigns including the SSKIN Olympic challenge, whereby 70% of services achieved no avoidable pressure ulcers by December 2012 and Stop the Pressure, which resulted in one of the adult community services teams winning the inspirational team award for their commitment to prevent avoidable pressure ulcers in challenging circumstances. The Tissue viability team use two prosthetic devices to assist with grading recognition and a new challenge to test staff on the key elements of care, to prevent any pressure ulcers developing.

The Trust also provides a wide range of pressure relieving equipment for in-patients and for patients in their own home. The equipment library (CERL) now also offers an out of hours service, responding to faulty or urgent equipment requests in the community, preventing delay in provision of functional pressure relieving equipment. The Trust continually reviews the equipment resource to ensure the needs of the patients are met and the patient journey is safe.

- Leads - Chief Nursing Officer/ Chief Financial Officer

## **Nutrition**

### **Goals:**

**Nutrition screening & care planning:** To meet our targets of 100% for re-screening and care planning.

**Eating & drinking:** Identify dishes that are energy dense (eg for those patients with extra nutritional needs or poor appetite) and those with lower fat and sugar content (more suitable for those patients with diabetes, overweight etc).

**Artificial Feeding:** To introduce mandatory training for doctors who join the Trust. Also the introduction of patient care plans and educational materials for staff.

### **Monitoring & reporting:**

Improvements will be tracked through the nursing quality metrics. We will monitor compliance with mandatory and non mandatory training on nutrition for nurses and doctors and will continue to audit protected mealtimes  
There will be an ongoing audit of case notes for compliance with risk screening and use of the nutrition care plan

#### **Action required**

- Introduce nutrition screening on to VitalPAC, prompting ward nurses for repeat screening and care planning.
- The new menu will be launched early in 2013-14, and will be coded to identify dishes that are energy dense
- Continuation of work to audit compliance with pre-operative fasting guidelines.
- Introduce mandatory training for doctors who join the Trust.
- Introduction of patient care plans, and educational materials for staff.

Nominated Lead: Head of Nutrition & Dietetics

#### **Preventing Infections**

The prevention of avoidable infection continues to be a key focus in the provision of high quality care both within the Trust and the wider health economy of Wolverhampton. It remains important that the Trust not only focuses on the current challenges but looks forward to prevent future risks to quality and safety with proactive plans to monitor and prevent infection. The Trust has therefore developed 9 strategic objectives to develop knowledge and skills around the risks of surgical site infection, emerging infections, use of devices such as catheters and intravenous lines and investigation of new methods for treatment and control of MRSA and *Clostridium difficile*. Integral to this are the wider health care community key objectives including positive interaction and information sharing with community healthcare settings such as care homes (using the highly successful PREVENT approach), support for dental and GP surgeries and finally a firm grip on the environment wherever patient care is delivered to ensure its cleanliness and good design.

Wolverhampton has had continued success in the reduction of health care associated infections during 2012/13 winning a coveted NHS Innovation Award and continues to have a clear aim to sustain best practice and broaden knowledge of infections such as catheter related urinary tract infection in 2013/14.

The Trust Infection Prevention and Control Committee continues to oversee all activity, manage risks and provide strategic direction for infection prevention and control with close contact with commissioners and Public Health Teams on risk management within independently contracted services and care homes.



#### Goals:

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

#### Action required:

1. Improve healthcare infection data quantity across services.
2. Maintain the approach to prevention of avoidable infection across with pathway working with independent providers of care.
3. Implementation of an annual programme of infection prevention working towards 9 strategic aims focusing on surgical site infection, emerging infections, use of devices and investigation of new methods for treatment and control of MRSA and Clostridium difficile.

#### Monitoring & reporting

Our progress in reducing infections will be through the NHS Safety Thermometer (catheter related infections), Creating Best Practice programme and Ward based metrics.

The Trust Infection Prevention and Control Committee continues to oversee all activity, manage risks and provide strategic direction for infection prevention and control with close contact with commissioners and Public Health Teams on risk management within independently contracted services and care homes.

- Nominated Lead: Director of Infection Prevention & Control

### Priority 3: End of Life Care

#### Why is this a priority?

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 advanced 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 the process.

Palliative care affirms life and regards dying as a normal process, provides relief from pain and other symptoms and integrates the psychological and spiritual aspects of patient care. It uses a team approach to address the needs of patients and their families, offering a support system to help patients live as actively as possible until death and to help the family cope during the patients illness and in their own bereavement. Providing supportive and palliative care should be integral part of every health care professional's role

### **Baseline**

The Trust participated in the National Care of the Dying Audit - Hospitals (NCDAH) in 2008 and 2011. The most recent results published in December 2011 show a significant improvement compared to the previous national audit in 2008. The Trust is in the top 25% of hospitals nationally for 5 of the 8 Key Performance Indicators (KPIs) audited, 1% off being in the top 25% in a further 2 KPIs and scored the same as the national average in the other KPI. That said we recognise that there is still room for improvement and a Palliative & Supportive Care Strategy sets out the approach taken within the Trust to provide palliative and end of life care for all patients with life limiting illness.

### **Monitoring & reporting**

Reports are presented as requested to the Senior Nurse Operational or Strategic Groups.

A record of the training delivered and numbers of staff attending training will be kept.

The Trust will carry out local audits on the use of the Liverpool Care Pathway.

The Trust will participate in National Audits to monitor our performance moving forwards as well as comparing performance with other organisations.

The Trust will monitor compliments and complaints and these will be reported back to the individual wards and departments.

### **Plans for 2013 /14**

To review and refresh the Strategy with a view to developing further services for of End of Life Care for Adults in Wolverhampton, and ensure that the strategy is supported by key stakeholders/neighbouring CCG's.

To ensure that the strategy for adults supports transition for adolescents where appropriate

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.

The Royal Wolverhampton NHS Trust were successful in receiving Government funding support, towards the Government's commitment to introducing a per-patient funding system that will ensure all qualified providers of palliative care, whether they be statutory, voluntary or

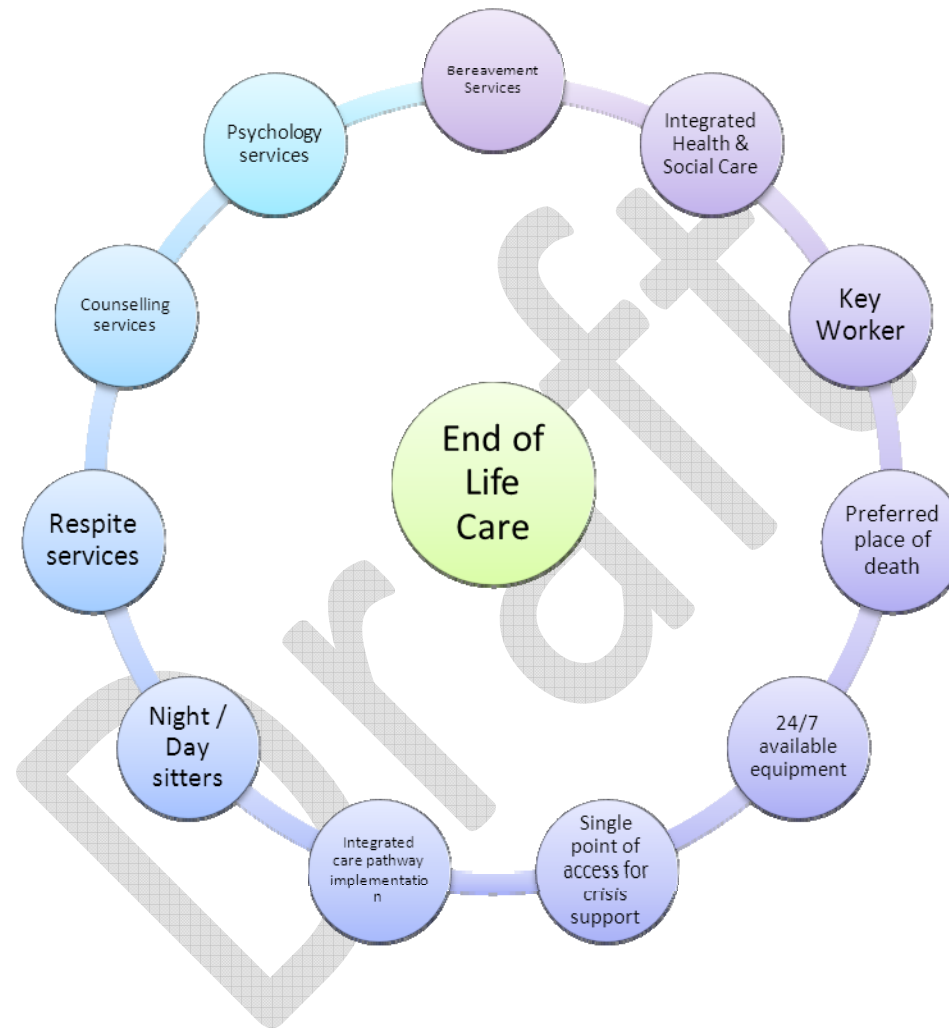
independent, are fairly funded. The Trust is collecting essential cost and activity data for over a two-year period which began in April 2012. This work is being overseen by the Palliative Care Funding Working Group within Department of Health (DH). We are making progress on delivery of this programme and details of achievements against this programme are provided in section 3. Plans for the year ahead are provided below:

### **Next year in delivery of per patient funding system**

#### **Continue to:**

- improve processes for all organisations on site for patients, discussed with clinical leads within all organisations on delivery of PCFP
- improve and enhance a local process for phased approach to data submission from each organisation and to data hub
- provide training to organisations and continue to (as and when required) and implement use of new excel data template
- lead and support all organisations on pilot site for timely data submission as well as clarify and build on individual organisational queries
- deliver in discussion with DoH and agree moving forward on programme for PCFP key milestones within programme plan
- be involved in on-going discussions with DoH attend regular site update meetings on per patient funding system. DoH using data analysis, stake holder days, consideration of key policy developments including but not limited to predictive modelling work workforce development, service delivery modelling year of care and proposals of payment by results to be finalised and then approved in 2014/2015.

The Framework for delivery of Palliative / End of Life Services within Wolverhampton is best shown in the diagram below:



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 2012/13 the Royal Wolverhampton NHS Trust provided and / or sub-contracted 32 relevant health services.

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

The income generated by the relevant health services reviewed in 2012/13 represents 91.4% of the total income generated from the provision of relevant health services by the Royal Wolverhampton NHS Trust for 2012/13.

### Participation in clinical audits

During 2012/13, 51 national clinical audits and 4 national confidential enquiries covered relevant health services that the Royal Wolverhampton NHS Trust provides.

During 2012/13 the Royal Wolverhampton NHS Trust participated in 94% national clinical audits and 75% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Royal Wolverhampton NHS Trust was eligible to participate in during 2012/13 are as follows:

The national clinical audits and national confidential enquiries that the Royal Wolverhampton NHS Trust participated in during 2012/13 are as follows

#### National Clinical Audits

1. Neonatal intensive and special care (NNAP)
2. Paediatric pneumonia (British Thoracic Society)
3. Paediatric asthma (British Thoracic Society)

4. Pain management (College of Emergency Medicine)
5. Childhood epilepsy (RCPH National Childhood Epilepsy Audit)
6. Paediatric intensive care (PICANet)
7. Paediatric cardiac surgery (NICOR Congenital Heart Disease Audit)
8. Diabetes (RCPH National Paediatric Diabetes Audit)
9. Emergency use of oxygen (British Thoracic Society)
10. Adult community acquired pneumonia (British Thoracic Society)
11. Non invasive ventilation -adults (British Thoracic Society)
12. Pleural procedures (British Thoracic Society)
13. Cardiac arrest (National Cardiac Arrest Audit)
14. Severe sepsis & septic shock (College of Emergency Medicine)
15. Adult critical care (ICNARC CMPD)
16. Potential donor audit (NHS Blood & Transplant)
17. Diabetes (National Adult Diabetes Audit)
18. Heavy menstrual bleeding (RCOG National Audit of HMB)
19. Ulcerative colitis & Crohn's disease (UK IBD Audit)
20. Adult asthma (British Thoracic Society)
21. Bronchiectasis (British Thoracic Society)
22. Hip, knee and ankle replacements (National Joint Registry)
23. Elective surgery (National PROMs Programme)
24. Liver transplantation (NHSBT UK Transplant Registry)

25. Coronary angioplasty (NICOR Adult cardiac interventions audit)
26. Peripheral vascular surgery (VSGBI Vascular Surgery Database)
27. CABG and valvular surgery (Adult cardiac surgery audit)
28. Acute Myocardial Infarction & other ACS (MINAP)
29. Heart failure (Heart Failure Audit)
30. Acute stroke (SINAP)
31. Cardiac arrhythmia (Cardiac Rhythm Management Audit)
32. Renal replacement therapy (Renal Registry)
33. Renal transplantation (NHSBT UK Transplant Registry)
34. Lung cancer (National Lung Cancer Audit)
35. Bowel cancer (National Bowel Cancer Audit Programme)
36. Head & neck cancer (DAHNO)
37. Oesophago-gastric cancer (National O-G Cancer Audit)
38. Hip fracture (National Hip Fracture Database)
39. Severe trauma (Trauma Audit & Research Network)
40. Bedside transfusion (National Comparative Audit of Blood Transfusion)
41. Medical use of blood (National Comparative Audit of Blood Transfusion)
42. Care of dying in hospital (NCDHAH) (Round 3)

### **National Confidential Enquiries**

1. Cardiac arrest procedures – A time to Intervene?

2. Alcohol related liver Disease
3. Sub Arachnoid Haemorrhage

The national clinical audits and national confidential enquiries that the Royal Wolverhampton NHS Trust participated in, and for which data collection was completed during 2012/13, 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.

<b>National Clinical Audit</b>	<b>Participated</b>	<b>Contributed</b>
<b>Peri-and Neo-natal</b>		
Perinatal mortality (MBRRACE-UK)	N/A	N/A
Neonatal intensive and special care (NNAP)	Yes	100%
<b>Children</b>		
Paediatric pneumonia (British Thoracic Society)	Yes	100%
Paediatric asthma (British Thoracic Society)	Yes	100%
Pain management (College of Emergency Medicine)	Yes	100%
Childhood epilepsy (RCPH National Childhood Epilepsy Audit)	Yes	100%
Paediatric intensive care (PICANet)	Yes	100%
Paediatric cardiac surgery (NICOR Congenital Heart Disease Audit)	Yes	100%
Diabetes (RCPH National Paediatric Diabetes Audit)	Yes	100%
<b>Acute care</b>		
Emergency use of oxygen (British Thoracic Society)	Yes	100%
Adult community acquired pneumonia (British Thoracic Society)	Yes	100%
Non invasive ventilation -adults (British Thoracic Society)	Yes	100%
Pleural procedures (British Thoracic Society)	Yes	100%



Cardiac arrest (National Cardiac Arrest Audit)	Yes	100%
Severe sepsis & septic shock (College of Emergency Medicine)	Yes	100%
Adult critical care (ICNARC CMPD)	Yes	100%
Potential donor audit (NHS Blood & Transplant)	Yes	100%
Seizure management (National Audit of Seizure Management)	No	N/A
<b>Long term conditions</b>		
Diabetes (National Adult Diabetes Audit)	Yes	100%
Heavy menstrual bleeding (RCOG National Audit of HMB)	Yes	100%
Chronic pain (National Pain Audit)	No	N/A
Ulcerative colitis & Crohn's disease (UK IBD Audit)	Yes	100%
Parkinson's disease (National Parkinson's Audit)	No	N/A
Adult asthma (British Thoracic Society)	Yes	100%
Bronchiectasis (British Thoracic Society)	Yes	100%
<b>Elective procedures</b>		
Hip, knee and ankle replacements (National Joint Registry)	Yes	100%
Elective surgery (National PROMs Programme)	Yes	100%
Intra-thoracic transplantation (NHSBT UK Transplant Registry)	N/A	N/A
Liver transplantation (NHSBT UK Transplant Registry)	Yes	100%
Coronary angioplasty (NICOR Adult cardiac interventions audit)	Yes	100%
Peripheral vascular surgery (VSGBI Vascular Surgery Database)	Yes	100%
Carotid interventions (Carotid Intervention Audit)	N/A	N/A
CABG and valvular surgery (Adult cardiac surgery audit)	Yes	100%

<b>Cardiovascular disease</b>		
Acute Myocardial Infarction & other ACS (MINAP)	Yes	100%
Heart failure (Heart Failure Audit)	Yes	100%
Acute stroke (SINAP)	Yes	100%
Cardiac arrhythmia (Cardiac Rhythm Management Audit)	Yes	100%
<b>Renal disease</b>		
Renal replacement therapy (Renal Registry)	Yes	100%
Renal transplantation (NHSBT UK Transplant Registry)	Yes	100%
<b>Cancer</b>		
Lung cancer (National Lung Cancer Audit)	Yes	100%
Bowel cancer (National Bowel Cancer Audit Programme)	Yes	100%
Head & neck cancer (DAHNO)	Yes	100%
Oesophago-gastric cancer (National O-G Cancer Audit)	Yes	100%
<b>Trauma</b>		
Hip fracture (National Hip Fracture Database)	Yes	100%
Severe trauma (Trauma Audit & Research Network)	Yes	100%
<b>Psychological conditions</b>		
Prescribing in mental health services (POMH)	N/A	N/A
Schizophrenia (National Schizophrenia Audit)	N/A	N/A
<b>Blood transfusion</b>		
Bedside transfusion (National Comparative Audit of Blood Transfusion)	Yes	100%
Medical use of blood (National Comparative Audit of Blood Transfusion)	Yes	100%
<b>Health promotion</b>		
Risk factors (National Health Promotion in Hospitals Audit)	N/A	N/A

End of life		
Care of dying in hospital (NCDAH) (Round 3)	Yes	100%

National Confidential Enquiries	Participated
Cardiac arrest procedures – A time to Intervene?	Yes
Alcohol related liver Disease	Yes
Sub Arachnoid Haemorrhage	Yes
Bariatric surgery - Too Lean a service?	NA

The reports of [number] national clinical audits were reviewed by the provider in 2012/13 and the Royal Wolverhampton NHS Trust intends to take the following actions to improve the quality of healthcare provided:

The reports of [number] local clinical audits were reviewed by the provider in 2012/13 and the Royal Wolverhampton NHS Trust intends to take the following actions to improve the quality of healthcare provided:

- Improve the completion of the Directorate audit plans that feed into the annual audit plan by ensuring Divisional sign off and regular monitoring of progress
- Introduction of an automated IT solution to block repeat requests for C Reactive Protein (CRP) within a specified 48 hour period to prevent unnecessary tests
- Implementation of Sepsis 6 guidelines in acute medicine
- Introduction of cellulitis pathway in acute medicine
- Introduce a stamp for use by ward receptionist and community neonatal nurse to improve the filing of case notes
- Developed and introduced an aide memoir to facilitate questioning regarding food allergies in children during consultation
- Incorporate oxygen into the e-Prescribing system following results of the British Thoracic Society Emergency Oxygen Audit
- Develop a Renal pathway to manage/prevent regional puncture in patients with a fistula. Wristbands also being developed to effectively identify patients with a fistula.

### Clinical Audit Activity

The clinical audit committee has reviewed its terms of reference in November 2012 to clarify the reporting mechanism of the Committee and to ensure that regular monitoring occurs at these meeting and sharing of lessons across the Trust from audit.

The clinical audit strategy is under review and will incorporate the recommendations made by internal auditors and NHSLA assessors.

### **Participation in clinical research**

The number of patients receiving relevant health services provided or sub-contracted by the Royal Wolverhampton NHS Trust in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 3122.

Further details of the agreed goals for 2012/13 and for the following 12 month period are available online at:

[http://www.monitornhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/\\_openTKFile.php?id=3275](http://www.monitornhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275)

Recruitment increased by 36% on the previous year for commercial and non-commercial portfolio trials. The number of research active medical physicians, Nurses and AHP's engaged in research activity also continued to increase in support of an expanding and clinically diverse research portfolio.

Demonstrating a continued and significant increase in recruitment on the previous year provides assurance to our local population that we are able to offer greater choice for our patients and a commitment to advancing new knowledge and innovation.

Our clinical staff continue to stay abreast of the latest possible treatment possibilities and actively now participate in enabling new knowledge through the development of own account NIHR adopted trials. Particular success in 12/13, of particular note is the success of the Haematology and Diabetes research clinicians who had trials adopted onto the NIHR National portfolio 12/13. The Trust is now driving forward through these portfolio trials lead by experienced and innovative medical researchers, new clinical knowledge, for better patient outcomes nationally.

By March 2013, 465 studies were open and in either recruitment treatment only or follow up stage but only 293 were open to recruitment. There continues to be a stable stream of new trials being presented to the Trust. On average the Trust receives 10 new trials each month and approval times have now been significantly to less than 30 days and our NIHR recruitment performance is on par with the three medical schools within the west Midlands region. ..

We can evidence research engagement with all key support services and research engagement activity within Anaesthetics & Critical Care, Emergency Admissions, Cardiothoracic services, Care of the Elderly, Diabetes, Gastroenterology, GU, Obstetrics & Gynaecology, Ophthalmology, Oncology, Paediatrics, Renal, Respiratory, Rheumatology, Stroke and Urology. Working with the Primary Care Research Network we have taken to lead in developing Patient Identification Centres (PIC) sites and are working with novice researchers to build research activity in areas such as audiology.

The R&D Management team continues to host successfully the Greater Midlands Cancer Research Network (GMCRN) and work closely with a number of key partners. Through partnership collaboration we have continue to facilitate and co-ordinate the advancement of knowledge,

treatment, care and modernisation through research and innovation activity which will ultimately benefit our current and future patients. Key partners include the West Midlands (North) Comprehensive Local Research Network (WMNCLRN), Stroke Research Network and Medicines for Child Research Network, Primary Care Research Network and Industry. We remain one of three West Midlands 'Partner' sites for Quintiles UK.

During 2012/2013 the R&D Directorate received recognition for its Research Management and Governance activity and this leading and participation in National educational events and sharing of best practice to a number of Foundation Trusts visiting the Trust. The R&D Directorate continues to support innovation adoption and has successfully supported the local adoption of an innovative piece of equipment into therapy services during 12/13 and gaining accreditation as a national reference site to other Trusts. Our commitment to supporting pioneers with innovative products has been further advanced by confirming our commitment to working in partnership with Medilink West Midlands and the West Midlands AHSN.

The inclusion the Trust R&D activity continues to build on previous years activity for the benefit of our patients and has this has been reaffirmed by the Trust Board support to identifying R&D activity as a core component of patient care and treatment choice

During 2012-2013 the Professor for Clinical Practice and Innovation, working in partnership with Trust and University of Wolverhampton colleagues, delivered the '*New horizons in care*' document; a strategy for nurses, midwives and allied health professionals to build a managed programme for research. The joint strategy sets out to realise the Trust's ambition to foster an environment where research and innovation flourish and research ethos and activity become reflected in the roles and responsibilities of all staff in the caring sciences. A range of activities to achieve these aims have been initiated. Among these are: 1) The on-going development of the joint Trust and University Research Leads Network to develop a coherent, planned approach to mutual research, in a supportive partnership; 2) The development of placements for student nurses within the R&D Research Unit, mentored by research nurses working on clinical projects; 3) The introduction of a programme of Master Classes in Research, for Trust staff, delivered on site, at New Cross Hospital. The classes are delivered by researchers from the University of Wolverhampton, School of Health and Wellbeing, Centre for Health and Social Care Improvement.

### **Use of the CQUIN payment framework**

A proportion of the Trust's income in 2012/13 was conditional on 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 2012/13 and for the following 12 month period are available electronically from [simon.evans8@nhs.net](mailto: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 full registration status no conditions applied.

The Care Quality Commission has not taken enforcement action against The Royal Wolverhampton NHS Trust during 2012/13.

The Royal Wolverhampton NHS Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period

The Royal Wolverhampton NHS Trust participated in a routine unannounced inspection which was carried out by the CQC on 24 January 2013. This was a routine inspection to check that the essential standards of quality and safety listed below are being met.

- **Care and welfare of people who use the services**
- **Cleanliness and infection control**
- **Safety, availability and suitability of equipment**
- **Supporting workers**
- **Assessing and monitoring the quality of service provision**

The report was published in March 2013 and the Trust was found to have met all these standards.

#### **NHS Number and General Medical Practice Code Validity**

The Royal Wolverhampton NHS Trust submitted records during 2012/13 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% for admitted patient care;  
99.2% for outpatient care; and  
94.7% for accident and emergency care.

- which included the patient's valid General Practitioner Registration Code was:  
99.6% for admitted patient care;  
99.7% for out patient care; and  
98% for accident and emergency care.

### Information Governance Toolkit attainment levels

The Royal Wolverhampton NHS Trust Information Governance Assessment Report score overall score for 2012/13 was 79% and was graded green.

IGToolkit Assessment	Level 0	Level 1	Level 2	Level 3	Total Req'ts	Overall Score	Current Grade
Version 10 (2012-2013)	0	0	28	17	45	79%	Satisfactory
Not Satisfactory	Not achieved Attainment Level 2 or above on all requirements (Version 8 or after)						
Satisfactory	Achieved Attainment Level 2 or above on all requirements (Version 8 or after)						

### Clinical coding error rate To be updated

The Royal Wolverhampton NHS Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Primary Diagnoses Incorrect 25%

Primary Procedures Incorrect 7.2%

*This was based on a small sample of 200 FCE (finished consultant episodes) and the diagnosis was disproportionately impacted by 100 FCEs in Ophthalmology which did not follow national best practice, this has been immediately corrected*

Secondary Diagnoses Incorrect 12.4%

Secondary Procedures Incorrect 8.4%

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

The Royal Wolverhampton Hospitals NHS Trust will be taking the following actions to improve data quality in accordance with the relevant Information Governance Toolkit standards:

- Conduct a regular audit cycle
- Perform a monthly Completeness and Validity check across inpatient, outpatient 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 every month
- Hold monthly meetings with Commissioners with a set agenda to scrutinise data quality
- Hold Monthly Trust Data Quality Meetings to manage/review practices and standards

### Core Quality Indicators

#### (a) The value and banding of the Summary Hospital Level Mortality Indicator

<b>1: Preventing people from dying prematurely</b>		
<b>2: Enhancing quality of life for people with long term conditions</b>		
	2010/11	2011/12
RWT	111.36	102.59
National Average	100	100
Trust with highest score	121.41	124.75
Trust lowest score	67.29	71.02

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

RWT utilises the SHMI (and other mortality indicators) as a marker of quality of service provision and outcome. The overall SHMI for the hospital is 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.

The Royal Wolverhampton NHS Trust has taken the following actions to improve this rate/number, and so the quality of its services, by using the information to try to prevent patients from dying prematurely

#### (b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level



	2010/11	2011/12
RWT	18.1	22.9
National Average	16.6	17.9
Trust with highest score	38.9	44.2
Trust lowest score	0.1	0.2

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.

**(c) Patient Reported Outcome Measures**

**(i) Groin Hernia Surgery**

	2010/11	2011/12	2012/13*
RWT	68.1	80.2	63.9
National Average	56	61	63
Trust with highest score	100	100	100
Trust lowest score	3.5	4.4	3.1

**(ii) Varicose Vein Surgery**

	2010/11	2011/12	2012/13*
RWT	58.9	61.9	58.5
National Average	48	49	33
Trust with highest score	97.9	91.6	85.3
Trust lowest score	5.2	3.9	5

**(iii) Hip Replacement Surgery**

	2010/11	2011/12	2012/13*
RWT	81.1	87.4	84.2

National Average	79	82	80
Trust with highest score	100	100	100
Trust lowest score	9.5	13.2	21.4

**(iv) Knee Replacement Surgery**

	2010/11	2011/12	2012/13*
RWT	97.7	98.4	95.5
National Average	84	89	87
Trust with highest score	100	100	100
Trust lowest score	4.7	24.1	23.7

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 take the following actions to improve this rate and so the quality of its services, by reinforcing the message regarding the collection of PROMs data. This is being worked through with front line staff and is being monitored on an ongoing basis. Whilst we score above the national average in all PROMs we recognise that there is still room for further improvement.

**\* April - September 2012**

**(d) Readmission Rates  
(i) 0-14**

<b>3: Helping people to recover from episodes of ill health of following injury*</b>		
	2009/10	2010/11
RWT	13.65	14.34
National Average	10.25	10.55
Trust with highest score	13.99	14.62
Trust lowest score	2.84	3.19

**(ii) 15 or over**

<b>3: Helping people to recover from episodes of ill health of following injury*</b>		
	2009/10	2010/11
RWT	10.27	10.39
National Average	11.61	11.42
Trust with highest score	15.97	20.92
Trust lowest score	5.31	3.02

\* This is the most up to date information available via the source stipulated by the Department of Health, the Health and Social care Information Centre

The Royal Wolverhampton NHS Trust considers that this data is as described for the following reasons [insert reasons].

The Royal Wolverhampton NHS Trust [intends to take/has taken] the following actions to improve this [percentage/proportion/score/rate/number], and so the quality of its services, by [insert description of actions].

#### **(e) Responsiveness to the personal needs of its patients**

	2010/11	2011/12
RWT	65.7	65.8
National Average	67.3	67.4
Trust with highest score	82.6	85
Trust lowest score	56.7	56.5

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:

- Introducing supervisory status of ward managers to allow increased leadership focus on issues of quality and patient experience
- Increased regular monitoring of specific standards of patient experience

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

<b>4: Ensuring that that people have a positive experience of care</b>		
	2011/12	2012/13
RWT	3.68	3.71
National Average	3.50	3.57
Trust with highest score	4.05	4.08
Trust lowest score	Not available	Not available

The Royal Wolverhampton NHS Trust considers that this data is as described for the following reasons:  
The Trust has implemented of 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 this result which has positioned the Trust in the above average performance category for the past 2 years. The Trust recognises that this is an area of critical importance and we are therefore committed to further improving this result. Given the significant improvement in the number of staff stating in their response to the national staff survey question regarding their ability to contribute towards improvements at work up went up from 59% in 2011 to 70% in 2012 we are confident that our approaches are having a positive impact in this area and will continue to do so.

**(g) Patients risk assessed for Venous Thromboembolism**

<b>5: Treating and caring for people in a safe environment and protecting them from avoidable harm</b>							
	Q1 2011/12	Q2 2011/12	Q3 2011/12	Q4 2011/12	Q1 2012/13	Q2 2012/13	Q3 2012/13
RWT	86.6%	92.38%	92.7%	95.6%	95.8%	96.1%	96%
National Average	84.1%	100%	90.7%	92.5%	93.4%	93.8%	94.1%
Trust with highest score	100%	88.2%	100%	100%	100%	100%	100%
Trust lowest score	Nil return	20.4%	32.4%	69.8%	80.8%	80.9%	84.6%

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 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) Rate per 100,000 bed days of cases of C.difficile**

<b>5: Treating and Caring for People in a safe environment and protecting them from avoidable harm</b>		
	2011/12	2012/13*
RWT	39.0	18.2
National Average	21.8	
Trust with highest score	51.6	
Trust lowest score	0.0	

Source : [http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb\\_C/1195733750761](http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1195733750761) table 6a.

\* Further 2012/13 data available after July 2013

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.

**(i) Patient safety incidents and the rate resulting 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

<b>5: Treating and Caring for People in a safe environment and protecting them from avoidable harm</b>				
	2011/12		2012/13	
	Incidents	Rate resulting in severe harm/death	Incidents	Rate resulting in severe harm/death
RWT (12 month data)	8243	22	9049	15

In order to show a measure of contrast table 2 shows comparative data provided by the NPSA for a six month period (Apr to Sept 11/12 and 12/13).

Table 2

<b>5: Treating and Caring for People in a safe environment and protecting them from avoidable harm</b>		
	2011/12	2012/13

	Incidents (Apr 12 to Sept 12)	Rate resulting in severe harm/death	Incidents Apr 12 to Sept 12	Rate resulting in severe harm/death
RWT (6 month data)	4039	11	4413	7
National Average	3723	29	4060	29
Trust with highest score	5563	160	6440	98
Trust lowest score	5017	3	4979	2

\*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

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 Trust realised an expected increase in the number of reported incidents resulting from the inclusion of acquired Community Services under the Transforming Community Services process.

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 2 assessment against NHSLA Risk management standards in November 12 and will pursue level 3 assessment which involves an audit of its risk management process.

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 the 2012/13 priorities

Both the acute and community services focussed on similar priorities and the Quality Account for 2012/13 will report performance against all the goals that were set.

#### **Patient Experience:**

Dedicated monitoring and focus of areas identified for improvement through the National Inpatient Survey 2012.

The agreement to implement supervisory status of the Ward Manager will allow ward leaders to apply focus to areas of quality and patient experience.

#### **Patient Safety:**

##### **Pressure ulcers & skin integrity**

Continue to reduce the number of avoidable healthcare acquired pressure ulcers

Continue with progress introducing leg ulcer and chronic wound pathways aiming to achieve a 10% heal rate in chronic wounds in year 2

Reduce Grade 2 pressure ulcers by 20 in people's homes implementing the work achieved by one locality team

##### **Infection Prevention**



- The number of hospital acquired device related blood infections has not decreased. However data collection methods have improved allowing for enhanced planning for future years.
- The numbers of C-Difficile infections have reduced. The Trust met the 2011/12 nationally set objectives of 57 cases reporting 41 cases.
- A policy of early removal to achieve a reduction in indwelling catheters and catheter acquired infections (CAUTIs) was developed.
- Large scale surveillance of surgical site infections is underway.
- Partnership working with care homes and independent contractors continues.

### Robotic Surgery

This is being used in Urology, Gynaecology, Colorectal Surgery and Cardiothoracic Surgery. Our surgeons have received formal training and mentoring in this specialized technique. The outcomes of these procedures are being monitored independently by the Division of Surgery to ensure quality control. Currently, robotic urological surgery is part of the routine work of the Urology department, which is achieving excellent clinical results. Adoption of robotic surgery by the other departments involved is at an earlier stage of development, but it already demonstrates great promise.

We are using Transanal Endoscopic Microsurgery to treat serious diseases of the rectum by minimally invasive surgery with fewer side effects and more rapid recovery than conventional major surgery.

### Treatment of patients with sepsis

The Trust introduced a care bundle for management of patients with sepsis in October 2012 with guidelines of management available on the trust intranet. There are benefits to patients in having an effective streamlined approach to management using care bundles. An audit of effectiveness of treatment of this care bundle is currently underway.

The Trust's intends to introduce a series of care bundles for the management of different conditions in the coming months following completion and review of the current audit of sepsis management.

### Bowel cancer screening

Wolverhampton Bowel Cancer Screening Centre covers a population of 900,000 in the Black Country and part of South Staffordshire. It was the first centre to commence in the Bowel Cancer Screening Programme in England in 2006, and continues to operate at the highest standards required nationally. This was confirmed by a successful quality assurance inspection visit in November 2012. A bid to become one of only six pilot centres nationally for flexible sigmoidoscopy ("Bowel Scope") screening was accepted in April 2012, and this service is due to commence in June 2013. A redevelopment and expansion of the Endoscopy Unit, including a new fourth room, has been undertaken to support this.

## Priority One: Urgent Care

### What we set out to achieve

- 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.

### **2. Key Achievements During 2012/13**

In February 2012, the Trust facilitated an Urgent and Emergency Care Strategy event involving key stakeholders involved in the delivery and commissioning of urgent care across Wolverhampton and the wider catchment area served by the Trust. The event included South Staffordshire borough representation, West Midlands Ambulance Service, General Practitioners and Consultant, nurses and managers from the Trust as well as Shadow Governors input. Colleagues from Social Services were also invited but were unable to attend the session.

As a result of this event, an Urgent & Emergency Care Strategy Board was established to bring together; GPs from Wolverhampton and South East Staffordshire & Seisdon Peninsula, Trust doctors, nurses and managers, social services, West Midlands Ambulance Service, commissioners, a Public Governor from the Trust, and also Mental Health representation as required.

The work of the Strategy Board has led to a clearly defined and agreed vision for the future of Urgent Care amongst all parties. Following the initial session in February, work has been undertaken to identify existing projects that underpin the delivery of Urgent and Emergency Care. Work has also taken place to identify and understand any gaps in service provision in line with work streams in development/ established.

In line with the operational elements of work that are ongoing, there is also the development of the overarching strategy and options for the future of Urgent & Emergency Care for The City of Wolverhampton, the Trust and its partners. To ensure an engaged and consolidated approach is developed, there have been a range of options outlined by the Urgent & Emergency Care Strategy Board, to facilitate public engagement on the future of Urgent & Emergency Care.

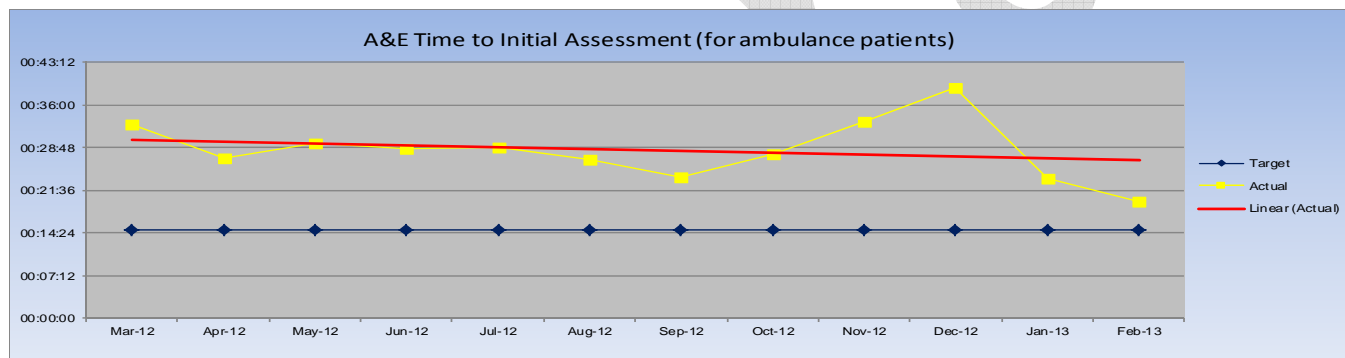
The purpose of these options is to provide key information on the opportunities for a more streamlined, efficient and effective Urgent Care System in Wolverhampton. Engagement on these options will enable our stakeholders' requirements to be more clearly understood and included in the final Urgent Care Strategy Document; expected in May 2013.

### How we have performed in 2012/13

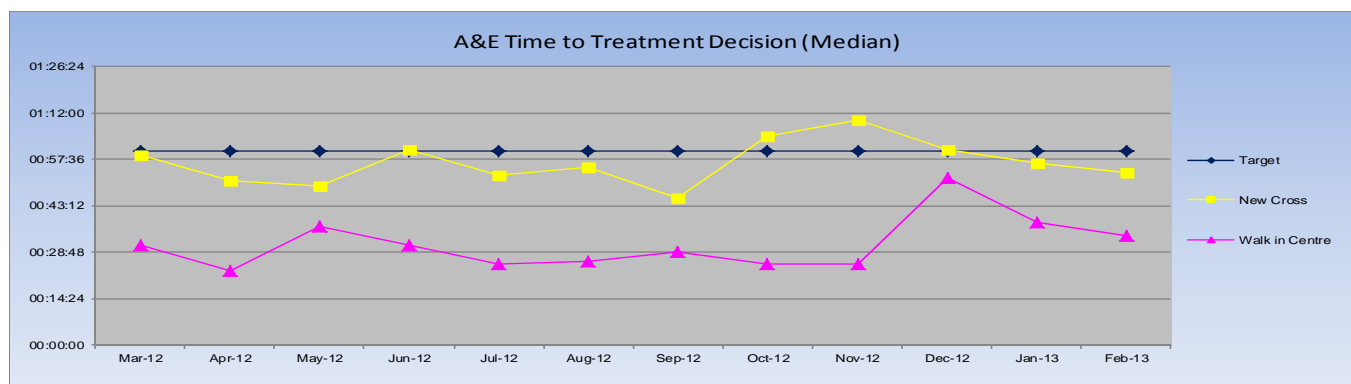
Assessment times of patients who arrive by ambulance are monitored on a daily basis. A Rapid Assessment and Triage room opened on the 16<sup>th</sup> July 2012 to support the immediate assessment of patients and achievement of this target. A dedicated nurse has been assigned to a "Majors Triage" role 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 below shows performance against this target.

### Time to Initial Assessment for Patients Arriving via Ambulance – March 2012 - February 2013



### A&E Time to Treatment (Median Time) March 2012 - February 2013



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 with the intention of providing senior consultant cover over the 24 hour period. As a method of providing consistent clinical presence and supporting our junior doctor team we have developed a successful Advanced Care Practitioners workforce which will be further expanded from 3 current whole time equivalent staff.

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. The department has been fully refurbished within the current footprint.

## Priority Two: Care of the Older Person

### What we set out to achieve

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

- Falls – to reduce the number of patient falls resulting in serious harm to less than 10 in 2012/13.
- Pressure Ulcers - To reduce the number of health care acquired pressure ulcers both in the hospital and community settings
- 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.

### **2. Key Achievements 2012/13**

To ensure a commitment for all key stakeholders to work collaboratively in improving services for older people the Trust hosted an event to provide an opportunity for individuals from different organisations to meet and consider the older person's experience across the whole health and social care system and identify a long term vision that will provide sustainable and effective services for the elderly population of Wolverhampton in both the acute and community setting

In November 2012 representatives from Clinical Commissioning Groups, Local Authority, West Midlands Ambulance Service, the voluntary sector, Trust staff and Shadow Governors, came together and identified a number of themes that have become central to the Care of Older People's Strategy

- Person centred 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

It is recognised that individual projects and schemes that support objectives and principles outlined in the strategy are ongoing across the Trust and stakeholder organisations such as the development of the Dementia Outreach Team, a dedicated ward for patients with dementia and the

Creating Best Practice Programme in addition to established work streams, monitoring and reporting process that support the prevention of falls, pressure damage and infection as well as improving nutrition. This ongoing work is recognised within the strategy.

### **How we have performed in 2012/13**

#### **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's figure of 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**

The organisation has focussed on reducing the number of avoidable pressure ulcers and using an accountability framework to hold matrons, sisters and charge nurses to account when an avoidable pressure ulcer is identified.

#### **Preventative care**

A risk assessment and preventative process is now firmly embedded across both acute and community settings. In addition, the community teams have successfully participated in a regional project 'Stop the Pressure' and have introduced an early warning system aimed at identifying patients with early pressure damage, their ideas and actions successfully won them the most inspirational team award from Midlands and East Strategic Health Authority. The Acute Medical Unit and Emergency Department now have a dedicated tissue viability nurse which has meant that risk stratification starts right at the beginning of the patient's pathway and early indicators are less patients are suffering skin damage further on in their journey as a result. The practice of 'Comfort Rounds' is now well established in the Trust's inpatient wards and patients have highlighted through feedback that nurses appear more attentive to their needs. The preventative programme is further supported with easier access to pressure relieving equipment out of normal working hours for patients in their own homes. The Trust's own central equipment library (CEL) has initiated a service to provide equipment within 4 hours at home enabling more effective preventative care to be started in the patient's home which has not only helped with discharges home from hospital at the weekends but in some cases prevented admission to hospital.

#### **Accurate reporting of pressure ulcers**

The Trust uses Safety Thermometer as a monthly point prevalence pressure ulcer reporting tool and triangulates this data with the central pressure ulcer database fed by the electronic reporting system, Datix. Each report is scrutinised and any grade 3 or 4 pressure ulcers are presented at the weekly accountability meeting to determine origin and avoidability.

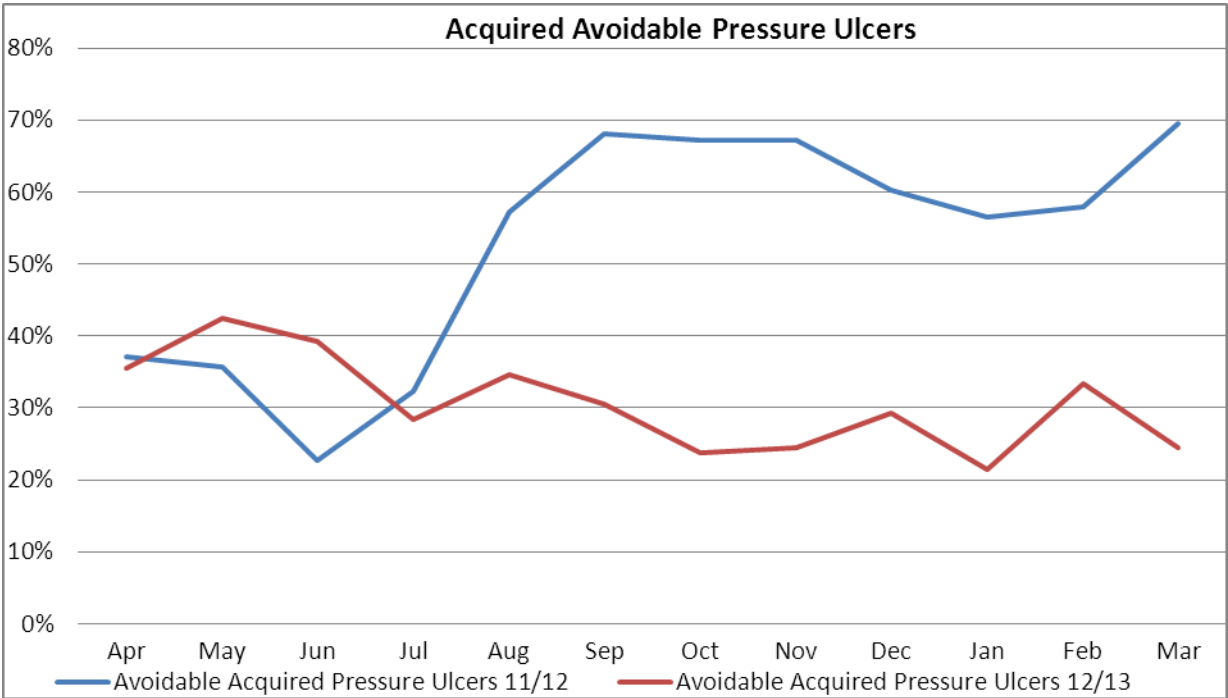
The Tissue Viability team are maximising use of telemedicine in order to support as wide a group of staff as possible. All pressure damage is photographed with the patient's consent and this includes all community nursing teams who work outside of a hospital base and who now have access to digital camera equipment that is automatically uploaded to the Trust's electronic records system to enable the tissue viability team to support remote identification of skin damage as required. This not only supports early reporting and subsequent early intervention but means the accuracy of reporting is improved because of the risks around misidentification and grading of skin damage.

### **Analysis and Accountability**

Last year we reported the numbers of pressure ulcers acquired by grade meaning ulcers were detected whilst in the care of one of our services either in hospital or whilst receiving a community service. Throughout the year the reporting of pressure ulcers has improved and increased. We know that we are seeing a higher number of patients through our services this year in comparison to last year and subsequently tissue damage reports are higher. The impact of short term investment in the tissue viability team is also now evident through education and awareness programmes around pressure damage facilitating earlier detection of skin damage, which is now being successfully reported.

The data we now have is richer in qualitative information in addition to quantitative and provides us with a much clearer picture of how practice is changing and how we continue to learn lessons resulting in care improving week on week. Not only are we detecting skin damage caused by pressure much earlier on in the patient's journey but also successfully intervening earlier to prevent further deterioration. This is evidenced in the reduced numbers of grade 2 and 4 pressure ulcers we now report which is indicative of improved surveillance, proactive intervention to stop pressure damage developing and with Grade 4 of moving from a grade 3 to 4. Grade 3 numbers have been variable with an increase earlier in the year. This is because the Trust reports all suspected deep tissue injuries (SDTI) as Grade 3 ulcers. With pressure area care, intervention and observation, these injuries (similar physiology to a bruise) can re-perfuse and reabsorb without causing further harm. We now have the opportunity to de-escalate these Grade 3 ulcers from the central national reporting system if we find they have resolved. This will highlight the improvement we have made in practice.

The graph below demonstrates the increased numbers of acquired pressure ulcers we report which is indicative of the significant increase in patient activity experienced and also a good reporting culture, a mainstay of improving safety for patients. The graph demonstrates a reduction in numbers of avoidable pressure ulcers despite the increase in activity.



The Chief Nursing Officer continues to hold weekly meetings to review each grade 3 or 4 pressure ulcer and determine avoidability. This meeting is also attended by Clinical Commissioning Group Risk Manager which has improved cross working and reduced the reporting time to the commissioners significantly. At the weekly meetings compliance against all care is assessed and a determination of avoidable or unavoidable is made using national guidance. Accountability of nursing staff at all levels in the preventative actions is determined and appropriate action taken. All learning from this process is influencing training and communication in the Trust.

**The goal: to achieve zero avoidable pressure ulcers by December 2012:**

It is nationally recognised that the majority of pressure ulcers are avoidable when the correct risk assessment and preventative management plans are in place for each patient. The NHS Midlands and East Strategic Health Authority set a challenging ambition for



all local Trusts to achieve zero avoidable pressure ulcers by December 2012. The purpose of this has been to improve patient experience, quality and safety of care and pressure ulcers are one of five ambitions aiming to safeguard individuals by providing harm free care.

By December 2012 70% of all the wards in the Trust had achieved zero avoidable pressure ulcers and this success continues to increase month on month.

## Nutrition

In 2012-13 we set out to build on our previous work to improve nutritional care of patients in the following areas:

- **Nutrition screening & care planning:** we are meeting our target of 95% of hospital patients undergoing nutrition risk screening on admission. We have not met our targets of 100% for re-screening and care planning - 79% of patients are rescreened in line with our local guidance and 89% of patients at medium and high nutritional risk have an individualised care plan implemented. Our plan to address this is to introduce nutrition screening on to VitalPAC, this will prompt ward nurses for repeat screening and care planning, and this will be monitored through nursing quality metrics.
- **Eating & drinking:** all dishes on the hospital menu have undergone nutritional analysis, and the menu has been revised to ensure that all dishes meet our nutritional standards. The new menu will be launched early in 2013-14, and will be coded to identify dishes that are energy dense (eg for those patients with extra nutritional needs or poor appetite) and those with lower fat and sugar content (more suitable for those patients with diabetes, overweight etc.). In December 2012 we introduced a trial of patient snacks, early indications demonstrate that these are popular with patients and make a significant contribution to their nutritional intake

All wards continue to operate a protected mealtime policy. Towards the end of 2012-13 we started some work to audit compliance with our pre-operative fasting guidelines, as we were concerned that patients may fast for longer than necessary around the time of their operation. This work is in its early stages and we are planning to continue it into 2013-14.

- **Artificial Feeding:** over the last 12 months we have taken further steps to ensure that patients who are unable to meet their nutritional needs from food and drink are fed safely and effectively. Guidelines have been updated and training packages reviewed. All nurses who join the Trust have training on nutrition as part of their induction, and over the last 12 months mandatory updates have been introduced – more than 85% of nurses have undertaken this. Mandatory training for doctors who join the Trust is being introduced, and monitored through the training database. During 2013-14 care of patients who are artificially fed will be further improved by the introduction of patient care plans, and educational materials for staff.

## Infection Prevention

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

- 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.

## Priority Three: End of Life Care

### What we set out to achieve

To 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 and in the place of their choice.

### **2 Key achievements during 2012/13**

The strategy for End of Life Care for adults in Wolverhampton has been well established since its development in 2009. Key quality markers have been developed from the strategy which demonstrate the level of compliance; also linking CQC outcomes and essential standards of quality and safety

### **How we have performed in 2012/13**

- 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.

## **Department of Health (DoH) Palliative Care-Funding Pilots (PCFP)**

Royal Wolverhampton NHS Trust were successful in receiving Government funding support, towards the Government's commitment to introducing a per-patient funding system that will ensure all qualified providers of palliative care, whether they be statutory, voluntary or independent, are fairly funded. The Trust is collecting essential cost and activity data for over a two-year period which began in April 2012. This work is being overseen by the Palliative Care Funding Working Group within Department of Health (DoH) .

The Trust is one of seven sites across the country the only one in the West Midlands designated to collect this data and we are a pilot site with a diverse range of providers covering a large geographic area within West Midlands . We have representation of all sites at palliative care local steering group bimonthly meeting. (Royal Wolverhampton Hospitals NHS Trust Acute and Community), Compton Hospice, Wolverhampton, Atholl Nursing Home, Severn Hospice, Shropshire Community Trust, and Shrewsbury and Telford Hospitals NHS Trust).

### **Progress on achievements of PCFP:**

- As a successful pilot in partnership with other local providers we have received resource to support the collection of data of approximately 1,000 palliative care episodes according to a nationally set dataset known as spells. Identifying the resource that supports these spells is also required to provide a vision for a future funding stream for palliative care.
- Employed a project lead commenced employment July 2012 and data analyst across the partners in the pilot for adults for delivery of PCFP
- Set up and discuss at a local bimonthly site steering group meetings programme delivery
- Continue to engage clinicians in each organisation outlining the benefits and outcomes of the pilot
- Designed and implemented Information link requirements which have been met locally by all site partners and Nationally
- Excellent progress being made on phased rollout across the site and all partners involved and submitting spells
- Establishing (and building on existing) working relationships and having a commitment to improving care and delivery on data for the long term gain
- Continue to provide DoH progress reports on a monthly basis with data collection returns monthly and log queries when responses are required

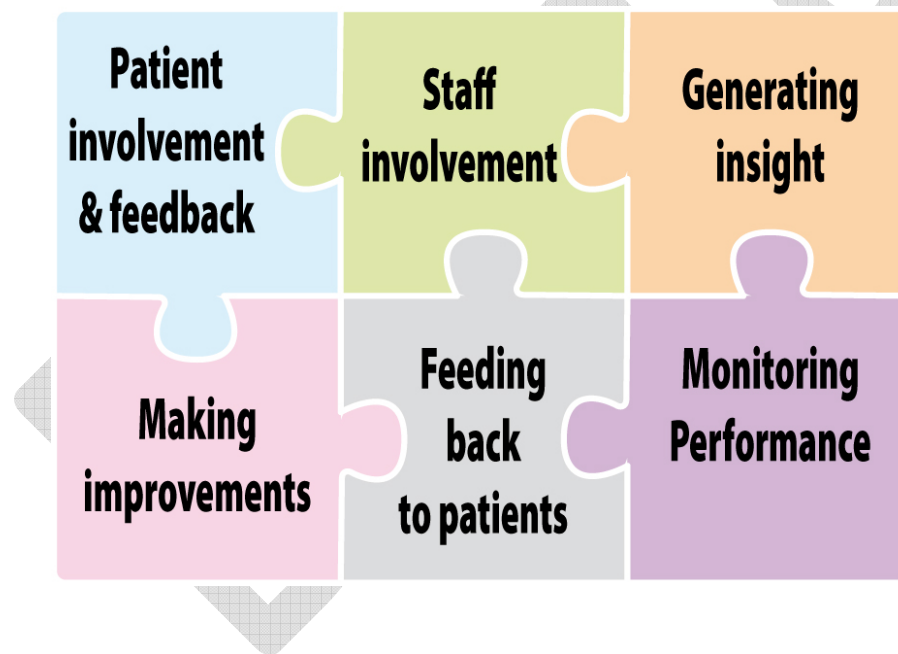
## **Patient Experience**

Providing an excellent patient experience remains a key driver to all staff, and is reflected in our Trust's vision. The Trust's Patient Experience Strategy will be reviewed in 2013 and will build on a well-established tradition of seeking patient's, relative's and carer's views of services. The

strategy will further support our approach to capturing feedback, measuring performance and improving services and ensuring that all our staff are reminded to 'see the person in the patient'.

National drivers also support us to focus on the patient experience and include:

- The Operating Framework for the NHS in England 2012/13 (November 2011)
- NHS Outcomes Framework 2012/13 (December 2011)
- The NHS Patient Experience Framework (February 2012)
- NICE Guidance and Quality Standards on Patient Experience (February 2012)



## The Patient Experience Strategy

### Patient Involvement & Feedback

	<b>Progress achieved during 2012/13</b>
OBJECTIVE 1: Build on existing work to further develop robust systems and processes for gaining both quantitative and qualitative feedback from users	The real time patient experience tracker has been used since April 2011 to survey the experiences of patients initially on 21 in-patient wards and more recently including the Emergency Assessment Unit and Neonatal Unit. During 2013 we will source volunteers to include the 4 wards at West Park Hospital in these surveys.
	Patient stories are shared with staff at Trust Board meetings and Senior Managers briefings. Audio and visual recording equipment is used to capture the emotion in the story and has been well received by Board members who felt the story had a greater impact. Patient stories are now also used at: Trust induction, education sessions for qualified & unqualified nurses, reception staff.
	Since April 2012, the Trust implemented the 'Friends & Family' test across all in-patient areas. Results are fed back to the Ward Managers, Matrons & Heads of Nursing every week and the Trust saw a 10 point increase from 68 to 78 by August 2012.
	Since October 2012, the 'Friends and Family' test has also been used in the Accident & Emergency Department in readiness for the national roll out in April 2013.
	Through the Friend and family test methodology from April 2013 patient's patients are also asked some additional questions in line with the areas identified for improvement via the 2012 National Inpatient Survey. Findings by ward will be monitored and provided to matrons each month.
	Through development of a new strategy for the coming years we will look to embrace more qualitative and quantitative methodologies and develop our use of social media as a way to interact and engage with patients.
OBJECTIVE 2: Develop more robust analysis of complaints and PALS to inform service improvement.	A further review of the Complaints & PALS service in January 2012 has included the appointment of a centralised complaints manager. This appointment helps to support the clinical directorate teams in the investigation of complaints and ensures consistency and robust complaint investigation. The complaints policy was further reviewed in 2012 allowing greater directorate ownership of complaints, with the complaints services

	<p>manager providing an overview for consistency and accuracy is now working well. This role has since been strengthened to include responsibility for PALS so that the linkage between the two methods of handling feedback is more seamless.</p> <p>Plans for early 2013 include using volunteers to participate in PALS outreach alongside the Trust staff. The NHS Institute '15 step challenge' will also be developed to provide a framework for feedback from PALS outreach. We will also develop this service to provide an outreach facility to the local community.</p>
<p>OBJECTIVE 3: Develop systems and processes that appropriately link willing patients, governors and other stakeholders with teams trying to make service improvements.</p>	<p>The Patient Experience Forum remains a valuable group of members supporting the Trust's quality agenda. The terms of reference were reviewed in January 2012 and this group will support the priorities for improvement. Feedback from the CQC stated that patients and families felt their complaints were managed well. To raise awareness further posters have been placed throughout the Trust in clinical and non-clinical areas. In addition postcard sized stickers have been placed on bedside lockers to advise patients how they can raise concerns or queries with senior ward staff or through the PALS team.</p> <p>The Trust's public and staff governors have joined a number of working groups to bring a patient and public perspective to the discussion and decision making</p> <p>The Trust's public and staff governors are now established as a reference group to read and comment on information/ Trust developments.</p> <p>A schedule of events enables Trust Members to get involved in Trust activities. During 2012/13 there have been Trust Member events on Dementia Care, Stroke care, hospital site improvements, Infection Prevention and Emergency Services.</p> <p>There will be further work to engage the Trust's Members during 2013 as the Trust reconnects with existing members, actively recruits new members ahead of developments to become a Foundation Trust.</p> <p>We will link this to PALS outreach work into community locations as a way of engaging with the public and developing Trust membership.</p>

**Staff Involvement**

	<p><b>Progress achieved during 2012/13</b></p>
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<p>OBJECTIVE 4: Develop training and an accompanying toolkit to assist team / department leaders to maximise and sustain the capacity and capability of individual team members to impact positively on patient experience</p>	<p>Information, guidance and training are available for staff on patient experience, complaints and equality &amp; diversity.  The Service Redesign Team are using tools to support adults with learning disabilities as part of their processes  The Service Redesign team include an assessment of the impact on patient experience as part of their “checklist” when supporting clinical and corporate teams undertaking service change</p> <p>Through strategy development we will look into ways in which we can assist staff in their education through the direct involvement of patients, either through social media or other qualitative methods.</p>
<p>OBJECTIVE 5: The Trust Board will play an active leadership role in advocating improvements in the patient experience</p>	<p>All members of the Board undertake Leadership &amp; Safety Walkabouts across hospital and community services.  The Board development programme includes training sessions on areas that impact on patient experience such as tissue viability and safeguarding</p> <p>The Board has supported investment in technology that will improve patient experience such as VitalPAC  There is a non-medical chair of the Clinical Practice Group to ensure the patient experience is taken into account as part of decision making.</p> <p>The Trust Board is involved with and sponsoring implementation of the patient revolution in the Trust. A series of modules were held the Board and Trust in April 2013 staff focussing on customer services experiences.</p>

**Generating Insight**

	<b>Progress achieved during 2012/13</b>
<p>OBJECTIVE 6: Develop a minimum data set and dashboard for teams and departments to drive reliability and consistency of patient</p>	<p>Quality &amp; Safety dashboards, Matron’s Scorecards and reports are produced for the Divisions each month and provide information on numbers and themes of complaints, by directorate.  A Quality and Safety report and Quality Dashboard are reviewed by the Board on a monthly</p>



experience	basis
	Real time patient experience feedback is shared with the directorate teams, the Senior Sister or Charge Nurse of the ward/ department and the Matron to enable prompt action. There has been an improvement to how the real time feedback results are presented in a 'speedometer' type dashboard which as well as giving ward managers information on how their ward has scored; it includes a comparison to the overall trust score. Friends and Family Test results are also provided to wards along with the response rate from each area.
OBJECTIVE 7: Every service within the Trust will use patient experience to gain insight and identify opportunities for improvement	<p>The information provided to each department as detailed above is used at team meetings and is monitored through the governance framework. Pathway redesign includes the views of patients and there is patient representation on the Patient Safety Group.</p> <p>We will develop an updated Patient Experience strategy to serve the Trust in the coming years. This strategy will encompass a range of methodologies in obtaining patient experience intelligence.</p>

### **Making Improvements**

	<b>Progress achieved during 2012/13</b>
OBJECTIVE 8: Every service within the Trust will, having identified opportunities for improvement, implement at least one patient experience improvement project annually.	Work is on-going as part of the wider quality and safety agenda Directorate Management teams have provided their priorities for improvement to support the Trust's Quality Accounts. Progress against these priorities is monitored by the Divisional teams.
OBJECTIVE 9: The Patient Experience team lead a Trust wide 'campaign' style approach to make improvements in the identified themes.	To enable this to happen effectively the Trust first conducted a review of the patient experience team which concluded in January 2012, the team are focused on how complaints and PALS are approached to support improvements across the Trust.

### **Feeding Back to Patients**

	<b>Progress achieved during 2012/13</b>
OBJECTIVE 10: The Trust will further develop systems and processes to provide feedback to users and other stakeholders, both at service/department and corporate level.	<p>Wards &amp; departments who use real time patient feedback are able to display their results for the public to see.</p> <p>A review of the formal complaints process has included robust action plans being shared with complainants to demonstrate real change as a result of their concerns.</p>

	<p>In 2013, feedback questionnaires will be included with complaint responses to survey customer satisfaction with the complaint process.</p> <p>A reduction in the numbers of complaints being returned by complainants to the Trust following investigation indicates an improvement in the quality of the Trust's complaint investigations and responses.</p>
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### Monitoring Performance

	Progress achieved during 2012/13
OBJECTIVE 11: Develop new Patient Experience key performance indicators for corporate monitoring, and a system of service reviews to theme/ triangulate patient experience data.	Reporting and monitoring occur as detailed in objective 6. The development of a Patient Experience Dashboard now supports reports to various committees to provide an overview of many aspects of patient experience data including PALS, complaints, themes, investigation response times, real time feedback and the Friends and Family Test.

### Patient Involvement & Feedback

We continue to value the feedback from our patient, carers, Trust members, local support groups and community representatives to help shape the development of services.

- The Patient Experience Forum meets quarterly. The purpose of this group is to monitor the progress of the Trust's Patient Experience Strategy. Learning is shared in regard to patient experience and the group monitor complaints, and real time feedback from patients. The forum also monitors the progress of the Trust's Quality Account.
- The Patient Experience Forum will merged with that from West Park Hospital Patient Forum increasing representation aligning West Park Hospital views with the whole Trust.
- PALS outreach will be developed so that the team will be present in various community locations to increase feedback and involvement from the community.
- Patient representatives are encouraged to take an active role in various project groups so that they can influence new changes as they develop. For example, in the last year patient representatives have contributed to work around the new catering arrangements.
- A patient information reading group was established to feedback on the readability, content and style of all new patient information developed by the Trust. This group continues to be utilised and valued by the Trust.

- We continue to actively recruit 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 over 400 volunteers and regularly hold volunteer recruitment events and explore new volunteering roles.
- Volunteers make an active contribution to the enhancement of patient experience. A new onsite mobility scooter was purchased in April and is driven by volunteers to assist patients who are finding it difficult to walk around the site. A volunteer team dedicated to patient feeding and nutrition is also being developed.

## Patient Surveys

The table below sets out our performance for three key questions in the national inpatient survey. Each year a randomly selected sample of 850 RWHT patients take part in the National inpatient survey. The findings of the survey are reported to the Trust Board and action plans are formulated and monitored throughout the year to address any issues raised.

Table: National inpatient survey results

	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 always/sometimes	97%	97%	97%	96%
Overall care rated as excellent/very good/ good	94%	93%	93%	46%*

\* - The scale of responses changed from a 5 point poor – excellent scale in the 2011 survey and those of previous years to an 11 point 0 – 10 scale in 2012. The figure provided is the percentage of patients who rated the Trust at either 9 or 10. Previous responses reported were 'good', 'very good' and 'excellent' (3 of the 5 available responses).

The findings of this survey highlighted the below as areas to focus on:

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

We will monitor these aspects of patient experience using anonymous methodology at the point of discharge providing on-going feedback to matrons. A feedback session will also be available to all Trust staff on the findings of the national survey allowing them to consider ways in which patient experience can be enhanced in individual areas.

Various work streams will be implemented which will impact on these areas of care. These include proposal for ward sisters to become additional to the establishment on wards allowing dedicated senior front line focus on to issues of quality, as highlighted by the National Inpatient Survey.

During 2012 the Trust participated in the National Accident and Emergency Survey managed by the Care Quality Commission. Patients attending Accident and Emergency during March were surveyed and 321 responses were returned. The findings showed that there had been a marginal overall dip in the Trust's score from when the survey was last conducted in 2008 of 1.6%.

In the main the Trust's results were average by national comparison. We were in the top 20% of Trusts for advising patients how long they could expect to wait for treatment and in the bottom 20% for pain control.

Action plans around improvement in patient experience in accident and Emergency are in line with the information out lines in the section headed Priority 1 Urgent Care.

There was no national outpatient survey in 2012. The next national survey scheduled to take place is of Maternity services and the Trust will participate in this during 2013.

The Real Time Patient Experience Tracker was implemented in the Trust in April 2011 initially on 21 in-patient wards, and now including the Emergency Assessment Unit (EAU) and the Neonatal Unit. The Trust uses volunteers and staff from the Patient Experience Team to carry out the surveys to reduce the likelihood of a positive bias in the results. The information is collected in real time, and is downloaded by an external company to us monthly. This is then relayed back to Ward Managers, Matrons and Group Managers.

To the end of March 2013, 3609 patients were surveyed which is an average of over 300 inpatients per month.

The surveys focus on key areas of the patient experience including:

- Privacy and dignity
- Information and communication
- Staff attitude
- Cleanliness
- Patient/family involvement

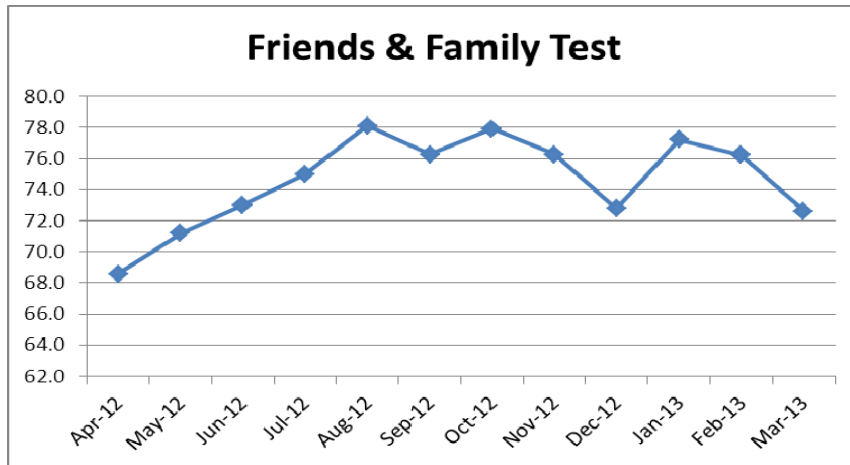
The Patient Experience Team and senior nurses monitor the questions that are being asked so that we can be assured that we are gathering meaningful data that we can use to make improvements in the patient experience. Plans for the future also include surveying children, outpatients, day case, theatres and community services.

As part of an updated strategy for patient experience, this system of collecting quantitative data will be reviewed to ensure that it meets the Trust's needs in the coming years.

### **Friends and Family Test**

From April 2012, Trusts in the region have been mandated to operate the Friends and Family Test, as used in the private sector as a reliable indicator of customer satisfaction and loyalty. The requirement has been to ensure that at least 10% 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. The Trust was also required to achieve a 10 point improvement against the initial baseline score. -100 - 100

The Trust has exceeded the response rate required, regularly pooling in the region of 25% of inpatient responses. A 10 point improvement has also been achieved. The graph below shows the Trust's performance. This data is also available at ward level and is a sensitive indicator of general levels of patient satisfaction.



### **PALS and Complaints**

The Trust recognises the importance of learning lessons when we not provide the standard of care we expect to 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.

In 2012 the Trust appointed a Complaints Services Manager as a trial to manage the formal complaints process. The aim is ensure a consistent standard in investigating complaints, and to improve the response standard of replying to complaints in a timely manner and to avoid the number of referrals to the Ombudsman. We want to ensure that anyone complains about our services receive a response which reassures them that we will take the necessary action to put things right.

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

	2009/10	2010/11	2011/12	2012/13
No of PALS Contacts	549	858	1292	1475
Total number of complaints	424	289	417	453

### **Complaints to the Parliamentary and Health Services Ombudsman (PHSO)**

During 2012/13 the PHSO upheld 2 complaints against the Trust. This compares favourably with the previous years when the PHSO upheld 6 complaints about the Trust. Action plans have been developed for each of these complaints setting out how lessons will be learnt and action taken. Some of the key actions arising from these action plans include:

- Improved incident reporting in clinical areas where patients have sustained an injury.
- Accurate training records with regards to the moving and handling of patients.
- Improvements in waiting times and the appointment system for cancer patients.
- Development of written information leaflets for patients undergoing cancer treatments (radiotherapy) to supplement verbal information given.

### **PEAT (Patient Environment Action Team assessment)**

	2009	2010	2011	2012
Environment	Good	Excellent	Good	Excellent
Food	Good	Excellent	Good	Excellent
Privacy & Dignity	Good	Excellent	Good	Excellent

The Patient Environment Action Team (PEAT) continue to assess the hospital against the 3 indicators; environment, food and privacy and dignity for patients. Year on year we have improved our performance. This year both New Cross and West Park Hospitals scored Excellent across the 3 areas.

It was extremely pleasing to note there were improvements at both sites this year brought about by the hard work of all the staff involved. Significant emphasis was placed upon improving environment. The key improvements are indicated as follows:

#### Environment

- Refurbishment of A & E Department
- Improvement to décor on C1/C2
- New ceiling to corridor by Greggs.
- Refurbishment to areas within Maternity Block
- Main entrance at West Park completely refurbished
- Link corridor at West Park re-floored and completely re-glazed

#### Food

- Improvements relating to protected meals
- Quality of food was commented on by patients

Next year's PEAT process will be replaced by PLACE (Patient Led Assessment of the Care Environment). It will be based upon an assessment process that identifies what matters most to patients. The key issues above will still be included.

## **Equality & Diversity**

The Trust is committed to providing quality services to meet the diverse needs of the population of the city of Wolverhampton. Services include:

- Face to face interpreting (including languages and British Sign Language).
- Telephone interpreting for languages.
- Translation service including languages, Braille, alternative formats such as larger print and different coloured text.
- PALS (Patient Advice and Liaison Service) and complaints information is collected and reviewed to help identify barriers to service access and identify trends in contacts to the service.
- Provision of alternative food choices to meet cultural, religious and therapeutic needs for inpatients.
- Accessible premises for a range of service users, if this is not possible a reasonable adjustment can be put in place.
- Transport and Travel webpage provides information on how to get to New Cross Hospital by bus, train, walking and cycling. It also has a facility for creating a personal journey plan to New Cross Hospital using bus, train, cycle or walking and printing bus time tables, walking and cycling maps.
- Getting around the hospital: Detailed accessibility information webpage - this web site provides all New Cross Hospital site users regardless of age, ability and gender detailed information on accessibility and usability of the public areas of each building. Information includes New Cross Hospital site detailed information, disability access, transport methods (car, bus, walking), premises plans and photographs. The site has a facility to change font size and some font and background colours. The webpage will be updated as and when there are significant changes in the public areas of buildings within New Cross Hospital site.

## **Promoting normal birth**

The Trust pledged to promote and support normal birth as part of its programme of high impact actions in 2011/12. Specifically we sought to increase the normal birth rate and eliminate unnecessary caesarean sections through midwives taking the lead role in the care of normal pregnancy and labour, focusing on informing, education, and providing skilled support to first time mothers and women who have had one previous caesarean section.

Our Midwifery Led Unit opened in mid-October 2012 and from then to March 2013 we supported 200 births within this facility. The activity surpassed that anticipated in the first 6 months given that we are yet to open 24 hours a day 7 days a week. We have seen a gradual decline since its opening in caesarean section rates and epidural rates so far.

We have also trained a second hypnobirthing practitioner to extend our hypnobirthing service, thus providing alternative coping strategies for pregnancy, labour and beyond birth. Statistics so far indicate that this is positively impacting on women's experiences.

## **VitalPAC**



Following the introduction of VitalPAC in we have continued to develop its use to enhance patient safety initiatives. The investment has enabled the Trust to move to using more of the hand held devices in more areas with better coverage allowing more wards and departments to benefit from the advantages it provides. We monitor the usage and effects on a weekly basis and can demonstrate an improvement in the observation and escalation of patients looked after in the Trust. This has contributed to the overall reduction in mortality because we can demonstrate earlier intervention in patients who are clinically and physiologically deteriorating.

In the coming year we intend to maximise VitalPAC use further by implementing further clinical modules which will enable the nurses to use this technology to capture even more information about the patient.

Modules that will be included are:

- Pain monitoring to enable the staff to record and monitor the effects of analgesia administered for patients who are in pain
- Blood Observation monitoring to enable us to monitor compliance of patient observations and early detection of anomalies whilst a patient is receiving a blood transfusion
- Device monitoring to enable staff to understand which patients have devices in situ, this will support our drive to reduce the risks of infection due to devices.
- Electronic Monitoring of Nutritional Assessment (MUST)

### **SafeHands**

The SafeHands project uses sensor technology to improve patient safety and experience. New Cross Hospital is the first hospital in the UK to trial “SafeHands”. 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.

An “Equipment tracker” system has been introduced this year, which is enabling staff to locate equipment immediately, ensuring patient care/ treatment is not delayed. We are currently implementing patient and staff tracking which will allow us to:

- Automatically monitor staff and patient interactions, ensuring all patients are seen regularly and staff are alerted to patient safety issues in real time.
- Locate vulnerable patients, thereby improving their safety.
- Record Hand Hygiene before and after patient contact.

The project will be completed during Summer/ Autumn of 2013 and evaluations available in early 2014.

## **Leadership Quality & Safety Walkabouts**

The Trust started conducting Safety Walk Rounds with Board members in 2009, discussions held with staff widened to include the quality of care in clinical areas under the following headings – Patient Safety, Patient Experience & Clinical Effectiveness. Since becoming the provider of community services, the Trust has included each of these new services in the Walk Rounds. Feedback from staff is that they welcome the rounds and not only enjoy showcasing their areas, particularly in the community areas where rounds are new, but that the Board members bring welcome challenge to practice. In the last twelve months, based on the work undertaken around reducing the risk of ‘never events’, board members have specifically asked how each area manages the risk and have seen examples of excellent safety processes designed to reduce this risk significantly.

When the Trust became responsible for the delivery of community health services Safety Walk Rounds have been extended to include these areas too.

A wide range of actions have resulted from the Walk Rounds, these include:

- improvements to the movement of patients between the emergency department and the wards
- introduction of safety checklists to reduce the risk of ‘never events’
- improved staff education for patients suffering from dementia
- introduction of snacks and hot drinks to the emergency department

## **NHS Safety Thermometer**

The Royal Wolverhampton NHS Trust has been submitting data via the Safety Thermometer to the Health and Social Care Information Centre since April 2012. Data returns include all patients in all applicable wards both in the Acute and Community setting. Data is collected on one day every month to provide prevalence data on the level of harm free care provided by each ward.

There has been good uptake from the wards at New Cross Hospital and West Park Hospital also within Community Services to complete the Safety Thermometer each month. The sample size remains within 10% variation month on month.

The Trusts aim is to achieve 95% harm free care - It is worth noting that although the Trust as a whole has not met the 95% target, some individual teams have met and exceeded the target.

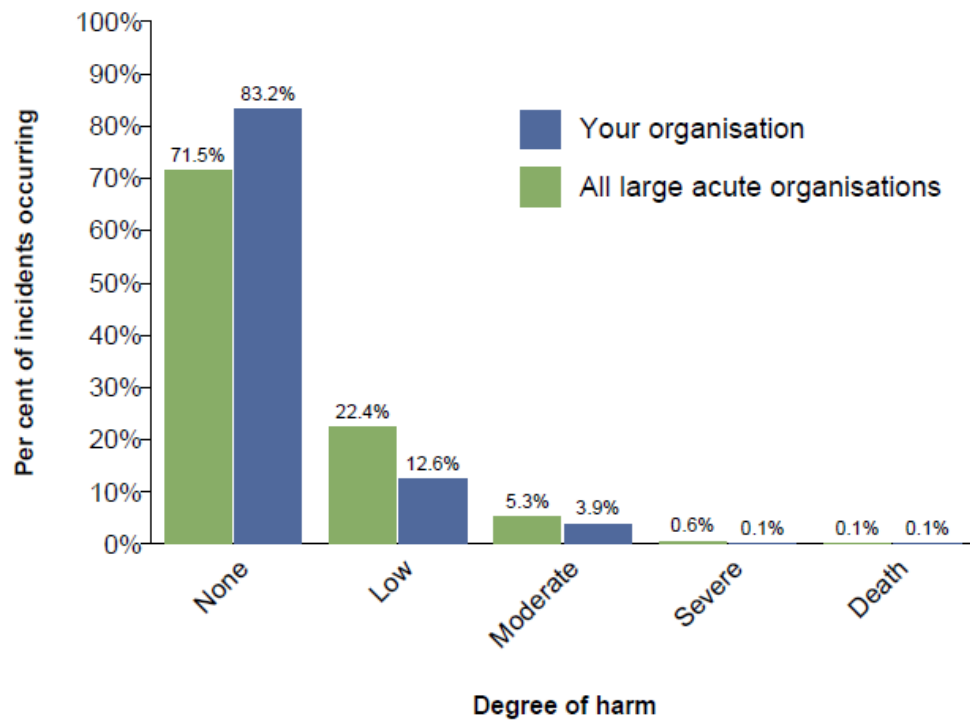
The highest performing wards are: Midwifery Led Unit (100%), A21 (100%), Community Matrons North East (99.23%), Community Matrons South West (99.23%), Continence Team (100%) and the Neonatal Unit (99.47%).

New (acquired) pressure ulcers remain low – The biggest harm is from inherited pressure ulcers. This may be inherited from outside the Trust or from another ward within the Trust.

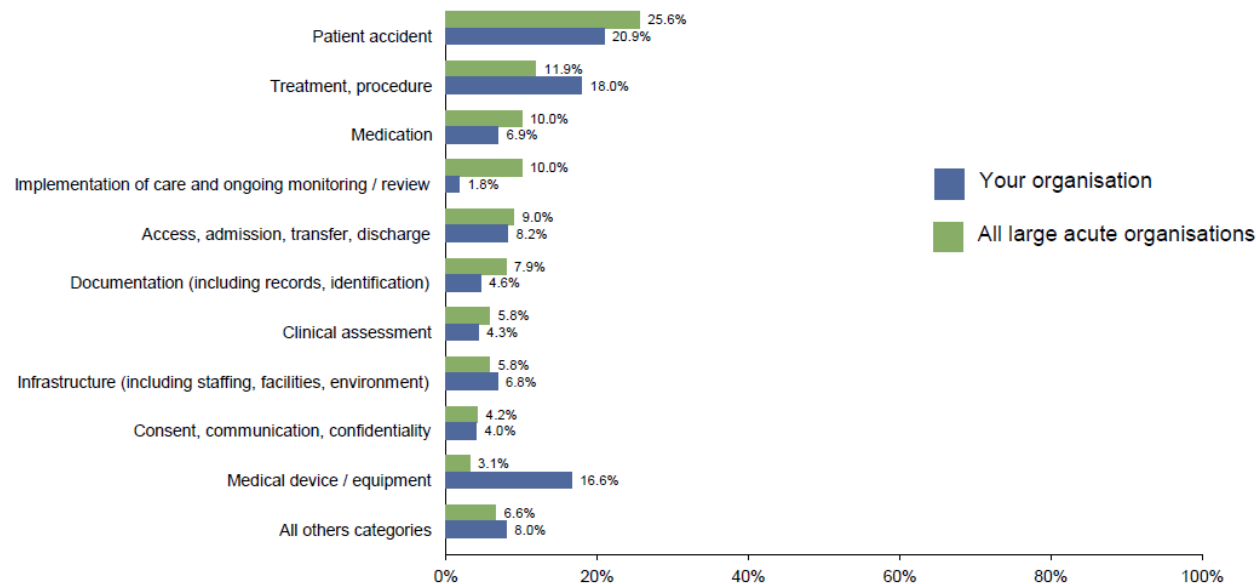
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Sample</b>	1221	1139	1169	1095	1262	1126	1227	1140	1109	1134	1137	1090
<b>Harm Free Care (%)</b>	91.89	91.31	91.19	89.85	90.33	88.37	92.26	92.89	92.06	90.92	90.33	91.10

### 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 Trust reviews feedback from the NPSA / NRLS at the Board Assurance Committee. Examples of reporting feedback is set out in the 2 graphs below (period pertains to April 12 to Sept 12):



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.



SOURCE NPSA/NRLS FEEDBACK REPORT (April 12 to Sept 12)

The Trust encourages the reporting of medical equipment non-conformities by theatres. This is captured within equipment and medical device incidents showing higher than average. In effect this is the result of theatres highlighting every occurrence where a potential issue was detected. These early interventions make up a significant proportion in these numbers.

### Reporting Culture

The Trust has well established systems for incident reporting. On average the Trust reports 736 patient safety incidents (8.6 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 health 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 is awarded level 2 for General and Maternity practice.

The Trust uses a standard categorisation matrix for the grading and escalation of incidents, risks and complaints to Department management and further through to Directors and Trust Board.

### Responding to safety alerts

The Trust has a policy and effective systems in place to respond to safety alerts. New alerts are received and distributed promptly to relevant service areas for response and action within a given timeframe. In some cases a specialist lead is assigned to oversee full implementation of the alert. If an alert response becomes overdue it is monitored monthly at a Trust level committee before sign off and closure.

There is little objective guidance regarding the point at which an organisation can be satisfied with its full compliance before closing a safety alert. The Trust works on the premise that closure of alerts will only take place when it 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.

**Below are examples of the actions RWHT has taken as a result of safety alerts:**

**MDA 2013 010 – Metal-On-Metal (MoM) Total Hip Replacements**

The alert was received due to a higher than expected revision rate nationally for a certain component used in a total hip replacement. The alert was responded promptly by Ortho Theatres and a plan of action agreed. Where patients were already implanted with the devices, the department would arrange follow up of these patients to carry out blood tests after a year to check iron metal levels. There are currently no affected patients and checks continue.

**MDA 2012 075 – All medical devices and medicinal products containing Chlorhexidine**

The alert highlighted a risk of anaphylactic reaction due to chlorhexidine allergy. Due to this alert, departments checked their current procedures and the information was re-iterated to all staff. There are good processes currently in place. Staff check any known allergies with patients before treatment or check the patient record if the patient is unable to answer. Known allergies are documented on patient prescription sheets and in their notes and a red wrist band is provided for those patients. The information was shared with clinical staff and displayed on noticeboards. In addition to these measures substances such chloraprep have a risk assessment completed under the COSHH regulations directing precautionary use.

**EU Directive for safer sharps**

Safety needles and cannulas have been implemented across the Trust in line with the Directive deadline. There was a lead long 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.

**NPSA/2012/RRR001 - naso-gastric tubes (NGT) - Harm** from flushing of nasogastric tubes before confirmation of placement. Trust Policies and protocols were reviewed to ensure compliance with the alert. A new training package was developed including an electronic version for easy access for staff. Supplier of our finebore NGT's designed new warning labels for their product.

## 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 in March 12 there has been progressive improvement in the timely reporting and completion of investigations. As at April 13 there were no investigations overdue. Whilst this will be challenging it is believed this is appropriate to do in order to performance manage changes that are required to practice in order to improve safety. In financial year April 2012 to March 13 the Trust has reported 34 serious untoward incidents and 213 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.

<b>ACCUMULATED TOTALS (ACUTE &amp; COMMUNITY APRIL 2012 TO MARCH 31 2013 SUIs)</b>	
Confidentiality	3
Infection (C/DIFF / MRSA)	11
Surgical Error	3
Unexpected Death	5
Ward Closure	2
Screening issues	3
Delayed Diagnosis	1
Health and Safety	2
Accident whilst in Hospital	1
Drug Incident	1
Sub-Optimal Care of Deteriorating Patient	1
Allegation Against Healthcare Professional	1
<b>TOTAL</b>	<b>34</b>

<b>ACCUMULATED TOTALS (ACUTE &amp; COMMUNITY APRIL 2012 TO MARCH 31 2013 Reportable Incidents)</b>	
Pressure Ulcers	164
Maternity	24
Slips Trips and Falls	23
Other	2
<b>TOTAL</b>	<b>213</b>

## Numbers and Themes of Never Events

There have been four Never Events reported since April 2012 to March 2013 however the first one occurred in March 2012.

Date	Location	Category
------	----------	----------

April 2012 ( <i>Incident in March 2012</i> )	Phoenix Centre Dental Service	Wrong site surgery
May 2012	Obstetrics	Retained Foreign Object
November 2012 ( <i>Incident in July 2012</i> )	Outpatients	Retained Foreign Object
March 2013 ( <i>Incident in Sept 2010</i> )	Outpatients	Retained Foreign Object

A considerable amount of work has been undertaken by staff in preventing the risk of Never Events. All Directorates have reviewed the complete list of Never Events as categorised by the Department of Health and risk assessed what procedures are undertaken in each inpatient and outpatient environment that may potentially result in a Never Event. A number of safety checklists have been introduced across a range of areas outside the operating theatre in acknowledgement of the number of invasive procedures that take place on a daily basis.

The WHO Safer Surgical Checklist has been reintroduced with additional training taking place that was delivered externally by the Association of Perioperative Practice. The Care Quality Commission (CQC) inspected and were very impressed with the apparent change of culture within the operating theatre and commended the Trust on the work that had clearly taken place.

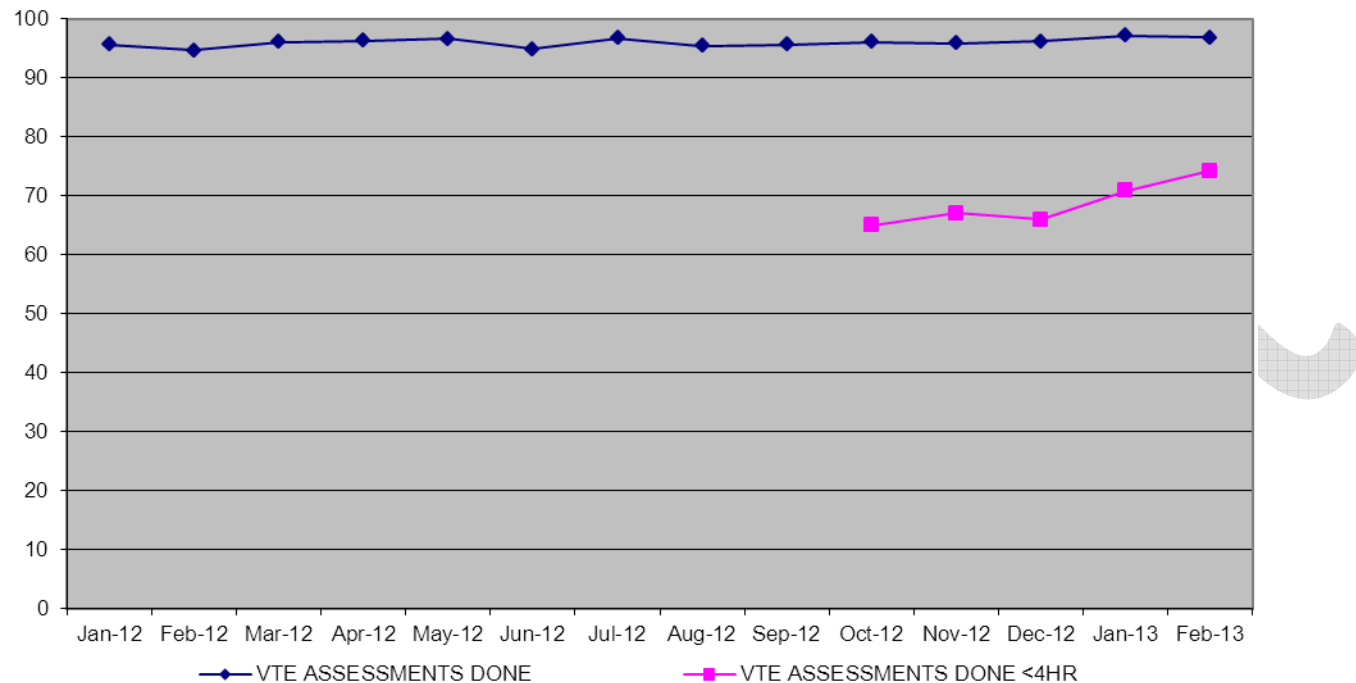
### **VTE Risk Assessments**

The Trust introduced electronic VTE risk assessment in January 2011 and the overall picture very positive in terms of the Trust's performance since then. In February 2013 we recorded our best ever performance with a total of 96.8% of assessments undertaken against a target 95%. Moreover the number of initial assessments done within 4 hours has risen steadily from the latter part of 2012 and stands at 74% against a target of 75%. This has been achieved through concentrated efforts in certain areas of the Trust.

Our next goal is re-assessment within 24 hours of the initial assessment. To date the tools have not been in place to enable this assessment to be done in a timely fashion. A warning system implemented in early 2013 now prompts clinicians in plenty of time to remind them to undertake re-assessment. Our baseline from this point is 3% and a considerable improvement is anticipated.

The graph below shows VTE assessment compliance from January 2012. It also shows VTE assessments completed within 4 hours from October 2012 onwards.





### Dementia care and care of vulnerable adults

The challenges healthcare professionals face in caring for patients with dementia are well documented. The Trust has implemented a unique approach to the care of patients with dementia developing an evidence based system which is transforming the experience of care for patients and their carers as well as the clinical outcomes for individuals. The approach has been to develop a Dementia Care Bundle using a composite approach as advocated by Institute for Healthcare Improvement (IHI) based in Boston, USA. The Care Bundle sits at the heart of other operational and care planning changes, which together are making a dementia friendly hospital a reality at New Cross.

The approach as focussed on the following areas:

#### Communication

There has been an overall drive to involve family and carers in patient's care which has paved the way for lower levels of distress witnessed in patients with dementia. Outcomes have improved by way of lower levels of anti-psychotic medicine prescribed, a decrease in untoward incidents and complaints and an increase in compliments.

### **Nutrition and hydration**

We have altered the availability of meals and snacks and we have trained volunteers to support at meal times. This has helped to maintain and build patient's weight and patient and family satisfaction has increased with mealtimes. There has also been a reduction in urine infections and the rates of catheter use.

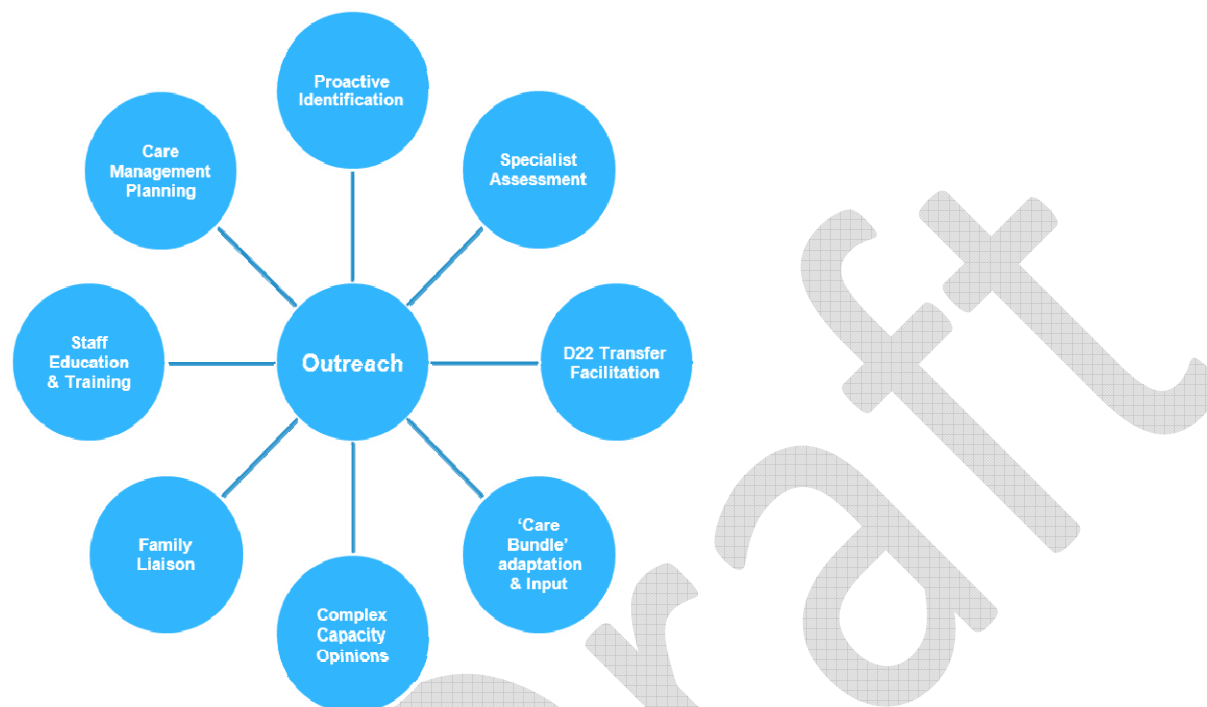
### **Environment**

Patient mobility is encouraged and falls hazards are checked. Our dedicated dementia ward is designed with the needs of a patient with dementia in mind and provides a calm and friendly emotional environment. Space is provided for activities, there is improved storage and clutter has been reduced.

These measures have seen an increase in patient's mobility coupled with a decrease in pressure ulcers, falls and subsequent injuries. Patient and relative satisfaction has also improved.

The development of the 'About Me' booklet is an initiative which has impacted on all three areas. This is completed by relatives or carers and the booklet allows the opportunity to pass reliable information to staff about a patient's habits likes, dislikes and usual uses of aids such as glasses, hearing or walking aids.

A dementia outreach service acts as a gateway for advice and support in the hospital underpinned by leadership and commitment at Board level. There is an exclusive programme of dementia training and education provided for staff along with a drive to focus ownership and leadership around dementia. This has developed teams and decreased the stigma surrounding dementia. Staff's status in dementia care roles has increased along with staff satisfaction, competency and confidence. Staff sickness has reduced as a consequence.



On the dementia care ward itself there have been no repeat falls since December 2010 and across the hospital falls have reduced from 80% to 40%. There has also been a reduction in dementia related patient aggression in the Emergency Assessment Unit. There has also been an increase in the discharge to admission destination which currently stands at 90%.

### **Clinical effectiveness**

#### **Care Quality Commission (CQC) Registration and compliance**

**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:**

- Treatment of disease, disorder or injury
- Surgical Procedures
- Diagnostic and screening procedures
- Maternity and Midwifery Services
- Termination of Pregnancy
- Family Planning Services
- Management of supply of blood and blood derived products
- Assessment or medical treatment for persons detained under the Mental Health Act 1983

Between April 2012 to April 2013 the CQC have carried out the following inspections at the Trust:

Date of inspection	Date of published report	Type of inspection	Summary of findings
25 July 2012	August 2012	Responsive review	<ul style="list-style-type: none"> <li>- <b>Moderate concerns</b> regarding meeting <b>Outcome 4</b> – care and welfare of people using services in particular around safe surgical practice and implementation of the WHO checklist.</li> <li>- <b>Minor concerns</b> regarding meeting <b>Outcome 16</b> – Assessing and monitoring the quality of service provision.</li> </ul> <p>The Trust provided a detailed response to the CQC indicating actions identified to address concerns.</p>
24 January 2013	March 2013	Routine unannounced Inspection	<p>CQC checked the Trust status with regards to meeting the Essential Standards of Quality and Safety and specifically followed up on progress against the actions required following the previous visit in July 12.</p> <p>The Trust demonstrated significant improvement with regards to completion of the WHO checklist.</p> <p>The CQC judged that the Trust was compliant with all of the Essential standards.</p>

The Trust therefore maintains full Registration status with the Care Quality Commission with no conditions applied.

## CQC Quality Risk Profile

The Trust has internal processes for monitoring compliance with the CQC Essential standards for quality and safety. The Trust uses the CQC Quality Risk Profile in its reporting of compliance to Trust Committees and cascades the report for local attention and action. The table below shows 6 months performance against each outcome. As at January 2013 the Trust score is green and neutral across all standards. The Trust is continuing developing its intelligence to provide assurance of compliance with CQC standards.

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
Jun-12	Low Yellow	High Green	Low Yellow	Low Yellow	Low Yellow	Low Yellow	Low Green	High Yellow	Low Green	High Green	High Green	High Green	Low Green	Low Green	Low Yellow	Low Green
Jul-12	High Green	Low Yellow	High Yellow	High Green	Low Yellow	Low Yellow	Low Green	High Yellow	Low Green	Low Green	Low Yellow	Low Yellow	Low Green	High Green	Low Yellow	Low Green
Sep-12	High Green	Low Yellow	High Yellow	High Green	Low Yellow	Low Yellow	Low Green	High Yellow	Low Green	Low Green	Low Yellow	Low Yellow	Low Green	Low Yellow	Low Yellow	Low Green
Oct-12	Low Yellow	High Green	High Yellow	High Green	Low Yellow	Low Yellow	Low Green	High Yellow	Low Green	Low Green	Low Yellow	Low Yellow	Low Green	Low Yellow	Low Yellow	Low Green
Nov-12	Low Yellow	Low Yellow	High Yellow	High Green	Low Yellow	Low Yellow	Low Green	High Yellow	Low Green	Low Green	High Green	Low Yellow	Low Green	Low Yellow	Low Yellow	High Green
Jan-13	Low Yellow	High Yellow	Low Amber	High Green	Low Yellow	High Yellow	Low Green	High Yellow	Low Green	High Green	Low Yellow	Low Yellow	High Green	Low Yellow	Low Yellow	High Green

### National Health Service Litigation Authority (NHSLA) Standards

The Trust successfully achieved Level 2 accreditation for compliance with the NHSLA General Risk Management Standards in November 2012. This achievement has provided assurance sound standards for risk management across acute services and acquired community services. The Trust will be assessed at Level 3 (the highest) level of compliance in September 2013. Maternity Services was awarded 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 2012 and March 2013 NICE published the following guidance and the response by the Trust is shown below:

Type of Guidance	Number published	RWT Response				Assessment in progress
		Fully Implemented	Not Implemented	Not Applicable	Partially Compliant	
Clinical Guidelines	17	4	1	1	8	3
Technical Appraisal Guidelines	26	7	6	5	5	3
Diagnostic Guidelines	4	0	2	1	0	1

Interventional Procedures Guidelines	23	1	5	11	0	6
Medical technical Guidelines	4	0	1	2	0	1
Public Health Guidelines	4	0	0	0	1	3
Quality Standards	11	0	0	0	0	11
Totals	89	12	15	20	14	28

The Trust response to NICE guidance is review by a NICE Assurance Group and at the Contracting and Commissioning group attended by Commissioners to ensure scrutiny of implementation.

Decisions “not to implement” are based on a number of variables such as the guidance is not recommended by NICE due to lack of evidence or research to support full implementation at that time.

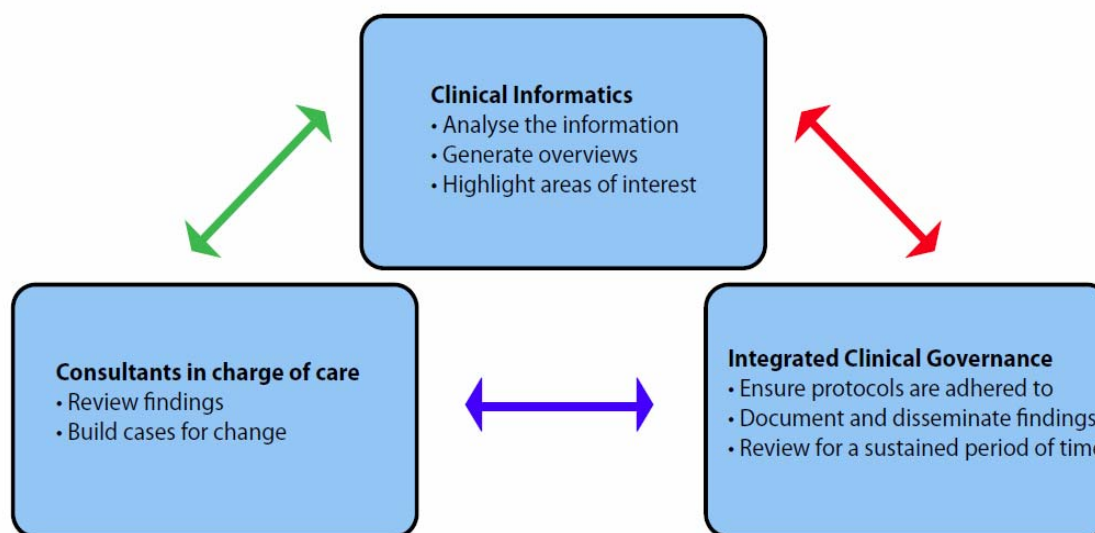
### **Hospital Mortality**

The RWT has a continuous improvement ethos in the field of hospital governance and the reduction in overall in hospital mortality. The Trust uses a variety of mortality monitoring measures including, the well-known Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital Level Mortality Indicator (SHMI), in both cases a score of 100 means the number of actual deaths equals the number of expected deaths, allowing for variations in cases treated (case mix). The SHMI differs from HSMR in respect of including all deaths outside of hospital within 30 days of discharge, as well as counting all in hospital deaths.

We work with a range clinical intelligence agencies to help us benchmark our performance these include the West Midlands Quality Review Service (WMQRS), 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 as a comprehensive surveillance tool.*

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 summarised as follows:



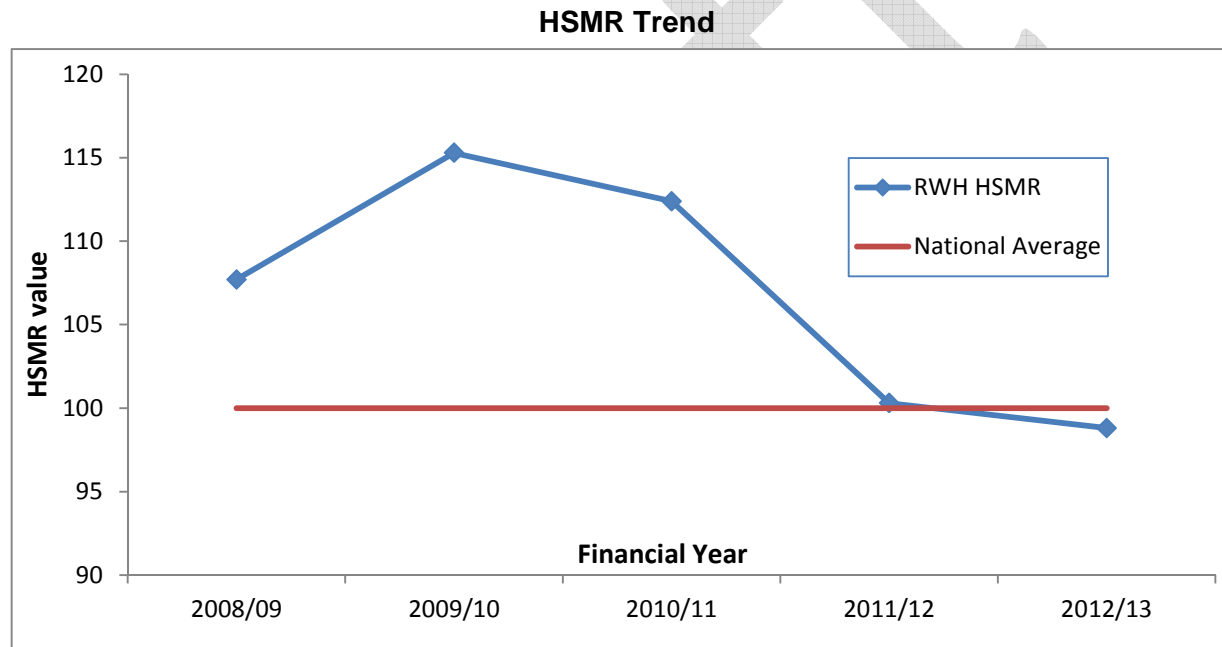
**HSMR Mortality Performance in 2012/23**

	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	YTD
HSMR	89.0	100.6	105.6	86.2	98.4	96.5	104.9	103.3	106.6	99
Observed Death Rate (56 CCS Groups)	3.90%	3.80%	4.00%	3.20%	3.50%	3.50%	3.80%	3.80%	4.40%	3.70%



Expected Death Rate (56 CCS Groups)	4.40%	3.70%	3.80%	3.70%	3.50%	3.60%	3.60%	3.60%	4.10%	3.70%
No of In Hospital Deaths	115	121	121	103	107	99	123	120	136	1045
Expected Deaths	129.3	120.3	114.3	119.5	105.2	99.5	117.3	116.2	127.5	1055.9
<b>Excess Deaths</b>	<b>-14</b>	<b>1</b>	<b>7</b>	<b>-17</b>	<b>2</b>	<b>-1</b>	<b>6</b>	<b>4</b>	<b>9</b>	<b>-11</b>

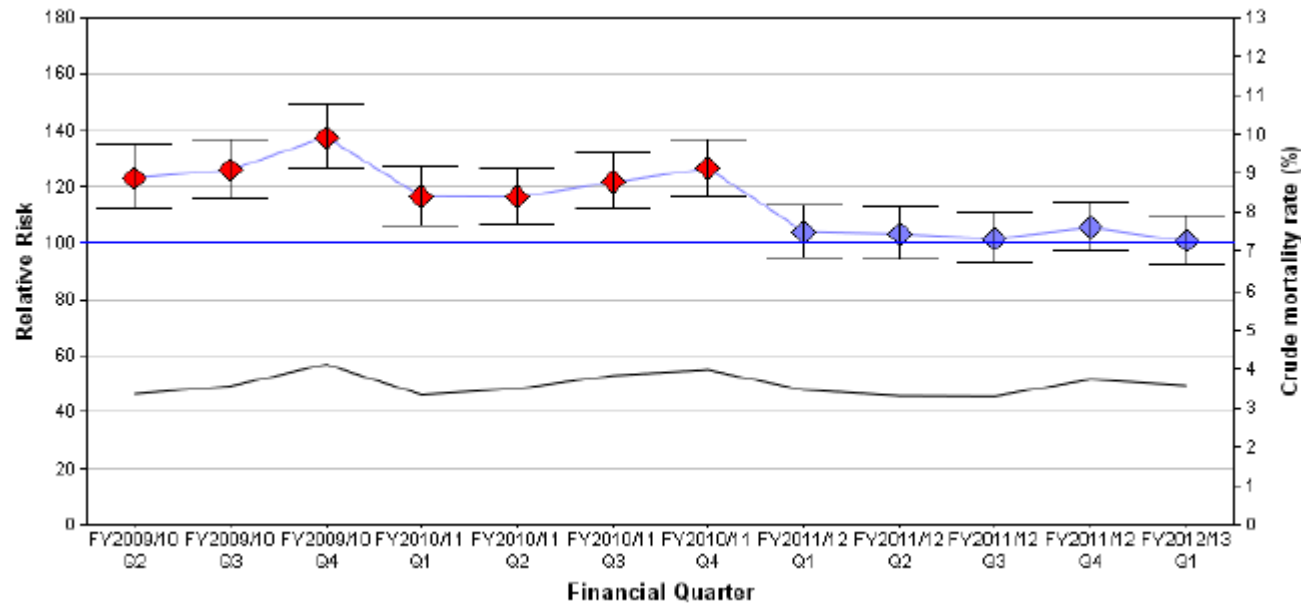
Analysis: April – December 2012 is the latest available. The Trust's YTD HSMR based on 9 months data is 99 with a probable rebased value of 100.



The analysis performed by the Trust's clinical informatics team and external partners predict an end of year finalised HSMR of approximately 100 which is in line with Trust's planned target.

**SHMI Mortality Performance**

### SHMI Trend for all Activity Across the Last Three Years



The latest available SHMI performance at the time of publication of this document is Quarter 1 2012/13 which showed the quarterly SHMI figure to be at 98.06, this is better than the national average.

#### Future Plans for Mortality

1. All inpatient deaths will continue to be clinically reviewed
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. SMRs will also be monitored at HRG level.
5. 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. From October 2012 the Trust introduced care bundles (adapted from West Midlands Mortality Network recommended care bundles). These care bundles will formalise key components of care, Performance will then be monitored on a CCS basis using Cusum charts.

## 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:

<p><b>Employment</b></p> <ul style="list-style-type: none"> <li>• Reasonable adjustments for disabled staff are provided where possible.</li> <li>• The Management of Sickness Absence, Equality of Opportunity and Capability policies all support reasonable adjustments.</li> <li>• The Trust is a Two Ticks organisation (positive about employing disabled people) which has five commitments regarding; recruitment, training, retention, consultation and disability awareness.</li> <li>• We collect, review and publish relevant workforce data to look at possible inequalities.</li> <li>• 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.</li> </ul>	<p><b>Training</b> is available for staff to attend and includes:-</p> <ul style="list-style-type: none"> <li>• Quick Induction e-learning pack.</li> <li>• Local departmental induction.</li> <li>• Trust induction for all new starters (face to face).</li> <li>• Nurse and nurse bank induction (face to face or online via the Trust's KITE site).</li> <li>• Equality and diversity (face to face) bespoke training provided as and when.</li> <li>• Equality and diversity training for consultants and doctors (face to face or e-learning).</li> <li>• Bullying and Harassment is delivered as part of Mandatory Training (face to face or online via the Trust's KITE site).</li> <li>• Recruitment and selection (face to face).</li> <li>• Preceptorship for newly qualified nurses.</li> </ul>
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<ul style="list-style-type: none"> <li>• Employment equality and diversity monitoring forms capture all personal protected characteristics for people completing exit questionnaires and flexible working applications.</li> </ul>	<ul style="list-style-type: none"> <li>• There are a range of leadership and management development programmes for staff throughout the career escalator.</li> <li>• 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.</li> <li>• Volunteers induction training available.</li> </ul>
<p><b>Trust-wide</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Equality Impact Assessments are done on an ongoing basis with annual results overview published on website.</li> <li>• An equality and diversity staff group is in place.</li> <li>• Contact Links service offer confidential support to staff who may be bullied or harassed at work.</li> <li>• The equality and diversity section of the website and intranet sites have been re-designed and include up-to-date information.</li> </ul>	

## **Educating our Staff:**

### Nurse Education

The Nurse Education Team have a passion for staff development and pride in their contribution to the staff experience, the profession, and ultimately their contribution to high quality patient care.

This Education department forms part of the Corporate Nursing function of the Trust within the remit of the Chief Nursing Officer and is primarily responsible for:

- Pre-registration practice placements for nursing students, overseeing their clinical placement experience alongside the training and ongoing support to work based mentors.
- In partnership with the University of Wolverhampton undertake educational audit.
- Nurse induction for both registered practitioners and healthcare assistants.
- The coordination and facilitation of preceptorship for new registrants.
- Continuing education & practice development for registered and unregistered staff.
- Supporting the Divisions in their workforce planning and educational requirements.
- Developing clinical procedures.

- Supporting clinical supervision.

#### Preceptorship

The 12 month Preceptorship Programme is in its 5<sup>th</sup> year. During 2012/13 over 80 newly registered practitioners benefitted from this bespoke support and education. The programme includes working towards achieving core KSF dimensions, and specific topics such as medicines management, with the focus on patient safety.

#### Supporting Health Care Assistants[HCA]

Building on the success of the Health Care Assistant Development Course which 45 staff have accessed during the last year, the Nurse Education Team launched a new course to support HCAs to recognise when a patient is acutely ill, how to deal with the acutely ill patient, and when to ask for support.- The BEACH (Bedside Emergency Assessment Course for Healthcare Assistants )course has been very popular with over 40 participants.

#### IV Therapy training

During 2012/13 there has been substantial development in the educational framework to support competence of registered nurses to administer intravenous medication and comply with a 3 yearly update. 136 have taken the opportunity to develop this competence.

#### Pre Registration education 2012/13

The Pre- registration team offer practice placements to a variety of students from a variety of Universities. The Trust has 81 main placement areas, with over 40 training pathway opportunities which provide over 56,000 training days, or 11,200 training weeks, to students requiring a practice placement as part of their university programme.

The students are supported by Trust as trained mentors/ supervisors/educators share knowledge, supervise practice and assess competency. The majority of students are nursing and midwifery students who are predominately linked with Wolverhampton University. Physiotherapy, audiology, Operating Department Practitioner (ODP), bio medical scientist, radiology, dietetic students and many others undertake practice placements as part of their course requirements.

The Pre Registration team work with NHS Midlands and East to meet the Learning and development agreement and Education Commissioning for Quality (ECQ) agenda to ensure students have a quality learning experience. Key performance indicators (KPI's) developed by the team monitor standards and progress to targets overseen by the Trusts' Education Committee

This educational activity is supplemented with a dedicated site on the Trust's intranet to inform mentors/supervisors/ educators of training opportunities, and frequently asked questions on the management of students in practice and contact information.

#### Widening participation to enter non-medical professions.

During 2012/13 the Trust has seen the benefits of financial sponsorship to 11 staff who successfully achieved Registered nurse qualification and 2 staff gaining ODP qualification. All have secured Band 5 post's within the Trust which supports the investment.

For 2012/13 the Trust has offered and supported 14 pre-registration sponsorship opportunities to staff. The opportunities were not isolated to nurse training but reflected a multi professional approach to include sponsorship onto ODP, Podiatry and Occupational Therapy training programs.

#### Support to undertake a second registerable qualification.

Funding from NHS Midlands and East has enabled second registration training programmes, these included Child and Mental health fields, District Nursing and Midwifery to be available to our staff.

Community placement opportunities have been expanded, for Adult field students, to meet capacity demand whilst enabling students to experience the variety of support services available to patients within the community.

The National drive to increase the number of Health Visitors has seen the Trust invest heavily in training places and educational support. In 2012/13 sixteen students commenced the Health Visitor programme.

#### Simulation training

The Trust in partnership with a number of charitable organisations, has recently invested in a state of the art, immersive simulation training suite which includes a 4 bedded ward environment. The initiative has attracted national and international recognition. The curriculum for the use of this facility is being rolled out to Wolverhampton staff who will be able to learn clinical procedures on mannequins that blink, cough and can even be programmed to have heart attacks to ensure that clinical staff know how to deal with emergency situations. The evidence base for this type of training experience is vast, and confirms that simulation training is the future direction of travel and ensures that RWT is at the forefront of this initiative.

#### Undergraduate medical education

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

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.

### Postgraduate Medical Education (PGME)

Recent quality achievements in the areas of postgraduate medical education include:

- Educational supervision – RWT was awarded highest level (level 3) for quality of clinical and educational supervision for doctors in training. The Trust has GMC approval for the delivery of training and has demonstrated good practice in areas of supervision of trainees and patient safety identified through the GMC evidence base.
- Internal Quality Assurance. The Clinical Tutor has continued to embed quality assurance measures in relation to medical education. These currently form:
  - ✓ Departmental Visits: regular visits to each specialty which mirror visits carried out by the Deanery
  - ✓ Junior Doctors Forum: these take place in almost all specialties and sub-specialties on a bi-monthly basis. In addition, there is a Trust-wide forum which occurs twice per annum
  - ✓ Performance Dashboard: each specialty and sub-specialty is supplied with results of Job Evaluation Survey Tools, latest forum results and educational supervisor's training status

The areas of work highlighted above mean that the PGME Department can address any issues in a pro-active way and the Trust is always in a state of readiness for external visits relating to doctors in training.

The 2012 General Medical Council (GMC) Trainee survey results show that RWT was third in the West Midlands Region for excellence quality indicators in the national survey.

The curriculum of teaching delivered is based on patient safety as well as addressing speciality or programme defined teaching requirements.

### 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.

HealthTec continues to engage with community groups such as Women of Wolverhampton and Blakenhall Community and Healthy Living Centre in addition to partnership working with the University of Wolverhampton Scifest event.

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.

#### Work Experience - Get Britain Working

For the first time RWT worked in partnership with JobCentre Plus by offering 6 to 8 week work experience placements for unemployed people aged 18 to 24 years from Wolverhampton, under the 'Get Britain Working' government scheme.

Many departments within acute and community areas participated and in total 68 participants commenced the six week programme in the six months it was operational.

Feedback from all concerned was very positive and 26 individuals secured some type of employment contract after their placement, (16 of those within RWT). During their placement they were offered guidance in employability skills specific to NHS opportunities.

#### Adult Apprenticeships

Adult apprenticeships are offered to staff in an educational framework of competence based training with underpinning knowledge. This ensures staff are developed 'fit for purpose', supports patient safety; thus enhancing the service user experience, and provides potential for staff to undertake new/enhanced roles. Apprenticeships level 2/3 include: Health Care Support, Clinical Health Support, Pathology Support, Business & Administration, Medical Administration, Customer Service and Portering.

Across the Trust there are currently 60 staff on various programmes, with 25 learners having completed in the last 5 months.

#### Quality & Credit Framework (QCF) [Previously NVQs]

This is a single qualification course and is also competence-based providing staff with underpinning knowledge that supports daily duties and provides the same benefits as described under adult apprenticeships.

There are currently 8 staff undertaking Health Support/Clinical Health Support QCF level 3, 1 x Business & Administration level 4, 1 x Porter and 1 member of staff undertaking Customer Service QCF level 2.

Staff who have completed their qualifications this year include 1 x Advice and Guidance level 3, 4 x Business & Administration level 4, 1 x Porter and 5 x Customer Service level 2.

#### Foundation Degrees



Foundation Degrees are work-based learning and academic study, providing learners with the knowledge and skills required to support their individual work. This qualification further enhances the Adult Apprenticeship and often provides the potential for staff to undertake new/enhanced roles. In 2012, 6 staff completed foundation.

#### Receptionist Development Programme

This programme was developed to support the Trust's receptionists with to underpin their roles. In 2012, 30 receptionists attended the course with more planned for 2013.

The above courses have been evaluated by learners and their managers with feedback clearly identifying that the courses have impacted positively back in their work areas, have improved the individual's skills, communication and understanding supporting their role.

#### Clinical Skills & Resuscitation Services

The Clinical Skills and Resuscitation Service delivers a high standard of training to all Trust Staff. Innovation is at the heart of the service, developing strategies to manage the demands of the changing nature of healthcare. Covering all aspects of clinical training the curriculum is inclusive, lively and demanding.

#### Leadership & Management Training

The Trust offers accredited internal Leadership Programmes across the academic spectrum - from ILM Level 2 (Certificate in Leadership & Team Skills) up to Masters Level programmes (Emotionally Intelligent Leadership)

At the heart of the leadership programmes and their greatest degree of impact have been centred on self-regard and regard for others – key factors in managing effective relationships. This approach to Leadership Development resonates with some of the key recommendations in the Francis Report.

#### Library Service

The Library Service was assessed in October 2012 by the Strategic Health Authority against the national Library Quality Assurance Framework. The assessment team confirmed that the service was "highly responsive to user needs". The Library Service has worked closely with local and regional NHS library partners to procure online resources and provide access to the evidence base including the purchase of a core collection of cardiology journals, a package of hundreds of full texts journals linked to Medline, and also the procurement of a new open source library management system which provides significant improvements for Trust staff. Evidence-based newsletters continue to be produced by library staff covering a number of specialities which highlight new research and updates in practice. One of the most significant

user requirements was for a clinical reference tool that provided immediate access to clinical reviews and the library service organised the purchase of UpToDate, a world renowned tool, which has been accessed over 13,000 times since its introduction in April 2012.

Educational Quality standards:

RWT was awarded NHLSA Level 2 for the standards relating to education during the November 2012 inspection.

Training and Education has recently been commended by the West Midlands Quality Review Service (WMQRS) in relation to its organisation of training to support Long Term Conditions, and by the Care Quality Commission (CQC) for the production of annual mandatory training statements for its staff.

At end Feb 2013 RWTs overall mandatory generic training compliance was 96.2% and its mandatory role specific training compliance 86.4%.

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## How we selected our 2013/14 priorities

Following consultation with staff and clinical teams who work in the Trust and looking at what patients and members of the public say about the Trust and its services in national and local surveys and in complaints and compliments, three areas were identified as the Trust's main priorities for 2012/13; Urgent Care, Care of Older People and End of Life Care.

Each Priority has a Director sponsor and co-sponsor, and is supported by a Service Development & Redesign Manager, as detailed 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/ Director of Human Resources

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. It is acknowledged that themes and work streams will be closely aligned to, and in some areas, overlap with one or both of the other priorities. To provide an overview of the projects underpinning each Priority and prevent duplication of work a matrix has been developed.

Progress is monitored through quarterly progress report to the Change Programme Board given by the nominated Director lead which outlines performance against the indicators that support each individual priority.

**Note to Medical Illustrations – Can these 3 tables run side by side across the page?**

<b>Urgent and Emergency Care work streams</b>	<b><i>Care of the Elderly</i></b>	<b><i>End of Life</i></b>
GP Alongside A&E		
Walk-In Centres		
Clinical Pathways		
Nursing & Residential Homes		
Primary Care Access		
Single Point of Contact		
Virtual Ward		
Mental Health		
Out of Hours GP Contract		
Out of Hospital Beds		
Urgent Diagnostics		
Frequent Service Users		
Team CURE		
Emergency Portal		
Long Term Conditions		
Ambulance Services – ‘See & Treat’		

<b>Care of Older People work streams</b>	<b><i>Urgent and Emergency Care</i></b>	<b><i>End of Life</i></b>
Training in Nursing & Residential		
Virtual Ward		
Increased OT Support to Elderly Rehab Wards at West Park		

Training of Community Health Staff re: Dementia		
Specialist Reablement for ABI/ Head Injury – over 65's		
Implement Reablement pathway in collaboration with the City Council		
Community based Elderly Care Consultant		
Scope top 200 users and support with case management and Tele-healthcare		
Creating Best Practice		
Foot Health – Electronic Referral		
Stroke Pathway		
Integrated Patient Flow Team		

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<b>End of Life work streams</b>	<b><i>Urgent and Emergency Care</i></b>	<b><i>Care of the Elderly</i></b>
Enhance communication to the public regarding End of Life care		
Training and education for practitioners regarding End of Life care		
GSF development to level 3 in GP practice		
Care Homes GSF		
Preferred place of death known and respected		
Increased in individuals able to die in their own homes		
Key worker co-ordinators are across all disciplines for commissioned pathway		
Domestic, psychological, social, spiritual and cultural support and help is available to all EOL patients & Carers		
End of Life quality markers		
Generic DNAR form		

## **Our Future Plans**

Our strategy, underpinned by high quality safe and effective services, will ensure we fulfil the following:

- Continued organic growth of our catchment population
- Build on our specialist and tertiary portfolio
- Redesigning pathways between primary, community and secondary care ensuring delivery of efficient and effective services that meet patients' needs
- Partnership working – CCGs., other providers in networks and with our Governors
- “Market testing” our services to ensure they are fit for purpose

- Refurbishing and rebuilding our estate to offer 21<sup>st</sup> century accommodation

Specifically our plans include the following:

- Opening a state of the art Integrated Pathology Unit
- Securing the contract to deliver hyper-acute stroke services
- Working in clinical networks to deliver effective and efficient services (vascular, stroke)
- Commence flexible sigmoidoscopy service as part of the national bowel cancer screening programme
- Implementing the new service model for cervical cytology for the Black Country
- Achieving Foundation Trust status
- Determining the model of care and completing the business case for a new Emergency Portal
- Improving clinical information – mapping the Quality Dashboard with CQC and NHS Outcomes Framework into a single dashboard
- Establishing an Adult Cystic Fibrosis service
- Completing the business case for enhancing radiotherapy services
- Supporting the delivery of sustainable services for the Staffordshire population



**Our Improvement Priorities**

No.	Improvement Priority	Exec Lead	Improvement Plan
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1	<p>Patient Safety - our number 1 priority for a number of years, we have made significant improvements in the quality and safety of services we deliver. Our ambition to see further improvement remains paramount</p>	<p>Chief Nursing Officer</p>	<ul style="list-style-type: none"> <li>• Reduce number of Falls causing serious harm</li> <li>• Maintain a focus on preventing Never Events</li> <li>• Create a Dementia friendly environment across the hospital</li> <li>• Continue work on infection prevention</li> <li>• Achieve zero avoidable hospital acquired pressure ulcers</li> <li>• Reduction in weekend mortality</li> </ul>
2	<p>End of Life - Because 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 family and friends. Elements of this work are health economy wide and determined through a joint strategy board</p>	<p>Chief Operating Officer</p>	<ul style="list-style-type: none"> <li>• Reduce the number of patients dying in hospital within 48hrs of admission</li> <li>• Increase in individuals able to die in their own homes</li> <li>• Generic Do Not Resuscitate form</li> <li>• Palliative care funding pilot</li> <li>• Equity of palliative care provision for all patients in hospital</li> <li>• Achieve full compliance in all 17 Quality Markers (4 at partial compliance)</li> </ul>
3	<p>Care of the Older Person - As in the country more widely, the population we treat will change over the next 20 years, with older age groups making up a bigger proportion. The Office for National Statistics (ONS) suggests that by 2028, over 70s will comprise 36.5% of our population. We also know that the elderly use more healthcare services than any other group, so it is essential that care is designed appropriately for our biggest service users. Elements of this work are health economy wide and determined through a joint strategy board</p>	<p>Chief Nursing Officer</p>	<ul style="list-style-type: none"> <li>• Redesign pathways for older people undergoing surgery</li> <li>• Scope top 200 users and support with case management and Telehealth Care</li> <li>• Creating Best Practice – a patient centred programme for basic nursing care</li> <li>• Implementing e referring for Foot Health Services</li> <li>• Training of Community Health Staff in the care and management of people with Dementia</li> </ul>

No.	Improvement Priority	Exec Lead	Improvement Plan
4	Urgent and Unscheduled Care- Because it impacts on everyone at their most vulnerable and is where we can really make a difference to patients through the best use of community services. Urgent and emergency care also drives demand for a number of other services both in hospital and in the community. Elements of this work are health economy wide and determined through a joint strategy board	Medical Director	<ul style="list-style-type: none"> <li>• Reduce the number of inappropriate attendances</li> <li>• Reduction in the number of patients using multiple services</li> <li>• Implement 7 day working in all specialties and associated support functions</li> <li>• Increase in number of care bundles/clinical pathways supporting admission avoidance</li> <li>• Increasing the use of virtual facilities</li> </ul>
5	Streamlining Ambulatory Care - optimising the use of ambulatory facilities, rapid diagnostics and technology for elective and non-elective care	Chief Operating Officer	<ul style="list-style-type: none"> <li>• Increase the number of emergency pathways in medicine and surgery to all included in NHSIII Ambulatory Emergency Care</li> <li>• Reduction in length of stay for surgical specialties to upper quartile</li> <li>• Pilot “straight to list “ for elective procedures</li> <li>• Increase access to “hot” clinics and 7 day a week diagnostics</li> </ul>

### Other Priorities

What is to be achieved	Measured by	Exec lead	By when	Reporting and monitoring	Comments
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<b>Achieving NHSLA level 3</b>	<ul style="list-style-type: none"> <li>• Self assessment against standards</li> <li>• Scores from level 2 assessment</li> <li>• Peer assessment</li> <li>• Mock audit</li> </ul>	Chief Nursing Officer	September 2013	NHSLA Report Board Assurance Committee / Trust Management Team	External assessment
<b>Reducing mortality at weekends</b>	<ul style="list-style-type: none"> <li>• Number of reported deaths</li> <li>• Case note review of each death</li> <li>• % of deaths with sub-optimal care</li> <li>• % of deaths with joint coding between consultant and coding team</li> <li>• Compliance with completion of clinical record proforma for diagnoses and comorbidities</li> <li>• Level of consultant cover by specialty</li> </ul>	Medical Director	Commenced March 2013. Annual review of indicators March 2014	Mortality Report MORAG/ Trust Management Team / Trust Board	External validation through HED/Dr Foster

<b>Maintaining a safe, skilled and supported workforce</b>	<ul style="list-style-type: none"> <li>• % Compliance with mandatory training</li> <li>• % compliance with appraisal</li> <li>• % of staff undertaking training and development</li> </ul>	Director of Human Resources	In place. Annual review of indicators March 2014	Workforce Reports Performance Report Human Resources Sub Committee / Trust Management Team / Trust Board	External evidence through staff surveys
<b>Focus on NE and cultural change</b>	<ul style="list-style-type: none"> <li>• Number of Never Events</li> <li>• Compliance with Surgical Safety Checklist usage and completion</li> </ul>	Chief Nursing Officer/Medical Director	In place. Annual review of process March 2014	Quality and Safety report Quality and Safety Committee/ Trust Management Team / Trust Board	CQC report External reporting/ monitoring via SOM and Clinical Review meetings with commissioners

<b>30% reduction in C. diff</b>	<ul style="list-style-type: none"> <li>• Performance against trajectory</li> <li>• Compliance with IP practices</li> <li>• Isolation timeliness data</li> </ul>	Chief Nursing Officer	March 2014	Performance report Infection Prevention and Control Committee / Trust Management Team / Trust Board	External validation
<b>Improved performance for ambulance handover</b>	<ul style="list-style-type: none"> <li>• Performance against target</li> <li>• Compliance with remedial actions</li> </ul>	Chief Operating Officer	In place. Further reviews in line with national targets and contracts	Performance report Trust Management Team / Trust Board	External monitoring

<b>Reduced patient movement</b>	<ul style="list-style-type: none"> <li>• Number of reported patient moves</li> <li>• Compliance with guidance for allocation of beds</li> <li>• Non-clinical movements after 2200hrs</li> <li>• Total number of outliers</li> </ul>	Chief Nursing Officer / Chief Operating Officer	In place. Annual review of process March 2014	Daily site reps/ Matron's outlier meeting	
<b>Zero avoidable Pressure Ulcers</b>	<ul style="list-style-type: none"> <li>• Performance against target</li> <li>• Compliance with Tissue Viability training</li> <li>• Compliance with policies for Tissues Viability</li> </ul>	Chief Nursing Officer	In place. Annual review of process March 2014	Quality and Safety report SOM Quality and Safety Committee / Trust Management Team / Trust Board	External monitoring via SOM. External validation by Auditors as part of audit of Quality Account

<p><b>Support in community settings for people with Dementia</b></p>	<ul style="list-style-type: none"> <li>• Hospital to Community Outreach Function</li> <li>• Number of avoidable admissions with Dementia</li> </ul>	<p>Chief Nursing Officer</p>		<p>Workstream reports Strategy Board/ Change Programme Board</p>	
<p><b>Reducing falls causing serious harm</b></p>	<ul style="list-style-type: none"> <li>• Performance against target</li> <li>• Compliance with Falls assessment documentation</li> </ul>	<p>Chief Nursing Officer</p>	<p>In place. Annual review of process March 2014</p>	<p>Quality and Safety report SOM Quality and Safety Committee/ Trust Management Team / Trust Board</p>	<p>External monitoring via SOM</p>

<b>Reducing delays in completing RCAs for SUIs</b>	<ul style="list-style-type: none"> <li>Number of reported delays (currently zero)</li> </ul>	Chief Nursing Officer	In place. Annual review of process March 2014	Quality and Safety report SOM Quality and Safety Committee/ Trust Management Team / Trust Board	External monitoring via SOM and Clinical Quality Review with CCG
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### 2013/14 – Our Challenges

- Responding to Francis recommendations
- Playing our part in the solution for Mid Staffordshire Foundation Trust
- Delivering CIP/QIPP through sustainable transformation
- Developing new relationships with commissioners
- Delivering and sustaining large scale transformational change

### Our Underpinning Strengths

- A clear focus on patients – safety, effectiveness and quality
- Sustainable turnaround – a strong sense of purpose
- High credibility – doing what we say we will
- Strong leadership and a culture of performance management
- Consistently achieving targets
- Good clinical outcomes



- Good patient and staff experience
- Open and honest
- Uncompromising in striving to be the best in class
- Delivering an international service specification for local people

## 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. Details on the work the Governors have been involved in is shown in Section 1: Annual Report During 2013 we will be re-launching a focussed 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.

The Trust will establish the profile of its eligible membership by reference to the local population data and regional and national referral analysis and where necessary, target recruitment activities to improve membership balance. We will work with active members to help the Trust develop services in line with then needs and swishes of patients.

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.

The Trust currently has a public membership of approximately 6,000, which is in line with the target number at the point of becoming a Foundation Trust. By adopting an ‘opt out’ option for staff we will maintain a staff membership of around 6,000.

## 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.

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## 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:

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

	<b>Education</b>		
<b>KPI</b>	<b>Key Performance Indicator</b>	<b>SHA</b>	<b>Strategic Health Authority</b>
<b>KSF</b>	<b>Knowledge and Skills Framework</b>	<b>SHMI</b>	<b>Summary Hospital Level Mortality</b>
<b>LCP</b>	<b>Liverpool Care Pathway</b>	<b>UTI</b>	<b>Urinary Tract Infection</b>
<b>LINK</b>	<b>Local Involvement Network</b>	<b>VTE</b>	<b>Venous Thrombo-embolism</b>
<b>MLU</b>	<b>Midwifery Led Unit</b>	<b>WHO</b>	<b>World Health Organisation</b>
<b>MRSA</b>	<b>Methicillin Resistant Staphylococcus Aureus</b>	<b>WMNCLRN</b>	<b>West Midlands (North) Comprehensive Local Research Network</b>
		<b>WMQRS</b>	<b>West Midlands Quality Review Service</b>

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## Statements from our partners:

Wolverhampton City PCT  
Wolverhampton Local Involvement Network,  
Wolverhampton Council's Overview and Scrutiny Committee  
South Staffordshire Local Involvement Network,  
South Staffordshire Health Scrutiny Panel  
RWT Council of Governors

Draft

## 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**

Royal Wolverhampton NHS Trust  
New Cross Hospital  
Wednesfield Road  
**WOLVERHAMPTON**  
WV10 OQP



Tel (01902) 695333



E-mail [rwh-tr.yourcomments@nhs.net](mailto:rwh-tr.yourcomments@nhs.net)

Online – submit a comment to [rwh-tr.yourcomments@nhs.net](mailto:rwh-tr.yourcomments@nhs.net)

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