

CITY OF
WOLVERHAMPTON
COUNCIL

Health Scrutiny Panel

23 July 2020

Time 1.30 pm **Public Meeting?** YES **Type of meeting** Scrutiny
Venue Via Microsoft Teams (Virtual Meeting)

Membership

Chair Cllr Phil Page (Lab)
Vice-chair Cllr Paul Singh (Con)

Cllr Obaida Ahmed
Cllr Bhupinder Gakhal
Cllr Milkinderpal Jaspal
Cllr Lynne Moran
Cllr Susan Roberts MBE
Cllr Wendy Thompson
Tracy Cresswell (Healthwatch Wolverhampton)
Dana Tooby (Healthwatch Wolverhampton)
Rose Urkovskis (Healthwatch Wolverhampton)

Quorum for this meeting is three voting members.

Information for the Public

If you have any queries about this meeting, please contact the Scrutiny Team:

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Agenda

Part 1 – items open to the press and public

Item No. *Title*

MEETING BUSINESS ITEMS

- 1 **Apologies**
[To receive any apologies for absence].
- 2 **New Health Appointments and Awards**
To congratulate Rose Urkovskis on her appointment as Interim Healthwatch Advisory Board Chair and as a Co-opted Member of the Health Scrutiny Panel.

To congratulate Paul Tulley on being appointed as Managing Director of Wolverhampton CCG.

To congratulate Professor David Loughton CBE on being awarded a Professorship from the University of Birmingham.
- 3 **Declarations of Interest**
[To receive any declarations of interest].
- 4 **Minutes of previous meeting** (Pages 5 - 18)
[To approve the minutes of the previous meeting as a correct record.]
- 5 **Matters Arising**
[To consider any matters arising from the minutes.]

DISCUSSION ITEMS

- 6 **Covid-19 - The Royal Wolverhampton NHS Trust**
The Chief Executive of, The Royal Wolverhampton NHS Trust will present on the Trust's response to Covid-19 and their plans for the future.
- 7 **Covid-19 - Epidemiology**
[To receive a report from Public Health on the epidemiology of Covid-19 in Wolverhampton].

[Report is marked to follow to ensure the latest statistics are provided].
- 8 **Wolverhampton Covid-19 Outbreak Control Plan** (Pages 19 - 44)
[To scrutinise the Wolverhampton Covid-19 Outbreak Control Plan].
- 9 **Covid-19 - Adult Services Presentation** (Pages 45 - 56)
[To receive a presentation from Adult Services on the Covid-19 response on areas that fall within the remit of the Health Scrutiny Panel].

- 10 **Wolverhampton CCG - Organisational Changes** (Pages 57 - 66)
[To receive a verbal report from Paul Tulley on the organisational changes at Wolverhampton CCG. The Black Country and West Birmingham CCGs Stakeholders Newsletter 1 is attached].
- 11 **Covid-19 - Wolverhampton CCG Response** (Pages 67 - 94)
[To receive the attached report on Wolverhampton CCG's response to Covid-19].
- 12 **Covid-19 - Black Country Healthcare NHS Foundation Trust**
[To receive a verbal update from Black Country Healthcare NHS Foundation Trust on work undertaken during the COVID-19 emergency].
- 13 **Covid-19 - Healthwatch Wolverhampton**
[To receive a verbal update from the Manager of Healthwatch Wolverhampton on work undertaken during the COVID-19 emergency].
- 14 **Quality Accounts - The Royal Wolverhampton NHS Trust** (Pages 95 - 236)
[To receive the final version of the Quality Accounts for, The Royal Wolverhampton NHS Trust].

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Attendance

Members of the Health Scrutiny Panel

Cllr Obaida Ahmed
Tracy Cresswell
Cllr Milkinderpal Jaspal
Cllr Lynne Moran
Cllr Phil Page (Chair)
Cllr Susan Roberts MBE
Cllr Paul Singh (Vice-Chair)
Cllr Wendy Thompson

Witnesses

David Loughton (Chief Executive – RWT)
Steven Marshall (Director of Strategy and Transformation - CCG)
Mike Hastings (Director of Operations – CCG)
Dr Jonathan Odum (Medical Director – RWT)
Dr Ramachandra (Stroke Consultant RWT)
Shelley Gill (Primary Care Contracts Manager)
David Bailey (Group Manager - RWT)
Rachel Jones (Stroke Services – RWT)
Heather Hammett (Practice Manager – Probert Road Surgery)

Employees

Martin Stevens (Scrutiny Officer)
David Watts (Director of Adult Services)
Kate Warren (Consultant in Public Health)
Sophie Pagett (Principal Public Health Specialist)

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies for Absence**
Panel Member, Dana Tooby sent her apologies.

The Director of Public Health, John Denley and Consultant in Public Health, Ankush Mittal sent their apologies.

Dr Simon McBride (Clinical Director for Stroke Medicine) sent his apologies due to a long standing commitment.
- 2 **Declarations of Interest**
There were no declarations of interest.

3 **Minutes of previous meeting**

The minutes of the meeting held on 16 January 2020 were confirmed as a correct record.

4 **Matters Arising**

The Scrutiny Officer advised that the Royal Wolverhampton NHS Trust were working on the failed discharged figures for the last three years and the Panel would be provided with them upon his receipt of the statistics from the Trust.

5 **Cancer Screening**

The Principal Public Health Specialist introduced the item on cancer screening. She remarked that there was a priority in Public Health to halt the decline of cancer screening rates across the City. She was hoping that all health partners would agree to taking steps to halt the decline and hopefully take measures to see an improvement in the uptake. There were three main cancer screening programmes, breast cancer, bowel cancer and cervical cancer. For each of the programmes there was a specific cohort of those that were eligible. As an example she cited that breast cancer screening was for women that were eligible between the ages of 50 and 70. They were invited to a screening appointment every three years.

The Principal Public Health Specialist remarked that the screening rates for breast cancer in Wolverhampton were lower than the West Midlands and England average. The current rate for breast cancer screening in Wolverhampton was at 56.8% compared to 71.5% for the England average. For bowel cancer screening, the uptake nationally was starting to increase, it was at approximately 71%. In Wolverhampton the rate was at 69% and was not increasing, unlike in England and the West Midlands generally. For cervical cancer screening the rates in Wolverhampton were lower than the England average, but there was a smaller performance gap than in breast cancer and bowel cancer screening. She was aiming to try and fully understand why Wolverhampton was so consistently lower in cancer screening performance compared to the regional and country average.

The Wolverhampton Healthwatch Manager remarked that Healthwatch were producing a report on cancer screening, but it was not yet ready to be circulated. She was however willing to articulate the main headlines from the report. They had engaged with 177 females over a period of time. One of the key findings was that there was a fear of women not wanting to know whether they had cancer. Another area that had arisen was regarding the flexibility of appointments, for instance not always having to attend Monday – Friday. Some females had barriers due to their cultural needs and so they did not want to attend an appointment with a male physician. She also noted that the letters were not currently tailored to a person's ethnicity.

The Wolverhampton Healthwatch Manager commented that some women had said that they would welcome some peer support to encourage them to attend. Another headline from the report was that not all women knew the purpose of cervical screening. The invitation letter did not explain everything in plain or simple language. There were also some women who believed incorrectly that if they had received the HPV vaccine, then they did not require a cervical screening appointment. She was happy to share the full report when completed with health partners.

The Chief Executive of the Royal Wolverhampton NHS Trust remarked that he found it difficult to understand why the bowel cancer screening rate was falling behind the national and regional rates. He felt that part of the problem was not enough advertising. A story needed to be told of the consequences of presenting late with cancer symptoms. It was much better to be diagnosed earlier than later. He made reference to the strong campaigns that had been undertaken in relation to smoking and argued that this could be the way forward. He felt advertising needed to be pushed harder and for it to be more hard hitting, similar to the approach that had been taken for lung cancer.

The Principal Public Health Specialist was in agreement with the Chief Executive of the Royal Wolverhampton NHS Trust's points. The bowel screening process had changed, where only one sample was now required, rather than three. The new simpler testing process was something which had not been actively promoted in the Wolverhampton area.

A Panel Member commented that promotion and accessibility were key to improving the uptake of cancer screening. They were of the view that nurses and GPs should be talking to women about cervical cancer screening more. This was echoed by another Panel Member who commented that GPs should be given resources to promote cancer screening. If the promotion of cancer screening was linked to performance related pay, he believed there would be an improvement in uptake rates. He made a comparison to how the uptake in the flu vaccine had increased since there was a financial incentive for GPs.

A Member of the Panel echoed the point on promotion being key. They had worn a football top promoting bowel cancer screening and had been struck by the number of people that had said their test was still in a draw unused.

The Principal Public Health Specialist confirmed that a reminder letter was sent out, if the test had not been returned. By that point though, the test may have been lost by the person and therefore the reminder would not be acted upon. The Chief Executive of the Royal Wolverhampton NHS Trust commented that in his opinion the reminder letter should be sent to the person's GP. The Principal Public Health Specialist commented that they wanted to have discussions with NHS England to try and bring about some changes.

The non-executive Board Member of the Royal Wolverhampton NHS Trust commented that the testing for prostate cancer increased after celebrities, Stephen Fry and Rod Stewart went public with their diagnosis. He suggested that a more hard-hitting message would help to increase cancer screening rates. The Principal Public Health Specialist made reference to the Jade Goody effect on cervical cancer screening. Celebrity endorsements and making best use of the media platform to promote cancer screening services was important to utilise.

The Director for Adult Services made reference to the flu fighters work, he believed the communication campaign was the reason for engaging so many more people. Social media campaigns, looking at the places which the target population were frequenting and using notice boards in those areas would help. Through the Council's, Safeguarding Board, they had a Faith Group Engagement worker, who could potentially help engage different communities. He spoke in support of pop up shops to help improve screening rates.

Last year Social Services had supported 4,500 people, with approximately 3,500 of them in the target age group. People were regularly going out to these individuals delivering care packages, if there was a simple way to ask certain questions which could then be fed back, he would be happy to assist. He thought care providers would also include this as part of their work.

The Chair thanked Health Partners for their contribution to the item.

Resolved: That Health Partners, including GPs, make all efforts to ensure that the uptake of cancer screening in Wolverhampton does not decline and use all their best endeavours, working in partnership, to try and improve the situation.

6 Patient Participation Groups

The Director of Operations at the CCG (Clinical Commissioning Group) introduced the item on Patient Participation Groups (PPG). He introduced the Primary Care Contracts Manager for the CCG and the GP Practice Manager for Probert Road Surgery.

The Chairman of the Panel had provided the CCG with a list of questions to conduct an online survey with all the PPGs in the Wolverhampton area. The responses had been collated into a presentation (the slides of which are attached to the signed minutes).

The Primary Care Contract Manager remarked that all GP Practices were contractually obliged to have a PPG. The CCG did monitor Practices to ensure that they had the appropriate group. They visited Practices on a rolling programme as part of the contract review. During the process they asked for agendas and minutes of meetings to ensure compliance. Whilst the Primary Care Networks were quite new, they were already actively communicating with their patients.

The Director of Operations at the CCG remarked that there were six Primary Care Networks across the City. Four out of the six Primary Care Networks had responded to the survey and 19 out of the 40 GP Practices across the City. Most GP Practices communicated with patients by phone, their website, email, letters and text messages. The text messaging service and the screens in waiting rooms had been funded by the CCG. 11% of GP Practices had setup a virtual group, this was generally by email.

The Director of Operations remarked that the Chairs of each of the PPGs would meet in their relevant Primary Care Network (PCN) Group. 75% of PCNs used email, letters and their website to communicate. With reference to the survey question on how often PPGs met, close to 75% of PPGs met quarterly and all of the PCNs met quarterly. Meetings were held at the Practice or within easily walking distance of the Practices. The survey had determined that generally 6-10 people attended, sometimes less than 5 and occasionally there were groups which had more than 10 people attending meetings. The survey results had shown that the Practices were not happy with the overall representation of people attending meetings. In general PPG meetings did not attract young people. It was felt that this was probably because most meetings were held in the day time, when people were working.

The Director of Operations commented that one of the main issues raised at PPGs were appointments, which included availability and being able to contact the Practice on the telephone. The CCG had been assisting GP Practices by helping them introduce different methods for patients to be able to book appointments, which included online bookings and electronic systems via the telephone. They were also introducing video consultations to allow consultations to take place without the patient having to go into the GP Practice. Other issues which were often raised included DNA's (Did Not Attend), Patient Surveys, logistics and prescriptions. Primary Care Network Groups often talked about general Practice related issues and the future of Primary care.

Some examples where PPGs had led to improvements were fundraising, changes and updates to buildings, open days and leaflets, training of reception staff, telephone issues, encouraging the use of patient online. The PCN Group's had identified better patient communication, engagement events and marketing as areas which had improved since their existence.

In response to the question on whether any changes were planned for how PPG's worked in Practices and worked together in PCNs, the Director of Operations commented that some Practices were considering the use of text messages, Saturday morning meetings or meeting at a different time, encouraging a younger age range, a stronger ethnic diversity of people to attend and setting up a virtual group. The PCNs had responded to say they were discussing representation and the location of meetings. It was clear from the results of the survey that Practices and PPGs were making good efforts to grow their membership and make patient involvement more inclusive.

The Director of Operations at the CCG gave the results to the question, "Do you share ideas and best practice with other PPGs / PCNs as follows: -

Per Practice:

53% No

47% Yes – through PCNs and the CCG

As a PCN Group:

50% No

50% Yes – through Practice Management and Board meetings – verbally and written

Therefore only about half of PPGs and PCNs were sharing good practice. He recommended that Practices should support the PPGs to grow their membership to better reflect their Practice population and increase attendance. His second recommendation was that PPGs should continue their beneficial work and share best practice within their PCN Grouping.

The Chairman asked if GP Practices were contractually obliged to serve a set amount of days' notice to patients for meetings of the PPG and whether there was a requirement to display notices in the surgery and on their website publicising the upcoming meeting. The Primary Care Contracts Manager responded that where GP Practices had a very good operational PPG, the PPG would take on responsibility themselves for organising the meetings and advertising the meetings at the Practice and on the website. The CCG encouraged this, but they were aware that there were a lot of PPGs which could not support themselves and so they were reliant on the GP

Practice for support. The Practices as a rule did give good notice of the dates, it was sometimes difficult to establish dates though as it required collaboration with the Chair of the Group. Meeting dates could also be advertised on prescriptions and sent out by text message. The contract with GP Practices did not contain any detail on the amount of notice that had to be served for meetings of a PPG Group.

The Chairman commented that he was only given two days' notice of a PPG meeting, with no agenda or minutes from the previous meeting. No room had been identified, with the meeting eventually taking place in a small consulting room. The date for the next meeting had not been identified and it was several months before the next meeting took place.

The GP Practice Manager for Probert Road Surgery remarked that at the last meeting of the year normally in November or December, the dates for the PPG Group at her GP Practice were all established for the following year. The dates were then displayed on the website and in a prominent point at the surgery by the front door. She invited any Councillor on the Panel to attend the forthcoming meeting of her PPG, which was taking place the following Thursday. Councillor Susan Roberts responded that she would attend the meeting.

There was a general discussion about the differences in quality of the PPG Groups across the 40 GP Practices in Wolverhampton. A Panel Member suggested there should be a minimum standard across all the PPG Groups. A Member of the Panel commented it was important to win the hearts and minds of GPs to obtain their full commitment to the PPG. The Chairman commented that the PPGs in the Bilston area required improvement.

The Chief Executive of the Royal Wolverhampton NHS Trust commented that before they started working with a GP Practice, they always visited the PPG for the Practice, as it was a good indicator of the quality of the Practice. He would also sometimes personally visit the PPG. Working with the PPG was an excellent way of improving services and the Trust had achieved a great deal through close collaboration. He understood that the CQC (Care Quality Commission) would be giving more priority to PPGs in their inspection work in the future and it would form part of their rating system.

A Panel Member asked for a briefing to be given to the Panel on the CQC. The Chief Executive of the Royal Wolverhampton NHS Trust offered to help arrange for the Regional Head of the CQC to speak to the Panel in the future. He could also ask them to describe how they trained their inspectors.

The Chairman thanked the CCG and the GP Practice Manager on behalf of the Panel for the evidence that they had submitted to the Panel and for them helping to facilitate the innovative approach of an online survey to obtain data for the Panel.

Resolved: The Health Scrutiny Panel recommends that:

- A) Practices should support the PPGs to grow their membership to better reflect their Practice population and increase attendance.
- B) PPGs should continue their beneficial work and share best practice within their PCN Grouping.

7 **Midwifery Services at RWT**
The Matron (neonatal) from, The Royal Wolverhampton NHS Trust (RWT) introduced a report on Midwifery Services at the Trust. The present birth to Midwife ratio was 1:27/28. This was a positive ratio and met the recommendations of the birth rate and Midwifery acuity review of the Trust in 2017. They did not have an issue in Wolverhampton recruiting Midwives, unlike some other areas in the country. They had introduced the Midwifery Delivery Suite Coordinator, who had no caseload of their own during the shift, which allowed oversight of all birth activity in the area.

The Matron remarked that they had took a decision to cap births after reviewing the birth rate in Wolverhampton. Capping arrangements had been successful in maintaining birth rates within manageable levels over the last year with birth rates just under agreed commissioned activity. Capping restrictions had since been lifted in October 2019. Since the capping had been lifted, the bookings had started to rise but at a manageable level.

The Matron commented that there were some significant changes happening in Maternity Services across England. The Better Births Maternity Review and the NHS Long Term Plan (2019) had some ambitious objectives, which included a 50% reduction in still births, maternal mortality, neonatal mortality and serious brain injury by 2025. The Trust were working hard to achieve the target across the region. The key priorities to achieve the objectives were to ensure that the Saving Babies Live Care Bundle was implemented across every maternity unit in 2019.

The Matron stated that there were 5 key elements to this Care Bundle which were outlined in the report. The Trust reported quarterly progress to NHS England against the five key elements of the Care Bundle. Recommendations from the national maternity review – Better Births were being implemented through the Local Maternity System (LMS). The name was changing to Local Maternity and Neonatal System. These systems brought together Local Authorities, CCGs, maternity providers and user groups. They were aiming for women and their families to achieve seamless care across the maternity pathway, including between maternity and neonatal service providers.

The Matron remarked that one of the key recommendations from the Better Births Review was regarding continuity of care. This required providing consistency in the midwife and clinical team that cared for her and her baby throughout pregnancy, labour and the postnatal period. This was a key challenge for every maternity unit in the country. In Wolverhampton they were anxious that continuity of care was not at the cost of safety. They were therefore looking at the best model to support continuity of care but not at the expense of safety and quality. They needed to achieve 51% of women receiving continuity of care by March 2021.

The Matron commented that the Trust in 2019, fully achieved all of the 10 safety actions recommended within the Maternity Incentive Scheme. The Trust therefore recovered the full element of their contribution related to the CNST (Criminal Negligence Scheme for Trusts) incentive fund and also an additional share of unallocated funds. The money would be reinvested into the service to continue to improve standards.

The Midwife, stated that she was proud of the service. There was a Maternity Voices Partnership which allowed them to receive feedback and feedback was also received from the Baby Friendly audits.

The Chief Executive of the Royal Wolverhampton Trust commented that he had hoped the CQC (Care Quality Commission) would have inspected Maternity Services during their recent inspection because he believed it would have been rated as outstanding on all levels. He hoped they would return later in the year.

Following a question from a Panel Member, it was confirmed that the perinatal (pertaining to the period immediately before and after birth) mortality rate was higher in Wolverhampton than the national average. The Chief Executive of the Royal Wolverhampton Trust commented that this was due to the characteristics of population that the Trust served, which had higher levels of deprivation than many places. People presenting later and smoking and alcohol intake during pregnancy were other factors. The Trust did however take perinatal mortality very seriously and were working hard to improve the mortality rate.

The Matron remarked that they had secured some funding to work on a smoking cessation programme for pregnant women. This has been extremely successful and figures for reducing smoking in pregnancy had improved. They had also worked hard to ensure that a woman delivered their baby in the correct hospital with the right facilities available to avoid them having to be transferred between hospitals. This ensured better outcomes. It was however undeniable that there were high levels of women in Wolverhampton classed as high risk. The Midwife commented that at the beginning of 2019, smoking at time of birth was at 17-19%. The latest figures for February 2020 were 13.6%. So, it was clear the support service was effective. The Trust site would be smoke free before the end of 2020. A poster campaign was ongoing, "Think of Me."

Panel Members complimented the RWT Staff on the Maternity Service and the success they had achieved with the smoking cessation project.

A Panel Member commented that it was important to also consider life changing circumstances in addition to perinatal mortality. The Matron responded that there were changes happening currently that would impact on this area. Currently and over the last few years babies were resuscitated at 24 weeks gestation, but this was going to change to 22 weeks. Extreme prematurity did have associated risks with areas such as learning disabilities in the future. The Chief Executive of the Royal Wolverhampton NHS Trust commented it was very much a political question and one for politicians to consider. Holland had a completely different view on when babies were offered neo-natal intensive care.

The Healthwatch Manager stated that they had completed a report on pregnancy. Overall the report was positive, there were a few areas for suggested improvement. Support for partners was one of these and information on baby care such as feeding support. The report also referred to the length of time health visitors continued to visit new mothers after birth. The report had not yet been published and she would send it to the Trust for their comments before publication.

The Matron commented that they had recently reintroduced bath demos on the ward. There weren't facilities for partners to stay on post-natal wards, but they did in some

cases use a side room in specific cases. There was also a Transitional Care Ward, for babies that needed additional care, partners were able to stay on this ward. Midwife visits in the community would normally take place up to ten days, but could be extended up to 28 days. They were working on a video on baby care for Mothers and were working with the LMS on a video for Fathers.

The Chair commented that he thought Maternity Services at the RWT were excellent. He asked if any learning had been taken on board by the Trust following the problems with the Maternity Services in Shropshire and other areas. The Chief Executive of the Trust responded that when there was a public inquiry it would be revealed one of the biggest problems was people making the wrong decisions about when to transfer women to specialist centres for delivery. There were only four Level 3 neo-natal units in the West Midlands, Stoke-on-Trent, Coventry, Birmingham and Wolverhampton. He didn't know the reasons why decisions had not been taken to transfer certain women.

Resolved: That the Midwifery Services report be noted.

8 **Stroke Services at RWT**

The Group Manager of the Royal Wolverhampton NHS Trust introduced a report on Stroke Services at, The Royal Wolverhampton NHS Trust. He gave a summary of the ongoing improvement work in Stroke Services. The service had 39 beds, which were based at New Cross Hospital. In April 2018 they had merged with Walsall's Stroke Provision providing hyper acute and the acute aspects of stroke care. The rehabilitation aspects were retained at Walsall on a well-established stroke pathway. There were four hyper acute beds on the unit.

The Group Manager commented that the biggest challenge with the merger was staffing. They were now at the point where staffing levels were appropriate. He commented that there was an extensive data failure in the latest quarter's information which was included with the agenda pack. The metrics were significantly attributable to a failure of the Trust to record information accurately. They had improved the data quality since this time. He described the statistics in great detail. An A Unit meant the service was doing very well, an E Unit corresponded to poor. Extensive training was taking place on the ward. The gold standard was to give a stroke patient a bed within 2 hours and there was a target of 4 hours.

The Group Manager stated that they had been looking at how they could improve the SMR (Standard Mortality Ratio Figures) for stroke patients. Several external reviews had taken place, both at their request and those that were mandated. Extensive work had taken place to improve medical notes. They currently had an external Medical Consultant working on the ward, reviewing all the medical notes for RIP patients. They were challenging themselves to see if there was anything they could have improved in a patients care.

The Group Manager commented that in the third quarter, the SSNAP (Sentinel Stroke National Audit Programme) requirement was for a patient to see a suitably trained stroke nurse within 24 hours, the Trust in the previous week achieved it within less than 15 minutes. The requirement for a Doctor Review was within 14 hours and in the previous week the Trust had achieved it within 30 minutes. They often would

have a nurse and a Doctor waiting in the Emergency Department for the patient to arrive. They had established a middle tier of Doctors using the Trust's Clinical Fellow Scheme, which had been hugely successful. They currently had four Clinical Senior Fellows who would be training over the next two years to become Consultants.

The Stroke Consultant commented that she had started working as a Stroke Consultant at the Trust in 2012. There had been numerous changes to the service in this timeframe. Consultant numbers had vastly improved and there had been an increase in beds. They now provided an overnight Stroke Consultant and so a Consultant was available 24 hours a day.

Members asked some technical questions about the performance statistics to which the Group Manager gave a full explanation.

A Panel Member commented that his personal experience of the Stroke Department at the RWT was a positive one. The Medical Director commented that whilst there had been some staffing issues in the department, which were related to the merger, they were now almost all resolved. He believed the Trust were providing an excellent stroke service. He thanked all the teams for completing a very difficult job under sometimes difficult circumstances.

Resolved: That the Stroke Services at RWT report be noted.

9 **Coronavirus (Covid-19) - Urgent Item**

The Principal Public Health Specialist introduced the urgent item on Coronavirus (Covid-19). She stated that there were now a number of Coronavirus cases in the UK and there had been some reports the previous day of cases in the West Midlands. Within Wolverhampton there was a key Multi-Agency Group consisting of the Local Authority, The Royal Wolverhampton NHS Trust, the CCG and Public Health England. Regular communications were taking place. Covid-19 was also a regular item on the Council's, Strategic Executive Board (SEB) and there was a tactical co-ordination group that was below SEB.

The Principal Public Health Specialist stated that, The Royal Wolverhampton NHS Trust had setup a Pod service where patients could be tested at New Cross Hospital away from the Emergency Department. A Community swabbing service had also been setup that was testing people with suspected cases at home. They were moving forward with plans for maintaining these services in the long-term. They were looking at setting up drive through swabbing services to be available from the following week. This would take some of the pressure off the Trust so they could prepare for increased Covid-19 cases. Internally at the Council all of their guidance and communications were coming from Public Health England. This was the same for the rest of the country.

The Principal Public Health Specialist remarked that the country was currently in the containment phase. It was a new virus to humans and evolving. It appeared to be similar to seasonal flu and so they could use their pandemic flu plans to help provide them with a baseline for preparedness. They were in regular contact with NHS England and Public Health England. The key message to residents at the present time was practicing good hygiene and the "Catch It, Bin It, Kill It" campaign.

The Chief Executive of The Royal Wolverhampton NHS Trust stated that the messages were being carefully controlled by Public Health England, so they were somewhat limited as to what they could do and say. He was sceptical about the effectiveness of the Pod system. New Cross Hospital had 127 entrances and people would not find their way to the Pods, without walking through large sections of the hospital, irrespective of good signage. He was procuring considerable building work in the Accident and Emergency Department, as they did not have enough places to isolate patients. This was not unique to New Cross Hospital, no Accident and Emergency Department in the country had enough isolation areas.

The Chief Executive of The Royal Wolverhampton NHS Trust remarked that he was now applying the principle of “Plan for the Worst and Hope for the Best.” Over the next two to three weeks he would be planning for the worst. The modelling that he had seen had led him to the conclusion that the situation was going to be awful. A major concern was that there was not enough ventilator capacity to cope with the expected numbers. This would mean applying what used to be referred to as “Three Wise Men System,” to decide who would receive treatment and who did not. His second major concern was regarding staffing. If schools and colleges were closed, as had happened in Italy, it would cause staffing issues. He would not be able to setup a temporary creche facility as he ordinarily would for a situation such as heavy snow. He was working on the assumption that 20% of the Trust’s staff would not be able to attend work at anyone time. Elective surgery during the height of the crisis would all be postponed, which would also cause its own problems. The Chief Medical Officer at the Select Committee earlier in the day had as good as indicated that the containment phase was coming to an end.

The Director for Adult Services commented that a large proportion of the people dealt with in social care were at a higher risk if they contracted the virus. They were working close with Public Health Colleagues and the NHS to think about different ways of managing them to reduce their risk of becoming infected with the virus. They were contingency planning as many social care staffed worked around school hours.

The Principal Public Health Specialist commented that there were no confirmed cases of Covid-19 at the present time in Wolverhampton. Nationally NHS 111 were taking calls from people that suspected they may have caught the virus and confirmed cases were being managed by Public Health England. They had strict guidance about self-isolation which applied to people who had travelled to certain places abroad and whether they were exhibiting any symptoms. She believed that many people would be able to self-care at home if they caught the virus. She thought many of the symptoms were similar to seasonal flu. It appeared that older people were much more vulnerable to the virus than children and younger people. There was no vaccine currently available.

A Panel Member commented that the Chinese had been picking up two strains of the virus, one which was mild and one which was aggressive.

The Chairman thanked everyone for their contribution to the urgent item.

10 **Mortality Agenda at RWT**

The Medical Director introduced a report on Mortality rates at, The Royal Wolverhampton NHS Trust. It was a positive picture. Over the course of the last 18 months, through the programme of work, the mortality statistics had declined steadily and were now in expected limits with the latest SHMI (Summary Hospital Level Mortality Indicator). Extensive reviews of case records had taken place, they hadn't found any evidence of avoidable deaths.

The Medical Director explained that there had been a decline in the observed death rate, which they thought was related to the work in the community with nursing homes. This was identifying patients where their end of life care could be managed at home rather than being transferred to hospital. The patients that died in hospital in Wolverhampton was significantly higher than the national average. But there had been an improvement over the last three years of observed deaths in hospital, which suggested more people were receiving their end of life care at home or their preferred place of death.

The Medical Director commented that they had extended the number of the new Medical Examiners to allow them to work more comprehensively. They were aiming to have 90% of the deaths in hospital reviewed by the Medical Examiner.

The Medical Director stated that they had completed a review of the quality of coding. There had been some significant improvement over the last two years, which partly accounted for the better expected death rate. They had been working with Price Waterhouse Cooper over the last 18 months who had reviewed the data collection systems, identified areas for change and provided intelligence with their predictive models to identify potential data quality issues on a case by case basis. The independent Consultant had now left the organisation.

The Medical Director commented that a significant piece of work was taking place on how they engaged with families. It had been supported by Healthwatch.

There were some questions to the Medical Director about the Medical Examiner Role and standards of care.

The Scrutiny Officer commented that the digital monitoring of sepsis was being trialled in some hospitals, he asked the Medical Director to comment. He responded that his thoughts were positive. They currently used the traditional early warning scoring system to identify patients at risk of sepsis. At the front door they had very good data, capturing most patients and they were treated in line with guidance. There was a little fluctuation, but even at the busiest times they did very well. He believed there was a particular problem with data capture inaccuracies when looking at the inpatient population, so he couldn't comment on the performance for inpatients. They were looking at some of the new digital technologies, which looked at tissue to try and indicate if the patient had sepsis. They were going to trial them out soon and they had been given some samples. A meeting was setup in the coming weeks with one of the companies. He thought digital monitoring probably was the future, but it was still early days. The Chairman paid tribute to the excellent work that had been completed to date to improve the mortality statistics.

Resolved: That the report on the Mortality Agenda be noted and tribute be paid to the excellent work that had taken place.

11 **Work Plan**

Resolved: That the Health Scrutiny Work Programme be agreed.

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Wolverhampton COVID-19 Outbreak Control Plan

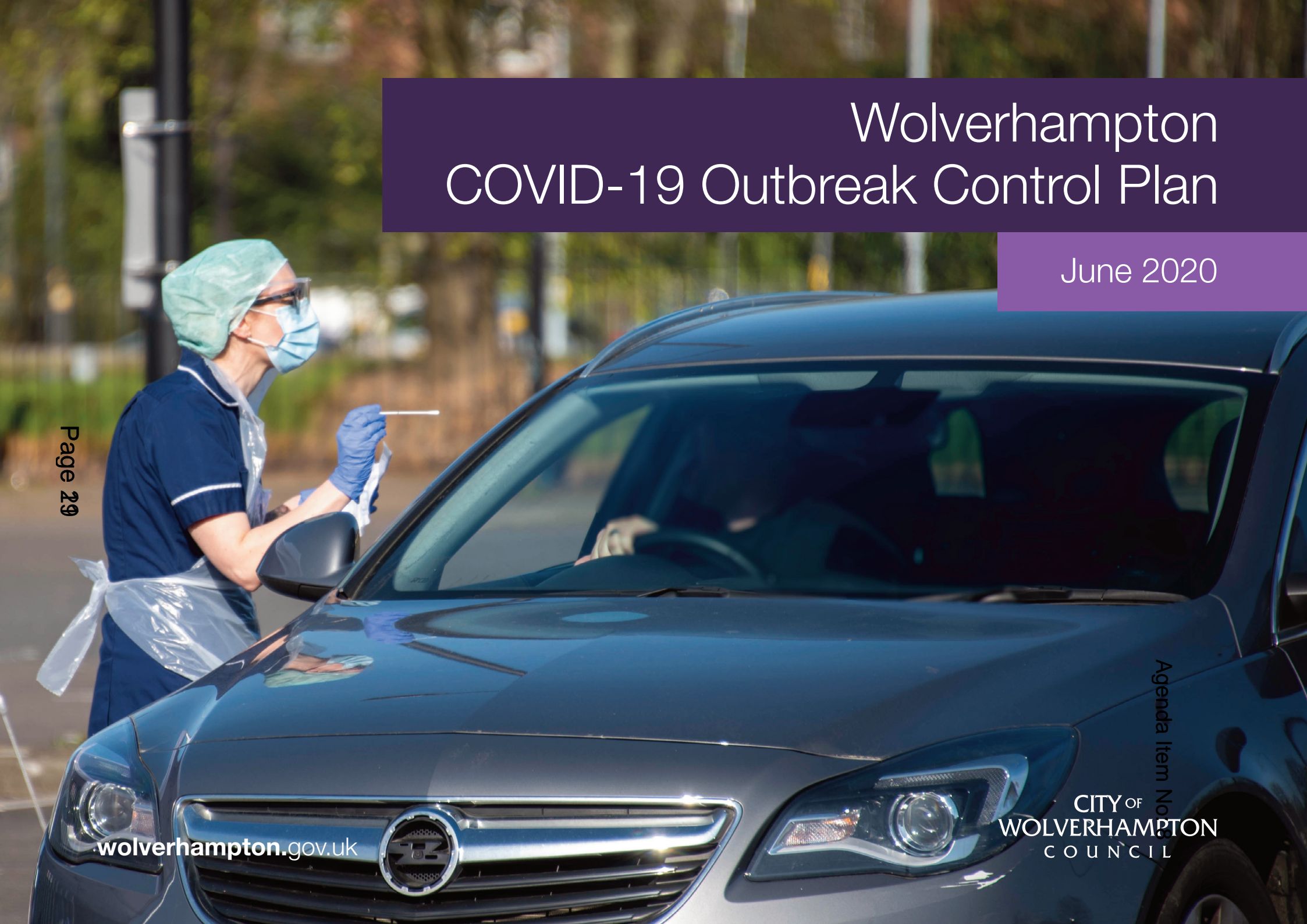
June 2020

Page 29

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CITY OF
WOLVERHAMPTON
COUNCIL

Agenda Item No. 8



Contents

Foreword	4	Theme 4: Contact Tracing in Complex Settings	14
Introduction	5	Theme 5: Data Integration	16
COVID-19 in Wolverhampton	6	Theme 6: Vulnerable People	17
We all play our part	8	Theme 7: Local Boards	18
Our Approach	9	Our Local Governance Structure	19
Our Plan	10	Communicating our plan	20
Theme 1: Care Homes and Educational Settings	11	Challenges in delivering our plan	22
Theme 2: High Risk Workplaces, Locations and Communities	12	Conclusion	23
Theme 3: Mobile Testing Units and Local Testing Approaches	13	Supporting Documents	24

Foreword

COVID-19 has impacted on the lives of everyone in our city. The collective effort, expertise and commitment of partners from across the system has helped to limit the impact of COVID-19 in Wolverhampton so far.

Together, we have worked tirelessly to ensure that our health and care system can continue to manage the unprecedented demands that COVID-19 has placed upon us. We have also made sure that our most vulnerable residents are supported to stay safe within their local community.

But there is still a lot to do. As lockdown measures are eased, and we move into the next phase of living with COVID-19, our overriding priority remains to save lives.

Our well-established, locally-led multiagency system is critical to achieving this but we all must play our part. Preventing the spread of COVID-19 is everyone's responsibility and we must remain alert.

We are continuing to refine our approach as we learn more about how this new disease is moving across the city, the country and across the world.

Our COVID-19 Outbreak Control Plan builds on the good practice we have delivered so far and sets out how we will continue to work together, what our priorities are, and how we will measure our progress in tackling the spread of infection and controlling outbreaks. Our ultimate aim is to control the virus and enable people in our city to live a safer and more normal life.



Cllr Ian
Brookfield
Leader
City of
Wolverhampton
Council



Councillor
Jasbir Jaspal
Cabinet Member for
Public Health and
Wellbeing



John Denley
Director of
Public Health



David Loughton
Chief Executive
The Royal
Wolverhampton
NHS Trust



Dr Salma
Reehana
Chair
Wolverhampton
Clinical
Commissioning
Group

Introduction

Every Local Authority is required to produce a Local Outbreak Control Plan specific to COVID-19. Our plan is our local commitment to preparedness and our response to the challenges associated with living with COVID-19.

The aim of the Wolverhampton Outbreak Control Plan is to:

- Reduce the spread of COVID-19 infection and save lives
- Help as many people as possible return to normal life, in a way that is safe, protects our health and care systems and supports our economy to recover.

This means that we:

- Prevent the spread of COVID-19 wherever possible
- Improve engagement with local residents to encourage participation in prevention efforts and to build trust and confidence in our outbreak response
- Identify outbreaks and complex cases early and respond to them quickly to prevent further transmission
- Build on existing partnerships and expand our networks of stakeholders to assure our system capacity and capability
- Reduce health inequalities linked to and amplified by COVID-19.

The Outbreak Control Plan builds on existing health protection activity that has been ongoing throughout the COVID-19 pandemic and formalises measures to protect and promote the health of our city in this context.

The government has made £300m available to support Local Authorities in England to develop and action their plans to reduce the spread of the virus in their area. Wolverhampton has been allocated £1.9m to support the delivery of our plan.

Outbreaks of infectious diseases which present a risk to the health of the public and require urgent investigation and management are included in the following legal framework:

- Health and Social Care Act 2012 (via Directors of Public Health, Public Health England and NHS Clinical Commissioning Groups)
- Public Health (Control of Disease Act) 1984 (via Chief Environmental Health Officers)
- Civil Contingencies Act 2004 (via other responders' specific responsibilities to respond to major incidents).

In the context of COVID-19, there is also the Coronavirus Act 2020.

This legal framework gives Local Authorities – through Public Health and Environmental Health functions – the primary responsibility for the delivery and management of public health action to control outbreaks of infectious disease.

COVID-19 in Wolverhampton

SITUATION

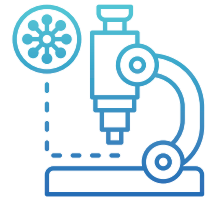


Wolverhampton is an urban area of relative deprivation with significant engineering and manufacturing industries and high population density.

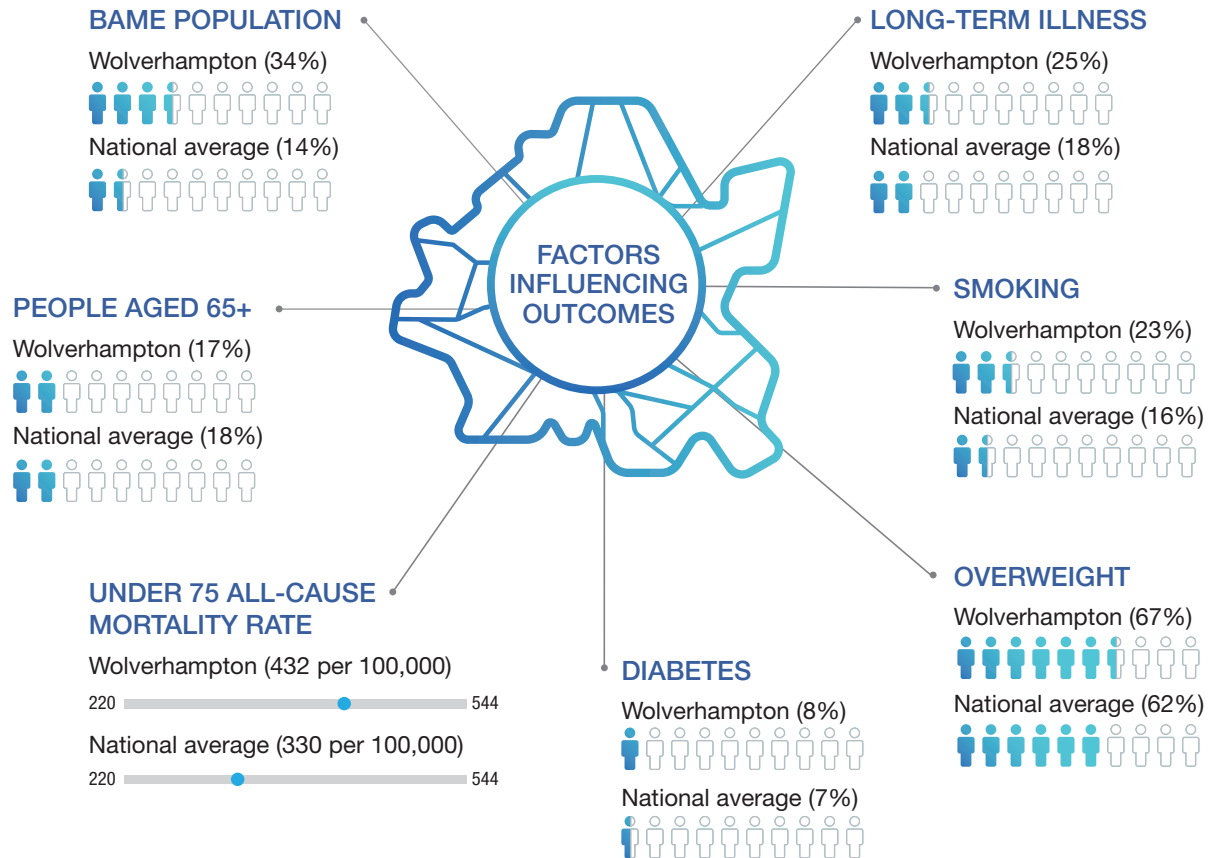
STRATEGY



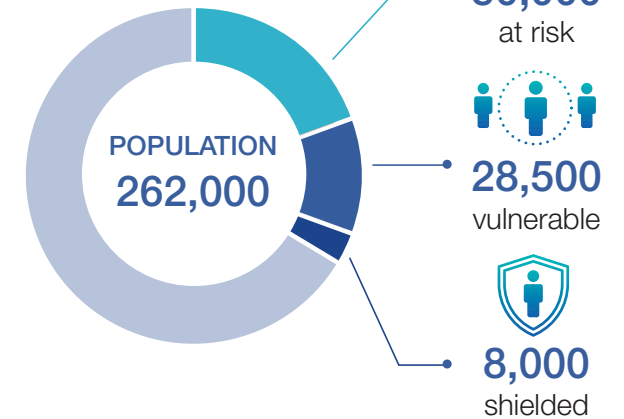
**LOCKDOWN
+
TESTING**



Page 28



Identified those at highest risk and supported them to stay at home:



COLLABORATIVE ACTIONS

We contacted those at highest risk and worked with key partners across the city:



80,000

higher risk people written to offering support



12,300

contacts on Stay Safe Be Kind emergency line



177

homeless, or at risk of becoming homeless supported with a room and roof



800,000+

items of PPE sourced and delivered by council to local care



1,000,000+

meals delivered in 48,303 food parcels



3,000

children supported in city schools



800+ from key worker families



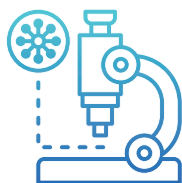
25,358

Meals on Wheels deliveries made



£1.3m

made available by council to support local care providers



We enabled a localised push on testing:



Showell Road
Key worker testing



Mobile testing unit
Community testing



Care homes
Staff and resident testing



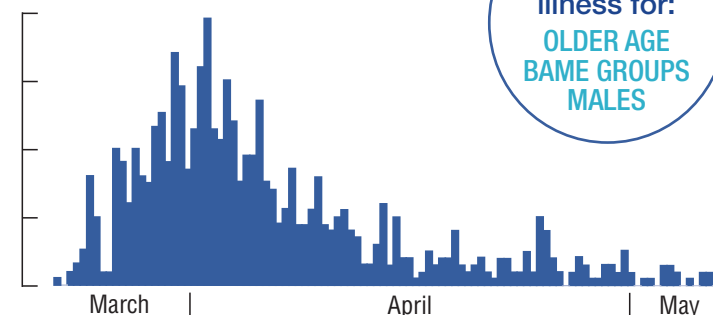
6,000+

NHS and Social Care key workers tested

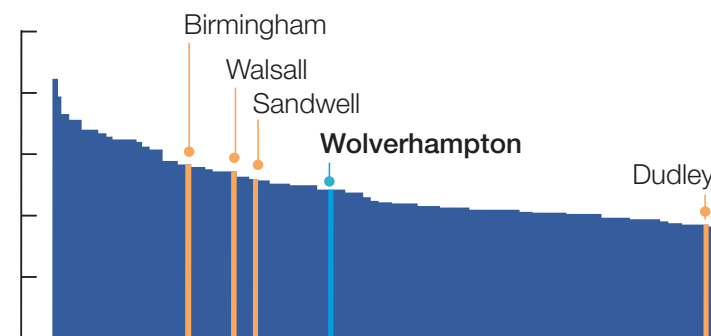
IMPACT

The first wave has been halted by national and local action:

Greater risk of serious illness for:
OLDER AGE
BAME GROUPS
MALES



The peak in daily hospital admissions occurred in April, figures have declined since then.



Urban areas have higher mortality rates, however, Wolverhampton has a lower rate than nearby urban areas

We all play our part

You can help by:

Making sure you know the latest advice on preventing the spread. This means feeling confident about what the basic steps are – washing your hands often, social distancing, limiting contact and wearing your face covering where you can't maintain distance. You can find more information on our [Stay Safe, Be Kind website](#). If you are part of a business, voluntary or community group, make the most of our resources that help you to keep yourself, your employees, and members of the public safe. Signpost others to these resources too and share them on social media where you can.

Be familiar with what to do when you or someone you know has symptoms. Share our basic advice on what to do about self-isolating, getting tested or being a close contact with others where you can. If you or someone you know might need extra help while they are self-isolating, use our Stay Safe Be Kind website to find a list of local support offers.

If you are worried that you cannot get the help you need, you can contact us at: staysafebekind@wolverhampton.gov.uk

We will be working closely with Public Health England to manage any outbreaks that may occur. If you are in a higher risk or more complex setting, we will be supporting you directly. For everyone else, please continue to stay alert and look out for each other as we all work together to keep our city safe.



We will help by:

Making sure that our residents, communities, and local organisations have the information and tools they need to stay safe whilst living with COVID-19. It is vital that we have regular two-way dialogue to make sure that our plan is as effective as possible.

We will support our city to:

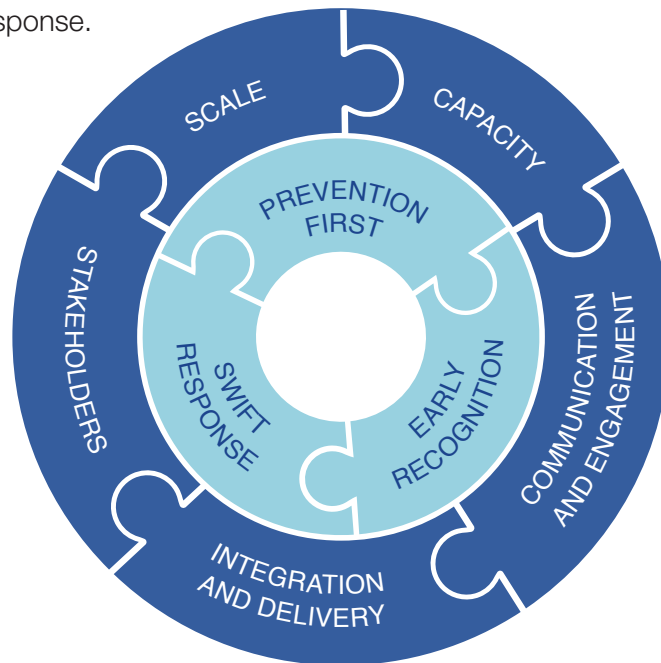
- Understand the level of risk faced by an individual
- Understand the risk posed by an environment or place
- Know what to do if someone becomes unwell with COVID-19 symptoms
- Access resources to support places to operate safely
- Tell us what's working well and where there is room for improvement.

Our Approach

Our local approach has and will continue to be led by and delivered with our well-established, multiagency partnerships. It is an approach that will need to be maintained for the long term and refined as we continue to understand more about this new disease.

Together we have adopted an approach that is proactive, supportive and reactive. It is underpinned by the following three principles which are key to any outbreak management strategy:

- Prevention first
- Early recognition
- Swift response.



This Outbreak Control Plan also brings in additional principles tailored to the current COVID-19 pandemic, these principles provide the foundation that our COVID-19 approach is built upon:

Scale – we will build on our traditional health protection and emergency response arrangements to ensure that we can respond to outbreaks quickly, potentially managing multiple outbreaks at the same time.

Capacity – we will utilise the specialist skills, capability and expertise available to us from across the partnership and ensure that this is appropriately resourced. This may include additional capacity and mutual aid between partners and neighbouring local authorities where necessary.

Stakeholders – we will provide clarity for our partners and stakeholders so that individual and collective responsibilities for the delivery of the plan are clear. This includes understanding their response in the event of an outbreak.

Integration and delivery – we will ensure our local multiagency system is connected within the regional and national infrastructure, with more localised arrangements in place across the Black Country. Where possible outbreak management responses will be consistent across the city whilst being flexible enough to adapt to specific circumstances / settings.

Communication and Engagement – we will engage with communities and stakeholders to build confidence in the proactive and reactive nature of our plan. This will include ongoing opportunities for feedback, learning and continued improvement.

Our Plan

Our plan provides a framework for the response to COVID-19 incidents and outbreaks that occur in the city. It is structured around seven themes defined by Local Government Association (LGA) and Department of Health and Social Care (DHSC):

Theme 1: Care Homes and Educational Settings

Preventing and managing outbreaks in care homes and educational settings e.g. early years settings, schools (including special schools), colleges and universities, taking a proactive approach wherever possible.

Theme 2: High Risks Workplaces, Locations and Communities

Preventing and managing outbreaks in other high-risk locations, workplaces and communities. This also means helping to keep as many services and businesses as possible operating in a way that is safe and supports the recovery of our local economy.

Theme 3: Mobile Testing Units and Local Testing Approaches

Using local and national testing capacity to best meet current and potential demand for contact tracing and outbreak management. We will tailor our offer to meet the needs of vulnerable populations.

Theme 4: Contact Tracing in Complex Settings

Providing contact tracing and outbreak management expertise to complex settings, working across agencies to connect scientific expertise with local resources.

Theme 5: Data Integration

Ensuring access to the right local data to enable the other six themes and prevent outbreaks.

Theme 6: Vulnerable People

Supporting vulnerable people to stay safe and get help to self-isolate. This also means ensuring services meet the needs of diverse local communities

Theme 7: Local Governance

Taking local actions to contain outbreaks and communicate effectively and in a timely, accessible manner with the general public.

These themes are not operating in isolation. They all interconnect with each other and will continue to evolve over time.

Theme 1: Care Homes and Educational Settings

Care Homes are particularly susceptible to outbreaks as they accommodate some of our most clinically vulnerable groups.

School outbreaks remain relatively rare, but we know that children can acquire COVID-19 and may play, although potentially less than adults, a role in the spread of the disease. Children can also find it more difficult to maintain social distancing and good hygiene, especially younger children.

What we have done so far in care homes:

Working in partnership across health and social care, we have implemented a range of effective support measures to prevent and manage outbreaks in care homes. This has included:

- Establishing a strategic group made up of key partners across health and social care to engage and reassure care providers
- Establishing an electronic system to capture key data from each care home daily, to help respond to emerging incidents and support needs
- Streamlined access to PPE
- Incident management through working with health protection agencies
- Economic support through central government grant funding
- Support for mental wellbeing of care sector staff
- Weekly check in with every care home via named Clinical Lead with Multidisciplinary Team support where needed
- Interpreting national guidance and supporting homes to implement recommendations.

What we have done so far in schools:

- Developed a system of proactive case finding and surveillance
- Supported the reopening of schools in line with government and public health guidance, ensuring they are equipped with key resources related to reducing risk in the classroom
- Provided dedicated support to special schools via engagement seminars with Headteachers
- Introduced a risk assessment tool to help protect staff.

Our plan is to:

- Expand current infection prevention support to high risk settings so incidents receive timely response and support, this includes places such as nurseries, schools, universities and domiciliary care settings
- Commission Occupational Health support for care staff
- Implement a Standard Operating Procedure for recording and information sharing with Public Health England
- Provide financial support for increased infection prevention measures such as regular cleaning regimes in schools.

Theme 2: High Risk Workplaces, Locations and Communities

High risk workplaces, locations and communities require additional support to stay safe or take the necessary action if someone develops symptoms of COVID-19. This may be for several reasons including:

- It is difficult to maintain social distancing
- Settings have been contacted by Environmental Health or Public Health and informed that they are high risk
- Employees are required to work within cold or refrigerated sections
- The building where more than one household live has shared facilities or lifts
- Groups of people are coming together for worship
- Groups of clinically or socially vulnerable people are present.

High risk communities may include people who sleep rough. Engaging with key partners who work closely with these communities is vital in addressing the health inequalities they face. This also means working closely with City of Wolverhampton Council Housing Team to ensure an appropriate place to self-isolate should it be needed.

What we have done so far:

- Ongoing dialogue with Wolverhampton's faith settings and community groups has allowed real time support for communities to stay safe and well
- Health protection guidance and advice has been shared with local organisations and businesses so they can operate safely

- The Royal Wolverhampton NHS Trust launched a COVID-19 Care Assistant App, an online symptom checker which highlights possible next steps. The COVID-19 Care Assistant gives a care plan, based on the latest guidance. It also offers residents to have a video consultation with a clinician via the website
- Provided extensive support to an emergency accommodation setting to help keep residents and staff safe. This has included daily assessments of staff and residents' health and wellbeing, cleaning, hygiene and social distancing.

Our plan is to:

- Identify, proactively engage and prioritise ongoing support for high risk settings based on risk and vulnerability
- Provide infection prevention guidance and tools which include environment and individual risk assessments
- Ensure rapid access to testing should a person from a high-risk setting become symptomatic
- Support settings to take fast action in the event of an outbreak
- Source high quality, high volume COVID-19 resources that settings can access directly
- Continue collaboration with Environmental Health to support places to be compliant with legislation. Enforcement will be a last resort where a location may cause a public health risk
- Continue to support The Royal Wolverhampton NHS Trust in promoting the COVID-19 Care Assistant App.

Theme 3:

Mobile Testing Units and Local Testing Approaches

Testing is a vital part of managing the risk of COVID-19.

Alongside the [NHS Test and Trace Service](#), our local testing offer plays a vital role in identifying COVID-19 and preventing spread to others.

There are two types of test currently available for COVID-19; an antigen test for those with symptoms, and an antibody test to see if someone has had the infection in the past. In this section we are referring to antigen testing unless otherwise stated.

What we have done so far:

- In partnership with Wolverhampton Clinical Commissioning Group and The Royal Wolverhampton Trust, enabled the rapid set up of our local testing offer. This was established on 10 March and was one of the first drive thru testing sites in the country. Local testing has allowed for quicker turnaround of results, adding targeted testing capacity
- Implemented screening for all care home residents and staff in partnership with Wolverhampton CCG and Adult Social Care
- Established local testing pathways for Local Authority key workers, schools, foster carers and commissioned providers
- Worked with the Local Resilience Forum and regional partners to develop a rotational testing offer across the city for mobile testing units
- Worked with multiagency partners to adapt to changes in guidance to ensure testing options meet local need. This will be an ongoing commitment.

Our plan is to:

- Work closely with regional colleagues through the COVID-19 Combined Testing Group to establish a local Mobile Testing Unit and team
- Establish a permanent national mobile testing site in the city with the Local Resilience Forum and regional partners, that removes barriers for local people who cannot 'drive thru' at other regional centres
- Introduce a centralised booking system to prioritise testing capacity for symptomatic testing of key workers, complex and high-risk settings or communities
- Introduce reactive mobile testing units that can respond to potential outbreaks
- Expand local swabbing teams in partnership with The Royal Wolverhampton Trust to add flexibility and capacity to the local testing offer
- Utilise local testing units and swabbing teams for outbreak response when mass testing is required
- Continue to work with City of Wolverhampton Council Communications Team to create and share universal and targeted messages on why, when and how to get a test
- Roll out antibody testing in partnership with local NHS partners as part of wider surveillance.

Theme 4: Contact Tracing in Complex Settings

Contact tracing plays a key role in preventing the spread of infection. Contact tracing is the process for:

- Identifying people who are positive for COVID-19
- Tracing anyone they have been in close contact with during their infectious period
- Isolating those contacts to prevent the onward spread of infection in the community.

Contact tracing of most people who have tested positive for COVID-19 is being undertaken by the NHS Test and Trace service. When one or more people test positive for COVID-19 in a complex setting where outbreak potential is high, our local Public Health England Health Protection team undertake a setting risk assessment and work closely with us to manage any risks.

Where necessary, larger scale arrangements for testing and infection control are brought together via the dedicated multiagency Incident Management Team. Joint leadership between Local Authority Public Health teams and Public Health England is well established, and bridges scientific expertise and local resources to achieve a robust and timely incident response.

Complex settings include care homes, educational settings, high risk workplaces, hostels/ homeless accommodation, faith settings and hospitals.

What we have done so far:

- Built on existing partnerships and arrangements that successfully manage outbreaks of flu and norovirus in high risk settings, working closely with Public Health England who lead on the risk assessment and joint oversight for incidents
- Established the weekly COVID-19 Outbreak Response Group, providing key responders an equal voice and opportunity to discuss all matters relating to incident responses, and to iteratively improve our local arrangements
- Established a Health Protection Stand-by Duty Team, allowing us flexibility and surge capacity for any larger incidents.

Our plan is to:

- Work in partnership with the Sustainability and Transformation Partnership and COVID-19 Combined Testing Group to develop a joint system that complements the NHS Test and Trace Service and uses local intelligence to identify and trace local contacts
- Develop the framework which sets out principles, describes decision making responsibilities, and outlines practical actions to be taken in the event of an outbreak
- Boost existing expert Infection Control arrangements and capacity that can be mobilised to support incident response
- Develop and refine assumptions to estimate future and potential demands and define options to scale up capacity to respond to worst case scenarios; this includes mutual aid from other areas
- Test our plans using simulated exercises based on likely scenarios.

Incidents and Outbreak Management in Complex Settings

Public Health England, as part of the NHS Test and Trace Service, will notify the Local Authority of COVID-19 positive cases. All incidents & outbreaks will be logged on a centralised database along with a record of any decisions and actions.

Local active case findings will also help identify incident or outbreaks at the earliest point possible, enabling a rapid response and reducing the spread of COVID-19. This will be done through local intelligence gathering and place-based monitoring.

For high-risk complex settings, Public Health England will lead on the incident response with support from the Local Authority Public Health team. The COVID-19 Outbreak Response Group will have oversight of all incident and outbreak management. This group will be co-chaired by Public Health England and Local Authority Public Health and will draw on representation and support from relevant local partners and specialist advice as required.

Public Health England will complete an initial risk assessment and agree actions to minimise the spread of infection and mitigate wider consequences of the outbreak. Potential actions include: infection prevention and control measures, closure of settings, addressing quality and safeguarding concerns, testing, contact tracing, support for self-isolation and enforcement.







Testing will be offered for contacts identified within the setting. It will be organised through local arrangements and can be carried out at scale if required.

The COVID-19 Outbreak Response Group will review incident and outbreaks weekly, or sooner if significant events occur. They will assess infection prevention control measures and compliance.

They will also review the number of confirmed cases and any new possible cases. The outbreak will continue to be monitored until the outbreak closure definition is met i.e. no new cases in the last 14 days. At this point, the incident can be closed.

Capacity and Resourcing

A team of Public Health Specialists have been identified to form a Health Protection Stand-by duty rota. This will ensure protected resource to react to an incident or outbreak at any time. The rota can be flexed in capacity to meet the demand of local outbreaks:

Demand			
Rota Period (days)	15	10	5
Duty Staff per day			

The number and complexity of incidents and outbreaks will be the driver for demand on capacity. As demand increases the resources will be increased to maintain a quick response time.

Should a mass outbreak occur extra resource will be utilised from the wider Public Health Team to support.

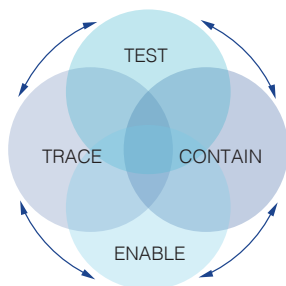
Environmental Health will also mirror an on-call standby by rota to provide additional support with incidents and outbreaks that fall within their remit.

Theme 5: Data Integration

By combining multiple and new data feeds, the national Joint Biosecurity Centre will be responsible for providing a single authoritative information picture to local, regional and national decision makers to help them respond rapidly to any outbreak.

It builds on the UK's existing Public Health infrastructure and surveillance network, drawing on expertise from across government, industry and academia.

There will be a continuous data capture and feedback loop at each stage of the 'test, trace, contain, enable' process which flows through the Joint Biosecurity Centre to recommend actions.



Test - Rapid testing, at scale, to control the virus and identify its spread

Trace - Integrated tracing to identify, alert and support those who need to self isolate

Contain - Using data to target approaches to flare ups, at a local and national level

Enable - Improving knowledge of the virus to inform decisions on social and economic restrictions

We await further national information on the logistical arrangements for this service. Local Analysts and Epidemiologists are ready to interpret additional local data when this becomes available. Data will always be processed and held in a way that protects the privacy of our residents.

What we have done so far:

- Early in the pandemic, conducted local level epidemic modelling to allow local leaders to plan for the first wave and build additional capacity in their services

- Established access to the RWT New Cross Hospital COVID-19 dashboard, which gives a live picture of Emergency Department attendances, patients admitted with a positive test, Intensive Care capacity, and in-hospital deaths related to COVID-19
- Combined multiple data feeds from Public Health England, Office for National Statistics and NHS Digital into a local monitoring repository, which can be accessed by Public Health experts responsible for outbreak response. This provides information on cases and contacts reported to the NHS Test and Trace service, cases diagnosed by local NHS providers (Pillar 1 testing), tests and results from private testing laboratories (Pillar 2 testing), deaths registered in the community and hospital, data from the rest of the Black Country, and the trend in the estimated rate of reproduction – or R value
- Used national, regional and local data intelligence to drive local decision making.

Our plan is to:

- Establish daily dashboard to routinely monitor and identify any emerging issues or potential outbreaks
- Establish data flows to local authority from the Joint Biosecurity Centre to inform local outbreak planning
- Regular sharing of intelligence with system partners via the COVID-19 Strategic Coordinating Group to allow response teams and surge capacity to be mobilised when necessary
- Analyse all information available to us to understand the different impacts COVID-19 is having in our communities, and to highlight health inequalities that can be tackled.

Theme 6: Vulnerable People

We have been and will continue to support vulnerable local people to get help to self-isolate and stay safe at home.

This includes people who are vulnerable or self-isolating due to higher risks associated with underlying health conditions, age, ethnicity or other risk factors. It also includes people who are required to self-isolate following notification from the NHS Test and Trace Service.

Support for these groups can include:

- Support to shop whilst shielding or self-isolating to ensure residents can remain at home
- Provision of emergency food parcels where residents have financial challenges
- Signposting to specialist services to assist residents with debt management, benefit advice, health and wellbeing support, social care needs.

What we have done so far:

- Established a [dedicated phone line](#) to support people who are shielding or non-shielding clinically vulnerable due to a health or medical condition and those experiencing financial difficulties
- Co-ordinated joint work across the system of health and social care with mental health services to ensure robust access to advice, guidance and support
- Trained staff to provide support to this group to allow them to self-isolate and access services to meet their individual needs, which includes volunteer support, assistance with debt and benefit advice, support for mental health or loneliness

- Embedded robust monitoring to understand and address local need and requirements of residents. This has allowed for focussed support and communications in identified localities and with specific communities where risk is considered higher or where need is greater.

Our plan is to:

- Establish flexible staffing capacity to support and assist the track and trace service (dependent on local demand)
- Use local data and intelligence to target specific locations and communities who have a greater need for support and assistance (this may include areas identified more as deprived and disadvantaged groups who are more at risk) using a place-based approach
- Continue a [dedicated phone line](#) to receive referrals for shopping, food or specialist services as required, supporting residents to self-isolate, shield and support themselves to remain safe and well
- Continue to work with community and voluntary sector partners to assist in to coordinate the offer and support residents
- Ensure that communications and information is available in a [variety of languages](#), and [suitable for those with disabilities](#) to access
- Work with community partners, health and social care providers, and mental health services to promote community resilience and ensure residents have the right advice and support when needed.

Theme 7: Local Boards

Sound and effective governance arrangements at executive, strategic and operational levels are critical in delivering our outbreak management response for the city.

Local flexibility within our governance structures is key to ensuring our response remains relevant and continues to be refined as we move into the next phase of living with COVID-19.

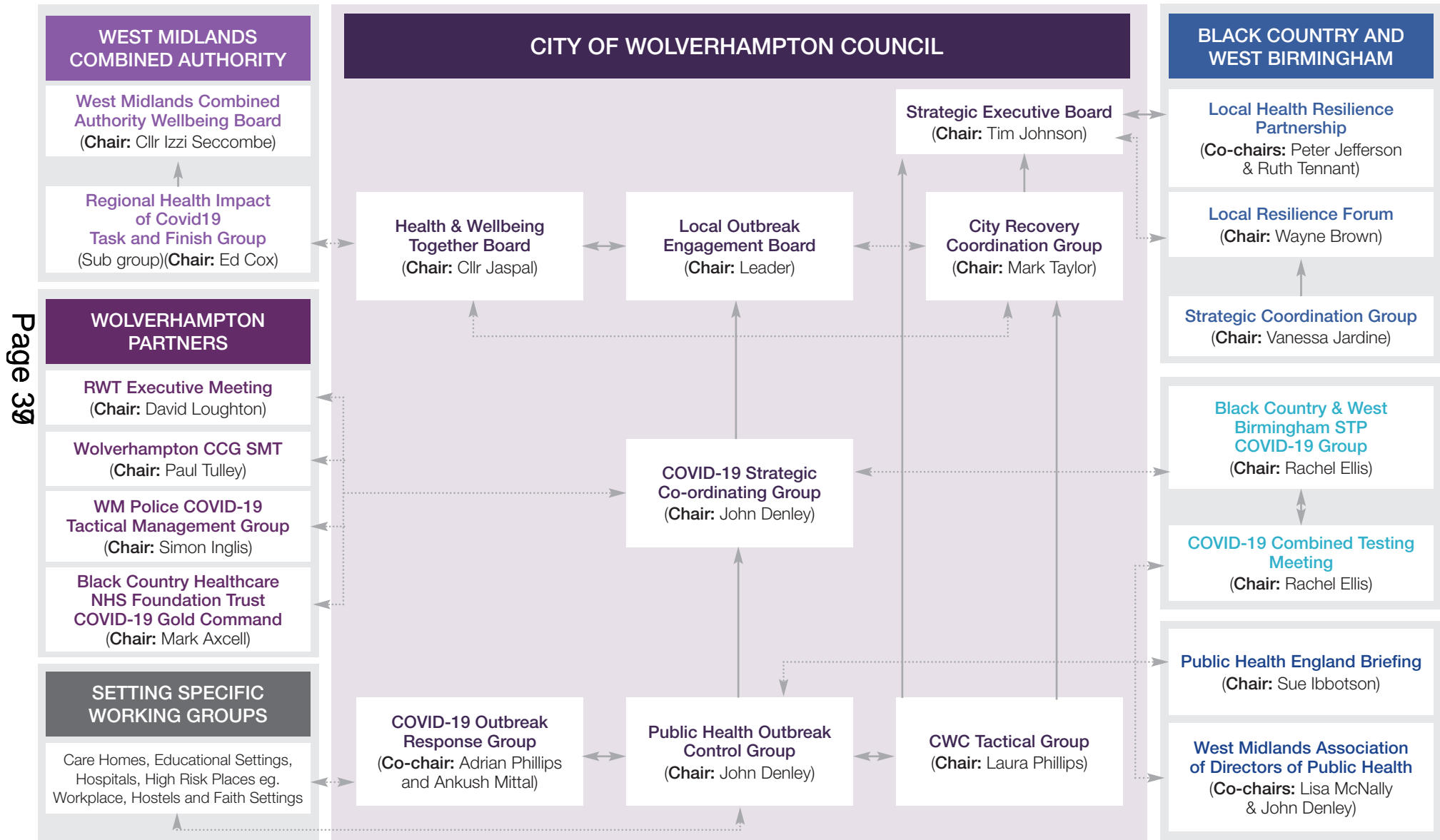
What we have we done so far:

- Built on already established city-wide multi-agency partnerships to strengthen system leadership during the initial response phase to COVID-19 enabling swift and effective decision making
- Established new multi-agency working groups as appropriate to ensure clear lines of communication and accountability for key decision making
- Held a virtual meeting of the Health & Wellbeing Together Executive to review data on COVID-19 and Black, Asian and Minority Ethnic groups in Wolverhampton
- Provided strategic oversight and direction to public facing communications, including a special issue of the Health and Wellbeing Together Chair's bulletin
- Provide updates on the current situation throughout the pandemic to Senior Executive Board, the Leader and Elected Members.

Our plan is to:

- Review existing governance structures to ensure clear roles and responsibilities to ensure roles and responsibilities are clear to support and drive the Local Outbreak Control Plan
- Establish a new Local Outbreak Engagement Board to provide political ownership, public-facing engagement and communication for outbreak response, as a sub-board of Health & Wellbeing Together (Wolverhampton's Health and Wellbeing Board)
- Agree a partnership framework that provides accountability and oversight of Local Outbreak Control Plan across the system.

Our Local Governance Structure



Page 30

Communicating our plan

Clear messages on what to do to stay safe and well, and where to get support, aim to reach everyone no matter where they live, work and travel.

Everyone in our city will be able to:

1. Help prevent the spread of the virus.
2. Be supported and know what to do when they have symptoms.
3. Be included in our local pathways to identify and contain an outbreak.

For our plans to be successful, local people, communities, partners, businesses and organisations must recognise and trust our approach. This means our communications plan is not just about sharing key messages. It is also about listening and engagement.

Our plan is to:

- Ensure strategic communications and engagement is overseen by the Local Outbreak Engagement Board. Local communications will be led by City of Wolverhampton Council Communications Team in conjunction with NHS Communications Teams and other partners as appropriate.
- Saturate the city with key prevention messages through our proactive strand e.g. social distancing, hand hygiene, use of face coverings etc. We will make use of static and mobile communication space e.g. bus stops, bin lorries, bill boards etc as well as our Stay Safe Be Kind website and all traditional comms channels. City-wide community engagement will support this phase and will involve key stakeholders including Councillors.



- Provide advice – aiming to ensure everyone who becomes unwell with symptoms of COVID-19 knows what to do. This is our supportive strand and includes how and when to get tested. It also reinforces the importance of self-isolation to prevent the spread and how to get help to stay safe.
- Focus on outbreak management through our reactive strand. Communications will be tailored to ensure that everyone knows what to do in the event of an outbreak. This also includes a suite of targeted resources to support high risk places and locations.

- The mode and frequency of communication will be dependent on risk. Where necessary communication and engagement will be targeted to reach different groups and settings as effectively as possible.
- In the event of an outbreak, the Director of Public Health will lead communications in conjunction with Public Health England. We

will utilise our local governance structures to ensure that any information that needs to be communicated will be done so in a responsible and effective way.

- Our wider community engagement work will also complement our local Recovery and Relight campaigns as we build a new future for the city together.

	Prevention Messages	Support Messages	Outbreak Response
Universal	Key messages on how to stay safe and prevent the spread saturate the city’s physical and digital spaces	Key messages on what to do when symptomatic, local testing offers as part of Test and Trace, and use of the app.	Proactive engagement strategy with communities along 7 themes of the Local Outbreak Control Plan and public awareness of how outbreaks are managed
Settings	Digital toolkit with downloadable resources on preventing the spread, including risk assessments for premises and staff	Clear support offer for what to do when have a potential case, including surveillance or priority testing in high risk settings	Use networks with settings to share messages on outbreak response and address concerns
Communities	Accessible messages to key communities and settings (eg. in other languages) by working with partners and trusted connectors	Targeted work with key community partners and groups to develop bespoke messaging and testing pathways (eg. for other languages and digitally excluded)	Build on relationships with key communities and groups to develop and share messages on outbreak response and address concerns

Challenges in delivering our plan

The long-term nature, breadth and complexity of our plan presents challenges for its implementation. There are a number of overarching challenges which relate to the principles set out in [Our Approach](#):

Scale

The number and complexity of incidents or outbreaks are hard to predict. We will make use of smart surveillance to pick up on potential patterns of outbreaks as quickly as possible.

Capacity

Local Public Health teams are small and have a large remit to both prevent and respond to outbreaks as well as supporting the city with its wider health and wellbeing needs related to recovery. To be as effective as we can, we will continue to work in partnership and build public health capacity across our stakeholders and communities.

Returning to a new normal is inevitable, however we are still learning about and adapting to living with COVID-19. The next six to 12 months is likely to bring new complexities as a potential second wave and winter pressures combine. To minimise the impact, capacity will be bolstered across the system, with particular attention given to infection prevention and control measures and continuing active case finding to identify possible incidents early. Remaining vigilant is key.

Stakeholders

The pace of change can lead to confusion over roles and responsibilities. Ongoing communication is always required. We will ensure that our governance structures remain strong and collaborative reflecting the wide range of partners involved in this plan to allow us to keep stakeholders and communities up to date.

Integration and delivery

The interface between national, regional and local are complex and is likely to change and evolve as this phase of the pandemic progresses. A combination of having robust standing operating procedures between organisations such as us and Public Health England, and regular dialogue right through from national partners to local communities will allow us to deliver most effectively against the ambitions of this plan.

Communication and Engagement

As lockdown eases we know there will be a series of changes to the Public Health advice our residents will be expected to understand and follow. We will have to work closely and continuously with a wide network of partners to shape and deliver this advice in a way that is accessible for our diverse communities.

Conclusion

Protecting the public from infectious disease outbreaks is one of the most important functions of Public Health. But with COVID-19, everyone has a vital role to play.

So far we have limited the impact of COVID-19 at a city level. As lockdown eases, and we begin to adjust to a new kind of normal, we must continue to do all that we can to prevent the spread of the disease. This includes continuing to develop and refine a very local response that meets the needs of our city.

As we move into the next phase of living with COVID-19 and traditional winter pressures emerge, a new combination of challenges present themselves. As partners, we all have invaluable contributions to make to identify new cases quickly and to control outbreaks when they occur.

We are confident that together, we are well equipped to manage and overcome the ongoing threat that COVID-19 poses and support the social and economic recovery of our city.



Supporting Documents

The Wolverhampton Outbreak Control Plan is underpinned by a suite of supporting technical and operational documents including:

- Wolverhampton Outbreak Control Action Plan
- Incident Management Protocol
- Wolverhampton Outbreak Control Communications Plan
- Local Boards Terms of Reference

By their very nature, this suite of documents is subject to regular change as systems and processes change, as new guidance or evidence is published, or as learning drives improvement going forward.

These documents are available upon request. If you would like a copy, please email: publichealth@wolverhampton.gov.uk

You can get this information in large print, braille,
audio or in another language by calling 01902 551155

wolverhampton.gov.uk 01902 551155

  [WolverhamptonToday](#)  [Wolverhampton_Today](#)  [@WolvesCouncil](#)

City of Wolverhampton Council, Civic Centre, St. Peter's Square,
Wolverhampton WV1 1SH

Health Scrutiny Panel

23 July 2020

Page 45

wolverhampton.gov.uk

Agenda Item No: 9

Introduction

City of Wolverhampton Adult Services has taken a lead role in supporting care providers throughout the Covid-19 pandemic and acted as good partner to Health Colleagues in supporting hospital discharges, taking a pro-active role in avoiding hospital admission where necessary and supporting the role of the Infection Prevention Team. Support has been given in many different ways including:

- Regular supportive communication with partners and providers
- Practical Support
- Supply, quality and cost issues supported
- Recruitment support
- Financial support
- Hospital discharge

Updates Scrutiny has requested

- Hospital Discharge
- Infection Prevention
- Personal Protective Equipment
- Public Health and Partner relationships
- Public Health Funerals

1. Hospital Discharge

- Covid-19 has had a significant impact on the way hospital services are provided including hospital discharge
- Multi-agency assessments have continued during the pandemic to ensure that Wolverhampton residents get the right care in the correct setting as soon as possible
- Working with colleagues at RWT and the CCG the system has prevented long stays or delays in hospital and so reducing the risk of infection and enabling rehabilitation in the individual's home or non-acute setting
- Additional capacity jointly commissioned to ensure care in care homes and peoples homes (beds and 72 hour home care)
- Partnership work between health and social care has contributed to flow being maintained at RWT during the crisis
- Additional pathways have been put in place with Health partners to manage the pandemic

2. Infection Prevention

- Through the Infection Prevention Team and Wolverhampton CCG training, close work between all organisations has enabled us to put in place a robust outbreak management approach for all Care Homes
- 14 day isolation periods for all discharges from hospital and with Covid tests is in place across Wolverhampton to minimise the risk of infection following discharge from hospital to Care Homes including CWC notifying the Infection Prevention Team of any moves
- Each home has a clinical lead and processes in place for proactive and reactive management of patients, medication reviews and care planning
- Proactive community swabbing led by the CCG allowed quick responses to Care Homes resulting in positive action to cohort, support staff self isolating and the provision of PPE (Personal Protective Equipment) from CWC
- Provider support meetings are scheduled twice a week where the IPT (Infection Prevention Team) can share information on Care Homes that need support to avoid admissions to hospital

3. PPE

- To keep the system safe, regular and consistent deliveries of PPE need to be available. National supplies and quality of supplies from the national line has not always been reliable
- Multiple council departments have been involved in putting in place an effective PPE procurement and distribution system
- WCCG continue to provide a comprehensive infection control training package for care homes in Wolverhampton
- To date over one million items of PPE have been distributed across the city by the council

4. Public Health and Provider Relationships

“As Leaders of the local system during this national emergency we recognised the need for real time accurate data daily, as such we quickly mobilised a daily SITREP capturing key information needed to prioritise the support our providers need and allowing us to proactively manage infection prevention and control. The daily SITREP is used across the Wolverhampton system by all partners and forms a key part of the decision making by all partners.”

Tim Johnson, CWC Chief Executive

other positive examples include:

- 100% of homes now registered with NHS mail (was below 50% in March)
- 100% of homes who qualify for the Infection Prevention Fund using the Capacity Tracker
- Over 3400 care home residents and staff proactively tested

- 100% of homes have received Infection prevention training and super trainer from CCG (Clinical Commissioning Group)
- Over 700 Care Home staff registered for antibody testing in the first week of test

5. Public Health Funerals

- Local authorities have a duty under Section 46 (1-4) Public Health (Control of Disease) Act 1984, to arrange a funeral for anyone who dies in their area, without funeral arrangements/plans in place and no-one willing or able to make such arrangements
- A Covid-19 workstream was established to plan for the likely increase in the need for such funerals in the wake of the pandemic. Plans were agreed to meet the forecast increase in demand and to maintain standards of timely, dignified funerals for the deceased in our city
- The Court of Protection, Funerals and Property Team are responsible for carrying out this statutory duty. It was crucial to plan for surges in capacity and identify and mitigate risks to delivery. The team arrange between 35 – 55 funerals per year
 - In Q1 2019, 8 funerals were arranged
 - In Q1 2020, 13 funerals have been arranged

Outcomes of Good Practice

Date	Confirmed/ suspected cases Cases	Self isolation
April 1st 2020	13 confirmed 160 suspected	686
May 1st 2020	21 confirmed 19 suspected	79
June 1st 2020	0 confirmed 19 suspected	25
July 1st 2020	0 confirmed 1 suspected	1

Learning

- We can make changes quickly as a Health & Care system, the skill sets and attitudes of staff working in health and social care, and those who have been redeployed to health and social care, have enabled a quick and competent response
- Response for social care sector has been reliant on significant activity across the whole council. The food distribution hub and stay safe be kind helpline have all impacted positively on some of our residents in the city who were most likely to be impacted by Covid-19
- Even stronger relationships have been developed across social care and health
- We have increased our level Insight into care provider market - communication to and from the care provider market has been much more regular and that working relationships have benefitted as a result

Living with Covid-19

- Second wave and recovery meetings are in place to protect as much as possible against a second wave and manage should there be a second wave covering:
 - Capacity and Commissioning
 - Cohorting & Provider support to cohort
 - PPE Strategy
 - Lessons learnt / issue management
 - Occupational Health, HR Staffing Support to small providers
 - Public Health Support
 - Communication with providers to support Cohorting, Staff support and PPE needs along with guidance support
 - Winter planning / Flu jabs

Future Plans

- All Care Homes are using the NHS capacity tracker and NHS mail. As we head into Winter all partners can access available capacity in Wolverhampton and share information securely with Care Homes
- There will be a significant promotion of flu jabs within the care sector due to the high risk of having seasonal flu and Covid-19 circulating in the community at the same time
- Provider forums have been scheduled to speak directly to providers about their experiences
- We need to monitor how Covid-19 has changed peoples choice of care they use and inform our commissioning strategies to meet new needs
- We will work with the care provider market in managing the lasting impact of Covid-19 to mitigate potential provider failure and/or to ensure people's care needs are fully met when this occurs

Stakeholder Newsletter

In this issue

> Welcome



Welcome to the first newsletter produced by the four Clinical Commissioning Groups (CCGs) in the Black Country and West Birmingham. As Chief Executive Officer for the four CCGs I wanted to use this opportunity to place on record my thanks to all the key workers supporting the response to Coronavirus and to bring together key information to help you during this time.

Over the past few months, the Black Country and West Birmingham has seen a large number of cases of Coronavirus, more than many other areas in the country. Many of these people have been cared for and treated by the NHS and have survived. However, sadly we have seen a number of people who have lost their lives to this virus. As the numbers are released daily on these deaths, I always take time to remember that for each number there is a family, friends and colleagues who have lost someone close to them. Just last week, I stood by the side of the road outside my house to pay my last respects to my neighbour who died from the virus and it reminded me, not just how many people are affected, but also how we are not able to say goodbye or pay our respects in the way we would normally do. My condolences are with every one of you affected by this virus.

The NHS was well prepared for this pandemic in the Black Country and West Birmingham, and our teams have responded with tireless commitment, dedication and compassion. Our services rapidly adjusted their focus to ensure the safety of our workforce and those we serve. We mobilised a local Personal Protective Equipment (PPE) supply chain, NHS testing facilities and proactive care home testing ahead of most parts of the country. We worked hard to ensure that people knew how to stay safe and how to access healthcare when needed. Through these efforts, together with

our partners, we have made it through the first wave of the virus. Thank you to each and every one of you for your support, compliance and understanding during this time.

We now enter a new phase, one where the virus very much remains a threat, where careful monitoring of cases and mobilisation of increased testing, tracing and treatment will be key. This new phase also marks the restoration of those services which have been affected by the response to the virus over the last few weeks.

Across the Black Country and West Birmingham, we are working with partners in our hospital, community and primary care services to ensure that all urgent services are there for people when they need them, to reassure the public that services are safe and to restore as many services as we can as quickly as possible. Whilst this restoration and recovery is key, we are also taking time to reflect on the transformations that we have made and that people don't want to lose. We want to work with you to ensure we retain the positive ways the NHS has worked for you and with you during the pandemic.

I hope you find this newsletter helpful and encourage you to share this information within your own networks and communities.

Best wishes,
Paul Maubach

Agenda Item No: 10

Meet the Black Country and West Birmingham CCGs' Leadership Team

A newly appointed leadership team is now in place to deliver a single commissioning voice for all four CCGs across the Black Country and West Birmingham.

As part of the NHS-wide response to Coronavirus the team have been working collaboratively to ensure the continued provision of health services to local people.

There remains a number of positions to recruit to within the new team, these are:

- Sustainability and Transformation Partnership (STP) Academy Director
- Deputy Chief Nursing Officer
- Primary Care Director
- HR Director
- Transformation Director
- Chief Medical Officer

We will keep you posted on appointment to these roles.



Paul Maubach
Chief Executive



Dr Anand Rischie
Walsall CCG Chair



Dr David Hegarty
Dudley CCG Chair



Dr Ian Sykes
Sandwell and West Birmingham CCG Chair



Dr Salma Reehana
Wolverhampton CCG Chair



Rachael Ellis
Deputy Accountable Officer



Matthew Hartland
Deputy Accountable Officer



James Green
Chief Finance Officer



Sally Roberts
Chief Nursing Officer



Michelle Carolon
Sandwell Managing Director



Neill Bucktin
Dudley Managing Director



Paul Tulley
Wolverhampton Managing Director



Geraint Griffiths
Walsall Managing Director



Pip Mayo
West Birmingham Managing Director



Steven Marshall
Programme Director for Mental Health Integration and Transformation



Donna Macarthur
Interim Director of Primary Care



Mike Hastings
Director of Technology and Operations



Laura Broster
Director of Communications

- > Help Us Help You Campaign
- > Coronavirus symptoms

Help Us Help You Campaign

During the Coronavirus pandemic, it is vitally important that people continue to seek urgent care and treatment when they need it.

New findings show that four in ten people are too concerned about being a burden on the NHS to seek help from their GP.

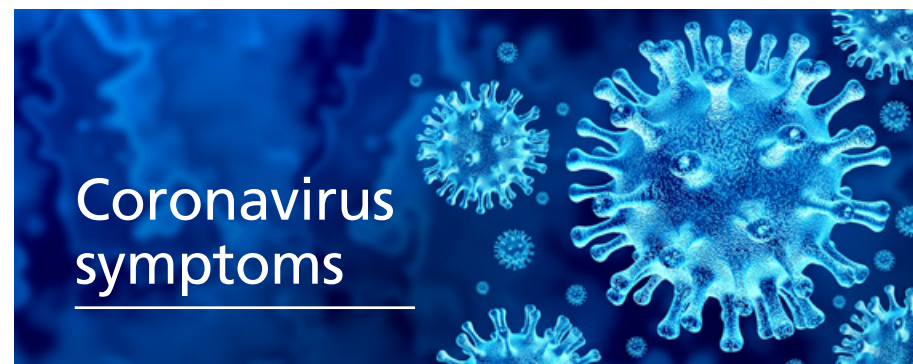
Health leaders across the Black Country and West Birmingham along with GPs, have stressed that the NHS is still there for patients who need urgent and emergency services for stroke, heart attack, and other killer conditions.

Dr Anand Rischie, a GP in Walsall and Clinical Chair at NHS Walsall Clinical Commissioning Group said,

“GP practices across the Black Country and West Birmingham are working hard to ensure that patients can continue to safely access primary care services and are able to seek advice for any health related issues that patients or their carers may be worried about. It is important that if people have serious conditions or concerns they seek help. Therefore, whether you or a loved one have the symptoms of a heart attack or stroke, are a parent worried about their child or have concerns about conditions such as cancer you should seek help in the way you always would. Ignoring problems can have serious consequences – do not delay seeking help”

To get these important messages out to the public, a National ‘Help Us Help You’ information campaign has been launched, which includes digital adverts, posters and social media content featuring NHS staff. Overall the campaign aims to persuade people to contact their GP or the 111 service if they have urgent care needs – or 999 in emergencies – and to attend hospital if they are told they should.

Information on [seeking medical help from home](#) can be found online.



The main symptoms of Coronavirus are:



high temperature

– this means you feel hot to touch on your chest or back (you do not need to measure your temperature)



new, continuous cough

– this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)



loss or change to your sense of smell or taste

– this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Most people with Coronavirus have at least one of these symptoms.

Staying at home if you have symptoms (self-isolation)

If your symptoms are mild, NHS 111 will usually advise you and anyone you live with not to leave your home. This is called self-isolation.

- **Anyone with symptoms should self-isolate for 7 days** from when their symptoms started.
- Anyone who **does not have symptoms should self-isolate for 14 days** from when the first person in your home started having symptoms.
- **If you get symptoms while self-isolating** – you should self-isolate for 7 days from when your symptoms started, even if it means you are self-isolating for longer than 14 days.

If you feel you cannot cope with your symptoms at home or your symptoms get worse and you are not sure what to do, use the [111 online Coronavirus service](#). Call your GP surgery or NHS111 if you cannot get help online, or your symptoms worsen.

Do not go to places like a GP surgery, hospital or pharmacy if you have symptoms.

- > Shielding - if you are at high risk from Coronavirus (clinically extremely vulnerable)
- > Primary Care changes



Shielding - if you are at high risk from Coronavirus (clinically extremely vulnerable)

If you are at high risk (clinically extremely vulnerable) from Coronavirus there are extra steps you are advised to take to protect yourself. These extra steps are called shielding.

This advice is for people who have received a letter from the NHS, local council or their own GP saying they're at high risk. If you're not sure whether you're at high risk, view [who's at higher risk from coronavirus](#) online.

People who are shielding remain vulnerable and should continue to take precautions but can now leave their home if they wish, as long as they are able to maintain strict social distancing.

If you choose to spend time outdoors, this can be with members of your own household. If you live alone, you can spend time outdoors with one person from another household. Ideally, this should be the same person each time. If you do go out, you should take extra care to minimise contact with others by keeping 2 metres apart. This guidance will be kept under regular review so please do check out the guidance on the government website.

Primary Care changes

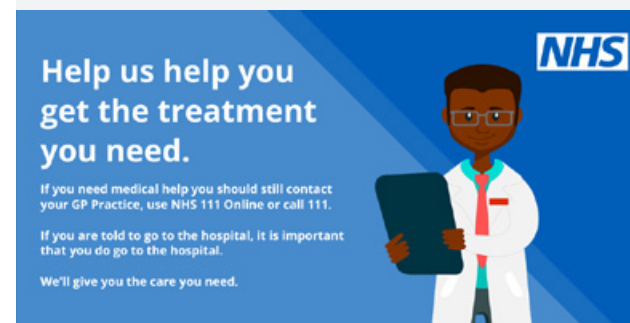
Across the Black Country and West Birmingham, GP Practices are working hard to ensure they continue to safely provide access to services when you need it.

To keep patients and healthcare staff safe, GP Practices are having to change some of their services temporarily.

The main changes are:

- GP surgeries are conducting initial patient appointments by telephone or video. This is to keep patients safe. You can book your appointment in the usual way by calling your practice or using your patient app.
- If a clinician refers a patient for a face-to-face assessment, they will be referred to a healthcare setting dependent on whether they have Coronavirus symptoms or have not got Coronavirus symptoms
- Practice Nurses are currently providing childhood immunisations, wound dressings (for non-housebound patients), urgent phlebotomy/patient testing where appropriate and essential vaccinations
- Long-term condition reviews are being completed via the telephone where appropriate, and safe and well checks are also taking place.

To keep patients and healthcare staff safe, please do not attend your GP surgery to request medication or book a routine appointment.





Pharmacy

As part of the NHS-wide response to Coronavirus (Covid-19), hundreds of local pharmacies have provided an outstanding response to patients during these challenging circumstances.

Pharmacy teams are a critical part of the NHS and in the past few months they have seen the demand for repeat prescriptions, over the counter medicines and advice and reassurance soar.

Community pharmacies across the Black Country and West Birmingham, are working tirelessly to ensure that everyone's medicines and healthcare needs continue to be met.

To help pharmacies to cope under the increased pressure, we would like to ask local patients and members of the public to:

- **Avoid pharmacies if you are showing symptoms of Coronavirus:** If you have a high temperature, a new continuous cough, a loss or change to your sense of smell or taste. Please avoid entering your local pharmacies as you would any other healthcare setting.
- **Be patient:** All pharmacies are under immense pressure and working around the clock to ensure that you get what you need.
- **Order medicines as normal:** There is no need to stockpile medicines. Ordering extra prescriptions and buying more over the counter medicines than you need will contribute to disruption to the medicines supply chain, which is otherwise robust.

Pharmacies will continue to remain open, but you may see that some are now having to reduce the hours during which they can admit members of the public. This is to ensure that pharmacy teams can carry out tasks such as preparing medicines and replenishing stock so that these vital services can continue safely.

Most pharmacies can be contacted by phone and email, and many have their own websites and social media channels – please use these methods to contact your pharmacies if you are displaying symptoms of Coronavirus.

Stephen Noble, Local Pharmaceutical Committee Chief Officer and Local Pharmacist said:

“Community pharmacy teams are a really important part of the NHS, and like all other NHS workers they are under immense pressure at the moment. We would like to ask patients and members of the public to take some very simple steps to help protect these teams so that pharmacies can continue to carry out their critical roles and ensure that everyone continues to get the medicines, help and support they need, when they need it.”

You can find your nearest pharmacy [here](#).

Urgent Care – A&E usage

With the latest statistics showing that visits to A&E in April were lower than usual, we have been supporting an NHS drive to persuade local people to seek urgent care and treatment when they need it.

Local health leaders along with GPs have stressed that the NHS is still there for patients without coronavirus who need urgent and emergency services for stroke, heart attack, and other killer conditions.

Nationally, the NHS has warned that delays in getting treatment due to Coronavirus fears pose a long-term risk to people's health.

The NHS is still open for business and services across the country have been restructured to reduce the risk of patients being exposed to or passing on the virus in hospital. It is vitally important that if people have serious conditions or concerns they seek help.

Whether you or a loved one have the symptoms of a heart attack or stroke, are a parent worried about their child or have concerns about conditions such as cancer, you should seek help in the way you always would.

Local people who are worried should get in touch with their GP, use NHS 111, or in serious cases get to hospital. Ignoring problems can have serious consequences – **do not delay seeking help.**



Services returning

In March 2020, in response to the Coronavirus pandemic, the NHS initiated the fastest and most far reaching repurposing of NHS services, staffing and capacity in our 72-year history.

Just like the rest of the NHS, our number one priority for the last few months has been ensuring that all those who need urgent care – not just those with Coronavirus – have been able to get it when they need it.

Combined with the need to avoid unnecessary contact to reduce the spread of the virus, this has meant that some non-urgent appointments and surgeries may have been postponed, and others delivered differently using technology.

Locally, we are now preparing to gradually increase some important face-to-face services, but only where this can be done safely – the virus is still circulating and we don't want to put our patients, the public or our staff at greater risk.

Work is already under way to capture the experiences of those using and delivering services in new ways so that we can 'lock in' those areas where we have made great strides towards positive transformation that we don't want to lose.

We'll make sure that we continue to involve stakeholders, patients and the public over the coming weeks and months to ensure that local people know when services have been reinstated, and so that they can have a say in the reimagined and re-energised NHS.

We will keep you up-to-date as this work progresses.

Getting tested for Coronavirus

One of the most challenging things about Coronavirus is the uncertainty, not knowing who has the infection or when it's safe to return to normal life. Good quality testing can help provide us with certainty – and it's a big part of how we're going to defeat this disease.

Testing is a key pillar of the government's strategy to protect the NHS and save lives. Locally, we've played our part by rapidly mobilising a new staff testing site in Wolverhampton.

If you live in England, Scotland, Wales or Northern Ireland and have any of the symptoms of coronavirus, you can ask for a test to check if you have the virus through the [NHS website](#). Those unable to access the internet can call 119.

You can ask for a test:

- for yourself, if you have Coronavirus symptoms now (a high temperature, a new, continuous cough, or a loss or change to your sense of smell or taste)
- for someone you live with, if they have Coronavirus symptoms.

You need to have the test in the first five days of having symptoms, and it's best to ask for the test in the first three days, as it may take a day or two to arrange.

If you're an essential worker, you can apply for priority testing through [GOV.UK](#). You can also get tested through this route if you have symptoms of Coronavirus and live with an essential worker.

The new NHS Test and Trace service will then support the tracing of anyone who you may have come into contact with, if you test positive for coronavirus.

Anyone who tests positive for coronavirus will be contacted by NHS Test & Trace and will need to share info about their recent interactions, including people with whom you have had close, recent contact and places you have visited

The more rapidly we can identify people who may have been at risk of infection and, if necessary, advise them to self-isolate, the more effectively we can reduce the spread of the virus and maintain transmission at low levels.

Those who have been in close contact with someone who tests positive must isolate for 14 days, even if they have no symptoms.



How NHS Test and Trace works for someone with coronavirus symptoms:



isolate: As soon as you experience coronavirus symptoms, you should self-isolate for at least 7 days. Anyone else in your household should self-isolate for 14 days from when you started having symptoms.



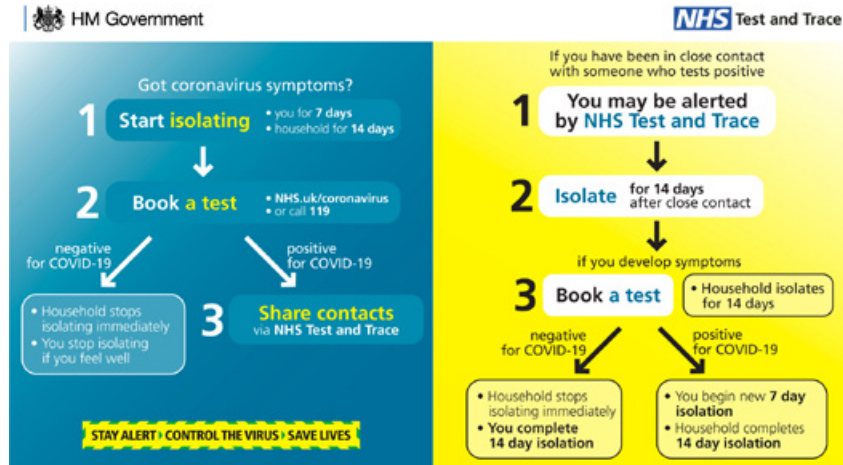
test: You should order a coronavirus test immediately at [nhs.uk/coronavirus](#) or call 119 if you have no internet access.



results: If your test is positive you must complete the remainder of your 7-day self-isolation. Anyone in your household should also complete self-isolation for 14 days from when you started having symptoms. If your test is negative, you and other household members no longer need to isolate.



share contacts: If you test positive for coronavirus, the NHS Test and Trace service will send you a text or email alert or call you within 24 hours with instructions of how to share details of people you have been in close, recent contact with and places you have visited. It is important that you respond as soon as possible so that we can give appropriate advice to those who need it. You will be asked to do this online via a secure website or you will be called by one of our NHS contact tracers.



Antibody testing

Antibody tests are now being rolled out to NHS and care staff, eligible patients and care residents in England to see if they have had coronavirus as part of a new national antibody testing programme.

- Over the next few weeks all NHS and care staff in the Black Country and West Birmingham will be offered a test, with patients and care residents eligible at their clinician’s request
- Accurate and reliable lab-based antibody tests will improve understanding and data on COVID-19

Tests will be prioritised for NHS and care staff, and clinicians will be able to request them for patients in both hospital and social care settings if they deem it appropriate.

An antibody test can tell someone whether they have had the virus that

causes Coronavirus in the past, by analysing a blood sample.

A positive antibody test demonstrates that someone has developed antibodies to the virus. The presence of antibodies signals that the body has staged an immune response to the virus.

Covid-19 is a new disease, and our understanding of the body’s immune response to it is limited. We do not know, for example, how long an antibody response lasts, nor whether having antibodies means you can’t transmit the virus to others.

Our understanding of the virus will grow as new scientific evidence and studies emerge.

An antibody test result can only tell an individual whether or not they have had the virus in the past. Antibody tests are also being used currently in surveillance studies, to understand what proportion of the population have already had the virus.

Working together across the Black Country and West Birmingham – Our future meetings

In response to the Coronavirus, the CCGs have taken the decision to suspend arrangements for public meetings to adhere to Government guidance and keep our system focussed on responding to the pandemic. Much of the usual work our committees do, has also been scaled back in line with NHS guidance.

Members of the Governing Body and partners from the four CCGs met in May to receive an update on the response to the pandemic and on the CCGs financial and quality monitoring activity that had taken place. As part of our continued alignment of the CCGs, this work will be fed into meetings of the new Joint Health Commissioning Board and CCG Governing Bodies ‘in Common’ during June and July. Discussions are taking place on technical arrangements for virtual public attendance at these meetings and at the virtual Annual General Meetings (AGM) in July.

The dates for the AGM meetings for each CCG are as follows:

- **Walsall CCG – 21 July at 6pm**
- **Wolverhampton CCG – 22 July at 12.30pm**
- **Dudley CCG – 22 July at 5.45pm**
- **Sandwell & West Birmingham CCG – 23 July at 6pm**

As we move towards ‘business as usual’, the work to align the governance arrangements for the four CCGs will continue, and we hope that a regular cycle of meetings for new committees reviewing Commissioning, Finance, Performance and Quality will commence in August/September. We will also continue our conversations with stakeholders about the future form of the CCGs as part of the development of an Integrated Care System for the Black Country and West Birmingham - in particular, in light of the way we have worked together during the Coronavirus pandemic.

- › Antibody testing
- › Working together across the Black Country and West Birmingham – Our future meetings

Engagement

Going online

An integral part of our engagement approach across the Black Country and West Birmingham, is our patient and citizen forums, where we have the opportunity to listen to the experiences of local people. Since the onset of Coronavirus and the lockdown, we have needed to embrace online engagement tools, such as Zoom and Microsoft Teams – and so have our patients and communities.

We have held online forums in each of the five Black Country and West Birmingham localities - with patients, stakeholders and communities, and have also held specific forums on Coronavirus with community leaders, online mental health forums and End of Life Care focus groups. Though not the same as our face-to-face meetings, these online forums have received some really positive feedback and allowed us to continue to engage our population in these difficult times.

One patient commented that,

“it felt like I was really connecting with the presenter on a 1:1 basis.”



Dr Anna Lock (Palliative medicine consultant with the local Connected Palliative Care team) – carrying out an online focus group during “Dying Matters” week with some local people who have suffered a bereavement.

Working together

Patient and stakeholder engagement specialists from across the Black Country and West Birmingham have been coming together to share good practice and improved ways of working. They have now begun looking at how they can involve patients, stakeholders and communities to help them come up with a set of shared principles for engagement across the area, whilst keeping a strong sense of identity in each of the five places.

If you’d like to get involved with engagement opportunities, you can contact your local engagement team via the following email addresses:

Dudley

✉ dudleyccg.contact@nhs.net

Sandwell and West Birmingham

✉ SWBCCG.engagement@nhs.net

Wolverhampton

✉ wolccg.wccg@nhs.net

Walsall

✉ walsallccg.getinvolved@nhs.net

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Health Scrutiny Panel

Agenda Item No: 11
Agenda
Item No.

July 2020

11

The Black Country and West Birmingham Covid-19 Response

Ward(s) All

Report:

1. Introduction

COVID-19 has created an unprecedented situation, resulting in a national major incident and the greatest health and care challenge of our time. The Black Country and West Birmingham care system has responded to this challenge at significant pace. This has been to deliver both the nationally mandated changes from NHS England and Improvement (NHSEI), as well as local decisions, so that together we provide an effective and robust response to COVID-19 and deliver as many services as possible during this challenging time.

NHSEI issued a series of mandates instructing health and care systems to implement a series of immediate service changes, which have included:

- 17/3/2020 – a letter regarding ‘urgent response’; identifying the need to free-up the maximum possible inpatient and critical care capacity and prepare for the anticipated large numbers of COVID-19 patients as well as support staff and maximise their availability.
- 28/3/2020 - a letter regarding ‘reducing the burden’; which identified the need to change current governance to facilitate the COVID-19 response, as well as standing down a range of performance reporting requirements.
- 14/4/2020 – a request from the regional NHSEI team to complete a service change baseline exercise, to understand material changes across the Black Country and West Birmingham services.
- 24/4/2020 – Guidance on the service change baseline letter and the emergency service change protocol and template linked to restoration and recovery.
- Specific guidance relating to particular services and COVID-19 enablers, which was published since the start of the COVID-19 period.

Alongside this, we have taken local decisions to ensure resilience amongst our services and workforce as well as minimising COVID-19 infection rates. Given the diverse health and wellbeing needs of our population, we have wherever possible continued to provide services, albeit in a different location or virtually through telephone and/or online services. However, inevitably the response to the crisis meant a wide range of services had to be either altered or suspended to protect the public, patients and our workforce.

2. Purpose of this report

The purpose of this report is to provide the Health Scrutiny Panel with an overview of the local health care response to COVID-19 and to outline the next steps towards the restoration of services. The paper will cover:

- Major Incident (service changes in response to COVID-19)
- Restoration and recovery (to March 2021)
- System reset (2021/22)

3. Major incident

A single Incident Control Centre led by the CCGs was established in March. The Incident Control Centre acts as the single point of control and communication for the four Black Country and West Birmingham CCGs.

A crucial component of the response to COVID-19 was modelling the predicted impact of virus on local service capacity to ensure that there is enough critical care hospital beds and staff available for the anticipated surge in demand.

In line with the guidance issued by NHSEI, the following changes were initiated:

- Scaling back, suspending and changing non-urgent, non-essential routine appointments to virtually/telephone appointments.
- Speeding up safe discharges from hospital.
- Block purchasing additional capacity from the independent sector.
- Adapting the General Practice service to ensure resilience and support vulnerable patients.
- Clinical prioritisation of vulnerable patients and those who require access to essential services.
- The CCG has suspended all non-essential face-to-face meetings and adopted virtual working where appropriate.
- CCG staff were redeployed to support key services, including NHS111 call handling, frontline care and testing stations.
- Established the COVID-19 Management Service for the West Midlands, to monitor patients with suspected COVID-19 at home with clinicians calling each person to check they are coping. The service also has access to the voluntary sector response to connect people who need social support if necessary.
- The CCG established a PPE supply chain to ensure that PPE gets to the right areas so that staff are protected, including Continuing Healthcare Teams, Swabbing Teams, COVID-19 Management Service, Trusts, Care Homes and the Urgent Treatment Centre.
- Ensured NHS provider staff including GPs, voluntary sector workers, care homes and council staff have access to Silver Cloud for Psychological advice and support.
- Communication support to ensure messages get out to support those experiencing domestic violence or child abuse. Campaign to encourage people to seek help when they need it and messaging to encourage people to look after each other and themselves.
- NHSEI also commissioned the NHS Nightingale in Birmingham.

We now enter a new phase, one where the virus very much remains a threat, where careful monitoring of cases and mobilisation of increased testing, tracing and treatment will be

key. This new phase also marks the restoration of those services which have been affected by the response to the virus over the last few weeks.

Across the Black Country and West Birmingham, we are working with partners in our hospital, community and primary care services to ensure that all urgent services are there for people when they need them, to reassure the public that services are safe and to restore as many services as we can as quickly as possible.

4. Restoration and Recovery

Now that we are past the initial major incident phase of the pandemic, restoring our services is a priority but it will present new challenges given the scale of impact and the ongoing need to curtail the spread of the virus. The system will need to carefully plan the restoration of services, reengineering how services are provided whilst ensuring they can respond immediately should there be a second surge of virus infections.

The key principles that we will follow as a system in both restoration and recovery are:

- We retain resilience to respond to the current COVID pandemic;
- We provide the safest and most effective care possible;
- We do everything we can to minimise non-COVID excess mortality and morbidity;
- We support the vulnerable in our community;
- We maximise our ability to address the inequalities in health in our population;
- We restore our ability to meet the NHS constitution standards;
- We help our staff recover from managing the pandemic and its consequences on mental health and wellbeing;
- The positive improvements we make during the pandemic are evaluated, improved upon and implemented across our whole system; and intended improvements will be accelerated;

To oversee this process of restoration and recovery the system has established a steering group to review, implement and report in accordance with the national guidance. The group reports the STP Board, which has representation from all the key system partners and will co-ordinate:

- The collation and maintenance of a full list of service changes and restorations made during the different phases of the pandemic (Appendix 1). This will include reviewing whether changes should be permanent for the restoration and recovery period or beyond.
- Review the risks, interdependences, quality and equality impacts arising from restoration and recovery. This will need to be reviewed at a system level, so that we do not compromise the ability of our wider system to operate effectively and safely during the pandemic, particularly considering the ongoing risks for social care, care homes and the independent sector. This will also need to include considerations regarding how the public use services in the future, so that we do not overload some parts of the system, only to have considerable knock-on effects in others.
- Bring further updates on progress to the Health Scrutiny Panel to ensure appropriate oversight and engagement.
- Continue to brief and communicate with other stakeholders and the public.

- Review the lessons learned from this state of emergency, to maximise learning from within our system
- Seek the views of our patients, public and key stakeholders

Services will be assessed by use of an Impact Assessment Tool developed by NHSE/I designed to enable a clinically led evaluation of the COVID-19 service changes. Service changes will be assessed against its impact on patient safety, clinical effectiveness and clinical outcomes.

Service changes that can demonstrate a positive impact compared to the pre-COVID service model will be considered for long term adoption. Service changes that do not improve patient safety, clinical effectiveness and patient outcomes will be restored to its previous form.

We have commenced discussions with HealthWatch to assist in the development of our Recovery Strategy and approach to system reset described below.

During COVID-19 access to services were extremely limited, as a result waiting lists have grown and performance against national targets have reduced (similar to the rest of the country). As part of the recovery process the system consider how it will rectify the position. Capacity and demand modelling will be completed within the next month, providing a System view about how long it will take to return to pre-COVID performance. The capacity and demand modelling will enable the system to run a range of scenarios describing how long it will take to be able to recover to a pre-COVID position in the safest and most timely manner.

5. System reset

When services have been restored and plans for recovery agreed, we want to ensure the Black Country and West Birmingham system learns from the pandemic and the innovations we have seen are retained in a manner that meets both system and public expectations. This will include the continuation of the use of digital and other non-face-to-face consultations where appropriate as well as the way the CCGs and providers operate.

We will therefore be working on what the 'System Reset' looks like from the start of next financial year

We anticipate this to include:

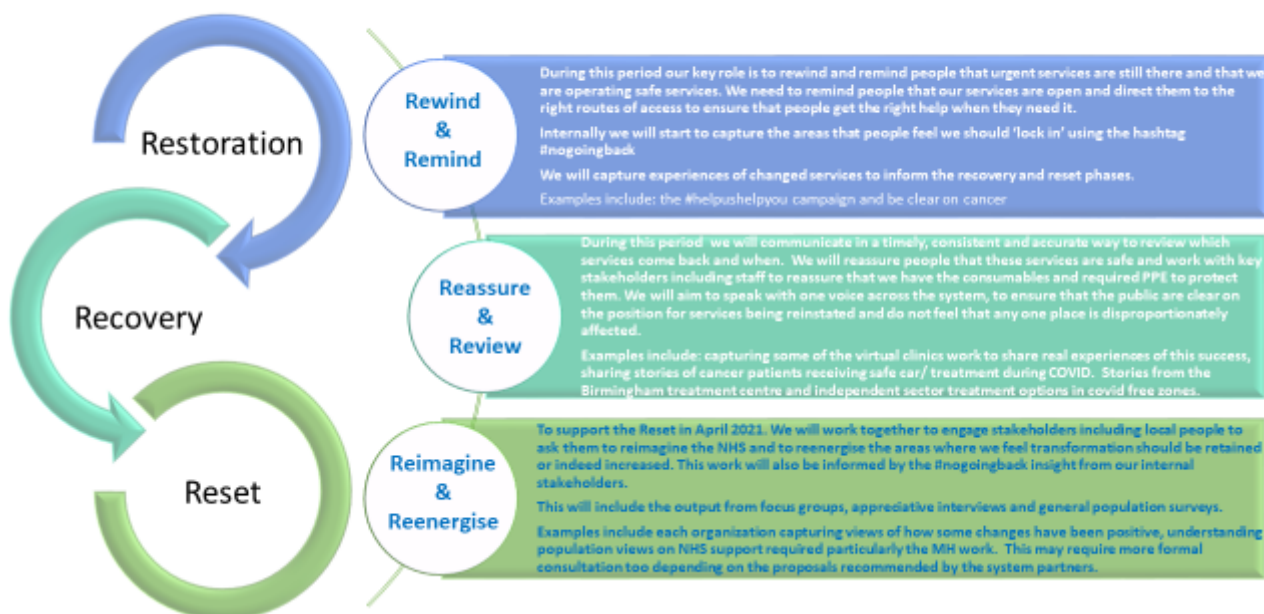
- a new population-based financial regime that supports our new ways of working and our approach to ICPs working together within our STP/ICS;
- Our STP/ICS delivers materially better quality and outcomes and has a more resilient infrastructure and is better governed

6. Engagement and Communication Plan

The STP partners have agreed the following principles for any communications and engagement:

- Inform and involve all stakeholders our vision for improved and joined-up health and care for our population.
- Speak with one voice – Through a culture of stewardship, we will place the aims of the partnership ahead of individual organisations, working responsibly to mutual benefit and to a shared agenda • Celebrating successes-respecting each organisation’s priorities to improve health and care within their populations we will seek to celebrate success at a place and organisational level and view these as successes for the partnership as a whole.
- Seek every opportunity to positively raise our local profile – By improving and maintaining confidence in health and care services locally, we will promote the Black Country and West Birmingham as a place where people can expect to receive great care.
- Planned to ensure our activities are timely, coordinated and are regularly reviewed to ensure effectiveness.
- Professional – Ensuring our delivery is based on high quality standards and informed by best practice, enhancing the collective reputation and value of communications and engagement as a key system transformation enabler.
- Community-to use our collective skills to build a supportive communications community, providing mutual support to organisations, either be in times of crisis or sharing and promoting of each other’s initiatives / achievements.

There is a Communications and Engagement Plan developed and being activated by each organisation, building on the national ‘Help us Help You’ campaign to bring people back to services and support the three phases in the following ways:



7. Conclusion.

Since March 2020 the Black Country and West Birmingham health and care system has undergone an unprecedented change in response to the COVID-19 situation. The threat has not gone away but as the initial crisis de-escalates, the system is starting the process of restoration and recovery.

8. Recommendations:

The committee notes the contents of the report and the summary of system changes that occurred during the COVID-19 incident.

Contact Officer:

Full Name Paul Tulley

Job Title Wolverhampton Managing Director

p.tulley@nhs.net

Appendix 1

Service Change Baseline (June 2020)

The following is a breakdown by of the service changes that occurred during the COVID-19 major incident.

SERVICE	PROVIDER / PLACE	SERVICE CHANGE SUMMARY
ENABLERS		
Digital Systems	STP Partners	Rapid escalation of existing plans to adopt more remote and agile working for staff across all STP partners.
Digital First - community consultations	Primary Care and community services	Virtual consultations, video, phone etc
Digital first - OPA and consultations	STP Partners	outpatient service
URGENT		
Primary Care	All CCGs	Rapid escalation of existing plans to adopt digital access, video consultations and triage
Primary Care	All CCGs	Establishment of COVID "hot sites", where suspected infected patients can seek primary care
First Responder	111/Ambulance	Rapid escalation of existing plans to improve hospital avoidance, linking to community services and consultant advice and guidance
Acute Trusts	A & E	Development of new operating models to manage flow and demand, including working with community services and providing guidance

SERVICE	PROVIDER / PLACE	SERVICE CHANGE SUMMARY
COMMUNITY		
istrict Nurses /community therapy/ admission avoidance	All Trusts	Patients were prioritised. At vulnerable/risk patients were seen at home. Stable non vulnerable patients were offered virtual appointments. Staff were redirected to provide in-reach to support discharges and care homes.
End of Life	Community Care	continued to provide end of life care, improved hospital discharge and community support offer (enhanced community care bed support)
Maternity	Trusts	Maternity services continued to be fully operational however no partners were permitted to attend births or antenatal appointments or scans. Home births were suspended. Women discharged asap within 2hrs if safe to do so. Virtual Ante natal classes. Virtual Tour available. Perinatal Mental Health virtual clinics available.
Sexual Health Services	Providers	all OP appts virtually, area open for patients to collect contraception and medications

SERVICE	PROVIDER / PLACE	SERVICE CHANGE SUMMARY
Out patient and in patient services		
Anticoagulant Services	Trusts/community	All patients telephoned and pre-screened for symptoms prior to their appointments. Community clinics continued however capacity reduced. Vulnerable patients supported by home visits and switching of medication to suitable alternatives.
Long Term Condition Out patient appointments	Trusts/community	All non essential outpatients cancelled, essential appointments converted to virtual consultations. Essential face to face appointments continued.
Cancer (out patient and in patient)	Trusts	NHSE national guidance was followed. Additional capacity was secured via the independent sector. Tertiary referrals continued and urgent cases were clinically triaged and treated.
Oncology	Trusts	Chemotherapy continued in line with national guidance. No face to face outpatients with exception of any patients triaged on a case by case basis by Consultant/Specialist Nurse. Treatment provided in non COVID environment and independent sector.
Cardiology	Trusts	Emergency treatment, diagnostics and rapid access to chest pain assessment continued. All elective and outpatient activity was prioritised for clinical urgency. New referrals were reviewed, and virtual consultations conducted
Stroke Rehabilitation in patient beds	Walsall Trust	Stroke rehabilitation beds transferred to community setting
Trauma & Orthopaedics	Trusts	All outpatient activity being undertaken as virtual clinics. All routine surgery suspended, only trauma electives/day cases continued.

SERVICE	PROVIDER / PLACE	SERVICE CHANGE SUMMARY
PRIMARY CARE		
Multidisciplinary Team meetings	All CCGs	face to face meetings suspended.
local enhanced services	All CCGs	suspended so that Primary Care can focus on COVID and sustaining core primary care services
primary care working collectively at scale	All CCGs	Primary Care Networks worked collectively to deliver resilient primary care, including: sharing buildings and teams.
Total Triage	All CCGs	Virtual consultations/triage
Remote Care Home ward round	Primary Care	Escalation of existing plans to increase virtual access. Virtual ward rounds undertaken via telephone/video
THIRD SECTOR/INDEPENDENT COMMUNITY CONTRACTS		
All non statutory contractors	All CCGs	Where appropriate services were diverted to support the COVID 19 major incident, to support people in the community.

SERVICE	PROVIDER / PLACE	SERVICE CHANGE SUMMARY
MENTAL HEALTH		
Crisis Café	Mental Health providers	alternative phone line service to access psychological support in place
Counselling and education services	Mental Health providers	Moved to telephone counselling with staff working from home plus calling all people on the waiting list.
Non-essential and other services	Mental Health provider	<ul style="list-style-type: none"> • Non-essential services that have been stepped down - Older Adult Day Services (Wolverhampton), and TARU (Sandwell) • All other services continue to be provided, with elements of scale back and introduction of non face-to-face contact unless there is an urgent need for this to take place. • All face-to-face activities risk assessed for alternative approaches within all teams. • Older Adult inpatient provision for Wolverhampton residents has been relocated to Edward Street Hospital. • EIP services scaled back service provision previously provided between hours of 5-8pm. • 24/7 Urgent MH Support line introduced for all ages • Identified Hallam 136 suite as 'Red' suite for patients with symptoms and Wolverhampton 136 suite as 'Green' suite.
Community - Children and Young People	Mental Health provider	<ul style="list-style-type: none"> • All CAMHS patients who are medically fit are re-directed from A&E to trust premises for assessment. • Bladder scanning and urinalysis ceased in continence team. • Cessation of new assessments in continence team due to service depletion generally exacerbated by COVID-19.

COVID-19 Restoration, Recovery and Reset Communications Plan

Black Country and West Birmingham

Introduction

On 30 January 2020, the first phase of the NHS's preparation and response to Covid-19 was triggered with the declaration of a Level 4 National Incident. Then, on 17 March, NHS England and NHS Improvement wrote to initiate what has been the fastest and most far reaching repurposing of NHS services, staffing and capacity in our 72-year history.

As we are now coming through the peak of hospitalisations, we are entering the second phase in the NHS's response. [Simons Stevens' letter](#) of 29 April 2020 on the Second Phase of the NHS Response to Covid-19 outlined this work, including our immediate actions for restoration, recovery and reset.

Nationally, the NHS must restore emergency services as soon as possible, look at how we can increase our elective work safely during recovery, and also look at the elements that we want to 'lock in': those areas where we have made great strides towards positive transformation that we simply don't want to lose. These three phases are **restoration**, **recovery** and **reset**.

This framework outlines the plans for the local communications and engagement response to COVID-19 Restoration, Recovery and Reset (RRR) in the Black Country and West Birmingham system (BCWB).

The BCWB NHS system comprises: Black Country Healthcare; Dudley Clinical Commissioning Group (CCG); The Dudley Group NHS Foundation Trust; The Royal Wolverhampton NHS Trust; Sandwell and West Birmingham CCG; Sandwell and West Birmingham NHS Trust; Walsall CCG; Walsall Healthcare NHS Trust; Wolverhampton CCG. We also host West Midlands Ambulance Service and NHS 111 for the West Midlands region.

Aim

The strategic aim of this communication plan is to ensure that the BCWB communications and engagement community works together to maximise the opportunities to communicate and engage successfully during the restoration, recovery and reset phases as outlined in the [NHS England letter](#) of 29 April 2020.

Approach

Capitalising on our collective strengths in successful local relationships and networks with local organisations, BCWB communications and engagement colleagues will combine efforts and communicate through our channels with one voice in accordance with the following principles, as agreed in the STP Communications and Engagement Strategy:

- **Inform and involve:** We will inform and involve all stakeholders in our vision for improved and joined-up health and care for our population
- **Speak with one voice:** Through a culture of stewardship, we will place the aims of the partnership ahead of individual organisations, working responsibly to mutual benefit and a shared agenda
- **Celebrating successes:** We will respect each organisation's priorities to improve health and care within their populations and we will seek to celebrate success at a place and organisational level. We will view these as successes for the partnership as a whole.
- **Seek opportunities to raise our local profile:** We will seek every opportunity to positively raise our local profile. By improving and maintaining confidence in health and care services locally, we will promote the Black Country and West Birmingham as a place where people can expect to receive great care.
- **Planned:** We will plan our activities to ensure they are timely, coordinated and regularly reviewed to ensure effectiveness.
- **Professional:** We will ensure that our delivery is based on high quality standards and informed by best practice, enhancing the collective

reputation and value of communications and engagement as a key system transformation enabler.

- **Community:** We will use our collective skills to build a supportive communications community, providing mutual support to organisations in times of crisis and sharing and promoting of each other's initiatives and achievements.

Engagement

Throughout the restoration phase, the system will work together to capture the experiences of patients using services in a different way during the pandemic to inform the engagement plan for the **recovery** and **reset** phases.

Engagement Leads will develop a plan explaining how we will involve stakeholders, patients and the public in the next two stages (**recovery** and **reset**) of delivery by the end of May. This plan will ensure that local people have a say in the reimagined and re-energised NHS, and work is already underway to capture experiences of those using and delivering services in new ways.

This engagement presents a really important opportunity to reflect, to take stock of the pandemic impact on real lives and share through lived experiences of using the NHS during the Covid-19 pandemic. It is crucial that this work includes engaging with 'hard-to-reach' or seldom-heard communities.

External Communications

The communications and engagement response to COVID-19 Recovery, Restoration and Reset (RRR) will target all adults. However, specific messages to target particular audience segments will be developed for each phase.

Lockdown measures may present a number of challenges to external communications methods. During lockdown, our delivery methods will focus on our general population accessing social media, online media, household publications, printed newspapers and radio.

Throughout the three phases, we will seek ways to expand our reach via a variety of communications tactics. This includes using communications tactics that enable us

to reach hard-to-reach communities, including stakeholder news, working with Local Authorities to use their channels, effort to produce materials in community languages and easy read formats and an effort to not just focus on social media channels. Our engagement teams also have planned work to engage those most hard to reach in our communities (see [Annex 2](#)).

This plan will be regularly updated to ensure messages are reaching our diverse communities across the BCWB.

Internal Communications

Regular internal communications with clear and consistent messaging will be crucial for the success of our response to Covid-19 Restoration, Recovery and Reset.

Staff have been and will continue to be at the frontline of changes. They are therefore key to capturing views. Additionally, as the 'face' of the NHS, they have a key role in communicating reassuring messages to the public.

Across the BCWB system, each of our organisations will carry out regular, two-way communications with staff and other internal stakeholders to ensure that they are brought with us on this journey and that they have an opportunity to influence the response. This will include sharing stories of service change successes, providing updates on the response to date and inviting input and feedback on changes that have or should take place. Senior leadership will front important messages and announce opportunities for listening activities related to the response where appropriate.

Two-way and open channels of communications will be explored to ensure that staff have the opportunity to have their say and have confidence in the fact that they are being listened to. We must also ensure that staff feel safe at work and supported to raise any issues.

Phase 1: Restoration

During the restoration period, our key role is to **rewind** and **remind** people that urgent services are still available and that we are operating safe services.

Communications will focus on reminding people that our services are open, directing them to the right routes of access to ensure that people get the right help when they need it. Internally we will start to capture the areas that people feel we should 'lock in' using **#NoGoingBack**. We will also capture experiences of changed services to inform the recovery and reset phases. Patient and public communications will align to the national 'NHS Open for Business' Campaign, under the branding of **#HelpUsHelpYou**.

To combat future communication needs (both locally and nationally), the plan will be regularly updated to ensure messages are reaching our diverse communities across the BCWB.

To ensure maximum impact, where possible, we will use insight to shape the campaign messaging and approach. For example, insight into cancer referrals by type of cancer will be used to shape messaging regarding signs and symptoms.

Key to this campaign activity is the opportunity to bring these messages alive with real people stories, so the communications and engagement community will seek to identify, follow up and share real people stories to maximise campaign impact.

Phase 2: Recovery

During the recovery period, our key role is to **review** and **reassure**. We will review which services come back and when, and we will reassure people that these services are safe. We will work with key stakeholders, including staff, to reassure them that we have the consumables and required PPE to protect them. We will also continue to keep staff and internal stakeholders up-to-date on the recovery phase and service changes.

We will aim to speak with one voice across the system to ensure that the public is clear on the position for services being reinstated and do not feel that any one place is disproportionately affected.

Examples of this reassurance activity includes capturing and sharing real experiences of service change success; demonstrating changes to infrastructure (e.g. new wards) that show we are ready to treat people safely; and sharing stories of patients receiving safe care and treatment during the pandemic to share with the public.

Many of the service changes that the system and/or organisations might want to retain will require engagement activity to be undertaken to support these changes. The approach to this activity will be outlined in the engagement plan.

Each place will generate a unique hashtag to communicate messages to patients, public and staff about services coming back online. Further messaging will be developed throughout the restoration phase.

Phase 3: Reset

Phase 3 will support the reset in April 2021. During this period, our key role is to work together to engage stakeholders, including local people, to help us to **reimagine** the NHS and **re-energise** the areas where we feel transformation should be retained or increased.

This work will also be informed by the **#NoGoingBack** insight from our internal stakeholders as outlined in the Phase 1 section above, as well as the output from focus groups, interviews, general population surveys and other engagement methods.

Examples of how reset communications and engagement activity may be undertaken include capturing how service changes have been positive; seeking population views on NHS support; seeking staff and stakeholder feedback on service changes; and potentially formal consultation on service changes, subject to the proposals recommended by system partners.

Patient and public communications will be shared using the hashtag **#NewNormal**

Governance

The Black Country and West Birmingham NHS Communications and Engagement Community will meet weekly to report and reflect on the delivery of this plan and to ensure that the community is adhering to the overarching principles within it. These meetings will ensure that communications are coordinated and consistent – though tailored to each place – and will allow for the sharing and adoption of best practice activities. This weekly call includes representation from the STP communications lead (Laura Broster) and engagement lead (Jayne Salter-Scott). The STP Senior Responsible Officer sits on the partnership board where key decisions are made.

Additionally, a system call including NHS and local authority communications representatives meet weekly to coordinate communications and to work together to amplify messages where possible.

Budget

Budget for this campaign activity will come from existing communications resources.

Annex 1: Phase One overview

Help Us Help You Campaign Introduction

The coronavirus pandemic has resulted in a decrease in people accessing NHS services for a range of conditions that are not related to coronavirus. This appears to be affecting:

- adults and children attending at A&E departments for urgent and emergency medical issues, including serious conditions such as stroke and heart attacks
- cancer patients attending their ongoing treatments
- expectant mothers attending for regular scans.

The NHS 'Open for business' campaign has been created to help address this issue by giving people permission to access NHS services and reassuring them that they won't be a burden on the NHS.

Public Survey

- 15% of people would not attend hospital if they or a member of their family needed urgent care and 45% have some concerns.
- 44% are concerned with catching the virus and bringing it home to loved ones.
- 41% are worried about contracting it.
- 29% are also concerned about being a burden on the hospital.

Aim

The strategic aim of the NHS 'Open for business' campaign is to increase the number of people accessing NHS services for non-coronavirus medical issues when they have a medical need or have been instructed to.

Audiences

The primary audience for this campaign is all adults. However, specific messages to target particular audience segments have been developed with data on these audience groups:

- Cancer patients
- Those most vulnerable to heart attacks and strokes
- Mental health patients
- Parents with young children
- Pregnant women
- Patients with learning disabilities or autism

Locally, we will also be carrying out communications activity to support vulnerable groups, including:

- people with a worrying symptom that could be cancer
- shielded patients
- those at risk of domestic abuse
- those at risk of child abuse.

Local delivery

As well as the emphasis on access to urgent and emergency care, the BCWB CCGs want to enhance messaging to encourage access to general practice – addressing emerging communication needs such as childhood immunisations. To combat future communication needs (both locally and nationally) the plan will be regularly updated to ensure messages are reaching our diverse communities across the BCWB.

Creative and key messages

Under the 'Help Us Help You banner, a range of key messages and visuals have been developed, further supported by news releases. These will be updated as and when national materials are released/there is a local need. In addition, key messages have been translated into a range of community languages spoken across the BCWB.

Communications Methods

During lockdown, our delivery methods are focused on our general population accessing:

- Social media
- Online media
- Household publications
- Printed newspapers
- Radio

For our more targeted audiences there is a need to identify a number of staffing groups and organisations that are providing care, support and advice to these audiences – for example:

- Domiciliary care providers
- community and voluntary sector organisations, in particular those delivering worried well calls, shopping tasks, medicine deliveries
- Advocacy services – LD and Autism / Mental Health
- Community midwives
- Health visitors
- School Nursing Teams

- Social workers
- District nurses
- Community Pharmacists
- Community Mental Health Teams (both adults and children)
- Health specific support groups – cancer, mental health, LD, Autism.

National timetable

- **W/C 27 April** – Cancer / Immunisations and Vaccines
- **5 May** – Maternity, (International Day of the Midwife)
- **13 May** - Mental Health
- **14 May** - Stroke
- **15 May** - Heart attack (subject to change)
- **18 May** - Learning Disability
- **21 May** - Electives
- **25 May** - Children and Young People
- **27 May** - Changes in primary care
- **29 May** - Shielded groups

Communications Delivery Methods and Actions

Delivery Method	Communications Action	Status
<p>Social Media - Utilise influential social media channels across the health and care partnership and beyond – those accounts that have a population following (predominately on Facebook)</p> <ul style="list-style-type: none"> • Councils • Police / Neighbourhood Policing Teams 	<p>Clear call to action on BCWB system comms calls</p> <p>Request support from police colleagues through SCG comms group</p> <p>CCG leads in each place to liaise with council comms to understand what community forums can be utilised.</p>	

<ul style="list-style-type: none"> Resident owned Community /Neighbourhood Groups 		
<p>Online Media – Express and Star online likely to be accessed by large proportion of population – utilise advertising space on health pages of the site.</p>	<p>Option/Budget to be explored following delivery of less resource intensive methods</p>	
<p>Household publications – promotional space to share campaign creatives / potential editorial feature. Council owned / community updates/pages / parish newsletters</p>	<p>CCG leads in each place to liaise with council comms to understand what community publications can be utilised.</p>	
<p>Printed Newspapers – Express and Star advertising.</p>	<p>Option/Budget to be explored following delivery of less resource intensive methods.</p>	

<p>Community Radio – advertising, recorded/live interviews</p> <p>Mainstream stations: Black Country Radio, BBC WM, Free radio, Capital, Smooth West Mids, Heart West Mids</p> <ul style="list-style-type: none"> ● Raaj FM (Asian Radio Station) ● Ambur Radio (broadcasting in English, Hindi, Punjabi, Urdu, Bengali, Gujrati) 	<p>CCG leads in each place to scope community radio stations in their area, working alongside health and care partners</p>	
<p>BCWB Health and Care - Utilise internal/external communication channels across partner organisations:</p> <ul style="list-style-type: none"> ● Patient/neighbourhood mailing lists ● Internal staff newsletters ● GP practice social media accounts / text service to patients 	<p>System comms leads to identify channels to utilise</p> <p>CCG leads in each place to liaise with primary care colleagues to understand access to text service / number of practices who have social media accounts</p>	
<p>Diverse communities – based on top five languages in each place, explore digital communication channels to share translated materials.</p> <ul style="list-style-type: none"> ● Black Country Refugee and Migrant Centre. 	<p>CCG leads in each place to explore digital channels, linking in with engagement colleagues</p>	

<p>Other targeted advertising – Facebook Instagram</p>	<p>Option/Budget to be explored following delivery of less resource intensive methods</p>	
<p>Community / Advocacy Groups / Health specific support Groups</p>	<p>CCG Engagement Leads to explore community contacts.</p>	
<p>Review Primary Care data to monitor campaign performance:</p> <ul style="list-style-type: none"> ● have we seen an increase in appointments for non-covid issues ● have we seen an increase in apts / numbers of babies/children receiving routine immunisations and vaccinations? ● have we seen an increase in acute referrals for cancer investigations? 	<p>Rob Franklin, CCG Primary Care to supply data</p>	

Annex 2: Engagement Plan

Our Approach to Engagement

In the past few weeks, the coronavirus pandemic has changed all our lives considerably, transformed our views of what is important, and posed a considerable challenge to our health and care services.

In line with our overarching principals and as part of our ongoing work to respond to the pandemic, we have developed a high-level engagement plan to ensure that we keep our stakeholders including our GP members, staff and patients informed, involved, and engaged.

We are extremely keen to understand the experiences of all concerned during the pandemic and the impact it is having on people's lives both personally and professionally. It is imperative that any future Restoration, Recovery and Reset of local NHS services is underpinned and driven by patient experience.

We know that there are many vulnerable people living in our communities who may be less able to help themselves in an emergency than self-reliant people. Whilst this will continue to be the case during a pandemic, the impact of a pandemic may also mean that there are more individuals and groups who become temporarily vulnerable. Our engagement plan seeks to reach to those individuals or communities, and the organisations who are supporting them during this period. Which is why our plan will seek to reach out to a wide range of individuals and communities, including but not exclusively:

- People with a sensory impairment
- People whose first language is not English
- People who live alone
- Older people
- Those who are clinically at risk (shielded patients, people with LTCs etc)
- Those who are not registered with a GP e.g. Homeless people, Travellers etc.

- Those in residential establishments (residential homes, prisons, nursing homes, sheltered accommodation, etc.)

The outcome of these conversations and the views expressed in completed questionnaires will be used to ensure that we provide the safest and most effective care possible, that we support the most vulnerable people in our communities and will maximise our ability to address the inequalities in health which exist in our population, and are used to restore and reset the NHS services locally in line with the people who use the services now and in the future.

We will be using the messages developed by our communications colleagues to ensure that local people know that NHS services are open and safe to use. The coronavirus pandemic has resulted in people accessing health services differently, we need to ensure that through effective dialogue we begin to explore what people think about the new ways of accessing services. So that when we begin to restore services to **'the new normal'** it reflects the views of people who have used them during the pandemic. It is also part of our plan to continue to reassure and rebuild local confidence in the NHS. We are aware that people are presenting too late with CVD issues, or not presenting in the case of symptoms around Cancer. Our plan will support our communications colleagues to get these important messages out there, that the NHS is open for business and is taking the right precautions to keep people safe when they need to access services during the coronavirus pandemic.

Engagement Plan

Audience Type	Stakeholder Group	Activity	Responsibility
Involve and Engage	Staff	Create a co-produced Staff Communications and Plan Hold a series of staff workshops (using Microsoft Teams)	HRD Staff Communication and Engagement leads Chairs of Staff Council
Inform	Health and Adult Social Care Overview and Scrutiny Committee's	Presentation & Report Virtual Meetings and Workshops	DAO MD's in place
Inform	Health and Wellbeing Boards	Presentation & Report Virtual Meetings and Workshops	DAO MD's in place
Inform	MPs	Briefing Papers Offer virtual meetings	AO
Involve and Engage	Healthwatch	1:1 Stay in Touch calls Collaborate on joint ventures e.g. surveys, workshops	Engagement Leads

Involve and Engage	GP Members	Newsletters Briefings MTs Virtual Meeting 1:1 Conversations Surveys	Communications and Engagement Leads
Involve and Engage	Voluntary, Community & Social Enterprise Sector	1:1 Stay in Touch calls Collaborate on joint ventures e.g. community and condition specific workshops and focus groups. Picking up service redesign and co-production MTs virtual meetings	Engagement Leads
Involve and Engage	Patient Groups e.g. PPGs	MTs/Zoom calls/workshops/Focus Groups on service redesign/ co-production Patient Experience Surveys Mystery Shopper	Engagement Leads
Involve and Engage	Citizens/Local People (general)	MTs/Zoom calls/workshops/Focus Groups Patient Experience Surveys Mystery Shopper	Engagement Leads

<p>Involve and Engage</p>	<p>Citizens/People and communities from our protected characteristics groups (specific)</p>	<p>MTs/Zoom calls/workshops</p> <p>Collaborate approach with partners/stakeholders</p> <p>Mystery Shopper</p>	<p>Engagement Leads</p> <p>Local Experts and Leads</p>
<p>Involve and Engage</p>	<p>Partners and other Stakeholders (Local Authorities, Public Health, NHS Trusts, Neighbouring CCG's, e.g. BSOL)</p>	<p>Newsletters</p> <p>Briefings</p> <p>MTs/Zoom calls/workshops</p> <p>Collaborate approach with partners/stakeholders around service redesign and co-production</p>	<p>Engagement Leads</p> <p>Local Experts and Leads</p>

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Quality Account 2019-2020

Health Scrutiny Panel Meeting

23rd July 2020

Page 95



Priority 1: Workforce

Overarching statement:

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

Priority 2: Safe Care

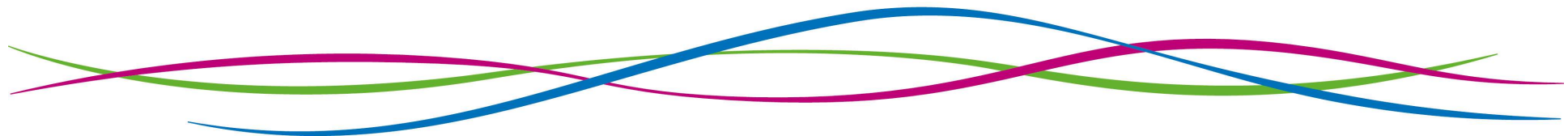
Overarching statement:

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

Priority 3: Patient Experience

Overarching statement:

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

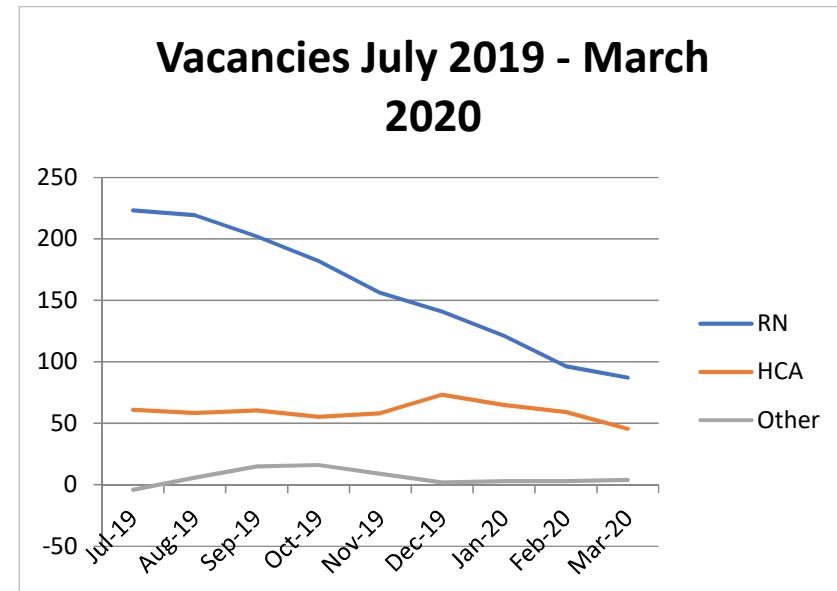


Priority 1: Workforce

Key achievements included:

Nursing, midwifery and health visiting

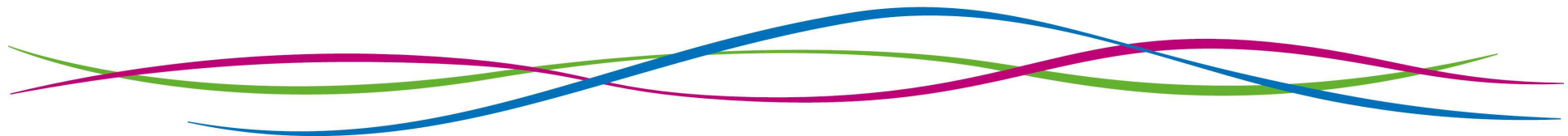
- A significant reduction in the registered nursing, midwifery and health visiting vacancies from 223.34 whole time equivalent (wte) in July 2019 to 87.13 wte at the end of March 2020
- Investment into 6 additional Practice Education Facilitator posts to provide pastoral and educational support to our new recruits and the existing staff
- 60% increase in student placements offered at the Trust to students from the Staffordshire, Wolverhampton and Birmingham universities
- Development of a retention strategy
- The Trust won a national award for the Best Workplace for Learning and Development at the Nursing Times Awards



Medical

Senior (consultant) medical staff

Identification of areas where consultant staffing is nationally challenged and development of links with other organisations/ networks (e.g. oncology) and also planned development of fellows through Certificate of Eligibility for Specialist Registration (CESR) to consultant level in these specialties (oncology, radiology, ED)
Robust job planning is being implemented and plan to introduce rostering to maximise efficiency of consultant workforce



Priority 1: Workforce continued

Junior medical staff

Deanery trainees – focus on maintaining high satisfaction levels in Job Evaluation Survey Tool (JEST) surveys, which are recognised as important in attracting trainees to work at the Trust as consultants in the future

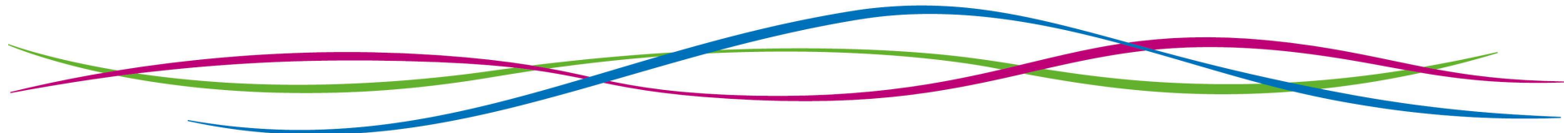
Fellowship programme – this award winning programme has increased in size with >140 fellows now employed at the Trust. The Trust has liaised with Health Education England (HEE) and the programme has now been approved as a HEE recognised training programme

Allied Health Professionals

The Standard Operating Procedure (SOP) for Registered Health Care Professionals (non-nursing/medical) – Ensuring Safe Staffing Levels in Departments/Services was developed

NHS Staff Survey

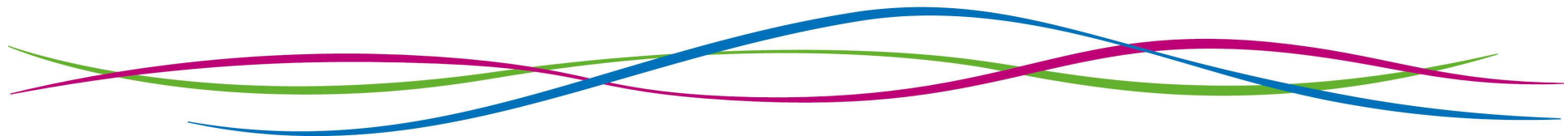
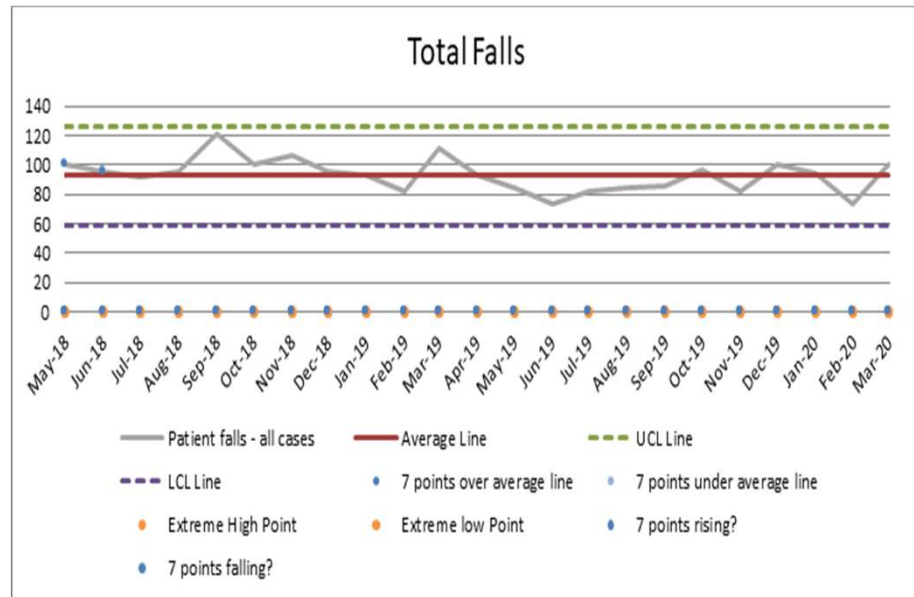
In 2019/20, there had been statistically significant improvements in scores for five of the eleven themes, which include: health & wellbeing, immediate managers, quality of care, safety culture and team working. In relation to the remaining six themes, five have seen an improvement, including: equality, diversity and inclusion, morale, quality of appraisals, safe environment – bullying and harassment, safe environment – violence, albeit not such that it can be regarded as statistically significant



Priority 2: Safe Care

Key achievements included:

- A reduction in the number of reported serious incidents (13 less than the previous year) and never events causing low harm
- The rate of falls per 1000 occupied bed days remained below 5.6 (green), ranging between 2.19 to 3.84. In addition, there was a 50% reduction in the number of falls resulting in serious harm from 10 reported in 2018/19 to 5 in 2019/20
- Zero MRSA Bacteraemias were attributed to the Trust
- Continued to focus efforts on further strengthening sepsis recognition and management.
- The Trust has seen a reduction of SHMI to within the expected range (1.097 - October 2018 - September 2019 reporting period).
- The Trust has continued to move forward reporting VTE risk assessments completed within 24 hours of admission achieving 95% for 5 months of this year.
- The Trust has participated in 23 Getting it Right First Time (GIRFT) visits to date across all 3 clinical divisions with each visit resulting in a subsequent action plan that is owned and developed with the individual directorates and specialities



Priority 2: Safe Care continued...

Key achievements included:

A variety of projects and actions associated with preventing infection:

- Zero MRSA Bacteraemias were attributed to the Trust
- Influenza preparedness and prevention for patients and staff, achieving 64% uptake of vaccine for frontline staff
- Increased awareness of antimicrobial resistance through delivery of an Antimicrobial Stewardship Programme
- Proactive latent tuberculosis (TB) case find has continued through contact screening and through collaborative working with the City of Wolverhampton Council and the Refugee and Migrant Centre
- Significant planning and efforts made to deal with the challenges of the coronavirus (Covid-19) pandemic

Sepsis recognition and treatment:

- Ongoing provision of a dedicated Sepsis Team to provide organisational steer and oversight of sepsis matters. This team has been further strengthened during 2019/20 by appointing an additional sepsis nurse.
- Increasing sepsis awareness across the Trust by:
 - (a) introduction of sepsis ward rounds by the Sepsis Team
 - (b) strengthening the education and training aspects
 - (c) provision and delivery of specific Continuous Quality Improvement projects to support improvement;
 - (d) introduction of a more comprehensive audit programme and development of a patient information leaflet

Venous thromboembolism (VTE):

- The introduction of the anti-coagulation in-reach service to facilitate safe use of anti-coagulants, support safe discharges, and provide assurance around appropriate follow-up in key areas
- Trust guidance on VTE prevention and management has been updated in line with NICE
- The VTE group has worked to standardise guidance for use of DOACs (directly acting oral anticoagulants) including its use in primary care.
- Increased training to facilitate use of VTE prevention measures and equipment. The VTE group has monitored incidents and themes to ensure learning and provide assurance and support.



Priority 2: Safe Care continued...

Key achievements included:

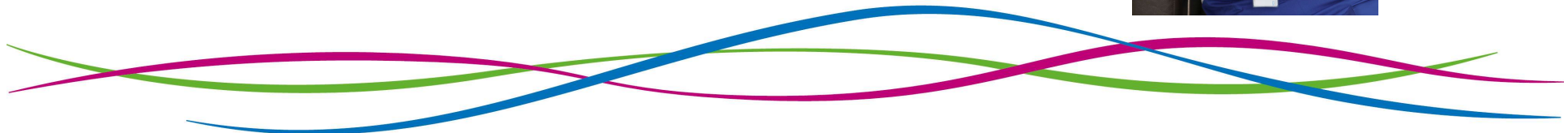
- **Pressure ulcer s update:**

- Average rate of pressure ulcers per 1000 inpatient bed days increased from 0.56 reported during 2018/19 to 0.76 reported during 2018/19, which represents a 35% increase, but remain lower then 2017/18
- Average rate of pressure ulcers per 10000 community population increased from 0.46 reported during 2018/19 to 0.68 reported during 2019/20, which represents a 48% increase

It was an extraordinary reduction last year and as a trust we are lower than previous years prior.

- **Medication safety:**

- The ratification and publication of the Cold Chain Policy - providing comprehensive detail in relation to receipt, storage and temperature monitoring of medicines which require refrigerated storage
- The Transdermal Patch Application Form was designed following a number of incidents involving medication patches.

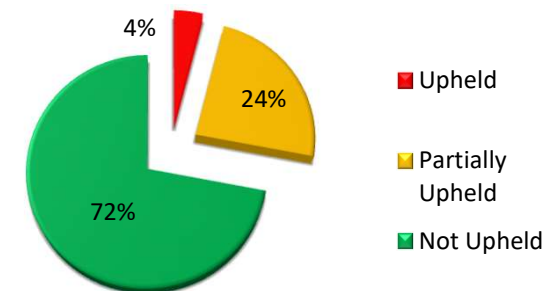


Priority 3: Patient Experience

Key achievements included:

- Implementation of the Patient Experience, Engagement and Public Involvement Strategy with good progress made with regards to the year one milestones.
- PALS concerns reduced from n= 1011 to n=770. This represents a 24% reduction when compared with the previous year.
- 10 cases considered by the Parliamentary Health Service Ombudsman (PHSO) compared to 23 in 2018/19. No complaint cases were fully upheld with a reduction in safeguarding complaints to 51 in 2019/20 from 72 in 2018/19
- Improvements associated with the adult inpatients survey – 10 questions were in top 20% as opposed to 5 in 2018; 48 questions in middle 60% as opposed to 51 in 2018 and 2 questions in bottom 20% as opposed to 4 in 2018
- Recruitment of volunteers and specifically during the Covid-19 period (350 volunteer applications were received)
- PLACE assessment results - all areas, across all sites, scored higher than the national average
- The NHS England Initiative of 'Always Events' was piloted within Paediatrics and key always events designed as part of a co-production approach with patients
- In collaboration with Compton Hospice, the introduction of a bereavement hub on site at New Cross Hospital. This invaluable service is run by volunteers with support from both stakeholders to offer support to those who have lost their loved ones.

Trust Investigated and Closed Formal Complaint Outcomes



Priority 3: Patient Experience continued...



The Royal Wolverhampton
NHS Trust

National Adult Inpatient Survey results (2019 survey published in July 2020):

Group	Count of National Comparison 2018 (60 questions)	Count of National Comparison 2019 (62 questions)
Top 20%	5	10
Middle 60%	51	48
Bottom 20%	4	2
No Comparison	0	2

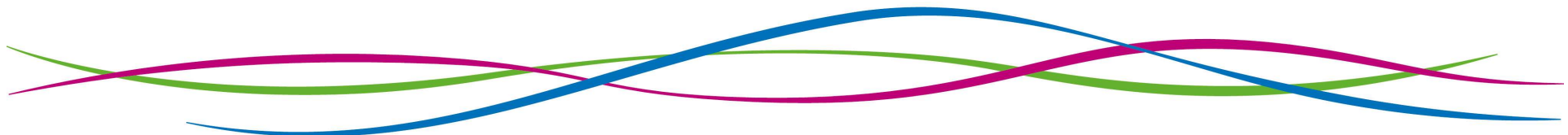
Page 103

About our strengths

- Information giving about condition or treatment pre-and post operatively
- The hospital and ward – facilities, including cleanliness
- Confidence – in nurses and decisions made
- Care and Treatment – involvement in decision making, privacy, confidence in decision making, support and information giving

About our weaknesses

- Leaving hospital – discharge information including support and advice, and notice of discharge
- Change of admission date
- The Hospital and the Ward – noise disturbance at night by other patients



Priority 3: Patient Experience – Primary Care

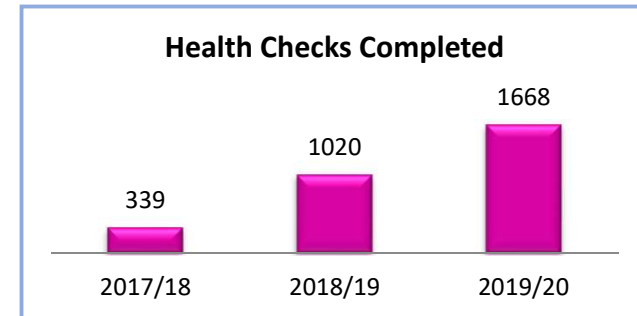


The Royal Wolverhampton
NHS Trust

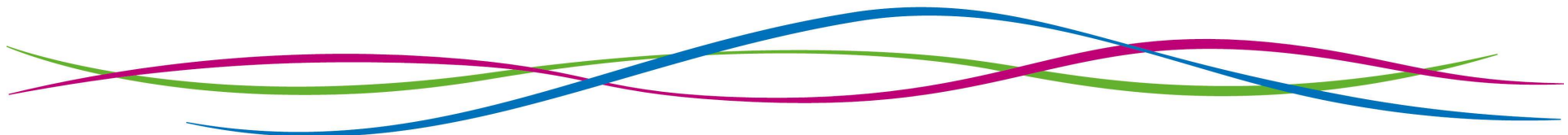
Key achievements included:

Notable achievements during 2019/20 include:

- An improvement in the national score regarding Health Checks completed
- Governance structures implemented for all practices
- The engagement of the practices with regards to the carers register
- Positive recognition from the CQC with respect of the:



- (a) scorecard and the information it provides to the practices
- (b) links between the Trust and practices and the making it better alerts which the practices receive
- (c) safeguarding alert processes
- (d) medicines management and associated Standard Operating Procedures
- (e) International Normalised Ratio (INR) process and all practices now having access to INR star



Priorities for 2019-2020

Priority 1: Workforce

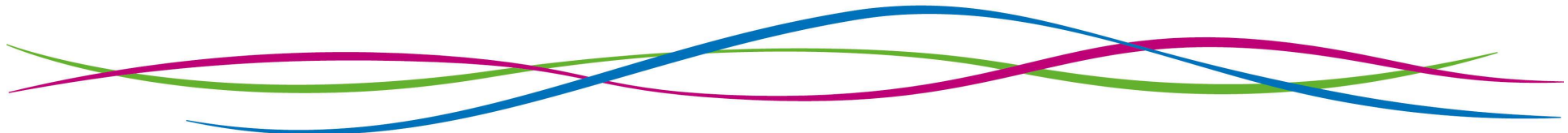
- Continue to build upon our successful recruitment programme into the nursing, midwifery and health visiting posts, through the Clinical Fellowship Programme and United Kingdom and international recruitment
- Continue to work with universities to offer an increased number of placements
- Further strengthen our focus on retaining our nursing, midwifery and health visiting workforce
- Continue to strengthen our governance arrangements, by further embedding our daily oversight reports via the Safe Care Module and other governance reports
- Expand our apprenticeship offer to the diverse population and continue to work with the Prince's Trust
- Continue to develop internally trained consultant staff from fellowship programme.
- Integrate Aston Medical School students into the Trust and recognise this will be an important future source of junior and senior medical staff

Priority 2: Safer Care

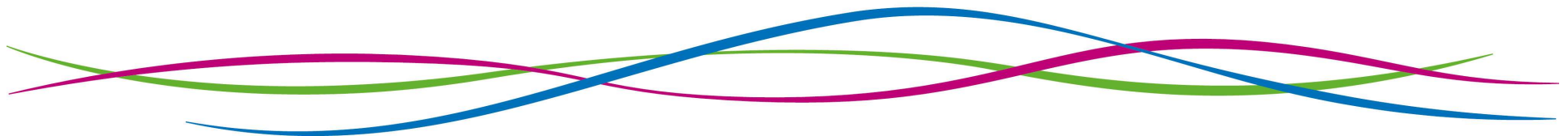
- Falls - Identify further continuous quality improvement projects
- VTE - Work on consistently meeting and exceeding the Key Performance Indicators (KPIs) for VTE assessments.
- Pressure Ulcers - To agree and launch an ambulatory wound services for patients with complex wounds such as leg ulcers and non-healing wounds
- Preventing Infection – Continue to manage the significant challenges and impact of COVID-19 (coronavirus) pandemic
- Strengthening the provision of mental health care for patients attending our Emergency Department and those admitted to inpatient wards
- Driving forward priorities set out in the Trust's Quality and Safety Strategy 2019-2022.

Priority 3: Patient Experience

- Driving forward the Patient Experience, Engagement and Public Involvement Strategy 2019-2022, which includes key milestones and outcome measures.
- Review themes from Friends and Family Test pertaining to groups with protected characteristics to identify potential improvements



Thank You and Questions....





Contents

Why are we producing a Quality Account?	1	Equality, Diversity & Inclusion.....	31	Review of Services	55
Statement on Quality from the Chief Executive	2	PLACE Inspections	32	Doctors & Dentists in Training - Statement of Rota Gaps and Plan for Improvement.....	56
Achieving Our Vision - Strategic Objectives	4	Chaplaincy	34	Participation in Clinical Audits.....	57
Looking back 2019/20 – Our Priorities for Improvement	6	Primary Care Network (PCN).....	35	Participation in Clinical Research	60
Priority One: Workforce	7	Continuous Quality Improvement.....	38	Statements from CQC.....	62
Nursing, Midwifery and Health Visiting.....	7	Use of the CQUIN Payment Framework	39	Statement on Relevance of Data Quality and actions to improve.....	63
Medical	8	Looking forward 2020/21 – Our Priorities for Improvement	42	NHS Number & General Medical Practice Code Validity.....	64
Allied Health Professionals.....	9	Priority One: Workforce	43	Information Governance Toolkit	64
Priority Two: Safe Care	10	Nursing, Midwifery and Health Visiting.....	43	Seven Day Services	66
Number and Themes of Serious Incidents.....	10	Medical	43	The Learning Disability Improvement Standards	67
Number and Themes of Never Events.....	12	Allied Health Professionals.....	44	Core Quality Indicators	68
Falls	13	Health & Wellbeing	45	Review of Quality - Our performance in 2019/20	92
Preventing Infection.....	14	Priority Two: Safer Care	46	Engagement in the developing of the Quality Account	96
Venous Thromboembolism (VTE).....	16	Quality & Safety Strategy.....	46	Statement from Wolverhampton Clinical Commissioning Group.....	97
Pressure Ulcers.....	17	Falls	46	Statement from the City of Wolverhampton Council Health Scrutiny Panel	99
Sign up to Safety.....	17	VTE.....	47	Statement from Wolverhampton Healthwatch .	100
Medication Incidents	18	Pressure Ulcers.....	47	Statements of Directors' Responsibilities	101
Sepsis.....	19	Preventing Infection.....	47	Statement of Limited Assurance from the Independent Auditors and Actions	102
Responding to Safety Alerts	20	Human Factor & Team Optimisation	48	Appendices	106
Getting It Right First Time (GIRFT) Programme ..	21	Medication, Management & Safety.....	49	How to give comments	125
Allied Health Professionals.....	22	Getting It Right First Time (GIRFT) Programme ..	49	Glossary	126
Priority Three: Patient Experience	24	Mental Health.....	49		
How we performed in 2019/20.....	25	Safeguarding.....	50		
Complaints Management	26	Priority Three: Patient Experience	52		
Friends & Family Test (FFT).....	28	Strategic priorities	52		
Patient, Public Engagement & Co-production....	28	Statements of Assurance - Mandatory Quality Statements	54		
Volunteering	29				



The Quality Account

Why are we producing a quality account?

All NHS Trusts are required to produce an annual Quality Account to provide information on the quality of the services it provides to patients and their families.

The Royal Wolverhampton NHS Trust (RWT) welcomes the opportunity to be transparent and able to demonstrate how well we are performing, taking into account the views of service users, carers, staff and the public. We can use this information to make decisions about our services and to identify areas for improvement.

Quality Account (2009) Health Act

Getting involved

We would like to hear your views on our Quality Account. If you are interested in commenting or seeing how you can get involved in providing input into the Trust's future quality improvement priorities, please contact:

Patient Experience Team

The Royal Wolverhampton NHS Trust

New Cross Hospital

Wolverhampton Road

Wolverhampton

WV10 0QP

Email: rwh-tr.patientexperienceteam@nhs.net



Statement on Quality from the Chief Executive



Introduction

Page 110

During 2019/20, the Trust has continued to build upon its successful integrated care model in order to provide seamless care for our patients, at the right time and in the right place. The Trust has worked collaboratively with its partners, including Clinical Commissioning Group, Local Authority and General Practices to capitalise on our strengths and reduce care variation. Our vertical integration model has further expanded and we welcomed two new General Practices, Dr Bilas and Dr Fowler.

Workforce has continued to be one of our greatest challenges. However, persistent focus on recruiting to the nursing workforce has resulted in a significant reduction in nursing vacancies across the board. Our nationally recognised Clinical Fellowship programme for doctors has been successfully expanded to the nursing profession and subsequently the Trust won a national award for the Best Workplace for Learning and Development at the Nursing Times Awards. The Trust has also continued to invest in enriching its workforce by embedding specialist roles.

The Continuous Quality Improvement (CQI) model has continued to embed, with 143 staff having attended the Quality Service Improvement and Re-design (QSIR) fundamental training, 9 staff becoming QSIR trainers and 10 staff becoming QSIR practitioners. Having embedded the model of key trainers and practitioners, the Trust is now cascading this training across the organisation to ensure that the CQI approach is part of the culture, improvement and innovation across the organisation.

The Trust has continued to drive improvements with regards to a variety of safety indicators such as infection prevention, patient falls, sepsis, response to the deteriorating patient and pressure ulcers and these will remain as the areas of focus for 2020/21. The mortality improvement agenda has continued to be progressed, with the Trust working collaboratively with our Clinical Commissioning Group, to ensure that any learning is addressed across the system. As a result of this work, the Trust has seen the Summary Hospital-level Mortality Indicator (SHMI) reduce to an expected range. During 2019/20,

the Trust scored, for the first time, above the national average for all categories of the Patient-Led Assessment of the Care Environment at New Cross Hospital, West Park Hospital and Cannock Chase Hospital, which is highly commendable.

The Trust welcomed the Care Quality Commission (CQC) during the summer 2019/20 to undertake a well-led and core services inspection. As well as the Use of Resources and well-led inspections, seven core services were inspected and the Trust received an overall rating of Good. I am delighted with this outcome and the Trust will continue to build upon its achievements and address all of the areas we need to improve. In addition, the CQC conducted an Ionising Radiation (Medical Exposure) Regulations IR(ME)R inspection, which resulted in a positive outcome. Coalway Road Medical Practice and Penn Manor Medical Practice were also inspected and their overall rating was Good.

This Quality Account provides information on progress against the agreed key priorities, which include workforce, safe care and patient experience and sets out priorities and plans for the upcoming year.

To the best of my knowledge, the information contained within this Quality Account is accurate.



Signed:

David Loughton CBE, Chief Executive

13th July 2020

Achieving Our Vision - Strategic Objectives

Page 112
‘Our vision is to be an NHS organisation that continually strives to improve the outcomes and experiences for the communities we serve’

Our Values

Safe and Effective

We will work collaboratively to prioritise the safety of all within our care environment

Kind and Caring

We will act in the best interest of others at all times

Exceeding Expectation

We will grow a reputation for excellence as our norm

Trust Strategic Objectives 2018-2021

To have an effective and well integrated health and care system that operates efficiently



Proactively seek opportunities to develop our services



Create a culture of compassion, safety and quality



Attract, retain and develop our staff and improve employee engagement



Maintain financial health - appropriate investment to patient services



Be in the top 25% for key performance measures





Looking back 2019/20

Priorities

for Improvement

Workforce

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

Patient Safety

We aim to be the safest NHS Trust by “always providing safe & effective care, being kind & caring and exceeding expectation” (Trust Vision & Values September 2015) by making safe quality care a whole-system approach for every patient that accesses the Trust and its services.

Patient Experience

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



The above priorities have supported the following Trust strategic objectives 2018-2021:

- To have an effective and well integrated health and care system that operates efficiently
- Proactively seek opportunities to develop our services
- Create a culture of compassion, quality and safety
- Attract, retain and develop our staff and improve employee engagement
- Be in the top 25% for key performance measures.

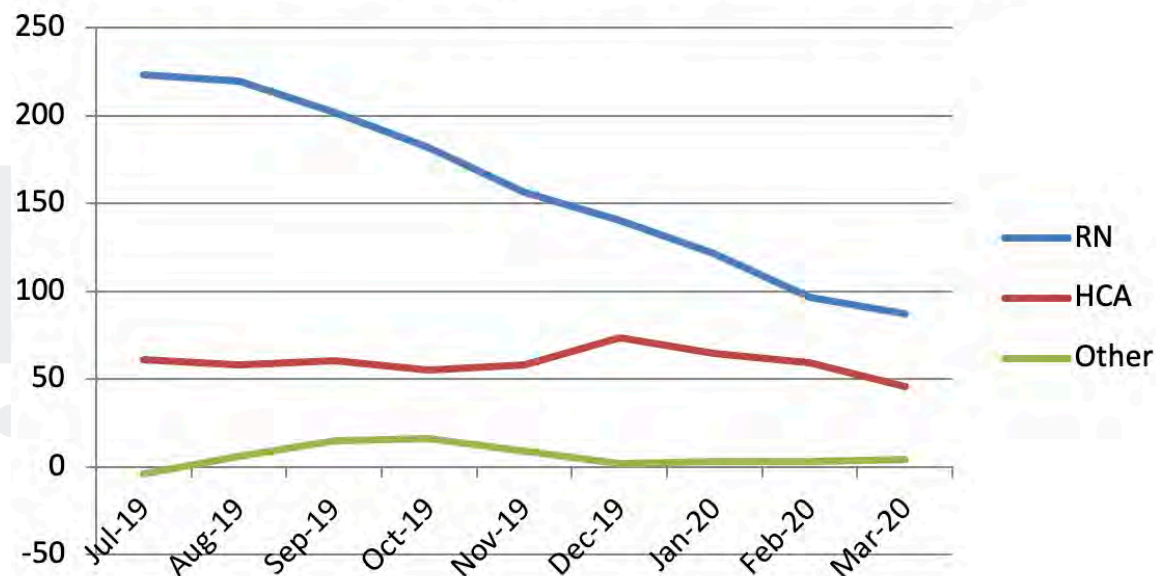
Priority 1: Workforce

Nursing, Midwifery and Health Visiting Workforce

During the financial year 2019/20, the Trust has continued its relentless efforts to recruit into the vacant nursing, midwifery and health visiting staff (registered and unregistered) vacancies. The Trust has further developed its nursing, midwifery and health visiting vacancy report and ensured that all key posts have been included, which provides a much more accurate status of vacancies.

The graph below illustrates the new reporting baseline since the change in June 2019 for registered nurses, midwives, healthcare support workers and other support staff.

Vacancies July 2019 - March 2020



Our key achievements during 2019/20 included:

- Extensive efforts were made to recruit into the vacant nursing, midwifery and health visiting posts, which included United Kingdom and international staff
- To support the increased number of staff into the organisation, the Trust invested into additional Practice Education Facilitator posts to provide pastoral and educational support to our new recruits and the existing staff
- Significantly increased the number of student placements offered to students from the Staffordshire, Wolverhampton and Birmingham universities
- Successfully utilised apprenticeships for registered and unregistered staff. This particularly supported people in the local community
- Forged strong links with the Prince's Trust to

enable young people in the local community to spend time in the health service to observe and understand future career opportunities. This resulted in some of these young people completing an apprenticeship programme and gaining employment within the Trust

- A retention strategy was developed, which included flexible working initiatives, retire and return options and development of a career framework. The framework provides guidance for staff to choose educational packages to support their career development. This is further underpinned by the Clinical Fellowship Programme for internal staff, which enables the staff to either complete a top up degree programme or masters programme. This strengthened approach resulted in 0.5%

improvement in our retention rate for nursing, midwifery and health visiting staff

- The overall nursing, midwifery and health visiting leadership structure was reviewed and strengthened to embed the quality agenda and ensure robust senior oversight across the organisation
- The nursing, midwifery and health visiting education offer was reviewed to ensure it meets the future requirements of our workforce. This includes, for example, our 12 month preceptorship programme for all registered nurses, midwives and allied health professional recruits
- The Trust won a national award for the Best Workplace for Learning and Development at the Nursing Times Awards.

Medical Workforce

The key areas of focus included:

Senior (consultant) medical staff

- Continued focus on prioritising high quality appointments and ensuring the Trust is a preferred employer for those applying
- Strengthened the induction process and support for new consultants
- Identification of areas where consultant staffing is nationally challenged and development of links with other organisations/networks (e.g. oncology) and also planned development of fellows through Certificate of Eligibility for Specialist Registration (CESR) to consultant level in these specialties (oncology, radiology, ED)
- Robust job planning being implemented and plan to introduce rostering to maximise efficiency of consultant workforce.

Junior medical staff

- Deanery trainees – focus on maintaining high satisfaction levels in Job Evaluation Survey Tool (JEST) surveys, which are recognised as important in attracting trainees to work at the Trust as consultants in the future
- Strengthened support team for deanery trainees both academically and pastorally



- Fellowship programme – this award winning programme has increased in size with >140 fellows now employed at the Trust. The Trust has liaised with Health Education England (HEE) and the programme has now been approved as a HEE recognised training programme.

Allied Health Professionals

Registered Health Care Professionals form an integral part of the workforce across the Trust. As such professional leads are responsible for ensuring that they have an appropriate team structure and consistent and robust processes for communication and management within the teams. There must be sufficient and appropriate staffing capacity and capability to provide safe, high-quality and cost-effective care to patients at all times. Staffing decisions must be aligned to operational planning processes so that high quality care can be provided now and on a sustainable basis.

Nationally the focus on safe staffing has remained high and will continue to be so for the foreseeable future in light of the shortages of some Registered Health Care Professional groups. The Standard Operating Procedure (SOP) for Registered Health Care Professionals (non-nursing/medical) – Ensuring Safe Staffing Levels in Departments/Services has been developed and details relevant national guidelines that underpin safe registered Health Care

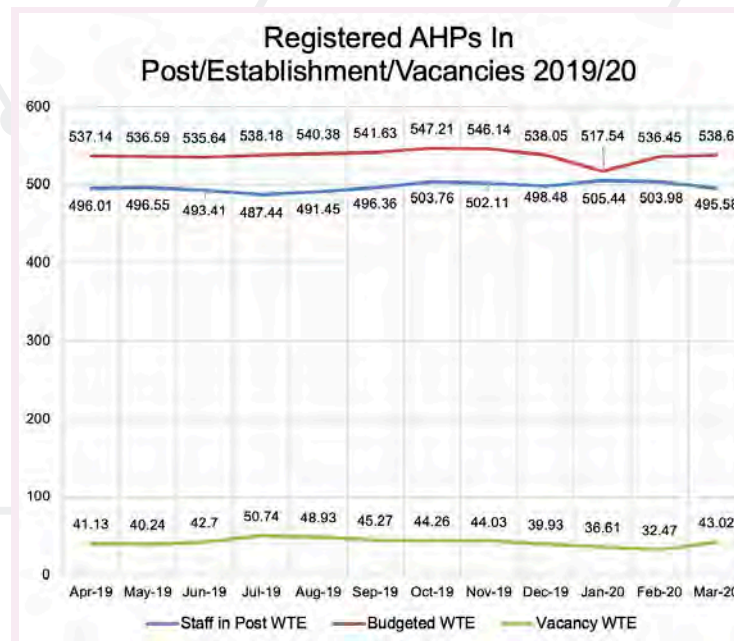
Professional (non-nursing/medical) staffing for the areas. The SOP outlines the following:

- The methodology undertaken to agree funded Registered Health Care Professional establishments and skill mix
- How the establishments and skill mix are monitored to ensure that they remain fit for purpose, specifically to ensure appropriate staffing levels are provided to meet the dependency, acuity and complexity of patients in our care
- The process for regular and responsive staffing review

- The escalation process and steps to be followed to meet the demands of short term and long term staffing problems
- The expected outcomes and impact of safe staffing.

The following graph illustrates the establishment and vacancy data for Registered Allied Health Professionals (AHPs) for 2019/20.

Ongoing efforts continued to recruit into these vacancies during 2019/20. However, some are associated with national shortages for these professions.



The overall AHP vacancy rate has increased, with approximately 8% of vacancies unfilled in M12.

The vacancy rate ranged from <1% to 19% across the professions as follows:

- Podiatry = 19.4%
- Dietetics = 12.8%
- Orthoptics/Optics = 14.89%
- Physiotherapy = 11.41%
- Diagnostic Radiography = 8.9%

Priority 2: Safe Care

Number and Themes of Serious Incidents

The Trust has a robust incident reporting mechanism communicated through policy, training and management lines. The arrangements include processes for the timely reporting, investigation and management of serious incidents.

In the financial year 2019/20, the Trust reported 89 serious incidents (13 less than in 2018/19) via the national serious and incident system (STEIS). The most significant changes being a reduction in the numbers of confidential breaches from 13 reported in 2018/19 to 3 in 2019/20. In contrary, the number of treatment delay incidents has increased from 4 reported in 2018/19 to 13 in 2019/20 and diagnostic incidents increasing from 12 reported in 2018/19 to 18 in 2019/20. The reduction of the numbers of Slip/Trips/Falls (with serious harm) noted last year continued with a 50% reduction in the numbers reported this year (5 incidents) when compared to the numbers reported in 2018/19 (10 incidents). Other reductions in incident types included maternity incidents and never events (50% reduction in the numbers of never events reported).

All serious incidents are reported in a timely manner and undergo robust investigation to ensure the Trust learns from these incidents to reduce the likelihood of recurrence and prevent further harm to

patients. In addition, the Trust ensures that duty or candour requirements are met for all serious incident investigations.

During 2019/20, the Trust conducted a review of the serious incident themes reported and the following actions were identified to address causal themes:

- Strengthening local procedural arrangements – good progress has been made and work is ongoing
- Provision of specific training and education sessions both face to face and e-learning – work is ongoing
- Review the impact of Human Factors, for example, communication, handover practice, non- technical skills – scoping of handover practice has been completed and the Process Communication Model training continues
- Communication of shared learning throughout the Trust – development of shared learning intranet page and learning log
- Trust wide improvement initiatives, for example, patient falls reduction programme and a variety of continuous quality improvement (CQI) projects – CQI projects are ongoing and reporting into the Trust Governance structure.



The following serious and STEIS reportable incident data is a true reflection of events based on the data analysed on the 9th April 2020. The table does not include those incidents that have since been agreed for removal by the CCG.

Category	01/04/19 to 31/03/20
Accident	1
Actual Self Inflicted Harm	2
Confidential Breach	3
Diagnostic	18
Infection	10
(C.Diff)	(3)
(CPE)	(1)
(MRSA)	(5)
(Norovirus)	(1)
Major Incident	1
Maternity	5
Never Event	2
(Retained Foreign Object)	(1)
(Wrong Site Surgery)	(1)
Pressure Ulcers	15
(Community)	(2)
(Hospital)	(13)
Slip/Trip/Fall (with serious harm)	5
Sub Optimal Care	6
Surgical/Invasive Procedure	4
Treatment Delay	13
Unexpected Death (coded as pending at this time)	3
VTE	1
TOTAL	89

New Overall Total = 89

The figures above do not include any agreed removals and are a true reflection as of this time



During 2019/20, the Trust referred 10 maternity investigations to the Healthcare Safety Investigation Branch (HSIB) for investigation in line with the national process. From this number, 4 investigations have been completed. Learning from these incidents will be taken forward via the established governance processes.

N.B: Due to the coronavirus (COVID-19) pandemic pressures and the resulting impact on clinical staff and services, some of the data provided could be subject to delayed update and subsequent refresh. This data could include incident reports and clinical audit figures that may be subject to update/refresh from clinical staff who are currently unable to update the respective systems.

Numbers and Themes of Never Events

During the financial year 2019/20, there were 2 never events reported causing low harm. This is a reduction from the previous year when 4 never events were reported. Their details are as follows:

Date	Location	Category	Level of Harm	Progress
June 2019	Anaesthetics	Wrong Site Surgery (This related to a wrong side anesthetic block)	Low	Investigation completed
March 2020	Maternity	Retained foreign object (This related to a retained tampon)	Low	Investigation in progress

Never Events are reported in a timely manner and robustly investigated to ensure that the organisation learns from them to reduce the likelihood of recurrence and/or prevent never events occurring.

Progress with never events is monitored in line with the established serious incident process. This involves the Divisional Management Team at their Divisional Governance meetings and also via the Quality and Safety Intelligence Group (QSIG) and Trust Board.

The key lessons which have been learnt from the completed investigation are as follows:

- Staff must ensure that they follow the 'Stop Before You Block' procedure
- Discussion with regards to this requirement have taken place within all Directorates that use the WHO checklist for interventional procedures
- All members of staff must be engaged and present in all aspects of the WHO checklist to avoid communication errors
- The person [trainee or consultant] who assesses the patient must be present at the WHO team brief.

A reminder has been issued to all staff involved in performing invasive procedures stating they all have a responsibility to ensure that established safety procedures are followed. As part of the further work to be undertaken with the Association for Perioperative Practice, empowerment of staff to challenge non-adherence will be encouraged



How have we performed against 2019/20 plans?

Harm Free Care

Falls

During 2019/20, the Trust's Falls Prevention Group continued to maintain oversight of the falls prevention agenda and associated quality improvement projects. In addition, falls accountability meetings have continued to be held, to review and learn from falls incidents whether harm is resulting or not.

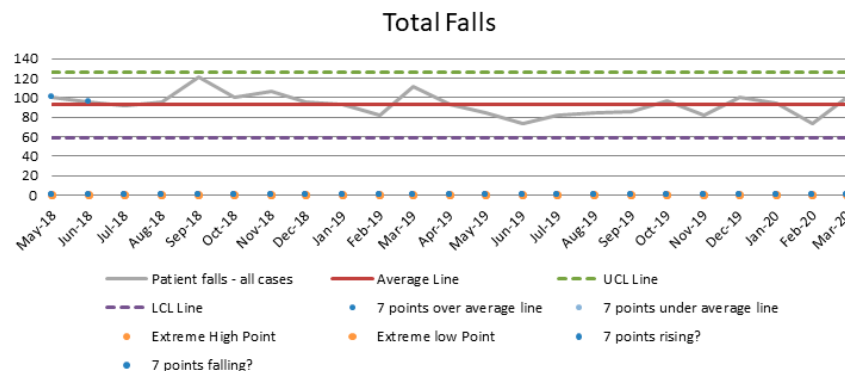
Key areas of focus in 2019/20 included:

- Falls assessment and identification of patients at risk in the Emergency Department
- Enhancing falls education for both staff and patients
- Improved access to walking aids
- Introduction of annual audit of assessment of falls risk on admission using the Royal College of Physician audit tool
- Review of the Falls Policy and processes
- Improved falls prevention in older adults, including lower leg assessment.

With this ongoing focus and oversight in place, the rate of falls per 1,000 occupied bed days remained below 5.6, averaging 3.62 (range 2.99-4.43) and falls numbers had reduced by 14% when compared to 2018/19. Falls with severe harm had reduced by 44% from 9 in 2018/19 to 5 in 2019/20 and falls with moderate harm had reduced by 12% from 26 in 2018/19 to 23 in 2019/20.

The following graphs illustrate the Trust's performance with regards to falls during 2019/20 and comparison of falls with serious harm with the previous year:

Trust Inpatient Falls Data May 2018-March 2020 illustrating improvement



Trust Inpatient Falls with Serious Harm 2018/19 compared to 2019/20



The audit of falls risk assessment on admission demonstrated a need to improve the documentation of advice provided and medicines reviewed.

Preventing Infection

Increased risk factors for healthcare acquired infections (HCAs) are acknowledged in the ageing population, alongside the changes in the use of health services and the rising threat of highly resistant organisms. This has therefore been recognised as part of the Trust's plan for preventing HCAs.

The work of the Infection Prevention Team includes education, research and development, standard and policy setting, establishing assurance processes and, most importantly, ensuring patient safety in the prevention of spread and acquisition of new infections.

Specific achievements against 2019/20 objectives include the following:

- The challenge of acute and community incidence of Carbapenemase Producing Enterobacteriaceae (CPE) has continued as the Trust has seen an increase in CPE colonised patients. As of the end of month 12 of 2019/20, 56 cases were identified whereas in 2018/19 the total was 20. A new more sensitive testing process was introduced in April 2019/20, which will have been a major contributory factor for this increase. All apart from 3 cases, were identified by screening as opposed to clinical samples
- The number of Clostridium Difficile cases was 43 in total which was above the agreed trajectory of 40 case

- Zero MRSA Bacteraemias were attributed to the Trust
- Environmental controls have been a top priority in our approach in tackling HCAs and the deep clean schedule has been completed with great effect
- General Practitioners (GPs) have been supported to further improve their environments and practice, building on improvements that have been achieved over many years of collaborative working
- A Wolverhampton Health Economy gram negative bacteraemia reduction working group has been established
- Influenza preparedness and prevention for patients and staff, achieving 64% uptake of vaccine for frontline staff
- Implementing the OneTogether audit tool in general surgery theatre environments to include assurance of adherence to the relevant National Institute for Health and Excellence (NICE) guidance
- Increased awareness of antimicrobial resistance through delivery of an Antimicrobial Stewardship Programme
- A plan developed for reducing the use of urinary catheters
- An additional sepsis nurse recruited to





complete the existing team to help drive early recognition and management of sepsis at ward level and support a cultural shift across the organisation and contribute towards reducing the number of preventable deaths due to sepsis

- Proactive latent tuberculosis (TB) case find has continued through contact screening and through collaborative working with the City of Wolverhampton Council and the Refugee and Migrant Centre
- The Intravenous Resource Team has continued to deliver a high standard of line care with

increasing numbers of patients discharged on Outpatient Parenteral Antibiotic Therapy

- Surgical Site Infection (SSI) surveillance data has continued to be shared with consultant surgeons via a monthly dashboard. This will continue into 2020/21 to further support a reduction in SSIs
- Device related bacteraemia in the Trust has remained within the internal trajectory. At the end of month 12 of 2019/20 there were 39 cases, with an annual trajectory of 40

- Continued outbreak management support to care homes and very sheltered housing establishments across the Wolverhampton health economy, ensuring a seamless service across healthcare facilities throughout the city and reducing norovirus-related hospital admissions to acute services
- Outbreak management for influenza and norovirus, included identification of dedicated bays to prevent further movement of patients and ward closures
- A process for flu outbreak management and treatment/prophylaxis in care homes has continued to prevent admissions to hospital. This has been through joint working between the Infection Prevention Team and the Rapid Interventions Team (RIT)
- Successful Infection Prevention national Conference held in October 2019
- Significant planning and efforts made to deal with the challenges of the coronavirus (Covid-19) pandemic.



Venous Thromboembolism (VTE)

The Trust has continued to move forward in reporting risk assessments completed within 24 hours of admission achieving 95% for 5 months of this year. Further progress has been a challenge due to issues with IT systems following a system upgrade in December 2019. The external supplier has continued to work on rectifying these issues.

An overall improvement plan for VTE assessment was developed and implemented through the year. The majority of actions have been completed, with some to be continued in 2020/21.

Notable improvements were seen in areas which worked on quality improvement projects to make local changes to improve VTE assessments and prescribing, for example, General Surgery and Acute Medicine.

Re-launch of the E-learning package for mandatory training on VTE prevention and treatment which is now 2 yearly for all permanent staff and completed at least once for rotating staff. The training compliance for this package is now over 95%.

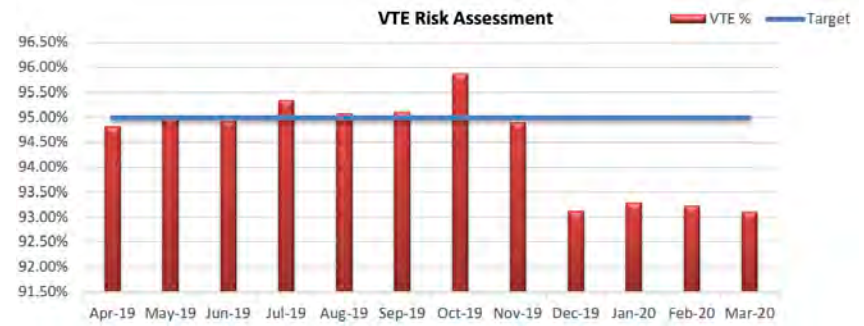
Trust guidance on VTE prevention and management has been updated in line with NICE guidance and new pathways for standardised management of Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE) have been ratified for use. The VTE group has worked to standardise guidance for use of DOACs (Directly Acting Oral Anticoagulants) including its use in primary care.

Increased training has been provided for nursing colleagues in several areas across the Trust to facilitate use of VTE prevention measures and equipment. The VTE group has monitored incidents and themes to ensure learning and provide assurance and support.

The anti-coagulation in-reach service was introduced in September 2019 to facilitate safe use of anti-coagulants, support safe discharges, and provide

assurance around appropriate follow-up in key areas of the Trust. The team have also continued to aid timely audit of VTE prevention practices and support with identification of confirmed VTE.

The VTE group has supported the Trust with the safe roll-out of electronic prescribing and with business continuity planning, including implementation of VTE related matters. The VTE group has aimed to link VTE risk assessment to prescribing. An alternative VTE risk assessment tool within the electronic prescribing system has been tested and the VTE group has continued to work with the software providers to create a suitable product. The VTE group have also explored the reporting functionality within the electronic prescribing system that would enhance the prescribing of VTE prevention methods and monitor its administration.



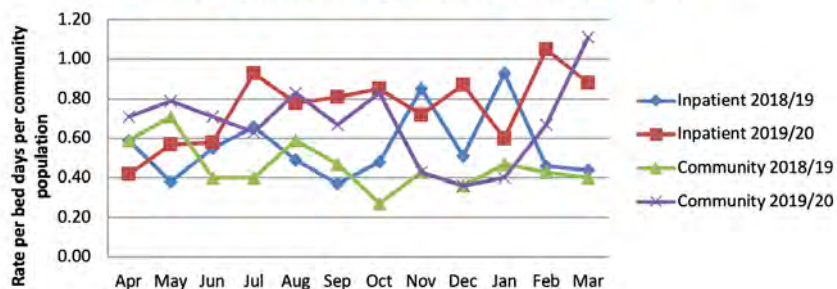
Pressure Ulcers

The Trust has continued its improvement work during 2019/20 to reduce pressure ulcer occurrence and ensure they are reported in line with the NHS England/Improvement's framework, which was fully launched in April 2019. Specific improvement plans were developed and implemented, based on learning from incidents, national and international evidence. Key learning points were associated with human factors and complex patient needs. Examples of the factors that have contributed to the increase in pressure ulcer incidents included, seasonal variations affected by temperature changes, carer changes and staff workloads. The accountability review model for incidents has continued, which enabled cross organisational learning. In addition, the Tissue Viability Steering Group continued to maintain oversight of the pressure ulcer prevention and reduction agenda.

In terms of staff education, there is a mandatory training package for specific care groups that has continued to be delivered on a minimum of weekly basis, but often more frequently across the health economy, including nursing homes and bespoke training for specialist areas. Learning has also been shared via the 'Making It Better' alerts and the Trust's Tissue Viability social media page. In addition, the tissue viability competency documents have been re-launched. The Tissue Viability Team and Professional Education Facilitators have provided bespoke support for all clinical areas where improvement has been required.

In terms of the pressure ulcer data, this has been translated in to the Statistical Process Control (SPC) chart format, to better understand trends and variations, in order to inform future improvements.

RWT PUs per 1000 bed days (inpatient) and per 10000 patient population (Community)



Sign up to Safety

The Sign up to Safety (SU2S) project completed in October 2018 continues as business as usual with areas continuing to access the scheduled Process Communication Model (PCM) training programme. Areas (Emergency Department, Trauma and Orthopaedics, Maternity Emergency Pregnancy Assessment Unit (EPAU)) that were subject to the Team Optimisation Model (TOM) workshops as part of the SU2S project, have completed and closed many actions including developing staff recognition schemes, reviewed their communication forums and sustained other actions such as monitoring team objectives via their regular team meetings and engagement forums. The Trust continues to utilise the team effectiveness tools and interventions developed as part of TOM in other areas of the Trust where team support is identified. The Trust will consider the provision of a more regular team effectiveness support programme as part of its considerations to develop in-house human factors resources for the Trust.

Medication Incidents

The Trust has continued to ensure that incidents involving medicines are reported in a timely manner and all incidents which have been associated with patient harm, have been discussed monthly at the Trust Medication Safety Group. Learning from these incidents has been widely shared across the Trust through the established governance processes.

Examples of actions taken during 2019/20 include:

The Cold Chain Policy was approved and published for Trustwide use in May 2019. The policy provides comprehensive detail in relation to receipt, storage and temperature monitoring

of medicines which require refrigerated storage

- The Transdermal Patch Application Form was designed following a number of incidents involving medication patches. The form was approved for use and launched in July 2019. An audit is planned for the coming financial year to confirm the form is being used correctly
- Extravasation is a known side effect associated with the administration of many medicines, and is frequently reported within the Trust. The IV team have reviewed incidents reported between September 2018 and September

2019, and identified a number of areas where changes in practice may result in a reduction of extravasation incidents. The team is providing advice and training, and incidents will be reviewed again during the coming financial year

- During November 2019, the Trust participated in a worldwide 'Medication Safety Week'. The week promoted the reporting of side effects of medicines using the MHRA Yellow Card Reporting scheme. The team presented posters, and provided leaflets to raise awareness to staff and patients in locations around the Trust.

	Apr 19	May 19	Jun19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Total No. of medication incidents reported	176	180	204	218	198	195	205	199	217	179	204	119
No Harm	172	170	190	205	196	187	199	184	212	172	189	114
Low Harm	3	5	12	9	2	8	6	14	5	7	13	5
Moderate Harm	1	5	2	4	0	0	0	1	0	0	0	0
Severe Harm	0	0	0	0	0	0	0	0	0	0	2	0
Number of Admissions	12534	12916	12423	13311	12010	12558	13698	12901	12269	13181	12582	9950
Rate of Medication Incident	1.40	1.39	1.64	1.64	1.65	1.55	1.50	1.54	1.77	1.36	1.62	1.20

Sepsis

The Trust has continued to focus its efforts on further strengthening sepsis recognition and management. This included ongoing provision of a dedicated Sepsis Team to provide organisational steer and oversight of sepsis matters. This team has been further strengthened during 2019/20 by appointing an additional sepsis nurse.

An improvement plan was developed during early 2019/20 to enable focus and delivery of key actions. This included, for example, increasing sepsis awareness across the Trust; introduction of sepsis ward rounds by the Sepsis Team; strengthening the education and training aspects; provision and delivery of specific Continuous Quality Improvement projects to support improvement; introduction of a more comprehensive audit programme and development of a patient information leaflet. The majority of actions in this plan have been delivered, with some being ongoing actions as part of the Continuous Quality Improvement approach.

The Trust had started to use the Vitals Operational Reporting (VOR) functionality, however due to the concerns with data accuracy this was discontinued and there is work in progress to rectify this. In the meantime, prevalence audits within the Emergency Department, other Emergency Portals and Inpatient areas have continued to maintain oversight of sepsis performance. This data has continued to be reported within the Trust's Integrated Quality and Performance Report.



Responding to Safety Alerts

Patient safety alerts are issued by NHS England/Improvement (NHSE/I) to warn the healthcare system of risks and provide guidance on preventing incidents that may lead to harm or death. The way safety alerts are being issued by NHSE/I had changed in 2019/20. There is now a clear requirement for executive oversight of the action plans and their implementation and this is being ensured via the Quality Safety Intelligence Group (QSIG). There are formal structures to receive and disseminate the alerts which has led to improvements in the reporting and monitoring of responses. Alerts received and responded to during the financial year 2019/20 included:

YTD received (financial year)	
MDA's	37
EFN's	1
NHS/PSA/	1
EFA	3
NHSI	1
SDA	19
CHT	2
NatPSA	4
Total	68

YTD Closed	
MDA's	30
EFN's	1
NHS/PSA/	1
EFA	1
NHSI	1
SDA	15
CHT	2
NatPSA	0
Total	51

YTD Open	
MDA's	7
EFN's	0
NHS/PSA/	0
EFA	2
NHSI	0
SDA	4
CHT	0
NatPSA	4
Total	17

Open (YTD & Previous years still open)	
MDA's	7
EFN's	0
NHS/PSA/	1
EFA	2
NHSI	0
SDA	4
CHT	0
NatPSA	4
Total	18

At the time of providing this data for the Quality Account, 91% of the alerts received were responded to within the timeframes set by MHRA and 1 NHS/PSA remains overdue. There is a robust action plan in place which is progressing well with weekly meetings monitoring the implementation of this overdue alert. In addition, 3 Supply Disruption Alerts (SDAs), 1 Estates and Facilities Alert (EFA) and 1 Patient Safety Alert (PSA) were responded to after the compliance date (no more than 2 days). Safety alerts continue to be monitored by external bodies and internally via Health and Safety Steering Group (HSSG) and Divisional Governance Groups. The Trust works to ensure compliance within mandated time-frames and there are well established reporting processes to ensure robust governance.

For 2020/21, the Trust will focus on the following aspects:

- To achieve 100% response rate within the given compliance timescales
- To further improve the quality of assurance provided, developing the continuation of monitoring of safety alerts implemented
- To improve the process of audit and monitoring following implementation of safety alerts.

Getting it Right First Time (GIRFT) Programme

The Getting It Right First Time (GIRFT) programme is a national initiative designed to improve the quality of care within the NHS by reducing unwarranted variations.

GIRFT is led by frontline clinicians, who are experts in the areas that they review, and it focusses on tackling variations and identifying opportunities for improvement. By sharing best practice between trusts, teams are able to identify potential enhancements in the delivery of care and ultimately patient outcomes. The programme also identifies ways to deliver operational efficiencies; such as the reduction of unnecessary procedures and cost savings.

The Trust has participated in 23 GIRFT visits to date across all 3 clinical divisions with each visit resulting in a subsequent action plan that is owned

and developed with the individual directorates and specialities.

Attendance at GIRFT reviews at the Trust has remained impressive, with multi-disciplinary engagement to ensure shared learning.

This has been noted by the regional GIRFT partners and they are keen to use some of the practices identified at the Trust's visits to showcase as good practice. Examples of key achievements from these visits include:

- Implementation of professional led discharge within Radiology and ED
- Improvements within clinical pathways
- Pathway reviews across all divisions
- Reviewing workforce models to support clinical redesign.



Allied Health Professionals

Speech and Language Therapy (SLT)

During 2019/20 the service has:

- Undertaken a Multidisciplinary Team (MDT) audit to look at International Dysphagia Diet Standardisation Initiative (IDDSI) compliance across the wards
- Undertaken a benchmarking exercise for SLT provision to Head & Neck and Ear, Nose and Throat comparing our services to other local providers and some key national providers
- Developed their 2 year service plan
- Been an integral part of the Black Country Early Outcomes Fund project with partners in Health and Education across Wolverhampton, Walsall, Sandwell and Dudley at both operational and strategic levels
- Developed and presented a business case to increase SLT staffing across the wards. This is a 3 phase business case and phase 1 has been agreed in principle.

Page 130

Physiotherapy - First Contact Physiotherapy

Approximately one in five people book in to see their doctor with a Musculoskeletal (MSK) problem. MSK conditions are characterised by pain, loss of movement and function which impacts on individuals' quality of life, family and social relationships and capacity to work. Delayed treatment risks patients developing a range of significant co-morbidities. Physiotherapists are able to assess, advise on self-management and where appropriate request further investigation and referrals to other services. This approach to service delivery puts physiotherapy expertise at the beginning of the patients' experience, where they can most benefit from prompt specialist input, in the place where they are most likely to seek help first. This workforce initiative has been shown to reduce workload pressures for GPs enabling them to lead, manage and spend more time with patients with other problems including those with complex and multiple care requirements.

A pilot project was initiated, which enabled the service to explore the development of the MSK first contact physiotherapist role in partnership with our GPs, troubleshooting any issues and highlighting and optimising the benefits of First Contact Physiotherapy (FCPs) in our local vertical integration primary care GP practices. Five additional first contact physiotherapists have been recruited to support further rollout across the Primary Care Network. They

are a fundamental local resource in preparation for the planned expansion of diverse roles within general practice to support GPs, enhance how patient care is delivered and build sustainability, capacity and diversity in our primary care services.





Research

Strengthening interdisciplinary research has remained an area of focus for the AHP workforce, with a variety of initiatives completed during 2019/20. This will remain the case for 2020/21 in order to further strengthen and develop the research portfolio and positively influence care provide to our patients.

Therapeutic Radiography

2019/20 saw the introduction of 2 new Consultant Radiographers: 1 Consultant Therapeutic Radiographer for Head and Neck and 1 Consultant Therapeutic Radiographer for Breast. In 2020/21, the service will be recruiting a Consultant Therapeutic Radiographer for Urology (predominately prostate), and is hopeful to recruit a Consultant Therapeutic Radiographer in Radiotherapy Late Effects. The service is currently the only centre in the West Midlands with Consultant Therapeutic Radiographers. The aim is to eventually have 5 in total. The Consultant in Late Effects would be only one of a few in the country, but essential in supporting cancer patients after treatment as many of these patients suffer in silence. It is suggested there could be over a million patients suffering late effects by 2030. The other Consultant Radiographers will each be taking a cohort of patients from MDT through the whole patient pathway for Radiotherapy; seeing new patients, consenting, planning radiotherapy, prescribing radiotherapy, reviewing patients on treatment and discharging patients (a full end to end service, improving the patient journey and avoiding patient breaches).



Priority 3: Patient Experience

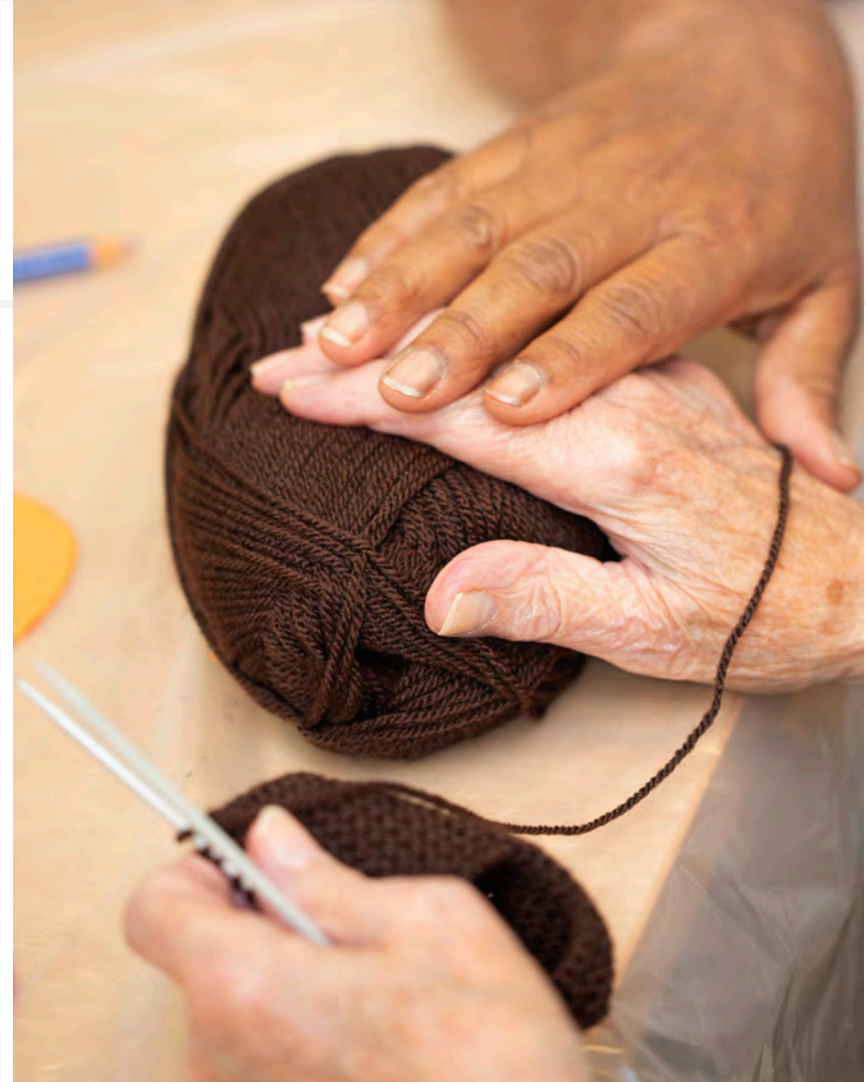
Providing the best possible experience means getting the basics right, making sure our patients feel safe and cared for, that they have trust and confidence in the staff caring for them, and that they receive excellent quality of care in a clean and pleasant environment.

Involving patients, carers and their loved ones in all that we do has become an integral part of the Trust's culture and everyday decision making and thinking. This ensures that where possible, the services are both relevant and responsive to local needs. The Trust is committed to improving patient experience by using feedback to better understand the areas where it performs well and those areas where it needs to do better. Capturing service user and carer experiences and considering any learning resulting from experiences allows the Trust to drive forward service improvements.

There are a variety of established ways to gain feedback and seek patient opinion. This includes local and national surveys, Friends and Family Test, PALS concerns, formal complaints, compliments and social media forums such as Patient Opinions and NHS Direct.

In order to embrace a broad perspective, the Trust actively listens to people from all parts of the community and equality and diversity is the golden thread woven throughout the patient and carer experience agenda. Due to the large range of diverse services the Trust provides, there is an immense wealth of knowledge that can be accessed from our patients, service users and carers to assist with the Trust's transformation plans and improvement agenda.

The Trust knows that the experience of its patients is formed through every contact they have with the organisation, from the porter who helps them find the right ward, to the consultant who talks them through the next steps in their treatment. That means every member of staff has a responsibility to help provide the kind of care that the patients should expect.



An efficient and effective Patient Experience function is important in keeping the public's faith and trust in services, and is an essential building block of a high performing organisation. It can also provide the Trust with assurance about the safety and quality of service provision. A good Patient Advice and Liaison Service needs to be accessible, positive and professional in its approach.

How we performed in 2019/20

During 2019/20, the Trust had focused on continuous improvement and this began with the publication of the Patient Experience, Engagement and Public Involvement Strategy 2019-2022 in June 2019. This strategy sets out how the Trust would aspire to further improve patient experience, engagement and public involvement.

Putting patients first is at the centre of the Trust's overall objective and ambition to become an Integrated Care System with the aim of working in partnership with local councils and others, to take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population served.

Several initiatives had been implemented as part of the strategy which focused on improved processes, co-production and continuous improvement.

Examples include:

- Introduction of the Observe and Act initiative within Division 3, including self-assessment and delivery of formal training
- Piloted the NHS England Initiative of 'Always Events' within Paediatrics and designed key always events as part of a co-production approach with patients
- Undertaken a self-assessment against the NHSI Patient Experience Improvement Framework to identify areas for improvement
- Ensured that patient experience is a standing agenda item on Directorate and Divisional governance meetings
- Ensured triangulation of patient experience with wider quality, safety, workforce and performance metrics
- Implemented the Complaints Survey Toolkit to enhance feedback mechanisms and patient satisfaction
- Established a formal complaints review panel with Council of Members as external reviewers
- Reviewed the Council of Member role and appointed a Chair and Vice Chair. The Council of Member role was continued to be promoted and the Trust has appointed further members throughout the year. Members have had training needs analysis undertaken and where appropriate, attended relevant and mandatory training
- Included stakeholders, patients and/or their carers to contribute and co-produce documents and initiatives to improve the patient experience
- Scoped the potential for involving families in the learning from deaths process and developed an implementation plan
- In terms of complaint outcomes, the Trust has continued to demonstrate a notable % increase on closed complaints not upheld and same notable reduction for closed complaints partially or fully upheld, when compared nationally. This data is supported by subsequent low numbers of our own complaint investigations being successfully appealed and upheld by PHSO
- Increased the ways and means of how patient feedback is obtained by ability to complete Friends and Family Surveys electronically and by scanning onto a QR Code
- Undertook an analysis of patient experience data to better understand patient experience across week day and weekend and set up a process for this analysis to be undertaken and reported going forward
- Implemented a specific volunteer services improvement plan including the development of clear objectives for recruitment and retention of volunteers.

Complaints Management

The Trust recognises how important it is to listen to feedback and provide an effective, and accessible complaints process with candour, openness and transparency. Staff are encouraged to try and resolve complaints at ward or local departmental level and annual training is provided with on-going support throughout the year.

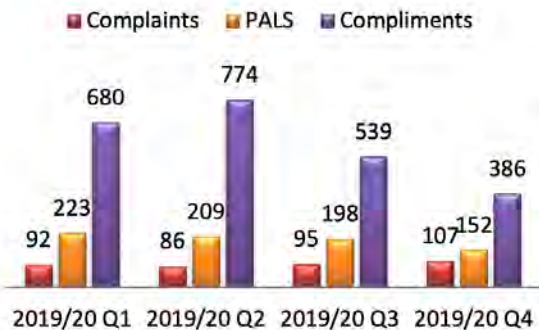
The Trust continues to annually review its approach to complaints management to ensure that complaints are handled with sensitivity, timeliness and subject to a robust and thorough investigation and response. Formal complaints are managed in accordance with the relevant statutory regulations. The Trust has continued to see improvement in the timeliness of complaint handling, informing the complainants of the progress of their complaint and positive outcomes following external review from the Parliamentary Health Service Ombudsman (PHSO).

Key points for 2019/20 include:

- Moved towards paper light system of working and increased use of our electronic systems
- Aiming to resolve all complaints speedily and efficiently whilst during investigation, keeping the complainant informed, as far as reasonably practicable, as to the progress of the investigation and any delays

- Compliancy against policy with response times reaching an average of 99% for the year, and ensured that complaints resolution was timely and proportionate, where possible, offering the complainant the option for early resolution through meetings and mediation
- The volume of complaints received for the year (386) represents 0.04% of the total volume of inpatient episodes, inpatient attendances and outpatient's attendances contacts for the year of 103,711
- The volume of PALS concerns has reduced from 1011 cases to 770, which is a reduction of 24%. This means that the Trust has experienced a reduction of 69% in the last two years. It is pleasing to see a year on year reduction and this provides assurance that staff members are being more proactive in their approach to concerns and embracing the ethos of PALS
- The delivery of complaints management training by PHSO and empowering front line staff to be more actively involved in early resolution of concerns
- During the year there were 51 complaints which did not meet the safeguarding criteria section 42 and were subject to a complaint investigation, compared to 72 for year 2018/19. There were however 54 safeguarding complaints investigated and closed within this period. 37 were not upheld, 13 were partially upheld and 4 fully upheld.
- 10 complaints were subject a full PHSO investigation during 2019/20 in comparison to 23 in 2018/19. This represents 2.6% of the total of complaints received. This provides assurance to the PHSO around the thoroughness of the Trust's investigation and response letters and of the remedial work undertaken to bring complaints to a satisfactory resolution
- In terms of the outcomes of PHSO investigations closed during the year (8 cases), it is noted that no cases were fully upheld and 5 cases were partially upheld. A financial redress of £1350 in total was noted in relation to two complaints partly upheld. No other financial redress was awarded during the year. This is a positive improvement on the outcomes from the previous year where the financial redress was £1750. The total financial redress for two financial years was £3100.

Formal Complaints, PALS & Compliments



Complaint Response Rate Compliance (%)



Safeguarding Complaints

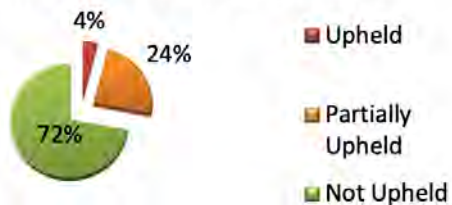


Page 135

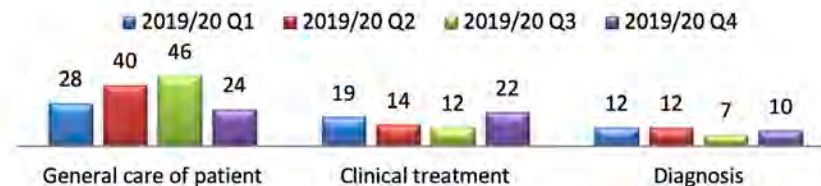
There is little variation between the key themes of complaints year on year, with the highest subjects being, general care of patient, clinical treatment and diagnosis. A deep dive into the highest volume category (general care of patient) shows that the largest volume of sub-subject category is general lack of care and features consistently across all divisions as in 2018/19. The table above illustrates the top 3 categories.

A deep-dive approach was undertaken with regards to actions taken and learning from those complaints where the outcome was fully or partially upheld. The learning was predominantly associated with the working practice of individuals (which necessitates supervision) and communication as opposed to a requirement for service or policy procedure change.

Trust Investigated and Closed Formal Complaint Outcomes



Top 3 Categories 2019/20



The Friends and Family Test (FFT)

The FFT provides patients the opportunity to submit feedback to the Trust by using a simple question which asks how likely, on a scale ranging from extremely unlikely to extremely likely, they would recommend the service to their friends and family if they needed similar care or treatment. Results of these surveys are received monthly and shared at Directorate, divisional and Trust Board level in the form of divisional dashboards.

Throughout the year, the Trust had considered where there are gaps in surveying patients and worked with the provider to improve the feedback for those areas.

Improvements included:

- Continuation of the analysis of monthly metrics and the lowest five performing areas for response and recommendation rate were targeted with direct work for improvement
- Timely and accurate real time feedback direct to ward level automatically, providing the ability to consider the feedback and make instant actions to improve the patient experience
- The full implementation of electronic surveys for the maternity services 'touch points' for survey reporting.

Patient and Public Engagement and Co-production

During 2019/20, the Trust published a three year strategy for Patient Experience, Engagement and Public Involvement, which outlined the benefits of local engagement and provided a framework to achieve our objectives. The Patient Experience Team review progress on a monthly basis and report quarterly on achieving milestones within the strategy, to demonstrate their accountability with delivering the strategy.

The Trust is committed to the people of Wolverhampton, Cannock and the Black Country in them being involved at the heart of our work and decision making. The Trust will continue to listen and act upon individual and carer feedback to help inform and shape the services we provide and the experiences and aspirations of our patients.

Key initiatives during 2019/20 included:

Engagement Champions

This included the development of Patient Experience and Engagement Champions at divisional level and the implementation of a training programme and toolkit for engagement activities.

Bereavement Hub

The Trust has worked in collaboration with Compton Hospice to introduce a bereavement hub on site at New Cross Hospital. This invaluable service is run by

volunteers with support from both stakeholders to offer support to those who have lost their loved ones.

Patient Stories

Patients and carers were again encouraged to express how it feels to receive care from the Trust by the sharing their 'Patient Stories'. Such stories provided the Trust with an opportunity to learn as an organisation, bringing experiences to life and making them accessible to other people. They can, and do, encourage the Trust to focus on the patient as a whole person rather than just a clinical condition or as an outcome. Patient stories are shown at Senior Managers Briefings and Trust Board sessions. During 2019/20, the stories shared included experiences of accessing hospital services for patients who are deaf; a child's experience of accessing speech and language therapy; a patient of maternity services with ongoing mental health issues and a mother's experience of having a child on the neonatal unit.

Council of Members

The Council of Members, established in 2017, has continued to make strides by working together more effectively as a group and as individuals contributing to initiatives and meetings at the Trust. This group of committed individuals from our local community, have provided a patient perspective to the Trust on a range of important topics.

During 2019/20, the Chair and Vice Chair took up their appointment and the Council held 6 meetings. Members have also been active outside of the Council meetings. The overall activity is summarised as follows:

1. Key Topics Covered by Council Meetings:

- Roma Community and Health
- Vertical Integration
- ICT Digital Strategy
- Patient Engagement Consultation
- Governance
- Continuous Quality Improvement
- Macmillan Information Service.

In relation to some of these topics, the Council received a number of presentations, followed by discussion and feedback to lead officers. Whilst these were the major items for consideration, the Council was routinely approached for its views on a whole range of day to day service delivery issues such as revision of patient appointment letters.

Member Involvement in Trust Work streams

Council members have participated in a range of Trust work groups and initiatives to provide a patient perspective in areas such as:

- Equality , Diversity and Inclusion Steering Group
- Complaints Review Panel
- Recruitment and Selection and this included the appointment of the Trust Chair and some consultants

- Trust Research and Development Projects
- Undertaking PLACE assessment
- New design of ward placemat project group meetings
- Trust Policy Group meetings
- Transgender policy review
- Supporting the hospital with the design of a new Bereavement Centre.

Member representation on External Forums

Throughout the year, members have acted as ambassadors for the Trust and the Council by attending various events. These events were seen as opportunities to recruit more members and adding diversity to the Council.

Examples of these events include, community engagement events and a CCG public consultation event.

In addition to the above, members have also been active in promoting the Council through writing articles in Trust magazines and producing their own newsletter and as well as attending Trust induction market place sessions. A number of members have also taken part in training sessions provided by the Trust such as the NHS Operating Game, Induction and the NHS Introduction to Leadership Course.

Volunteering

The Trust is fortunate to have the support of volunteers, who are unpaid members of our local community who offer their time willingly to help. We hold provision of a positive patient experience at the

forefront of our volunteering activity and we aim to place volunteers into roles which complement, but do not replace, paid members of staff. Volunteers add an important 'extra' factor to helping us provide a positive patient and visitors experience at the Trust.

Volunteer services have seen a successful year achieving its objectives and again, a busy period for volunteer recruitment with new volunteers joining the organisation this year in a variety of roles.

A three year volunteer plan was produced in 2019, which outlined key priority areas for recruitment within the Trust. The plan has been focusing heavily on recruitment of volunteers primarily into patient and ward support type roles. The Trust has also continued to recruit new volunteers into other well established services such as Chaplaincy, hospital radio, breastfeeding peer support, community services and charities which are aligned to the Trust.

- Number of volunteers interviewed in the Trust 2019/20: 136
- Number of volunteers started 2019/20: 70
- Number of volunteer who have left the Trust 2019/20: 14
- Total number of volunteers in place at end of financial year 2019/20: 357
- Breakdown of roles (services) new starters commenced into 2019/20:

Service/ Role	Number of volunteers employed
Breastfeeding peer support (maternity services)	11
Cancer Services (Information Assistants)	3
Chaplaincy	8
Dementia Outreach	3
Hospital ward / patient support	24
Hospital Radio	2
League Of Friends	6
Miscellaneous	5
Therapy Services	5
Patient Experience (Friends and Family test, scooter service, wayfinding)	3

Volunteer Activity during the Covid-19 (Coronavirus) Pandemic

As the Covid-19 pandemic reached the United Kingdom (UK) in March 2020, clear guidance was issued by the UK Government recommending that those who were more vulnerable due to health and age, were recommended to stay at home as much as possible and in some cases, shield entirely for 12 weeks. In addition, many volunteers wished to take a more cautious approach in terms of their volunteering and chose to suspend their volunteer placements during the pandemic.

This meant that the Trust's volunteer numbers reduced dramatically to very minimal numbers. At the same time, the Trust was being contacted by members of the public keen to provide their assistance. This ran parallel with many schools and colleges closing and students wishing to find something helpful to do and workers having non-essential work suspended meaning that they also had time to offer.

The Trust have therefore taken forward recruitment of new volunteers and at the end of March 2020, it received 350 applications from members of the public wishing to volunteer. As part of the recruitment process, as well as ensuring that





all essential statutory recruitment requirements were adhered to, these new volunteers received generic training to prepare them for the role.

Equality, Diversity and Inclusion

The Trust's commitment towards equality and diversity is evident through its value framework, its culture of openness and transparency and the range of activities across the Trust to improve services.

Key initiatives during 2019/20 included:

- Publication of the Trust Annual Equality, Diversity and Inclusion Report. The report provides an in-depth analysis of the equality related information collected across the Trust. Follow up actions have been created in order to address imbalances in diversity and to improve accessibility for the communities that the Trust serves
- Change in interpreting and translations services. Following the end of contract and new procurement and tendering process, the Trust changed its interpretation and translation services to a new provider. This was implemented in December 2019 with guidance being issued and staff being trained on how to use the new system
- Review of Accessible Information Standard (AIS) Action Plan and Progress. The Trust AIS working group has undertaken a fundamental review of the action plan which has been in place since 2016. The action plan has been streamlined and will concentrate on a small number of key actions. Efforts have been made

to raise awareness of the standards and staff have been encouraged to complete an external e-learning training package

- Hearing Loss. Following the production of a patient story depicting the experiences of D/deaf patients, a D/deaf service user's liaison group has been established. Regular sessions of basic British Sign Language (BSL) training have been delivered for some front line staff and senior managers. Executive members have also received this training as part of their Board Development activity
- Publication of the 2018/19 Schedule of the Equality Impact Assessments. A new more proactive approach was also introduced for reviewing and monitoring equality impacts assessments related to policy and strategy updates.



PLACE Inspections

Patient Led Assessments of the Care Environment (PLACE) offer a non-technical view of buildings and non-clinical services. It is based on a visual assessment by patient assessors.

The assessment falls into 6 broad categories:

- Cleanliness
- Condition, appearance, maintenance
- Food
- Privacy, dignity and wellbeing
- Dementia
- Disability.

The details for the assessment process during 2019/20 were as follows:

Site	Date	No of Patient Assessors	No of Staff	No of Wards inspected	No of Outpatients inspected	No of food tastings
New Cross	16th October 2019	6	6	11	10	5
	30th October 2019	2	2			
West Park	17th October 2019	5	3	3	2	2
CCH	10th October 2019	4	4	2	6	2

In addition, all sites had an external and internal assessment of general areas.

The assessment process was led by the patient assessors supported by a staff member acting as scribe. Each team comprised of 50% patient assessors as a minimum. The patient assessors had received training on how to conduct the assessment and it was made clear that it was their opinion that would be documented and submitted. The assessment process was not a technical audit, but the patient's perception of the environment based on the training provided to them.

The scoring is clear and in most cases was either a pass (2 points), a qualified pass (1 point) or a fail (no points).

The assessment questions were revised and this is the first set of results following the revision, therefore, the results cannot be compared against previous years.



Results - New Cross

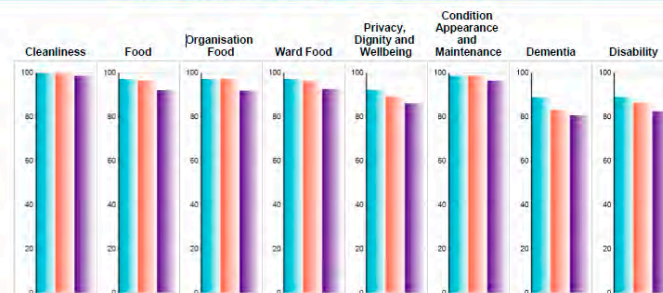
THE ROYAL HOSPITAL AKA NEW CROSS (WOLVERHAMPTON)- Collection: 2019



Achieved Score (Actual)	2790.0000	494.5000	87.5000	407.0000	484.0000	1061.0000	789.5000	607.5000
Available Score (Actual)	2802.0000	514.0000	90.0000	424.0000	544.0000	1076.0000	964.0000	708.0000
Site Score	99.57%	96.21%	97.22%	95.99%	88.97%	98.61%	81.90%	85.81%
Organisation Average	99.62%	96.43%	97.26%	96.27%	89.25%	98.67%	83.08%	86.37%
National Average	98.60%	92.19%	91.92%	92.62%	86.09%	96.44%	80.70%	82.52%

Results - Cannock Chase Hospital

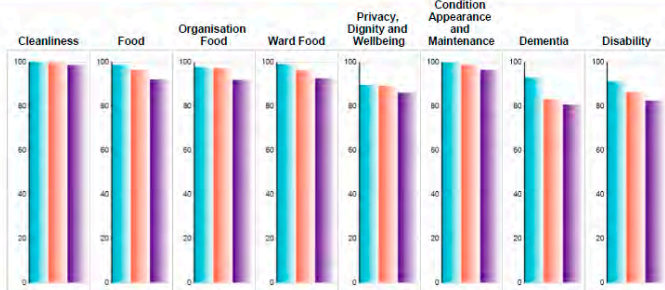
CANNOCK CHASE HOSPITAL- Collection: 2019



Achieved Score (Actual)	1083.0000	157.5000	87.5000	70.0000	190.0000	424.0000	389.5000	297.5000
Available Score (Actual)	1084.0000	162.0000	90.0000	72.0000	206.0000	430.0000	438.0000	334.0000
Site Score	99.91%	97.22%	97.22%	97.22%	92.23%	98.60%	88.93%	89.07%
Organisation Average	99.62%	96.43%	97.26%	96.27%	89.25%	98.67%	83.08%	86.37%
National Average	98.60%	92.19%	91.92%	92.62%	86.09%	96.44%	80.70%	82.52%

Results - West Park

WEST PARK HOSPITAL- Collection: 2019



Achieved Score (Actual)	742.0000	308.0000	88.0000	220.0000	172.0000	299.0000	336.0000	248.0000
Available Score (Actual)	742.0000	312.0000	90.0000	222.0000	192.0000	300.0000	362.0000	272.0000
Site Score	100.00%	98.72%	97.78%	99.10%	89.58%	99.67%	92.82%	91.18%
Organisation Average	99.62%	96.43%	97.26%	96.27%	89.25%	98.67%	83.08%	86.37%
National Average	98.60%	92.19%	91.92%	92.62%	86.09%	96.44%	80.70%	82.52%

This is an outstanding set of results for the Trust and in summary:

- All areas, across all sites, have scored higher than the national average
- The Trust organisational score for cleanliness across the sites was 99.62%, against the national average of 98.60%
- The organisational score across all elements of the food service is 96.65%, which is approximately 4% higher than the national average score of 92.24%
- Condition, Appearance and Maintenance remains high scoring at 98.67% against the national average of 96.44%
- The Environment Group has completed a lot of work over the past two years to improve Dementia and Disability scores and whilst the scores are higher than the national average, there is further work to be completed to improve these areas.

Looking forward, in order to improve disability access to Trust's buildings and ensure the Trust is Dementia Friendly, the Trust will plan to:

- Have an independent review of access across all three sites to ensure we make the right changes
- Continue to address environmental issues which will ensure the Trust supports patients and visitors with dementia, by making the environment as welcoming as possible.

Chaplaincy Services

The Multi Faith Chaplaincy Team exist to meet the spiritual, pastoral and religious needs of those of faith and none within the Trust, irrespective of age, gender, ability, race, religion or belief or sexual orientation.

This service is accessible to all patients, their families and friends, staff and volunteers throughout the Trust and, is available throughout the 24 hour period, each and every day of the week, throughout the year. The Team also responds to emergency call-outs across all three sites.

The Team currently comprises representatives from the Christian, Hindu, Muslim and Sikh faith traditions and, representatives from other faiths may be available upon request. The Chaplains regularly visit wards at each of the three Trust sites and, patients who require support, are visited at the bedside for pastoral and spiritual support, faith rites and sacramental care.

Prayer resources are available on all wards or may be obtained by contacting the Chaplaincy Team directly. Multi faith prayer facilities are available at New Cross and Cannock Chase Hospitals and, weekly Christian, Hindu, Muslim and Sikh prayers are offered at these sites.

The Chaplaincy Team delivers annual services on behalf of the Trust, some of which include the Annual Babies Memorial Service, Babies Christmas Act of Remembrance and Service of Thanksgiving to Celebrate International Nurses Day and Day of the

Midwife. In addition, the Team organise events to celebrate Christian, Hindu, Muslim and Sikh festivals and is looking to further develop this across the three Trust sites.

The Team respond to local, national and worldwide events and incidents, providing prayer and support to all, who may have been affected in any way. The

Team continue to proactively develop, by increasing their involvement and collaborative working with the Palliative Care, Dementia Outreach and Critical Care Team. The development of quiet reflective spaces, accessible to all staff, is currently in the exploratory phase.





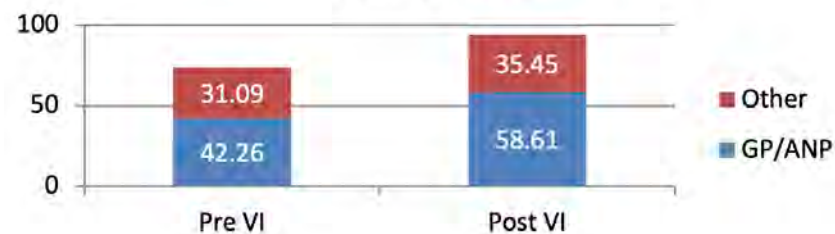
Primary Care Network (PCN)

The Trust has continued to expand its Primary Care services and there are now **ten GP practices** that are part of the Trust. This model of delivery of care offers a unique opportunity to re-design services from initial patient contact through to on-going management and end of life care. As a single organisation, the challenges associated with the scope of responsibility, funding, differing objectives and drivers are reviewed, which enables clinicians to design more effective, high quality clinical pathways to improve access and positively impact on patient outcomes.

Appointment access data

Improving access to patients is important to the Trust, and we strive to ensure that patients have the access they require at the right time with the right clinical staff. The information below demonstrates continued improvement in booked appointments for our patients.

GP/ANP & Other booked appointments per 1,000 patients



The table below outlines booked appointments by practice per thousand patients per financial year:

	2018/19			2019/20		
	GP	Other	All	GP/ANP	Other	All
Alfred Squire	52.97	60.38	113.35	61.23	32.58	93.81
Coalway Road	46.88	19.85	66.73	50.84	26.72	77.56
Joined the Trust during 2018/19: data starts May						
Dr Bilas (Griffiths Drive)				33.26	24.48	57.74
Joined the Trust during 2018/19: data starts June						
Dr Fowler (Oxley)				17.95	12.63	30.58
Joined the Trust during 2018/19: data starts February						
Wingshall	47.16	30.55	77.71			
is no longer part of the Trust						
Lakeside	37.27	74.51	111.78	46.22	35.48	81.70
La Road	54.3	39.37	93.67	82.49	26.28	108.77
Penn Manor	48.88	41.93	90.81	74.32	124.52	198.84
Thornley	35.77	17.51	53.28	43.08	10.47	53.55
Warstones	72	39.58	86.55	96.92	32.59	129.51
West Park	68.44	29.46	97.9	67.38	28.78	96.16
	51.52	39.24	87.98	58.61	35.45	84.65

Health checks

The diagram on the right illustrates the Trust's completed health checks for our patients. The number of appointments has been doubled and has improved the Trust's national score, which is excellent demonstration of our success.



GP Patient Survey results

N.B: The content of the GP patient survey has been changed significantly to reflect changes in the delivery of primary care services in England. In addition, the sample frame has been extended to include 16-17 year olds to improve the inclusivity of the survey. These changes mean that it was necessary to consider the likely impact on comparison on survey estimates when looking at trend data. Following

the assessment of the impact, the analyses suggests that comparison with previous years would be unreliable for the majority of questions at national level (and for all questions at CCG and practice level) even where question wording remained similar, and have informed the decision not to present trend data in the GP patient survey outputs for the 2018 publication. This information is based on the NHS England's narrative pertaining to this survey.

VI Averages

	Jul-17	Jul-18	Jul-19	Local CCG Avg.	National avg.
Through to surgery phone	76.40%	72.56%	77.00%	66.00%	68.00%
Receptionists are helpful	89.40%	89.44%	92.00%	87.00%	89.00%
Patients satisfied with GP appointment times available		66.44%	68.50%	66.00%	65.00%
Speak/See preferred GP	57.60%	44.67%	45.33%	49.00%	48.00%
Patients offered choice of appointment		57.11%	61.40%	59.00%	62.00%
Patient satisfied with type of appointment offered		73.56%	75.30%	71.00%	74.00%
Patient took the appointment they were offered		91.89%	93.30%	71.00%	74.00%
Experience of making an appointment was good	76.40%	65.56%	69.50%	65.00%	67.00%
Wait 15 mins or less for an appointment	67.80%	69.67%	71.30%	69.00%	69.00%
Last Healthcare Professional they saw or spoke to gave them enough time		85.56%	84.80%	84.00%	87.00%
Last Healthcare Professional they saw was good at listening to them		87.00%	86.50%	86.00%	89.00%
Last Healthcare Professional they saw was good at treating them with care and concern		84.67%	86.40%	84.00%	87.00%
Last Healthcare Professional they saw involved them in decisions about care		91.33%	94.00%	91.00%	93.00%
Confidence and trust in the last Healthcare Professional seen		95.44%	94.60%	95.00%	96.00%
Healthcare professional recognised or understood any mental health needs		85.44%	84.60%	84.00%	86.00%
Felt their needs were met during their last general practice appointment		94.89%	94.10%	93.00%	95.00%
Enough support from local services or organisations in the last 12 months for LTC		87.11%	79.56%	77.00%	78.00%
Overall experience as good	92.20%	84.11%	85.40%	81.00%	83.00%

The Trust continues to monitor performance and quality through, for example, audits, scorecards, regular meetings, datix. This enables the Trust to identify key themes and trends to encourage innovation and improvement.

As part of the Trust's commitment to transparency, key information is shared with our teams, directorate and division through the performance and governance meeting structures to provide quality assurance.

Notable achievements during 2019/20 include:

Governance structures implemented for all practices

The work all of the practices had carried out with regards to the carers register

- Positive recognition from the CQC with respect of the:
 - scorecard and the information it provides to the practices
 - links between the Trust and practices and the making it better alerts which the practices received
 - safeguarding alert processes
 - medicines management and associated Standard Operating Procedure
 - International Normalised Ratio (INR) process and all practices now having access to INR star.

The Trust continues to work closely with colleagues and partners to deliver integrated working and new pathways and processes as they emerge from the

Integrated Care Alliance (ICA) Clinical Groups and the emerging Primary Care Networks to continually improve the care and treatment of patients and the public we serve.

Continuous Quality Improvement

To support the realisation of the Trust's vision, there is recognition of the need to continuously improve the quality of its services and embed a culture to support this. One of the means to achieving this has been the establishment of a Continuous Quality Improvement (CQI) Team. The team was established in April 2019 and consists of programme partners aligned to the clinical divisions of the Trust and clinical leadership.

The CQI Team organise their work around the following key priorities:

1. Building CQI capability and capacity
2. Patient safety
3. Patient journey

The themes align with, and support, the overall quality priorities of the organisation.

- **The building capacity and capacity work stream** revolves around teaching staff the methodology of quality improvement to equip them with the skills to apply this in their working lives. Having been successfully accredited

as a QSIR (Quality, Service Improvement and Redesign) Academy, it allows the Trust to train its staff in the methodology of quality improvement. The CQI Team has begun training staff in CQI with all new starters now receiving QSIR fundamentals sessions on induction and existing staff receiving the QSIR practitioner course. This is a significant milestone in the Trust's ambition to build capability in CQI across the organisation and embed this approach with the staff at the start of their career at the Trust.

- **The patient safety work stream** focuses on continually improving the safety of the Trust's services. Work with clinical teams has focussed on sepsis, stroke, heart failure, pneumonia, renal failure and liver disease. Additionally, through the use of Plan, Do, Study, Act (PDSA) cycles, the CQI Team has worked with ward teams to further reduce the number of patient falls being experienced under our care.
- **Finally, the patient journey theme work stream** focuses on improving the experience of a patient visits throughout the hospital by minimising delays. To support this, the team has rolled out a 'huddle' tool across all of the medical wards. This tool provides accurate and unique data in a timely fashion about the constraints in the system and clear targets for improvement work internally and with our partners. In addition to this, 'long length of stay reviews' now take place routinely on patients who have been in the Trust for an extended period of time to explore the reasons for their delay (if any) and swift action to minimise this.

- During 2020/21, the Trust will continue to further embed its CQI agenda and progress a variety of projects to support the overall CQI priorities, Trust vision and values.

Use of the CQUIN payment framework

A proportion of the Trust's income is conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) Payment Framework. CQUINs enable the organisation to focus on the quality of the services delivered, ensuring that the Trust continuously improves and drives transformational change with the creation of new, improved patterns of care. These will impact on reducing inequalities in access to services, improve patient experiences and the outcomes achieved. CQUIN initiatives are owned by identified service leads, who develop action plans with support from the contracts team to ensure the required changes are delivered.

CQUINs are agreed during the contract negotiation rounds with input from clinical leads and Executive Directors including the Chief Operating Officer and the Deputy Chief Nurse. Any areas of clarification or concern are highlighted to commissioners during this negotiation period to ensure the CQUIN requirements are relevant and achievable to the organisation.

Page 147



Review of 2018/19:

For the first time, NHS England published a number of two year schemes (2017-19) with the aim of providing greater certainty and stability on the CQUIN goals, leaving more time for health communities to focus on implementing the initiatives.

N.B. The 2018/19 financial year is the most recent finalised reporting period. At the time of producing this Quality Account, the 2019/20 CQUIN schemes remained in progress.

What we set out to achieve:

The 2017/18 and 2018/19 schemes are outlined below and performance against these requirements has been provided.

CQUIN Indicator Name	Description	Achievement of Payment	
		2017/18	2018/19
Production of health and wellbeing (Staff Survey)	Improving health and wellbeing for staff is giving them the opportunity to access schemes and initiatives that promote physical activity, provide them with mental health support and rapid access to physiotherapy where required. Outcomes are monitored via the National NHS Staff Survey.	0%	0%
Healthy food for NHS Staff, GPs and patients	Providers are expected to maintain the step-change in the healthy food provision required in 2016-17 and to introduce additional changes to continue the reduction in high sugar, salt and fat food content.	100%	100%
Improving uptake of Flu Vaccinations for Front line clinical staff	The CQUIN aims to achieve 70% uptake of Flu Vaccinations of frontline staff.	50%	50%
Timely identification and treatment for sepsis in ED and acute inpatient settings	This CQUIN assesses timely identification of patients who present with severe sepsis, red flag sepsis or septic shock and were administered intravenous antibiotics within the appropriate time-frame.	67.5%	ED – 62.5% Acute – 37.5%
Reduction in Antibiotic Consumption	Following on from 2016-17 the aim is a further 1% reduction in the use of antibiotics across the Trust.	66%	33%
Empiric review of antibiotic prescriptions	This monitors the percentage of antibiotic prescriptions documented and reviewed by a competent clinician within 72 hours. Ensuring appropriate monitoring of antibiotics usage and supporting the reduction antibiotic usage.	100%	100%
Improving Assessment of Wounds	The aims to increase the number of full wound assessments undertaken in patients who have wounds which have failed to heal after 4 weeks.	100%	100%
Personalised Care and Support Planning	The purpose of this CQUIN is to embed personalised care and support planning for people with long-term conditions. This will support people to develop the knowledge, skills and confidence to manage their own health and wellbeing.	100%	100%

Secondary Dental Electronic Referral Management System (2018-19 only)	Implementation of Dental Electronic Referral Management System. This system allows General Dental Practitioners to refer all patients electronically into secondary care.	N/A	100%
Bowel Cancer and Bowel Scope Screening	Improve access and uptake through patient and public engagement.	100%	100%
Cost Effective prescribing of Recombinant Factor VIII Products for Haemophilia A patients (2018-19 only)	Optimising the use and management of medicines is a significant and realisable opportunity within the NHS and the Carter Review highlighted a high level of variation in use and medicines management costs which could be re-invested to support sustainable service delivery. This CQUIN relates specifically to Factor VIII blood products for Haemophilia A patients	N/A	100%
Nationally standardised Dose banding for Adult Intravenous Anticancer Therapy (SACT)	It is intended that all NHS England commissioned providers of chemotherapy move to prescribing a range of drugs in accordance with a nationally approved set of dose tables.	100%	100%
Medicines Optimisation	This CQUIN has been designed to support Trusts and commissioners to realise benefits through a series of modules that improve productivity and performance related to medicines. The expectation is that the targets and metrics will unify hospital pharmacy transformation programme (HPTP) plans and commissioning intentions to determine national best practice and effective remedial interventions.	91.5%	100%
Paediatric Networked Care	This scheme aligns to both the national Paediatric Intensive Care Unit service review and the West Midlands review of Paediatric Critical Care services. Both work streams require delivery of robust information in order to understand the existing flows of care and meaningfully scope potential for change. In order to ensure delivery nationally it is expected that providers within a region should form a network of care, with Paediatric Intensive Care Unit providers taking on leadership.	100%	100%
Neonatal Community Outreach	To improve community support and to take other steps to expedite discharge, pre-empt re-admissions, and otherwise improve care such as to reduce demand for Neonatal critical care beds and to enable reduction in occupancy levels.	100%	100%

Progress of the CQUIN programme is monitored via the Contracting and Commissioning Forum chaired by the Director of Strategic Planning and Performance. Any areas of concern or risk are discussed at this forum and actions identified for mitigating or escalating the risks. Financial progress is monitored via the Finance and Performance Committee.

Quarterly submissions are made to Commissioners via the Contracts Team which includes the data as specified within the CQUIN milestones and any additional evidence which provides assurance that the goals outlined within the CQUIN have been achieved.

These reports are collated and submitted to all commissioning bodies where CQUIN schemes have been agreed. These reports are scrutinised and where needed additional clarification is requested from the Trust before the Commissioners provide feedback as to levels of achievement.

Looking forward
2020 / 21

Looking forward 2020/21

Priorities

for Improvement

Page 150

Workforce

Safe Care

Patient Experience



The priorities outlined in the looking forward section will contribute to the achievement of the following Trust strategic objectives 2018-2021:

- To have an effective and well integrated health and care system that operates efficiently
- Proactively seek opportunities to develop our services
- Create a culture of compassion, quality and safety
- Attract, retain and develop our staff and improve employee engagement
- Be in the top 25% for key performance measures.

Priority 1 – Workforce

Nursing, Midwifery and Health Visiting Workforce

Key areas of focus for 2020/21 will include:

- Continue to build upon our successful recruitment programme into the nursing, midwifery and health visiting posts, through our award winning Clinical Fellowship Programme and United Kingdom and international recruitment
- Continue to work with universities to offer an increased number of placements and attract students as our future workforce

- Further strengthen our focus on retaining our nursing, midwifery and health visiting workforce
- Focus on developing new roles and career progressions opportunities for our existing nursing, midwifery and health visiting workforce
- Ensure provision of attractive development programmes
- Continue to strengthen our governance arrangements, by further embedding our daily oversight reports via the Safe Care Module and other governance reports
- Ensure the Trust is fully compliant with the Developing Workforce Safeguards requirements
- Expand our apprenticeship offer to the diverse population and continue to work with

the Prince's Trust, to widen potential future employment opportunities within healthcare for the young people in our local community.

Medical Workforce

Key areas of focus for 2020/21 will include:

Consultants

- Continue to develop internally trained consultant staff from fellowship programme
- Aim to strengthen links with neighbouring organisations where the national consultant resource is limited.

Junior medical staff / fellowship

- Ongoing development and expansion of fellowship programme.

Medical students

- Integrate Aston Medical School students into the Trust and recognise this will be an important future source of junior and senior medical staff
- Continue to provide high quality training for University of Birmingham medical students



Allied Health Professionals

The vision of the Interim People Plan is to deliver an effective supply of AHPs, ensuring robust deployment and development of staff, whilst placing a focus on the retention of the workforce, across professions and geography, to ensure the system has the right workforce with the right skills in the right place to deliver high quality care by 2024. As a result of our combined interventions there will be fewer AHP vacancies nationally with an ambition to improve aggregate AHP vacancy rates to an operational position of 5%. To support this vision we will support the following projects/workstreams:

Pages 152.

- Reducing Pre-registration Attrition and Improving Retention (RePAIR). Health Education England (HEE) launched the output from RePAIR in October 2018. It enabled HEE to gain an in-depth understanding of the factors impacting on healthcare student attrition and the retention of the newly qualified workforce in the early stages of their careers. Covering the four fields of nursing (adult, children's, learning disabilities and mental health), midwifery and therapeutic radiography, RePAIR explored effective interventions to improve retention across the student journey - from pre-enrolment to two-years post-qualification. Subsequently, six small individual projects made up the RePAIR Legacy projects covering the four fields of nursing and midwifery. HEE has now commenced the new national

RePAIR Implementation Plan programme. This programme is a partnership between the Council of Deans of Health and HEE and is being delivered through four regional teams, including a regional RePAIR Fellow for HEE. The aim of the RePAIR Implementation Programme is to improve nursing, midwifery and AHP student retention by 15% and the number who take up employment by 15% over a five year period 2019/20-2023/24.

- The majority of new AHPs qualify through pre-registration education, therefore ensuring growth in this route is therefore central to achieving our aims. HEIs have highlighted placement capacity as a barrier to increasing current intake levels and initial discussions suggest expansion could be achieved with better coordination and alignment between HEIs and NHS providers, supported by a continued focus on increasing applications to AHP courses. It has also been identified that there is significant variation with regards to system architecture to support the AHP workforce with regard to professional development, education and research, including coordination of AHP clinical placements. Sustainable growth in the AHP workforce is vital to delivering the ambitions of the Long Term Plan. Therefore the Black Country Sustainability and Transformation Partnership AHP council will work collaboratively to support the operational delivery of increased placements utilising new placement models with a sound governance framework.

- We recognise that apprenticeships provide career ladders for staff to develop their skills, expand the contribution they can make to patient care and strengthen their commitment to continue working for the NHS. As an organisation we shall support the development of the infrastructure required to deliver apprenticeships and will provide training and education and explore opportunities for apprenticeship developments in the organisation.

Other AHP initiatives:

An AHP System Framework has been developed and is aligned to the Trust's Nursing System Framework. This Framework recognises the importance of all staff, including registered and support staff, in service delivery. It provides an opportunity to create a vision for 2020-2023, which progresses the development of current practice and ensures quality is embedded in all patient related interventions. There are specific outcomes for the AHP services to achieve which will be monitored within the governance framework.

In terms of SALT, the team will focus on the following initiatives:

- Complete our work with the Black Country Early Outcomes Fund project with our partner organisations and enact sustainability plans for the future
- Develop plans to modernise and expand services in partnership with Head & Neck and ENT
- Begin the move to paper-light working.

Health and Wellbeing

The Trust's commitment to delivering high quality patient care is dependent on having healthy staff who feel supported. The Trust believes that supporting staff wellbeing in the workplace is an important shared responsibility and to enable this, the Trust agreed its strategic approach to workplace health and wellbeing in 2019. This approach is based around 5 pillars of health and wellbeing: Career Wellbeing, Mental and Emotional Wellbeing, Physical Wellbeing, Financial Wellbeing, Community and Social Wellbeing. This approach includes a high level action plan with a number of key priorities particularly in relation to physical and emotional wellbeing. As key achievements, the Trust has put in place over 60 mental health first aiders, embedded Remploy's mental health support programme and made a number of improvements in line with the fatigue and facilities charter.

A health and wellbeing page has been developed on the Trust's intranet to provide information, tools and resources with the aim of supporting our staff by:

- letting them know what the Trust has put in place to assist them with wellbeing issues at work
- signposting them to what is available generally so that staff can take action on their personal health and wellbeing both in and outside of work.

The health and wellbeing page have a number of themes where staff can find tailored information on the following aspects:

- Mental wellbeing, physical wellbeing, a healthy body, work/ life balance, workplace health and welfare, smoke-free you and staff benefits.

The Trust has currently 25 volunteer Health & Wellbeing Champions who have offered their time to help promote health campaigns and encourage a healthy culture within their workplace, signpost others to local services and act as a communicator during team meetings to promote health events and initiatives across the Trust.

All our champions are approachable with an enthusiasm and an interest/qualification in health and wellbeing and wish to contribute to a positive culture in the workplace and by supporting staff engagement.

During 2020/21, the Trust will continue to further embed its health and wellbeing agenda and progress a variety of approaches to support the health and wellbeing of our workforce. Additional support and resources will also be provided as part of maintaining staff wellbeing during the coronavirus (Covid-19) pandemic period.



Priority 2 – Safe Care

The Trust will continue to focus on driving improvements in safe care and maximise learning opportunities to continuously improve patient care and experience. During 2020/21, the focus will be on the following specific areas:

Quality and Safety Strategy Priorities

The Trust's Patient Quality and Safety Strategy was launched during the summer 2019/20, which is aligned with the NHS Patient Safety Strategy (NHS England/Improvement, 2019). The Trust's strategy describes key aspect that the Trust will focus on over the next 3 years, which includes:

- Embedding a culture of safety
- Facilitating innovation and delivering safe and effective quality
- Protecting patients from unintended or unexpected harm.

This will be achieved by strengthening our approach to measuring and monitoring performance; learning continuous quality improvement skills; innovating, sharing best and spreading best practice, adopting new guidance and investing in leaders and teams. The strategy has 16 priority areas for 2019/20, associated outcome measures and milestones.

Positive progress has been made to date pertaining to these areas as the majority are part of existing work streams. Examples include:

- Learning from deaths programme – this extensive work programme has seen examples of positive impact on patient outcomes and a reduction of the Trust's SHMI to 'within the expected range'
- Embedding continuous quality improvement (CQI) – substantial activity has taken place and a CQI plan launched across the organisation, including staff training. In total, 143 staff have attended the Quality Service Improvement and Re-design (QSIR) fundamental training, 9 staff have become QSIR trainers and 10 staff have become QSIR practitioners. A variety of CQI projects have been supported and delivered during 2019/20. Please refer to the CQI section for more details
- Enhancing and retaining our workforce – extensive focus has remained in place to recruit and retain staff within the Trust. Please refer to the workforce section for more details
- Reducing harm – the Trust has continued to focus on reducing patient falls, VTE, infection, pressure ulcers and key achievements are described in the looking back section of the Quality Account.

The next step will be to evaluate the priority areas for 2019/20 during the summer 2020 and develop

more detailed milestones and outcome measures for 2020/21.

In addition, the current governance structure associated with deteriorating patient oversight will be reviewed during 2020/21.

Harm Free Care

Falls

Preventing falls and learning from these incidents will remain a priority area and the Trust's focus will include:

- Identify further continuous quality improvement projects for specific aspects of care, or in specific clinical areas, and share our learning across the Trust
- Address concerns of audit undertaken in 2019/20 pertaining to documentation
- Further strengthen staff knowledge and education
- Undertake the annual audit and evaluate results in order to identify areas of good practice and where improvements are required

- Continue to hold the established accountability meetings with clinical leaders to review falls incidents, promoting shared accountability, learning and ownership.

Venous Thromboembolism (VTE)

The VTE group will continue its work and focus on the following areas:

- Work on consistently meeting and exceeding the Key Performance Indicators (KPIs) for VTE assessments. An updated Quality Improvement Plan (QIP) is in place to achieve this and other aims related to VTE prevention
- Undertake a full review of the Trust's VTE prevention and management policy by July 2020
- Implement the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) knowing the score for Pulmonary Embolism (PE) diagnosis and management
- Implement comprehensive assessment and management of VTE prevention measures for patients in lower limb casts as per the most recent NICE guidance NG89
- Given the success of the anti-coagulation in-reach team, the aim is to expand the team to provide the service across other areas of the Trust
- Continue to work with the electronic prescribing team to link VTE risk assessment and prescription

- Finalise a reporting system using electronic data for prescriptions and administration and trial its use in a clinical area.

In addition, the Trust anticipates further updates to clinical guidance (CG144) in the coming year, which might lead to changes in practice.

Pressure Ulcers

The key priorities for 2020/21 will include:

- To agree and launch an ambulatory wound services for patients with complex wounds such as leg ulcers and non-healing wounds
- To access the patients' wound care at a clinic managed by experienced wound care nurses
- The Trust plans to develop processes and will provide assurance for community leg ulcer management, in accordance with the national CQUIN guidance
- The pressure ulcer overarching action plans, to direct continued improvement to prevent preventable pressure ulcers and moisture associated skin damage
- The wound formulary and relevant pathways will be reviewed and launched.

Preventing Infection

The Trust will continue to work effectively with colleagues in primary, secondary and social care to develop work streams and individual projects that will deliver the values of the Trust and our CCG and

improve patient safety and quality of care.

Key areas of focus for 2020/21 will include:

- A significant part of the Infection Prevention and Control Team's focus in Q1 and Q2 2020/21, will be managing the significant challenges and impact of COVID-19 (coronavirus) pandemic
- Sustain best practice and broaden knowledge of infections through collection and analysis of good quality surveillance data
- Develop an infection prevention system in the wider healthcare community setting
- Zero tolerance to avoidable health care associated infections
- Expand research activity of the Infection Prevention Team
- Sustain the Trust's excellent reputation for infection prevention through team members' participation in national groups and projects
- Progress the plan for reducing the use of urinary catheters
- Continued robust prevention and management of Methicillin Resistant Staphylococcus Aureus (MRSA), Methicillin Sensitive Staphylococcus Aureus (MSSA) and Carbapenemase Producing Enterobacteriaceae (CPE).

Human Factor and Team Optimisation

Human Factors

Human factors (HF) are widely used in safety-critical industries, with healthcare being a relative late-comer to the field. Being human by its very nature, makes us all fallible. The additional titles we hold, for example, doctor, nurse, midwife, pharmacist, dentist, chief executive, non-executive director, as a result of our education, training and technical ability, will never change the fundamental imperfections found among humans. This reality builds a stronger argument for the need to understand the impact of human factors within our healthcare setting.

Developing expertise in human factors analysis and principles will enable this learning and is expected to benefit patient outcomes, experience and patient safety as a whole. Other external benefits include meeting the requirements of external regulatory and oversight bodies and a reputation of improvement for the Trust.

A proposal for delivering in-house HF training and expertise has been drafted and consulted and is to be developed into a business case for Trust consideration. A Service Model for introducing human factor principles and expertise into the Trust has been developed and includes training and the application of HF expertise to Trust processes, including incident management and investigation, procurement, policy and process development, medical device and IT system usability testing.

The Trust reviews incidents to identify where human factors are featured. This may feature in the form of communication, policy/processes compliance, situational awareness, clinical judgement/decision-making. The Trust has already invested in buying-in bespoke HF training for some areas. These include, an in house Clinical Simulation Lab, training courses on emotional intelligence, process communication and leadership and will develop its resources and capacity further to address the HF issues that arise.

Team Optimisation

The effective functioning of a team is an important aspect of human factors and well recognised in research as key to patient safety, experience and outcomes. Taking on the challenge the Trust developed the Team Optimisation Model (TOM) aimed at improving the safety culture and team effectiveness through a number of co-complimentary interventions which dealt with human factors, staff and team communication, team function and teamwork, emotional intelligence and staff wellbeing. The intended benefits of rolling out Team Optimisation is to provide the team with a clearer understanding and plan of its overall goals, roles, processes, and working relationships (as well as inter team working and behaviours); so that staff can work more effectively, cohesively, efficiently and safely to reduce avoidable harm, recurring incidents and improve team

culture and working climate.

The TOM model and its various interventions are arranged under the heading of Goals, Roles, Process and Relationships, it is based on research findings that charts the core components, interactions and functions of effective teams. The TOM programme is delivered via a programme of 4 workshops and are also available as a menu of bespoke interventions that can be applied to specific issues within a team.

In developing and using such a programme, the Trust is proactively seeking out opportunities and areas to improve and learn from its own intelligence and experience.

During 2020/21, the plan would be to develop a HF and TOM resource in a complimentary framework for implementation in the Trust. A proposal and service model is to be developed into a business case which the Trust will review through its approval processes. The Trust remains committed to continuous improvement and considers its work on human factors, team optimisation and safety culture to be a key parts of its improvement journey.



Medication Management and Safety

Page 157

The Trust will continue to monitor medication incidents and share learning during 2020/21.

The Trust's priorities for 2020/21 will include:

- Insulin Task and Finish Group: A task and finish group has been set up to review all incidents which have involved insulin. The group will review the observations made by Care Quality Commission (CQC) and formulate a Trust wide plan for improvement
- The Medication Safety Team has identified that incidents involving enoxaparin and gentamicin are commonly reported. During the new financial year, incidents involving these medications will be collated, areas for improvement identified and an action plan for each drawn up and delivered.

Getting it Right First Time (GIRFT) Programme

The Trust's priorities for 2020/21 will include:

Continue to maintain links with the regional GIRFT Team to maximise the benefits that the GIRFT programme offers

Increase shared learning from other organisations, utilising the network that the GIRFT programme offers

Continue with the planned GIRFT visits and revisits and formulation of actions in conjunction with directorates

Maintain a multi-disciplinary approach to the programme to encourage learning across teams

Continue to embed GIRFT as a key component of the Continuous Quality Improvement agenda

Mental Health

During the summer 2019, the Trust has launched a comprehensive work stream focusing on improving care of the patients with mental health conditions and strengthen the associated governance processes. This was as a result of some gaps identified as part of the well-led framework assessment and feedback from Care Quality Commission. The strengthened approach includes a detailed action plan, which is

being overseen by a multi-stakeholder oversight group.

Key aspects the Trust has focussed on include:

- Implementation of a robust governance structure for mental health from Ward to Board
- Staff training and competence with regards to mental health, including Mental Health Act
- Development of a Mental Health Policy and other associated documents
- Strengthening the provision of mental health care for patients attending our Emergency Department and those admitted to inpatient wards
- Access to mental health advocacy for patients
- Introduction of audits to monitor compliance associated with the mental health provision
- Ensuring that environments are safe for mental health patients
- The risks associated with mental health and learning disability patients are effectively mitigated
- Patients with learning disabilities are receiving safe and high quality care, meeting their needs
- Access to mental health support and resources for the staff.

During 2020/21, the Mental Health Operational Oversight Group will continue to progress actions outlined in the operational plan, with the Board receiving regular updates throughout the year.

Safeguarding

Safeguarding children, young people and adults from abuse and harm is everybody's business and an important part of everyday healthcare practice and patient care. The Trust has a dedicated Safeguarding Team of nurses / health professionals and administration staff to provide advice, support and training to the Trust's staff and other care providers within Wolverhampton.

All staff working within the Trust who have a responsibility for the care, support and protection of children and vulnerable adults should ensure that those at risk are safe. If staff witness or have suspicions of abuse or neglect, they are under an obligation to report it without delay even if they have not witnessed the abuse or neglect themselves. The Safeguarding Service seeks to protect children, young people and adults through training, supervision and advice.

The Safeguarding Service promotes a 'Think Family' focus throughout all child and adult safeguarding work to promote the importance of listening to the voice of children and young people so that their experience is heard and for the adult to ensure that safeguarding is made personal.

Trust and Safeguarding Key Legislation

The Children's Act 2004 (Section 10 and 11) requires each local authority to make arrangements to promote cooperation between the authority, relevant

partners and such other persons or bodies working with children in the local authority's area as the authority considers appropriate. The arrangements are made with a view to improving the well-being of all children in the authority's area, which includes the need to safeguard and protect from harm and neglect.

The 'Working Together to Safeguard Children' (2018) continues to be the guidance which covers the legislative requirements and expectations on individual services to safeguard and promote the welfare of children and provides a clear framework for Wolverhampton Safeguarding Together partnership to monitor the effectiveness of local services.

The Care Act (2014) continues to direct the statutory duties of all agencies in relation to safeguarding adults to ensure that services are reactive, proactive and responsive. There is now increased importance on making safeguarding personal for individuals who require safeguarding advice and support. To achieve this professionals and agencies must work in partnership and be able to promote the well-being of both individuals and their families/carers to reduce inequalities, risk and harm from abuse.

Quality Assurance

The overall safeguarding agenda is monitored through the regular completion of the Wolverhampton Clinical Commissioning Group (WCCG) Assurance

Framework for Safeguarding Children and Adults with Care and Support Needs (2017). This provides evidence of the Trust's continued commitment to good safeguarding measures and is aligned to national and local safeguarding standards including the requirements from CQC and the Wolverhampton Safeguarding Together Partnership (WST) formerly Wolverhampton Safeguarding Children and Adult Board.

External Visits

The Wolverhampton Safeguarding Together Partnership (as part of their partnership function) visited the Trust in October and November 2019 to review the safeguarding arrangements for RWT 0-19 Children Service and Sexual Health Service. In summary, they were assured that:

- Overall practitioners were fully understanding of safeguarding
- The Wolverhampton Safeguarding Team's remit and thresholds for support were good
- There was good evidence of multi-agency working to safeguard children, families and adults.

The NHS England and Improvement Safeguarding Lead carried out a peer review of safeguarding in February 2020 and concluded that:

- The investment in safeguarding at the Trust was evident and commendable
- Safeguarding could be seen as central to the quality of care for patients and wider citizens who access the Trust.

Safeguarding Training

The Trust's Safeguarding Team deliver training to all staff who have contact with patients and volunteers. The level of training required is described within the Intercollegiate Document for Safeguarding Children and Young People (January 2019) and Intercollegiate Document for Safeguarding Adults (August 2018).

Training compliance 2019/20

Safeguarding Children Level 1	97.2%
Safeguarding Children Level 2	95.4%
Safeguarding Children Level 3	90.1%
Safeguarding Children Level 3s	87.0%
Safeguarding Adult Level 1	96.9%
Safeguarding Adult Level 2	94.5%
Safeguarding Adult Level 3	89.0%
Prevent Training	88.2%
MCA/DoLS Training	97.7%



Priority 3 – Patient Experience

The key priorities for the Patient Experience Team during 2020/21 will be to review milestones and outcomes for year 1 of the Patient Experience, Engagement and Public Involvement Strategy and progress year 2 milestones. Examples of these milestones include:

- A further roll out of the Observe and Act Initiative and Always Events
- Embed the concept of Patient Experience Champions
- Progress a variety of actions to strengthen community engagement
- Achieve key milestones associated with complaints management
- Develop new easy read patient surveys for FFT, PALS and complaints leaflets/posters
- Review themes from Friends and Family Test pertaining to groups with protected characteristics to identify potential improvements
- Take further actions to grow the co-production approach across the Trust
- Further expand the Council of Members
- Progress key milestones in the volunteer plan.

Page 160





Statements of Assurance

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.

Part 162

Review of services

During 2019/20, the Royal Wolverhampton NHS Trust provided and/or subcontracted nine categories of service; those being:

1. Accident and Emergency Services
2. Acute Services
3. Cancer Services
4. Continuing Healthcare Services
5. Community Services
6. Diagnostic, Screening and/or Pathology Services
7. End of Life Care Services
8. Radiotherapy Services
9. Urgent Treatment Centre Services

The Trust has reviewed all the data available to us on the quality of care in these categories of services.

The income generated by the NHS services reviewed in 2019/20 represents 79% of the total income generated from the provision of NHS services by the Royal Wolverhampton NHS Trust for 2019/20.

The Trust has reviewed the data against the three dimensions of quality including patient safety, clinical effectiveness and patient experience. The amount of data available for review has not impeded this objective. The data reviewed included:

- Performance against national targets and standards, including those relating to the quality and safety of the services
- Clinical outcomes as published in local and national clinical audits, including data relating to mortality and measures related to patient experience as published in local and national patient survey, complaints and compliments.



Doctors and Dentists in Training – Statement on Rota Gaps and Plan for Improvement

There are approximately 370 doctors in training who rotate throughout the Trust at any one time.

In accordance with the Terms and Conditions of Service for doctors and dentists in training (England) 2018, each trainee is issued with a work schedule which sets out the intended learning outcomes mapped to the educational curriculum, scheduled duties, time for quality improvement, research and patient safety activities, periods of formal study (other than study leave), and the number and distribution of hours for which the doctor is contracted. However, there are circumstances under which trainee doctors may work more hours than they are contracted for and there is a formal exception reporting procedure for reporting hours or educational issues that arise which should be discussed with the doctors educational or clinical supervisor to agree an outcome.

All trainee work rotas at the Trust are compliant with the requirements of the new junior doctor contract. The Guardian of Safe Working (GoSW) reports for 2019-20 highlight a limited number of exception reports submitted by doctors in training. One area that has been identified for improvement is to provide more guidance to trainees and supervisors regarding the exception reporting process. As a result the Exception Reporting Procedure has been updated and additional guidance produced. The full GoSW annual report for 2019/20 will be available in quarter two 2020/21.

In July 2019, the doctors and dentist contract was refreshed with a framework of agreement that sets out additional pay investments, improvement in safe working hours, more support for education and a modernised pay system.

A detailed project implementation plan that sets out activities to track and monitor has been completed. One challenge with progressing the recommendation was adhering to the safety limits for moving away from 1:2 weekend frequencies. This was not possible to implement in Emergency Medicine and risk assessments were put in place to maintain the 1:2 weekend working arrangement until August 2020. Implementing this recommendation sooner would have required recruiting additional Emergency Medicine Doctors from a labour market where these skills are short in supply. Despite the 1:2 weekend rotas in place, there have been no exception reports or safety concerns raised by doctors and dentist in training in Emergency Medicine.

The Trust has a Clinical Fellowship Programme (CFP) which was initiated as a method to attract and retain Junior Doctors with the aim of supporting clinical areas by enhancing junior doctor numbers and ensuring vacancies in trainee numbers were backfilled, thereby maintaining quality and safety of service provision. The CFP also helps to reduce temporary staffing spend (Agency and Locum) on Junior Doctors and the CFP has been a considerable success, recognised nationally. Whilst the CFP

has been successful in filling vacancies in other specialties, this has only been partly successful in Emergency Medicine for reasons relating to lack of specific UK Emergency Medicine experience and familiarity.

A quarterly Trust wide junior doctor forum remains in place, attended by the Chief Executive and Medical Director, which provides a regular opportunity for feedback in respect of the trainee experience at the Trust



Participation in Clinical Audits

The aim of clinical audit is for the Trust to use it as a process to embed clinical quality, implement improvements in patient care, create a culture that is committed to learning and continual development, and a mechanism for providing evidence of assurance about the quality of services.

During 2019/20 there were 73 applicable national audit projects/ national confidential enquiries covering relevant health services that the Trust provides.

During 2019/20, the Trust participated in 93% of these national clinical audit projects/ national confidential enquiries, which it was eligible to participate in.

The National Confidential Enquiries that the Trust was eligible to participate in and actively collected data for are outlined in the table below. The national reports are currently awaited.

National Confidential Enquiries	Participated
Perinatal Mortality and Morbidity confidential enquiries	Yes – Awaiting Report
Maternal Mortality surveillance and mortality confidential enquiries	Yes – Awaiting Report
Maternal morbidity confidential enquiries	Yes – Awaiting Report



There were 5 national clinical audits that were applicable, but the Trust did not participate in during 2019/20 and these are listed in the table below, including the rationale for non-participation:

National Clinical Audit & Enquiry Project name	Work stream	Directorate	Rationale
BAUS Urology Audits	Female Stress Urinary Incontinence Audit	Gynaecology	Fees to subscribe to BAUS are too high to warrant participation
Child Health Clinical Outcome Review Programme	Long-term ventilation in children, young people and young adults	Children's services (Acute)	The directorate does not have any long term ventilated children and these patients are primarily under tertiary centre care
Endocrine and Thyroid National Audit	N.A	General Surgery	Directorate does not meet the audits inclusion criteria that staff to be members of BAETS society in order to participate
National Cardiac Arrest Audit (NCAA)	N.A	Resuscitation team	Financial cost of participating in audit outweighs any impact upon safety or quality on service, however this has been re-considered for 2020/21
National Ophthalmology Audit (NOD)	Adult Cataract surgery	Ophthalmology	Directorate does not have the electronic patient record Open Eyes system installed

The national clinical audits that the Trust participated in during 2019/20 and remain in progress are shown in **Appendix 1**.

The reports of 54 completed national clinical audits projects that were reviewed by the provider in 2019/20 are shown in **Appendix 2**, with the actions The Royal Wolverhampton NHS Trust intends to take to improve the quality of healthcare provided.

Clinical Audit Activity

In total, 466 clinical audits were registered on the Clinical Audit Database across the Trust, 292 (63%) of which were completed by the 31st March 2020. The adjusted completion rate (excluding national audits) was 73%.

Clinical Audit Outcomes

The reports of 292 clinical audits were reviewed by the provider and a compliance rating against the standards audited agreed. However, 46 local audits demonstrated moderate or significant non-compliance against the standards audited. The Royal Wolverhampton NHS Trust intends to take actions to improve the quality of healthcare provided and will consider re-audit against these standards once actions have been appropriately embedded. Details of these actions are outlined in **Appendix 3**.

N.B: Due to the coronavirus (COVID-19) pandemic pressures and the resulting impact on clinical staff and services, some of the data provided could be subject to delayed update and subsequent refresh. This data could include incident reports and clinical audit figures that may be subject to update/refresh from clinical staff who are currently unable to update the respective systems.



Participation in Clinical Research

National studies have shown that patients cared for in research active NHS trusts have better clinical outcomes. The availability of research across clinical services at the Trust provides a number of complementary additions to existing patient care and treatment. Ensuring patients are given an option to participate in clinically appropriate research trials is a national and local target and identified by patients as an important clinical choice.

Review of 2019/20:

The Trust's performance in research continues to be on a par with the large acute trusts within the West Midlands region. The research culture, enhanced through the Trust's hosting of the West Midlands Clinical Research Network (CRNWM), has continued to be developed during the year.

The number of patients receiving health services provided or sub-contracted by the Trust in 2019/20 recruited to participate in research approved by a research ethics committee was in excess of 4200. Over 120 studies have been active during the past year. 4172 patients were recruited into studies adopted onto the National Institute of Health Research (NIHR) Clinical Research Network (CRN) portfolio, exceeding the target of 3236 participants set by the CRN West Midlands for recruits at the Trust in 2019/20.

The Trust's research teams have this year received national recognition for their recruitment into studies

within a number of clinical areas including Cardiology, Rheumatology, Gastroenterology, Oncology and Paediatrics.

In addition, the Trust received the 'Best Overall Performance' Award in recognition of our achievements at the 2019 CRN WM Annual Network Awards.

The R&D Directorate at the Trust seeks feedback from research participants on their experiences of being involved in research. The results indicate how well the research team display the Trust values and behaviours of providing safe and effective care, being kind and caring and exceeding expectations.

The 2019/20 patient experience survey, completed by 329 participants of research, showed that 98% of them felt research is important to improve healthcare services.

74%
reported the care provided was of the highest standard

81% felt communication from the research team was excellent

94%
felt research staff maintained their privacy and dignity

91%
felt fully informed about the study prior to taking part

79%
felt comfortable in being able to withdraw from the study

“A positive experience which I have been happy to participate in.”

Participant in Stroke study

“Research is important and I was receiving a very expensive 4xbypass, so participation in the study was my limited way of saying ‘thank you’”

Participant in Cardiology study.

“Brilliant 5 star treatment, so blessed to be offered all the support and help.”

Participant in Rheumatology

The Trust's priorities for 2020/21 will include:

- Continue to ensure that patients are given the opportunity to participate in clinically appropriate research trials
- Meet the National Institute of Health Research High Level Objectives for research delivery and performance
- Develop the Patient Research Champions role at the Trust to enhance the involvement of patients and the public as partners in research design and delivery
- Development of Chief Investigators, focused on research that reflects the health needs of the local population, through collaborations with academic and industry partners
- Increased involvement of non-medics in leading research at the Trust
- Raising the impact and profile of research – part of clinical care **not** an 'add on'.



Statements from the Care Quality Commission

The Trust is required to register with the Care Quality Commission (CQC) and its current registration statement is registered with no conditions.

The following service and Trust inspections took place during 2019/20:

Inspection date	Inspection type	Service	Date report published	Overall Outcome Rating	Requirement notices
18th July 2019	Ionising Radiation (Medical Exposure) Regulation Inspection	Interventional Radiology and Radiography	Not published	No official rating received. However, this inspection resulted in a positive outcome.	No requirement notices were issued. The following recommendations were received: 3 for Interventional Radiology 4 for Radiotherapy Actions associated with these recommendations were confirmed to the CQC in August 2019. The CQC subsequently confirmed that they were satisfied with the Trust's response and closed the inspection file.
20th August 2019	Primary Care Inspection	Coalway Road Medical Practice	29th October 2019	Good	The following requirement notice was issued: Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
July – September 2019	Well-Led, Core Services and Use of Resources Inspections	Trust wide focus as part of the Well-Led and Use of Resources Inspections The following Core Services were inspected: Medical Care, Urgent and Emergency Care, Critical Care, Outpatients, Children and Young People Services, Community Adults and Community Inpatients	14th February 2020	Good	The following requirement notices were issued: Regulation 11 HSCA (RA) Regulations 2014 Need for consent Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 18 HSCA (RA) Regulations 2014 Staffing
5th March 2020	Primary Care Inspection	Penn Manor Medical Practice	Publication date awaited	Good	The following requirement notices were issued: Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The Care Quality Commission had not taken enforcement actions against the Trust during 2019/20. The requirement notices issued are outlined in the table above, which all have associated action plans in place.

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

The Trust is taking the following actions to improve data quality in accordance with the relevant information governance toolkit standards.

- Conducting regular audit cycles
- Performing monthly Completeness and Validity checks across inpatients, outpatients, Emergency Department and waiting list data sets
- Monitoring activity variances and trends to spot outliers and erroneous numbers for investigation
- Using external/internal data quality reports to benchmark against peers and assess performance
- Using standardised and itemised data quality processes in Secondary Uses Service (SUS) data submissions monthly
- Holding bi-monthly meetings with a set agenda to discuss data quality items
- Holding bi-monthly Trust Data Quality meetings to manage / review practices and standards
- Reviewing Standard Operating Procedures for data collection to ensure consistency and standardisation across the Trust
- Forums in place to discuss data systems and data capture, with nominated 'Champions' disseminating key information across the Trust
- Recently employed additional resource into the Trusts' Data Quality Team to provide training and support, ensuring data is entered correctly at source.



NHS Number and General Medical Practice Code Validity

Clinical Coding Error Rate

The Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission. Clinical coding audits were conducted and conformed to the Data Security & Protection Standards Advisory Level. The area audited as part of this was Admitted Patient Care for General Medicine & General Surgery.

The error rates reported in the latest audit for that period are detailed below, and were based on a small sample of 100 finished consultant episodes for each specialty, total audited 200 finished consultant episodes.

Admitted Patient Care diagnoses and procedure coding (clinical coding) were:

General Medicine Specialty	General Surgery Specialty
Primary Diagnoses correct 98%	Primary Diagnoses correct 91%
Primary Procedures correct 92.86%	Primary Procedures correct 97.70%

General Medicine

The overall Healthcare Resource Group error rate for the audit was 6% of the total number of episodes, which is a change of 2.3% absolute and 0.9% net. All recommendations following the audit have been completed.

NHS Number and General Medical Practice Code Validity Updated as per Month 12 - 2019/20. (Data extracted on 21/4/2020)

The Trust submitted records during 2019/20 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 demonstrates an improvement in every area against the 2019/20 submission, which included the patient's valid NHS number:

- 99.9% for admitted patient care
- 99.9% for outpatient care
- 97.2% for accident and emergency care.

This included the patient's valid General Practitioner Registration Code as follows:

- 99.9% for admitted patient care
- 99.9% for outpatient care
- 97.0% for accident and ED..

Information Governance Toolkit

Due to the coronavirus (COVID-19) pandemic, NHSX has recognised that it will be difficult for many organisations to fully complete the toolkit without impacting on their COVID-19 response. NHSX has therefore taken the decision to postpone the final deadline for DSPT submissions to the 30th September 2020. Therefore the following toolkit submissions will be delayed until such date:

The Royal Wolverhampton NHS Trust	RL4
Alfred Squire	M92002
West Park Surgery	M92042
Thornley Street	M92028
Lea Road	M92007
Penn Manor	M92011
Coalway Road	M92006
Warstones	M92044
Lakeside	M83132
Dr Bilas Surgery	M92026

Looking forward to 2020/21 Data security and Protection

Due to the COVID-19 challenges, the implementation of the national data opt out had also been delayed until the 30th September 2020. However, The Trust will continue to work towards achieving compliance with the national data opt-out for later in 2020.

The Trust continues to monitor patterns and trends of data security incidents and implementing measures to reduce these to the lowest level practicable. Current risks include continued and increasing risk of external threats in relation to Cyber security, particularly via email phishing. Other risks to data security include disclosure in error via various means, and this is attributed to the ways of working in health which the Trust is aiming to improve with digital innovation and improvements in IT systems.

The Trust is continuing to embed the requirements of the General Data Protection Regulation 2016 (GDPR) into Trust practices, monitored via the GDPR implementation group ensuring data privacy is at the forefront of the care that we provide and the information that is captured. The Trust is also working closely with GP practices that have joined the organisation to align practices and share good practice.

The Trust remains focused on areas of business continuity in relation to data security, assurance around access to key information assets and how this is monitored as well as how data flows are mapped and monitored. This programme of work will be monitored through the following committees:

The Trust has several committees dedicated to reviewing assurance in relation to DSPT and GDPR, chaired by senior board members

The Medical Director is the Trust's trained Caldicott guardian, and is responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. The Guardian plays a key role in ensuring that the Trust satisfies the highest practical standards for handling patient identifiable information, and Chairs the IG Steering Group and GDPR Implementation Group

The Chief Financial Officer is the Trust's Senior Information Risk Officer (SIRO) and is responsible for monitoring the Trust's overall information risk, ensuring the Trust has a robust incident reporting process for information risks. The SIRO reports to the Trust Board and provides advice on the matter of information risk. The SIRO is also a member of the IG Steering Group and co-chair of the GDPR implementation group

The Trust has appointed a Data Protection Officer who acts independently to ensure compliance with the GDPR as well as monitoring its application across the Trust. The DPO has a reporting line into the Caldicott Guardian through to the Trust Board.

The Trust is in the process of establishing clear responsibilities for Information Asset Owners across the Trust to facilitate robust and timely escalation of information risk escalation to the SIRO

Regular reports are provided to the Trust Board during the year to ensure that they are sighted on and support the Trust's plans in relation to data security

and protection. To support this, each toolkit assertion is aligned to a director responsible on the Board

All Trust Board members received NHS Digital approved GCHQ cyber and data security training, and will receive updates and briefings in relation to the Trust performance in this area



Seven Day Services

The Trust is currently compliant against national 7 day service priority standards for 2019/20.

The four priority standards are:

- Standard 2: Patients admitted as an emergency to be reviewed by an appropriate consultant within 14 hours of admission. The compliance at audit October 2019 was 92.1%

Standard 5: Seven day access to consultant directed and reported diagnostics

Standard 6: Twenty-four hour access to consultant directed interventions e.g. endoscopy, emergency surgery

Standard 8: Patients to be reviewed daily via a consultant delivered ward round and those who meet level 2 and 3 ICU criteria to be seen twice daily. The Trust's compliance during an audit carried out in October 2019 was 90.2%. This is an improvement on 2018/19 where the compliance target of over 90% for standard 8 was not achieved.



Areas of focus during 2020/21 will include, gathering both patient and staff experiences on care provision and working environments across the 7 days and also seeking assurance of the quality of medical handovers following the publication of policy in 2019/20.

Further areas of improvement will include the re-design of consultant rotas within Ear Nose and Throat (ENT) with the aim of introducing a daily ward round rota. This will require a system change across neighboring organisations.

The Trust will continue to seek opportunities to expand services across 7 days where this could have a positive impact on patient safety and quality of care. Examples include the intention to increase the provision of both specialist palliative care and acute kidney services from 5 day to 7 days.

A further case note review will take place during March-April 2020, to monitor compliance against standards 2 and 8. The Trust continues to submit reports on progress and actions to Trust Board.



The Learning Disability Improvement Standards

The Trust now has three learning disability (LD) nurses providing support across the whole organisation. The LD outreach team ensures that all patients with a LD are seen by an LD nurse during periods of admission. The team support staff to make reasonable adjustments where they are required, support with communications and advice on matters in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People with learning disabilities, autism or both their families and carers should be able to expect high quality care across all services provided by the NHS.

The Trust has engaged with the NHS England/Improvement's benchmarking programme focusing on the learning disability improvement standards for all NHS Trusts.

The improvements focused on the Trust's performance against the three key standards outlined below. There was an additional 4th standard, which was for specialist learning disability services only).

Standard 1: Respecting and protecting rights

Standard 2: Inclusion and engagement

Standard 3: Workforce

Dementia

Dementia training at level 1, in line with Health Education England requirements, is mandatory for all disciplines of Trust staff with options for face-to-face and e-learning available. Face-to-face dementia training at level 2 is provided on a monthly basis and is open to all disciplines of Trust staff.



Core Quality Indicators – Summary Hospital Level Mortality Indicator (SHMI)

The data made available to the Trust by the Information Centre with regard to the value and branding of the Summary Hospital-Level Mortality Indicator (“SHMI”) for the Trust for the reporting period 2019/20:

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

The Summary Hospital-Level Mortality Indicator (SHMI) is the most commonly used indicator to compare the number of deaths in the Trust with the number expected on the basis of average England figures, taking particular characteristics e.g. age profile into account. The score includes the deaths in hospital as well as those that occur within 30 days of discharge over a rolling year.

Where it is suspected that a death could have been prevented, an investigation is conducted via root cause analysis to understand the reasons and draw up robust action plans.

Indicator	Reporting Period	
	September 2018 - August 2019	October 2018 - September 2019
SHMI RWT	1.097 (within expected range)	1.097 (within expected range)
SHMI England	1	1

SHMI data and banding are public data made available by NHS Digital.

The SHMI has improved compared to previous months and is now categorised as ‘as expected’, within the control limit. The improvement in SHMI is as a result of both an increase in expected deaths, decrease in the observed deaths and a significant programme of improvement work taken place during 2019/20.

The Royal Wolverhampton Trust intends to take/has taken the following actions to improve this, and so the quality of its services in 2020/21 by:

The Trust continues to have reporting and investigation mechanisms for the SHMI, overseen by the Mortality Review Group (MRG). All diagnosis groups with a higher than expected SHMI are investigated via a case note review with results reported at the MRG and action plans developed.

Despite the SHMI improving, the Trust continues with a key programme of work designed to scrutinise clinical care, provide assurance that gaps in care are identified and acted upon, gaps in quality of documentation are identified and corrected and systems of care provision are developed to the benefit of individual patients and the wider population.

This programme of work has developed over the last 12 months and included, for example:

- Scrutiny and review of deaths in hospital via the medical examiner and mortality reviewer processes
- Focus on specific diagnostic groups including assurance of clinical pathways and developments of resultant action plans
- Improving the quality of coding and documentation
- Learning from deaths, including listening to the bereaved families and carers and involving them in key processes
- Provision of end of life care in patients’ homes and care homes with an emphasis on admission avoidance where appropriate
- Invited External Reviews and development of resultant action plans
- A variety of audits.

Progress against the agreed actions and the mortality improvement plan is monitored by the Quality Improvement Board. In addition, mortality associated reports are regularly presented to the Trust Board.

Core Quality Indicators – Summary of Patient Death with Palliative Care

The data made available to the Trust by the information centre with regard to the percentage of patient deaths with palliative care coding at either diagnosis or specialty level for the Trust for the reporting period:

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

	Current Period Oct 18 – Sept 19	Previous Period Oct 17- Sept 18	National Performance		
			Average	Lowest	Highest
Percentage of Deaths with palliative care diagnosis coding	22	22.1	36	12	58

Data Source NHS Digital 2018

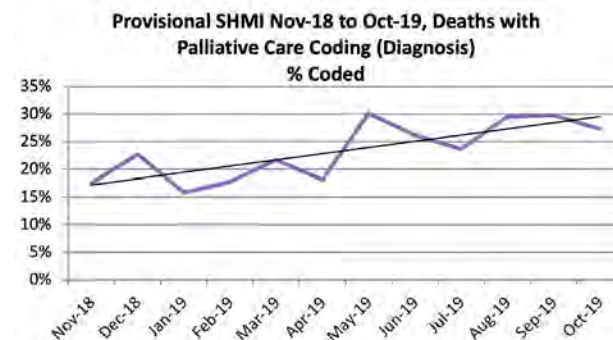
During 2019/20, the Trust has established a medical examiner and mortality reviewer service so that all deaths are scrutinised and a significant selection undergo a Structured Judgement Review (SJR). This means that learning from deaths is now an established part of the Trust's governance process and has provided important information on the care of patients who were in the last months and weeks of life. This information has contributed to improving the Trust's ability to identify key areas of focus.

The Royal Wolverhampton Trust intends to take/ has taken the following actions to improve this, and so the quality of its services in 2020/21 by:

- Continued expansion of the palliative care team, with full establishment expected by July 2020.

The following is the latest available data on the NHS Digital (HSCIC) web site.

Compared to the same period last year, the number of deaths where palliative care diagnosis coding was recorded, has remained the same. However, this figure appears to be improving monthly as a result of various initiatives taking place, in particular the expansion of the palliative care team which continues to be further progressed.



- Continuing to improve awareness of palliative and end of life pathways, using quality improvement initiatives to roll out gold framework standards
- Development of end of life services for specific diagnostic groups e.g. chronic kidney disease, focusing on community support and promotion of achieving care in the patients' preferred place
- Continued expansion of educational events for Trust staff (nursing, medical, acute and community), including development of joint education provision with local hospice providers
- Take forward an NHS England/Improvement project focusing on increasing identification of patients from South Asia with the intention of improving advance care planning.

Core Quality Indicators – Learning from Deaths

Actions taken by The Royal Wolverhampton NHS Trust in relation to mortality 2019/20:

The Trust continued to work on implementing the Learning from Deaths guidance to ensure that we promote learning from mortality reviews and improve how we support and engage with the families and carers of those who die in our care. The Trust has an established Mortality Review Group (MRG), chaired by one of the Divisional Medical Directors. The group meets every month to oversee progress with the implementation of the Trust's Learning from Deaths Policy, quality improvement plan for mortality and the associated work streams. Reports are provided from this group to the Trust's Quality Governance Assurance Committee and Trust Board.

In 2019/20, there have been several streams of work to enable the Trust to learn from deaths which are detailed below.

1. Scrutiny and review of deaths in hospital

The introduction of the Medical Examiner role in 2018/19 has meant that over 50% of in hospital deaths are scrutinised by an independent medical colleague within days of the death. The aim is to improve this further to achieve scrutiny in over 90% of cases.

The Trust's policy, in line with national guidance, is that where potential areas of concern with care are identified at the scrutiny stage, the Medical Examiner refers these cases for a more detailed review by one of the members of the mortality reviewers team. This process is called a Structured Judgement Review (SJR) and is a standard national process. SJR reviews will include cases where relatives have raised concerns as well as a group of conditions where mandatory referral is required. In addition, a random selection of 10% of cases are chosen for review.

2. Focus on specific diagnostic groups including assurance of clinical pathways

During 2019/20, in response to alerts of high SHMI for specific diagnostic groups, the Trust reviewed a cohort of cases and clinical pathways related to the following: Cerebrovascular disease (CVD), Pneumonia, Chronic Obstructive Pulmonary Disease (COPD), Chronic Renal Disease, Sepsis, Senility and organic mental health disorders, Iron deficiency and other anaemia and Skin and subcutaneous tissue infections.

There was specific learning in each diagnostic group and the common themes included:

- Requirement for improvement in quality of documentation that would support accurate recording of primary diagnosis
- Requirement to improve recording of co-morbidities
- Requirement for improved support for patients to allow end of life care to occur in their own homes (or nursing homes) rather than reliance on admission to hospital
- Requirement to reduce mortality risk associated with long length of stay.

3. Quality of coding and documentation

It is important that the clinical data documented throughout a patient's stay in hospital, and particularly at admission, is accurate and complete as this data feeds the algorithm which produces the deaths that are expected within the Trust over a given period and this in turn affects the SHMI. The Trust has previously demonstrated that the depth of coding produced was good, however specific morbidity scores (Charlson comorbidity) were not captured as completely as required, especially during the admission episode which contributes to the calculation of expected mortality rates. This has led to a number of initiatives including re-design of the Trust's coding protocol, education of clinicians, regular

meetings between coding and emergency portal clinical teams and retrospective case note reviews.

4. Learning from Deaths including engagement with families

Through the medical examiner process, the Trust is now proactively speaking with families within days of bereavement to hear their experience of care provided to their loved ones. The discussions will have included requests for clarity about treatment as well as potential concerns in care. An action plan has been developed during 2019/20, to take forward and implement recommendations from the national Involving Families in the Learning from Deaths Process guidance.

5. Provision of end of life care in community settings

A variety of initiatives have commenced between the Trust's community teams, Wolverhampton Clinical Commissioning Group (CCG) and other community providers e.g. Compton Care and nursing homes, in an attempt to support an increase the use of advanced care planning with the intention of avoiding admission to hospital for end of life care. The Trust intends to measure the impact of ongoing interventions working collaboratively with our partners, including Wolverhampton CCG and Public Health.

6. External Reviews

Throughout the last year the Trust has used external, independent review and opinion to assure the Board of the progress against the mortality improvement agenda. This has included working with Price Waterhouse Cooper, who have reviewed the data collection systems and identified areas for change in addition to receiving an audit of the learning from death processes via the Trust auditors Grant Thornton UK. In addition, an independent invited review by an external medical consultant was conducted to provide assurance on the work being undertaken and identify areas of improvement and focus.

Plans for 2020/21

The MRG will continue to progress the Trust's mortality improvement programme and associated plan, underpinned by the Mortality Strategy.

Key areas of focus will include:

Monitoring of SHMI

Despite the Trust's SHMI improving and now being within expected range, the Trust will continue to monitor the mortality rates in specific diagnostic groups and where a rising trend is seen will instigate case note and clinical pathway review.

End of Life Care

Provision of end of life care in community settings rather than in hospital has been a constant theme in case note reviews. Through the Integrated Care Alliance, the partners will continue the ongoing work in an effort to identify and provide services for those people at the end of life and in their preferred place of care.

Review of Out-of-Hospital Deaths

Most primary care providers currently review the care of patients who subsequently die in their population. However, there is no systematic methodology which allows for recording of outcome or learning across organisations. The Trust has begun discussion across the Primary Care Networks and will pilot a system in the Trust's primary care practices during 2020/21.

(NB the following statements are mandatory for the Quality Account)

	Prescribed information	Form of statement
A	The number of its patients who have died during the reporting period, including a quarterly breakdown of the annual figure.	During April 2019 and March 2020, 1986 adult patient hospital deaths were recorded at the Trust. This comprised the following number of deaths which occurred in each quarter of that reporting period: [464] in the first quarter [445] in the second quarter [477] in the third quarter [600] in the fourth quarter
B	The number of deaths included in item A which the provider has subjected to a case record review or an investigation to determine what problems (if any) there were in the care provided to the patient, including a quarterly breakdown of the annual figure.	By the 31st March 2020, [1638] case record reviews and [24] investigations have been carried out in relation to [1986] of the deaths included in item A. In [6] cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: [462] in the first quarter [377] in the second quarter [443] in the third quarter [356] in the fourth quarter Please note: 50 Structured Judgement Reviews stage 1 (SJR1) remain outstanding across Q4 2019/20 which are actively being progressed. It is also important to note that cases that have been through Medical Examiner (ME) process are included in the above figures.
C	An estimate of the number of deaths during the reporting period included in item B for which a case record review or investigation has been carried out which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient (including a quarterly breakdown), with an explanation of the methods used to assess this.	A total of 2 cases [0.11%] representing [number as percentage of number in item A]% of the adult patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of: [0.06%] for the first quarter [0.06%] for the second quarter [0%] for the third quarter [0%] for the fourth quarter These numbers have been determined using evidence from the Root Cause Analysis (RCA) investigations involving deaths that were subject to review under the serious incident framework. (The NHS Serious Incident Framework recommends this approach where unexpected deaths or omission of care where harm has been caused are investigated).

D	<p>A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified in item C.</p>	<p>Case 1 – Summary only Death from bilateral cerebral haematoma resulting from an unwitnessed fall. Learning identified: The importance of timely completion of the falls competency risk assessment and vital signs. Assurance of staff compliance on falls competency document and Falls prevention e-learning through audit and monitoring of training compliance. Importance of effective communication within the team, outside the immediate team and family.</p> <p>Case 2 – Summary only Death resulting from explosion in patients home on long term oxygen therapy. Learning identified: The processes communicating with the hospital team regarding patient's non-concordance unclear. Initial Home Oxygen Risk Mitigation (IHORM) form incomplete. Escalation process for community teams with any concerns regarding patients with oxygen at home unclear. Communication to be strengthened to enable suppliers to raise any concerns following provision.</p>
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 182</p>	<p>E A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period (see item D).</p>	<p>Case 1</p> <p>Education: Practice Education Facilitator delivered re-education and training on falls prevention/risk assessment and documentation. Focus of reinforcement of falls policy to night staff and inclusion in the unit's local induction pack.</p> <p>Monitoring: Daily falls audits implemented. CQI project commenced to support improvement.</p> <p>Policy/process change: Development of a Standard Operating Procedure (SOP) requesting emergency scans (communicated to ward/junior doctors and all medical staff) that includes the necessity for a referral and telephone call to the radiology department. Ward staff (doctors/nurses) to escalate any emergency diagnostic investigations to senior members of the team to avoid delays during safety briefings and multidisciplinary daily huddles.</p> <p>Sharing/Learning: Share learning from the incident with ward staff and 'Making it Better' Alert for wider trust learning. Discuss learning from the incident and actions taken as part of nursing training and development programmes.</p> <p>Case 2</p> <p>Policy/Process change: Review and update local policy to include requirement to undertake Oxygen risk assessment (IHORM) for unstable patients at initial discharge and any subsequent discharge. Develop a clearly defined pathway for the removal of Oxygen from patients (to be used by acute and community). Reinforce single point of contact to HOSA team for escalation of any concerns with community staff. Patient contract to include provision for removal of equipment if non-compliant.</p> <p>Learning/sharing: Present this incident and the subsequent learning at the respiratory medical training session. Undertake pilot on respiratory ward whereby HOSA team review patients and undertake risk assessments.</p> <p>Communication: Communication to oxygen provider that at the point that Oxygen is being installed, any concerns must be escalated to the ward/clinical staff.</p>
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F	An assessment of the impact of the actions described in item E which were taken by the provider during the reporting period.	<p>A key impact for the Trust is to continue full implementation of the mortality improvement programme and the associated plan which is underpinned by the Mortality Strategy. In addition, the focus will remain on ensuring that the learning identified through the Trust's mortality review process is systematically implemented.</p> <p>The Trust is working towards assessing the impact of actions identified through specific RCAs.</p>
G	The number of case record reviews or investigations finished in the reporting period which related to deaths during the previous reporting period but were not included in item B in the relevant document for that previous reporting period.	[20] case record reviews (SJRs) and [3] investigations completed after 31st March 2019 which related to deaths which took place before the start of the reporting period.
H	An estimate of the number of deaths included in item G which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient, with an explanation of the methods used to assess this.	<p>3 of the patient deaths reported during the previous reporting period were judged to be more likely than not to have been due to problems in the care provided to the patient.</p> <p>The methodology used was through the Root Cause Analysis (RCA) investigations involving deaths that were subject to review under the serious incident framework. The determination whether they were more likely than not to have been due to problems in care is undertaken as part of the RCA process and reviewed/agreed through the Trust Executive Significant Event Review Group (ESERG) group.</p> <p>(The NHS Serious Incident Framework recommends this approach where unexpected deaths or omission of care where harm has been caused are investigated).</p>
I	A revised estimate of the number of deaths during the previous reporting period stated in item C of the relevant document for that previous reporting period, taking account of the deaths referred to in item H.	0.23% of the patient deaths during 2018/19 are judged to be more likely than not to have been due to problems in the care provided to the patient.

Core Quality Indicators – Summary of Patient Reported Outcome Measures (PROMS)

The data made available to the Trust by the information centre with regard to Patient Reported Outcome Measures (PROMS):

PROMS assess the quality of care delivered to NHS patients from their perspective, regarding the health gains for the following two surgical interventions using pre and post-operative survey questionnaires:

- Hip replacement surgery
- Knee replacement surgery.

The questionnaire does not differentiate between first time intervention or repeat surgery for the same procedure.

The table below outlines the adjusted post-operative score by procedure based on the EQ-5D Index.



Topic	April 17-March 18	April 18-March 19	National Average 18-19
Hip Replacement Surgery	0.81	0.78	0.80
Knee Replacement Surgery	0.76	0.75	0.75

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

For hip replacement, 288 patients completed the questionnaire. 88.9% of these patients reported improvement, for 4.2% the situation remained unchanged and for 6.9% the situation worsened

This has resulted in a score for the reporting period of 0.02 under the national average

For knee replacement, 366 patients completed the questionnaire. 81.4% of these patients reported improvement, for 7.9% the situation unchanged and for 10.7% the situation worsened

This has resulted in a score for the reporting period equaling the national average

For both hip and knee surgery, the data demonstrated that the Trust's score is broadly in line with the national average with a slight decline on the previous year's performance.

The Royal Wolverhampton Trust intends to take/ has taken the following actions to improve this, and so the quality of its services in 2020/21 by:

A PROMs audit to be undertaken as part of the Trust's audit programme in 2020/21

Education for patients will continue to be provided pre-operatively, and the PROMS questionnaire explained and provided to patients at their pre-operative appointment

Alongside commissioners, the Trust will continue to review its orthopaedic pathways to ensure optimum care is provided to patients post operatively through follow-up

Core Quality Indicators – Re-admission Rates

The data made available from the Trust's internal system with regard to re-admission rates.

All data is from the Trust's Patient Administration System (PAS) using the national definition of a re-admission.

Readmissions				Grand Total
Age	2017/18	2018/19	2019/20	
Aged 4-15	423	359	428	2,155
16yrs and over	5,165	5,677	6,018	28,269
Grand Total	5,588	6,036	6,446	30,424

Total Admissions				Grand Total
Age	2017/18	2018/19	2019/20	
Aged 4-15	5117	4,668	4,813	25315
16yrs and over	117355	117,669	120,049	588946
Grand Total	122472	122,337	124,862	489399

Percentage Readmissions				Grand Total
Age	2017/18	2018/19	2019/20	
Aged 4-15	8%	8%	9%	9%
16yrs and over	4%	5%	5%	5%
Grand Total	5%	5%	5%	6%

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

NHS Digital no longer publish readmission data and therefore the Trust's internal data has been used, however the Trust has provided the previous historical data collected by NHS Digital for benchmarking purposes.

This data forms part of the Chief Operating Officer's report to the Trust Board and Trust Management Team on a monthly basis.

The Royal Wolverhampton Trust intends to take/has taken the following actions to improve this, and so the quality of its services in 2020/21 by:

- Consistent adherence to the Red to Green day protocols and improved information with regards to discharge
- Continuing to work with local residential and nursing homes with regards transfer of patients back to their care
- Strengthening discharge planning at pre-operative assessment and at the point of admission
- Continuing to undertake reviews of 'stranded patients' to facilitate their discharge
- Undertake Multi Agency Discharge Events (MADE)
- Embed the principles of criteria led discharge.

Core Quality Indicators – Safety Thermometer

The data made to the Trust by the information centre with regard to Safety Thermometer.

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

- The data is collected monthly by each inpatient area and verified by the Senior Sister and Matron upon submission

Page 186
Safety Thermometer data is distributed and discussed on a monthly basis as part of a suite of key performance metrics used by the Trusts to analyse and triangulate performance

- Data for each of the four harms is triangulated with that of internal incidence data and reported via the Trust's incident reporting system
- Data is validated through by speciality services relating to each harm.



The Trust maintained its performance above the 95% ambition of harm free care for the whole 2019/20.

The Royal Wolverhampton Trust intends to take/has taken the following actions to improve this, and so the quality of its services in 2020/21 by:

- The senior nursing and midwifery team will continue to promote the awareness of harm and associated learning in the Trust
- Falls and pressure ulcer incidents will continue to be reviewed using an accountability model
- A city-wide plan for the reduction of catheter-associated urinary tract infection will continue to be implemented
- Actions associated with the Nursing System Framework will continue to be implemented across the organisation.

Safety Thermometer - Harm Free Care



Core Quality Indicators – VTE Prevention

The data made available to the Trust by the information centre with regard to VTE Prevention:

	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
RWT	92.05%	93.48%	93.75%	93.70%	94.92%	95.17%	94.70%	93.08%
National Average	95.63%	95.49%	95.65%	95.74%	95.63%	95.47%	95.33%	
Trust with Highest Score	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
Trust with Lowest Score	75.84%	68.67%	54.86%	74.03%	69.76%	71.72%	71.59%	

19/20 Year End
94.48%

Trusts were notified at the end of March 2020 by NHS England and Improvement to temporarily suspend national reporting during the COVID-19 pandemic and that there would, therefore, be no data submission (including Q4 data) or publication until further notice later in the year. As a consequence there is no national benchmarking available. The Trust's Q4 data is available for illustration purposes.

Page 187

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

- The numerator is the number of adult in-patients that have received a VTE assessment upon admission to the Trust using the clinical criteria of the national tool (including those risk assessed using a cohort approach in line with published guidance)
- The denominator is the number of adult inpatients (including for example surgical, acute medical illness, trauma, long term rehabilitation and day case).

The Royal Wolverhampton Trust intends to take/has taken the following actions to improve this, and so the quality of its services in 2019/20 by:

- Development and implementation of an improvement plan during 2019/20 and a new plan for 2020/21 in order to achieve 95% and above compliance
- Development and implementation of clinical area specific continuous quality improvement plans
- Review of associated policies, to ensure compliance with national guidance and best practice
- Implementation of the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) knowing the score for Pulmonary Embolism (PE) diagnosis and management

Implementation of comprehensive assessment and management of VTE prevention measures for patients in lower limb casts as per the most recent NICE guidance NG89

Given the success of the anti-coagulation in-reach team, the aim is to expand the team to cover other areas of the Trust

Continuation of the work with the electronic prescribing team to link VTE risk assessment and prescription

Finalise a reporting system using electronic data for prescriptions and administration and trial its use in a clinical area

Core Quality Indicators – Clostridium difficile

The data made available to the Trust by the information centre with regard to Clostridium difficile:

Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Target	3	4	3	3	4	3	3	3	3	4	3	4
Actual cases	4	4	3	4	7	5	3	1	4	2	4	2

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

There are robust governance structures for monitoring delivery of the infection prevention annual programme of work, and this is supported by surveillance and indicator data including:

- NHS 'Safety Thermometer'
- Nursing quality metrics
- Laboratory data
- Domestic monitoring
- Mortality information
- National HCAI data capture system monitoring.

The Infection Prevention Team provide data, assurance and the risks into various reporting structures, to include but is not limited to:

- Compliance Oversight Group
- Quality and Safety Intelligence Group
- Environment Group

- Health and Safety Steering Group
- Decontamination Committee
- Trust Management Committee
- Trust Board
- Clinical Quality Review meetings
- Contract Monitoring meetings.

The Trust's Infection Prevention Group continues to provide strategic direction, monitor performance, identify risks, and ensure a culture of openness and accountability is fostered throughout the organisation in relation to infection prevention. This is re-inforced in the community by working closely with Public Health and Commissioners to manage risks within independently contracted services and care homes.

The Royal Wolverhampton Trust intends to take/ has taken the following actions to improve this, and so the quality of its services in 2019/20 by:

The Clostridium difficile incidence was above the agreed trajectory during 2019/20. Focusses efforts were made to address the Trust's performance

and focus on the key areas to drive improvements. Examples of these efforts included:

- Environmental controls have continued to be a top priority in the Trust's approach in tackling Clostridium difficile. The deep clean schedule has been completed with great effect and regular environment audits undertaken, results of which continued to be monitored through the Environment Group which reports to the Trust Infection Prevention Group
- Human Probiotic Infusion (HPI) has continued to be available for appropriate cases. This is incorporated into the treatment algorithm which ensures they are used more often with recurrent disease for improved outcomes
- Follow up of cases in the community has continued to ensure treatment is completed and to facilitate appropriate intervention and advice if symptoms return.

During 2020/21 the Trust will focus on the following aspects:

- Sustain best practice and broaden knowledge of infections through collection and analysis of good quality surveillance data
- Sustain Clostridium difficile reduction with a lower tolerance of individual cases.

Core Quality Indicators – Incident Reporting

N.B: Due to the coronavirus (COVID-19) pandemic pressures and the resulting impact on clinical staff and services, some of the data provided could be subject to delayed update and subsequent refresh. This data could include incident reports and clinical audit figures that may be subject to update/refresh from clinical staff who are currently unable to update the respective systems.

The data made available to the Trust by the information centre with regard to Incident Reporting:

2018/19 (Full Year Data)			2019/20 (April - September)		
Incidents	% resulting in death	% resulting in severe harm	Incidents	% resulting in death	% resulting in severe harm
10750	0.1% (12)	0.1% (12)	5233	0.1% (6)	0.1% (5)

Data source – Trust Data at present 2019

The Trust defines severe or permanent harm as detailed below:

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

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

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

The Trust has a well embedded 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 as per the national requirement

The Royal Wolverhampton Trust intends to take/ has taken the following actions to improve this, and so the quality of its services in 2020/21 by:

The Trust will continue to train staff to facilitate prompt reporting and management review of incidents (including serious incidents)

The Trust will continue to communicate lessons learnt via risky business newsletter, making it better alerts and through the Integrated Governance Reports (IGRs)

Governance officers will continue to share Root Cause Analysis (RCA) summaries across all directorate governance meetings where applicable



Core Quality Indicators – CQC National Inpatient Survey 2019

The data made available to the Trust by the information centre with regard to the National Inpatient Survey results:

The 2019 Inpatient Survey was part of a national survey programme run by Care Quality Commission (CQC) to collect feedback on the experiences of inpatients using the NHS services across the country. The results contribute to the CQC's assessment of NHS performance as well as ongoing monitoring and inspections. The programme also provides valuable feedback for NHS trusts, which they can then use to improve patient experience.

During 2019, a questionnaire was sent to all inpatients that used the service in July 2019. Results were published by the CQC on 2nd July 2020.

Obtaining feedback from patients is vital for bringing about improvements in the quality of care and this is an excellent way for inpatients to directly influence services locally.

Analysis of the results data

- A total of 519 patients returned (with total eligible of 1,188) response rate of 44% in 2019 compared to previous year of 515 returned (with total eligible of 1,173) response rate of 44% in 2018

- Pleasingly, the Trust has experienced a shift of double the volume of questions previously in the top 20% nationally when comparing 2018 to 2019 scores and a reduction from 4 questions to 2 in the bottom 20%
- No question showed at least 5% improvement on the 2018 score, and 2 questions showed a 5% or more worsening of score (out of 62 questions 2019). The remaining questions showed less than 5% in change in score since 2018
- The categories for improvements relate to leaving hospital, and the themes are related to discharge and delays.



Group	Count of National Comparison 2018 (60 questions)	Count of National Comparison 2019 (62 questions)
Top 20%	5	10
Middle 60%	51	48
Bottom 20%	4	2
No Comparison	0	2

The following questions were in the middle 60% in 2018 but have now moved into the top 20% in the 2019 survey.

Number	Question
Q3	While you were in the A&E Department, how much information about your condition or treatment was given to you?
Q11	While in hospital, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?
Q16	In your opinion, how clean was the hospital room or ward that you were in?
Q27	Did you have confidence and trust in the nurses treating you?
Q35	Did you have confidence in the decisions made about your condition or treatment?
Q36	How much information about your condition or treatment was given to you?
Q45	Beforehand, did a member of staff answer your questions about the operation or procedure in a way you could understand?
Q56	Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?
Q60	Did a member of staff tell you about any danger signals you should watch for after you went home?

Page 191

The following questions were in the top 20% in 2018 but have now dropped into the middle 20% for 2019. The scores are shown below.

Number	Question	2018	2019
Q7	Was your admission date changed by the hospital?	93.5%	92.3%
Q8	In your opinion, had the specialist you saw in hospital been given all of the necessary information about your condition or illness from the person who referred you?	92.9%	91.2%
Q14	Were you ever bothered by noise at night from other patients?	67.3%	63.7%
Q49	Were you given enough notice about when you were going to be discharged?	74.7%	69.2%

Areas where there has been a reduction of 5% in score or the scores feature in the bottom 20% for national comparisons (4 questions in total) predominately relate to a category of leaving hospital. Communication was the key theme for these.

Questions which have been flagged as Bottom 20% in the National Comparison 2019:

Number	Question Group	Question	2018	2019	Diff
Q65	Leaving hospital	Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	76.7%	75.6%	-1.1%
Q70	Overall views of care and services	During your hospital stay, were you ever asked to give your views on the quality of your care?	6.2%	5.6%	-0.6%

Questions showing at least 5% reduction since last survey:

Number	Question Group	Question	2018	2019	Diff
Q69	Leaving hospital	Were you given enough notice about when you were going to be discharged?	74.7%	69.2%	-5.5%
Q62	Leaving hospital	How long was the delay?	32.5%	27.4%	-5.1%

An analysis of written comments made by patients completing the survey was undertaken. Each comment was read and coded against a standard coding proforma which looked at different aspects of the pathway of care, staff and the hospital environment and facilities.

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

- Participation in the survey is mandatory, and part of a nationwide programme of surveys organised by CQC.

The Royal Wolverhampton Trust intends to take/has taken the following actions to improve this, and so the quality of its services in 2020/21 by:

- The development of an action plan to address the key findings of the report which are yet to be agreed. This will be reported on in due course and monitored through the Trust's governance arrangements to ensure that appropriate improvements are made.



Core Quality Indicators – Patient Friends and Family Test (FFT)

The data made available to the Trust by the information centre with regard to Patient Friends and Family Test:

The Friends and Family Test (FFT) is a nationwide initiative which is a simple, single question survey which asks patients to what extent they would recommend the service they have received at a hospital department to family or friends who need similar treatment.

The tool is used for providing a simple, headline metric, which when combined with a follow up question and triangulated with other forms of feedback, can be used across services to drive a culture of change and of recognising and sharing good practice. The overall aim of the process is to identify ways of improving the quality of care and experience of the patients and carers using NHS services in England.

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

- FFT data is published monthly
- FFT data is published nationally
- FFT data forms part of nursing metrics and is monitored against key performance indicators set as part of the Nursing System Framework
- Analysis undertaken regards low performing areas and improvement plans implemented.

Page 193



Survey Response Rate

	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
RWT	RWT	RWT	RWT	RWT
Emergency Department	14%	15%	14%	15%
Inpatients	30%	32%	34%	30%
Maternity	7%	13%	14%	15%
Outpatients	20%	20%	17%	18%

2019/20 Average			
RWT	England	Highest	Lowest
15%	9%	30%	0%
32%	18%	75%	1%
12%	15%	61%	0%
19%	5%	61%	0%

Percentage of Patients who would recommend the Trust

	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
RWT	RWT	RWT	RWT	RWT
Emergency Department	85%	87%	85%	86%
Inpatients	94%	94%	93%	94%
Maternity	99%	99%	96%	95%
Outpatients	94%	95%	95%	95%

2019/20 Average			
RWT	England	Highest	Lowest
86%	64%	75%	37%
94%	72%	75%	60%
97%	73%	75%	51%
95%	70%	75%	57%

Percentage of Patients who would not recommend the Trust

	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
RWT	RWT	RWT	RWT	RWT
Emergency Department	10%	8%	9%	9%
Inpatients	3%	3%	4%	3%
Maternity	1%	1%	1%	4%
Outpatients	2%	2%	2%	2%

2019/20 Average			
RWT	England	Highest	Lowest
9%	7%	28%	0%
3%	2%	8%	0%
2%	1%	17%	0%
2%	2%	12%	0%

The Royal Wolverhampton Trust intends to take/ has taken the following actions to improve this, and so the quality of its services in 2020/21 by:

- Benchmarking ourselves against our peers with aim to show continual improvements
- Robust systems in place to evidence actions and improvements for under-performing areas
- Embedding of the new national FFT guidance.

Trusts were notified at the end of March 2020 by NHS England and Improvement to temporarily suspend national reporting during the COVID-19 pandemic and that there would, therefore, be no data submission (including Q4 data) or publication until further notice later in the year. As a consequence there is no national benchmarking available. The Trust's Q4 data is available for illustration purposes. The national averages shown do not include Q4 data.

Core Quality Indicators – Supporting Our Staff

The data made available to the Trust by the information centre with regard to Supporting Our Staff:

The Trust is one of the largest employers in its local community, employing over 9000 people.

The Trust has a number of ways of engaging with staff in order to improve employee engagement and to support staff to continuously strive for excellence in patient care. The efficacy of the Trust's

staff engagement approach is measured principally through the annual national NHS Staff Survey and the quarterly national Friends and Family Test.

The data below is collected nationally each quarter and shows the percentage of staff employed by, or under contract to, the Trust who would recommend the Trust as a provider of care to their family or friends. In addition, the percentage of staff who would recommend the Trust as a place to work is shown for quarters.

Recommendation Rates - Work		
	Q1 2019/20	Q2 2019/20
RWT	79%	81%
England	66%	66%
Highest	91%	97%
Lowest	31%	33%

Recommendation Rates - Care		
	Q1 2019/20	Q2 2019/20
RWT	87%	90%
England	81%	81%
Highest	98%	100%
Lowest	51%	50%

Not Recommended - Work		
	Q1 2019/20	Q2 2019/20
RWT	8%	6%
England	16%	16%
Highest	49%	50%
Lowest	0%	0%

Not Recommendation Rates - Care		
	Q1 2019/20	Q2 2019/20
RWT	4%	2%
England	6%	6%
Highest	26%	38%
Lowest	0%	0%

Trusts were notified at the end of March 2020 by NHS England and Improvement to temporarily suspend carrying out the Staff FFT during the COVID-19 pandemic and that there would, therefore, be no data submission (including Q4 data) or publication until further notice later in the year.



National NHS Staff Survey

The Trust continues to undertake a census of all staff as part of the National Staff Survey such that all staff have the opportunity to provide feedback on their work. As in 2018, the benchmark data was published with responses being assessed against themes rather than the previous 32 Key Findings. Those themes are:

- Equality, Diversity & Inclusion
- Health and wellbeing
- Immediate Managers
- Morale
- Quality of Appraisals
- Quality of Care
- Safe Environment – Bullying and Harassment
- Safe Environment – Violence
- Safety Culture
- Staff Engagement
- Team Working (additional theme included in the 2019 survey).

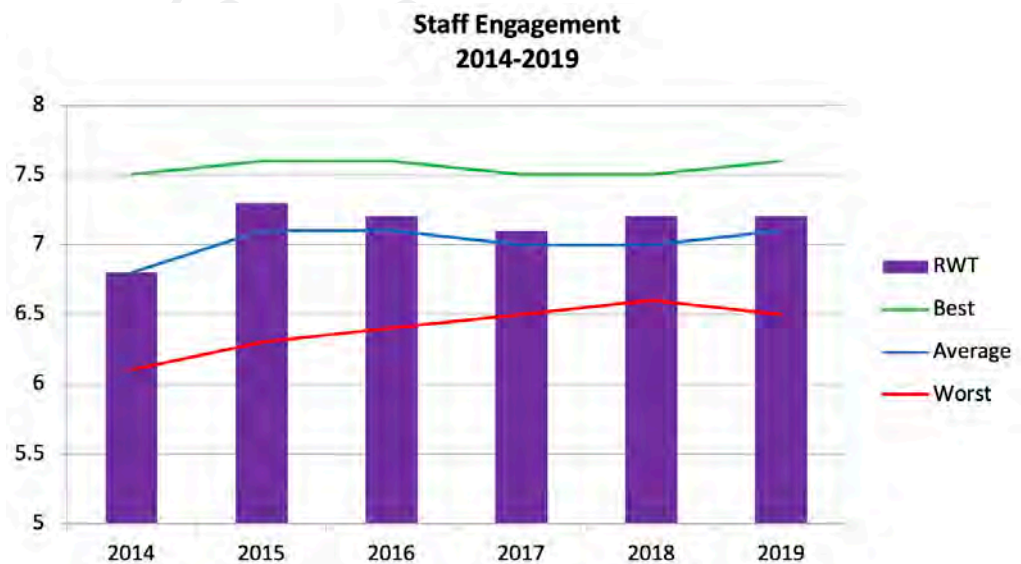
The Trust's results are outlined in the table below:

Theme	2018 Score	2018 respondents	2019 score	2019 respondents	Statistically significant change?*
Equality, Diversity and Inclusion	9.1	3078	9.2	3303	Not significant
Health and Wellbeing	6.1	3099	6.2	3340	
Immediate Managers	6.9	3103	7.0	3340	
Morale	6.3	3053	6.4	3286	Not significant
Quality of Appraisals	5.6	2613	5.7	2880	Not significant
Quality of Care	7.6	2607	7.8	2837	
Safe environment – Bullying & Harassment	8.2	3067	8.3	3306	Not significant
Safe environment – Violence	9.5	3065	9.6	3315	Not significant
Safety Culture	6.8	3082	6.9	3308	
Staff Engagement	7.2	3125	7.2	3357	Not significant
Team Working	6.6	3083	6.7	3306	

*Statistical significance is tested using a two-tailed t-test with a 95% level of confidence

Year on year comparisons are shown in the table above for each of the themes (the scores are out of a maximum of 10). As can be seen, there had been statistically significant improvements in scores for five of the eleven themes, which include: health & wellbeing, immediate managers, quality of care, safety culture and team working. In relation to the remaining six themes, five have seen an improvement, including: equality, diversity and inclusion, morale, quality of appraisals, safe environment – bullying and harassment, safe environment – violence, albeit not such that it can be regarded as statistically significant.

Staff engagement has remained unchanged and steady since 2015 and above that of the average of comparator Trusts. This is illustrated in the chart below:



The Royal Wolverhampton Trust intends to take/has taken the following actions to improve this, and so the quality of its services in 2019/20 by:

- Holding staff engagement sessions in each division and focus groups in relation to specific themes from the NHS staff survey
- Compile local / divisional / corporate actions plans to drive further improvements in the NHS staff survey results
- Re-introduce a local quarterly 'pulse survey', whereby additional questions linked to chosen NHS staff survey themes will be added to staff FFT survey.

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

- The results are shared across the Trust through the management structure to all local areas
- Results are discussed at monthly governance meetings
- Themes are identified at a Trust, Division and Directorate level for priority action, and initial action plans developed. These action plans will be monitored through the organisational and divisional governance structures
- Updates for assurance are provided at the Trust's Workforce and Organisational Development Committee.





Page 198

Supporting Staff through Speaking Up

The Trust Board's vision to enable staff to speak up, together with 5 key objectives, was launched in 2019. As a result, the Trust has created a safe environment for staff to speak up and be supported when they raise concerns.

There are number of ways in which staff can speak up in confidence, including speaking up to their managers, colleagues, their teams and in their departments. In addition, the Trust has revised its Freedom to Speak Up (FTSU) Policy and put in place 13 Contact Links (staff volunteers) across the organisation within multiple sites and a Freedom to Speak Up Guardian providing a safe and confident environment for staff to speak up. Furthermore, there is an online reporting system (contained in DATIX) that enables staff to raise concerns anonymously should they wish to do so.

The Trust takes providing feedback as key to ensuring staff are kept informed and updated about their speaking up concerns. The Trust's FTSU training programme encourages managers to ensure feedback is given and ways in which feedback can be provided. The Trust's FSTU Policy includes

a template to help provide feedback and where possible, feedback is encouraged via the DATIX system. If anonymous concerns are submitted, the FTSU Guardian works closely with the relevant HR Teams and Divisional Managers to agree when it would be appropriate to feedback to the department on actions the Trust has taken. The Trust's FTSU Guardian also feeds back to the Trust Board and through Trust wide newsletters on themes and areas of concerns. In 2019, the Trust held its first FTSU Conference; where themed feedback was provided on staff speak up concerns.

The FTSU process is taken very seriously and the Trust is fully committed to providing a safe and confident place for staff to speak up without fear of detriment. The Trust's policies and processed are designed to protect staff and enable them to speak up without fear of detriment. The FTSU Guardian has a responsibility to escalate concerns raised to the senior leadership team and has begun to report to the Trust Board on all cases where staff feel they suffered a detriment.



Performance

Review of Quality

Our performance in 2019/20

Page 200



Overview of the quality of care based on trust performance.

As part of the standard NHS contract, the Trust is required to monitor and report performance against a set of key metrics. These indicators are all reported to the Trust Board on a monthly basis.

Performance against the National Operational Standards:

Indicator	Target 2019/20	Performance 2019/20	Performance 2018/19
Cancer two week wait from referral to first seen date	93%	82.11%	83.18%
Cancer two week wait for breast symptomatic patients	93%	35.19%	51.12%
Cancer 31 day wait for first treatment	96%	87.14%	90.15%
Cancer 31 day for second or subsequent treatment - Surgery	94%	84.84%	76.02%
Cancer 31 day for second or subsequent treatment - Anti cancer drug	98%	99.66%	100.00%
Cancer 31 day for second or subsequent treatment - Radiotherapy	94%	90.87%	87.95%
Cancer 62 day wait for first treatment	85%	58.07%	62.78%
Cancer 62 day wait for treatment from Consultant screening service	90%	60.18%	78.48%
Cancer 62 day wait - Consultant upgrade (local target)	88%	74.49%	81.90%
Emergency Department - total time in ED	95%	85.91%	91.12%
Referral to treatment - incomplete pathways	92%	84.31%	90.44%
Cancelled operations on the day of surgery as a % of electives	<0.8%	0.65%	0.47%
Mixed sex accommodation breaches	0	0	0
Diagnostic tests longer than 6 weeks	<1%	3.16%	1.5%

Performance against other national and local requirements

There are a number of other quality indicators that the Trust uses to monitor and measure performance. Some of these are based on the National Quality Requirements and others are more locally derived and are more relevant to the city of Wolverhampton and the wider population we serve.

Similar to the National Standards, these metrics are also reported to the Trust Board alongside a range of other organisational efficiency metrics. This gives the Board an opportunity to have a wide ranging overview of performance covering a number of areas.

Indicator	Target 2019/20	Performance 2019/20	Performance 2018/19
Clostridium Difficile	40	43	31
MRSA	0	0	2
Referral to treatment - no one waiting longer than 52 weeks	0	0	0
Trolley waits in A&E longer than 12 hours	0	38	7
VTE Risk Assessment	95%	94.48%	93.26%
Duty of Candour - failure to notify the relevant person of a suspected or actual harm	0	0	1
Stroke - 90% of time spent on stroke ward	80%	94.08%	93.55%
Maternity - bookings by 12 weeks 6 days	>90%	90.60%	90.80%
Maternity - breast feeding initiated	>64%	69.90%	64.90%



Page 203

Engagement in the developing of the quality account

Published
2024



Prior to the publication of the 2019/20 Quality Account, we have shared this document with the following:

- Our Trust Board, including combination of Non-Executive and Executive Directors
- City of Wolverhampton Health Scrutiny Panel
- Wolverhampton CCG
- Healthwatch Wolverhampton
- Council of Members

Statement from Wolverhampton Clinical Commissioning Group

As lead commissioner, Wolverhampton Clinical Commissioning Group (WCCG) welcomes the opportunity to provide this statement for The Royal Wolverhampton Trust quality account for 2019/2020. In doing so, the WCCG reviewed the Quality Account in light of key intelligence indicators and the assurances sought and given in the monthly Clinical Quality Review Meetings (CQRM) attended by commissioners. This evidence is triangulated with information and further informed through Quality Assurance visits to the Trust to gain assurance around the standards of care being provided for our population.

The WCCG supports the Trusts' identified quality priorities for 2020/21. To the best of our knowledge, the report appears to be factually correct. In the quality accounts for 2019/2020 the Trust has demonstrated its passion and determination to continually improve the quality of care it delivers across the healthcare economy, following their common goal "to make sure that patients are at the centre of all we do".

Whilst reviewing the Quality Account we were pleased to note many of the specific actions that the Trust has taken during 2019/2020 to improve its services and the quality of care that it provides.

The Trust has addressed key areas to improve patient safety and has continued to strengthen learning from incidents, complaints and feedback; however, the WCCG would like to congratulate the trust for the following key achievements achieved during 2019/2020:

- For achieving a significant reduction in nursing vacancies across the board and for winning a national award for the Best Workplace for Learning and Development at the Nursing Times Awards
- For achieving a significant reduction in the number of serious incidents which includes Slips, Trips & Falls, Confidential Breaches, Maternity incidents and most importantly for achieving 50% reduction in the numbers of never events incidents reported

- For achieving Zero MRSA Bacteraemias attribution to the Trust
- For strengthening trust sepsis team capacity to help drive early recognition and management of sepsis at ward level and support a cultural shift across the organisation and contribute towards reducing the number of preventable deaths due to sepsis
- For achieving a significant reduction in Summary Hospital-level Mortality Indicator (SHMI) to an expected range. It is positive to see that Trust is working collaboratively with the WCCG to ensure that any learning is addressed across the system and that they continue to achieve further reduction of the SHMI. This is a credit to all the staffs hard work and resilience in mortality review and shared learning
- For achieving a reduction in PALS concerns by 24% and in addition, including stakeholders, patients and/or their carers to contribute and co-produce documents and initiatives to improve the overall patient experience
- For achieving overall CQC rating of Good with a rating of Outstanding for Caring. Whilst this is significant achievement commissioners recognise the importance that the Trust maintains a continued focus on their improvement journey to achieve good quality care

As a CCG, we understand that trust has faced some significant challenges throughout the last year. Cancer performance is an area of significant challenge and whilst demand has outstripped capacity in some clinical pathways the relentless focus on improving the productivity of every clinical pathway has resulted in significant time reduction for those patients waiting for diagnosis and treatment.

Again the WCCG has worked in partnership with the Trust to adopt a local system approach to improvement; this includes working with local primary care colleagues to ensure referral pathways are robust and commissioning additional diagnostic capacity to support the increased demand. It should be noted that the trust achieved significant improvements for 2 week wait breast symptomatic patients

due to a collaborative system response i.e. cancer referral diversion pathway and also by introducing super clinics, additional staffing capacity and streamlining the cancer pathways.

VTE (Venous Thromboembolism) also remains a challenge and it is good to see that the trust recognises the need for continuing to drive improvements and a new 2020/21 improvement plan has been developed to support this. We recognise and are encouraged by the good work that has gone into many areas within the trust in relation to Sepsis and deteriorating patient recognition and management at ward level, and we will look forward to seeing further improvements made by the trust to reduce the number of preventable deaths across the trust.

Looking forward

WCCG fully endorse the three key priorities Workforce, Safe Care and Patient Experience to achieve improvements for year 2020/21 and will contribute to the achievement of the Trust strategic objectives. It is recognised that the focused areas for improvement in clinical quality have the potential to have a significant impact on improving safety, effectiveness and experience.

Going into 2020/2021 the WCCG will continue to work collaboratively with the Trust and will seek further improvements in all areas of clinical quality, including cancer performance, mortality, VTE and sepsis. We fully support the Trusts commitment to achieve continuous improvements for patients in both their experience and outcomes and welcome the particular focus on the overall reduction in mortality and reducing all cancer performance targets for our population.

The quality account is comprehensive and the report reflects an accurate picture of the Trust based. The WCCG has been working closely with the Trust during the year, gaining assurance of the delivery of safe and effective services. A range of indicators in relation to quality, safety and performance is presented and discussed at regular meetings between the Trust and WCCG. The information presented within the Quality Accounts is consistent with information supplied to

the commissioners throughout the year.

There are notable areas of success as well as areas that continue to require focus and improvement. 2020/21 will be a year that will bring further change and challenge for the Trust, as commissioners we believe that the Trust's values will drive forward the objectives and they will continue to improve quality across the breadth of services we commission, their continuous improvement will benefit our patients in the care they receive.

The Wolverhampton Clinical Commissioning Group would like to thank The Royal Wolverhampton NHS Trust for the opportunity to review and provide a response to the 2019/2020 Quality Account. It is encouraging to see from this Quality Account that the Trust is clear that providing high quality and safe care is their number one priority. This is clearly evident through the progress with the quality priorities for 2019/2020 and the selection of new priorities for the year 2020/21.



Sally Roberts

Chief Nurse, Director of Quality – Wolverhampton CCG

Date: May 2020

Statement from City of Wolverhampton Council Health Scrutiny Panel

Writing in late April 2020, it is hard to imagine the long-term impact of the Covid-19 crisis on health systems, but we are in no doubt that it will be profound. In some respects, the tragic circumstances of Covid-19, will stimulate change and in particular in the use of digital services for residents. We have already seen the widespread use of GP appointments, now conducted in the virtual world during the early stages of the Covid-19 pandemic. We are obviously concerned about the demand on health services once the immediate crisis begins to end and we are acutely aware the Trust is already planning for the future.

The Health Scrutiny Panel wishes to pay tribute to all staff working in the health sector for their ongoing commitment during the Covid-19 pandemic.

Looking back over the last year, the Health Scrutiny Panel would like to commend the Royal Wolverhampton NHS Trust for their excellent work on the mortality improvement agenda. As a result of this work, the Trust has seen the Summary Hospital-Level Mortality Indicator (SHMI) reduced to an expected range. The Panel is aware that in large part the drop in the indicator was down to better hospital coding and end of life care in the community, rather than a certain change in care quality in the hospital.

The Panel also congratulates the Trust on the significant progress made on their independent scrutiny of all hospital deaths, through their Learning from Deaths programme. This involved Medical Examiners and clinical peer reviews, which has always been a transparent process where health partners have been fully involved, and where RWT have set a benchmark for other Trusts. The Health Scrutiny Panel has received several reports and presentations on mortality over the last two years and we are pleased that there has been positive change.

It is clear that there has been some excellent work completed on the management of complaints at the Trust. The Health Scrutiny Panel reviewed this area earlier in

the Municipal year. It is an important service and we know that organisations that take complaints seriously and learn from them will be a step closer to becoming leaders in their field.

The Health Scrutiny Panel are particularly pleased to see the introduction of the Bereavement Hub and the improvements this has led to in the efficient legally required registration of deaths and supporting people who have lost loved ones.

The Health Scrutiny Panel wishes to congratulate the Trust on receiving an overall good rating from the CQC inspections that took place during the Summer. We note that there were a few requirement notices issued and we are pleased to see that action plans have been put in place. The progress against these action plans is an area the Panel will wish to monitor moving forward.

A particular area that the Health Scrutiny Panel would like to see improvement, is on the management of sepsis in the acute setting, which was only at 37.5%, for timely identification and treatment in this setting. It is an area that the Panel will hold the Trust to account moving forward. We are aware of new methods being trialled in some Trusts, regarding the digital monitoring of sepsis and we think this shows promise for the future.

The Health Scrutiny Panel notes that 46 local audits demonstrated moderate or significant non-compliance against the standards audited. Audits are an excellent way of ensuring compliance and taking steps to make improvements thereafter. The Panel will wish to keep an oversight against the areas of non-compliance found as a consequence of these audits.

The Health Scrutiny Panel is grateful to all the witnesses from the Trust that have come before the Panel over the last Municipal year, their evidence has led to a high standard of governance.

We will continue to ask staff from the front line at the Trust to give evidence to the Panel and we thank the Chairman, the Chief Executive and the Deputy Chief Nurse (Scrutiny Panel Liaison Officer) of the Trust for their co-operation, openness and transparency. The Health Scrutiny Panel working in partnership with all health partners leads to better services. Asking the right questions can open up whole new ideas, concepts and stimulate creative thinking. This is ever more important with the changing arena of healthcare systems and during the Covid-19 crisis and its aftermath.

Cllr Phil Page

Chair of Health Scrutiny Panel

Cllr of Wolverhampton Council

30th April 2020

Page 208

Statement from Healthwatch

Due to the pressures associated with Covid-19 pandemic, our local Healthwatch colleagues have advised that they will not be providing their statement in the Trust's 2019/20 Quality Account. This is based on the communication they have received via their national office, advising that these statements are optional for this year.



Statement of Director Responsibilities in respect of the Quality Account 2019/20

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

The Quality Accounts presents a balanced picture of the Trust's performance over the period covered;

The performance information reported in the Quality Account is reliable and accurate;

There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.

The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance.

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

By order of the Board



David Loughton, CBE

Chief Executive

13th July 2020



Professor Steve Field, CBE

Chairman

13th July 2020

Statement of Limited Assurance from the Independent Auditors



Due to the coronavirus (Covid-19) pandemic, a decision was made nationally in March 2020 to suspend the assurance audit element of the Quality Account 2019/20. However, the table below provides an update on actions agreed following the previous Quality Account audits for completeness.

Page 210

	Risk	Issue, Impact and Recommendation	Trusts Response
Quality Account 2018/19			
1		<p>PSI: Strengthening the timely reporting of Patient Safety Incidents</p> <p>The Trust's policy sets a target of 48 hours for reporting any incident. As part of our testing, we found that 10 out of 25 incidents sampled were reported after 5 days of the incidents occurred and 13 out of 25 incidents were uploaded to NRLS system after 30 days of the incidents added to the Datix system. The timely capture of incidents and their submission is important for serious incident investigation and resolution by the Trust's Quality and Safety Intelligence Group as well as identifying and addressing any potential gaps in understanding.</p> <p>Recommendation</p> <p>The Trust should evaluate options to upload its data to NRLS more frequently and develop agreed performance measures for timeliness. Some trusts upload their data weekly.</p> <p>The Trust should establish a process of reporting and escalation through to the Quality Assurance Governance Committee where adverse performance is experienced on agreed timeliness measures.</p>	<p>The Trust has agreed to:</p> <ul style="list-style-type: none"> • Implement weekly uploads to NRLS. (2020 update: Action completed). • Establish monitoring process for the weekly uploads to NRLS. (2020 update: Action completed). • Re-inforce the requirement of reporting incidents within 48 hours of their occurrence as stipulated by the Trust's policy. (2020 update: On review of this recommendation, the 48 working hour requirement is for an initial RCA in relation to STEIS incidents. This is already monitored via STEIS reports). • Develop a process for targeting those clinical areas where a delay in reporting of incidents within the 48 hour timescale has occurred. (2020 update: A process in in place via the Datix User Group). • Commence reporting of NRLS uploads via the Quality Safety Intelligence Group and the Quality Governance Assurance Committee. (2020 update: Reporting process agreed via the NRLS report submitted to QGAC).

2	<p>2</p>	<p>PSI: Maintaining a NLRS submission</p> <p>We found differences across the indicator calculated based on the data provided for the audit, the figures used for internal reporting and the data submitted to the NLRS.</p> <p>Recommendation</p> <p>The Trust should undertake a reconciliation of the PSI figures between those reported to the NLRS and the underlying systems prior to creating the dataset for the audit.</p>	<p>The Trust has agreed to develop a Standard Operating Procedure for undertaking reconciliation of the PSI figures between those reported to NLRS and the underlying systems prior to creating the dataset for the audit. (2020 update: SOP developed and implemented).</p>
3	<p>2</p>	<p>VTE: Improving the segregation of duties between manual input and submission sign-off</p> <p>The same Trust officer is responsible for the manual input of data from the paper risk assessment forms into the database, the manual amendments to the VTE database reports and for signing off the SDCS submissions. A separation of duties between these tasks would mitigate against the risk of accidental or deliberate errors and protect the individual from any unwarranted criticism or suspicion of manipulation.</p> <p>The Trust has sought to refine its compilation of records prior to submission. However, it remains complex and prone to the occasional error. From our testing we found 4/25 instances where the VTE assessment date was either before the admission date or after the discharge date. The Trust's own testing, undertaken in response to our findings, also found instances where the Vitalpac software showed that VTE assessments were completed that the database records for the audit did not reflect.</p> <p>Recommendation</p> <p>The Trust should appraise options to better segregate duties for the formal review and approval process for manual changes and input of data from paper assessment forms.</p> <p>In addition, the Trust should evaluate options to clarify and share responsibilities among Information Services and VTE staff over future data validation procedures.</p>	<p>The Trust has agreed to:</p> <p>Information services to review process to ensure accuracy of data submission to Strategic Data Collection Services. (2020 update: Action completed).</p> <p>Appraise options to better segregate duties for the formal review and approval process for manual changes and input of data from paper assessment forms.</p> <p>Explore options to ensure greater clarity and sharing of responsibilities for future data validation procedures.</p> <p>(2020 update for the above two bullet points: A new process implemented whereby another clinician (part of the anticoagulation team) randomly selects a minimum of 20 patient notes each month to undertake checks and validation. Evidence of this is held by the anticoagulation service).</p>

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PSI: Gaining assurance over 'No' harm and 'Low' harm incidents

Our testing found evidence that incidents were reviewed and approved by a local management level. Only 'moderate' harm or above incidents were systematically validated by the Governance team. There remains a small risk that inconsistencies across the Trust may permeate over time and that low or no harm incidents might be more serious incidents on review.

Recommendation

The Trust should devise a systematic approach to reviewing a periodic sample of lower harm rated incidents. Any learnings should be fed back to frontline staff through the normal mechanisms.

The Trust has agreed to review governance team resources in order to develop a systematic approach to reviewing a periodic sample of lower harm rated incidents and ensure any learning is fed back to frontline staff. (2020 update: SOP for quality assurance checks for low harm incidents implemented. All changes made are being captured and these will be reviewed to inform whether any staff education is required. A process for quality assuring 10% of 'no harm' incidents has been agreed).

#	Risk	Issue, Impact and Recommendation	Trust's response
Quality Account 2017/18			
1	2	<p>Quality Account -C-Difficile Indicator: Data entry omissions</p> <p>When faecal samples are received in the microbiology laboratory they undergo a screening process and review against the prescribed criteria to determine if a C-Diff test is required. For 2017-18, the system recorded 4,361 samples with an acceptable exclusion result or reason. However, we found 3,993 cases in which there were blank or undetermined fields and so the exclusion reason could not be immediately identified. A similar issue was reported in 2016/17 where the respective figures were 4,492 and 4,136 respectively.</p> <p>Using other fields or searches of source records it was possible for laboratory staff to identify the reason for no test being performed, with the exception of 13 cases, where tests for C-diff should have been completed but were not, and of these there were two cases that if tested and C-diff was identified could have been attributable to the Trust. In the unlikely event that both were positive cases, it would not make a difference to the overall achievement of the C-diff target.</p> <p>Recommendation</p> <p>Where the decision to exclude a sample from C-Diff testing is taken, the Trust should enforce mandatory recording of the reason in the system.</p>	<p>In order to implement this action fully, the Trust has agreed to develop a new laboratory system with the aim to use the new system to reduce the risk of human error and to avoid samples not being tested in line with Department of Health recommendations. (2020 update: The new LIMS is not currently live and its implementation date is to be confirmed. However, the details of the action are not exactly the process followed in microbiology. The current agreed process is that if the patient fits into the 'C-Diff testing criteria' then microbiology make a comment on the consistency of the sample received. This then determines whether it is tested for C-Diff or not. A comment is always sent out if testing is not completed. If the patient does not fit within the criteria then no comment is made. This process has been replicated in the new LIMS, therefore at this time there will be no change.</p>

Appendix 1 – National Clinical Audits that the Trust participated in during 2019/20 and remain in progress

The 68 national Clinical Audits the Trust collected data for in for 2019/20 are as follows. The reports for the 2019/20 data will be reviewed and presented locally as and when they are made available to the Trust by the relevant Coordinating Centre.

National Clinical Audit, Enquiry or Programme	Work Stream/ Component	Lead Directorate
Antenatal and newborn national audit protocol 2019 to 2022	PHE Screening- antenatal and newborn screening	Obstetrics
Assessing Cognitive Impairment in Older People (Care in Emergency Departments)	N/A	ED
BAUS Urology Audits	BAUS Bladder Outflow Obstruction Audit	Urology
BAUS Urology Audits	BAUS Cytoreductive Radical Nephrectomy Audit	Urology
BAUS Urology Audits	Radical Prostatectomy Audit	Urology
BAUS Urology Audits	Cystectomy	Urology
BAUS Urology Audits	Nephrectomy Audit	Urology
BAUS Urology Audits	Percutaneous Nephrolithotomy (PCNL)	Urology
Breast and Cosmetic Implant Registry (BCIR)	Breast Implant – cosmetic augmentation and breast reconstruction with implant including revision and removal	General Surgery
Care of Children (Care in Emergency Departments)	N/A	ED
Case Mix Programme (CMP)	N/A	Critical Care

Elective Surgery (National PROMs Programme)	N/A	T&O
Falls and Fragility Fractures Audit programme (FFFAP)	Fracture Liaison Service Database	Rheumatology
Falls and Fragility Fractures Audit programme (FFFAP)	National Audit Inpatient Falls	T&O
Falls and Fragility Fractures Audit programme (FFFAP)	National Hip Fracture Database	T&O
Head and Neck Cancer Audit	N/A	Head and Neck
Inflammatory Bowel Disease (IBD) Audit	Inflammatory Bowel Disease (IBD) Biological Therapies Audit & Service Standards	Gastro
Learning Disabilities Mortality Review Programme (LeDeR)	N/A	Trustwide
Mandatory Surveillance of bloodstream infections and clostridium difficile infection	N/A	Infection Prevention
Maternal, Newborn and Infant Clinical Outcome Review Programme	Perinatal Mortality Surveillance	Obs and Gynae
Maternal, Newborn and Infant Clinical Outcome Review Programme	Perinatal morbidity and mortality confidential enquiries	Obs and Gynae
Maternal, Newborn and Infant Clinical Outcome Review Programme	Maternal Mortality surveillance and mortality confidential enquiries	Obs and Gynae
Maternal, Newborn and Infant Clinical Outcome Review Programme	Maternal morbidity confidential enquiries	Obs and Gynae
Medical and Surgical Clinical Outcome Review Programme	Dysphagia in Parkinson's Disease	Neurology
Medical and Surgical Clinical Outcome Review Programme	In-hospital management of out-of-hospital cardiac arrest	ICCU
Mental Health (Care in Emergency Departments)	N/A	ED
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	Paediatric Asthma Secondary Care	Children's Services Acute

National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	Adult Asthma Secondary Care	Respiratory
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	Chronic Obstructive Pulmonary Disease (COPD) Secondary Care	Respiratory
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	Pulmonary rehabilitation- organisational and clinical audit	Respiratory
National Audit of Breast Cancer in Older People (NABCOP)	N/A	General Surgery
National Audit of Cardiac Rehabilitation	N/A	Cardiology
National Audit of Care at the End of Life (NACEL)	N/A	Oncology/Palliative Care Team
National Audit of Dementia (care in general hospitals)	Dementia care in general hospitals	CoE
National Audit of Seizure management in Hospitals (NASH)	Emergency Departments	Neurology/ED
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	N/A	Children's Services Acute
National Cardiac Audit Programme (NCAP)	National Audit of Cardiac Rhythm Management (CRM)	Cardiology
National Cardiac Audit Programme (NCAP)	Myocardial Ischaemia National Audit Project (MINAP)	Cardiology
National Cardiac Audit Programme (NCAP)	National Adult Cardiac Surgery Audit	Cardiothoracic
National Cardiac Audit Programme (NCAP)	National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	Cardiology
National Cardiac Audit Programme (NCAP)	National Heart Failure Audit	Cardiology
National Child Mortality Database	N/A	Children's Services Acute
National Comparative Audit of Blood Transfusion programme	2019 Re-audit of the Medical Use of Blood	Pathology

National Diabetes Audit – Adults	National Diabetes Foot Care Audit	Diabetes
National Diabetes Audit – Adults	National Diabetes Inpatient Audit (NaDIA) -reporting data on services in England and Wales	Diabetes
National Diabetes Audit – Adults	NaDIA-Harms - reporting on diabetic inpatient harms in England	Diabetes
National Diabetes Audit – Adults	National Core Diabetes Audit	Diabetes
National Diabetes Audit - Adults	National Pregnancy in Diabetes Audit	Obstetrics
National Early Inflammatory Arthritis Audit (NEIAA)	N/A	Rheumatology
National Emergency Laparotomy Audit (NELA)	N/A	Critical Care
National Gastro-intestinal Cancer Programme	National Oesophago-gastric Cancer (NOGCA)	Gastro
National Gastro-intestinal Cancer Programme	National Bowel Cancer Audit (NBOCA)	Gastro
National Joint Registry (NJR)	8 workstreams; Hip, knee, ankle, elbow & shoulder replacement and Implant, hospital & surgeon performance.	T&O
National Lung Cancer Audit (NLCA)	N/A	Respiratory
National Maternity and Perinatal Audit (NMPA)	N/A	Obs and Gynae
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	N/A	Neonates
National Paediatric Diabetes Audit (NPDA)	N/A	Children's Services Acute
National Prostate Cancer Audit	N/A	Urology

National Smoking Cessation Audit 2019	N/A	Respiratory
Perinatal Mortality Review Tool (funded by DH)	The PMRT is a tool to support high quality local reviews of care when a perinatal death has occurred; it is not a data collection tool.	Obstetrics
Sentinel Stroke National Audit programme (SSNAP)	N/A	Stroke
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	N/A	Pathology
Society for Acute Medicine's Benchmarking Audit (SAMBA)	Acute Internal Medicine / General Internal Medicine	Acute Medicine
Surgical Site Infection Surveillance Service	N/A	Infection Prevention
Trauma Audit & Research Network (TARN)	N/A	ED
UK Cystic Fibrosis Registry	N/A	Respiratory
UK Parkinson's Audit	N/A	Neurology
UK Renal Registry	N/A	Renal

Appendix 2 – National Clinical Audits reviewed by the Trust in 2019/20 with actions intended to improve the quality of healthcare provided

Completed audits are reviewed by the provider to identify the outcomes of audits and confirm the compliance rating against the standards audited. It is crucial that where audits have identified moderate or significant non-compliance that actions are taken to address gaps and implement changes to improve the quality of healthcare provided. All audits identified as moderate or significant non-compliance were (where appropriate) added to the 2019/20 audit plan for subsequent re-audit.

The reports of 54 completed National Clinical audit projects have been reviewed in 2019/20 by the provider to date and the actions being taken to continue improvement are below.

2019/20 Audit ID	National Clinical Audit, Enquiry, Project name & Work-stream	Lead Directorate	Compliance rating	Actions identified to improve the quality of healthcare provided
5188	National Maternity and Perinatal Audit	Gynaecology	Not Applicable	13 national recommendations have been made and the directorate have completed a gap analysis to ensure all are being considered.
5186	MBRRACE-UK: Saving Lives, Improving Mothers' Care 2015-17	Gynaecology	Not Applicable	National recommendations have been made and the directorate have completed a gap analysis to ensure all are being considered.
5185	MBRACCE - UK Perinatal Confidential Enquiry	Gynaecology	Not Applicable	National recommendations have been made and the directorate have completed a gap analysis to ensure all are being considered.
5183	MBRRACE-UK Maternal Report 2017	Gynaecology	Not Applicable	Review of audit recommendations and discussion in governance meetings.
5070	RCR National Audit: Evaluating Radiological Reporting of Fragility Fractures	Radiology	Significant Non-Compliance	Presentation to consultants. Rheumatology engagement to establish referral criteria and pathway.
5057	Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Pathology	Not Applicable	Not applicable
4996	UTI treatment in Walk in Centre Phoenix Health Centre	Acute medicine	Minor Non-Compliance	Education through peer review and audit is being repeated in 1 years' time.

4961	2018/19: MBRRACE-UK: UK Perinatal Mortality Surveillance report for births in 2016	Gynaecology	Not Applicable	Gap analysis based on national recommendations in order to identify where improvements/changes are required.
4948	Each Baby Counts	Obstetrics	Not Applicable	Gap analysis based on national recommendations to identify areas of improvement/learning.
4939	2017 - Five years of cerebral palsy claims	Gynaecology	Not Applicable	Gap analysis of released national recommendations.
4892	National Audit of Breast Cancer in Older People 2019	General surgery	Not Applicable	Not applicable.
4887	SAMBA 2019/20 - Society for Acute Medicine Benchmarking	Acute medicine	Minor Non-Compliance	A review of time from DTA to consultant review in the next samba audit.
4852	2019/20 BAUS National Complex Surgery Audits - Prostate Cancer (2018 data)	Urology	Not Applicable	Not applicable.
4822	2019/20 National Audit: BAUS Urology - Cystectomy	Urology	Not Applicable	A review of the national findings will aid discussions to help improve patient care and service delivery.
4790	Patient Satisfaction Audit 19/20	Gastroenterology	Not Applicable	Plan to design a poster to be displayed across both sites, visible to all patients and staff with recommendations. Survey to be repeated in 2020. Positive comments to be circulated to all Endoscopy staff across both sites. Discuss areas of improvement around delays and communication of these delays to patients and those attending with them. Continued emphasis on the Consent process, information giving, privacy and dignity. To explore why some patients felt they did not receive adequate information about their personalised follow-up plan.

Page 220

4760	NELA - National Emergency Laparotomy Audit (relates to 2017/18 submission of data) 2019/2020	Critical Care	Moderate Non-Compliance	We will continue to collate and distribute the data/ outcomes from this National Audit. The surgeons are being reminded to complete the pre op risk assessment tool to assess risk. Will be re-audited as part of national program.
4752	Management of Paediatric Supracondylar Humeral Fractures Regional Audit Protocol	Trauma & Orthopaedics	Minor Non-Compliance	Continue good practice, as compared to previous audit.
4720	The efficacy and safety of long term EEG monitoring in the outpatient setting. A national service evaluation. 2019/20	Neurology	Fully Compliant	Fully compliant already achieving standards and guidelines.
4607	PATHS - Perioperative administration of tranexamic acid in hip fracture surgery	Trauma & Orthopaedics	Fully Compliant	Not applicable
4590	AUDIT OF ASSESSMENT AND RECOGNITION OF DELIRIUM AMONG HOSPITALISED OLDER ADULTS IN UK HOSPITALS Protocol for Round 3 – Full re-audit (2019/2020)	Care of the elderly	Fully Compliant	Not applicable
4567	West Midlands Regional Audit on Orthodontic Treatment Outcomes in secondary care using the PAR index Jan 2017- Dec 2017	Head & Neck	Not Applicable	Not applicable
4532	2018: National Audit- National Epilepsy 12 Audit (Dr Sastry)- Re audit	Children's Services – Acute	Minor Non-Compliance	Establish Tertiary Outreach clinic
4449	AcUte manaGeMent of aNkle fracTures (AUGMENT) - A prospective multi-centre observational audit assessing the initial management of ankle fractures.	Trauma & Orthopaedics	Minor Non-Compliance	Continue to adhere to BOAST guidelines.

4440	Vital Signs In Adults (Care in Emergency Dept) 2018/2019	Accident & Emergency	Moderate Non-Compliance	Share the audit findings via emails and teaching sessions (Nurses and doctors). Raise awareness regarding early recognition and management of seriously ill patients. Re audit next year in 1st or 2nd Quarter
4433	CQUIN 2c: Percentage of antibiotic prescriptions documented and reviewed by a competent clinician within 72 hours meeting the following three criteria:(originally registered 2018/2019) 2019-2020	Pharmacy	Not Applicable	Not applicable
4432	2018-19 CQUIN Indicator 2d: Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) - Antibiotic Consumption	Pharmacy	Not Applicable	Not applicable
4340	DRAFFT IMPACT STUDY	Trauma & Orthopaedics	Fully Compliant	Not applicable
4291	2018 National Diabetes in Pregnancy Audit	Gynaecology	Minor Non-Compliance	Continue to produce local audit and review national audit with the in house diabetic teams.
4264	2018 National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	Neonatal	Not Applicable	Continue to encourage mothers to breast feed or express milk to feed to their preterm babies. Ensure that parents on ward round are entered correctly and consultant lead identified.
4231	Sentinel Stroke National Audit programme (SSNAP) 2018/2019	Stroke	Minor Non-Compliance	QI project being initiated to improve 1st CT scan times and stroke pathway with CQI team. This will help improve pathway for Stroke patients. Workforce review in progress for nursing and SALT.
4195	National Comparative Audit of Blood Transfusion Programme - O Neg use	Pathology	Fully Compliant	Not applicable
4164	The National Epistaxis Audit (Originally registered 2016/17 3124)	Head & Neck	Not Applicable	Not applicable

4131	2018/19: A National Audit: PCNL	Urology	Not Applicable	Not applicable
4130	2018/19: NATIONAL: Nephrectomy	Urology	Not Applicable	Not applicable
4128	2018/19 National: BAUS Audit - Radical prostatectomy (RALP Audit)	Urology	Minor Non-Compliance	The surgeon will plan all cases of surgery carefully and aim to avoid nerve spanning.
4121	Cancer Services National Audit RCR - Radical Lung	Oncology	Moderate Non-Compliance	Develop a pathway re: brain scanning. Develop a pathway for TF.
4120	Cancer Services National Lung Cancer Audit (NLCA)	Oncology	Minor Non-Compliance	Rapid alert small cell pathway to alert clinicians to a diagnosis resulting in swift OPA for diagnosis and treatment. WILD project to reduce pathway length in accordance with the National Pathway. Pathway meeting (pre diagnostic MDT) to start.
4058	National Joint Registry 2018 /19	Trauma & Orthopaedics	Minor Non-Compliance	Continue to submit data and monitor results.
4026	National Trans Catheter Aortic Valve implantation (TAVI) 2018 data	Cardiology	Fully Compliant	Not applicable
3909	National (re)Audit of Dementia Care (Fourth Round)	Care of the elderly	Minor Non-Compliance	Re-audit 2020/21
3808	Learning Disability Mortality Review Programme (LeDeR) 18-19	Trustwide	Not Applicable	All necessary actions are being monitored via the Mortality Review Group.
3603	PROMS (Patient Reported Outcome Measures) Audit 2017-18 data	Trauma & Orthopaedics	Fully Compliant	Not applicable
3602	PROMS (Patient Reported Outcome Measures) Audit 2016-17 data	Trauma & Orthopaedics	Fully Compliant	Not applicable
3601	National Joint Registry 2017/18 data	Trauma & Orthopaedics	Fully Compliant	Not applicable
3600	National Hip Fracture Audit- 2018 data	Trauma & Orthopaedics	Moderate Non-Compliance	To continue to monitor and improve on compliance for all categories of the National Hip Fracture Best Practice Tariff.

3599	National Adult Cardiac Surgery Audit 2018/ 19.	Cardiothoracic Surgery	Fully Compliant	Not applicable
3597	National Thoracic Surgery Audit (data2018/19) 2019/2020	Cardiothoracic Surgery	Fully Compliant	Not applicable
3594	National Audit of Cardiac Rehabilitation (2016-2017 data) 2019/2020	Cardiology	Fully Compliant	Not applicable
3593	Heart failure (HF) - (2017 /18 data.) 2019/2020	Cardiology	Moderate Non-Compliance	Work closely with audit team to expose areas of audit that may have uncertainties. Identify patients that are failing the audit on a monthly basis and reviewing notes to check accuracy. Clearly write reviews in patient's notes, summarising medication plans. Look at improving documentation for HF in-reach.
3591	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP) - 2017/18 data	Cardiology	Moderate Non-Compliance	Introduce clock on ward to time door to balloon time and re-focus team on importance of working against the clock. Audit monthly patients who fall outside 90 minute door to balloon time to identify areas of improvement and ensure the data are accurate before submission to national audit
3590	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP) - 2016/17 data	Cardiology	Moderate Non-Compliance	Review Capacity on day case unit. National figures- 33% NSTEMIs have angio > 96 hrs after admission.

Page 224

3589	Cardiac Arrhythmia / Heart Rhythm Management (HRM) - 2016/17 data.	Cardiology	Fully Compliant	Not applicable
3584	Coronary interventions / Coronary angioplasty (BCIS) - 2017 data.	Cardiology	Moderate Non-Compliance	Re-emphasis on the ward/in cath labs- start stopwatch when patient reaches hospital- this clock goes into lab with patient so that time can be seen easily. Audit monthly those patients who fall outside the time window so that deeper understanding of delays can be made as well as identifying incorrect data entry (which can then be corrected before data are submitted)
3531	National: Breast and Cosmetic Implant Registry (BCIR)	General surgery	Not Applicable	Not applicable

Appendix 3 – Local Clinical Audits reviewed by the Trust in 2019/20 with actions intended to improve the quality of healthcare provided

46 local audits that demonstrated moderate or significant non-compliance against the standards audited. The Royal Wolverhampton NHS Trust intends to take the following actions to improve the quality of healthcare provided and consider re-audit against these standards once actions have been appropriately embedded.

Directorate	Directorate	Compliance Rating	Actions identified to improve the quality of healthcare provided
Microbiology	Management of Neutropenic Sepsis	Moderate Non-Compliance	Remains on Risk Register and is being managed through this process. Re-audit in 12 months.
Trauma & Orthopaedics	Spine POUR	Moderate Non-Compliance	Discussed at Clinical Governance meeting, consensus is for POUR guidelines to be incorporated in T&O Junior Doctors Intranet Guidelines.
Care of the elderly	Identifying frailty in patients seen by the rapid intervention team	Significant Non-Compliance	Established Education and Training programme for RITS nursing staff to provide confidence and ability in assessing and recording Frailty for patients who are reviewed.
Trauma & Orthopaedics	Assessment of children presenting with painful limp from August 2018 - July 2019	Moderate Non-Compliance	Presentation of results at T&O Governance meeting to discuss areas of non-compliance. Consideration of the following: Accessibility to pathway/ guidelines Pathways to be displayed in A&E and Children's wards. A&E, Children's Acute Services and Orthopaedics department coordination. Discussion about need and arrangement for follow-up.
Audiology	Audit of Calibration Compliance at West Park 23-27 Sept 2019	Moderate Non-Compliance	The requirements of Stage A equipment checks are to be reiterated to all staff at Team meeting.
Trauma & Orthopaedics	Are we correctly managing joint aspiration samples correctly?	Moderate Non-Compliance	Pathology trying to see if one sample can do both tests. To include in the Induction pack for juniors that any sample obtained from a swollen joint should be sent both for microbiology (to look for organisms) and for histology (to look for crystals).

Audiology	231168-E01300-300 Paediatric outcome audit	Significant Non-Compliance	Innovative plans have been put in place with the aim of improving the availability of speech materials and staff awareness and refresher training has been arranged to ensure all staff undertaking paediatric hearing aid evaluations are fully cognisant of requirements for validation and outcome measures. A business case has been written which includes the provision of new equipment. The inadequate IT/ equipment is also monitored and added to the Risk Register.
Cardiology	Audit of healthcare professionals knowledge of precordial lead placement in a resting 12 lead electrocardiogram	Moderate Non-Compliance	Trusts ECG video to be watched by anyone who needs to perform an ECG with their job role. Consideration to be given regarding incorporating ECG training into the BLS/ILS training in order to ensure that there is a consistent standard of teaching provided on a regular basis.
Ophthalmology	Audit of Ocular Oncology Referrals from Wolverhampton Eye Infirmary to Liverpool	Moderate Non-Compliance	The issue re lack of knowledge of the referral process was communicated to all the staff at the department at the Audit meeting. Reiterated the referral process and the need to ensure this is followed.
Stroke	Enteral Feeding of Acute Stroke Patients : A review of current practice at New Cross Hospital	Moderate Non-Compliance	Improve communication; from huddle, any patients having problems with nutrition (ie. not tolerating NGTs) or potential referrals for PEGs will be highlighted to Specialist Nutrition Nurses. Specialist Nutrition Nurses will attend the ward 3 times a week to discuss any issues and potential referrals. Decision-making needs MDT consideration.
Ophthalmology	Audit of suspected TIA diagnosis and management in the Eye Referral Unit 2019/2020	Moderate Non-Compliance	Reiterated to all via audit meeting the importance of History taking in recognising amaurosis fugax. Reinforced NICE guidelines to all. Reinforced All patients should be referred to TIA clinic. Advised that all clinicians should check up on Clinical Portal to make sure patient has been followed up within weeks.
Urology	Time to Treatment in Ureteric Stones: Are we meeting the new NICE guidelines? (NG118 Renal and ureteric stones: assessment and management)	Moderate Non-Compliance	To consider the expansion of shockwave lithotripsy by investigating whether resources are available for weekly or fortnightly lithotripsy.

Audiology	Audit of Direct Referrals (reaudit)	Moderate Non-Compliance	Conduct reevaluation of appropriateness of referrals.
Safeguarding	Mental Capacity Act 2005 Compliance	Significant Non-Compliance	An action plan of interventions has been devised and shared with the Trust Safeguarding Group. This will aim to embed the practice of mental capacity assessments and compliance of the Mental Capacity Act Trust wide.
Critical Care	Anaesthetic management of patients with hip fracture 2019/2020	Moderate Non-Compliance	There is a plan to develop an anaesthetic guideline and publish it on the intranet; this will include with anaesthesia for patients undergoing hip fracture surgery.
Audiology	Assessment of Paediatric Real Ear Measurements (REM's)	Significant Non-Compliance	Raise in staff meeting, Paediatric Team meeting and at Directorate governance meeting the importance of completing REMs (Real ear Measurements) for all patients and to document where REMs are not performed.
Radiology	Traumatic ankle pain and ankle plain film request - Adequacy of clinical information with reference to the Ottawa ankle rules	Moderate Non-Compliance	More education for A&E referrers about the Ottawa rules and importance of following these rules and improved clinical information when requesting an ankle plain film for an acute ankle injury. Encourage the radiographer to challenge requests without clear clinical history and non-compliance with Ottawa rules. Encourage registrars and consultants to support radiographers when they encounter such improper ankle plain film requests. Presentation of results of the audit at radiology and the ED education and QI meeting highlighting areas for improvement needed. Re-audit after implementing the above recommendations.
Gynaecology	QIP (Cycle 1): Induction of Labour (IOL) Care Pathway Delays > 8 hours For Transfer of Women from Maternity Induction Unit to Delivery Suite	Moderate Non-Compliance	A 'Deep Dive Audit' has been completed into why inductions are delayed. The most common themes were high activity and sub optimal staffing. We will continue to monitor and identify any common themes in delayed transfers.
Oncology	Oncology RCR - Audit of the patient Local pathway in bladder cancer	Moderate Non-Compliance	Bladder cancer specific MDT proforma with defined target times from TURBT to start of treatment. Consider decision for definitive treatment (cystectomy or radical radiotherapy) to be made prior to initiating neo-adjuvant chemotherapy. Re-audit after 6 months.

Children's Services - Acute	Are we delivering antibiotics within an hour to children identified with sepsis in line with NG51 (2018 Data) (2019/2020)	Moderate Non-Compliance	Introduce cannulation and other sepsis equipment immediately available and stocked up regularly. Educate on earlier use of IO or IM injections if difficult cannulation Sepsis 6 proforma to be used for suspected sepsis. To be re-audited.
Dermatology	CP50 Review of Diagnostic Test Results from referral to diagnosis & Treatment	Moderate Non-Compliance	We are planning to introduce a phone clinic, a new service which will be run by our cancer nurse specialists/nurse specialists. Our admin staff will check whether patients have been provided with written information following their surgical procedures.
Radiology	IR(ME)R Audit : Compliance of Employers Procedure A. Identification (Reaudit)	Moderate Non-Compliance	Raise departmental awareness of poor compliance with evidencing: Completion of six point identification check as detailed in procedure has been undertaken and evidenced on Radiology Information System (Soliton) and ensuring any variation from method of identification as detailed in the procedure is documented. Raise awareness of individual poor compliance. Monthly audited data to be collated and forwarded to individual operators who consistently fail to comply.
Rheumatology	Re-Audit of the ICE / DAWN system following implementation of the ICE Pathology results system at New Cross November 2017	Moderate Non-Compliance	Clinicians and ICE/IT team to investigate findings further.
Respiratory medicine	QIP - Improving the follow up engagement and reducing 28 re-attendance of patients after attending ED with an exacerbation of asthma	Moderate Non-Compliance	Contact with CQi department locally to help facilitate planning meetings with key stakeholders. Continue with QIP cycles.
Diabetes	Re-audit of the Inpatient Management of Hypoglycaemia	Moderate Non-Compliance	Ongoing outreach to patients with hypoglycaemia by remote monitoring from DSNs.

Respiratory medicine	QIP - Oxygen Prescription and it's appropriate use	Moderate Non-Compliance	Oxygen wrist bands; patients will wear a colour coded wristband according to different oxygen saturations ranges. Microbiology approval has been received and is currently awaiting funding approval.
Critical Care	Waste Management Audit - Is waste (clinical and non-clinical) being placed in the correct bin in intensive care and theatre enviroments? 2019/2020	Significant Non-Compliance	Orange bins to be available in every theatre, anaesthetic room and ICCU Bed space by 2020.
Page 230 Radiology	Audit of positivity rate and compliance with referral guidelines for CTPA over the past 5 years.	Moderate Non-Compliance	Change ICE requesting, make Wells Score and D-Dimer mandatory. Require IT/ICE team input. Vetting radiologists to reject referrals without prior CXR - to email all consultant radiologists. Educate referring clinician about the need to CXR prior to CTPA.
Diabetes	Quality improvement project - Does a ward round handover sheet help with the timely handover of tasks between the medical and nursing team and aid timely completion of important tasks in patient care?	Moderate Non-Compliance	Encourage continued use of handover book to ensure it is incorporated into the everyday workings of the ward. Findings were discussed at the local department induction at the start of the most recent rotation to familiarise new doctors in the department. Third cycle of data collection to monitor continued change (tasks completed and when).
Gynaecology	QIP Gynaecological operation notes not meeting mandatory RCS standards.	Moderate Non-Compliance	Implement a stamp with tick boxes (checklist) to use in all future operations.
Head & Neck	ENT emergency clinic referrals - Are they appropriate?	Moderate Non-Compliance	Raised awareness of the referral criteria. Staff have been provided with examples of appropriate and inappropriate referrals to raise awareness of the appropriate referral criteria.
Pharmacy	An audit to assess vancomycin prescribing and monitoring 2019/2020	Moderate Non-Compliance	Re-audit in 6 months. Present the findings from this audit in the antimicrobial stewardship meeting. Present the findings from this audit to pharmacists and pharmacy staff. Educate nurses, doctors and pharmacy staff. Amend the wording used on Microguide to facilitate understanding.

Radiology	Pre Uterine Artery Embolisation biopsy compliance	Significant Non-Compliance	Audit findings and new national guidelines to taken to gynaecology directorate for discussion and a re-audit to be conducted.
Pharmacy	Prescribing and management according to trust hyperemesis guidelines (2019/2020)	Significant Non-Compliance	Amend guidelines to reflect practice Consider ondansetron as second line in place of metoclopramide.
Children's Services - Acute	Newly Diagnosed Juvenile idiopathic Arthritis (JIA) (2018-2019)	Moderate Non-Compliance	Increased capacity in paediatric rheumatology clinics so that patients can be seen earlier. Business plan submitted. Results shared with head of orthoptics.
Pharmacy	An audit on the use and monitoring of Teicoplanin in bone and joint infections. (2019/2020)	Moderate Non-Compliance	Encourage strict adherence to guidance on the prescribing of teicoplanin for long term OPAT patients. OPAT team to consider rewording guidelines and making teicoplanin level monitoring more formal, rather than just advisory, in patients who are likely candidates for OPAT (i.e. longer duration of therapy). As well as an update to guidance, all pharmacists should be updated on this. Re-audit due to the limitations detailed within this audit, and to ascertain whether recommendations have impacted practice.
Safeguarding	Documentation audit within the Emergency Department	Significant Non-Compliance	Disseminate audit to emergency department staff, safeguarding checklist to be completed in full, safeguarding documentation training to be delivered to staff, feedback forms to be used and review audit to be undertaken in 6 months to reassess compliance.
Dietetics	To assess the compliance and accuracy of MUST assessment on the Clinical Haematology Unit (2019-2020)	Moderate Non-Compliance	MUST Training to be completed and Nursing completion of MUST competencies.
Therapy Services	Patient information leaflet audit (Women's Health) (2019-2020)	Moderate Non-Compliance	Revise ordering quantities. Introduce annual check of all leaflets, to ensure all leaflets go through the appropriate governance processes and a program is developed to ensure all documents are reviewed according to process

Therapy Services	Patient information leaflet audit (Hands Team) (2019-2020)	Moderate Non-Compliance	Review all leaflets; delete any no longer applicable & remove from libraries Prioritise remaining leaflets for review and review/edit all needing amendments. Repeat audit once actions have been implemented and set up alert system to advise authors when their leaflets are approaching their 3 year review date.
Accident & Emergency	Do rapid antigen throat swabs reduce antibiotic therapy in children <15years with tonsillitis in ED	Significant Non-Compliance	Conduct 3 month prospective audit Dec-January using clinical decision rules to streamline diagnosis and antibiotic treatment for tonsillitis in children <15yrs.
Rheumatology	NICE NG100 Telephone Advice Line	Moderate Non-Compliance	Introduce group education sessions to all patients. All patients to be provided with a blood monitoring passport, this will hold all current information for adverse effects and up to date blood results. Prepare business case to fully commission the advice line service.
Pharmacy	Re-audit to assess missed and delayed doses of Parkinson's medicines at The Royal Wolverhampton Hospitals NHS Trust (2018/2019)	Significant Non-Compliance	Create a Parkinson's Passport which the patient carries with them at all times. This will include drug, strength, frequency and target time of administration. Improve identification of Parkinson's Patients for all members of the MDT. Raise awareness of audit findings and provide education to members of the MDT.
Gynaecology	Laparoscopy in Endometrial Cancer Audit (re-audit)	Moderate Non-Compliance	To forward the audit results to gynaecological care committee in order to make them aware and make adequate interventions to improve. To feedback to clinicians to ensure all patients have had post-operative FBC taken.
Renal medicine	QIP Re-Audit of eDischarge - completeness 2018/19	Moderate Non-Compliance	Incorporate teaching session 'How to write e-Discharge summary' for Junior Doctors on Trust / Local Induction. Create a poster 'How to write a good e-Discharge.' Encourage Consultants as part of their ward round to help summarise the working / main diagnosis and potential follow up's.
Rheumatology	CG146 (updated Feb) Osteoporosis: assessing the risk of fragility fracture	Moderate Non-Compliance	Re-audit mainly focusing on risk factors relevant to secondary care which will be true reflection of departmental practice.

How to give comments

We welcome your feedback on this Quality Account and any suggestions you may have for future reports.

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

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

English

If you require this document in an alternative format e.g., larger print, different language etc., please inform one of the healthcare staff.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਰੂਪ ਉਦਾਹਰਨ ਵੱਜੋਂ ਵੱਡੀ ਛਪਾਈ, ਵੱਖਰੀ ਭਾਸ਼ਾ ਆਇਦ ਵਿੱਚ ਚਾਹੀਦਾ ਹੋਵੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਸਿਹਤਸੰਭਾਲ ਕਰਮਚਾਰੀ ਨੂੰ ਬੇਨਤੀ ਕਰੋ।

Polish

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Kurdish

ئەگەر ئەم بەلگەنامەیە بە شێوازیکی دیکە دەخوازیت بۆ نمونە چاپی گەورەتر، زمانیکی دیکە هتد. تکایە بەکێک لە کارمەندانی سەرپەرشتی تەندروستی ناگادار بکەرەوه.

