CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

7 October 2021

Time 1.30 pm **Public Meeting?** YES **Type of meeting** Scrutiny

Venue Council Chamber - 4th Floor - Civic Centre

Membership

Chair Cllr Susan Roberts MBE (Lab)
Vice-chair Cllr Paul Singh (Con)

Cllr Greg Brackenridge
Cllr Jaspreet Jaspal
Cllr Milkinderpal Jaspal
Cllr Rashpal Kaur
Cllr Sohail Khan
Cllr Lynne Moran
Cllr Phil Page
Tracy Cresswell (Healthwatch)
Tina Richardson (Healthwatch
Rose Urkovskis (Healthwatch)

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:

Contact Martin Stevens
Tel/Email Tel: 01902 550947 or martin.stevens@wolverhampton.gov.uk
Address Scrutiny Office, Civic Centre, 1st floor, St Peter's Square, Wolverhampton WV1 1RL

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Agenda

Part 1 – items open to the press and public

Item No. *Title*

MEETING BUSINESS ITEMS

1 **Apologies and Substitutions**

2 **Declarations of Interest**

3 **Minutes of the Meeting held on 8 July 2021** (Pages 3 - 16)
[To approve the minutes of the meeting held on 8 July as a correct record].

4 **Minutes of the Special Meeting held on 29 July 2021** (Pages 17 - 26)
[To approve the minutes of the Special Meeting held on 29 July 2021 as a correct record.]

DISCUSSION ITEMS

5 **Healthwatch Wolverhampton Annual Report 2020-2021** (Pages 27 - 74)
[To consider the Healthwatch Wolverhampton Annual Report 2020-2021].

6 **The Royal Wolverhampton NHS Trust - Quality Account 2020-2021** (Pages 75 - 200)
[To consider, The Royal Wolverhampton NHS Trust – Quality Account 2020-2021].

7 **Primary Care Access and Q&A**
[To receive a presentation from the Black Country and West Birmingham CCG on Primary Care Access. There will also be an opportunity for Panel Members to ask general questions on the matter of Primary Care in Wolverhampton].

8 **Date of Next Scheduled Meeting**
[The date of the next scheduled Health Scrutiny Panel is Thursday, 10 February 2022 at 1:30pm].

CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

Minutes - 8 July 2021

Agenda Item No: 3

Attendance

Members of the Health Scrutiny Panel

Cllr Greg Brackenridge
Tracy Cresswell (Via MS Teams)
Cllr Jaspreet Jaspal (Via MS Teams)
Cllr Milkinderpal Jaspal (Via MS Teams)
Cllr Sohail Khan
Cllr Lynne Moran (Via MS Teams)
Cllr Phil Page
Cllr Susan Roberts MBE (Chair)
Cllr Paul Singh (Vice-Chair)

Witnesses
Professor David Loughton CBE (Chief Executive of the Royal Wolverhampton NHS Trust) (Via MS Teams)
Paul Tulley (Managing Director of Wolverhampton area - Black Country and West Birmingham CCG)

Employees
Martin Stevens DL (Scrutiny Officer) (Minutes)
John Denley (Director of Public Health)
Becky Wilkinson (Deputy Director of Adult Services)
Dr Ainee Khan (Consultant in Public Health)
Neeraj Malhorta (Consultant in Public Health)
Julia Cleary (Scrutiny and Systems Manager)
Emily Hackett (Senior Public Health Specialist)
Jacqui McLaughlin (Commissioning Officer)

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies and Substitutions**
An apology for absence was received from Panel Member, Cllr Rashpal Kaur.

Cllr Jasbir Jaspal sent her apologies as the Portfolio Holder for Public Health and Wellbeing.

Marsha Foster had submitted her apologies as a representative of the Black Country Partnership NHS Foundation Trust.

Vanessa Whatley, Deputy Chief Nurse, The Royal Wolverhampton NHS Trust, sent her apologies.

There were no substitutions.

2 **Declarations of Interest**
Tracy Cresswell declared a pecuniary interest on agenda item 6, Healthwatch engagement pre-tender activity.

3 **Minutes of previous meeting**
The minutes of the meeting held on 24 March 2021 were confirmed as a correct record.

4 **Wolverhampton Covid-19 Outbreak Control Plan – 2021 refresh**
The Director of Public Health introduced a report on the Wolverhampton Covid-19 Outbreak Control Plan – 2021 refresh. The Covid landscape had changed dramatically right the way through the pandemic to date. This had consequently led to the plan being refreshed.

The Director for Public Health presented a slide on the subject of, “What we’ve learned so far.” He cited six important themes,

- Shared Ownership
- Shared Cultures
- Shared Information
- Shared Trust
- Shared Goals
- Shared Capacity

He showed a slide on the governance local arrangements, which highlighted the complexity of the response to the Covid-19 pandemic. The refreshed plan had seven key themes, which he listed as follows :-

- Theme 1 – Care homes and educational settings
- Theme 2 – Higher risk settings, communities and locations (including compliance and enforcement)
- Theme 3 – Community Testing
- Theme 4 – Contract Tracing
- Theme 5 – Data integration and information sharing
- Theme 6 – Vulnerable communities (including support to self-isolation)
- Theme 7 – Governance and local boards

The Director of Public Health with regards to Care Homes commented it was important to provide as much support as possible, including specialist advice to limit the impact of the virus. It was important to continue to support care settings to increase vaccine uptake within staff. Looking ahead to the winter it was important measures were in place to reduce the risk of infection.

The Director of Public Health with reference to Care Homes remarked that they had to ensure every possible support had been offered to these settings to contain and

manage possible outbreaks. It was also important that education could continue at University in a safe manner.

The Director of Public Health commented that they continued to support businesses at scale to access routine lateral flow testing. They were also being proactive and reactive to enforcement activities working with West Midlands Police and Environmental Health. They would proactively support businesses to re-open safely as lockdown eased and continue to collaborate with partner agencies, supporting workplaces to comply with legislation and guidance. He praised the response from the faith groups within the City, in terms of leading the response within their communities.

The Director of Public Health presented a slide on community testing. The City had been one of the first in the country to have a drive through testing site in partnership with NHS colleagues. It was also one of the first to have community mobile testing programme and one of the first in the region to have mass testing. This has been particularly valuable at Christmas time, when there had been a peek of the UK variant. He was also pleased with the work of the local contact tracing team. Data integration and sharing had been invaluable. Lessons from this could be taken forward into the future, including as part of the Relighting Our City Strategy.

The Director of Public Health highlighted the importance of getting as many people in the City to have their vaccine and as quickly as possible. With time vaccine hesitancy in people could be overcome, particularly when conversations were had on an individual basis. A good example of this was staff in the care sector where uptake was now at around 85% from initially being just over 50%. 161,000 doses of the vaccine had now been delivered to residents of Wolverhampton. The Covid-19 weekly cases in the City were currently above 250 per 100,000.

The Director of Public Health spoke on the importance of good governance and communicating the plan.

The Chair thanked the Director of Public Health for his presentation. She also thanked him and his team for the fantastic work they had completed over the last 18 months.

The Chief Executive of the Royal Wolverhampton NHS Trust paid tribute to the Director of Public Health and his team. Without the support of the Public Health Team they would have not been able to have dealt with the crisis in the way they did. Working relationships had changed forever for the betterment of the residents they served. He estimated around 60% of the people coming into the Accident and Emergency Department had not been vaccinated. They were therefore setting up a system where vaccinations could be offered alongside their visit to the department. He pleaded for people who had not yet received a vaccination to have one. The people that were being admitted to hospital in Wolverhampton were predominately those that had not been vaccinated fully or not even one dose.

A Panel Member passed on her compliments on the Covid-19 Outbreak Control Plan and acknowledged the efforts and contributions from members of the Public Health Team. She felt the report highlighted the importance of partnership working. In response to the question put to Councillors in the covering report, that being, “Is there anything Councillors could do to support the ongoing work to increase the

uptake of the Covid-19 vaccine across the whole City and within all communities to help us to continue to protect the most vulnerable and get the City back on its feet," she promoted the fact that the Vaccine Bus was currently in her own Ward of St Peter's at the Molineux stadium and would remain there over the weekend. She herself would be visiting the vaccine bus and promoting its location on social media. She raised the point of adding wrap around services to the vaccine bus service, especially for the vulnerable people who did not fall into the normal categories. She asked whether the vaccine bus would be visiting the Romany Gypsy traveling community either at permeant sites or unauthorised encampments. She also questioned whether the travelling community had access to GP services. She gave particular praise to the "Stay Safe, Be Kind" helpline. She raised the point of people who did not necessarily fit into a vulnerable group category but still may have appreciated assistance with things like shopping and phone calls. She referred to the needs based accommodation offer. She felt strongly about having good standards in housing.

The Director of Public Health commented that the vaccine bus on average administered approximately 200 doses of the Covid-19 vaccine per day. There were however 2,100 vaccine doses available per day through the different sites in the City. They were working with the CCG, pharmacists and faith groups to reach those traditionally classed as hard to reach. Flexible offers were available to reach particular groups. Community Ambassadors and their support volunteers were knocking on doors on a daily basis, averaging around 300 houses a day. This exercise was revealing more about people living in the City and how they could have a better life. With reference to GPs, it was important to look at what could be done to free them up more from having to give vaccines so they could focus on their routine work.

The Managing Director of the Wolverhampton area in the CCG stated that they had worked with the lead of the Local Authority and the site Manager of the traveller site. A questions and answer session was held and a dedicated open access clinic was run at Showell Park Surgery. This was the surgery where many of the travelling community were registered.

A Panel Member asked about access to the vaccine in Wolverhampton for people who were not legally in the United Kingdom. He had heard that they were able to obtain the vaccine by going to a GP surgery. The Director of Public Health confirmed that they were able to obtain the vaccine at sites where it was being offered and it did not necessarily have to be at a GP surgery. The Panel Member asked for some communication work to be done so they knew they did not need to be fearful of obtaining the vaccine.

A Member of the Panel asked whether the Prime Minister's intention to relax restrictions on the 19 July was a good one, or if the Director of Public Health advised to carry on with the current precautions. The Director of Public Health spoke on the need for individual responsibility. He would be wearing a mask still and advised everyone else to do the same. Individual actions resulted in collective actions, which made a difference to the City.

The Chief Executive of the Royal Wolverhampton NHS Trust spoke about the previous winter having been the lowest he had known in his career for flu and norovirus. Face coverings and hand hygiene he believed to be two of the most

important factors in the decline of these viruses. It was important to consider the benefits of these actions not just for Covid but for other viruses. He was concerned about childhood illnesses in the winter. The Southern Hemisphere winter was always a good indication of what was to come in the British winter.

The Chair asked Panel Member, Cllr Milkinderpal Jaspal to speak of his personal experience of contracting and suffering with Covid-19. He paid tribute to the Director of Public Health and the Public Health Team for their work since the pandemic had commenced. He also paid tribute to the staff of the New Cross Hospital. He stated that without the care of staff from New Cross Hospital he would not be alive. Many people did not realise the seriousness of the Covid-19 virus. His view was that people needed to continue to be sensible and take all the precautions such as washing hands, general cleanliness, social distancing and mask wearing. Everyone needed to take personal responsibility. He was not in favour of the plans to relax restrictions later in the month. He had taken all the precautions he could earlier in the year but had sadly caught the virus off his son who had visited the home. His son had caught the virus from a patient he was vaccinating.

The Chair asked about the plans for potential third booster Covid-19 vaccines and the flu vaccine. The Managing Director of the Wolverhampton area of the CCG responded that there would be a flu programme for the upcoming Winter. He knew there would also be a Covid-19 booster vaccine programme. There were however considerable unknowns as to what the booster Covid-19 vaccine programme would entail. He cited as an example of this uncertainty, being the type of vaccine that would be used and whether it would be combined with the flu vaccine. They were currently awaiting the national strategy to give them the detail of the programme.

The Chair asked about the uptake of people using lateral flow tests in Wolverhampton and what steps were being taken to increase their use amongst the Wolverhampton population. The Director for Public Health responded that each week in the City, 25,000 – 26,000 tests were undertaken by the community in Wolverhampton. He classed this as a phenomenal response. Making tests available as much as possible and encouraging personal responsibility were key.

The Chair raised the point of being able to order lateral flow tests online and for people to have them delivered to their home address. She thought that not all Wolverhampton residents were aware of this service. She asked if this could be promoted more and the link advertised on the Council's website. The Director of Public Health agreed to do some more on this area and stressed the multiple ways of obtaining a lateral flow test.

The Vice-Chair commented that the Outbreak Control Plan highlighted the importance of wearing masks but it was silent on the issue of the different types and quality of masks. It was clear that FFP2 and FFP3 masks readily available on Amazon were much better at protecting individuals from the risk of catching Covid-19. He asked if Public Health were able to consider communicating information on the different masks available and using a higher quality one in higher risk settings, such as a crowded bus or train carriage. In addition, he stated that the plan contained the phrase, "hands, face, space." The British government had added the term fresh air to the phrase. It was clear that good ventilation, such as by opening windows, could help reduce the spread of infection, as could better air conditioning

systems and meeting people outside rather than inside. He asked if this could be taken into account of any information advice issued by Public Health.

The Director responded there were variable qualities of mask available. Locally as a Council they had purchased and distributed 23,000 cloth masks, which were washable and reusable and of a very decent quality. He encouraged people to use a face mask and take individual responsibility. Some masks were only for single use and so should be used as such. He wanted to promote the use of masks and for people to update their mask when required. He agreed that the mask people used needed to be of suitable quality that was available in the public domain. With regard to ventilation it was clear that this did reduce the risk of infection. If the weather was cold though opening windows could have a detrimental impact on wellbeing, a balance needed to be struck. As it was currently Summer, he did recommend as much ventilation as possible and even meeting outside where appropriate.

The Chair stated that the plan outlined that there would be robust support for people required to isolate, she asked if the national financial support scheme was still available, as the report referred to it continuing until the 30 June 2021. The Director of Public Health responded that the national scheme supporting people to stay at home was still available. They needed to make people more aware of the scheme and the local support available such as shopping etc. He urged people to obtain the vaccine and then isolating would be less of an issue moving forward.

The Vice-Chair asked about how the rollout of the vaccine was going for the young people that were eligible. The Director of Public Health responded that the window of opportunity for young people to have the vaccine had only been open a relatively small amount of time. He was confident that uptake would increase in time. Working in partnership to promote the vaccine for young people was an important aspect.

The Chair asked how the helpline for schools to report positive Covid-19 cases was coping. The Director of Public Health responded that four weeks earlier the City had 6 outbreaks overall. On the present day there were 60, most of these were driven in school age and in particular the age group 11-16. Managing the outbreaks was key, it was not possible to contain them. People on the helpline were very much now advising schools how to get to the summer term break. It had been very busy, with the containment approach switching to one of management.

5 **Public Health - Annual Report 2020 - 2021 (Draft)**

The Director of Public Health presented the Public Health Annual Report 2020-2021. A copy of the presentation slides are attached to the signed minutes. He thanked the Portfolio Holder for Public Health and Wellbeing and the two members of staff who had led on the production of the report, Neeraj Malhorta (Consultant in Public Health) and Emily Hackett (Senior Public Health Specialist).

A Panel Member praised the Public Health Annual report and in particular the individual Ward profiles at the end of the report. She acknowledged the exemplary corporate response to the pandemic. She however highlighted that the UK was one of the most unequal countries in Europe. There was still a great deal of work to do, Covid-19 had amplified the inequality within the country. With reference to domestic violence, she stated that she was the Councillor observer on the Haven Board and confirmed that demand for the service had exceeded the supply over the period of

lockdown. They were exceeding the numbers for which they had been contracted to do and suggested this was an area which could be looked at by Officers in the future. She noted that cancer screening had declined as would have been expected. She added that this would mean poorer outcomes for people in the future, when cancer was finally discovered. She remarked that she wanted to see safe cycle routes into the City Centre. She did not believe there was a safe route from Bilston into the City Centre at the current time.

The Director of Public Health on the matter of domestic abuse promoted the importance of partnership working to help people that were vulnerable to domestic abuse. He preferred to think of it in this way rather than from a purely contractual perspective. Creating stability to be able to respond and growing the service in relation to the need was key. He saw cancer screening as part of the "Relight our City" agenda. Responding to try and improve the situation was key. With reference to cycling there were key elements, ownership of a bike, ability to ride a bike and being able to ride a bike in a safe environment. The third part was a challenge, safe routes and helmets were important.

The Chief Executive of the Royal Wolverhampton NHS Trust commented that safety for cycling also included personal security. A number of his staff used to cycle on the Canal tow path into the City Centre. They had now stopped doing this as a Member of his staff was pushed into the canal with his bike after his wallet had been taken. He commented that people were presenting with cancers at a higher stage than would have been preferable. This was clearly a concern going forward. They were doing everything they could to ramp up the cancer services as rapidly as possible.

A Panel Member asked about the percentage of houses with one or more category one hazards. He asked for more information about the seriousness of the situation and a better idea as to what these hazards were. He also referred to an anomaly on the Heath Town Ward profile in the annual report where there were some crosses rather than a number.

The Consultant in Public Health (Neeraj Malhorta) responded that category one hazards were a nationally defined framework. It included hazards where it was deemed the tenant or residents would be put into serious harm. If a hazard was category one, the Local Authority had powers to act. The data they had been given for the report was based on a report from the Builders Research Establishment and it was from 2017. They took a sample of houses and using an expert methodology then estimated the prevalence of those hazards across the housing stock. It was a reliable methodology but it was based on a sample from 2017. There was now a Better Homes Board in Place and this Board had oversight of the Housing Strategy. The Housing Strategy had three major work streams. The first being about improving the supply of housing stock, the second about the quality of housing stock and the third was about making sure the housing offer was accessible to vulnerable groups such as those experiencing domestic abuse. Work to improve the quality of the housing stock was therefore a key element of the housing strategy. She offered to circulate in conjunction with her housing colleagues more information on the types of category one hazards and the remedial action that took place. The Director confirmed that it was a design error as to why there were some crosses on the Heath Town Ward rather than a number.

The Chair commented that considerable work had taken place since 2017 with reference to housing and therefore the accuracy of the data in reference to category one hazards was in question. The Director of Public Health commented that over the next year he thought there would be significant updates in relation to category one hazard housing data. During Covid-19 a lot of survey work and data collection had not taken place across the county for the last 18 months. The Ward Profiles meant they were able to better work at place level.

The Chair stated that the Public Health Annual Report aimed to set out how to learn to live with Covid-19 and ensure no one was left behind. She asked what steps health partners were taking to help people with long Covid-19. The Managing Director of the Wolverhampton area of the CCG responded that there were now some long Covid-19 clinics. To access the service, you had to be referred to the clinic by your GP. Around 1 in 5 Covid patients suffered from long Covid syndrome.

The Chair commented that the report provided some useful statistics on obesity, physical inactivity, smoking, deprivation and housing. These were all factors in how well someone recovered from Covid-19. She asked what new initiatives there were to help improve these areas for Wolverhampton citizens. The Director of Public Health responded that in spite of Covid-19, the Public Health team were continuing to direct resources to help improving these areas, which were all the more important.

The Chair remarked that the annual report quoted that 0.6% of the population was recorded on GP systems as having a learning disability. But it also stated, that they thought this was an underestimate of the picture. She asked what could be done to make this more accurate and why they thought it was an underestimate? She commented that to help people with learning disabilities, accurate data was needed. The Director of Public Health responded that he was in agreement that accurate data was needed in order to be able to improve services and this was something which they would work on in the future in partnership with other organisations.

The Chair commented that the report referred to Public Health leading and coordinating responses to promote healthy growth and emotional wellbeing within Schools. He asked for some examples where Public Health were leading. The Consultant in Public Health responded alongside the physical activity work that was planned for school age children they were working with the Wolverhampton Wanderers Foundation to prevent obesity in children, working with pre school children and families. In terms of emotional wellbeing there were 5 or 6 youth suicides in the Black Country and neighbouring areas between October and March. As a consequence they had led briefing sessions to all secondary schools on suicide prevention. They were also organising training with an external provider to prevent suicides in young people. This would take place from September on a Black Country footprint. The Public Health team also worked extensively across teams in the Council to help improve the physical and emotional wellbeing of children in the City.

The Vice Chair asked whether Public Health, to improve physical activity and help reduce obesity, would introduce a FitBit pilot in some of the school classes in areas of the City with the worst statistics. He added that he was aware of at least 3 Wolverhampton residents who would be competing in the Olympic Games. He thought some publicity for them would be good for the City as they would be placing the City on the world stage. The Director of Public Health responded that he was thrilled that Wolverhampton residents would be competing in the Olympic Games

and encouraging physical activity in as many different ways as possible was important. There was currently open a grant scheme, which enabled sports clubs in the City the opportunity of up to £1,000 for them to open up again safely, review their membership and build upon it. In terms of FitBit and other brands, technology was getting a lot cheaper. If fitness trackers could be used to make a difference in certain populations, then he saw this as part of physical promotion and was certainly happy to investigate and embrace moving forward.

The Chair stated that the Annual report referred to the future of Test and Trace being allocated locally. She asked if the Public Health Team were ready and if they agreed with this approach. The Director of Public Health responded that because people who were double jabbed would not be required to isolate in the future, the work of the Test and Trace team should in principle decrease. As a Service they were certainly ready if needed. The change in rules was another reason for people and their families to have themselves vaccinated.

The Chair remarked that the report referred to a 190 Community Champions. She asked if this was the ideal figure, or did they want more. She asked how the number of 190 had been reached. The Director of Public Health responded that the Community Champions was an initiative which had been set nationally and devolved to Public Health teams locally to implement. He praised the work of the Community Champions to date. He spoke highly of the model and how this model could be used in the future as part of a place based approach.

The Vice Chair commented that the report stated they had pro-actively contacted people who were yet to take up the vaccination. He asked if everyone had been pro-actively contacted who was eligible for the vaccination and what methods of contact were they using. The Director of Public Health responded that working in partnership alongside data sharing protocols there were three principles in place. The first being, everyone received a text message, the second being a personal call to as many people as possible, the third intervention was a knock on the door of their home address, if the first two had not been successful for whatever reason. It was a combination of a systematic and targeted approach.

6 **Healthwatch Pre-Tender Engagement Activity**

The Deputy Director for Adult Services presented the item on Healthwatch pre-tender engagement activity. She stated that the Healthwatch contract was up for renewal next year, when the current contract came to an end in March 2022. Given the importance of Healthwatch, particularly in the current climate and as the country began to recover from Covid and learn from the last 18 months, it was crucial that the voices of people in the City were heard. Lived experience was incredibly important to Adult Services when they were delivering services and improving the delivery of service. It was essential to the practice model in Wolverhampton. They were keen to obtain the views of Members of the Health Scrutiny Panel, so these could be incorporated into the work on the contract.

The Commissioning Officer gave a presentation on Healthwatch Wolverhampton. The engagement exercise was to inform the development of the service specification. They wanted to hear the views of the general public and stakeholders to see what they could do to improve the service specification. A 12-week consultation had taken place which ran from the 1 April 2021 to 24 June 2021. The

consultation process had taken place online because of Covid-19. It had been promoted through press releases, various websites and media platforms including CCG, Wolverhampton Voluntary Sector Council and the current Healthwatch Wolverhampton service, in addition to individual communications aimed at all Social Care providers.

The Commissioning Officer commented that whilst the official engagement exercise had finished, she was still happy to incorporate any feedback from the Health Scrutiny Panel, up until the point when the official document had to be submitted to procurement for the official tender process. The new service had to be in place by 1 April 2022. There had also been four on-line workshop meetings. She had been working with Children and Young people to support input specifically from young people through an on-line workshop.

The Commissioning Officer remarked that the overarching purpose of Healthwatch Wolverhampton was to improve local health and Social Care services through:-

- Championing the views of local people who use health and Social Care services by ensuring that their collective voices are heard, and views and experiences are used to improve existing services and to help shape future provision at both an operational and strategic level.

- Ensuring that action is taken to resolve concerns and problems in relation to services and to prevent them from arising again.

- Signposting individuals to the most appropriate services.

All local Healthwatch's had an overall arching body, Healthwatch England. They determined to a large extent the operational parameters for all local Healthwatch organisations. The parameters were as follows: -

- Promoting and supporting the involvement of people in the commissioning and scrutiny of local services.

- Enabling people to monitor the standard or provision of local services and to influence improvements.

- Obtaining people's views of local services and making them known to relevant organisations.

- Reporting / recommending improvements to services.

- Providing advice and information about access to local services.

- Making recommendations to Healthwatch England to advise the Care Quality Commission.

- Providing Healthwatch England with the intelligence and insight needed to enable it to perform effectively.

The Commissioner commented that to avoid conflicting with Healthwatch England's operational requirements, the focus of the engagement had encompassed local aspect of service delivery. This included: -

- The means of raising local awareness through promotion and understanding of the service.
- The means of local engagement to gather views, report back and establish annual priorities.
- Membership of various local and regional boards, committees and networks to optimise the ability to influence meaningful changes, both operational and strategic.
- Local performance measures to support the achievement of the aspects referred to as above.

The Commissioner asked the question, "Do you think that Healthwatch (Wolverhampton) could improve awareness and /or understanding of its services to local people? If 'yes,' how?

The Chair responded to the question stating that the organisation of Healthwatch did need promoting. She had not been aware of Healthwatch until she had become a Council Member. There probably would have been a couple of occasions in the past where she or her family would have approached Healthwatch had they had known about them. She believed that certain sections of the Wolverhampton community were aware of Healthwatch but certainly not the population as a whole. The Commissioner agreed with the Chair's comments. Promotion and raising awareness of Healthwatch was a key area for the future. Even the people that were aware of Healthwatch were not necessarily clear as to their responsibilities. There was an inner circle of people that had a relationship with Healthwatch, this needed to change and be expanded. This was clear from the feedback received to date.

The Commissioner asked Members a second question of, "How you would prefer to communicate your views and experiences in respect of health and care services and priority setting in addition to receiving feedback from Healthwatch (Wolverhampton)?

- Organised face-to-face events
- Confidential telephone line
- Existing forums / groups
- Postal – paper questionnaires / feedback forms
- Online – questionnaires / feedback, forums
- Social Media – Facebook / Twitter
- Other (please state)

The Chair responded that she felt it should be a mixture of communication methods and finding the right balance was key. The Scrutiny Officer commented that in the last municipal year, the Health Scrutiny Panel had received a presentation from the Youth Council on mental health. As part of this presentation it had been clear that TiKTok was one of the most used social media platforms by young people and

Instagram. More organisations including the Council were starting to use these social media platforms to reach a wider audience.

The Vice-Chair commented part of the reason for the existence of Healthwatch was to identify areas that had gone wrong and to report back so things could be improved. He thought it was important for Healthwatch to identify services which had improved because of their work. It needed to be clear where the outcomes were to prove value for money. He felt more could be done to publicise their work and their achievements. The Commissioner concurred with these views and stated that it would be reflected in the new service specification. A robust performance management framework would be put in place with quarterly meetings with Commissioning. It would be a tighter process, which would include partnership working with the Local Authority.

The Scrutiny Officer spoke on the subject of Webinars. He thought a Webinar about Healthwatch could add value which could be posted for people to watch at their convenience at a later date on the website and social media channels.

The Commissioning Officer asked Members a third question, which was, "Healthwatch (Wolverhampton) is expected to be an active member of various local and regional boards, committees and networks etc, to optimise the ability to influence change at operational and strategic levels. Which boards, committees and networks do you feel that Healthwatch (Wolverhampton) should be members of and why in terms of the impact that this would make?
It was confirmed that for this question, Members of the Panel would write in with any comments. The Chair however did have two questions of her own. She asked how, did Officers see Healthwatch's role in the Integrated Care System.

The Deputy Director for Adult Services responded that the role of Healthwatch in the Integrated Care System and Integrated Care Partnership was an important subject matter. They were invited members to both the Integrated Care System and the Partnership, which covered Wolverhampton. The Integrated Care System was currently in a transition period with a mandate to bring about significant change. With change came challenge, there was a considerable amount of engagement that needed to be done around the Integrated Care System. The Healthwatch role would be vital in sharing views of Wolverhampton residents and holding the health system to account for the services which were being delivered and changing. Healthwatch's role would therefore be a crucial one.

The Chair asked if the new contract could have a requirement that the three positions given to Healthwatch on the Health Scrutiny Panel were filled and if there were vacancies going forward that they were filled swiftly. She didn't want long-term vacancies on the Panel, there was currently one long-term vacancy to fill. The Commissioner responded that she would ensure there weren't long-term vacancies in the future and would hold them to account on this point.

The Vice Chair asked if the Commissioner could provide a summary of some of the main themes of the feedback received to date from the engagement exercise. The Commissioner responded that there were some overarching themes. One of the main themes was the awareness of Healthwatch and understanding of its role and responsibilities. They had asked people why they had contacted Healthwatch. The main contacts were as expected, those being, to ask for service information and to

share experiences and complain. The most popular means of communication was online and at actual events. The Service specification would include a range of communication methods which worked well for the citizens of Wolverhampton. It would be subject to influence and change.

The Commissioner remarked that there had been a whole myriad of response to the question about which boards, committees and networks Healthwatch should form a part. It ranged from health groups, particularly mental health, Public Health forums, young people and disabilities, faith groups, ethnic minority groups, LGBTQ+ groups, trans groups, over 50s forums, all manner of NHS forums and schools. The range of groups highlighted the lack of understanding about Healthwatch role as they could not possibly attend all of them. Healthwatch was an influencer and an enabler service as opposed to a doing service.

The specific areas which they felt Healthwatch should focus on included GP Services particularly waiting times, attitudes and there being an inadequate number of GPs. There had also been responses regarding cancer services, the post Covid impact, services for the trans community, obesity, dental care, health and wellbeing, exercise, mental health, domiciliary care services and scrutiny of NHS decisions.

The Commissioner commented that other useful additional comments had included more robust reporting, communicating and seeing through recommendations. A comment had been made about the importance of having a joined-up approach to ensure systematic change could take place. Another point which had been raised was Healthwatch working with the Council in partnership. Due to Healthwatch Wolverhampton only currently having 6 staff, it was important for some of the regional staff to attend meetings to free up some of their time at a local level. It had also been raised that the priorities of Healthwatch should be aligned with the overall health system.

The Commissioner commented that there had been some points raised about internal governance and decision making. The composition of the Board and how it changed or people being re-elected needed to be addressed. The voluntary sector wanted to be involved in decision making at a local level. This would be built into the new contract, as they wanted local decisions taken by local people to feed into the wider healthcare agenda.

The Commissioner asked a final question to Members which was, “In terms of local measures, are there any specific indicators that you feel should be set for the new service?”

The Chair commented that she would await written responses from Members on this question. She added that it had been a difficult time for Healthwatch during Covid because they had not been able to carry out some of their normal responsibilities such as enter and view. The Deputy Director for Adult Services agreed and added that they had supported residents in care homes when they could, when restrictions had allowed. They had visited some care homes when allowed to do so and so adult services had benefited from their input. She added this was information which would be good for Healthwatch to directly feedback. The Scrutiny Officer commented that he had just been sent the Healthwatch Wolverhampton Annual Report. This would be a good opportunity for Healthwatch to report back on the work they had

completed. It normally came to one of the Panel meetings in the Municipal year. He would circulate the report to Panel Members within the next day.

The Chair thank the Scrutiny Officer and the Scrutiny and Systems Manager for their help in running the first hybrid meeting of the Health Scrutiny Panel in the Council Chamber. She thanked Members and Officers for their contributions during the meeting. The next meeting would be a Special Meeting on Urology Services on Thursday, 29 July 2021 at 1:45pm.

CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

Minutes - 29 July 2021

Agenda Item No: 4

Attendance

Members of the Health Scrutiny Panel

Cllr Greg Brackenridge (Via MS Teams)
Cllr Jaspreet Jaspal
Cllr Milkinderpal Jaspal (Via MS Teams)
Cllr Rashpal Kaur
Cllr Sohail Khan (Via MS Teams)
Cllr Lynne Moran
Cllr Susan Roberts MBE (Chair)
Cllr Paul Singh (Vice-Chair)

In Attendance
Cllr Jasbir Jaspal (Cabinet Member for Public Health and Wellbeing) (Via MS Teams)

Witnesses
Professor David Loughton CBE (Chief Executive of The Royal Wolverhampton NHS Trust and Interim Chief Executive Walsall Healthcare NHS Trust) (Via MS Teams)
Mike Sharon (Strategic Advisor to the Board of The Royal Wolverhampton NHS Trust)
Jane McKiernan (Senior Programme Manager Strategy – The Royal Wolverhampton NHS Trust)
Mr Pete Cooke (Lead Urologist Clinician – The Royal Wolverhampton NHS Trust) (Via MS Teams)

Sally Sandel (Head of Commissioning – Black Country and West Birmingham CCG) (Via MS Teams)
Glenda Augustine (Director of Planning and Improvement – Walsall Healthcare NHS Trust)
Roseanne Crossey (Head of Business Development and Planning – Walsall Healthcare NHS Trust) (Via MS Teams)
Emma Peters (Engagement, Communications and Marketing Officer – Black Country and West Birmingham CCG) (Via MS Teams)

Employees
Martin Stevens DL (Scrutiny Officer) (Minutes)
John Denley (Director of Public Health) (Via MS Teams)
Julia Cleary (Scrutiny and Systems Manager)

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies**
Apologies for absence were received from Cllr Phil Page, Tracy Cresswell and Rose Urkovskis.

Cllr Greg Brackenridge indicated that he would not be able to attend the whole of the meeting due to a Mayoral engagement.

The Deputy Director of Adult Services sent her apologies as a Council Officer.

The Managing Director of the Wolverhampton area of the Black Country and West Birmingham CCG sent his apologies.

2 **Declarations of Interest**

There were no declarations of interest.

3 **Proposal to Merge Urology Services at The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust**

The Strategic Advisor to the Board of, The Royal Wolverhampton NHS Trust introduced the report on the proposal to merge Urology Services at, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust. He said that the proposal was to improve the Urology Services at both, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust and for the residents of Wolverhampton and Walsall. Both Trusts currently faced different challenges in Urology Services. Walsall had a small department and staffing challenges to run a safe, 24-hour care service. Wolverhampton had a larger department but struggled with demand and waiting lists. By combining the service there would be opportunities to make better use of the Consultant and Clinical workforce. He also believed services would be better and quicker for patients. He did appreciate the concerns about patient access and patient travel times, which would form part of the discussion later in the meeting.

The Lead Urologist Clinician from, The Royal Wolverhampton NHS Trust stated that the department's priority was to improve the care of the patients in Wolverhampton. They were the largest Urologist Department in the whole of the Black Country. They had good staffing levels with ten consultants and nine specialist nurses. Walsall only had four consultants and one specialist nurse. They had developed a number of very specialist cancer services over the last ten years, which had some of the very best outcomes in the entire country. As the specialist services had grown, more work had been attracted to the department and consequently they had found it difficult to increase the capacity to keep up with the demand generated. The Covid-19 pandemic had exasperated the problems of waiting lists.

The Lead Urologist Clinician remarked that the proposal was the creation of one Urology Service across both Trusts, which would give one service, with one Clinical Lead and one Management Team running a joint service over two sites. They would create a team of 15 Consultants with other senior staff and a total of 10 specialist Nurses. The staff would move between the two sites according to their work activity.

The Lead Urologist Clinician commented that for Wolverhampton residents, all emergency admissions, Urological Care requiring inpatient admission would remain at New Cross Hospital. All children's surgery would remain at New Cross Hospital. Other services, such as radiology, CT Scans, MRI Scans, radiotherapy and chemotherapy would remain at New Cross Hospital. Outpatient clinics and diagnostic procedures would also remain at New Cross Hospital. The single change

affecting Wolverhampton residents was the movement of most of the day case operations from New Cross Hospital to the Walsall Manor Hospital, instead of to Cannock. They had been using Cannock for day case surgery for sometime and had considered expanding it, but given the situation they now faced, there was an urgent need to reconsider their previous plans.

The Lead Urologist Clinician remarked that there were a number of benefits which would be gained from moving the day case surgery to Walsall, it was not just about a simple location move. By merging the teams, there would be a bigger more sustainable team, that was more attractive for succession planning and for the recruitment of high quality candidates in the future. By merging the two teams, it meant each Consultant would spend more time on elective work, rather than emergency work. They had calculated that this change alone would equate to 400 more operations every year and approximately 1200 more outpatient procedures and appointments at New Cross Hospital. This would mean reduced waiting times and better patient outcomes. The waiting time at Walsall was currently much less than at Wolverhampton. By concentrating the day cases together in Walsall, they would be able to develop a number of changes in the way they performed the surgery, the assessment of patients and the way they discharged them and managed their aftercare.

The Lead Urologist Clinician commented that by joining the services together, the efficiency of the theatres would be increased and there would be more cost effective investment in staff. It would also by economies of scale, enable them to purchase new technologies such as a laser to treat bladder cancer and new forms of prostate biopsies. The way patients were treated would therefore change as a consequence of the merger and thus further improve the efficiency of the theatres. If a greater percentage of patients were treated as a day case, it would mean the use of inpatient beds would be reduced. This free capacity could then be released for other patients, emergency use or other specialities.

The Lead Urologist Clinician remarked that concerns people may have had about the merger could have been based on historical or anecdotal information. He sought to reassure the Panel that there was no concern at all that the merger would in any way disadvantage patients from Wolverhampton. There was no evidence at all that the care offered by the Urology team in Walsall was in anyway different to Wolverhampton's. Both Trust's had recently been visited by an external team known as the "Getting it Right First Time Team." The inspection team found no areas of concern about the quality of care Walsall was providing. They did however recognise that the emergency care was limited because of the smaller team and that this in the longer term was not sustainable. This was one of the drivers for the merger. He was aware of a recent CQC (Care Quality Commission) report for Walsall which had suggested that there were areas which needed improvement at the Trust. He reassured the Panel that those areas listed for improvement were not in Urology.

The Lead Urologist Clinician stated that they had carried out a patient engagement exercise with Walsall patients. There had been overwhelming support from Walsall patients for the proposed merger, by a factor of nine to one in favour. There had also been significant compliments in the response to the engagement exercise, about the care that had been given.

The Lead Urologist Clinician commented that Wolverhampton patients traveling to Walsall were likely to have their surgery carried out by Wolverhampton Consultants. The continuity of care would therefore be maintained as much as possible. He expected 75% of patients needing day care surgery would be asked to attend Walsall. The numbers could change in the future. At the beginning they would be very careful to ensure that the most frail and vulnerable patients from Wolverhampton would remain in Wolverhampton. Patients considered at higher risk of requiring an overnight stay would remain in Wolverhampton. For those residents asked to travel the distance from Wolverhampton to Walsall Manor Hospital, it was likely to be further for most people, but not for all. The distance however to Walsall would be less than going to Cannock, which is what they currently offered. The average distance from Wolverhampton to Walsall had been calculated as approximately another 3 and a half miles more than the average journey to New Cross Hospital.

The Lead Urologist Clinician commented that for those patients which found travelling difficult, they would continue to provide hospital transport for those patients that were eligible. For patients which needed financial support there was a Healthcare Transport Scheme, where patients could apply for a transport fund. He concluded his presentation by describing it as an exciting opportunity and a positive move for the residents of Wolverhampton. By merging the service a better service would be provided for the patients in Wolverhampton and importantly a very safe and sustainable long term future for the area including Walsall. He did not see the merger as a compromise in anyway. The proposal had unanimous support from all of the Urologists. As the Senior Member of staff, he had no doubts that this was the best solution for the problems both departments currently faced. Action needed to be taken to reduce the long waiting times.

The Wolverhampton, Head of Commissioning for the Black Country and West Birmingham CCG gave a presentation on the engagement process that had taken place in Wolverhampton. She confirmed that from a CCG perspective that they supported the merger proposal. The merger would be particularly beneficial in the recruitment and retention of staff. It would also address some of the longer waiting times, address the backlog of patients waiting to receive treatment and essentially bring Wolverhampton in line with some of the other Trusts. The quality and safety of the service would be assured.

The Wolverhampton Head of Commissioning for the Black Country and West Birmingham CCG remarked that the CCG had the legal obligation to ensure any proposed changes to services had the appropriate engagement. An engagement exercise had therefore taken place on the proposal with Wolverhampton patients. The engagement period was from Monday, 12 June to Friday, 22 June. Letters had been sent to a random sample of 1498 patients who in the past 2 years have had or were waiting on elective Urology surgery. The letter that had been sent included information on the proposal, a frequently asked questions document and the details on how to share views which included an online survey, telephone number for the engagement team, an email address for the engagement team and they actively called a sample of patients and inputted their responses into the survey. The questions asked were as follows:-

Q1. Patient’s postcode – only first 3 characters are collected to analyse responses.

Q.2. Interest in Urology proposal as current patient, previous patient, family member or carer.

Q.3. Having read the patient letter and frequently asked questions, please give us your comments on the proposals outlined.

Q.4. If you would like to be considered to be involved in a patient focus group, please leave your details.

Q.5. Do you wish to receive a copy of the report regarding this survey?

There had been 123 responses. 100 of these had been through the survey, 22 by phone call and 9 through email.

Some responses had been in favour of the proposals. Whilst other responses had concerns, these were often on travel/transport and quality of care. There were also a number of neutral responses or responses that were not applicable, for instance comments about outpatient responses, which would be staying at The Royal Wolverhampton NHS Trust.

The Wolverhampton Head of Commissioning for the Black Country and West Birmingham CCG commented that some patients had questions around:-

- Whether their Consultant would stay the same?
- Will they be transported to New Cross if they have to stay overnight for any reason?
- Can they book ambulances to get to appointments?

In numbers the results of the engagement exercise in Wolverhampton were as follows:-

In favour – 36%

Neutral – 7%

Concerns – 19.5% (travel), 13% (quality), 7.5% (no reason given). Each figure applied to the total response.

Not applicable – 11% - Comments that were not directly related to the questions asked.

Appointment Chasers – 3.5%

Questions – 2.5%

Following the conclusion of the presentation the Chair opened the item up to questions from Panel Members.

A Panel Member commented that there was one vacant Consultant position in Urology at the Royal Wolverhampton NHS Trust. She asked if the merger went

ahead was the intention to still fill the post and if not, what would be the impact on service delivery. The Strategic Advisor to the Board of, The Royal Wolverhampton NHS Trust confirmed that the intention was to fill the post. The Lead Urologist Clinician added that they would be going out to advertisement in the very near future.

A Panel Member asked if inpatient complicated cases from Walsall would now be done in Wolverhampton if the merger was to go ahead. He also understood why some residents had anxiety over the care they would receive in Walsall due to the CQC rating, even though Urology had not been indicated as an area of concern. The Lead Urologist Clinician responded that Walsall did not complete the same degree of complex surgery as in Wolverhampton. They did not do the major cancer surgery or major stone surgery. For these patients they had been referring elsewhere. Therefore, the complicated cases would go to Wolverhampton, some already had been. They expected to significantly improve on the number of patients treated as a day case rather than as an overnight stay. The Chief Executive of the Royal Wolverhampton NHS Trust on the point concerning the reputation of the Walsall Trust, stated that the CQC rating mainly had concerns about medicine and the emergency services department. It was important to look at services independently and he had no concerns about Urology.

A Panel Member remarked that the merger made sense from an economies of scale point of view and also the ability to deliver better services for patients. She asked about theatre capacity and the opinions of the nurses working in Urology on the merger proposal. She also raised the issue of how people managed transport to hospital for those that weren't eligible or did not know about the service. The transport issue applied not just to Urology Services but across all hospital services. She expressed her support for the merger proposal.

The Lead Urologist Clinician responded that theatre capacity had been very carefully modelled. Changing the way, the service worked would help and increasing the team. When people were on holiday there would be a bigger resource of consultants to use the theatres more effectively. There was recruitment of extra nursing staff. Theatres in hospitals were often not used at weekends or in the evenings, but if there was increased theatre staff and consultants, the theatres could be used at other times. He wanted to make Wolverhampton a centre of excellence for Urology, like it was for many other areas. Attracting high quality staff to Wolverhampton and Walsall together would be far easier if the merger was to go ahead. Smaller units across the country where Consultants were on call 3 weekends in a month were not attractive. Attracting new candidates in Walsall had been an issue. In a bigger unit you could employ more specialist nurses and extend their roles.

The Strategic Advisor to the Board of, The Royal Wolverhampton NHS Trust on the question about transport recognised that this was a key issue and centred on the point of equitable access. Every member of staff would be trained on the matter of hospital transport options, so patients could understand the support available to them and their individual rights. The Chair asked about scenarios where the Ambulance Service was sometimes used to transfer people back home from hospital. She asked about the figures for the waiting times of people who had been allocated an ambulance for transport back home. She had heard of cases before Covid-19 where people were waiting for four or five hours for an Ambulance to return them home. She wanted to ensure that Wolverhampton residents receiving care at Walsall Manor Hospital would not have to wait such times. She stressed the importance of people

being made aware of the help available to them for transport. She asked for reassurance on whether hospital transport services had been considered as part of the merger.

The Chief Executive of The Royal Wolverhampton NHS Trust responded that a significant amount of care was already taking place at Cannock anyway. The non-emergency hospital transfer service was therefore no different in terms of what was provided. There had been some difficulties of late with excessive transport waiting times because the non-emergency transport service had suffered with staff isolating or being pinged by the NHS app due to the Covid-19 pandemic. This would improve over time. He did receive fairly regular complaints about the non-emergency hospital transfer service in relation to renal dialysis patients. The Royal Wolverhampton NHS Trust spent a million pounds a year on taxis. They did have to cohort patients together and this meant sometimes patients waiting whilst another patient finished their treatment.

The Senior Programme Manager for Strategy at The Royal Wolverhampton NHS Trust spoke on the stratification of patients. They expected about 75% of the Wolverhampton day case patients to go to Walsall Manor Hospital. This naturally left 25% of patients who wouldn't. Those that would stay in Wolverhampton would either be chosen because their surgery was higher risk and could potentially require an overnight stay. The frail and more elderly would naturally be more likely to fall into this category.

A Panel Member raised the issue of the non-emergency transport service. He had personal experience of a very long waiting time. This was obviously frustrating when you wanted to be back home after a hospital stay. He expressed praise for the report on the Urology Service which highlighted all the key points. He commented that the reality was that the future was for more services to merge across hospital trusts. Economies of scale was the driving factor for the NHS, resources had to be carefully managed. The quality of the service would depend on the leadership and management of the service. Retention of staff was another important factor. He thought retention of staff would be considerably easier if the merger occurred.

The Chief Executive of The Royal Wolverhampton NHS Trust suggested an item at a future Health Scrutiny Panel on the matter of non-emergency hospital transport across hospital services and not just in Urology. It was a frustration to his own staff as to how long people were kept waiting for transport. He added there would be a number of other proposals in the future for other specialities including radiology, cardiology and haematology services.

The Chair asked how they would measure the benefits and improvements to the Urology service should the merger go ahead. The Strategic Advisor to the Board of, The Royal Wolverhampton NHS Trust responded, by being able to recruit and retain staff, seeing the activity go through that they were planning and by making an impact on the long waiting lists. They routinely monitored any adverse surgical outcomes and the quality of the surgery. The Lead Urologist Clinician confirmed there were a host of metrics that they routinely measured, these included length of stay, time of discharge, and readmission rate within 30 days of surgery. There was a robust governance process in place for alerting them to complications in quality. There was very accurate data relating to the number of patients on a waiting list and the times for referral. There were regular weekly meetings within the organisation on the PTL

(Patient Tracking List). They could do a further patient survey looking at service users' opinions of the new way of working. They would also be happy to report back to the Health Scrutiny Panel in the future with the outcomes of any surveys and pertinent data.

The Chair asked to see the statistics and data at a future meeting relating to the Urology Service. She thought it was also important to see data before the Covid-19 pandemic. She asked if there had been any changes to the merger proposals following the engagement exercise carried out. The Strategic Advisor to the Board of, The Royal Wolverhampton NHS Trust responded that they had taken into account the patient feedback work. The main alterations to the proposals were to reduce the number of patients that were likely to have to travel to Walsall for day case surgery. The second one was to emphasise the need for an individual patient consultation discussion with a patient, particularly taking into account if they were elderly or frail. This would help determine whether they should have treatment in Wolverhampton or Walsall.

The Vice-Chair remarked that only 36% of Wolverhampton residents who responded to the patient engagement exercise were in favour of the proposals. He appreciated there were some not applicable or neutral comments as well. He asked about the point in the report regarding reducing inequalities and what this meant in practice, he also asked about local and national targets. He cited that national guidance suggested in some parts of the country, 85% of Urological Services were performed as a day case.

The Strategic Advisor to the Board of, The Royal Wolverhampton NHS Trust responded on the point regarding equalities that there was a need to do a person centred assessment of every individual. They had also discovered through the Covid-19 pandemic that there were hidden barriers to accessing services. As an example, he cited people from minority ethnic groups who were less likely to come forward for services or had less trust in services. A discussion about access with patients was an improvement they could make as a Urology Service. He stressed that this was something which could be improved not just in Urology but in other services. The Senior Programme Manager for Strategy at, The Royal Wolverhampton NHS Trust commented that through the merger proposals they had identified another 400 theatre slots. These slots would be used to improve the waiting times in all the cohorts.

The Lead Urologist Clinician added that in reference to the national guidance stating that in some areas 85% of cases were treated as a day case, it was hard to determine what was a reasonable expectation for the population of Wolverhampton. There was huge variation across the country in the length of stay and in the outcomes for every operation. They looked regularly at data from a system called "Model Hospital." Where an individual hospital sat in terms of performance could relate to individual processes within the hospital, the case mix and the type of population around the hospital. They did compare themselves to peer hospitals. He did not expect them to reach 85% of cases treated as a day case in the immediate future but there was a programme of work which would change the way services worked.

The Vice-Chair asked if there was a target figure for cases treated as a day case. He thought having a target figure was a good way of ensuring that the service

including access would improve. The Strategic Advisor to the Board of, The Royal Wolverhampton NHS Trust responded that they were slightly reluctant to set a target. They did want to encourage more day case working but not to the detriment of quality of care. Having a target could lead to the danger of Urologists focusing solely on meeting targets rather than on the right care package for the patient. He did however think that day cases should increase year on year and thought an improvement of, by at least 5% each year would be reasonable. It was hard to predict the data for waiting lists because there was no way of knowing the absolute number of people who would be joining the current lists. The Covid-19 pandemic had made it a difficult time for modelling. 1190 more outpatient appointments would be possible and 400 more operations if the merger was to proceed.

The Chair remarked that it was important to ensure that Wolverhampton residents did not suffer a decline in quality or access of service. She would therefore be asking for some performance data at a future meeting of the Panel. The Chief Executive of The Royal Wolverhampton NHS Trust gave an assurance that he would not let the merger have a negative impact on the service provided to Wolverhampton residents. He added that the service had just taken delivery of the third robot. He had an ambition that in the future there would be four Urological Hubs covering all of the West Midlands.

Resolved: That the Health Scrutiny Panel accepts the report with the following recommendations :-

a) An information pack is sent to Wolverhampton residents who are sent for Urology Treatment at Walsall Manor Hospital, containing information such as where the hospital is located, transport links, parking arrangements and where the department they need to visit is located on the site with an accompanying map.

b) Asks Healthwatch Wolverhampton to assess the impact of any changes to Urology Services on Wolverhampton residents, to make sure that the changes are operating as they should and to see whether any improvements could be made.

c) In the future the Panel receives some performance data on the Urology service to ensure that the Urology Service is performing as projected and its expected performance further into the future.

d) The Panel receives a report in six months' time with an update on the Urology Service and to see the impact of any changes that have been made by that point.

e) A site visit takes place by the Panel to Urology Services at Walsall Manor Hospital at an appropriate time, by invitation of the Chief Executive of the Trust.

f) The Panel wishes to scrutinise The Royal Wolverhampton NHS Trust's Hospital Transport Service, including transport links to Walsall Manor Hospital, at a meeting in the future.

The Chair on behalf of the Panel thanked everyone for their contributions. The next scheduled meeting was reported as Thursday, 7 October 2021 at 1:30pm in the Council Chamber. The Chair thanked the Scrutiny Team for their support during the meeting.

The meeting closed at 3:24pm.

This report is PUBLIC
[NOT PROTECTIVELY MARKED]

Agenda Item No: 5

Health Scrutiny Panel

7 October 2021

Report title	Healthwatch Wolverhampton Annual Report 2020-21
Report of:	Tracy Cresswell Manager Healthwatch Wolverhampton
Portfolio	Public Health and Wellbeing

Recommendation(s) for action or decision:

The Health Scrutiny Panel is recommended to:

Note the attached Healthwatch Wolverhampton Annual Report 2020/21 for information.

This report is PUBLIC
[NOT PROTECTIVELY MARKED]

1.0 Introduction

1.1 Healthwatch Wolverhampton is the independent consumer champion for health and social care. The purpose of this report is to highlight the key achievements of Healthwatch Wolverhampton, review the projects undertaken and to understand the recommendations made for service improvement. The report also outlines key priority work areas that Healthwatch Wolverhampton will undertake during 2020/21, based upon feedback from the public and areas of concern

1.2

2.0 Background

2.1 Healthwatch England mandates that each of the 148 local Healthwatch throughout England have to produce an annual report, detailing all key Healthwatch activities and reporting on finances for the year. This is then lodged with Healthwatch England, the Care Quality committee and NHS England to ensure that every local Healthwatch is operating effectively and transparently

3.0 Impact on Health and Wellbeing Strategy Board Priorities

Which of the following top five priorities identified by the Health and Wellbeing Board will this report contribute towards achieving?

Wider Determinants of Health	x☐
Alcohol and Drugs	☐
Dementia (early diagnosis)	☐
Mental Health (Diagnosis and Early Intervention)	☐
Urgent Care (Improving and Simplifying)	x☐

4.0 Decision/Supporting Information (including options)

The annual report references the two main reports which Healthwatch completed during 2020/2021, namely, Urgent Care and COVID-19. These reports can be found on our website www.healthwatchwolverhampton.co.uk.

5.0 Implications

There are no known implications in relation to this report.

6.0 Schedule of background papers

6.1 The background papers relating to this report can be inspected by contacting the report writer:

Tracy Cresswell
Manager

Healthwatch Wolverhampton
Freephone: 0800 470 1944
www.healthwatchwolverhampton.co.uk

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Responding to Covid

Then and now

Healthwatch Wolverhampton Annual Report 2020-21

Contents

Message from our Chair

The motto of our city is "Out of Darkness Cometh Light", this could not have been more relevant during the past year. The pandemic has been a challenge for all of us in many different ways. At Healthwatch Wolverhampton we had to adapt to a fast changing situation to ensure we were able to represent the views of the public, understand peoples concerns and support them to find the right information at a time when misinformation was rife and our usual means of engaging with the public were put on hold.

But out of darkness cometh light, and the team did an amazing job supporting the most vulnerable with their prescriptions, making welfare calls, providing care packages to our volunteers and keeping the vital work of Healthwatch going during unprecedented times. Throughout the pandemic, Healthwatch Wolverhampton supported local, regional and national messages regarding the pandemic with the creation of a Coronavirus Hub on our website with information about the symptoms of Covid-19, Myth busters, where to get tests, vaccinations and support.

The work of Healthwatch did not stop during the pandemic as we continued to engage with the public about their experiences of health and social care services and highlight the feedback at all levels, including with commissioners, Public Health and NHS Trusts. Wolverhampton is a diverse city, and we have engaged with many different communities and seldom heard groups during the year, including the D/deaf and hard of hearing, LGBT+ (Lesbian Gay, Bisexual and Trans), the homeless, and a wide range of ethnicities.

We made big steps in setting up our Youth Healthwatch and were also successful in a bid to pilot a new online engagement platform for Healthwatch England, which will allow people and services to get involved in our projects in a different way. We have welcomed three new members to our Healthwatch Advisory Board (HAB), Tina, Roger and Wendy, they will join myself, Maggie, Jane and Yankho in supporting the team.

In this Annual Report we will share with you our key challenges and successes, how we responded to Covid-19 and continued to gather the views of the public. We will also take a look back at previous years to demonstrate how people's feedback can have an impact, and look forward to a year that we all hope will be very different.

I would like to take this time to thank all of the staff team at Healthwatch Wolverhampton for their hard work and dedication and all our volunteers and HAB members for their continued support and patience during such a challenging year. Finally, I would also like to thank everyone who has contacted us and shared their experiences of health and social care, as well, as all the organisations who have been involved in supporting our work.

Rose Urkovskis, Chair of Healthwatch Wolverhampton

About us

Here to make health and care better

We are the independent champion for people who use health and social care services in Wolverhampton. We are here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

Our goals

1 Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.

2 Providing a high quality service

We want everyone who shares an experience or seeks advice from us to get a high quality service and to understand the difference their views make.

3 Ensuring your views help improve health & care

We want more services to use your views to shape the health and care support you need today and in the future.

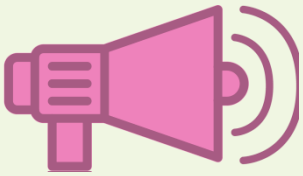
"Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone's views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people's lives."

Sir Robert Francis QC, Chair of Healthwatch England

Highlights from our year

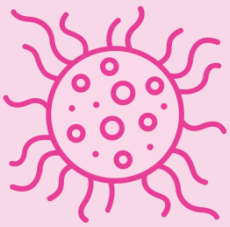
Find out about our resources and how we have engaged and supported people in 2020-21.

Reaching out



- We heard from **2935 people** this year about their experiences of health and social care
- We provided advice and information to **198 people**
- **51,330 people** visited our website
- We reached **157,485 people** on social media

Responding to the pandemic



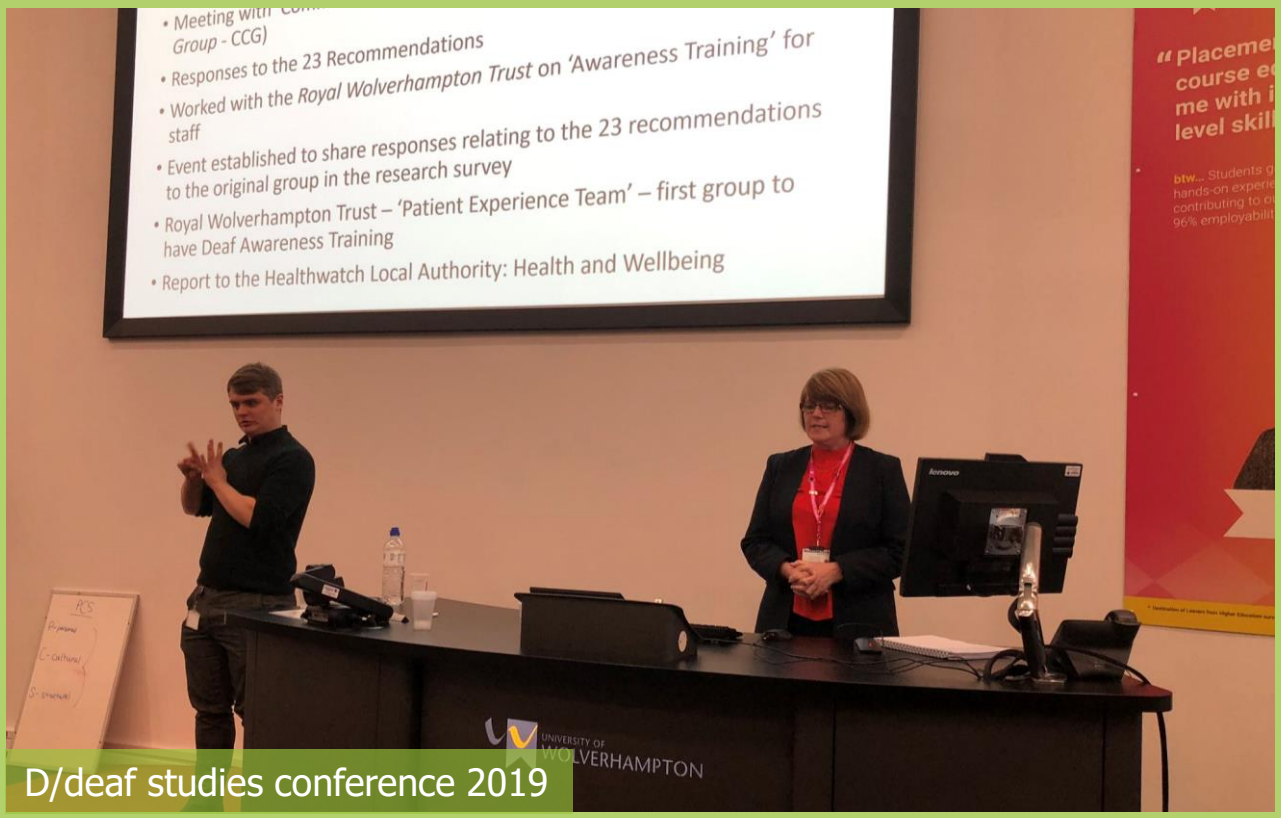
- We engaged with and supported **845 people** specifically about COVID-19 during the year including **641 welfare calls** to vulnerable people and **80 prescriptions** were dropped off to those in most need
- Our Coronavirus Hub on our website was viewed **26,532 times**
- We shared or posted **339 Covid-19 related posts** on social media, that is **59%** of our total social media content for the year

Making a difference to care

- We published **2 reports** about the improvements people would like to see made to health and social care services. From this:
- We made **9 recommendations** for improvement
- Feedback from the public during the year has helped to shape our priorities for 2021/22. **70 people** took part in our February listening event to support this.

Health and care that works for you

- **49 volunteers** were registered with us during the year, including **17 young people**
- **We employ 5 members of staff.**
- We received **£194,289 in funding** from our local authority in 2020-21
- We received **3 complaints** about Healthwatch which has helped us to review the way we work ensure we are meeting the needs of the public and partners



D/deaf studies conference 2019

Then and now:

How feedback can make a difference

Annual Reports allow us to share a snapshot of the work we have undertaken over a 12-month period and demonstrate how people's feedback and experiences have helped to make a difference.

The time from feedback to implementation of change can take over a year, so this year we have decided to include a new section to our Annual Report, "Then and Now". We will share examples of work we have undertaken or been involved with in previous years and what has changed since that initial work was done.

We have chosen six examples to demonstrate how changes happen over time, sometimes over several years. These include service changes, changes to the way we as Healthwatch work and how, by working with communities, we can improve their level of engagement and confidence to speak up.

We know how frustrating it can be when change is slow, and we hope this section will encourage people to continue to share their feedback and experiences with us and see how that can translate into making a difference.

Spotlight on Care Assessments 2019

Then and now: Care Assessments

Then: understanding people's experiences

In 2016 Healthwatch England undertook a national project to understand whether service users were experiencing delays in receiving care assessments, care packages being put in place and regular review of their care needs. In 2018 Healthwatch Wolverhampton replicated the survey carried out by Healthwatch England to understand if there had been any changes in the delivery of care assessments.

On reflection the survey carried out in 2018 mirrored the results of the survey from 2016, with some potential improvement in the timeline of care reviews being undertaken on a routine basis.

In response to the report from 2018, Healthwatch Wolverhampton carried out a Spotlight on Care Assessments in April 2019 to help inform the public of changes that had been put into place. David Watts, former Director of Adult Services presented at the event to explain the changes that were taking place within care assessments in Wolverhampton and why.

Why?

Changes were being made based on the feedback from service users, carers and employers over months and years, and talking to other local authorities. It was identified that the current ways of doing care assessments were time consuming, focused on deficits rather than empowering the service user, impacted on staff morale and were bureaucratic.

What?

Changing the ways that staff carry out the care assessments gives them more time to have the "3 conversations", meaning staff can have clear conversations with the service users, less paper work and more face-to-face time. It helps staff to understand the service user as a person and find out what is important to help them. Changes were made in the language that is used to be more empowering. It ensures the first person who services users have a conversation with can support them by drawing resources from other teams to allow for continuity of care and support.

The three conversations are:

1. **Conversation One** Focuses on listening to what really matters so that the person is connected to people and / or resources in the community to help them get on with their life independently.
2. **Conversation Two** Takes places when someone needs some short term, intensive support to help them regain control of their life, making sure the person is connected to resources that will be useful.
3. **Conversation Three** Recognises that some people need ongoing support from adult social care and focuses on what this support should look like to enable someone to live a "good life", building on the approaches taken in conversation one and two.

How?

This project was piloted in teams based in the East of the City and Mental Health teams over a 13 week period. The evaluation identified the impact and changes made to service user experiences. Below are some examples of this:

- More time for workers to spend with family and carers etc.
- Cleared waiting lists, with nobody waiting longer than 3 weeks
- People are no longer at the end of their tether
- Staff have huddles to solve issues together, rather than in silo
- Feedback from service users is positive; they are seen quicker, do not have to be handed over numerous times and retell their stories to multiple people

Now: positive changes made to care assessments

As of 2020/21 the "3 conversations" have now been rolled out to all adult teams across Wolverhampton, including the hospital team, mental health and local authority teams. During lockdown teams have made good use of technology where appropriate to complete conversations with the people they work with. Where it was not appropriate to use technology and visits were deemed essential, face-to-face visits have taken place, following a full risk assessment.

The "3 conversations" are planned to be piloted within the Disabled Children's and Young Peoples team.

D/deaf focus group for the NHS Long Term Plan 2019

Then and now: D/deaf Community

Then: partnership with the University of Wolverhampton

In 2017 Healthwatch Wolverhampton worked in collaboration with the University of Wolverhampton to understand whether D/deaf people in Wolverhampton were experiencing any issues in service provision within health and social care settings which might lead to health inequalities since the introduction of the Equality Act 2010.

It followed work undertaken by Healthwatch Wolverhampton earlier the same year, which identified that GPs needed to have British Sign Language (BSL) interpreters more readily available and not to assume that Deaf patient's family members could be there for them.

A public consultation was organised by the University of Wolverhampton and facilitated by Healthwatch Wolverhampton. It covered areas including GP practices, Hospitals, Urgent Care, Dentists, Opticians, Pharmacists, Community services, Nursing and Care homes, Complaints and Interpreting services

This work started a strong relationship between Healthwatch and Zebra Access who have supported us with our continuing engagement with the Deaf community since this project took place.

Following the consultation we published a report in 2018 which outlined the key issues and recommendations. We found that across the board, communication, lack of understanding and lack of interpreter provision was common. We also identified other barriers including Dentists wearing facemasks prevents people being able to lip read, and the lack of D/deaf specific community services in Wolverhampton.

Now: D/deaf forums and more

> **"The Deaf community especially feel that they are now truly included within the consultations that they have had at the coffee morning. The Deaf community historically do not get involved with community consultations so it has been amazing to see such development and passion from both the community and Healthwatch"**
>
> **Sean Noone, Former Community Development Officer, Zebra Access**

Since the initial consultation, we have worked with Zebra Access who provide interpreting services and support for the D/deaf and Hard of Hearing. A D/deaf Health Forum was created, and meetings have taken place to help provide information and continue to provide an opportunity for people to have their say. Topics of the D/deaf Health Forum included Dementia, Mental Health, Cancer and Diabetes.

An area that was highlighted in the consultation was that communicating to receptionists in various services can be difficult. To help address this, we created a communication card which could be presented to show what their communication needs were, e.g. "BSL interpreter needed" or "I can lip read". We have received some feedback that shows this has been a big help.

Communication card

D/deaf forums

When Wolverhampton CCG and the Royal Wolverhampton NHS Trust were planning on creating videos to support the discharge process, Healthwatch continued to advocate for a BSL interpreter to be included and highlight the communication difficulties of D/deaf people.

From the discussion we have had, it is clear that more work needs to be done to raise awareness of D/deaf and hard of hearing peoples' needs when trying to access services, including that for some, English is not their first language, so written communication may be difficult to understand.

Throughout the pandemic, we have heard peoples' feedback and experiences of accessing services, and understand that there are a number of barriers that have been in place during the year. Face masks, which help to keep us all safe have created a major communication barrier; stopping people from being able to read facial cues or lip read.

Stall at New Cross Hospital 2017

Then and now: Red2Green

Then: invited to support a trial programme

In 2017 Healthwatch Wolverhampton was invited to take part in a project called Red2Green that was being led by Emergency Care improvements Programme (ECIP) around hospital discharge.

We visited 10 medical wards over a 5-day period and engaged with 107 patients from a wide range of demographics including 54 males and 53 females, ages ranged from 18 to 80+ and included people from various ethnic minorities.

We asked patients about their length of stay on the wards. On average the majority patients stayed between 1 day and 9 days. We also asked questions about what symptoms brought them to hospital. Did they know what was going to happen to them while at hospital, did they know what they would need to do to go home, did they know when they were expected to go home and did, they understand the Red2Green project?

Now: trial project becomes the norm

Part of the project was to encourage patients to ask questions of the medical professionals and understand how confident they would be in asking them. These questions are included in the Red 2 Green poster below:

Patient feedback included:

"The 4 questions would support the staff and the patients"

"I think it is important for staff to spend time talking and including you in any treatment or decisions about my care"

"I felt uncomfortable asking the 4 questions to the doctors as they talk about you, not to you, do not explain things"

"I have not asked them but would feel comfortable asking them in the future"

In 2019 this project was being used in the hospital as it was included in a Quality Visit that Healthwatch Wolverhampton was a part of, supporting the Clinical Commissioning Group (CCG).

During the Quality Visit, Healthwatch engaged with patients on the wards, and asked them if they knew and understood the poster that was promoting Red 2 Green and what this meant for them. The poster was displayed in clear view of all the patients within the wards and there was a mixed response from the patients when asked about it.

In 2021 Red to Green has become incorporated as a routine in the Discharge 2 Access dashboard that the trust is using.

GP communication report 2018

Then and now: GP Communication

Then: proposed changes highlight patient concerns

In 2018 Healthwatch Wolverhampton carried out a project on communication between GP's and their patients. This project was carried out due to proposed changes of how GP practices would communicate information and engage with their patients, and the Clinical Commissioning Groups were also proposing changes as part of their 5 year forward plan. GP communication was also something we were receiving feedback from patients about.

Healthwatch gathered feedback from patients about the communication that they received from their GP practice, whether they received enough communication from the practice and what knowledge and what level of involvement they had about the practice's Patient Participation Group (PPG).

We found that the key patient engagement method for the CCG was PPG's rather than engaging with the wider patient cohort. We also found concerns about the lack of communication that patients were receiving about the proposed changes happening at their practice and concerns about the level of involvements patients were having with their PPG and the lack of communication from their PPG.

You can read the GP communication report here.

Now: communication issues persist

However, the recommendations made in our GP communication report and a range of patient feedback before and after the project took place, shows that communication from GP practices continues to be an issue and has been highlighted throughout the pandemic.

The pandemic meant that contacting the GP practices was a challenge for many patients. This was raised to Healthwatch who ensured their concerns were reported to the relevant practices.

As part of the Long Term Plan, GP practices are working more closely together as part of Primary Care Networks (PCN's). Patients are able to access services more easily across the PCN's, with appointments being shared across practices, mental health support being imbedded into the practices and GP services staying open for longer. However, we have continued to have patients call us for support who have not been informed about out of hours appointments or the ability to visit another practice within the network.

GP receptionists have taken the role of Primary Care Navigators meaning that they question patients to ensure they are getting the appropriate level of care and are referred to the correct practitioner. Communication of their role to patients has not been effective and therefore there is a tension between patients and reception staff.

The pandemic has caused issues with appointments going online and difficulties getting face to face appointments, as well as, difficulties with patients getting through to the practice when calling them. GP practices have supported the vaccination roll out to help fight the pandemic which resulted in some patients having to wait longer for appointments.

There has been confusion around whether GP practices have been open, which they have. They have just had to work differently due to the pandemic. Some patients have seen this as "they are not open". GP practices have continued to see patients face to face depending on their clinical need.

Healthwatch continues to share the patient concerns they receive with the practices, CCG and CQC.

In our Enter and View paperwork we have incorporated specific questions about how GP practice engages and communicate with their patients. One of the areas the Authorised Representatives observe is how patients are encouraged to get involved with the practice PPG.

Due to current changes being made within CCG's and Wolverhampton being part of the Black Country and West Birmingham CCG in shadow form from 1 April 2021, Healthwatch will continue to be the critical friend, ensuring that patients within Wolverhampton are aware of the changes taking place, how they can get involved including more awareness of the Patient Participation Groups, and any other groups that are being formed for patients' voices to be heard.

Bentley Court

Then and now: Bentley Court Enter and View

Then: Enter and View visit results in 30 recommendations in 2018

Enter and View is a key tool that Healthwatch uses in order to observe services being delivered. They gather the views of service users during the visit. Enter and View reports contain recommendations following the visit and are widely shared. Volunteers receive training and are known as Authorised Representatives; they support the staff team in the Enter and View programme.

In August 2018 Authorised Representatives took part in an Enter and View visit at Bentley Court. They identified several issues which were addressed in the Enter and View report which had 30 recommendations, as well as several additional questions. You can view the 2018 report here.

Since the visit took place, a new manager was appointed. It was agreed that an Enter and View visit would take place in 2020 following feedback we had received. The same Authorised Representatives from the 2018 visit undertook the Enter and View visit in 2020 and were impressed with how much had changed in the two years since their last visit.

In 2018 residents told us that they were unable to access GP's or other services when they needed them and felt that the home was not supportive in ensuring they were able to access additional services. Staff at the home had a different opinion.

During the visit we engaged with members of staff. From our discussions it was clear that some staff were unsure how often care plans were reviewed and that while the home was signed up to the Red Bag scheme, which is aimed at ensuring residents' belongings are kept in one place to and from hospital, some residents' belongings have been mislaid. Staff were also unsure how the care home provided a safe space for their residents who are Lesbian, Gay, Bisexual or Trans (LGBT+), or residents of ethnic minorities. During the discussions, some staff were unsure about the level of care some residents receive.

During the visit, it was felt by residents that they were treated with respect and dignity, but staff were not always quick to respond and there was mixed feedback regarding how the home keeps residents informed about lunch times or news at the home. Residents were all happy with the level of choice they were given and felt comfortable asking questions or raising concerns with the staff.

Following the visit, there were a number of concerns raised in the report which had 30 recommendations. The manager at the time did not agree with the findings.

Now: January 2020 visit highlights changes made

In January 2020 a follow up Enter and View was undertaken. We learned that there was now a new manager in place and that changes had been made following their appointment. You can view the 2020 report here.

The Authorised Representatives explained how impressed they were with the changes, suggesting it felt like a different home. Improvements had been made to the home following the previous visit, this made the home feel much more welcoming and friendly. Residents' doors had been painted different colours and resembled front doors. The floor which was home to residents with dementia now had a range of interesting pictures on the walls including photos representing the history of Wolverhampton as well as old movie posters. Signage around the home had also clearly been improved.

Residents' explained that they felt they were able to access additional services and that the home was really good at helping to get appointments with GP's. Relatives' were also happy with the care their family members were receiving and explained that the residents seem to like living at the home and were doing much better since being there.

From talking to the residents, it was clear that they felt the response times when pressing the call button was improved.

The home had also improved the way in which they engaged with and kept residents informed. With residents explaining they received a regular leaflet with updates as well as staff updating them verbally too. Relatives also explained that they felt well informed by the home.

Being involved, listened to and provided with choice were also improved by the home with both residents and relatives feeling that there were a lot of activities taking place, as well as residents' choices being respected. Following the Enter and View visit, only 4 recommendations were made.

Here are some quotes from residents during our 2020 visit:

"I don't feel safe anywhere else"

"The staff always let me know if anything is happening. It's not a problem for me to find things out"

"I do like it here - they look after me"

Carvers Marathon 2019

Then and now: Engagement HQ

Then: face-to-face engagement

Prior to the COVID-19 pandemic our approach to engaging the public was to be physically in the community, sadly the pandemic brought a stop to all face-to-face engagement as it was no longer safe. This resulted in a radical shift in the way we engaged the public, we had to adapt and the only way to do this was digitally.

We used to deliver a whole range of engagement face-to-face, including training, volunteer inductions, dementia friends' sessions, public meetings, information stalls and consultations. From March 2020 we had to think of ways to do this digitally, and we were constantly aware that not everyone is online.

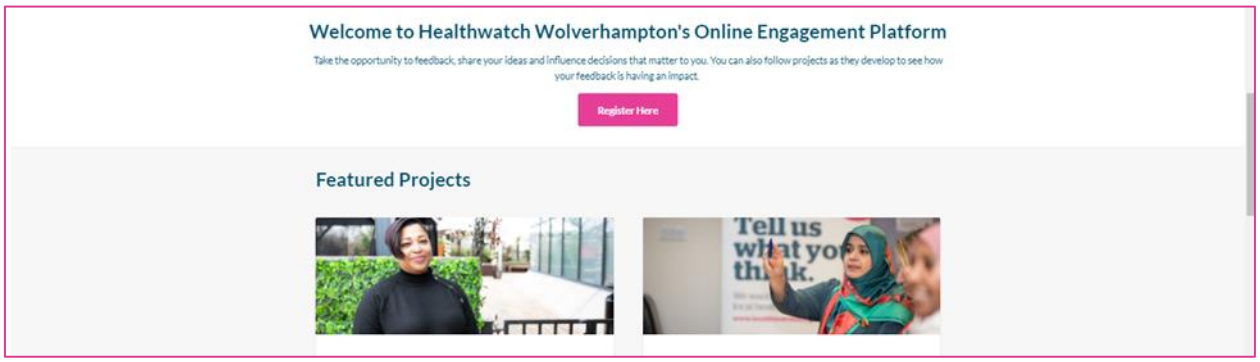
Throughout the pandemic we have had great results using digital methods to engage with the public and to understand people's concerns regarding the virus as well as health and social care. Through the use of our website and social media platforms we have been able to ensure that people got the information they needed, challenge misinformation and conduct consultations and focus groups. We also found that young people were more willing to get involved with our Youth Healthwatch.

We cannot wait to return to face-to-face engagement, for us it's the best way to engage people. However, we have come to learn that digital engagement has a place in our approach even after we return to some kind of normality.

Now: adapting our approach to engagement

Part of our response to Covid-19 was to move all of our engagement online. Over the last 12 months our staff team have been engaging with members of the public through Zoom, on MS Teams or over the phone. Whilst adjusting to the change has presented unique challenges, it has also presented equally great opportunities.

In December 2020, Healthwatch England offered a grant opportunity for local Healthwatch to take part in a new engagement platform trial. The pilot project tests two similar systems to see if they can support Healthwatch to have a deeper and more meaningful engagement with people online. The pilot will run from February 2021 to July 2021. **Click the image below to visit our Engagement Platform.**



Following a successful bid, Healthwatch Wolverhampton launched their platform on April 1 2021, celebrating Healthwatch's 8th birthday.

The online platform is a community space that provides the public with opportunities to feedback, share ideas and influence decisions that matter to them. They can also follow projects as they develop to see how their feedback is having an impact. This will include our 2019/20 and 2020/21 Healthwatch priorities as well as other projects. Individuals are able to complete surveys, polls, take part in discussion forums and mapping exercises. The platform also offers a 'Who's Listening' function which will enhance our partnership working and allow members of the public to contact the staff team about different projects.

While this platform is being used on a trial basis, we will continue to use digital technology in some form to support our engagement efforts as well as communicating our work and progress.

"We are extremely excited to have successfully bid for this opportunity. The Engagement Platform will allow us to have a diverse approach to engaging with the public and service providers as we come out of lockdown."

Tracy Cresswell, Healthwatch Wolverhampton Manager

You can register to join us on our Engagement Platform using the details below.

To find out more or to register for the platform > > >
Visit our website
https://healthwatchwolverhampton.uk.engagementhq.com/

Responding to COVID-19

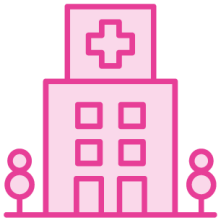
Healthwatch plays an important role in helping people to get the information they need. This role was vital during the pandemic, helping to share key messages and combat misinformation. Healthwatch also responded to COVID-19 in a range of other ways including volunteering staff time to support the local response in our communities.

This year we helped 845 people by:

- Providing information and signposting support
- Supporting the vaccine roll-out
- Delivering prescriptions to the most vulnerable
- Conducting welfare calls to the most vulnerable
- Helping people to access the services they need
- Helping people access accurate and up-to-date information

Top four areas that people have contacted us about:

20% on GP services

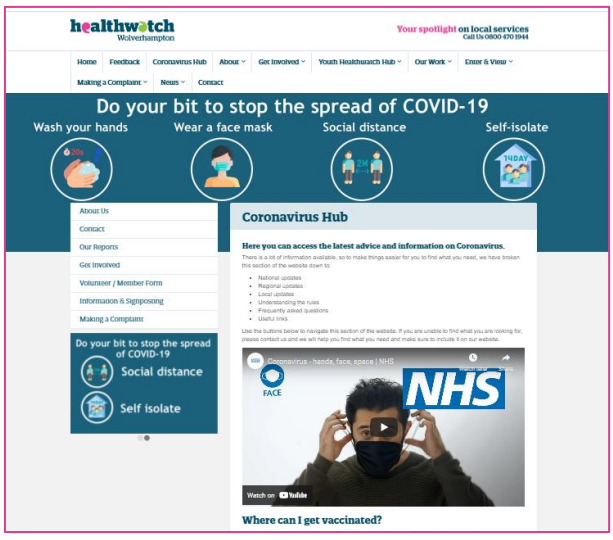


16% on Hospital services

11% on Medication

10% on Mental Health

Coronavirus Hub



During the initial weeks of the pandemic we identified that there was a lot of information being shared and there was some confusion in our communities.

We worked quickly to develop a Coronavirus Hub on our website which acted as a one-stop-shop. The Hub had information about local restrictions, national messages, myth busting information and a frequently asked questions section.

This was picked up by other Healthwatch organisations. The hub was **viewed 26,532 times**, ensuring that people were accessing accurate and up-to-date information at a local, regional and national level.

Contact us to get the information you need

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

www.healthwatchwolverhampton.co.uk/coronavirus/

0800 470 1944

info@healthwatchwolverhampton.co.uk

Welfare calls to vulnerable people

Healthwatch worked with Social prescribing making welfare calls to **641 service users**. Most of the service users were happy and were being supported by family members, however there were a number of people that needed signposting for further support including:

- Signposting to Carers support for carers assessment
- Signposting to the City's vulnerable helpline number with support for food parcels.
- Signposting to the Black Country mental health helpline number
- Contacting GP practice's who would get a GP to contact the service users back
- Signposting to Silverline, Samaritans, AGE UK and Neville Garratt Centre
- Signposting service users to their GP for further advice after concerned around checks that service users should have been having such as COPD checks etc

Christmas Chats for the lonely

Healthwatch staff volunteered to make themselves available over the Christmas period should anyone want a chat if they were feeling lonely.

We had only one call arranged via our contact with Social Prescribing who explained they had a service user who was going through a difficult time and was suicidal. The call was scheduled for Boxing Day. The call was made and the person explained **"it's too late"** and ended the call. Knowing some of the person's situation, we were very concerned for the safety of the individual.

We made calls to the Police who were unable to help and then the Ambulance service who contacted the individual several times, they finally got though and individual again said it was too late. The Ambulance service was able to get the address of the individual and make a visit. They were taken to hospital and assessed and referrals were made to mental health services.

We followed up with Social Prescribing a few weeks later who explained the individual was doing much better now and **"Thank you for all that you and your colleague did on Boxing Day, I am so very grateful. It was literally a life saver", "Your team's Christmas calls were invaluable, thank you"**

Staff answer the call for NHS volunteers

During the early stages of the pandemic NHS England ran a recruitment campaign for volunteers to help support the COVID-19 response. Over 750,000 people signed up including staff from Healthwatch Wolverhampton.

Staff supported the NHS by volunteering to make calls to people who were self-isolating or shielding.

During the calls we found some people did not know why they were being called, some had already received calls that day and some did not want the calls. This was feedback locally to help try and improve the local response.

Many of the people contacted said that they were ok and grateful for the calls being made. The conversations ranged from simply talking about the weather, what was happening in their local neighbourhood, if they needed extra support with shopping or prescriptions etc and talking about the support they were getting.

It was heart-warming to hear examples of how communities were pulling together to help people in their streets and local areas with shopping and other support.

Baby clothes and vaccination support

Tracy, Manager of Healthwatch Wolverhampton, heard that the Royal Wolverhampton NHS Trust were asking for items for premature babies. As a keen knitter, she decided to start knitting baby clothes and donate them to the trust.

Tracy also volunteered during the initial vaccination roll out, attending vaccination centres to help book people in for their jab.

Help with food delivery

An individual rang for advice as they were housebound and could not get an online shopping slot with the major supermarkets. We did some research and discovered that two Co-ops local to the person, had volunteer shoppers. We rang the individual back to advise them of these options.

They rang back about 2 hours later to advise that they had spoken to Co-op and had a delivery of essential items, that would 'tide them over' until they could get an on-line shopping slot arranged.

Support while partner was in hospital

A member of the public called us and explained that they were at a very low point mentally. Their partner was in Intensive Care with COVID-19.

All their household bills and bank accounts were in their partners name; and they were worried that the situation would **"spiral out of control",** adding to an already very stressful time.

We suggested that they rang the utility companies to explain the situation and ask for leniency due to the unprecedented circumstances of the pandemic and signposted them to the Citizens Advice if they felt they needed extra support.

Collaboration with the Community Support Team

Healthwatch Wolverhampton and the Community Support Team met virtually to put together a plan to support individuals who were shielding or self-isolating particularly for the collection and delivery of medication.

It was agreed that:

- Healthwatch and the Community Support Team would be in regular contact
- Referrals would be made by the Community Support Team
- The Community Support Team would contact the service user to introduce Healthwatch and arrange delivery of prescriptions
- Healthwatch would contact pharmacists to ensure prescriptions are ready
- Healthwatch staff would deliver the prescriptions

In a few circumstances we arranged for people to have prescriptions delivered to them from the pharmacists and contact was made with GP practices if no prescription was ready when appropriate.

Two members of Healthwatch delivered to over **50 residents** of Wolverhampton from W/C 27.04.2020 to W/C 15.06.2020.

Here are 4 case studies from our collaboration:

Case study 1

We received referral from Community support team on 27 April to deliver medication to one of their service users. The individual was contacted to introduce Healthwatch and to let them know that we would be delivering their medication.

There was lots of confusion between the GP and Pharmacist regarding the medication. When we contacted the pharmacist, they said that they had only received the request and it needed to be signed off by the GP and it could take 72 hours.

We contacted the pharmacist on 28 April as the individual was without their medication, the pharmacist informed us that the medication was ready as they had moved it to the front of the queue following our contact with them the day before. The prescription was collected and delivered without any interruption to the individual.

Case study 2

A referral was received on 6 May; and the individual was contacted on 7 May. They had complex needs and needed their medication in a Dossett box for ease. After several calls made by us to the GP practice and pharmacy it was agreed that a Dossett box would be put in place and would be delivered on a weekly basis. However the pharmacy asked if someone would be able to collect the medication the following week as they needed a little more time to arrange delivery.

We updated the individual and informed them that we would be delivering their medication and collecting any surplus medication.

We collected the medication on 14 May and returned the surplus medication back to the pharmacist. This had been agreed in advance with the pharmacy as they were not accepting surplus medication back from patients.

The individual was thankful to Healthwatch for the support they received.

Case study 3

An initial referral was received on 28 April. We contacted the service user who informed us that this would be a regular collection. We collected and delivered their medication on 30 April and agreed that they could contact us when their next prescription would be ready, this was a regular collection for Healthwatch.

We updated the Community support team and updated the database as required.

The individual was grateful for all the ease and support that they had received from Healthwatch.

Case study 4

We received a referral and contacted the service user to let them know that we would deliver their prescription that afternoon. However when we went to pick up the prescription from the pharmacy, they informed us that the prescription was out for delivery.

We contacted the individual to inform them that they would be receiving their prescription via the pharmacy delivery driver. During the call the individual just wanted to talk so we spent a while listening to them. At the end of the call they said that the Healthwatch staff member was easy to talk to and it was agreed that we would contact them on a weekly basis to catch up with them.

"The Community Support Team have worked collaboratively with Wolverhampton's Healthwatch for some time. This essential support was increased during the pandemic due to a rise in people's anxiety around getting their medication and being able to speak with their GP.

It became apparent very quickly that pharmacists were unable to meet the demand of the delivery of medication and in some cases the charge for delivery was unaffordable. Healthwatch did not hesitate to step in, they collected and delivered prescriptions throughout the City, offering emotional support and advice at a very difficult time for people in our communities.

The feedback we received was very positive.

" I'm so relieved Healthwatch rang me and arranged for the medication to be delivered the same day, caring for two people and shielding myself it was impossible for me to get it"

"It wasn't just the delivery of the medication but the chat on the doorstep, giving me reassurance that I could call them if I needed further help"

" I couldn't get through to my Doctor, it was just ringing. Healthwatch called my doctor and arranged for a telephone consultation and then collected the medication I needed; I can't thank them enough""

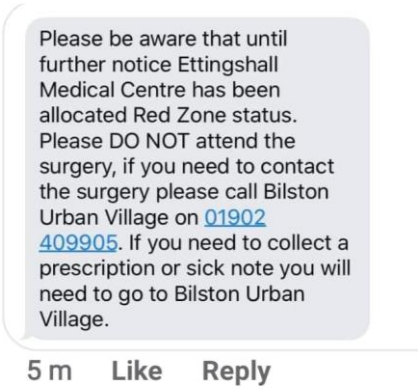
Joanne Evans, Community Support Service

Red Zone Confusion

In March 2020 we became aware of some confusion resulting from a text message that was sent to patients from Ettingshall Medical Practice. It explained that the practice was allocated Red Zone status but no explanation about what that meant. This caused some confusion online and misinformation started to spread including that the area was highly infectious.

After talking to the practice we identified that there was a colour code system being used in the City. Red Zone was designated to Ettingshall medical Practice as it would be the practice that patients with covid or suspected of having covid would be advised to go to. Whereas other patients would be diverted elsewhere to ensure patient safety.

This was feedback on the original social media post and the public thanked us for getting the correct information.



Support with hospital referral

We were contacted by a patient who had a lump appear on scar tissue following an operation. They went to New Cross Emergency Department and were told that due to Covid, they would need to arrange an ultrasound scan via their GP.

The patient had an initial telephone consultation, however, as they had heard nothing after a month, they rang the hospital who informed them that no correspondence had been received from the GP practice.

The patient asked Healthwatch to get involved as their surgery insisted that they had arranged the scan and would not ring New Cross Hospital to verify the appointment had been made. Healthwatch rang the GP practice who informed us that they would investigate this, and they would sort out the confusion for the patient.

The patient rang a few of days later to thank Healthwatch for their intervention, as they were **"at the end of their tether"**, and with out Healthwatch involvement they would never have got resolved.

Cancer operation delay

We were contacted by a concerned relative regarding their parents cancer operation being delayed. After getting permission from the patient, we contacted Royal Wolverhampton NHS Trust to understand the situation and get some answers for them.

We found out that the operation had been postponed as a result of COVID-19 and changes to working restrictions within the Trust. The information gained from the conversation with the Trust was shared with the patient along with details for the Macmillan nurses and a referral was also made to the Macmillan. A manager at Macmillan organised phone support with the patient.

We later received feedback from the patient that conversations they had with Macmillan had been a great support during a difficult time.

Neighbourly concern

A member of the public contacted Healthwatch asking if they could support their elderly neighbours, as they had recently been discharged from hospital and were waiting for follow up care from their GP; but they had been struggling for over a week to get an appointment.

With the couple's consent Healthwatch contacted the Practice Manager who was able to arrange an appointment for them. The couple was very appreciative and thanked Healthwatch for the support and assistance provided.

Healthwatch members make a difference

During the second lockdown a Healthwatch Member shared details of our work with a local resident. They then contacted us about the renewal of their disabled blue badge which they had been waiting 3 months for.

We contacted the Community Support Team at the City of Wolverhampton Council and they received the renewed badge within a few days.

Another Healthwatch Member contacted us during the lockdown as a person had contacted them and wanted to arrange a visit as they were feeling very isolated.

We suggested that the person they were trying to support contact AGE UK as they have friendship telephone lines and the Silverline, where they would be able to chat safely without putting the Healthwatch member in a potentially difficult situation and safeguard themselves from any risk.

Healthwatch support encouraged me to volunteer

At the beginning of lockdown, a patient was ringing on a regular basis. They were struggling with the adverse effect COVID was having on their mental health. Healthwatch supported them by listening to them; giving them an opportunity to share their feelings and giving them time to talk. Healthwatch suggested they should reduce the amount of time they were watching Corona virus coverage on TV and the amount of time that they were spending on social media, as it was upsetting them. We also suggested they consider engaging in more outdoor activity such as spending time in their garden.

They were encouraged to do things that made them happy, such as restarting their LGBT+ support group virtually and were signposted to agencies for counselling support .

Healthwatch supported them by contacting their GP around issues they were experiencing around medication and getting appointments.

"Healthwatch supported us with the set-up of LGBT+ Sparkle group with their advice and backing. Running the group has kept my partner and me active. It has also helped us cope with the lockdown".

"Healthwatch Wolverhampton have helped me personally to better cope during the second lockdown when I was really low. The first lockdown was a real struggle. They were a lifeline in the first lockdown as I suffer with anxiety and depression."

They have continually thanked Healthwatch in meetings and have become a volunteer as well as being a big ambassador; sharing our information to everyone they have come into contact with and vice versa. Healthwatch has also benefited from supporting the LGBT+ Sparkle group, as it helped us to network with a range of guest speakers from organisations and hear the experiences of members of the community. The support group has been involved in our Mental Health focus groups and Covid-19 report.

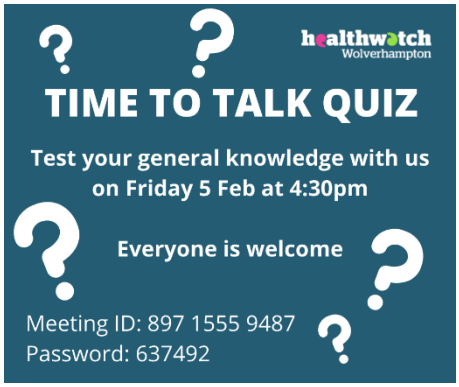
Time to talk

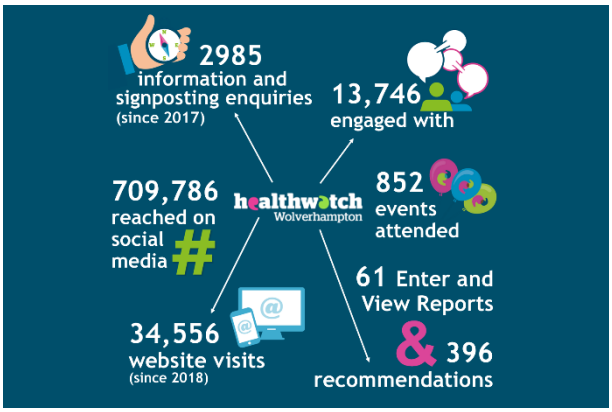
Time to Talk takes place in February and aims to help encourage people to talk more about mental health.

To support Time to Talk, our Youth Healthwatch volunteers created an animated video that you can watch here.

We also held a quiz, which was well attended. It had rounds such as general knowledge and a specific round about mental health to help raise awareness.

In the spirit of talking about mental health, Ashley, one of our Engagement and Information Leads, posted a video on our Facebook page opening up and talking about his experiences living with anxiety and depression.





Happy Birthday Healthwatch

April 1 2021 marked 8 years of Healthwatch. To celebrate we held a birthday celebration event to showcase the impact we had made over the years and we created an infographic to help show some of the work we have done in numbers.

The event was well attended by members of the public and organisations who have supported us, this includes Professor David Loughton, Chief Executive from the Royal Wolverhampton NHS Trust.

Hello Yellow

In October 2020 the team and volunteers came together for "Hello Yellow" which was in aid of Mental Health Day. We held a virtual event and asked everyone to wear something yellow, the event was to encourage people, including young people, to talk about mental health and show that there is no shame in talking.

Supporting Compton Care

On 22 December 2020 a donation of **£1500** was made to Compton Care to help support the vital work they do in the community.

Compton Care sent a letter thanking us for our donation explaining the impact the donation could make including possibly **funding 11 visits by a healthcare assistant** to a patient's home to provide vital personal assistance and care.

COVID-19 report

During the pandemic, we wanted to understand the impact that COVID-19 was having on people's physical, emotional and mental wellbeing. In total we carried out four surveys and six focus groups with the public to collect people's views and experiences. The focus groups included people from a range of backgrounds, including young people, LGBT+ community, D/deaf community, homeless support services, and carers. We also carried out a survey specifically around the impact COVID-19 was having on Cervical Screening Services.

We found that while most people felt the information about the pandemic was easy to understand and access, there were many people who found it confusing particularly around the guidance that was being promoted. People also highlighted the amount of misinformation that was being circulated which was also adding to the confusion **"the information online is a maze of fake news and information that is not easy to spot… we are all confused".**

We also found that 40% of people who took part in our surveys felt that accessing services had been impacted by the pandemic and 10% of people said their experience of social care had been impacted.

When asked if their mental health had been affected by the pandemic 60% said it had, with people saying that they had felt an increase in anxiety and stress and they felt lonely, isolated and claustrophobic. People also explained that existing mental health conditions had been made worse **"I am suffering more panic attacks and my depression is worse".** One person told us **"I have felt unable to call my mental health team because they have more important things to be dealing with. I don't want to be an extra burden".**

The response from our Cervical Screening Survey showed that 63% of people felt their appointments were not affected by the pandemic. Some people told us that they had been invited for their screening but **"I've had the letter but haven't booked due to nonessential appointments being discouraged should I book?"** We also found that 25% of people who took part did not know what the symptoms were for cervical cancer and 12.5% were unsure.

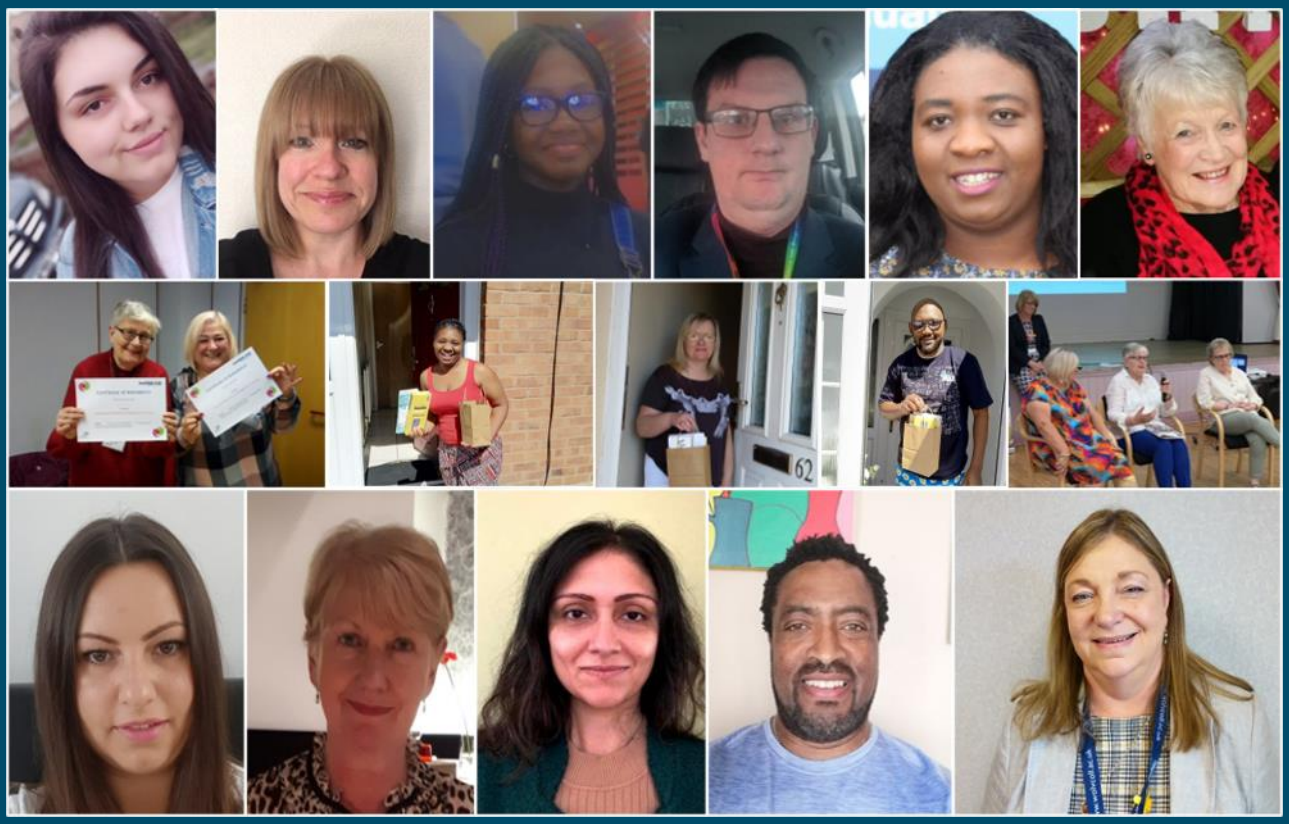
During our focus groups the LGBT+ Sparkle Social Group referred to research conducted by the LGBT Foundation which highlighted concerns regarding people being in lockdown with homophobic family members and unable to move due to the restrictions. They also explained that hospital appointments for Trans people were being affected and the impact this had on their mental health **"Hospital appointments, especially for Trans people has had a big impact, there is no additional support for Trans people while they wait, and they can be waiting years anyway".**

The D/deaf community explained that the amount of information being shared was overwhelming and not always accessible to them; **"We have no idea what is happening locally, only nationally. This causes anxiety because nothing is available locally in our first language. It makes us feel like second rate citizens".** They also expressed how difficult it was to cope with some of the changes with one person saying they felt **"almost grief"** at being isolated from other members of the community and family.

Young carers expressed how difficult the year had been, **"I've been doing this now for 5 years but it is too much for me this year, especially with my mental health being up and down".** Some expressed how they felt they had **"no choice"** but to help**.** They also found that they were having to provide extra support above what they would normally do and this was difficult for them at times.

We held a focus group with people who provide support to homeless people, and they said that the homeless community were **"amazed that services were working together in a way they had never experienced before."** They also raised that mental health had become a become a major **"burden"** of the services and that improvements to mental health provision were needed.

You can read the full report on our website.



Volunteers

At Healthwatch Wolverhampton we are supported a strong team of 49 volunteers to help us find out what people think is working, and what improvements people would like to make to services.

Volunteers are a big part of Healthwatch work and support us with work such as Enter and View, Office Work and Community Outreach. Face to face volunteer work was postponed in March 2020 and all engagement moved online.

It was really important to us that volunteers were engaged with throughout the pandemic, especially during the first lockdown where many were shielding or lived on their own, so the team regularly phoned volunteers during this time.

We also started running volunteer coffee mornings and quizzes on Zoom to give volunteers a chance to catch up with the team and with each other.

Supporting Volunteers During Covid

Some of our online sessions have been open to members of the public that were interested in becoming volunteers which helped our recruitment of volunteers in the last 12 months. Over the past year we received **43 applications** for volunteering, sadly not all of them completed the interview and induction process but some did join our **49 strong team** of valued and dedicated volunteers.

Sadly, we also lost some volunteers during the Covid-19 pandemic who decided to step down from their role due to restrictions and the nature of their volunteering role. We would like to thank these volunteers for their time and support over the years.

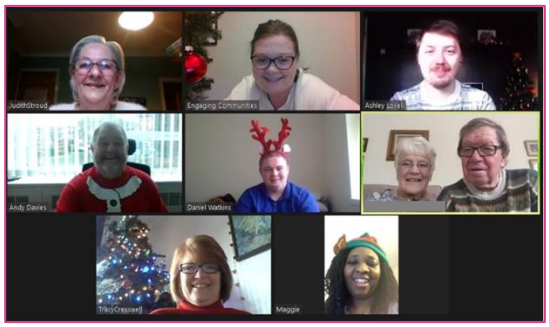
During volunteer's week at the start of June, care package parcels were hand delivered to all volunteers to thank them for their hard work over the previous year. These included hand-written cards, a box of biscuits, a box of cakes, mints, hand cream and a mindfulness puzzle book. Volunteers passed on their grateful messages of thanks to staff that delivered these.

Volunteer care packages – Volunteers Week June 2020

Towards the end of 2020 we began to reintroduce volunteer work virtually. Volunteers were asked to take part in a GP website review following intelligence we had received from patients during lockdowns. Volunteers were also encouraged to take part in our various projects and coffee mornings and activities across the year and got involved in our "Hello Yellow" event – to raise awareness of, and encourage young people to speak about, their mental health and our Christmas jumper day where we raised money for Save the Children.

Our volunteers and staff are thoroughly looking forward to when face to face engagement and work can return, and look forward to what next year will bring.

Hello Yellow for Mental Health October 2020



Christmas Jumper Day December 2020

Our volunteers

Elena

"My name is Elena and I am student at Health and Social Care. I volunteered for the Healthwatch team to help the community. I was welcomed into this beautiful team and met wonderful people. I am excited to get involved in projects and be helpful to people when they need it. I participated in meetings and was very interested. I was also present during the week with Mental Health Awareness Week".

Maggie

"I started volunteering for Healthwatch in 2018, and I am passionate about being in the position to help others, especially when I can utilize my skills to make a difference in the lives of others. My motivation comes from personal experience of working with vulnerable people. So, volunteering matters to me. Volunteering with Healthwatch interested me as the organisation intend to strengthen the collective voice of people/users of health and social care services.

As a volunteer, I would like to think that I make a valuable contribution in my community through Healthwatch to:

- improving the experience of care and support
- strengthening the relationship between services and communities
- improving public health and reducing health inequalities
- supporting integrated care for people with multiple physical and/or mental health needs.

At a personal level volunteering has brought a positive impact as it has increased my social inclusion with people of different professional levels and expertise. As a result of this, volunteering has boosted my self-esteem, well-being and social engagement. For example, I have gained some core skills of chairing within the volunteering role.

The Healthwatch Wolverhampton team has provided me with training and peer support to be able to do my volunteering role effectively and with confidence. The staff members manners give me the impression that I am appreciated as a volunteer and cultural differences are also embraced".

Praise

"I made the decision to volunteer at youth Healthwatch because I needed the experience and confidence that came with it. I have been so fortunate to work with an amazing team and come up with ideas for numerous campaigns. I really appreciate the idea of organisations like Youth Healthwatch because, it is wonderful to see people actively working together to solve the problems prevalent in the community. My hopes for Youth Healthwatch is that, it continues to be bigger and better and influence the lives of many young people across the country. It is truly a wonderful experience for anyone to have".

Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch at:

https://www.healthwatchwolverhampton.co.uk/

0800 470 1944

info@healthwatchwolverhampton.co.uk

Youth Healthwatch

Youth Healthwatch Wolverhampton was created to help give young people a voice in health and social care. It is lead by young people for young people. Throughout the year we received 32 applications to join Youth Healthwatch and they have already been busy setting their own priority project. You can find out more about Youth Healthwatch here.

It was challenging to set up the Youth Healthwatch initially. However during the various lockdowns we had a number of people showing an interested in getting involved. We believe this was due to the digital options to get involved where as previously we were focusing on face to face engagement and meetings.

Throughout the year Youth Healthwatch meet on a regular basis and were involved in a number of our social activities including "Hello Yellow" for mental health and Christmas Jumper Day. They have also given their views on our Urgent Care Survey which was amended following their feedback, before it was sent out to be used and created their own video for Time to Talk Day to encourage people to talk about their mental health which you can watch here.

Following a number of discussions it was agreed that the Youth Healthwatch priority project for the year would be communication from services to young people including the methods used, and the manner of the communication. This project will cover a range of services including health, social care and even education.

Wolverhampton Health Advocacy Complaints Service

Wolverhampton Health Advocacy Complaint Service (WHACS) has supported Wolverhampton residents for five years now. Although the advocacy service is a separate contract and receives independent funding from Wolverhampton City Council, the partnership with Healthwatch Wolverhampton has ensured our residents across the city have more opportunities to access the service, via freephone, website and email allowing a broader provision of support whether that is helping with a letter of complaint, a phone call or attending a local resolution meeting

This year we helped **60 people** to make a formal NHS complaint and seven through the local resolution process. This year the themes of the complaints we have supported have been:

- Quality of care and treatment
- Adult and Children's Mental Health Services
- Medication changes
- Access to Services
- Diagnosis
- Delays / Cancellations

Our referrals are received in a variety of ways, mostly via the Advocacy and Healthwatch Freephone numbers, and contacting us by email. Other referrals are made during events and outreach which reinforces how the partnership between WHACS and Healthwatch Wolverhampton ensures we are reaching as many residents as we can.

The pandemic has had an impact on delivering events and the way we do outreach. However virtual meetings on Microsoft Teams and Zoom have enabled us to maintain existing contacts as well as new ones.

WHACS continues to promote self-advocacy and self-empowerment by providing everyone who contacts us with a Self-Help Information Pack containing information about the NHS complaints process. Approximately **25% of complainants** have used this resource. Where a complainant has a more complex complaint, they receive one to one support according to their needs.

The majority of complaints have been resolved through direct communication with the service provider and the outcomes achieved include:

- An apology
- An explanation
- A change to process/procedures

When a complainant has been unable to resolve the complaint directly with the service provider, the advocate has provided assistance to escalate their complaint to the Parliamentary Health Service Ombudsman (PHSO). We have provided support for eight PHSO complaints this year.

"They helped me all through the process of the complaint. They had listened to me with great patience and understood why I was unhappy with the GP's behavior. The support gave me confidence to take my complaint further and to achieve the outcome I was looking for"

Contact us to get the information you need

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

www.whacs.co.uk
07732 683 447
advocacy@weareecs.co.uk

Advocacy Case Studies

Local Resolution with West Park Hearing Services

Client received an appointment for 2 December 2020 early morning which is to do with their hearing. As they don't have a car and take their grandchildren to school, and works on Thursdays, they needed to change the appointment. They spoke to the receptionist who they say was very impatient when they were relaying that they needed an appointment between 10:30-1:00 and not on Thursdays as they work on this day.

Client received a rescheduled appointment for 31 December, a Thursday, at 1:45. Client had tried to resolve this themselves and telephoned West Park and knew straight away that the same receptionist had answered the call. They then asked to speak to the manager but was put through to the secretary. The secretary said the manager would call them back the following day 15/12, but they had not received a phone call by 16/12 which is why they contacted the advocate direct by email. They were concerned that if they cancelled this appointment, they would then be referred back to their GP and then have a lengthy wait for a new referral.

The advocate phoned to speak to the manager, but they weren't available. The advocate asked for a call back on Monday 21/12 and the receptionist was not particularly polite to the advocate either.

When a call back had not been received on 22/12, the advocate contacted West Park again. Since the manager wasn't available, they spoke to the secretary advising that it was preferred to resolve this issue through local resolution rather than a formal complaint. The advocate was transferred to the manager in Audiology who was made aware that we had not received any communication from the department manager and wanted to resolve the issues through local resolution, the outcome being a suitable appointment. After accessing client's medical records and speaking to the consultant, we were given an appointment for 11 January at 10:30am.

Client was pleased with the outcome. It is clear that the client would not have received an appointment that met their needs, and so quickly, without the intervention of the advocate.

"They helped with rearranging my hearing appointment. I had tried myself but the appointment I was given was the opposite of what I asked for. They managed this in one week and I had been trying for several weeks but not getting anywhere"

Advocacy Case Studies

Formal Complaint to Primary Care Support England

Client had moved from London to Wolverhampton and registered with a WV10 practice in April 2020. After several months, client's records had still not been transferred and so they contacted Healthwatch.

In September 2020, the advocate attempted local resolution by contacting the practice to find out what was happening with regard to their request. The practice manager was most helpful and able to say that a request for PCSE (Primary Care Support England) to collect records automated from the GP system on 25 April 2020. After three months and the medical notes still not having transferred, the practice on 15 and 17 July requested a brief summary direct from a Doctor at previous practice.

Following discussion with the advocate, the Practice Manager then made an urgent request and received an acknowledgement email from PCSE on 9 September timed 10:17.

Since PCSE had not acted on the urgent request by the practice at securing the medical records, it was agreed that a formal complaint would be made to PCSE. The complaint was submitted on 1 December 2020 and an email from PCSE on 16 December 2020 advised that the records had been delivered to the practice the previous day.

Their response as to why it had taken so long was that the previous surgery had not made the records available, and they were reliant upon them to do so. Only by making a formal complaint, prompts PCSE to phone the surgery asking the surgery to release the medical records as a matter of urgency.

Client is really pleased with the outcome and says without the advocate's intervention they may still be waiting for her medical records. PCSE had received the urgent request in the September and emailed the surgery at that point. It was only when a formal complaint was made that they made the telephone call which produced the outcome needed.

"Without help of an advocate I would still be waiting for my medical records to be transferred from London to Wolverhampton. The advocate helped me all through the process of the complaint and to achieve the outcome I was looking for in a very short time"

Statutory statements

About us

Healthwatch England, 2 Redman Place, Stratford, E20 1JQ

Healthwatch Wolverhampton is delivered by Engaging Community Solutions, Unit 42, Staffordshire University Business Village, Dyson Way, Staffordshire Technology Park, Stafford, Staffordshire, ST18 0TW

Healthwatch Wolverhampton uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch Advisory Board consists of six Advisory Board Members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 the board met four times and made decisions on matters such as signing off our 2021/22 priorities.

We ensure wider public involvement in deciding our work priorities. We do this in a range of ways, including using the intelligence collected from service user feedback, the recommendations made from our priority projects and possible follow up work and we hold annual listening events to identify what the public think our priorities should be.

Strategic relationships

Healthwatch Wolverhampton acts as a critical friend to local strategic partners and plays an active role in presenting the views from the public and the service users of various stakeholders. We have attended many strategic and operational meetings as listed below:

- ADASS Local Account Committee
- Adult Care Partnership Meeting
- Adult Steering Group
- Area Prescribing Committee
- Better Care Fund Programme Board
- Black Country co-production network meeting
- Black Country Healthcare NHS Trust patient experience quarterly meeting
- Black Country Healthcare NHS Trust board
- BCWB Governing Body in Common
- BCWB and BC Healthwatch Focus Group
- BCWB Primary Care Commissioning Committee
- Black Country STP &BC HW Meeting
- BC HW managers meeting
- Connecting local voices for better Health and Social Care
- CQC information sharing Meeting
- CQC / Healthwatch quarterly meeting
- CQC / HW Webinar
- DAA Meeting
- Deloitte Governance and Accountability Workshop
- Dementia Information Webinar
- Dementia Strategy Delivery Group
- Developing a single participation for Wolverhampton
- Development session with new governing body members
- D2A MDT working group
- Early Help and prevention extraordinary meeting
- End of Life Steering Group Meeting
- Future Healthier Partnership Board
- Flu Planning Meeting
- Health and Wellbeing Together
- Health Scrutiny Panel
- Healthier Futures Partnership Board
- Healthwatch England Action Learning
- Healthwatch England Quality Framework Meeting
- Healthwatch England Conference
- ICA Mental Health Sub Group
- Integrated Partnership Board
- Local Outbreak Engagement Board
- Local NHS restoration and recovery planning meeting
- LGBT Sparkle
- Maternity BAME Comms and Engagement Meeting
- Maternity Voices Partnership
- Meeting with Chair and CE of RWT
- Meeting with Chair and CE of BCNHS Trust
- Meeting with MD of CCG
- Meeting with North East MP
- Mental Health Steering Group meeting
- NHSE/DHSC – national review of bureaucracy in General Practice
- Older Peoples Focus Groups
- Pause and Learn – Peer Review meeting
- Primary Care Operational Meeting
- Psychological safe leadership programme
- RESPECT Meeting
- RWT Patient experience quarterly meeting
- RWT Trust Board
- SEND steering group
- Urgent and Emergency Care Meeting
- Webinar on NHS Volunteer gathering
- West Midlands Network Meeting
- Wolverhampton Cancer Strategy Meeting
- Wolverhampton CCG Assurance Meeting
- Wolverhampton CCG AGM
- Wolverhampton CCG Commissioning Committee
- Wolverhampton Mortality Improvement Meeting
- Wolverhampton RWT End of Life Meeting
- WST Communities and Engagement
- WST Board
- WST Early Help
- WVSC AGM
- WVSC gathering better connected meeting
- WVSC COVID-19 response gathering meeting
- WVSC COVID-19 Mental Health meeting
- WVSC COVID-19 General

Strategic relationships in practice

Mental Health helpline

Wolverhampton CCG had set up a new helpline number for people suffering from Mental Health at the beginning of COVID to support patients who were struggling with their Mental Health. However, we were contacted by the public who reported that calling this helpline number had caused them more distress. Healthwatch contacted the CCG to understand what the process was with this number.

Healthwatch were signposted to the provider who liaised between them and the patient. The changes that were to be made after discussion with the patient were fed back to Healthwatch. The patient was also happy with the changes as they wanted to prevent this happening to other people that would use the help line.

The use of PPE within the Royal Wolverhampton NHS Trust

Healthwatch raised concerns with the trust that they had received from a patient. The trust investigated the issues raised and processes were put into place to ensure that all PPE was changed appropriately as required by the Trust. An email was sent to all staff informing them of correct use of PPE.

Supported Living

Healthwatch held a meeting with a service user to discuss issues that they were experiencing with a supported living care provider. The service user wanted to stay within Wolverhampton and not move to the area that had been suggested by their social worker. They had recently moved to Wolverhampton as an emergency placement and they were happy to stay. Healthwatch discussed this with the commissioner of supporting living to understand what the individual could be offered. The outcome was that the service user was moved to a different part of the City to meet their needs. They were satisfied with this and the new accommodation suited them better.

Penn Hospital

A patient contacted Healthwatch to share their frustration when trying to get through to Penn Hospital in the early hours of the morning. It took the patient nearly 3 hours before they managed to get through. Healthwatch Wolverhampton raised this as a concern with Black Country NHS Healthcare Trust, who passed it onto the relevant department. However, this needed to be escalated to top management as no responsibility was being taken.

It was discovered that at Penn Hospital there is only one phone line going in. If someone rings and then are put through to another department, no more calls can be received until this transfer has been completed. The Trust had ordered headsets for the staff to wear remotely, however this did not solve the problem. The Complaints Manager at the Trust had been assured that this had now been resolved; however they were not going to close the case down until they were confident that patients are able to get through to the hospital. They ensured that this sat on a risk register in the Trust.

They will keep Healthwatch Wolverhampton updated on the progress and thanked Healthwatch Wolverhampton and the patient for raising this issue. Even though it had been reported previously within the Trust; it had taken Healthwatch Wolverhampton intervention, to get the patient experience acknowledged and for it to be acted upon.

Methods and systems used across the year's work to obtain people's views and experience

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by phone, by email, via our website, provided a feedback centre/rate and review system, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example, regularly attending LGBT social group meetings, working with partners to engage with the homeless and engaging with young people via our Youth Healthwatch.

In December we had wipeable posters made which were hand delivered to all health and social care services in the city. This allowed them to be displayed and easily cleaned to prevent the spread of covid.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website and across our social media platforms and newsletter.

Responses to recommendations and requests

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

Health and Wellbeing Board

Healthwatch Wolverhampton is represented on the Health and Wellbeing Board by the Healthwatch Manager and Healthwatch Advisory Board Chair. During 2020/21 our representative has effectively carried out this role by presenting last year's annual report, which provided an overview of the work that had been done to represent the views and experiences of the public. Healthwatch look at aligning some of our priorities with those of the City to reduce duplication and have bigger impact ensuring the voices of the public are included.

Next steps & thank you

Top four priorities for 2021-22

1. **Digital Exclusion and inequalities** – Identifying barriers that stop people not wanting to use digital technology within health and social care
2. **Mental Health** – Looking into the affects that COVID has had on individuals and the support that has been available or not been available during the pandemic
3. **Young People's Mental Health** – Working in collaboration with our Black Country Healthwatch colleagues to understand the gaps in services including transition from child to adult services
4. **Communication with Multi-disciplinary Professionals** – Our Youth Healthwatch have identified communication as being a huge issue, not just within health and social care settings but also education

Next steps

As we are all aware, this year has been a challenge for us all in many ways. However, we have also seen some amazing work being carried out locally and nationally especially with the roll out of the vaccine which gives us all hope of returning to some normality soon. For us this means getting back into our communities so that we can engage with them about their experiences of health and social care services.

There are many challenges that the NHS and Social Care will face over the coming years to ensure that services are restored safely and dealing with the wider impact of COVID-19. Healthwatch will continue to listen to the public about their experiences so that we can support the NHS and Social Care services.

Equality and Diversity and listening to seldom heard groups will be pivotal in all our that we will be doing in the year ahead. Wolverhampton is a diverse city and we want to ensure that as many voices as possible are listened to, allowing us to influence services and changes that will have a positive impact for everyone.

Thank you

I want to thank our Advisory Board who have been supporting us through this year and helped to shape our priorities based on the feedback we received from the public. I also want to thank all our volunteers for their continued support and patience during a year when it has not been safe for our volunteers to get involved. It has been great to see so many of them get involved in other ways such as our coffee mornings and volunteer quiz events.

The public have continued to engage with us and share their experiences with us and I want to say thank you. The feedback really helps us to influence services and understand what works well and what doesn't. Working with our stakeholders is an important part of our work, allowing us to engage with people and provide opportunities to hear people's experience. I want to thank all our stakeholders for their continued support during a difficult year.

Finally, I want to thank our staff who have all had to adapt to working differently especially at the beginning of the pandemic and ensuring that we have been able to continue our important work.

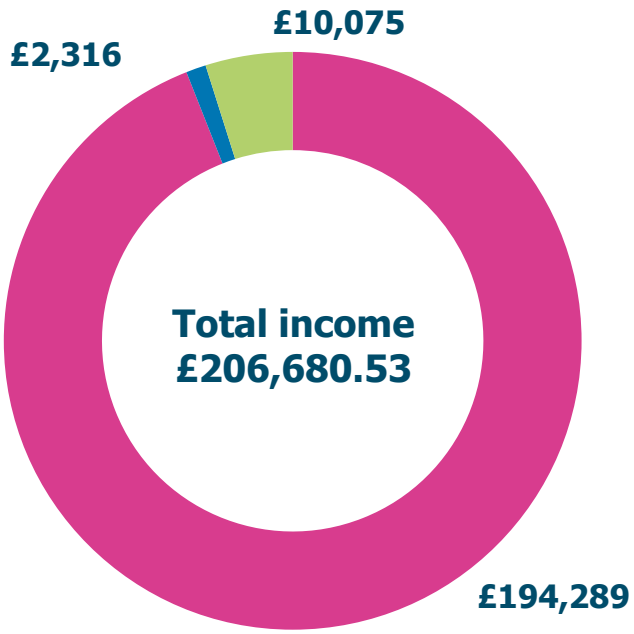
Tracy Cresswell, Manager of Healthwatch Wolverhampton

Finances

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

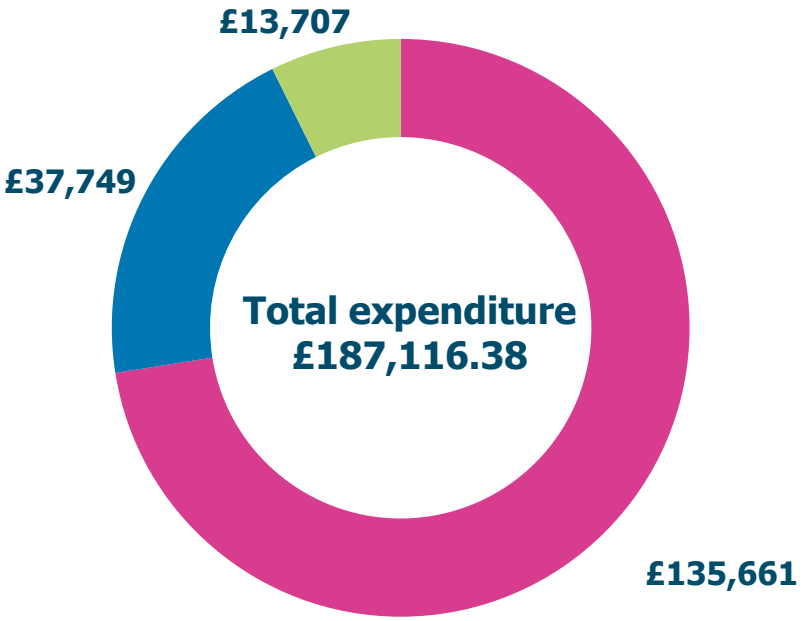
Income

- Funding received from local authority
- Additional funding
- Balance from 2019/20



Expenditure

- Staff costs
- Governance and Management Costs
- How much it costs to run Healthwatch



Glossary

ADASS	Association of Directors of Adult Social Services
AGM	Annual General Meeting
BC	Black Country
BCHW	Black Country Healthwatch
BCNHS	Black Country Healthcare NHS Foundation Trust
BCWB	Black Country and West Birmingham
BSL	British Sign Language
CCG	Clinical Commissioning Group
CE	Chief Executive
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
DAA	Dementia Action Alliance
DHSC	Department of Health and Social Care
D2A	Discharge to Assess
HAB	Healthwatch Advisory Board
HW	Healthwatch
ICA	Integrated Care Alliance
LGBT	Lesbian, Gay, Bisexual and Trans
MD	Managing Director
MDT	Multidisciplinary Team
MP	Member of Parliament
NHSE	NHS England
PCN	Primary Care Network
PHSO	Parliamentary Health Service Ombudsman
PPG	Patient Participation Group
RWT	Royal Wolverhampton Trust
SEND	Special Educational Needs and Disability
STP	Sustainable and Transformation Partnership
WHACS	Wolverhampton Health Advocacy Complaints Service
WST	Wolverhampton Safeguarding Together
WVSC	Wolverhampton Voluntary Sector Council

Healthwatch Wolverhampton
Regent House
Bath Avenue
Wolverhampton
WV1 4EG

W: www.healthwatchwolverhampton.co.uk
0800 470 1944
info@healthwatchwolverhampton.co.uk
HWwolverhampton
hwwolverhampton
hwwolverhampton

Engaging Communities Solutions
Unit 42, Staffordshire Business Village
Dyson Way, Staffordshire Technology Park
Stafford
ST18 0tW

01785 887809
contactus@weareecs.co.uk

If you need this in an alternative format please contact us.

The Royal Wolverhampton NHS Trust

Quality Account 2020-2021

Health Scrutiny Panel

Date 7th October 2021

Safe & Effective | Kind & Caring | Exceeding Expectation

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.

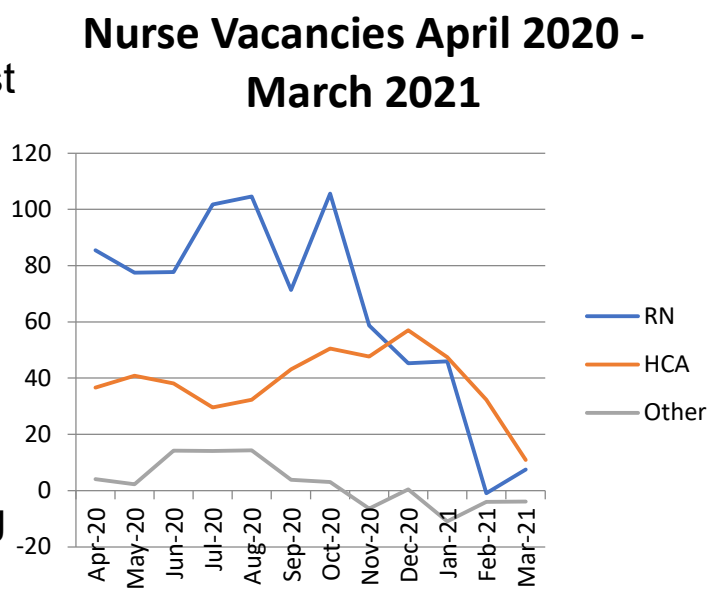
Priority 1: Workforce

The Royal Wolverhampton NHS Trust

Key achievements included:

Nursing, midwifery, health visiting and Allied Health Professionals

- Two Nursing Times Workforce Awards they were, Best Diversity and Inclusion Practice Award for the Clinical Fellowship Programme and Best UK Employer of the Year for Nursing Staff.
- Expansion of student nurse placements
- Improved processes to balance acuity and nurse staffing



Medical Staff

- Senior (consultant) medical staff challenges are being
- addressed through collaboration
- Junior medical staff support team strengthened
- Increasing Fellowship programme >200 fellows now employed at the Trust.

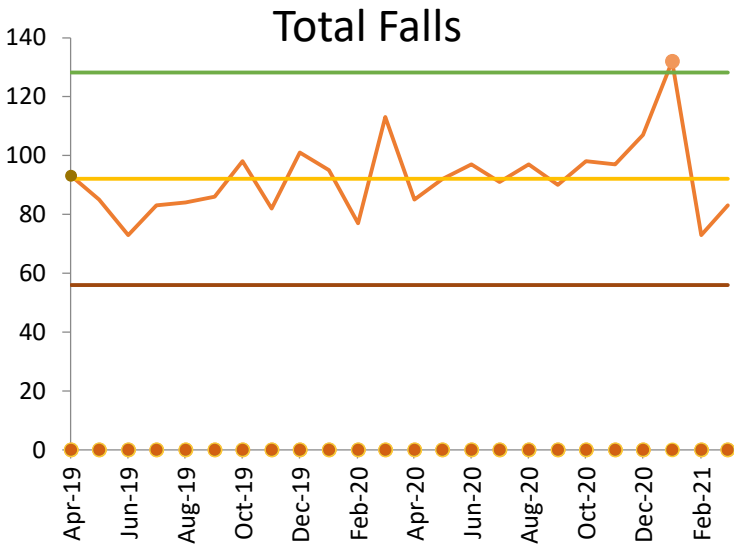
Staff Health and Wellbeing

- New wellbeing web pages that were accessible to staff on any device
- Wobble Rooms and a Serenity Room
- Facilitated support and psychological interventions

Priority 2: Safe Care

Key achievements included:

- 129 serious incidents (89 in 2019/20) Covid-19 related incidents accounted for most of increase.
- Falls numbers was variable and affected significantly by Covid-19 but falls with moderate or severe harm remained at 9.
- Inter agency COVID-19 implemented across the City.
- Environmental monitoring and developments
- Integrated infection prevention and control COVID-19 outbreak management within Care Homes
- PPE use introduced and monitored. Staff skin care advice developed.
- A sustained reduction of the more serious type of pressure ulcers (Category 3, 4, and unstageable)
- Mental Health Implementation of a robust governance structure - The Trust has a Mental Health Operational Oversight Group
- The Sepsis Team were at times deployed to support the needs of Covid-19 patients in the Critical Care Unit Sepsis remains a key area of quality improvement.



Priority 3: Patient Experience

The Royal Wolverhampton NHS Trust

Key achievements included:

- Many examples of patients engagement for example:
  - Neuro rehab unit's 'inclusivity' programme to ensure that patients' specific needs across all protected categories are being met
  - Sexual Health Team's desegregated patient waiting areas and adapted forms to be more reflective of the wide range of gender identities in response to pt feedback
  - Children's Services introduction of a 'Health Passport' to enable patients to participate in and contribute to greater care planning and awareness.
- 97% of complaints responded to in accordance with policy.
- Improved visibility of quality, safety, workforce and performance metrics now visible on ward entrances of all inpatient areas.
- Co-production evident though the year and into 2021.
- Community clinical volunteers supported.
- PALS concerns reduced by 24% reduction when compared with the previous year. However the Trust has experienced a 22% increase in the volume of formal complaints (472).

Priority 3: Patient Experience – Primary Care

The Royal Wolverhampton NHS Trust

Key achievements included:

Notable achievements during 2020-21 include:

- Advance Nurse Practitioner-led home visiting service; this service allows GPs to dedicate more time providing patient care
- Extended phlebotomy hours for patients
- Recruitment of social prescribers for RWTPCN; a joint partnership with the Wolverhampton City Council
- Successful delivery of RWTPCN COVID-19 vaccination centre and vaccines provided to over 15,000 patients/staff across Wolverhampton and beyond
- Development of the COVID-19 virtual care assistant in partnership with Babylon
- Improved performance in annual learning disability health checks
- Recruitment of a dedicated Advanced Nurse Practitioner (ANP) to deliver the Care Home Enhanced service for RWTPCN
- Recruitment of a Physician Associate with a specialist interest in Learning Difficulties
- Expansion of the RWTPCN Pharmacy team to support future developments of a shared PCN sexual health service with specialist staff
- Rapid response to COVID-19 and ensuring patient care was able to continue.

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

Average per week per 1000 patients	2018/19	2019/20	2020/21
	87.98	84.65	111.4

Priorities for 2021-2022

The Royal Wolverhampton NHS Trust

Priority 1: Workforce

- Expand the access Nurses, Midwives and Health Care Assistants have to continuing professional development
- Integrate Aston Medical School students into the Trust, r
- Maintain the low nurse/midwifery vacancy rates
- Reduce the gap in engagement scores for Black Asian and Minority Ethic (BAME) staff and improve Workforce Race Equality Standard (WRES) Metrics
- Introduce sustainable health and wellbeing support.

Priority 2: Safer Care

- Achieve best practice for the management of COVID-19 inpatients
- Reduce indirect harm caused by COVID-19
- Reduce harm by assessing, recognising and responding to prevent patient deterioration.

Priority 3: Patient Experience

- Work with our stakeholders in the design and implementation of a co-design and co-production toolkit.
- Increase co-production and co-design.
- To understand patient experience metrics for patient groups where inequalities exist and implement changes to improve experiences for these cohorts
- A focus on waiting times to improve 62-day cancer performance, a reduction in the 52 week waits and RTT waiting times
- Improve the Patient Experience including cancer performance and improvement in nationally reported outcomes
- To design and implement a comprehensive career pathway to assist our young volunteering workforce

The Royal Wolverhampton NHS Trust

Thank You

NHS
The Royal Wolverhampton
NHS Trust





Quality Account 2020-21

Contents

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

During 2020/21, the Trust has had an exceptional year, coping with the local impact of COVID-19. Despite the many challenges we have faced as an organisation, and as individuals, there have been many quality improvements. I am proud that within 9 weeks, 2 wards and an 8 bedded intensive care unit were opened to support and provide additional services for our population in response to COVID-19.

Workforce remains an ongoing national challenge to prevent key shortages, particularly in medical positions, allied health professionals and nursing and midwifery. Despite this, the Trust has continued its improvement journey, and within nursing and midwifery this has led to less than 10 vacancies. I am delighted that this has led to two Nursing Times Workforce Awards in 2020, they were 'Best Diversity and Inclusion Practice Award for the Clinical Fellowship Programme' and 'Best UK Employer of the Year for Nursing Staff' as well as recognition from the Chief Nursing Officer for England.

Our journey through integration of care services has continued and has seen the expansion of roles such as pharmacists, advanced nurse practitioners, social prescribers and physicians associates in the RWT Primary Care Network, providing a variety of patient interventions. New technology has supported this approach such as a partnership with Babylon to develop a virtual care assistant, as well as shared services with other teams in the Trust. It is extremely pleasing to see improvements in services to those at risk of inequality of care, such as the improvement in health checks for those with a learning disability.

Staff health and wellbeing has been a priority area, both in coping with the usual needs of a large organisation and the exceptional stresses that the COVID-19 pandemic created on our teams. We have worked with partners and the workforce to develop a new intranet site signposting staff to a wealth of resources, multiple routes for access to psychology services, bespoke support packages to specialist areas such as the intensive care unit, wobble and serenity rooms for staff to take time out and recover from incidents or manage their emotions, as well as listening events and many more. I have been impressed at the resilience of our workforce and have kept in touch through frequent communications and opportunities to recognise the exceptional contributions of both teams and individuals.

In January the Trust opened the Hospital Vaccination Hub as part of the Trusts contribution to gaining control of the COVID-19 virus. We were able to vaccinate over 7,000 of our staff and more than 1,000 local health and social care workers, in partnership with the Public Health Team with the allocated vaccines. This provided a significant boost to morale and staff came from many disciplines and corners of the Trust to support the vaccine administration. At the same time the RWT Primary Care Network administered over 15,000 doses of vaccine to residents of Wolverhampton and beyond.

The Trust once again welcomed the Care Quality Commission (CQC) through its Transitional Monitoring Arrangements to undertake virtual reviews of infection prevention and control, the Emergency Department and a well-led review, and I am delighted that there were no significant concerns raised from these calls.

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

18th May 2021

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

Achieving Our Vision - Strategic Objectives

Our Values

Safe and Effective	Kind and Caring	Exceeding Expectation
We will work collaboratively to prioritise the safety of all within our care environment	We will act in the best interest of others at all times	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
					


Face Shield

Looking back 2020/21

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:

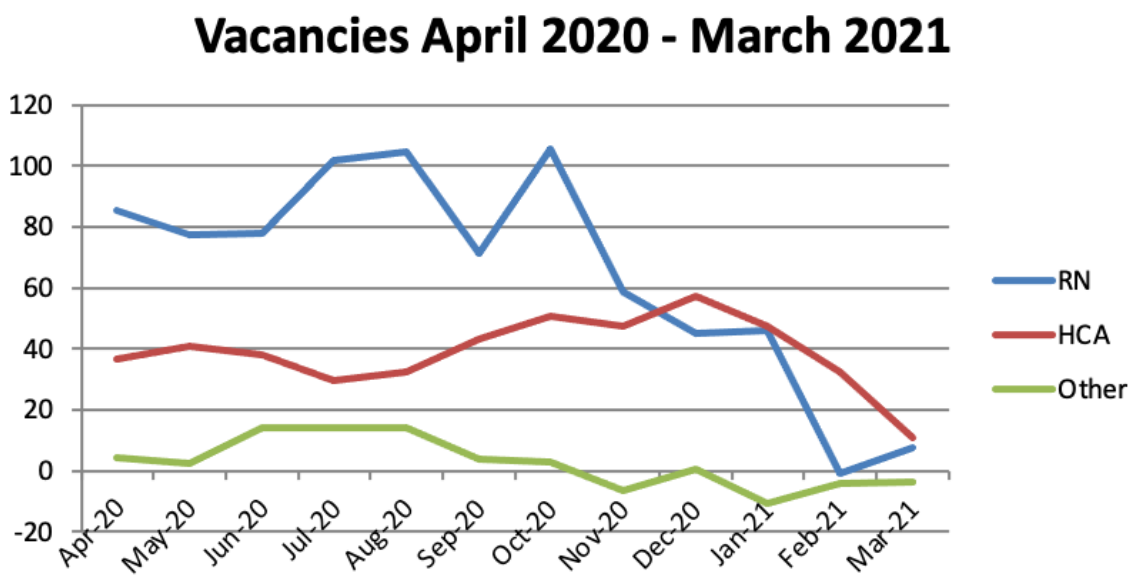
- To have an effective and well integrated health and care system that operates efficiently
- Proactively seek opportunities to develop our services
- Create a culture of compassion, quality and safety
- Attract, retain and develop our staff and improve employee engagement
- Be in the top 25% for key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

Priority 1: Workforce

Nursing, Midwifery and Health Visiting Workforce including Allied Health Professionals

Recruitment

Throughout 2020 the successful recruitment programme for nursing continued despite the impact of the COVID-19 pandemic. An interview team made up of clinical staff who were unable to work in patient facing roles actively recruited on a weekly basis to all vacant nursing posts. 166 international nurses were able to enter the country during this time and they completed the cultural transition and OSCE programme which enabled them to join the NMC register and now have permanent registered nurse posts within the Trust. Health Education England introduced paid placements for Student Nurses and Midwives, the Trust deployed over 180 students to support clinical areas for 6 months during the pandemic, many of these were subsequently recruited into permanent posts.



The graph above illustrates the vacancy position since April 2020 for registered nurses, midwives, healthcare support workers and other support staff.

The Trust won two Nursing Times Workforce Awards in 2020, they were, Best Diversity and Inclusion Practice Award for the Clinical Fellowship Programme and Best UK Employer of the Year for Nursing Staff.

Expanding placements

The Trust has successfully secured additional funding to support the expansion of placements in Nursing, Midwifery and Allied Health Professionals (AHPs) for pre-registration students. We have continued to increase the number of student nurses and midwives on placement within the Trust.

Attractive development programmes

A virtual learning platform is now in place to support the delivery of online learning tailored to meet the needs of all staff within the Trust and will help with the recruitment and retention of nurses, midwives and AHPs.

Professional Advocate role

Following the success of the Professional Midwifery Advocate roles we have extended the role into nursing. These posts will help support the health and wellbeing of nurses and midwives, the quality agenda and support retention. Thirteen members of staff have attended an MSc module at Worcester University, supported by their line managers, they will have one day per month to commit to the role of Professional Advocate to support their nursing colleagues and associated teams.

Safe Care

The use of the SafeCare software provided the basis of our daily staffing toolkit, which matches staffing levels with patient acuity. It was utilised during the pandemic to compare staff numbers and skill mix alongside actual patient demand in real time, allowing the senior nursing team to make informed decisions and create acuity driven staffing.

During the financial year 2020/21, the Trust has successfully continued its 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 Trust has increased the number of Registered Nurses undertaking Degrees and Masters Degrees in line with providing a knowledgeable workforce to deliver the best possible patient care.

During 2020/21, workforce turnover rate has considerably decreased. In 19/20 the normalised nursing and midwifery turnover rate was an average of 9.8%. The Trust has managed to improve its retention rate over the last 12 months and for 20/21 the average normalised turnover rate was down to 8.9%.

Other workforce achievements during the financial year of 2020-2021 include:

- Continued international nurse recruitment, navigating the COVID-19 pandemic, providing quarantine arrangements and virtual online learning.
- OSCE Bootcamp for international recruits continues to have a 100% pass rate.
- The Trust won a Health Education England clinical placement expansion fund to support the increase in student nurses.
- Attainment of Degrees and Masters Degrees within the nursing workforce continues to increase with the internal clinical fellowship offer support.
- A successful response to NHS England / Improvement Health Care Support worker recruitment campaign and an offer of education support is in place for those new to care.
- Purchase of a learner management system to support the quality of education.
- Provision of infection prevention education to local Care Home employees.
- Provision of intensive care nursing education to our reservist workforce, including military personnel.

- Provision of vaccination competency training to build a COVID-19 vaccinator workforce.
- Expansion of the number Advanced Clinical Practitioners employed within the Trust and across numerous specialties.
- 30 of our Health Care Assistants (Registered Nurses in their own country) have been supported to complete the International English Language Testing System (ILETS) and the Occupational English Test (OET) in the first steps towards UK registration.
- Significantly increased the number of student placements offered to students from the Staffordshire, Wolverhampton and Birmingham Universities.
- Improved governance structures.

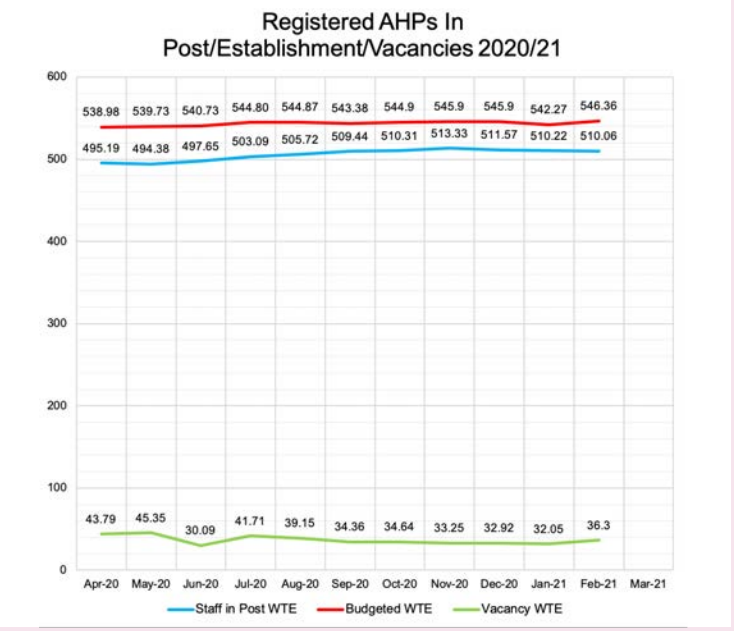
Allied Health Professionals

Allied Health Professionals (AHPs) are registered with the Health and Care Professions Council (HCPC) and are the third largest workforce in the NHS. They are graduate level professions, and are professionally autonomous practitioners making them central to meeting the changing demands faced by the NHS. As leaders and practitioners, AHPs are instrumental in delivering person-centred, evidence-based care and are vital to ensuring the sustainability of future services. This breadth of skills makes AHPs ideally placed to lead and support improvement. AHPs make a crucial contribution in supporting patients as first-point of-contact practitioners and bridge the historic divide between primary and community health services.

Our Allied Health Professionals (AHPs) adapted their services during the COVID-19 pandemic. These roles include dietitians, occupational therapists, operating department practitioners, orthoptists, physiotherapists, podiatrists, orthotists, radiographers and speech and language therapists. Many AHPs working in outpatient areas had to significantly change their ways of working from a literal 'hands-on' approach, which ended in March 2020 when lockdown started, to what we are now calling 'a virtual service'.

Some of the key changes and achievements during this period include:

- Over 80 additional physiotherapy student placements have been offered to Keele and Wolverhampton University.
- Telephone and video consultations in the majority of cases, using smart phones between staff and patients have enabled some face-to-face contact ensuring assessments have continued.



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%

- Cardiac Rehabilitation Exercise team have been particularly innovative by the creation of an exercise workout for patients which has attracted over 1,000 views on YouTube. Two more similar videos have subsequently been uploaded to the social media channel, all of which are to become part of the new Cardiac Rehabilitation Exercise programme model.
- The Team have also provided workouts through an online exercise software resource for physiotherapy, rehabilitation and fitness. For those without internet access, staff can print off PDFs of personalised workouts to post to patients.

  The Clinical System Framework (CSF) has superseded the Nursing System Framework (NSF) and the AHP Strategic Framework.
- Speech and Language Therapy have successfully implemented paper-light working and other AHP services are now working towards it.

These new ways of working presented numerous challenges to AHPs as they continued to try to maintain the same levels of care and professionalism, but staff embraced the changes that were imposed upon them by the restrictions of COVID-19. Several members of staff reported that their telephone assessment skills had improved as a result of these changes and they had positive feedback from patients. Patients now have a greater choice of how they receive their treatment. The greater flexibility has been welcomed by patients, some of whom are still nervous about attending hospital for clinic appointments, or having someone visit them at home. All of this benefits the patient experience.

Long COVID

We recognise that COVID-19 will have a prolonged impact on many, particularly for those who have been ill with the virus and are experiencing further health complications, weeks or months after the event. Between two and ten percent of COVID-19 patients suffer from what is commonly known as 'long covid syndrome', with varying symptoms including a high temperature, fatigue, 'brain fog', anxiety, breathlessness and generalised pain.

In October 2020, NHS England /Improvement announced a plan to create new 'Long COVID Clinics' in an effort to provide physical, cognitive and psychological assessments for these patients, and we are pleased to say we now have such clinics at our New Cross Hospital site.

Patients with ongoing symptoms (12 weeks after COVID-19 diagnosis) and no other explanation for their illness are seen by a Respiratory Physiotherapist Specialist in one of the three-weekly clinics, run alongside a clinic held by the Trust's Respiratory Team who support patients with on-going chest problems. Many of the patients referred to the clinic are patients that have been struggling for months, not knowing what was wrong with them, and are extremely grateful for the help being offered. They are often not back at work and are experiencing regular fatigue, breathing problems and cognitive impairments. Following an assessment, the Physiotherapist signposts patients to the relevant services. Often this means working with therapy colleagues, the Psychology Team and other disciplines to support both their physical and mental wellbeing. It is a great example of collaborative working.

Setting up the Long COVID Clinics has been a challenge and we are all still learning about the virus and its impact, but there are already a number of resources to help people, including online literature and support groups.

The Chartered Society of Physiotherapy has recently updated their COVID-19 Rehabilitation Standards: Rehabilitation of adults who are hospitalised due to acute COVID-19 or Long COVID: physiotherapy service delivery.

The document lays out the key principles of delivering physiotherapy/rehabilitation for people with acute COVID-19 and Long COVID in a hospital setting. Version 1 focused on critical care and rehabilitation for people with acute COVID-19, but version 2 is expanded to include people with Long COVID and any episode of hospital care. The new guidelines are underpinned by the latest national guidance, government regulations, emerging evidence, expert opinion and lived experiences of people with COVID-19. The document includes a definition and description of Acute and Long COVID, different classifications and the latest data on prevalence. The Trust will self-assess against the 6 standards outlined in the document.

Ongoing efforts continued to recruit into these vacancies during the financial year of 2020/21. However, some are associated with national shortages for these professions.

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.
- Embedded induction and mentoring programme to support new senior medical staff.
- Established a senior medical staff development programme.
- 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, Emergency Department).
- Robust job planning established and rostering for senior medical staff being implemented to maximise efficiency of senior medical staff workforce.
- The Senior Medical Staff Committee is now run online with improved attendance and engagement.

Junior medical staff

- Investment into rest facilities for junior medical staff, including enhanced health and wellbeing support.
- 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 all trainees both academically and pastorally.
- Fellowship programme – this award winning programme has increased in size with >200 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.
- Increased numbers of junior medical staff have facilitated compliant, enhanced and robust 24/7 rotas during the COVID-19 pandemic.

Health and Wellbeing

The Trust's commitment to delivering high quality patient care is dependent on having healthy staff who feel supported. We believe that supporting staff wellbeing in the workplace is an important shared responsibility, which is enabled through the Trust's strategic approach to workplace health and wellbeing and covers the following 5 Wellbeing themes: Career, Mental and Emotional Wellbeing, Physical, Financial, and Community and Social Wellbeing. This is underpinned by a high-level action plan with a number of key priorities particularly in relation to physical and emotional wellbeing.

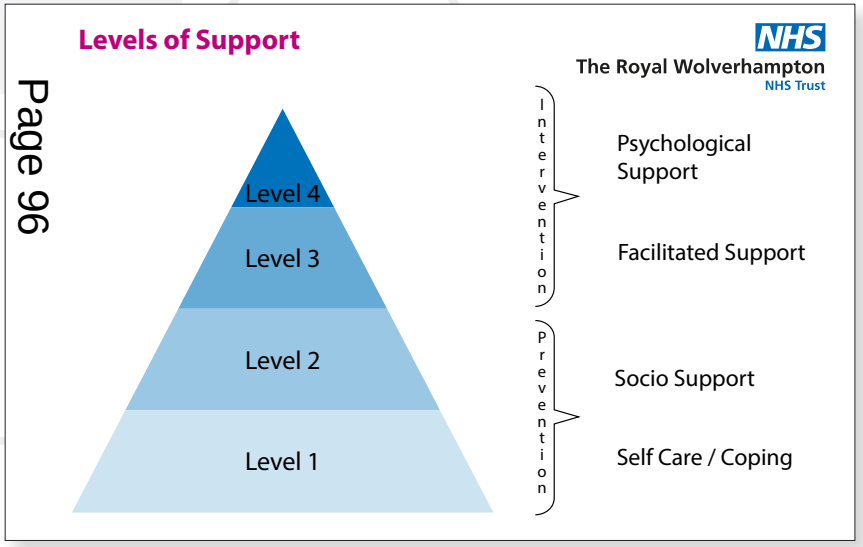
The health and wellbeing of our staff has always been paramount at the Trust and never more so than over the past 12 months when the demands on staff have taken us into extraordinary territory.

Reflecting back, we recognise that the wellbeing needs of staff were different through the waves of the pandemic. During the first wave we were able to quickly establish pop-up shops on site so that staff were able to access basic provisions without having to worry about being able to get food and toiletries; we extended the hours of our fresh fruit and vegetable stall so that staff ending and starting shift

were able to buy supplies at times that worked for them and our cafes were open into the early hours of the morning every day.

Initially we created and developed a set of wellbeing web pages that were accessible to staff on any device at any location and at any time, recognising that many staff have limited access during their working day to email and the Trust intranet.

The wellbeing webpages aimed to provide support at 4 levels as shown in the model below:



During the subsequent waves, access to groceries and toiletries has been less of a priority however we are still ready to put this extra support in place if needed.

Wobble Rooms and a Serenity Room were created to ensure staff had a quiet safe space to go when they needed time to reflect or have some quiet time away from their immediate work areas. This is an investment the Trust will continue to support.

Waves two and three have offered different wellbeing challenges that have focused more on facilitated support and psychological interventions as resilience has been severely impacted not only for those who have been on the front line of COVID-19, but also for those who have been shielding and working remotely for long periods of time.

We have communicated widely and frequently the resources available through the national wellbeing offer which offers support for individuals as well as tools for managers and leaders to help them navigate through the challenges the pandemic has brought with relationships and team dynamics.

Readily accessible support from colleagues in the Black Country Healthcare Partnership has been welcomed and the establishment of the Black Country Mental Healthcare Hub as part of the national initiative to support staff through Our NHS People continues to be utilised.


RWT Health & Wellbeing Offer

rwh-tr.healthandwellbeing@nhs.net

NHS
The Royal Wolverhampton
NHS Trust

The **Occupational Health Team** are available to on 01902 695450. Support is available through the **Health & Wellbeing Champions, Mental Health First Aiders and Freedom to Speak Up Guardians.** Contact details are available on the Practical Help section of the Wellbeing Webpages: www.rwt.nhs.uk/wellbeing/

Remploy offer free and confidential support and advice, provided you: Are permanent, fixed term or bank staff
Have a mental health condition (diagnosed or undiagnosed)
0300 4568116 / a2wmhss@remploy.co.uk

The Employee Assistance Programme (EAP) are available for free, confidential support and advice 24/7:
0800 111 6387 / www.my-eap.com (username: RWTwell)

Bereavement support is available through the Trust's **Multi Faith Chaplaincy Service** on 01902 695098 (ext. 5098). For all faiths and those of no faith.

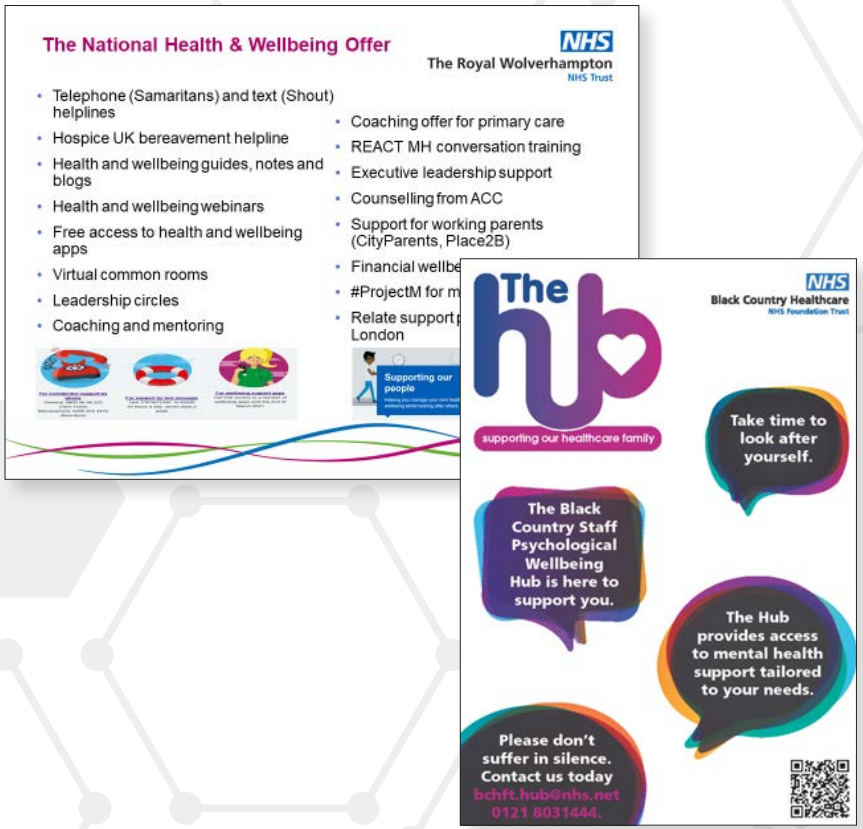
Our **Palliative Care** and **Safeguarding Teams** can support individuals and teams at moments of crisis or challenging circumstances. They are also available for restorative supervision.
Safeguarding - 01902 695163 (ext. 85163). Calls will go to voicemail, messages will be picked up daily and calls returned as soon as possible. Accessible Monday-Friday, 9am-5pm.
Palliative Care - ext. 85212 / ext. 88329 / bleep 1117. This service is open seven days a week.

Peer Listeners are members of staff who are known facilitators within the Trust or have coaching, mentoring or supervisory skills and experience. Please note they are not trained counsellors. Email amy.steadman4@nhs.net or call ext. 86181 to find out more or to arrange a conversation.

The Black Country Staff Psychological Wellbeing Hub
Offers an entry point into mental health talking therapies and support, providing priority pathways to confidential telephone, video, face-to-face or digital support tailored to individual needs, provided by IAPT and other mental health teams.
Please email bchft.hub@nhs.net or call **0121 8031444** .
You can also scan the QR code for more information

Wolverhampton Healthy Minds: www.wolverhamptonhealthyminds.nhs.uk

The key objective during the financial year of 2020/21 was to continue to further embed the Trust's health and wellbeing agenda and progress a variety of approaches. Protecting the health and wellbeing of our staff has been a top priority throughout the COVID-19 pandemic, during which everyone has been continually challenged and tested - both physically and emotionally. Our 2020 staff survey results have shown a further increase in the number of staff members who have stated that the Trust takes positive action on health and wellbeing (a 4% increase compared to 2019).



In supporting our staff wellbeing, the Trust put in place a dedicated website accessible for all staff with a variety of information and resources to help individuals at work and at home. This includes enhanced access to packages for physical activities and health management, mental wellbeing (including access to mental health first aid and the Remploy support programme) and increased psychological support provision, staff benefits such as access to financial support and guidance. Additionally, a suite of information for managers/leaders providing techniques and guidance on how to best support their teams was implemented.

Our trained Mental Health First Aiders and Health and Wellbeing Champions continue to be a crucial resource across the organisation.

The Trust has offered COVID-19 Vaccinations to Trust staff since their availability in line with Black Country & West Birmingham CCG direction as detailed in the table below.

Walsall Hospital Hub	1st December 2020 to present	1st and 2nd doses
RWT Hospital Hub	5th January 2021 - 2nd February 2021	1st doses (Pfizer)
	1st March 2021 – present	1st doses (Oxford AstraZeneca, Limited supply)
	22nd March 2021 – 18th April 2021	2nd doses (Pfizer) and 1st doses (Pfizer Oxford AstraZeneca)

Trust staff uptake was 74.17% (7610) by 30th March 2021. The Trust was stood down as Hospital Hub from 1st February until 2nd doses commenced on 22nd March, however, from 1st March the Trust did get a small allocation of vaccine which enabled vaccination in addition to the provision at Walsall Hospital Hub.

The Trust Hospital Hub has also supported the vaccination of health and social care staff across the catchment area and those supporting the extremely clinically vulnerable in Wolverhampton and Cannock. The Hospital Hub has also vaccinated a small number of patients.

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.

As a result of the COVID-19 Pandemic the Trust has adapted its incident reporting and investigation processes to meet National guidance changes during the financial year of 2020/21. This includes the reporting and review of all COVID-19 healthcare associated infections and appropriate application of the Duty of Candour.

In the financial year 2020/21, the Trust reported 129 serious incidents (89 in 2019/20) via the National Serious and Incident Management System (STEIS). The most significant change being an increase in reported incidents related to COVID-19 infections (59) during the pandemic. Diagnostic incidents were reduced from 18 in 2019/20 to 9 in 2020/21.

Some incident categories have seen less change for example treatment Delay incidents - 13 were reported in 2019/20 and 14 in 2020/21 and the same number of incidents were reported in 2019/20 and 2020/21 for Slip/Trips/Falls (with serious harm) (5), Never Events (1) and Confidential breaches (4).

All serious incidents are reported in a timely manner and undergo robust investigation and sign off 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 of candour requirements are met for all serious incident investigations.

As an ongoing area of work the Trust reviews serious incident themes and causes, in order to identify issues for quality and safety improvement, audit, monitoring and learning.

The following serious and STEIS reportable incident data is a true reflection of events based on the data analysed on the 9th April 2021.

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.

Serious Incidents (including Never Events) – Reported to Steis within stated date range

Category	01/04/2020 to 31/03/2021
Confidential Breach	4
Consent	1
Diagnostic	9
Infection	
(C.Diff)	5
(COVID-19 related)	59
(CPE)	1
(MRSA)	2
(Norovirus)	1
Maternity	5
Never Event	
(Oxygen related)	1
Pressure Ulcers	
(Community acquired)	3
(Hospital acquired)	12
(Corporate acquired)	1
(Trust acquired)	2
Slip/Trip/Fall (resulted in serious harm)	5
Sub Optimal Care	3
Treatment Delay	14
Unexpected Death (coded as pending at this time)	1
VTE	1
TOTAL	**129**

New Overall Total = 129

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

Numbers and Themes of Never Events

During the financial year April 2020 to March 2021, there has been one Never Event incident reported and this is currently under investigation. This number of never events reported is the same as in 2019/2020. N.B last year's quality account reported two never events however following publication it was noted that one case had been de-escalated

Date	Location	Category	Level of Harm	Progress
February 2021	Care of Elderly	Unintentional connection of a patient requiring oxygen to an airflow meter	None	Investigation underway

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 further 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.

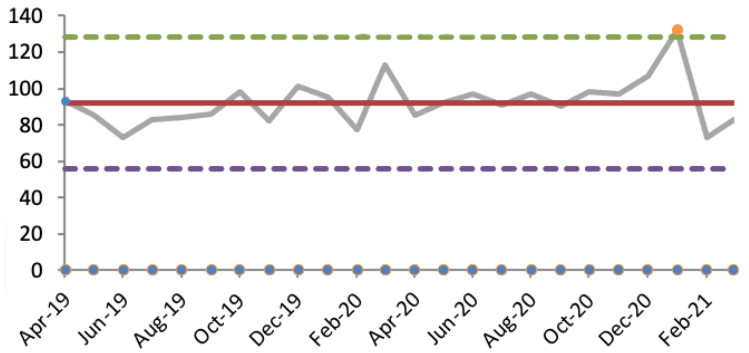
Falls

During the financial year of 2020/21, the Trust's Falls Prevention Group continued to maintain oversight of the falls prevention agenda and associated quality improvement projects. Some of which included:

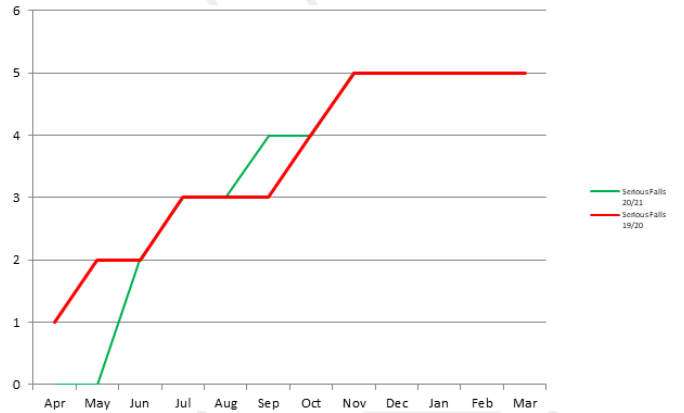
- A full review of falls risk assessment and launch across the Trust in March 2021. This includes a new comprehensive, patient centred assessment tool and care pathway to ensure patient safety in relation to falls is its main focus. The new risk assessment document addresses the areas for improvement highlighted in last year's audit data around patient information and medication review.
- Further updates to policy and processes go hand in hand with these changes.
- Falls audit questions have been reviewed and strengthened.
- In addition, weekly falls accountability meetings have continued to be held, to review and learn from falls incidents, which enhances falls education for both staff and patients.
- The number of falls per 1,000 occupied bed days has remained below 5.6, averaging 4.46 (range 3.6-5.7) but total falls numbers increased by 6.7% when compared to 2019/20, this was in line with increased bed occupancy.
- The number of falls resulting in severe harm in the financial year 2020/21 was 5, the same as in the previous year (2019/20), despite increased bed occupancy during 2020/21.
- The number of falls resulting in moderate harm in 2020/21 was 23, also the same as in the previous year (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 2021 illustrating improvement



Trust Inpatient Falls with Serious Harm 2019/20 compared to 2020/21



As part of our Excellence in Care pillar within the Clinical System Framework, preventing falls and learning from these incidents remains a priority area and the Trust's focus will include:

- Continue to strengthen our timely assessments of patients who are at risk of falling.
- Further strengthen staff knowledge with a dedicated falls training and competency package.
- Address any concerns from our more detailed monthly falls audits undertaken in 2021/2022 pertaining to documentation, specifically assessing a patients' falls risk and planning care around that risk.
- Undertake further continuous quality improvement projects for specific aspects of care, or in specific clinical areas, and share our learning across the Trust.
- Continue to hold the established accountability meetings with clinical leaders to review falls incidents, promoting shared accountability, learning and ownership whilst also identifying areas of good clinical practice.

Preventing Infection

The financial year of 2020/21 has been an unprecedented year within the Infection Prevention Team. The first case of COVID-19 was identified in early March 2020 and admissions continued to rise throughout until a peak in April 2020. June – September 2020 saw a low rate within the hospital however the second wave started in October 2020 and did not subside until March 2021. During this period the Infection Prevention team (IPT) were reactive rather than proactive so the key objectives set in March 2020 were not met.

The IPT continued to work effectively with Public Health and the multi-disciplinary teams to ensure that COVID-19 guidance was implemented across the City. This included education, standard and policy setting, establishing assurance processes and, most importantly, ensuring patient and staff safety in the prevention of spread of COVID-19.

Key Infection Prevention updates for 2020-2021 include:

- Caprbapenamase resistant enterococcus (CPE) colonisation has been low in numbers due to reduced overseas travel – 18.
- Clostridiodes difficile (C. difficile) is over trajectory this year with 46 cases, 6 over internally agreed trajectory.
- 2 MRSA bacteraemia attributed to the Trust.
- Environmental controls have been a top priority in our approach in tackling Health Care Acquired Infection; this has been more important this year due to the Pandemic although the deep clean schedule has not been completed entirely, wards have received partial deep cleans throughout the year.
- Influenza preparedness and prevention for patients and staff, achieving 70.23% uptake of vaccine for frontline staff and 75.45% of all staff.
- The Intravenous Resource Team continues 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 is shared with Consultant Surgeons via a monthly Dashboard.
- Device related hospital acquired bacteraemia (DRHAB) was above the internal trajectory with 67 being identified against a trajectory of 48.
- COVID-19 outbreak management within Care Homes was a challenge as this became part of the workload with a substantive 2 year contract being agreed, ensuring a seamless service across healthcare facilities throughout the City.
- Outbreak management for COVID-19 included dedicated wards/bays to prevent further movement of patients and ward closures – 59 outbreaks occurred.

The team has worked tirelessly throughout the COVID-19 Pandemic and a successful business case was agreed to ensure 7 day working, 9 – 5 and ensuring that proactive work will take priority in the years to come.

A new Matron has been appointed to develop Education and Innovation within Infection Prevention. 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.

Looking forward the Annual Work Programme includes:

1. Re-launching Infection Prevention and going back to basics. Over the last 12 months COVID-19 has been at the forefront of the Trust and other organisms have not been so prevalent so the IP Team will be regularly providing education for new staff who have joined in 2020 and updating existing staff.
2. Maintaining environment scores above 95%. With the IP education this will support:
   Reduction in MRSA Acquisition
   Reduction in Clostridiodes difficile
   Reduction in DRHABs
3. A strategy for reducing the use of urinary catheters across the City, explore alternative products, develop a protocol for identifying Catheter Associated Urinary Tract Infections (CAUTI) and develop a Root Cause Analysis (RCA) tool.

4. Sustain best practice and broaden knowledge of infections through collection and analysis of good quality surveillance data.
5. Sustain the Trusts' excellent reputation for Infection Prevention through team members' participation in national groups and projects.
6. COVID-19 will continue to be identified, therefore Infection Prevention will maintain and update protocols accordingly and will form part of routine workload.
7. Identifying the prevalence of Hospital Acquired Pneumonia (HAP) and Ventilator Associated Pneumonia (VAP) cases and developing a strategy to reduce these numbers.

Venous Thromboembolism (VTE)

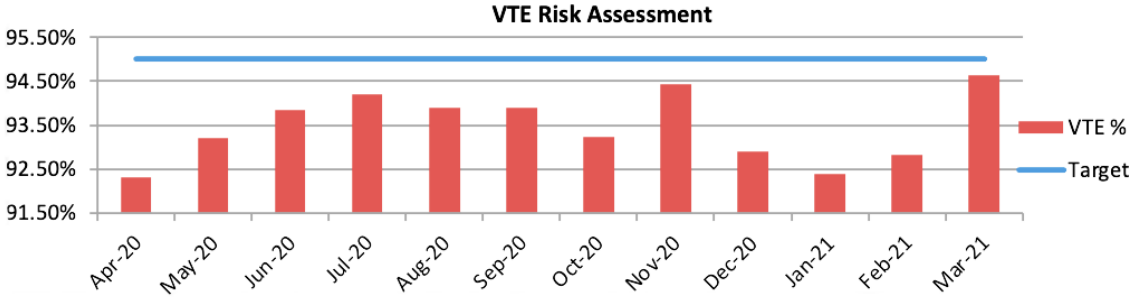
The financial year of 2020/21 has been the VTE group's most challenging year. Resources were stretched as consultants worked to support COVID-19 areas.

Anticoagulation in reach and VTE support hours were used to facilitate the increased requirement for home visits to clinically vulnerable and shielding patients under the care of the Community Anticoagulation Service. Logistically we moved all induction training on line to ensure that staff still were able to receive a full medical and nursing induction. As new clinical areas opened and other areas changed function we supported re-deployed staff, re-configured equipment allocations and worked with other providers to ensure that safer care was a priority. Due to infection prevention measures and reduced resources VTE live ward audits had to be scaled back during the year.

COVID-19 also presented clinical challenges. A complication of COVID-19 was the increased risk of patients developing Venous Thromboembolism. In response to this VTE group issued guidance for enhanced care of patients with COVID-19, this guidance was based on best evidence available and later updated to reflect guidance issued by NICE in November 2020. During the year we have seen the incidence of deep vein thrombosis and pulmonary embolism increase with COVID-19 as the main contributory factor, these case numbers peaked in January 2021. We have continued to monitor all cases of VTE, completing case reviews to ensure patients have received safe and effective care.

We have continued to monitor VTE risk assessment compliance. The timeliness of risk assessments has been below our expected criteria. We have continued to work with departments to improve performance and compliance with this indicator.

Due to the challenges of the year we have not completed some of the work we had set out to achieve. Work has continued with the Emergency Department to introduce VTE risk assessment for patients in lower limb casts, setting up a VTE multi-disciplinary review team to optimise planned care for patients with VTE as per the NCEPOD report, VTE policy has had a partial review which has been approved, and we have continued to look at linking VTE risk assessment to prescribing and ways of improving administration/patient compliance with these prescriptions.



Pressure Ulcers

Pressure ulcer prevention has remained very important through this challenging year. There were many new challenges the staff faced that increased the risk of pressure ulcers. However, teamwork and collaborative actions has helped us achieve a reduction of incidents. The data shows the Trust has sustained an improvement, but has learnt where there were significant spikes in the data.

The challenges we faced were:

- Unknown effects of Coronavirus and the effects on a person's skin. COVID-19 related skin changes can look like pressure ulcers and it is very difficult to differentiate between the two.
- Teams faced daily workforce challenges of experience and capacity due to the pandemic and required on-going training and support to develop new skills.
- Patients managed in a prone position (lying on their front) for prolonged periods as they were too unstable to move, therefore new pressure points were affected by gravitational oedema.
- Steroid medication and noradrenaline have significant effects on the skin, therefore increasing the risks of pressure ulcers.
- The sedentary life, limited access to family or support networks had an impact on community incidents initially.
- Serious incidents were reported and investigated to learn and take action. The Trust experienced a 20% reduction of pressure ulcer serious incidents in 2020/21.

Specific achievements in 2020/21 were:

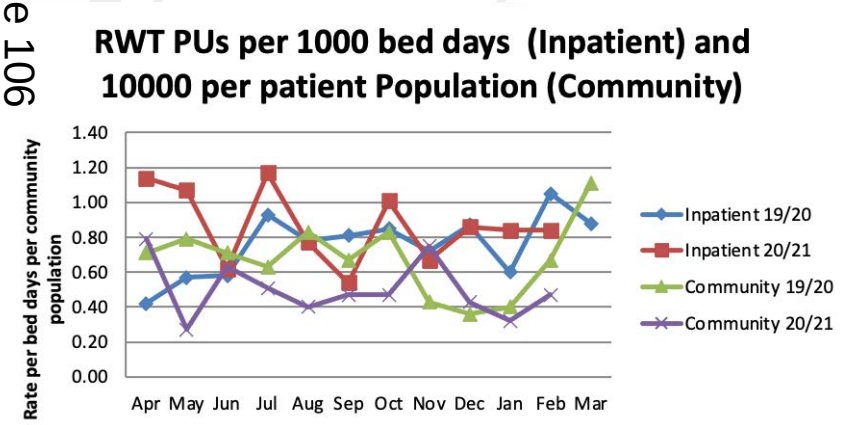
- An e-learning pressure ulcer prevention education session for staff to learn the fundamental elements of pressure ulcer prevention and management.
- Tissue Viability Nurse and Practice Education Facilitators supported education at the bedside.
- All care homes were issued a moisture lesion and skin tear box to manage simple wounds early to prevent pressure ulcers and potential hospital admission.
- Invested in very high specification mattresses for Integrated Critical Care Unit.
- Continually achieved a reduction of moisture associated skin damage incidents.
- A sustained reduction of the more serious type of pressure ulcers (Category 3, 4, and unstageable).
- A reduction of total number of incidents.
- Developed a new admission risk assessment document which includes a new risk assessment tool called PURPOSE T and a continence assessment tool.

- Videos and pathways implemented to protect staff skin were implemented to prevent skin damage from sustained use of personal protective equipment (PPE).

Future plans:

- The Trust has a Clinical Service Strategy with an aim to reduce serious incidents further.
- Exploration of new innovations to help prevent pressure ulcers.
- Continual education and competency development.

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



Medication Incidents

The Trust values include safety and effectiveness. The Trust aims to work collaboratively to prioritise the safety of all within our care environment. Staff are encouraged to report all incidents involving medication. A high level of reporting with a low level of patient harm is seen as a positive outcome.

The incidents are a valuable tool to direct learning and policy improvements within the Trust. Incidents are analysed monthly by the Medication Safety Team for trends and areas for escalation. The Medication Safety Group (MSG) reviews all incidents which have been associated with harm and ensures that they have been graded correctly and appropriate actions have been taken. Learning identified is widely shared across the Trust through governance processes and publications.

In addition to incident review, the MSG focuses on improvement actions. A dashboard has been produced for medication incidents and this enables the group to have oversight and identify trends.

Completed actions within medication safety for financial year 2020/21 include:

- Quarterly reporting of manual missed doses audits to Medicines Management Group (MMG).
- Approval of a critical medicines list and missed doses procedure.
- Insulin templates within ePMA updated to improve timely administration.
- Deep dive review of extravasation incidents, and actions taken to reduce reported numbers.
- Production of prescribing and administration quick reference guides for use in the Integrated Critical Care Unit, to support staff working with unfamiliar medicines in a high-pressure environment.

The MSG will continue to have oversight of medication incidents within the Trust, with a close focus on improvements progressed by the task and finish groups, examples include:

- Monthly insulin prescribing and administration audit.

- Publication of a new insulin prescription chart.
- Use of ePMA to produce automated missed doses reports.
- Use of the quarterly missed doses audit to identify focus areas.
- Collaboration with the Trust VTE group to reduce harm from VTE incidents.

The Trust will implement the NHS England National Patient Safety Alert: Steroid Emergency Card with a coordinated plan across both primary and secondary care.

The table below indicates reported medication incidents and levels of harm for the financial year 2020-2021

	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Total No. of medication incidents reported	101	104	166	175	178	161	172	139	153	117	130	129
No Harm	96	99	159	164	163	152	168	131	149	114	130	128
Low Harm	4	5	6	8	14	8	3	8	4	3	0	1
Moderate Harm	1	0	1	3	0	1	1	0	0	0	0	0
Severe Harm	0	0	0	0	1	0	0	0	0	0	0	0
Number of Admissions	4858	6196	7355	9087	8780	9598	10341	9744	9424	7935	7797	10226
Rate of Medication Incident	2.08	1.69	2.26	1.93	2.03	1.68	1.66	1.43	1.62	1.47	2.62	1.26
Rate of Incident Associated With Harm	0.10	0.08	0.10	0.12	0.17	0.09	0.04	0.08	0.04	0.04	0.00	0.01

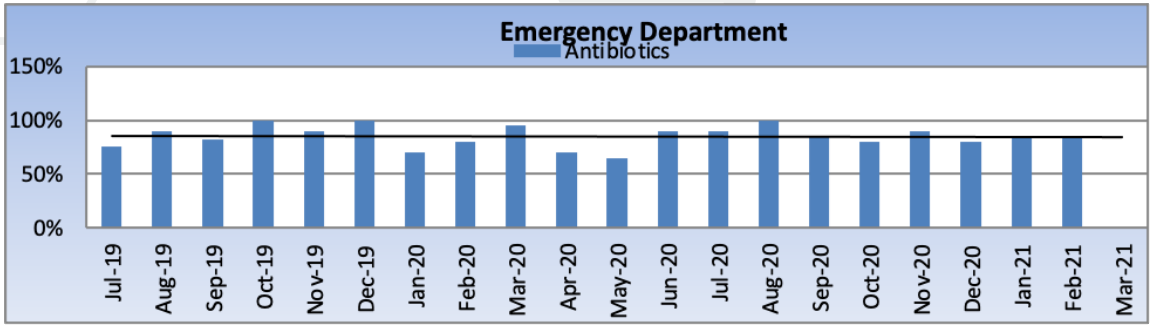
Sepsis

Despite the Sepsis Team's redeployment during the COVID-19 pandemic, the Trust has continued to focus its effort on increasing sepsis awareness by re-enforcing education and training further including the use of virtual platforms. With the delivery of specific continuous quality improvement projects to support improvement, implementation of a comprehensive audit programme and regular ward rounds by the Sepsis Team, the Trust has been able to achieve above eighty per cent consistently across all quarters in sepsis screening and antibiotic administration within an hour of clinician review, both in the Emergency Department and acute inpatient settings. This data has continued to be reported within the Trust's Integrated Quality and Performance Report. Due to concerns with data accuracy using vitals operational reporting, manual audit data for the last three quarters was reviewed by an external auditor with no concerns identified, confirming our robust and effective audit methodology. This improvement in Trust's sepsis performance has also been reflected in the significant drop in septicaemia related Standardised Hospital Mortality Index (SHMI).

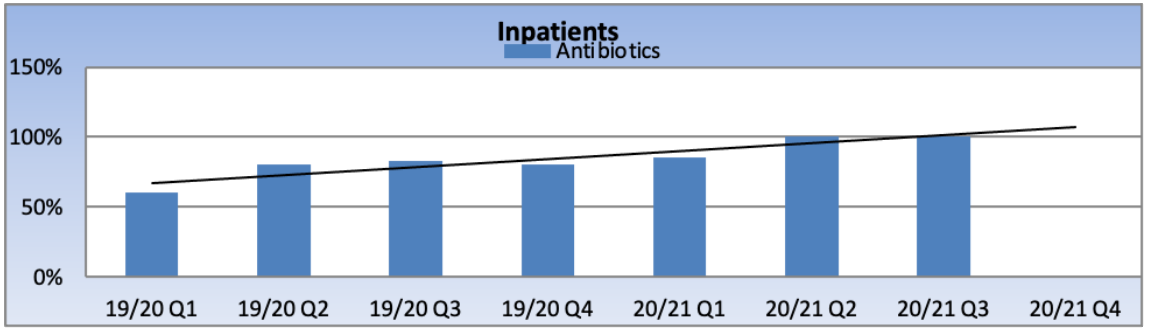
Please see below graphs showing consistency and improvement in administration of IV antibiotics within 1 hour of identifying sepsis in:

1. Emergency department (please see graph 1)
2. Other emergency portals and in-patient areas (please see graph 2).

Graph 1



Graph 2



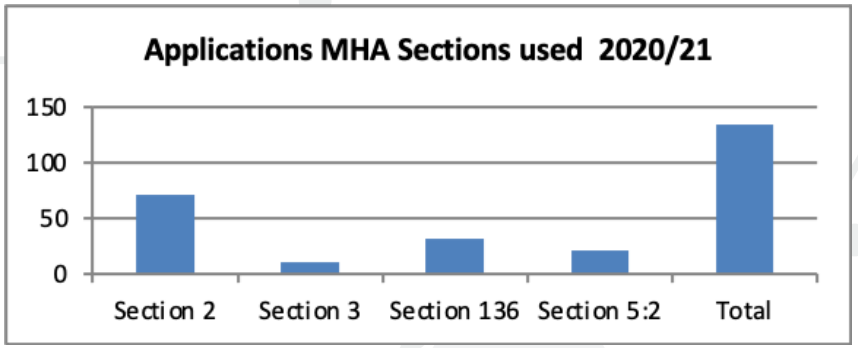
Mental Health

Having previously made a commitment to substantially review the approach to the safety and quality of the provision of mental health care within the organisation, some of the achievements for 2020/21 have been:

- Implementation of a robust governance structure - The Trust has a Mental Health Operational Oversight Group which oversees major developments and governance of Mental Health. The Group reports to the Compliance Oversight Group biannually and has representation from the Mental Health Trust and Social Services, as well as Trust wide representatives across adult and children's services. The group acts on a suite of information including applications of the Mental Health Act (MHA), restraint, self-harm attempts, violence and aggression incidents, training, complaints and deprivation of liberty standards use.
- Staff training - In August 2020 a mandatory training programme was launched in the Trust to provide all trust staff with awareness of mental health issues, including what encompasses mental illness and the link between mental and physical health diagnoses. It also provides some simple guidance on how best to care for someone with mental health difficulties. Levels 2-4 provides service specific training including Trust Board training.
- Development of the Mental Health Policy - The Mental Health Act (1983) Administration Policy has been published in the Trust and contains guidance, links and a suite of processes in order to safely govern the use of the MHA. This policy has been written in partnership with Black Country Healthcare Mental Health Trust and is supported by a new service level agreement. It includes access arrangements to mental health advocacy services. The Policy sets out the board reporting arrangements which includes the reporting of inequalities relating to applications of the MHA.
- Introduction of compliance monitoring associated with the mental health provision - A simple reporting system has been introduced to enable the reporting of patients detained under the MHA. This enables assurance that papers have been appropriately registered with the mental health trusts and the detention is safe.
- Ensuring that environments are safe for mental health patients - The Trust Ligature Policy risk assessments have been reviewed in 2020/21. The Emergency Department has benchmarked its environment against the CQC brief guide: assessing mental health care in the emergency department. A programme of review of pathways of patients with Mental Health needs through the organisation has commenced.

Applications of the MHA in the Trust in 2020/21

The below table shows the number of patients reported as cared for under the MHA in 20/21 by RWT. This data includes care in the Emergency Department.



Priority 3: Patient Experience

Providing a positive patient experience during the COVID-19 Pandemic has certainly been challenging.

Whilst we always try to ensure that we get 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, for 2020/21 this has not been without its difficulties.

During such unprecedented times, our patients and their loved ones were understanding and whilst clearly worried about the circumstances we all found ourselves in, continued to be appreciative and trusted us to deliver first class clinical care.

Delivering first class clinical care is always our aspiration and what should be expected, however, after that, it is the 'added factor' which gives a positive patient experience. Getting communication right, spending time with patients and their families to talk about treatment pathways are amongst many added factors. During the peak of the pandemic visiting was suspended to protect everyone and this added to the distress felt by some families whilst we cared for their loved ones during these difficult times.

The Trust invested in the purchase of new technology to enable families to be involved in decision making about their loved ones and part of discussions during ward rounds. The same technology was used to assist patients to have 'virtual' visiting on iPads.

In an attempt to help clinical colleagues, we recruited community clinical volunteers to help with some of those 'unseen' actions which take place behind the scenes, keeping communication open and transparent and helping to undertake the non-clinical duties required in clinical areas.

The introduction of communication hours and messages to a loved one was instrumental. The Patient and Advice and Liaison service continued to run, albeit, remotely at some times and offered support and reassurance where possible, sometimes, becoming the intermediate between the clinical areas and families at home.

A comprehensive communication strategy was implemented to also assist in keeping the families of our loved ones up to date on key changes as a result of the pandemic.

Patient and Public Engagement and Co-production

Despite the impact of COVID-19 throughout 2020/21 the Trust has continued to progress the three-year Patient Experience, Engagement and Public Involvement Strategy (2019-2022). This strategy sets out how the Trust would aspire to further improve patient experience, engagement and public involvement. Several initiatives had been implemented this year which focused on improved processes, co-production and continuous improvement.

Examples include:

- The ability to receive real-time patient experience feedback and monitoring across all Trust areas including in community/acute settings.
- The publication of a quarterly newsletter 'Listen, Learn, Share' which provides information of actions taken and learning outcomes as a result of feedback received.
- The development and maintenance of a community stakeholder database.
- A refresh of the self-assessment against the NHS Improvement Patient Experience Improvement Framework to identify areas for improvement.
- Piloted the NHS England Initiative of 'Always Events' within Paediatrics and designed key always events as part of a co-production approach with patients.
- Ensured triangulation of patient experience with wider quality, safety, workforce and performance metrics – now visible on ward entrances of all inpatient areas.
- Included stakeholders, patients and/or their carers to contribute and co-produce documents and initiatives to improve the patient experience.
- 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.
- Observe and Act - A critical-friend service improvement tool involving non-medical supporters, has been revised. The introduction of the Observe and Act initiative has been implemented as an e-learning package.
- In terms of complaint outcomes, the Trust has continued to demonstrate a notable percentage 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 Parliamentary Health Service Ombudsman (PHSO).
- Following the implementation of a specific volunteer services improvement plan, cohorts of community clinical volunteers supported the Trust throughout the year, some gaining paid employment as a result of volunteering.
- The Patient Engagement Toolkit has been reviewed and updated to make it more accessible and visually engaging. Co-Production has been given more emphasis and a new appendix has been added on to digital engagement which has become a key tool in the COVID-19 environment. The Engagement Champions have continued to meet virtually.
- Always Events - A co-production and design framework, have now been introduced to a second team at West Park with others planned.

The Patient Experience Team has continued work on EDS2 (Equality and Diversity Systems). Information has been collated from across the Trust about the engagement that has taken place. Examples of this are:

- The Neuro-Rehab Team at West Park: Worked with patients to run an 'inclusivity' programme to ensure that patients' specific needs across all protected categories are being met.
- The Accessible Information Working Group: Similarly examined communication protocols to ensure that communication barriers to

engagement are minimised to maximise patient and public participation.

- The Sexual Health Team: Following patient comments the Sexual Health Team has desegregated patient waiting areas and adapted forms to be more reflective of the wide range of gender identities.
- Learning Disability Team: Now offers an open referral system to patients and carers to access the team more readily.
- Colorectoral Team: Responded to stated patient sensitivities around awareness of their 'stoma' status. This resulted in procedures, policies and protocols being changed to ensure even greater confidentiality and 'sensitive signposting' contacts being identified.
- Children's Services: Introduced a 'Health Passport' to enable patients to participate in and contribute to greater care planning, with the passport informing the full range of health professionals to enable them to provide patient-centred care.
- Trust magazine entitled 'Engagement Under Lockdown' to guide staff to explore alternative ways engaging with patients and community groups.

Patient Stories

Patients and carers were again encouraged to express how it feels to receive care from the Trust by 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 2020/21, the stories shared included experiences of accessing stroke services, participating in a clinical trial for breast cancer and long-term recovery following treatment for ulcerative colitis.

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 2020/21, the impact of COVID-19 meant that progress of the Council was paused and the level of active involvement in Trust work streams and external events was limited, although members have been active where possible, however we are happy to say that from July 2020 onwards we were able to pick up work again and resume meetings virtually.

Due to the COVID-19 situation we decided to also pause new elections for this year and are glad to say the existing Chair and Vice Chair were happy to stay in their roles to support us re-establishing the important work of the Council. Members have also been active outside of the Council meetings. The overall activity is summarised as follows:

Key Topics Covered by Council Meetings

- Sexual Health Services and patient engagement.
- Trust response to COVID-19.
- Equality Delivery System 2.
- Trust Dementia Services.

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 obstetrics leaflets.

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
- Trust Research and Development Projects
- Trust Policy Group meetings
- Infection Control Committee
- Patient Information Boards
- Digital Innovation Group
- Reviewing patient leaflets
- Contributing to RWT research projects.

Membership Base

Throughout the year, the Council have continued to attract interest from new members. During 2020-21 we have recruited an additional 4 members, and have had 1 member resign due to a new employment opportunity.

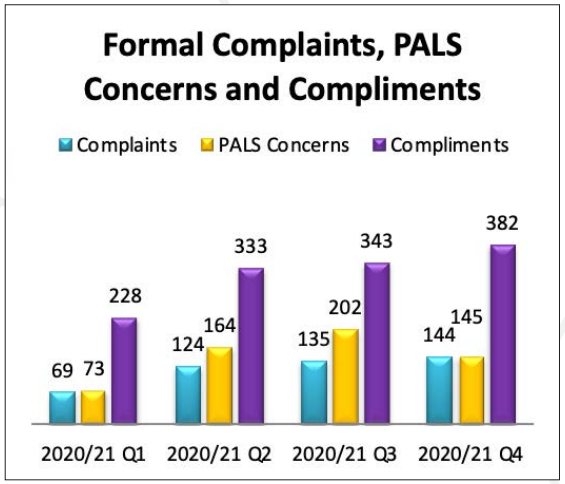
Complaints Management

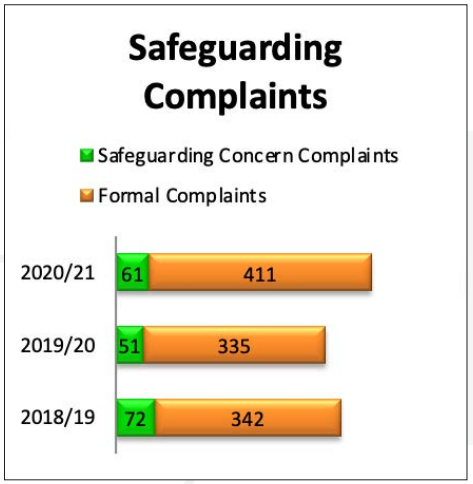
The Trust recognises how important it is to listen to feedback and provide an effective, and accessible complaints process with candour, openness and transparency. Staff are encouraged to try and resolve complaints in a timely manner at ward or local departmental level and when possible, annual training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

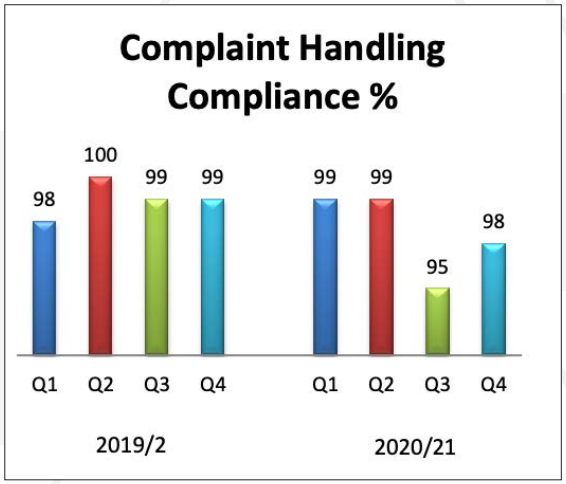
The Trust continues to annually review its approach to complaints management to ensure that complaints are handled with sensitivity, timeliness and subject to a robust and thorough investigation and response. Formal complaints are managed in accordance with the relevant statutory regulations. The Trust 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 2020/21 include:

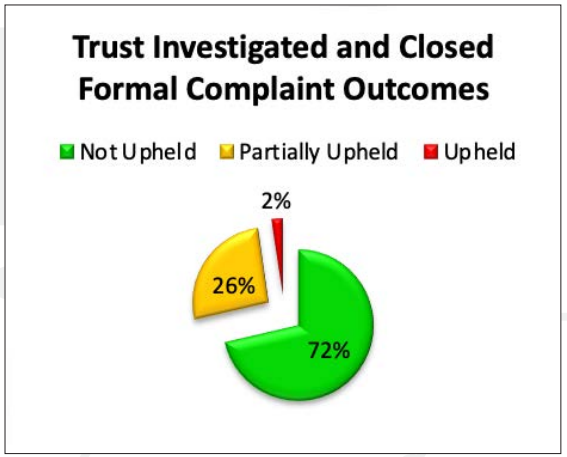
- Aimed to resolve all complaints speedily and efficiently whilst, during investigation, keeping the complainant informed, as far as reasonably practicable, as to the progress of the investigation and any delays.
- Compliancy against policy with response times reaching an average of 97% for the year, and ensured that complaints resolution was timely and proportionate, where possible, offering the complainant the option for early resolution through meetings and mediation. This is a slight reduction of 2% of compliance with response times when compared to the previous year.
- The volume of PALS concerns has reduced by 25% to 584. However, the Trust has experienced a 22% increase in the volume of formal complaints (472). This in part may be due to the closure of the onsite Patient Experience hub for a large part of the year and also restrictions on in-patient visiting, both due to the pandemic.
- There were 61 complaints which did not meet the safeguarding criteria (section 42) and were subject to a complaint investigation, compared to 51 for year 2019/20.
- Similarly, there were 61 safeguarding complaints investigated and closed within this period. 53 were not upheld, 8 were partially upheld. There were no complaints for which the outcome was fully upheld.
- During the year 2020/21, from the 449 cases which were closed, the Trust determined that 72% of cases were not upheld, 26% were partially upheld and 2% were upheld. As with the previous year, all divisional complaint outcomes were significantly lower than the national average of 31.8% (as recorded by NHS Digital) for cases upheld.
- In terms of the outcomes of PHSO investigations which were ongoing from the previous year and were closed during 2020/21, (4 cases), it is noted that one case was fully upheld with a financial redress of £2,000, and 3 cases were partially upheld with a total financial redress of £1450. No other financial redress was awarded during the year.
- It is noted that for the previous year (2019/20) 10 cases were subject to a full PHSO investigation in comparison to the 3 for this year. This represents 0.6% of the total of complaints received. The PHSO suspended receipt of new cases for investigation during the peak of the COVID-19 pandemic and are now considering new cases. This potentially could have an impact on cases considered for the year 2021/22.
- Upon initial assessment the PHSO's decision was not to take any further action for 4 cases received in 2020/21. 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.
- Quarter on quarter, there has been an increase in compliments received throughout the year although this is a reduction compared to the volume recorded in 2019/20.

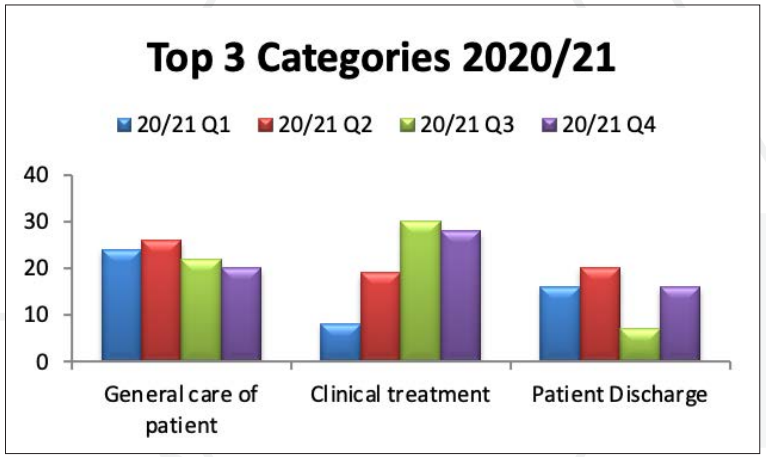






There is little variation between the key themes of complaints year on year, with the highest subjects being, general care of patient, clinical treatment and patient discharge. Upon analysis, it is noted that the complainants were seeking reassurance about their loved one's care whilst unable to visit and communication may not have been as timely or effective as desired. The table below illustrates the top 3 categories.





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.

As always, 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 visitor experience in The Royal Wolverhampton NHS Trust (RWT).

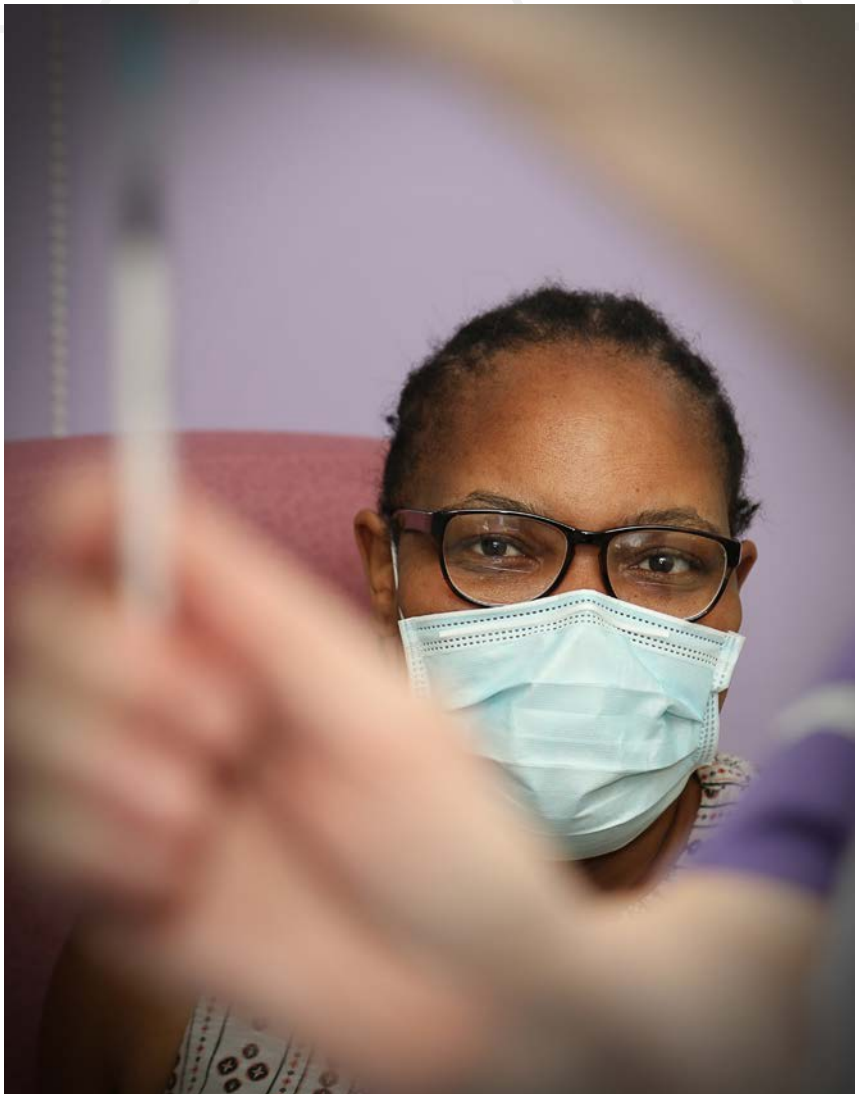
2020/21 certainly was a year of huge change within voluntary services at RWT. Our existing voluntary workforce prior to the COVID-19 pandemic, were stood down due to a combination of factors. As a result, the Trust decided to hold recruitment for a COVID-19 specific 'Community Clinical Volunteer' role to provide much needed support to our clinical areas.

We successfully managed to recruit 120 volunteers by May 2020 and allocated people to ward areas. Volunteers were provided with training in bed making, nutrition and serving refreshments, dementia, and infection prevention.

The role of the volunteers was extremely successful. While volunteers were deployed initially into areas of greatest need to perform essential tasks such as bed making, volunteers also got involved with examples of truly enhancing the patient experience, including helping set up a new patient lounge, helping to create and facilitate a VE Day socially distanced tea party celebration, and helping patients undertake video calls with loved ones. Later we expanded the roles to include supporting the COVID-19 swab hub, internal vaccination hubs, virtual COVID-19 ward, a discharge follow up call scheme, and an activity programme at our rehabilitation hospital.

During recruitment, we particularly increased the number of younger volunteers supporting the Trust by linking in with local schools and colleges.

A further recruitment for clinical volunteers took place in late 2020 and we received a further 100 applications. Our successful volunteers program has gained national attention.



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 and address workforce issues.

Key initiatives during 2020/21 included:

- Publication of the Trust Annual Equality, Diversity and Inclusion Report. The report underwent a significant change in presentation and a reduction in size to make it sharper and more focused. It 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 in the workforce and to improve accessibility for the communities that the Trust serves.
- Review of the Equality Analysis Process. The process for carrying out Equality Analysis' has been streamlined through changing the pro-formas and updating the Equality Analysis policy document. This should lead to a simpler process and an improvement in the standard of future Equality Analysis'.
- Interpreting and Translations Services. Following the switch to a new provider in December 2019 there has been significant improvements in this service. This is evident through factors such as staff feedback; coverage of bookings approaching 100%; minimal cancellations; translation turnaround times and access to a wider range of languages.
- Review of Accessible Information Standard (AIS). The Trust AIS working group completed a fundamental review of the action plan, which has been in place since 2016. The action plan has been streamlined and now effort is concentrated on a small number of fundamental items to drive improvement.
- Equality Delivery System – Goal 1: Better Health Outcomes. The Trust has been addressing the remaining goal within the national EDS2 framework. A portfolio of evidence has been completed for the four health outcomes, with a view to obtaining a final rating through stakeholder engagement.

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

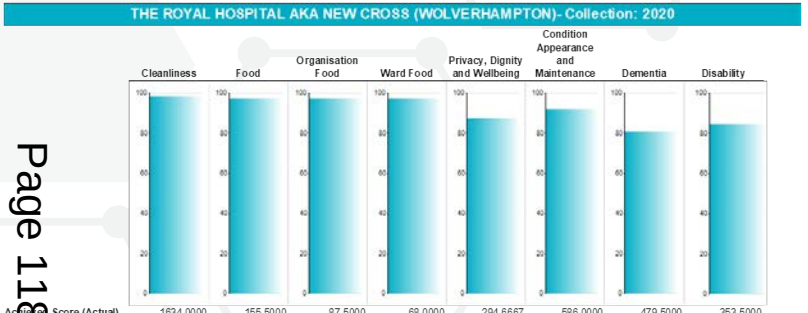
In a difficult year due to the pandemic PLACE was carried out slightly differently and nationally PLACE was paused. However, the Trust decided to complete PLACE Lite whereby we tried to visit as many areas as possible to carry out the audit. Again, the results from the audits were very good with all areas of the Trust achieving high scores. Unfortunately, we are unable to compare nationally as not all Trusts decided to partake in PLACE Lite.

	Date	No of Patient Assessors	No of Staff	No of Wards inspected	No of Outpatients inspected	No of food tastings
New Cross	October 2020	0	8	6	6	1
West Park	October 2020	0	4	3	2	1
Cannock Chase	October 2020	0	4	2	3	1

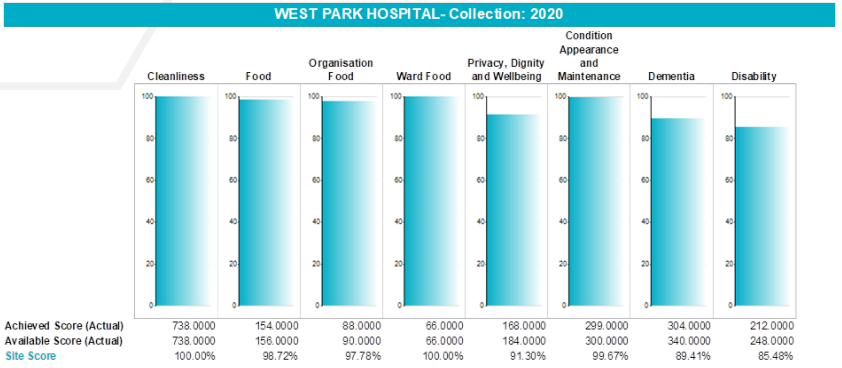
In addition, all sites had an external and internal assessment of general areas. The assessment process was undertaken by staff only due to COVID-19. The assessment process was not a technical audit.

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 the questions used in the 2019 PLACE Assessment as no new assessment information was available in 2020.

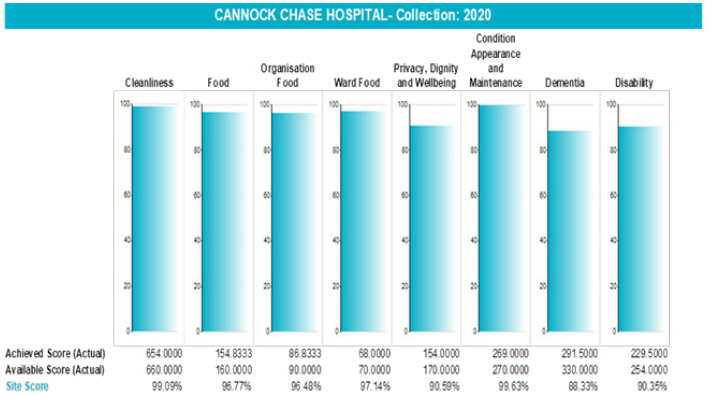
Results - New Cross



Results - Cannock Chase Hospital



Results - West Park



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

- All areas, across all sites, have scored highly. Unfortunately there is no national average for comparison.
- The Trust organisational score for cleanliness across the sites was 99%.
- The organisational score across all elements of the food service is 98% against last year's score of 97%.
- Condition, Appearance and Maintenance remains high scoring at 96%.
- The Environment Group is continuing support improvement relating to Dementia and Disability scores.

Moving forward into the next year we will be continuing to improve disability access to Trust buildings and ensuring the Trust is dementia friendly. The Trust will also plan to continue to address environmental issues that affect patients, staff and visitors by ensuring the environment is 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. It 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.

During the financial year 2020/21 and throughout the COVID-19 Pandemic, the chaplaincy team were PPE fit tested very early on and this enabled the team to have an active ministry presence throughout the twelve-month period, responding to requests from all wards and departments in each of the three Trust sites, continuing to offer support to patients, their families, staff and volunteers in these most challenging times.

In addition, the team have also offered an increased amount of telephone support to patients, their families and staff members throughout this time. Bereaved families were offered chaplaincy team support within the Swan suite and an innovative new service was developed, in which faith specific prayer by request, accompanied the viewings of deceased loved ones.

Other initiatives included:

- A new area of ministry has been developed within the Swan Suite.
- Families of the deceased have been contacted by the Bereavement support team and offered the opportunity to attend an accompanied viewing of their loved one in the Swan Suite.
- Families were also offered the choice of multi faith chaplaincy support (male or female) or bereavement team support.
- A faith specific personalised order of service/prayer card is now given to each family who wish chaplaincy support and additional copies are offered and dispatched at each individual family's request.
- Families are also offered a knitted or crochet heart, with one heart remaining with their loved one and the other to be taken home
- For those who may not wish to attend a viewing or who may be prevented from doing so, due to their own need to shield for example, the opportunity for a chaplain to visit the Swan Suite to offer prayer for their loved one is offered.
- Prayer visits are made at 8.30am each morning and are offered individually.
- Prayer cards can then be dispatched at family request.

During this extremely busy period, the team had seen an increase in the number of staff wishing chaplaincy support which was given. However, they have rigorously maintained their twenty four hour on call service for patients and the call out response time remains consistently within a thirty minute period.

Whilst the weekly Sunday services at both Cannock and New Cross, in line with national guidance have been and remain temporarily stood down, however the chapel and prayer spaces have remained open throughout this period (ensuring social distance is adhered to) and additional prayer and reflective spaces were temporarily made available, so that staff did not need to leave their clinical areas.

Primary Care Network (PCN)

The Royal Wolverhampton Primary Care Network (RWTPCN) serves 60,215 patients. 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.

RWTPCN formed a group within Division 3 alongside Adult Community Services in December 2019. This has encouraged further group working to deliver a unified community and primary care service.

Appointment access data

Improving access for 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 clinician. The information below demonstrates continued improvement in booked appointments for our patients.

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

Average per week per 1000 patients	2018/19	2019/20	2020/21
	87.98	84.65	111.4

GP Patient Survey results

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 16-17year 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 publication. This information is based on the NHS England's narrative pertaining to this survey.

These percentages are an average of the percentage scores of the ten practices in RWT.

	2018	2019	2020
Through to surgery phone	75%	77%	65%
Receptionists are helpful	91%	92%	88%
Patients satisfied with GP appointment times available	67%	69%	65%
Speak/See preferred GP	50%	45%	43%
Patients offered choice of appointment	60%	61%	59%
Patient satisfied with type of appointment offered	76%	75%	70%
Patient took the appointment they were offered	N/A	N/A	91%
Experience of making an appointment was good	69%	70%	64%
Wait 15 mins or less for an appointment	70%	71%	73%
Last Healthcare Professional they saw or spoke to gave them enough time	88%	85%	83%
Last Healthcare Professional they saw was good at listening to them	89%	87%	87%
Last Healthcare Professional they saw was good at treating them with care and concern	87%	86%	86%
Last Healthcare Professional they saw involved them in decisions about care	93%	94%	89%
Confidence and trust in the last Healthcare Professional seen	96%	95%	95%
Healthcare professional recognised or understood any mental health needs	86%	85%	84%
Felt their needs were met during their last general practice appointment	95%	94%	94%
Enough support from local services or organisations in the last 12 months for LTC	85%	80%	76%
Overall experience as good	86%	85%	81%

The Trust continues to monitor performance and quality through, for example, audits, scorecards, regular meetings, and review of Datix reported incidents. 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 2020/2021 include:

- Advance Nurse Practitioner led home visiting service; this service allows GPs to dedicate more time providing patient care.
- Extended phlebotomy hours for patients.
- Recruitment of social prescribers for RWTPCN; a joint partnership with the Wolverhampton City Council.
- Successful delivery of RWTPCN COVID-19 vaccination centre and vaccines provided to over 15,000 patients/staff across Wolverhampton and beyond.
- Development of the COVID-19 virtual care assistant in partnership with Babylon.
- Improved performance in annual learning disability health checks.
- Recruitment of a dedicated Advanced Nurse Practitioner (ANP) to deliver the Care Home Enhanced service for RWTPCN.
- Recruitment of a Physician Associate with a specialist interest in Learning Difficulties.
- Expansion of the RWTPCN Pharmacy team to support future developments of a shared PCN sexual health service with specialist staff.
- Rapid response to COVID-19 and ensuring patient care was able to continue.

Continuous Quality Improvement

Continuous Quality Improvement (CQI) is the application of a systematic approach to tackle complex challenges that are common in healthcare. It is focused on improving patient/staff outcomes and experience and is a way of giving everyone a voice, bringing staff and service users together to improve and redesign the way that care is provided. Continuous quality improvement can be a powerful vehicle for improving organisational effectiveness and behaviours.

The Trust established a Continuous Quality Improvement Team in April 2019 to support the realisation of the Trust's vision and support a culture of Continuous Quality Improvement. The team consists of a mixture of programme partners as well as clinical leads who organise their work around the following three priorities:

1. Building CQI capability and capacity – focus on training colleagues within the organisation in CQI methodology. Following successful completion of the QSIR accreditation process, the team began training colleagues in both fundamentals (for new starters at induction) and practitioner courses (for existing colleagues). The team had trained 307 colleagues in fundamentals prior to the COVID-19 outbreak and a further two cohorts at practitioner level. The team were on course to achieve the November 2020 target of having 1,000 fundamentals and 100 practitioner colleagues trained prior to the COVID-19 restrictions which impacted on training. In the absence of face to face training, the CQI team have rolled out virtual CQI training (QSIRV) which has been well received across the organisation.
2. Patient safety. In the Patient Safety theme, work continues with clinical teams and has focused on sepsis, stroke, heart failure, pneumonia, renal failure and now liver disease. A recent addition of a senior nurse to the permanent team has helped progress the excellent work being undertaken with falls and helped significantly in exploring issues related to late observations and patient monitoring. The team has heartened by the positive response received from the mortality group and stakeholders.
3. Patient flow - The highlights from the Patient Journey theme include the completion of the roll out of the huddle tool across Division 2 – this is providing accurate and unique data in a timely fashion about the constraints

in the system providing clear targets for improvement work internally and with our partners. A big piece of work has also commenced in looking at the improvements that have been implemented during COVID-19 in Outpatients and how these are sustained going forward. A group titled 'Outpatient Futures' is now established and is taking stock of these improvements and what outpatient pathways might look like going forward.

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

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.

Review of 2020/21:

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. Owing to the emergence of the COVID-19 pandemic, the CQUIN scheme was suspended. At the time of writing, the Trust is not expecting the CQUIN scheme to be introduced before October 2021.

Looking forward 2021/22

Priorities

for Improvement

Workforce | Patient Safety | 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.

Allied Health Professionals (AHP)

Key areas of focus for 2021/22 will include:

- To continue to increase the availability of apprenticeships for AHPs, with Physiotherapy and Occupational Therapy apprenticeships already embedded within the organisation.

  After the success with the Clinical Placement Expansion Programme for Physiotherapy, we will share the learning across all the professions with a view to increasing student placements.

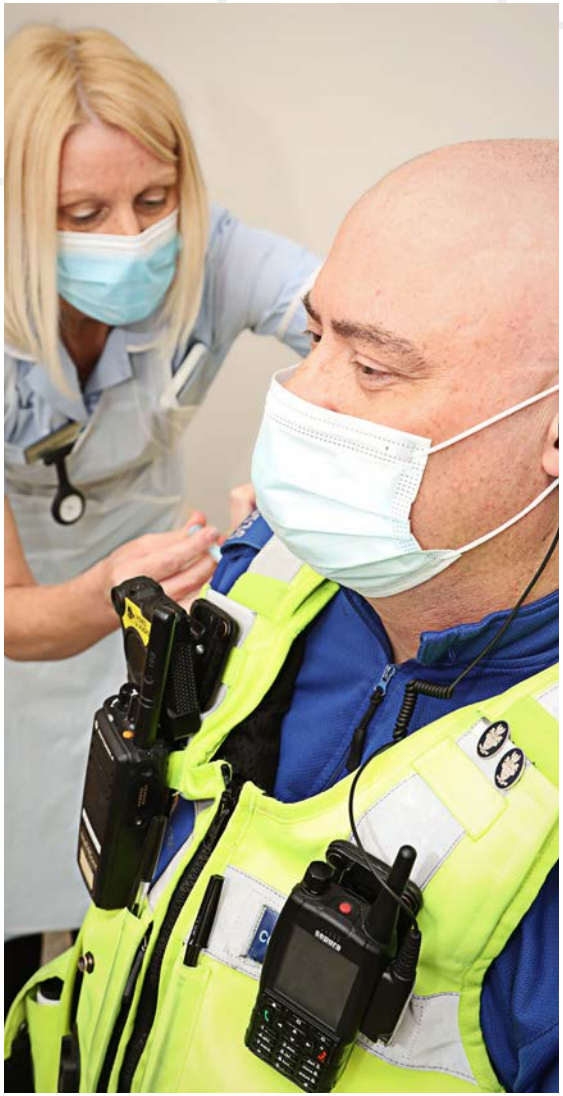
  E-roster for AHPs and Pharmacy. E-Community where applicable and job planning for AHPs. Review of Job Descriptions.
- Further AHP recruitment events are planned and we will be supporting a virtual AHP work experience event in May 2021.

Clinical System Framework (CSF)

Our new Clinical System Framework (CSF) was launched in March 2020. It has been the culmination of several months' hard work, discussion and collaboration between the Trust's Nurse, Midwife and Health Visitor colleagues and the Trust is delighted that its allied health professional workforce has also collaborated to produce the CSF. The operational multi-functional framework produced provides a road map for priorities and improvement journey for the next 2 years. The milestones set will help the Trust to monitor, learn and drive improvement within the organisation. It will be fundamental in helping to deliver the very best possible care and most importantly help to achieve the best possible patient outcomes and experience.

The contribution of Allied Health Professionals to this CSF framework, which has replaced the Nursing System Framework, is a positive step forward for the Royal Wolverhampton NHS Trust and will create stronger links in practice which will enhance the care delivered.

Over the next two years we plan that the CSF will be integrated into all of our work programmes and our day to day operational business. The CSF unites us all and it is the Trust's shared vision for continuous improvement providing safe, effective and high-quality care for all our service users.



Medical Workforce

Key areas of focus for 2021/22 will include:

Consultants

- Continue to develop internally trained senior medical staff from fellowship programme.
- Aim to strengthen links with neighbouring organisations where the national consultant resource is limited.
- Introduce the new SAS (Specialist and Associate Specialist) national contract.

Junior medical staff / fellowship

- Ongoing development and expansion of fellowship programme.
- Embrace and adopt required changes to training structure and supervision requirements.

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.

Health and Wellbeing

The Royal Wolverhampton NHS Trust's People Strategic aim is:

Attract, retain and develop our staff and improve employee engagement.

To support this aim, the following key objectives have been agreed for 2021/22:

1. Maintain the lowest vacancy levels in the Black Country - The target outcome is to ensure the Trust's vacancy rate remains the lowest of acute providers in the Black Country.
2. Increase the percentage of staff who deem the organisation has taken positive action on their health and wellbeing - The target outcome is to maintain the Trust's upper quartile position in the staff survey. During 2021/22, the Trust will continue to embed and progress its health and wellbeing approaches to support our workforce.
3. Improve overall employee engagement - This will be measured by benchmarking ourselves against our peers with the aim to show continual improvements in response to the 9 staff engagement theme questions.
4. Reduce the gap in engagement scores for Black Asian and Minority Ethic (BAME) staff and improve Workforce Race Equality Standard (WRES) Metrics - A detailed analysis will be undertaken to identify gaps against staff engagement theme metrics with 2020 staff survey data and 2021 WRES metrics. This objective is also supported by specific actions set out in the Trust's Equality, Diversity and Inclusion delivery plan and through engagement with the BAME Employee Voice group.

Priority 2 – Patient Safety

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:

The Trust will continue to focus on driving improvements in safe care and maximise learning opportunities to continuously improve patient care and experience. During 2021/22, the focus will be on the following specific areas:

(1) Achieve best practice for the management of COVID-19 inpatients, preventing the spread of infection and minimising the impact of COVID-19.

The emergence of COVID-19 has had a huge impact on the Trust, and will continue to have influence on Trust plans moving forward. The organisation has, and will, continue to base actions related to COVID-19 on the best available evidence and aligned with the local and national guidance. Activity will include:

- Bed management plans will need discussion and development to enable safe patient placement and management particularly if a rise in cases occurs.
- Ensuring that the learning from COVID-19 incidents is implemented and embedded.
- Explore the expansion of COVID-19 point of care testing capacity in the organisation where appropriate.
- Increase the number of RWT staff receiving 1st vaccinations.
- Complete 2nd vaccinations.
- Establish a process for vaccination of new starters.
- Be flexible to the currently unknown requirements for a future vaccination programme.

(2) Reduce indirect harm caused by COVID-19 by establishing systems to identify and monitor learning from related incidents.

The Trust will continually refine its processes for learning and continue to:

- Undertake Root Cause Analysis (RCA) investigation and Structured Judgement Review (SJR) on all Health Care Acquired Infection (HCAI) COVID-19 Death incidents (meeting the definition of probable and definite hospital acquired).
- Panel review of SJR and RCA to determine harm causation, extract learning for sharing and redress action.
- Collective action plan accumulated of learning themes and specific redress actions.
- Learning communicated to teams via email, risky business, sharing of RCA for learning.

(3) Reduce harm by assessing, recognising and responding to prevent patient deterioration.

The Trust has continued to focus on recognising and responding to deteriorating patients and strengthening the identification and management of sepsis. To further support this initiative, the Trust has amalgamated our Sepsis Team and Critical Care Outreach Team to work under the same umbrella with a goal to strive to continuously improve both sepsis compliance and management of deteriorating patients. This dedicated collaborative team will provide structure to support early detection and treatment of both deterioration and sepsis throughout a twenty-four-hour period.

To facilitate the delivery of early identification and management of the septic patient within one hour, the Trust Sepsis Team and Critical Care Outreach Team will work towards a collaborative approach.

Going forward for 2021/2022, as part of our overarching Clinical Service Framework, the strategy for the deteriorating patient and sepsis is to demonstrate an improvement of ten percent in line with compliance with protocol by December 2021, with a further ten percent improvement by December 2022. In terms of mortality related to sepsis to demonstrate a five percent improvement annually by December 2022.

Key areas of focus for 2021/22 will include:

- Publication of a monthly "Vitals sepsis module screening compliance" report.
- Continue with sepsis ward rounds and campaign about the sepsis six highlighting the importance of senior clinician review.
- Whilst we continue to work collaboratively with the third-party provider for updates and version releases, we aim to build our own reports, ensure clinical validation and develop a deeper understanding of data flow.
- Ensure real time visibility of data for clinical staff.
- An additional educational focus to support a relaunch of both training incorporating the use of the electronic Vital Pac system and the sepsis bundle for our Health Care Assistants and registered practitioners, to ensure continuous quality improvement trust wide.

(4) Promote equality out of outcomes by routinely reporting user outcomes (reducing health inequalities)

LD, Maternity, BAME, Continuity of carer.

Key areas of focus for 2021/22 will include:

- Production of a Maternity Dashboard focusing on data relating to inequalities to enable areas for improvement to be identified and provide an ability to measure outcome from improvement initiatives commenced.
- Continue to drive improvements in continuity of carer and achieve determined objectives in relation to the number of BAME women receiving continuity of carer during their pregnancy.
- Continued participation in Learning Disability Mortality Review programme (LeDeR) and ensure learning is embedded.
- Further improve the number of Learning Disability annual health checks conducted within our Primary care GP practices.

(5) Mental Health

The Trust is registered by the Care Quality Commissioner for the regulatory activity of assessment or medical treatment for persons detained under the Mental Health Act 1983 (MHA). This regulated activity relates to the treatment of people who are detained in, or recalled to, hospital for assessment and/or medical treatment under the Mental Health Act 1983.

Mental Health will remain an area of priority and is embedded in the Trust Quality and Safety Strategy. Key actions for 2021/22 are to:

- Expand Level 2 Mandatory Training.
- Launch Level 3 Mandatory Training, application of the MHA.
- Audit of reports of MHA applications against the MHA administration policy.
- Review of emergency and urgent care environments and pathways for patients with Mental Health.
- Review provision of mental health care in the Trust.

(6) 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.

Key priorities for the forthcoming year include:

- Additional recruitment for Maternity Safeguarding posts.
- Review and update the Safeguarding training programme to include Learning Disability and Autism element.

Looking forward 2021/22

- Refresh Safeguarding Children and Adult Policies on a regular basis (including Prevent and Safeguarding Supervision policy).
- Progress with work around Mental Capacity Act assessments across the Trust.
- Continue to support staff with safeguarding cases by offering reflective supervision.
- Monitor Deprivation of Liberty Standards (DoLS) applications.

Priority 3 – Patient Experience

Co-Design and Co-Production

The key priorities for the Patient Experience Team during the financial year of 2021/22 will be to look at putting patient engagement and involvement at the heart of decision making and driving forward improvements in delivery of care. Some of these initiatives will include:

- Work with our stakeholders in the design and implementation of a co-design and co-production toolkit.
- Involve patients and their loved ones in the co-design and co-production of several key work streams including:
- Mental Health, Learning Disabilities, Maternity Services, Paediatrics and Stroke Services.
- To review milestones and outcomes for year 2 of the Patient Experience, Engagement and Public Involvement Strategy and refresh the strategy where applicable to focus on the emphasis of ensuring patient involvement in all we do.
- Gathering feedback from seldom heard communities by a range of mechanisms.
- To design and implement a robust system using a variety of patient experience metrics to identify areas for targeted improvement.
- To understand patient experience metrics for patient groups where inequalities exist and implement changes to improve experiences for these cohorts.

Complaint Management

- Actions to improve outcomes for the new financial year:
- A review of the formal complaints policy to ensure the process is clear and accessible to all.
- Joint PHSO and Patient Experience Team complaints training to be facilitated and delivered.
- Quarterly review of the complaints performance to be undertaken by the Council of Members.
- Complaints to be used as a metric to identify performance issues and highlight and share learning and good practice.

Patient Access Waiting Times

- A focus on waiting times to improve 62-day cancer performance, a reduction in the 52 week waits and RTT waiting times.

Cancer diagnostics and treatments including:

- Improvement of the general Patient Experience – We recognise that our 62-day cancer performance is in the lowest quartile – to address this we are renewing our focus on improving all cancer pathways with the Trust cancer team and CQI team. We are establishing a Cancer Improvement Board which will be chaired by the Chief Medical Officer with CEO oversight.
- Improvement in nationally reported outcomes.

Volunteering

- To design and implement a comprehensive career pathway to assist our young volunteering workforce.

Statements of Assurance from the Board

Mandatory Quality Statements

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

Review of services

During 2020/21, The Royal Wolverhampton NHS Trust provided and/or subcontracted nine categories of service; those being:

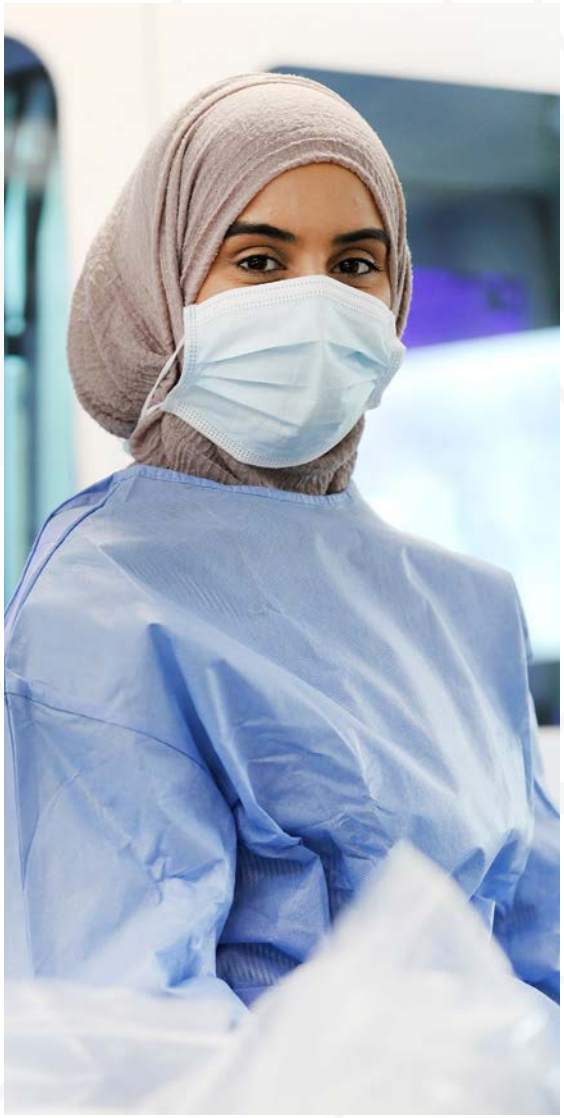
1. Accident and Emergency Services
2. Acute Services
3. Cancer Services
4. Continuing Healthcare Services
5. Community Services
6. Diagnostic, Screening and/or Pathology Services
7. End of Life Care Services
8. Radiotherapy Services
9. Urgent Treatment Centre Services
10. Primary Care Services.

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 2020/21 represents 79% of the total income generated from the provision of NHS services by The Royal Wolverhampton NHS Trust for 2020/21.

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 doctor is issued with a work schedule containing the number and distribution of contracted hours as well as the intended learning outcomes that are mapped to the educational curriculum. There is time for activities such as quality improvement, patient safety, periods of formal study (other than study leave) and research. In addition, 2 hours per week (or one day per month) self-development time (SDT) was allocated to all Foundation Year doctors intended to be used for activities such as formal meetings with educational/clinical supervisors, reflective practice and completion of e-portfolios. All trainee work rotas at the Trust are compliant with the requirements of the new junior doctor contract.

However, trainee doctors may be obliged to work more than their contracted hours from time to time. The report from the Guardian of Safe Working (GoSW) in 2020/21 highlighted a limited number of exception reports submitted by doctors in training. Foundation year doctors represented the highest proportion of the total number of exception reports submitted. In this situation, there is a formal exception reporting procedure for reporting extra hours or educational issues. The process involves submission of an exception report that leads to a meeting with the educational or clinical supervisor to agree an outcome such as time off or compensation. As a result of national changes and trainee feedback, the procedure for exception reporting has been updated.

The previous 2019/20 report highlighted the challenge in moving away from Emergency Medicine (ED) 1:2 weekend frequency. The Trust has now been able to move away from the previous 1:2 weekend frequency rota for ED which came into effect in August 2020.

In addition, a quarterly Trust wide junior doctor forum remains in place. It is attended by the Chief Executive and Chief Medical Officer, which provides a regular opportunity for feedback in respect of the trainee experience at the Trust.

The Pandemic period saw a further review of all rotas. In particular additional posts were implemented to support the Medicine Rotas. These posts were filled as part of the successful Clinical Fellowship Programme which continues to contribute to the reduction of agency usage and expenditure.

Participation in Clinical Audits

The aim of clinical audit is for the Trust to use it as a process to embed clinical quality, to bring 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 2020/21 Clinical Audit Activity was suspended at certain points as a result of the COVID-19 pandemic, this meant that the Trust has seen lower levels of audits completed than we would normally expect. A focus on urgent COVID-19 audits, both National and Local, and prioritisation of the high-risk areas for Directorates was the principal objective of plans this year.

During 2020/21 there were 57 National Audit Projects/National Confidential Enquiries covering relevant health services that The Royal Wolverhampton NHS Trust provides and were included on HQIPs (Healthcare Quality Improvement Partnership) National Audit Registry. Many of these projects however suspended data collection at some point/completely during 2020/21 due to the COVID-19 pandemic. The Royal Wolverhampton NHS Trust participated in 49 (86%). There were a further 26 National Audit Projects registered on RWTs Clinical Audit Database where Directorates submitted data to that weren't included on HQIPs Directory.

The reports of 25 previously completed National Clinical Audit projects that were reviewed by the provider in 2020/21 are shown below with the actions the Trust intends to take to improve the quality of healthcare provided.

The 3 National Confidential Enquiries that The Royal Wolverhampton NHS Trust was eligible to participate in and aimed to collect data for are 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 8 National Clinical Audits that The Royal Wolverhampton NHS Trust did not participate in during 2020/21 due to the COVID-19 Pandemic; data collection was suspended.

National Clinical Audit & Enquiry Project name	Work stream	Directorate
National Audit of Dementia	Care in general hospitals	Care of the Elderly
Medical and Surgical Clinical Outcome Review Programme	Dysphagia in Parkinson's Disease	Neurology
Emergency Medicine QIPs	Fractured Neck of Femur (care in emergency departments)	Emergency Department
Emergency Medicine QIPs	Infection Control (care in emergency departments)	Emergency Department
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	Paediatric Asthma Secondary Care	Children's' services
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)	Asthma (Adult and paediatric)	Children's services
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	N/A	Children's services
National Paediatric Diabetes Audit (NPDA)	N/A	Children's services

The National Clinical Audits that the Trust participated in during 2020/21 and remain in progress are shown in Appendix 1.

The reports of 25 previously completed National Clinical Audit projects that were reviewed by the provider in 2020/21 are shown in Appendix 2, with the actions the Trust intends to take to improve the quality of healthcare provided.

Clinical Audit Activity

In total 433 clinical audits were registered on the Clinical Audit Database across the Trust, 183 (42%) of which were completed by the 31st March 2021. The adjusted completion rate (excluding National Audits) was 61%. The completion rate is lower than previous years due to the COVID-19 pandemic.

Clinical Audit Outcomes

The results of 183 clinical audits were reviewed by the provider, and a compliance rating against the standards audited specified.

38 local audits 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 will be considered for re-audit against these standards once actions have been appropriately embedded. Details of these actions are outlined in Appendix 3.

Clinical audit drives continuous improvement through assessment of patient care and the delivery of a better experience for our patients. We expect to see some of the challenges experienced in 2020/21 due to the COVID-19 Pandemic to continue in 2021/22. However, one of the main focuses for Clinical Audit will be to continue to participate in important COVID-19 National and Local projects. Patient Safety remains at the very forefront of Clinical Audit and projects undertaken this year will be centred on key priorities for the Trust and those projects that will deliver on service improvement and better care for our patients. National audits which halted data collection in 2020/21 that re-start this year will be contributed to along with key quality improvement projects the Trust needs to make improvements for our patients in service delivery and treatment.

Participation in Clinical Research

National studies have shown that patients cared for in research active NHS Trusts have better clinical outcomes. 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.

The Trust's performance in research continues to be on a par with the large acute Trusts within the West Midlands region.

Review of 2020/21:

As part of the national response to the Coronavirus outbreak, the Trust participated in 24 research projects during the past year which investigated the management and treatment of COVID-19. Over 6000 patients and staff at RWT have participated in these studies.

15 of these studies were designated by the National Institute of Health Research as Urgent Public Health Research (NIHR UPHR). They are Consultant led, with delivery supported by a dedicated team from the R&D Directorate working alongside clinical teams.

In total, over 4200 participants have been involved in this priority research. 333 patients with COVID-19 being cared for at RWT, either in hospital or in one of its general practices, have participated in vital and ground-breaking interventional studies to test the effectiveness of various treatments on the disease.

RWT has consistently been in the Top 15 acute Trusts nationally for the number of NIHR UPHR studies open and in the Top 20 for the number of participants recruited and 3rd in the West Midlands region.

In addition to COVID-19 research, a number of studies within other high priority clinical specialities have continued with 394 participants recruited into 40 research projects including Oncology, Haematology, Rheumatology, Cardiology/Cardiothoracic, Obstetrics, Surgery, Paediatrics, Gastroenterology and Respiratory.

The R&D Directorate at RWT 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.

Research participants surveyed showed:

- 95% felt their involvement was valued.
- 95% felt they had been treated with courtesy and respects at all times.
- 91% would take part in research again.

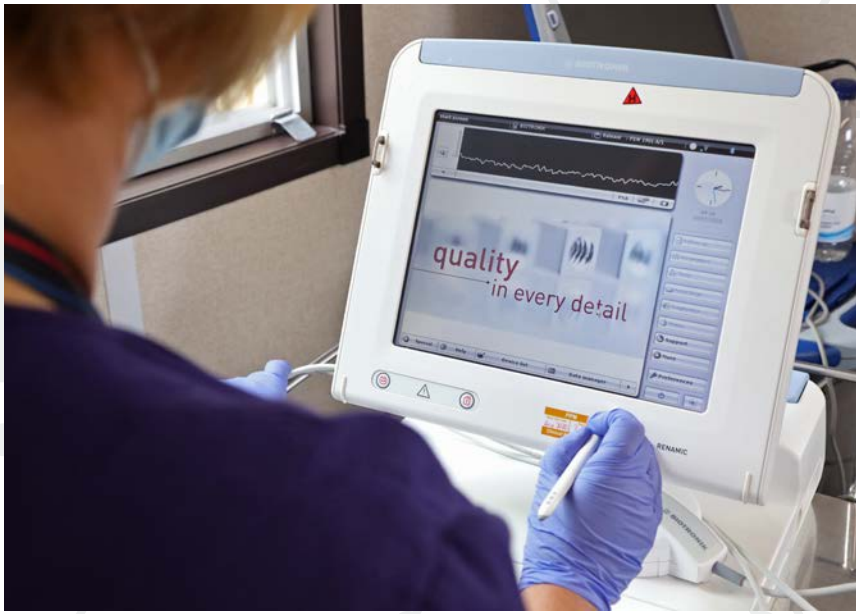
Key Objectives for 2021/22

- Continue to ensure that patients are given the opportunity to participate in clinically appropriate research trials.
- Continue with programme to resume and grow non- COVID-19 research.
- Meet the National Institute of Health Research High Level Objectives for research delivery and performance.
- Focus on research that reflects the health needs of the local population, through collaborations with academic and industry partners.

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. During the pandemic the CQC adopted a Transitional Monitoring Approach (TMA), this involved telephone calls with organisations and reviewing a number of Key Lines of Enquiry (KLOE) questions. The Trust was engaged with three CQC TMA calls relating to Emergency Department (ED), Infection Prevention (IP) and Well-Led. The feedback from CQC for ED and IP were of a good standard and the Trust had a verbal report from the CQC as being low risk in all areas for the Well-Led review.

Over the year various notifications were submitted to CQC relating to temporary closures in Primary Care, Urgent Treatment Centres due to COVID-19 and one change related to temporary appointment of nominated individual due to internal cover arrangements.



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.
- Expansion of 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

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 and General Surgery. The audit exceeded the accuracy level required and attained Data Security and Protection Toolkit purposes for Standards Exceeded.

The error rates reported in the latest audit for that period are detailed below, and were based on a 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 99%	Primary Diagnoses correct 98%
Primary Procedures correct 95.92%	Primary Procedures correct 98.84%

The overall Healthcare Resource Group error rate for the audit was 2.5% of the total number of episodes, which is a change of 0.4% absolute and -0.2% net. All recommendations following the audit have been completed.

Admitted Patient Care & Outpatient - NHS Number and General Medical Practice Code Validity Updated as per Month 10 - 2020/21. (Data extracted on 17/02/2021).

The Trust submitted records during 2020/21 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 2020/21 submission, which included the patient's valid NHS number:

- 99.9% for admitted patient care.
- 100% for outpatient care.
- 97.8% for accident and emergency care.

This included the patient's valid General Practitioner Registration Code as follows:

- 100% for admitted patient care.
- 100% for outpatient care.
- 97.8% for accident and emergency care.

A&E - NHS Number and General Medical Practice Code Validity Updated as per Month 11 - 2020/21. (Data extracted on 24/03/2021).

Information Governance Toolkit

SUMMARY OF SERIOUS INCIDENT REQUIRING INVESTIGATIONS INVOLVING PERSONAL DATA AS REPORTED TO THE INFORMATION COMMISSIONER'S OFFICE IN 2010-2021.

The table below details the incidents reported on the NHS Digital incident reporting tool and to the Information Commissioners Office (ICO), within the financial year 2020-2021. Any incidents that are still being investigated for the period 2020-21 are not included. The incidents listed below are for The Royal Wolverhampton NHS Trust and GP partnerships that have joined the Trust as listed below.

Date incident occurred (Month)	Nature of incident	No. of data subjects	Description/ Nature of data involved	Further action on information risk
November 2020	Disclosed in error - email	10	A member of staff sent out a New Starter form via the recruitment system to at least 10 new starters. Unfortunately, the member of staff did not check the new starter form prior to attaching it to the system and the form was not blank, it contained sensitive personal information about an individual. They are aware that at least 3 of the recipients have read the email as they received phone calls from these individuals yesterday advising they had received it	Contacted system provider to break the link in the email so individuals who had not opened the email prior to this could no longer see the email attachment. They also contacted all known recipients and asked to delete the email and situation was contained.
November 2020	Disclosed in error – email	1	Clinical letter for child 'A' was sent with details for child 'B'. Both children were being treated at the same clinic however information disclosed included the wrong diagnosis for child A.	Correct letters were sent to the relevant children's GPs / Children Hospital Consultants and advised to ignore the previous letter and confidentially destroy. Change in process with medical secretaries was implemented to ensure adequate checks are done on letters before being sent to patients and an audit was requested to ensure all letters sent around the same time were correct.
December 2020	Lost or Stolen Paperwork	40+	A member of staff who was planning on working from home, took blood request/referral forms home so they could book clinic appointments for the referrals. On their way home their car was stolen with belongings, the blood request forms were among their belonging in the car. Blood forms contained name, address, sex, DOB, NHS Number and were all for glucose tolerance tests.	Car and its contents were not recovered. All patients were identified and were rebooked in for appointments so no delay on clinical care.

Incidents classified at lower severity level

Incidents classified at severity level 1 are aggregated and provided in table below:

Summary of other personal data related incidents in 2012-21		
Category	**Breach Type**	**Total**
A	Corruption or inability to recover electronic data	2
B	Disclosed in Error	85
C	Lost in Transit	3
D	Lost or stolen hardware	0
E	Lost or stolen paperwork	7
F	Non-secure Disposal – hardware	0
G	Non-secure Disposal – paperwork	3
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	5
J	Unauthorised access/disclosure	8
		113

Data Protection and Security Toolkit (DSPT) Return 2019/2020 – final submission

Due to the current situation relating to COVID-19, NHS Digital recognises that it will be difficult for many organisations to fully complete the toolkit without impacting on their COVID-19 response. NHS Digital has therefore taken the decision to push back the 2019/20 deadline for DSPT submission to 30 September 2020. The results for the final submission for 2019-20 indicate that standards were met for all shown below.

The Royal Wolverhampton NHS Trust RL4			
Alfred Squire	M92002	Coalway Road	M92006
West Park Surgery	M92042	Warstones	M92044
Thornley Street	M92028	Lakeside	M83132
Lea Road	M92007	Dr Bilas Surgery	M92026
Penn Manor	M92011	Oxley Surgery	M92014

Looking forward to 2021/22 Data Security and Protection

Due to the current COVID-19 response the DSPT for 2020-21 will not be submitted until June 2021, in line with the newly set date by NHS Digital. The Trust however continues to work towards achieving compliance with the DSPT which will be published later this year. An internal audit of the DSPT in November 2020 provided significant assurance of the processes and evidence that is in place to support the DSPT submission.

The Trust continues to monitor patterns and trends of data security incidents and continues to implement 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, with increased remote working being required during the COVID-19 period. Work continues in this area to improve controls and practices to manage this risk. The Trust are continuing to embed the requirements of the General Data Protection Regulation 2016 (GDPR) into Trust practices, monitored via various groups, ensuring data privacy is at the forefront of the care that we provide and the information that is captured.

The Trust remains focused on embedding principles of privacy by design into Trust processes, from procurement to digital innovation and service redesign. This program of work will be monitored though various committees.

Seven Day Services

The 7 Day Working Audit for financial year 2020/21 was suspended due to the COVID-19 pandemic. We were due to undertake an audit in March and September 2020, however, NHSE/I confirmed that this is suspended due to COVID-19 so there is nothing to report for this year.

The Learning Disability Improvement Standards

The Trusts Learning Disability (LD) Team provides support for children, young people and adults with a LD. The team are able to identify patients using an electronic flagging system and ensure that all identified patients are reviewed by a learning disability nurse during their admission and are offered support for outpatient appointments, making reasonable adjustments when required. Our flagging system holds above the national average number of flags. Reasonable adjustments can include:

- Communication
- Physical changes to the environment
- Admission and discharge planning
- Extended appointments.

To support the staff to make reasonable adjustments we are able to provide RWT staff a programme of blended training, including 'hand's on' training to enable them to adjust the care to meet the additional support needs a person may have as a result of their LD. The team work closely with Wolverhampton's Specialist Community LD Team to ensure continuity of care for people using our services.

The Trust undertakes an internal review of all patients known to have a learning disability that die whilst in our care. The Trust is fully engaged in the National Learning Disability Mortality Review Process (LeDeR) undertaking reviews into the deaths of people with learning disabilities and sharing good practice and implementing change when areas are identified as requiring improvement.

The Trust has participated in the NHS England Improvements Learning Disability Programme for the second year, areas of good practice were highlighted for carers support and that patients with LD felt that they were treated with dignity and respect.

Dementia training at level 1, in line with Health Education England requirements, is mandatory for all disciplines of Trust staff via e-learning and as at 31st March 2021, the Trust compliance rate for this level is 98%.

Although level 2 dementia training has been suspended during the coronavirus pandemic, some bespoke sessions have been facilitated for key departments.

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 2020/21:

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, co-morbidities and diagnosis 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	September 2019 - August 2020	October 2019 - September 2020	November 2019 - October 2020
SHMI RWT	1.023	1.018	1.016
SHMI England	1.000	1.000	1.000

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 SHMI has reduced compared to 2019/20 as the Trust has been categorised within the "as expected" range over the past year. The improvement in SHMI is a result of both an increase in expected deaths and a decrease in the observed deaths.

The Royal Wolverhampton NHS Trust has taken the following actions to improve SHMI and the quality of its services in 2021/22 as outlined below:

- 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 has included the following:

- 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.
- Independent External Reviews/Audit and development of resultant action plans.
- A programme of continuous quality improvement.

Progress against the agreed actions and the mortality improvement plan is monitored by the relevant quality boards. In addition, mortality associated reports are regularly presented to the Trust Board.

Core Quality Indicators – Summary of Patient Death with Palliative Care

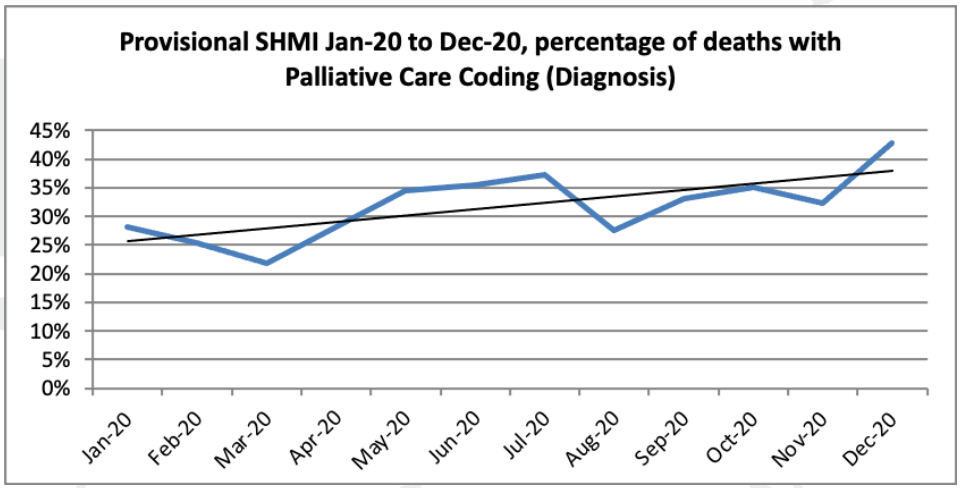
The data made available to the Trust by the information centre with regard to the percentage of patient deaths with palliative care coding at either diagnosis or specialty level for the Trust for the reporting period.

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

The following is the latest available data on the NHS Digital (HSCIC) web site.

	Current Period	Previous Period: Oct 2018 to Sept 2019	National Performance		
			Average	Lowest	Highest
Percentage of Deaths with palliative care diagnosis coding	29	22	36	12	58

Data Source – https://digital.nhs.uk/data-and-information/publications/statistical/shmi/2021-03/palliative-care-coding



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 2021.
- 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 2020/21:

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 2020/21, 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 90% 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 100% 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 reviewer 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 were mandatory referral is required. In addition, a random selection of 10% of cases are chosen for review. A Learning from Deaths IT system has been developed and implemented across the organisation in 2020/21 which records all Medical Examiner reviews, SJR's and learning from deaths.

2. Focus on specific diagnostic groups including assurance of clinical pathways

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: Pneumonia, Chronic Renal Disease, Sepsis, Heart Failure and Liver Failure.

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 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. Alongside the post of a Clinical Documentation Review Officer in the Acute Medical Unit to support quality of coding and diagnosis.

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 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 in 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

The Trust receive an annual audit of the learning from death processes via the Trust auditors Grant Thornton UK to provide assurance to the Board of the progress against the mortality improvement agenda. Following a review from an external medical consultant an action plan has been developed with the recommendations which the Trust are working towards to further enhance and improve mortality.

Plans for 2021/22

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. As part of the COVID-19 pandemic a review of out of hospital deaths was undertaken with Wolverhampton CCG and was extended to the other areas of the Black Country and West Birmingham Sustainability and Transformation Partnership (STP). Following this review, the Trust has commenced discussions with the Primary Care Networks and will pilot a Medical Examiner and Mortality Review system in the Trust's primary care practices during 2021/22. A standard operating procedure is currently being developed for this service.

	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 2020 and March 2021, 2195 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: [543] in the first quarter [384] in the second quarter [578] in the third quarter [690] in the fourth quarter
B	An assessment of the impact of the actions described in item E which were taken by the provider during the reporting period.	By the 31st March 2021, [2141] case record reviews and [26] investigations have been carried out in relation to [2195] of the deaths included in item A. [471] in the first quarter (ME Assessments 378, SJRs 93) [377] in the second quarter (ME Assessments 309, SJRs 68) [606] in the third quarter (ME Assessments 468, SJRs 138) [687] in the fourth quarter (ME Assessments 601, SJRs 86)
		Case record review includes 2 separate and linked mortality review process and they include Medical Examiners scrutiny and Structured Judgement Reviews (SJR). The Trust endeavours to subject all hospital deaths to Medical Examiner (ME) review and a proportion of deaths are identified for Structured Judgement Reviews. The ME role is to examine deaths to: • Agree the proposed cause of death and the overall accuracy of the medical certificate of cause of death (MCCD) with the doctor completing it. • Discuss the cause of death with the next of kin/informant and establish if they have questions or any concerns with care before death. • Act as a medical advice resource for the local coroner. • Inform the selection of cases for further review under local mortality arrangements and contribute to other clinical governance procedures. The Structured Judgement Review (SJR) methodology blends traditional, clinical-judgement based review methods with a standard format. This approach requires reviewers to make safety and quality judgements over phases of care, to make explicit written comments about care for each phase, and to score care for each phase. The result is a relatively short but rich set of information about each case in a form that can also be aggregated to produce knowledge about clinical services and systems of care.

Page 152		The Structured Judgement Review (SJR) methodology blends traditional, clinical-judgement based review methods with a standard format. This approach requires reviewers to make safety and quality judgements over phases of care, to make explicit written comments about care for each phase, and to score care for each phase. The result is a relatively short but rich set of information about each case in a form that can also be aggregated to produce knowledge about clinical services and systems of care. The Trust has agreed a set of criteria where a SJR is required, these are: • Elective admission • Mental Health ICD code • Unexpected deaths • Learning Disability deaths in hospital • DATIX incident • 10% Random selection • Directorate request Please note: 100 Structured Judgement Reviews stage 1 (SJR1) remain outstanding across Q4 2020/21 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 4 cases [0.18%] representing [number as percentage of number in item A] percentage 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: [0.05%] for the first quarter [0.14%] 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	A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified in item C.	Learning from the reviews/investigations of those adult patients identified in item C are as follows: **Case 1 - Summary only: Death of a patient with history of kidney/pancreas transplant in 2014 attended Emergency Department (ED) on 4 occasions over 3 days.** **Learning identified:** Importance of escalation for senior review following re-attendance within 72 hours and ensuring all medical history is considered and diagnostic tests are re-considered. **Case 2 - Summary only: Death of patient undergoing emergency endoscopy under general anaesthesia for major variceal haemorrhage sustained a tension pneumothorax.** **Learning identified:** Importance of awareness of relevant staff that hypoxia and ventilation difficulty may be due tension pneumothorax. Ensure staff are aware of rare complications, and to look for and recognise the signs of a tension pneumothorax. Ensure theatre personnel give extra consideration when turning patients who have endotracheal tubes, endoscopes or other equipment in situ. **Case 3 - Summary only: Death patient brought in to ED with laceration to head following unwitnessed mechanical fall at home. Patient had multiple co-morbidities. Patient noted to be on anticoagulant therapy (Apixaban).** **Learning identified:** Ensuring that medication and venous thromboembolism (VTE) assessments are discussed and captured during daily MDT ward huddle or ward round. The importance of a clear nursing protocol of escalation/sourcing of any medication not available on the ward. Enhance and strengthen the monitoring of VTE assessment, monitoring and escalation. **Case 4 - Summary only: Death of patient with background Huntingdon's Disease, traumatic head injury (bilateral subdural haemorrhage as in patient elsewhere) in July 2020. Patient had been improving; sustained a head trauma (banged his head on table). The patient deteriorated clinically over several days. This deterioration was misdiagnosed as due to a urinary tract infection.** **Learning identified:** Ensuring that any head trauma in particular at-risk patients is considered as significant even if there is no external evidence of trauma and patient does not have immediate neurological deterioration. The importance of ensuring clinicians are aware of cognitive bias and the impact it may have on differential diagnosis.

E Page 154	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).	**Case 1** • Review ED 72hr re-attender protocol around the requirement of investigations and senior review based on clinical presentation and frequency of re-attendance • Develop ED guidelines for the management of transplant patients • Case to be used at junior doctor induction/training to provide education around management of complex patients. **Case 2** • RCA Synopsis to be discussed at the next Governance Meeting to share findings with staff that hypoxia and ventilation difficulty may be due tension pneumothorax • Train relevant staff to remember rare complications, and to look for and recognise the signs of a tension pneumothorax • Communicate to theatre personnel the importance of consideration when turning patients who have endotracheal tubes, endoscopes or other equipment in situ • Clinical Director to consider changes to anaesthetic practice to include the position of the endotracheal tube (and to regularly check its position). **Case 3** • Review multi-disciplinary team ward huddle and content of huddle tool to ensure medication and VTE assessments are discussed and captured • Development of local nursing escalation procedure for non-availability of medication • Review VTE monitoring/escalation process to strengthen accountability • Themed analysis of VTE related medication incidents over last 12 months to be linked with current Continuous Quality Improvement (CQI) projects **Case 4** • Arrange bespoke education of delayed presentation of neurological conditions for MDT. Record for use by others • Reflection by medical team involved in care with emphasis on diagnostic reasoning • Trust wide communication via shared learning • Individual reflection, learning and identification of training needs for staff involved (all professions).

F	An assessment of the impact of the actions described in item E which were taken by the provider during the reporting period.	The MRG will continue to progress the Trust's mortality improvement programme and associated plan, underpinned by the Mortality Strategy.
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.	[0] case record reviews and [0] investigations completed after 31st March 2020 which related to deaths which took place before the start of the reporting period are included with this information.
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.	0.0% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. The methodology used in all cases 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).
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.	0.11% of the patient deaths during 2019/20 are judged to be more likely than not to have been due to problems in the care provided to the patient as previously reported.

Core Quality Indicators – Summary of Patient Reported Outcome Measures (PROMS)

The data made to the Trust by the information centre with regard to Patient Reported Outcome Measures:

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 outlines the Adjusted post-op 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, 137 patients completed the questionnaire. 86.9% of these patients reported improvement, 5.1% unchanged and 8% worsened.
- This has resulted in a score for the reporting period of 0.01 under the national average.
- For knee replacement, 146 patients completed the questionnaire. 82.2% of these patients reported improvement, 9.6% unchanged and 8.2% worsened.
- This has resulted in a score for the reporting period equalling the national average.
- For both hip and knee surgery, the data demonstrated the Trust score to be broadly in line with the national average with a slight increase on the previous year's performance. However, the number of patients completing the questionnaire did decline significantly.

The Royal Wolverhampton Trust intends to take/has taken the following actions to improve this, and so the quality of its services in 2021/22 by:

- A PROMs audit to be undertaken as part of the Trusts Audit Programme in 2021-22.
- Education for patients continues to be provided pre-operatively, and the PROMS questionnaire explained and provided to patients at their preoperative appointment. Due to COVID-19 the number of patients completing their questionnaires for the next year is expected to be lower than previous years due to decreased activity.
- Alongside commissioners, the Trust will continue to regularly 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	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**	**2020/21**	
Aged 4-15	440	505	423	359	428	269	**2,424**
16yrs and over	5,966	5,443	5,165	5,677	6,018	4,051	**32,320**
Grand Total	6,406	5,948	5,588	6,036	6,446	4,320	**34,744**

Total Admissions							Grand Total
Age	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**	**2020/21**	
Aged 4-15	5288	5429	5117	4,668	4,813	2,899	**28,214**
16yrs and over	115,288	118,585	117,355	117,669	120,049	90,876	**679,822**
Grand Total	120,576	124,014	122,472	122,337	124,862	93,775	**708,036**

Percentage Readmissions							Grand Total
Age	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**	**2020/21**	
Aged 4-15	8%	9%	8%	8%	9%	9%	**9%**
16yrs and over	5%	5%	4%	5%	5%	4%	**5%**
Grand Total	5%	5%	5%	5%	5%	5%	**5%**

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.

The Royal Wolverhampton Trust intends to take/has taken the following actions to improve this, and so the quality of its services in 2021/22 by:

- Use of the huddle tool and huddle education and support to improve predictability and communication about discharge date.
- Further improvement work with partners on the discharge to access (D2A) process to capture and embed the learning from the COVID-19 pandemic.
- Continuing to work with local residential and nursing homes with regards transfer of patients back to their care.
- Partnership with other Trusts as part of the Alliance16 initiative to improve patient flow.

Core Quality Indicators – Safety Thermometer (Harm Free Care)

Due to contractual changes there is no longer a requirement to report and publish safety thermometer metrics and performance.

Core Quality Indicators – VTE Prevention

The data made available to the Trust by the information centre with regard to VTE Prevention:

	Q1	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	20/21 Year End
RWT	94.92%	95.17%	94.70%	93.20%	93.24%	94.00%	93.48%	93.41%	93.56%

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

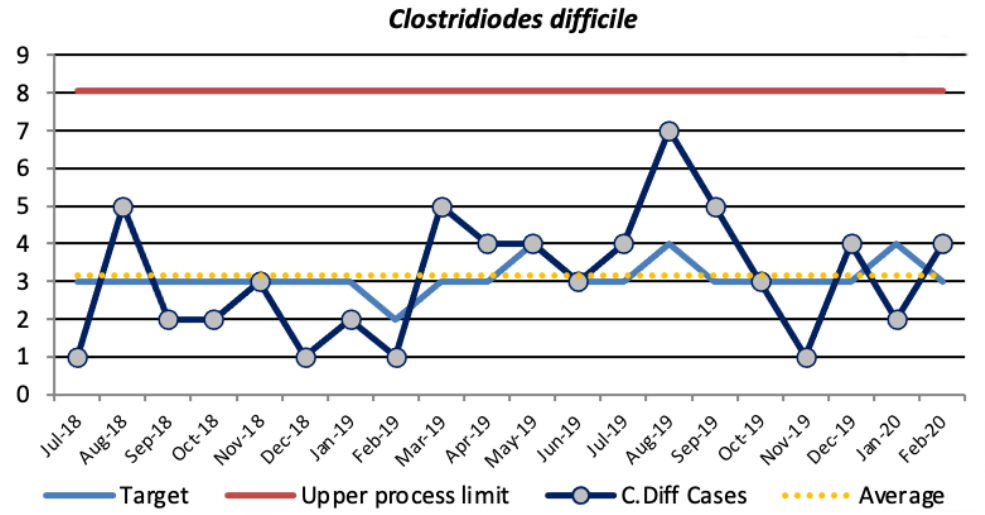
- The numerator is the number of adult in-patients that have received a VTE assessment upon admission to the Trust using the clinical criteria of the national tool (including those risk assessed using a cohort approach in line with published guidance).
- The denominator is the number of adult inpatients (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 2021/22 by:

- Continue with improvement plans in order to achieve 95% and above compliance.
- Continue targeted development and implementation of clinical area specific continuous quality improvement plans.
- Regularly review and implement updates of national COVID-19 guidance and respond to emerging evidence and new information.
- Continue work to implement the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) knowing the score for Pulmonary Embolism (PE) diagnosis and management.
- Implementation during April 21 of VTE prevention measures for patients in lower limb casts as per the most recent NICE guidance NG89.
- Resume the work of the Anti-Coagulation In-reach Team.
- Continuation of the work with the electronic prescribing team to link VTE risk assessment and prescription.
- Continuation of the work on a reporting system using electronic data for prescriptions and administration and work with individual clinical areas on a roll out plan.

Core Quality Indicators – Clostridioides difficile (previously known as Clostridium difficile)

The data made available to the Trust by the information centre with regard to Clostridioides difficile:



Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Target	3	2	5	2	6	2	2	7	2	5	5	5
Actual cases	3	3	4	3	3	4	3	3	4	3	3	4

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

Samples received in the laboratory are processed according to national guidance, ensuring that every sample that requires a Clostridioides difficile test is tested appropriately. In 2020-21 a new laboratory information system was installed, with the capability to automatically identify those samples that require Clostridioides difficile testing according to age and location.

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:

- 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 2021/22 by:

During 2020/21 there was no agreed trajectory for cases due to the COVID-19 pandemic. The target used for the data above was based on the previous year's trajectory, which was itself based on only 9 months data, and so was lower than it would have been had it been based on numbers for a full year. The impact of the COVID-19 pandemic in 2020/21 was such that there was little capacity to focus on Clostridioides difficile reduction. Efforts were made to continue where possible:

- Environmental controls are a top priority in the Trust's approach in tackling Clostridioides difficile. The deep clean schedule was completed where possible but not all areas were cleaned according to schedule. Regular environment audits were undertaken, results of which continued to be monitored through the Environment Group which reports to the Trust Infection Prevention Group. During the pandemic additional chlorine-based cleaning was taking place and wherever possible Hydrogen Peroxide Vapour (HPV) was used in individual bays and side rooms.
- Surveillance of cases to identify potential cross-transmission continued, with meetings and action plans enacted where indicated. Due to the COVID-19 pandemic the typing of strains by the reference laboratory was unavailable for some months.
- The availability of Human Probiotic Infusion (HPI) was halted during the early stages of the pandemic but is again 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 2021/22 there has not yet been an agreed trajectory; this will be released in Quarter 2 by NHSE/I, however 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 Clostridioides difficile reduction with a lower tolerance of individual cases.
- Antibiotic stewardship activities to be refreshed following limited activity in 2020-21 due to pressures of COVID-19 pandemic.
- A deep clean programme for inpatient and outpatient areas is undertaken efficiently and completed by the end of the year - including bespoke deep clean plan for hard to clean areas (e.g. Acute Medical Unit, Emergency Department, Integrated Critical Care Unit).
- A bed cleaning service is currently available for medical wards whereas beds, lockers and tables are removed from the ward once the patient has been discharged and replaced with furniture that has been through a thorough clean including HPV. A business case is currently in progress through Hotel Services to provide a full service to New Cross site in a bespoke setting.

Core Quality Indicators – Incident Reporting

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:

2019/20 (Full Year Data)			2020/21 (April - September)		
Incidents	% resulting in Death	% resulting in severe harm	Incidents	% resulting in Death	% resulting in severe harm
4514	0.2% (19)	0.1% (12)	4342	0.2% (9)	0.1% (6)

Data source – Trust Data NRLS 2021

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 as evidenced by benchmark comparisons within the National Learning and Reporting System (NRLS).
- It promotes the reporting of near miss incidents to enable learning and improvement and undertakes data quality checks to ensure that all patient safety incidents are captured and appropriately categorised in order to submit a complete data set and to enable wider learning from adverse events.

The Royal Wolverhampton Trust intends to take/ has taken the following actions to improve this, and so the quality of its services in 2021/22 by:

- The promotion and encouragement of a healthy reporting and learning culture to continuously improve patient safety.
- The engagement of staff in implementing a learning framework that ensures the proactive and reactive learning is shared.
- The introduction of the new requirements from the National Patient Safety Strategy including the Patient Safety Specialist role, Patient Safety Syllabus training, Incident Response framework, Investigation, Improvement and Human Factors methodology.

Core Quality Indicators – National Inpatient Survey

The 2020 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.

The CQC National Inpatient Survey for 2020 was postponed during the peak of COVID-19 Pandemic. However during January 2021 the survey commenced and patients were contacted to provide feedback, although results are not available until CQC release the official results late in 2021.

Once the results are known the Trust will compile a comprehensive action plan to make service changes to improve the patient experience where possible.

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 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.

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

- FFT data is published monthly and nationally.
- FFT data forms part of nursing metrics and is monitored against key performance indicators set.
- Analysis undertaken regards low performing areas and improvement plans implemented.

Survey Response Rate

	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21
Emergency Department	16%	17%	18%	18%
Inpatients	29%	35%	31%	27%
Maternity	12%	12%	13%	12%
Outpatients	14%	19%	18%	18%

Percentage of Patients who would recommend the Trust

	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21
Emergency Department	89%	82%	84%	84%
Inpatients	93%	92%	91%	90%
Maternity	92%	86%	86%	92%
Outpatients	94%	93%	94%	94%

Percentage of Patients who would not recommend the Trust

	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21
Emergency Department	7%	11%	10%	10%
Inpatients	4%	4%	4%	4%
Maternity	5%	10%	7%	5%
Outpatients	2%	2%	2%	2%

The Royal Wolverhampton Trust intends to take/ has taken the following actions to improve this, and so the quality of its services in 2021/22 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.
- Use FFT amongst other metrics to identify areas for improvement.

Please note that national reporting of FFT has been suspended during the peak of the pandemic however the Trust has continued to survey where possible. As a consequence, there are no national comparisons.

Core Quality Indicators – 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 staff FFT Friends and Family Test.

The data made available to the Trust by the information centre with regard to Supporting Our Staff (Staff FFT):

Recommendation Rates - Work			
	Q2 2019/20	Q4 2019/20	Q3 2020/21
RWT	81%	73%	75.5%
England	66%	No data	67%
Highest	97%	No data	84%
Lowest	33%	No data	47%

Not Recommended - Work			
	Q2 2019/20	Q4 2019/20	Q3 2020/21
RWT	90%	82%	80%
England	81%	No data	74%
Highest	100%	No data	92%
Lowest	50%	No data	50%

There has been a further and notable increase in both the Trust recommender rates, based on the two Staff Friends and Family Test questions:

- 75.5% of staff recommend the Trust as a Place to Work.
- 80.4% of staff recommend the Trust as a Place for Care/Treatment.

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

- 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.

The Royal Wolverhampton Trust intends to take/ has taken the following actions to improve this, and so the quality of its services in 2021/22 by:

- Benchmarking ourselves against our peers with aim to show continual improvements against national scores.

Note: The Staff Friends and Family Test (FFT) reporting was suspended nationally during the COVID-19 pandemic and therefore there is no additional comparative data available for 2020/21.

National NHS Staff Survey

The Trust has again undertaken a full census of the national NHS Staff Survey, whereby all of our staff have been invited to provide feedback on their workplace experience. The findings were grouped into 10 themes in 2020:

- Equality, Diversity & Inclusion
- Health and wellbeing
- Immediate Managers
- Morale
- Quality of Care
- Safe Environment – Bullying and Harassment
- Safe Environment – Violence
- Safety Culture
- Staff Engagement
- Team Working

There were improvements in two of the themed areas, which have been reported as statistically significant; these are Health and Wellbeing and Morale. These improvements are particularly notable in terms of staff experience, given the unprecedented and extremely difficult circumstances that staff have continued to work in during this last year of the COVID-19 pandemic. It is also a highly positive response to the targeted and increased overall health and wellbeing support packages provided to staff across the organisation during this period.

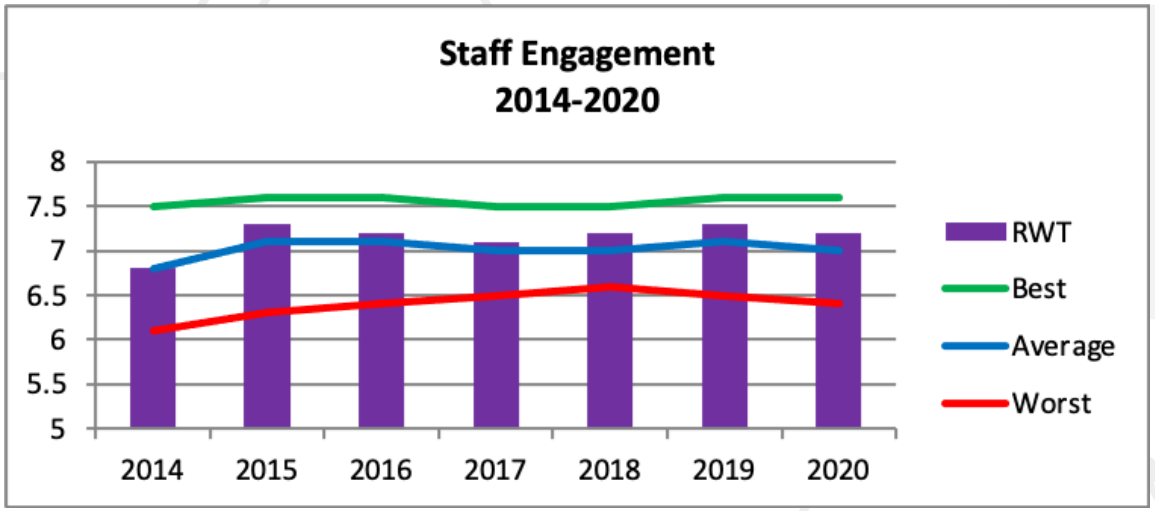
The table below shows a comparison between 2019 and 2020 results for each of the 10 survey themes; the 'Appraisals' theme was removed in order to focus on experiences in the COVID-19 pandemic. Themes are on a 0-10 point scale, where 10 is the best score attainable.

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, Diversity & Inclusion	9.2	3303	9.1	3252	Not significant
Health & Wellbeing	6.2	3340	6.4	3277	▲
Immediate Managers	7.0	3339	7.0	3278	Not significant
Morale	6.4	3286	6.5	3266	▲
Quality of Care	7.8	2837	7.8	2701	Not significant
Safe Environment – Bullying & Harassment	8.2	3306	8.2	3238	Not significant
Safe Environment – Violence	9.6	3315	9.6	3242	Not significant
Safety Culture	6.9	3308	6.9	3264	Not significant
Staff Engagement	7.3	3357	7.2	3275	Not significant
Team Working	6.7	3306	6.6	3234	▼

**Statistical significance is tested using a two-tailed t-test with a 95% level of confidence*

Staff Engagement

The graph below provides a comparison for each year from 2014 to 2020 and Staff engagement levels within RWT have remained fairly consistent over the last six years as well as above the average comparator group.



The 2020 NHS staff survey included reporting experiences for the 10 themes by COVID-19 classification breakdown:

- Worked on COVID-19 specific ward or area
- Redeployed (to other areas within the Trust)
- Required to work remotely / from home
- Shielding for self
- Shielding for household member

There were slightly higher levels of engagement recorded by staff 'required to work remotely' and staff 'shielding for self'; compared to all staff.

The Trust's staff engagement approaches in this last year have been with a focus on listening and learning sessions, surveys and focus groups, and engaging with our Employee Voice groups. In addition, there has been regular communication and updates provided across the organisation through daily/weekly communications bulletins, video messages and senior leadership briefings. Feedback from staff was included in designing and implementing a number of successful changes to many of the Trust's working practices, policies and processes.

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 People and Organisational Development Committee (PODC).

The Royal Wolverhampton Trust intends to take/ has taken the following actions to improve this, and so the quality of its services in 2021/22 by:

The key objective in this area for 2021/22 is to improve overall employee engagement. This will be measured by benchmarking ourselves against our peers with the aim to show continual improvements; in response to key questions related to staff engagement. Identified priorites for 2021/22 include:

- Compile local / divisional / corporate action plans to drive further improvements in the national staff survey results.
- Divisions utilising a range of methods to communicate with and engage and involve staff locally in implementing improvement actions.

- Engage with the Trust's Employee Voice groups in sharing and gaining feedback on survey results and plans.
- Robust systems in place to evidence actions and improvements for under-performing areas.

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Supporting Staff through Speaking Up

The Trust has been working with the Freedom to Speak Up (FTSU) Guardian to progress the below five identified FTSU objectives and has devised a Speak Up Vision. The objectives below have been successfully achieved and are evidenced in the FTSU Guardian Board reports.

1. Raise the profile and develop a culture where speaking up becomes normal practice to address concerns.
2. Develop mechanisms to empower and encourage staff to speak up safely.
3. Ensure that the Trust provides a safe environment for employees and others to raise concerns and speak up.
4. Ensure that concerns are effectively investigated and the Trust acts on its findings.
5. Ensure shared learning amongst local/regional/national Networks.

Despite the challenges of COVID-19 the Guardian has worked with the organisation to provide the safest way to deliver FTSU support and has also offered support to the Contact Links (volunteer employees supporting FTSU). This year there has been a significant increase in the number of cases being reported to the Guardian, a good indicator of speaking up culture as evidenced in the most recent FTSU Trust Board report.

The National Guardian's Office (NGO), NHS England and Improvement have published a FTSU Index report. The report brings together four questions from the NHS Staff Survey that relate to whether staff feel knowledgeable, secure, and encouraged to speak up and whether they would be treated fairly after an incident. The FTSU Index seeks to allow trusts to see how an aspect of their FTSU culture compares with other organisations so learning can be shared, and improvements made (National Guardian Office: 2020).

The RWT FTSU Index Score has seen a positive increase year on year:

- 2018 77%
- 2019 78%
- 2020 78.4%

The 2019 RWT FTSU Index score recorded a midrange position of 78% which was slightly lower than the national benchmark median score of 79%. In 2020, this position has improved slightly to 78.4%

however national benchmarking data is currently not available. The Trust is showing improvements to its FTSU culture; however further actions to embed FTSU within the organisation are required to ensure RWT achieve an above average FTSU Index score. The Guardian will work closely this next year with key stakeholders of the Trust to support actions in improving the FTSU Index score.

During the last unprecedented year, FTSU has focused on, online awareness training sessions and responded to departmental concerns. Training packages have been devised and delivered combining Equality, Diversity & Inclusion (EDI), Psychological Safety, and safe speaking up environments. This has been well received and has been successful due to the collaborative approach taken with the Trust EDI Lead, HR Advisory, Governance, Divisional, Departmental leads, and the Education & Training department.

Freedom to Speak Up at RWT is a valuable resource that ensures safe speaking up cultures, enabling to keep our patients and workforce safe. We have aligned our FTSU approach to our Trust values of being, Safe and Effective, Kind and Caring and Exceeding Expectation.

The next year of FTSU will focus on embedding the National Guardian e-learning for health programme into our e-learning platforms, expanding the volunteer support, reviewing the current FTSU resource the Trust has in place and working in collaboration with key partners in the Trust to contribute to further embedding a culture of FTSU.

Review of Quality

Our performance in 2020/21

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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 2020/21	Performance 2020/21	Performance 2019/20	Performance 2018/19
Cancer two week wait from referral to first seen date	93%	**86.71%**	82.11%	83.18%
Cancer two week wait for breast symptomatic patients	93%	**51.14%**	35.19%	51.12%
Cancer 31 day wait for first treatment	96%	**85.66%**	87.14%	90.15%
Cancer 31 day for second or subsequent treatment - Surgery	94%	**75.15%**	84.84%	76.02%
Cancer 31 day for second or subsequent treatment - Anti cancer drug	98%	**97.58%**	99.66%	100.00%
Cancer 31 day for second or subsequent treatment - Radiotherapy	94%	**92.51%**	90.87%	87.95%
Cancer 62 day wait for first treatment	85%	**55.30%**	58.07%	62.78%
Cancer 62 day wait for treatment from Consultant screening service	90%	**58.57%**	60.18%	78.48%
Cancer 62 day wait - Consultant upgrade (local target)	88%	**68.68%**	74.49%	81.90%
Emergency Department - total time in ED	95%	**85.56%**	85.91%	91.12%
Referral to treatment - incomplete pathways	92%	**65.26%**	84.31%	90.44%
Cancelled operations on the day of surgery as a % of electives	<0.8%	**0.34%**	0.65%	0.47%
Mixed sex accommodation breaches	0	**0**	0	0
Diagnostic tests longer than 6 weeks	<1%	**45.27%**	3.2%	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 2020/21	Performance 2020/21	Performance 2019/20	Performance 2018/19
Clostridium Difficile	40	**46**	43	31
MRSA	0	**2**	0	2
Referral to treatment - no one waiting longer than 52 weeks	0	**2,409**	0	0
Trolley waits in A&E longer than 12 hours	0	**169**	38	7
VTE Risk Assessment	95%	**93.57%**	94.48%	93.26%
Duty of Candour - failure to notify the relevant person of a suspected or actual harm	0	**1**	0	1
Stroke - 90% of time spent on stroke ward	80%	**91.88%**	94.08%	93.55%
Maternity - bookings by 12 weeks 6 days	>90%	**92.00%**	90.60%	90.80%
Maternity - breast feeding initiated	>64%	**71.50%**	69.90%	64.90%

Engagement in the developing of the quality account

Prior to the publication of the 2020/21 Quality Account, we have shared this document with the following:

- Our Trust Board, including combination of Non-Executive and Executive Directors
- City of Wolverhampton Council Health Scrutiny Panel
- Wolverhampton Clinical Commissioning Group
- Health and Care Overview Committee Staffordshire County Council
- Trust staff
- Healthwatch
- Council of Members

NHS
Wolverhampton
Clinical Commissioning Group

Statement from Wolverhampton Clinical Commissioning Group

WCCG welcomes the opportunity to provide this statement for The Royal Wolverhampton Trust Quality Account for 2020/2021. May we start reviewing your Quality Account by congratulating you on winning the "Best Diversity and Inclusion Practice Award" for the Clinical Fellowship Programme and "Best UK Employer of the Year" for Nursing Staff at the Nursing Times Workforce Awards 2020. During this year, the NHS has faced the unprecedented challenge of COVID 19, and we genuinely recognise the efforts the Trust has made to maintain Quality whilst acknowledging the uncertainties and the challenges faced during 2020/2021. The CCG would like to thank all the staff at RWT for their outstanding commitment in responding to the pandemic and transforming services to deliver new ways of working to ensure patient care is continuously delivered to a high standard. We commend the Trust for their exceptional contributions and their collaborative working approach as a key system partner in our response to COVID19.

We are proud of the CCG's effective working relationship with the Trust across the quality and safety agenda and we recognise the Trust's achievements against the quality priorities and their individual and collective engagement with the commissioners. Upon reviewing this Quality Account, we note that this Quality Account complies with national guidance and demonstrates a wide range of areas where there has been achievement and areas where improvement is required. Throughout 2020/2021, the WCCG continued to hold regular Clinical quality review meetings with the Trust, which were well attended and provided positive engagement for the monitoring, reviewing, and mitigation of any safety and quality issues.

The CCG fully endorses the priorities outlined by the Trust for 2021/2022, as they are in line with the broad domains of Quality and safety clearly focused on improving the patient experience by strengthening existing and future workforce arrangements. The CCG would particularly like to note the following key achievements for 2020/2021:

- For successful recruitment programme for nursing continued despite the impact of the COVID-19 pandemic, which has significantly improved trust vacancy position since April 2020 for registered nurses, midwives, healthcare support workers and other support staff.
- For investing positively in staff's professional development as The Trust has increased the number of Registered Nurses undertaking Degrees and Master's Degrees in line with providing a knowledgeable workforce to deliver the best possible patient care.
- For Trust's approach to improving Quality of mental health care service provision at the Trust by implementing a robust governance structure and developing mental health policy in partnership with Black Country Healthcare Mental Health Trust.
- It is positive to see that even during COVID Pandemic, Trust committed to providing a positive experience for the patients and families by investing in new technology to ensure those patient families are not only able to visit virtually but are continued to be involved in decision-making about their loved ones and part of discussions during ward rounds.
- Establishment of a Continuous Quality Improvement Team at the Trust to support a culture of Continuous Quality Improvement to improve organisational effectiveness and behaviours at the Trust.
- For achieving a reduction in Summary Hospital-level Mortality Indicator (SHMI) and maintaining Trust's SHMI position within an expected range.

Whilst we note incident reporting had remained a priority throughout the pandemic, we also recognise that the decrease in reported incidents reflected a similar reduction in activity and bed occupancy. However, we will continue to monitor and seek assurance from the Trust on all incidents to ensure that any learning identified is shared across the Trust and system if applicable, to prevent recurrence of similar incidents. As a commissioner of this service, we are fully

aware that the Trust was engaged with three CQC TMA (Transition Monitoring Arrangement) calls relating to Emergency Department (ED), Infection Prevention (IP) and Well-Led. It is positive to see that ED and IP were of a good standard, and the verbal report from the CQC has deemed Trust to be at low risk in all areas for the Well-Led review.

Throughout the COVID pandemic, the Trust maintained the delivery of all emergency activity and many urgent and life-extending services. However, we recognise the long waits that routine patients may have had to endure as the system restores will also have inevitably impacted on the patient experience and potentially patient outcomes.

The decreased performance for many cancer targets has been a significant challenge for the trust, acknowledging the increased volume of referrals overall and activity on some diagnostic services. The CCG is actively working with the trust and wider system to restore and recover services, drawing on wider system initiatives to improve overall performance.

The 2020 staff survey is a particular highlight, with an improvement in two of the themed areas, which have been reported as statistically significant; these are Health and Well-being and Morale; we also acknowledge that further work is required by the Trust on some of the other indicators and actions are being taken to address this.

The CCG confirms to the best of its ability that the Annual Quality Account information is an accurate and fair reflection of the Trust's performance for 2020/2021. It is presented in the format required and contains information that accurately represents the Trust's quality profile and reflects quality activity and aspirations across the organisation for the forthcoming year. The CCG looks forward to working in partnership with the Trust to assure the Quality of services commissioned in 2021/22.

Sally Roberts

Chief Nursing Officer, Black Country and West Birmingham CCG and Black Country and West Birmingham ICS Lead Nurse

Date: 11th June 2021

CITY OF WOLVERHAMPTON COUNCIL

Statement from City of Wolverhampton Council Health Scrutiny Panel

City of Wolverhampton Council's, Health Scrutiny Panel wish to put on record, their gratitude to all the staff of the Royal Wolverhampton NHS Trust who have had to work exceptionally hard under very difficult circumstances during the Covid-19 pandemic. Panel Members also wish to pay tribute to the staff who have sadly lost their lives as a consequence of the pandemic.

The partnership working which has taken place over the course of the pandemic has been a remarkable achievement and has opened up new ways of working for the future. We are certain that partnership working will be the key to help improve health outcomes for the residents of Wolverhampton moving forward. The Panel will be taking a particular interest in the Integrated Care System in the forthcoming municipal year and shining a spotlight on the local governance arrangements. We will be especially interested in the financial arrangements of the Trust and the ICS and how these have been affected due to the Covid-19 pandemic. A key part of the Panel's work will be looking at health inequalities within the City and how the Trust working in partnership with others can help reduce them.

We are pleased to read in the Quality Accounts that there will be a focus on improving health outcomes for patients with Sepsis. We look forward to hearing more about this work in the future. We also support you reviewing the provision of Mental Health Care within the Trust. We fully agree that you should focus on improving the waiting times for 62-day Cancer performance, given that this is in the lowest quartile. We hope that the newly formed Cancer Improvement Board will have an impact and we will certainly wish to hear from the Chair, the Chief Medical Officer, about the work being undertaken, so this can be monitored by the Panel. We will also wish to hear more about the Clinical System Framework launched in March 2020 and how this links with trying to improve Cancer Services.

The Panel is acutely aware of the pressures Covid-19 inflicted upon the Trust and so our comments on the Quality Accounts are seen within this context. We note that the Clostridioides Difficile rate was over trajectory. We were slightly concerned that the deep clean schedule had not been completed entirely, with wards having received only partial deep cleans throughout the year. It is noted that due to Covid-19 that unfortunately the availability of Human Probiotic Infusion was halted during the early stages of the pandemic and that the typing of strains was halted for several months due to the reference laboratory being unavailable. We also note that the device related hospital acquired bacteraemia was above the internal target. We would like to see targets being met again in these areas for the forthcoming year.

The Panel would like to see an improvement in the year ahead for the statistics for people being able to get "Through to Surgery Phone", which stood at 65%. This was below the national average and a significant decrease in performance since 2019 and 2018. The Panel commends the Trust on introducing the new "Listen, Learn, Share," newsletter. The Panel has in the past taken an interest in End of Life Care and we note that one of the areas highlighted for improvement was the 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. We would like to hear of the actions taken in this area in the future. We also support and will be interested in the results of the pilot of a Medical Examiner and Mortality Review System in the Trust's Primary Care Practices during 2021 / 2022.

Cllr Susan Roberts MBE

Chair of Health Scrutiny Panel

City of Wolverhampton Council

17th June 2021

Statement from Healthwatch

Healthwatch Wolverhampton response to The Royal Wolverhampton NHS Trust Quality Account Priorities 2020/2021.

"Healthwatch Wolverhampton is pleased to have been invited to comment on the Quality Priorities for the Trust.

We recognise the pressure that the Trust had endured over the last 12 months, especially the health and well being of the staff.

It is good to hear that throughout the pandemic the Trust have had a successful recruitment for nurses.

We agree with the priorities that have been chosen for 2021/2022, however there are many challenges that the NHS and Social Care will face over the next coming years ensuring that services are restored safely including face to face appointments both within the hospital and GP practices.

Healthwatch Wolverhampton would like the communication to patients to be improved especially with the long waits that patients will have to endure whilst services are restored.

Healthwatch was pleased to see "Listen, Learn, Share" newsletter being introduced as they instigated this ensuring that patients and the public were aware of what lessons had been learnt from patient experience / complaints.

As Healthwatch Wolverhampton have not been able to carry out Enter and Visits this during this period, they would welcome to work with the Trust to carry out re-visits to previous visits that have taken place.

Healthwatch welcomes the opportunity to continue to work with the Trust to ensure there is ongoing and meaningful conversations and engagement with patients and members of the public.

Healthwatch looks forward to reviewing progress against the forthcoming years and priorities and to reviewing the outcomes measured in the 2021/2022 Quality Report to be able to access how the quality initiatives have impacted the residents of Wolverhampton".

Kind regards

T. Cresswell

Tracy Cresswell

Healthwatch Manager

16th June 2021

Rose Urkovskis

Rose Urkovskis

Healthwatch Chair

16th June 2021

Statement of Director Responsibilities in respect of the Quality Account 2020/21

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

28th June 2021

Professor Steve Field, CBE

Chairman

28th June 2021

Statement of Limited Assurance from the Independent Auditors

Due to the coronavirus (COVID-19) pandemic, a decision was made nationally in January 2021 to suspend the assurance audit element of the Quality Account 2020/21.

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Appendix 1 – National Clinical Audits that the Trust participated in during 2020/21 and remain in progress

The 79 national Clinical Audits the Trust collected data for in for 2020/21 are as follows.

The reports for the 2020/21 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
BAUS Urology Audits	BAUS Cytoreductive Radical Nephrectomy Audit	Urology
BAUS Urology Audits	BAUS Renal Colic Audit	Urology
Breast and Cosmetic Implant Registry (BCIR) BCIR operate a continuous data collection model.	Breast Implant – cosmetic augmentation and breast reconstruction with implant including revision and removal	General Surgery
British Spine Registry	N/A	T&O
Case Mix Programme (CMP)	N/A	Critical Care
Elective Surgery (National PROMs Programme)	N/A	T&O
Emergency Medicine QIPs	Pain in Children (care in emergency departments)	ED
Falls and Fragility Fractures Audit programme (FFFAP)	Fracture Liaison Service Database	Rheumatology
Falls and Fragility Fractures Audit programme (FFFAP)	Fracture Liaison Service Database / Vertebral Fracture Sprint Audit	Rheumatology
Falls and Fragility Fractures Audit programme (FFFAP)	National Audit of Inpatient Falls	T&O
Falls and Fragility Fractures Audit programme (FFFAP)	National Hip Fracture Database	T&O

Inflammatory Bowel Disease (IBD) Audit	Inflammatory Bowel Disease (IBD) Biological Therapies Audit work streams	Gastroenterology
Learning Disabilities Mortality Review Programme (LeDeR)	N/A	Trust wide
Mandatory Surveillance of HCAI	N/A	Microbiology
Maternal, Newborn and Infant Clinical Outcome Review Programme	Perinatal Mortality Surveillance	Obstetrics
National Acute Kidney Injury Programme	N/A	Renal
National Audit of Breast Cancer in Older People (NABCOP)	N/A	General Surgery
National Audit of Cardiac Rehabilitation Continuous data collection	N/A	Cardiology
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 Diabetes Audit - Adults	National Diabetes Foot Care Audit	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 Emergency Laparotomy Audit (NELA)	N/A	Critical Care

National Gastro-intestinal Cancer Audit Programme (GICAP)	National Oesophago-gastric Cancer (NOGCA)	Oncology
National Gastro-intestinal Cancer Audit Programme	National Bowel Cancer Audit (NBOCA)	Oncology
National Joint Registry (NJR) Continuous data collection	8 workstreams; Hip Replacement, Knee Replacement, Ankle Replacement, Elbow Replacement, Shoulder Replacement, Implant Performance, Hospital Performance & Surgeon Performance	T&O
National Lung Cancer Audit (NLCA)	N/A	Respiratory
National Maternity and Perinatal Audit (NMPA)	N/A	Obstetrics
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	N/A	Neonatal
National Prostate Cancer Audit (NPCA)	N/A	Urology
Perinatal Mortality Review Tool	N/A	Obstetrics
Perioperative Quality Improvement Programme (PQIP)	N/A	Critical Care
RESECT - transurethral REsection and Single instillation mitomycin C Evaluation in bladder Cancer Treatment	N/A	Urology
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	AMU
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 Renal Registry	N/A	Renal
Audit of the management of Primary Biliary Cholangitis (PBC) in the United Kingdom, supported by the British Society of Gastroenterology (BSG) and British Association for the Study of the Liver (BASL): the UK-PBC Audit.	N/A	Gastroenterology
Fragility Fracture Post- Operative Mobilisation (FFPOM)	N/A	Care of the elderly
National Audit (QIP) - Project Assessing the Management of Endometrial Hyperplasia (pre and post 2016 green top guideline).	N/A	Gynaecology
Evaluation of Practice Patello-Femoral Instability Collaborative	N/A	Trauma & Orthopaedics
GlobalSurg-CovidSurg Week international audit. Coordinated by NIHR Global Surgery Unit, University of Birmingham.	N/A	Head & Neck
NICE NG 118: COVID Stones: An observational multi-centre cohort study investigating the clinical management and outcomes of ureteric stones during the COVID-19 pandemic in the United Kingdom	N/A	Urology
UK CoTS (COVID Trauma Surge) project	N/A	Trauma & Orthopaedics
UK COVID and Gynaecological Cancer Study	N/A	Gynaecology
KPI's - 12 month for each procedure	N/A	Gastroenterology
Gastric Ulcer Audit	N/A	Gastroenterology
Post Colon Colorectal Cancer (PCCRC)	N/A	Gastroenterology
Small Bowel Capsule Endoscopy	N/A	Gastroenterology
GI Bleeding Audit 2020	N/A	Gastroenterology
Flexi Audit: April 20 - Sept 20 - 6 month review	N/A	Gastroenterology
OGD Audit: April 20 - Sept 20 - 6 month review	N/A	Gastroenterology
Colon Audit	N/A	Gastroenterology

IQILS Audit	N/A	Gastroenterology
National GRS ERCP	N/A	Gastroenterology
Motor Neurone Disease Care Audit	N/A	Neuro Rehab
NATIONAL COVID surg cancer	N/A	Cardiothoracic Surgery
National re-Audit Management of syphilis as per BASHH Guidelines	N/A	Sexual Health/GUM
CovidSurg-Cancer: an international cohort study assessing the safety of surgery for all types of cancer during the COVID-19 pandemic and the impact of the pandemic in cancer delay and treatment pathways.	N/A	General surgery
CovidSurg: an international cohort study, aiming to assess the outcomes of surgery in patients diagnosed in COVID-19	N/A	General surgery
CovidCollab - A panspecialty international project to determine point of care predictors from routinely collected data. (National Audit) 19/20	N/A	Care of the elderly
Regional Audit: Data collection for Neck of Femur patients during the COVID-19 Outbreak - Contribution to a regional Orthopaedics collaborative project in the Midlands	N/A	Trauma & Orthopaedics
National (BASHH) SAS AUDIT on NSU/ non chlamydia non gonococcal	N/A	Sexual Health/GUM
National Child Mortality Database	N/A	Children's services

Appendix 2 – National Clinical Audits reviewed by the Trust in 2020/21 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 2021/22 audit plan for subsequent re-audit.

The reports of 25 completed National Clinical audit projects have been reviewed in 2020/21 by the provider to date and the actions being taken to continue improvement are below.

2020/21 Audit ID	National Clinical Audit, Enquiry, Project name & Work-stream	Lead Directorate	Compliance rating	Actions identified to improve the quality of healthcare provided
5515	GlobalSurg-CovidSurg Week	Trauma & Orthopaedics	Not Applicable	Not applicable
5450	Functional outcome measures from patients from neuro rehabilitation unit from the West Park Hospital	Neuro Rehab	Minor Non-Compliance	Cross checking for completion score by a senior team member
5378	A snapshot of presentation and management of acute appendicitis during the COVID-19 pandemic (Local and national findings - HAREM Study)	General surgery	Not Applicable	N/A - no audit standards
5321	National Joint Registry (NJR) Annual Report (2019/20) Data)	Trauma & Orthopaedics	Fully Compliant	Consideration to be given to; addition in NoF booklet/ On call team/ Hip fracture nurse check
5318	PROMS (Patient Reported Outcome Measures) Audit 2019-20 data	Trauma & Orthopaedics	Not Applicable	No actions required there was nothing in the data to inform any change of practice.
5313	2020/21 BAUS National Complex Surgery Audits/ National Prostate Cancer	Urology	Not Applicable	Not Applicable

5307	Retrieval of caval filters	Radiology	Fully Compliant	Discussion in Interventional Radiology meeting. Always clearly document initial decision to retrieve or not. Ensure clear responsibility for following-up all patients.
5279	National BHIVA Audit 2019 data	Sexual Health/ GUM	Fully Compliant	Ensure pathways into HIV care are readily accessible with clear guidance for all health care professionals and peer/community support organisations. This should be kept updated and communicated to colleagues, especially general practice. Routinely discuss all relevant topics including U=U (undetectable equals untransmittable) and availability of peer/community support with newly diagnosed individuals. Review individuals who have not started ART (antiretroviral treatment) within 6-8 weeks of diagnosis to identify possible support need.
5210	NELA - National Emergency Laparotomy Audit (relates to 2018/19 submission of data). 2020/21	Critical Care	Minor Non-Compliance	A regular forum has been set up to discuss and try to improve aspects of care. Clinical Directors and Medical Directors should ensure local workforce planning facilitates the consultant presence throughout the perioperative journey 24/7. This should include the wider multidisciplinary team. Local NELA leads should include the wider multidisciplinary team such as geriatricians, radiologists, physicians and emergency department doctors in the design and delivery of the emergency laparotomy care pathway. Medical Directors, Clinical Directors and Leads should design and implement NELA pathways of care and improvement work that includes ED teams to ensure the most rapid, seamless management of these high risk patients. Medical Directors should direct Clinical Directors to broaden the local NELA team by appointing ED physicians as NELA clinical leads.

5172	Safety Of The Use Of Direct Oral Anticoagulants (DOACs) In Morbidly Obese Patients With Non-Valvular Atrial Fibrillation (NVAF) Undergoing Elective Direct Current Cardioversion (DCCV) (2020/21)	Cardiology	Minor Non-Compliance	This will be re-audited as part of the national program to see if world-wide levels are still rising
4750	National Hip Fracture Data Annual Report - 2019 Data 2019/2020	Trauma & Orthopaedics	Minor Non Compliance	On-going improvement of this service, with dedicated lead and fracture nurse. Care of Elderly fully involved as well.
5012	NCEPOD - In hospital management of out of hospital cardiac arrests 2019/2020	Critical Care	Fully Compliant	Not applicable as fully compliant
4800	National Smoking Cessation Audit 2019	Respiratory medicine	Fully Compliant	Not applicable as fully compliant
4887	SAMBA 2019/20 - Society for Acute Medicine Benchmarking	Acute medicine	Moderate Non-Compliance	A review of time from DTA (daytime arrival) to consultant review will be included in the next SAMBA audit
4761	National ICNARC Case Mix Audit & Research Programme for Critical Care (relates to 2018/19 data cycle). 2019/2020	Critical Care	Fully Compliant	Not applicable as fully compliant
4723	National Audit Management of syphilis as per BASHH Guidelines 2019/20	Sexual Health/ GUM	Minor Non-Compliance	Actions needed; repeat STS bloods at 3, 6 and 12 months then ongoing 6 monthly if needed until results stable. Arrange 3 month blood repeats for our patients and STS contacts should be treated on presentation.
	DRAFFT IMPACT STUDY	Trauma & Orthopaedics	Fully Compliant	Not applicable
4628	Learning Disability Mortality Review Programme (LeDeR) 19-20	Trust wide	Not Applicable	All National recommendations are reviewed and appropriate actions are agreed upon and monitored via the Trust Mortality Review Group.
4119	Cancer Services	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.
4057	PROMS (Patient Reported Outcome Measures) Audit 2018-19 data	Trauma & Orthopaedics	Fully Compliant	Not applicable as fully compliant.

4055	Cancer Services National Gastro-intestinal Cancer Audit Programme (National Oesophago-gastric Cancer (NOGCA) National Bowel Cancer Audit (NBOCA))	Oncology	Fully Compliant	Not applicable as fully compliant.
4054	Cancer Services National Bowel Cancer (NBOCA) 2018/19 data	Oncology	Moderate Non-Compliance	Discussion of the audit results will occur at the Directorate Governance meeting and a local action plan will be discussed and implemented.
4051	National Falls and Fragility Fractures Audit programme (FFFAP, 2018/19)	Rheumatology	Significant Non-Compliance	A business case will be written to get the FLS team fully commissioned. This will allow the FLS team to increase the capacity and improve the efficiency within the service e.g. use of technology etc.
4048	National Diabetes Audit - Adults (National Care Diabetes Audit) 2019 data	Diabetes	Minor Non-Compliance	Discuss finding at Governance Meetings. Review national recommendations and implement local action plan if required.
4047	National Diabetes Audit - Adults (National Diabetes Inpatient Audit (NaDia) -reporting data on services in England and Wales) 2018 data	Diabetes	Fully Compliant	Not applicable as fully compliant.
3436	National Diabetes Audit - Adults, Foot Care Audit 2015-18	Diabetes	Fully Compliant	Not applicable as fully compliant.

Appendix 3 – Local Clinical Audits reviewed by the Trust in 2020/21 with actions intended to improve the quality of healthcare provided

38 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
Radiology	CTPA indications and outcomes in COVID-19 positive cohort compared to COVID-19 negative cohort	Significant Non-Compliance	Radiology CD to email out to clinicians. ICE CTPA request update.
Therapies & Dietetic Services	Diabetic Foot Screening	Moderate Non-Compliance	Re-audit non-compliant staff. Discuss with IT team as a priority for New EPR plan; modify data collection system to make mandatory in new Electronic Record.
Therapies & Dietetic Services	Foot Health Skin Integrity Trigger Tool -re-audit	Moderate Non-Compliance	Review documentation Staff that did not comply with process to be re-audited.
Safeguarding	Compliance Against CP 11 and the Mental Capacity Act 2005 when completing DNACPR	Significant Non-Compliance	A Trust wide action plan has been developed to address the non-compliance. A MCA task and finish group has been convened. The Trust risk level for Risk No. 5388 Mental Capacity Assessments has been escalated to red for closer monitoring and improvement.
Urology	Audit of Stent Stickers	Moderate Non-Compliance	To remind all clinicians to add sticker post op to any stent or ureteroscopic procedure.
Trauma & Orthopaedics	Evaluation of appropriateness of knee MRIs in patients above 60 years: A QIP	Moderate Non-Compliance	To present findings to Primary Care and Triage.

Cardiothoracic Surgery	Audit of Pacing box checklist form	Moderate Non-Compliance	Discussion amongst senior colleagues Re-audit to check compliance. Aim for pacing sheet completion by shift Registrar. Intraop documentation- aim to be completed by ICU handover teams. Switched off/ PWTCO needs documenting Enforced by colleagues as patient safety issue. Reinforce check
Trust wide	Adult and Paediatric Cardiac Arrest Trolley Audit 2019 data	Significant Non-Compliance	Results have been appropriately disseminated across all participating Directorates. A working group will be set up to review options regarding equipment availability, and checking procedures. A risk assessment has been completed. Any identified incidents / risks trends reported to be reviewed for potential escalation.
Stroke	Review of current practice of urinary catheterisation in the stroke unit at New Cross Hospital, Wolverhampton	Moderate Non-Compliance	Daily review of electronic reminders or handover sheets prompting 'Think Catheter/Continence' would be important to reduce catheter days and potential infection rates. Stamp/Sticker in Medical Notes highlighting date of catheter insertion may also serve as a reminder to clinicians to prioritise continence in association with other post stroke parameters.
Stroke	A QIP on VTE assessment in stroke unit.	Moderate Non-Compliance	Protocol & written guidance on VTE assessment for Junior Doctors, Nurses and Ward Clerks. VTE alert on handovers. VTE stamps on each patient after ward-rounds. Consultants ensuring VTE assessment is completed by Junior Doctors during ward round.

Trauma & Orthopaedics	QIP: The design and implementation of 'A Femur Fracture Admission Blood Profile Panel' to improve patient care delivery	Moderate Non-Compliance	Better awareness in all staff involved in the process, so as to improve the number of venepunctures undertaken in the first 24 hours of admission/pre-operatively.
Accident & Emergency	Fractured Neck of Femur	Significant Non-Compliance	Design of potential Rapid Assessment Triage proforma. A requirement for pain scores to be completed on arrival to hospital.
Stroke	Audit of End of Life care delivery in terminally ill stroke patients admitted to Stroke Unit, New Cross Hospital	Moderate Non-Compliance	Plan to develop a proforma /check list with all parameters discussed in relation to EOL care and put in the patient's notes while decision is made. Learning from audit shared with all members of the stroke multidisciplinary team. Planned involvement of palliative care team in morning huddles and aims for early referral following identification of suitable patients.
Rheumatology	Mycophenolate counselling-contraceptive advice/ pregnancy test and documentation (QIP).	Significant Non-Compliance	To ensure patients starting on MMF have documented education on pregnancy/contraception. To ensure clear documentation in the patient notes that conception advice and risks of mycophenolate have been given to all female patients. This will be discussed in the departmental meeting to come up with the most appropriate way to document drug education and documentation
Rheumatology	Hydroxychloroquine monitoring - compliance to new clinical guideline from The Royal College of Ophthalmologist.	Significant Non-Compliance	Recommendations include displaying posters in clinic rooms and noticeboards in the Rheumatology department as a reminder to clinicians to refer patients for HCQ retinopathy monitoring. Alongside this, a reminder email will be sent to rheumatology consultants covering key points of the guideline. Data will be collected in 6 months to complete the cycle to assess any improvement in the number of referrals for retinopathy monitoring. A complete action plan will be determined after discussion at the Governance meeting.

Rheumatology	Monitoring of JAK inhibitor in Rheumatology department (20/21)	Moderate Non-Compliance	We will stress the importance of timely disease activity assessment visits in next governance meeting but due to COVID-19, more assessments are being done virtually and physical assessment are not always possible during the current COVID-19 era.
Primary Care Services (VI)	Medicines Storage	Significant Non-Compliance	Each practice has an action plan to progress. A PCN level action plan has also been developed to prioritise and progress the eight areas with 0-10% compliance. A re-audit will occur every 6 months until we have achieved 100% compliance across all practices.
Children's Services – Acute	Newly Diagnosed Juvenile idiopathic Arthritis (JIA)	Significant Non-Compliance	Currently an Amber Risk on the Directorate Risk Register to allow for closer monitoring. Orthopaedics to review capacity for clinics.
Trauma & Orthopaedics	Re-audit: Informed Surgical Consent in Neck of Femur cases	Moderate Non-Compliance	To write to consultants involved about the deficiencies identified in this audit and reinforce the importance of adding these to the consent process.
Trauma & Orthopaedics	Audit of informed surgical consent gained in Neck of Femur cases - Standards used as per the British Orthopaedics Association	Moderate Non-Compliance	To write to all the clinicians that are involved in the consent process and highlight the deficiencies identified in this audit and to reinforce the importance of the risks.
Rheumatology	Audit of CP50- Results filing in rheumatology (based on the local SOP in this area; SOP 2. Rheumatology CP50 Compliance and ICE Results Review Policy)	Moderate Non-Compliance	Will query departmental feedback regarding our improving, but unsatisfactory performance. Will send an all user email communication regarding ICE filing in the department- encouraging trainees and staff to file results as outlined in our local policy for CP50: SOP 2. Rheumatology CP50 Compliance and ICE Results Review Policy.

Children's Services – Community	Paediatric Palliative Care Service Evaluation	Moderate Non-Compliance	Will review current method for reviewing ACPs. Provide training for community paediatric team in completing advance care plans. Will arrange flag on portal for children with Advance Care Plans. Ensure the development of palliative care service within community paediatrics.
General surgery	Imaging of Acute Pancreatitis	Moderate Non-Compliance	We will look to put in place Cycle 3 of the audit and amend the acute pancreatitis proforma with information on how to request CT ABP; timings on when to request CTs in acute pancreatitis and USS.
Head & Neck	ENT referrals Project	Moderate Non-Compliance	Provide communication to ED and to Primary Care GPs that guidance is available from ENT on diagnosis of Quinsy and guidance available on the management of Otitis Externa to GPs.
General surgery	Terminal ileum biopsies for patients undergoing colonoscopies for symptoms of diarrhoea	Significant Non-Compliance	Further detailed analysis of results required. Will raise awareness about the importance of TI intubation and conduct a re-audit.
Therapies & Dietetic Services	(SALT) Head and Neck and Voice Services Benchmarking Exercise	Moderate Non-Compliance	Arrange discussions with ENT colleagues to establish a system which would allow a regular session to allow for joint assessment and management of patients referred with voice disorders.
Children's Services – Community	Blood Borne virus screening in unaccompanied asylum seekers (2019/2020)	Moderate Non-Compliance	A local pathway needs to be devised for unaccompanied asylum seeking children for screening.
Pharmacy	An audit of the co-amoxiclav prescriptions dispensed by Boots/main pharmacy during April 2019.	Moderate Non-Compliance	Further investigations required on why large amount of prescriptions were inappropriate. The results will be discussed with the ED governance team, and fed back to ASG (Antimicrobial Stewardship Group), as well as IPCG (Infection Prevention and Control Group). An audit of the Mediwell prescriptions for co-amoxiclav is required to identify if there is a difference in the prescribing trend out of hours.

Haematology	Haematology NG51, QS161 Management of Sepsis in CHU	Moderate Non-Compliance	Ensure appropriate antibiotic & IV fluids are given. Ensure use of Sepsis Toolkit on Vitalpac. Request “Sepsis Pack” on ICE including FBC, U&E, LFT, CRP, Coagulation Profile, Lactate, Blood C/S, Line C/S, Urine C/S, Throat Swab, Wound Swab. Monitor & document hourly Urine Output on Vitalpac. Appropriate Escalation & Documentation in patient note. Regular training, teaching, posters & awareness sessions for Doctors & Nurses. Re-audit at regular intervals
Children's Services – Acute	Sickle Cell Disease (2019/2020)	Significant Non-Compliance	Continued education; refresh knowledge of guidelines and management of sickle cell in staff. Business case to be submitted for Haematology specialist nurse to lead nurse training. Update Sickle cell guideline to include Proforma for sickle crisis for prompting reassessment. Vital Pac for observation to include pain monitoring and electronic prompts.
Trust wide	Health Records OP07 - Documentation 19/20	Moderate Non-Compliance	Results will be disseminated to all Directorates who participated. Due to the consistent results, Health Records will be exploring alternative ways of capturing data to provide assurance of compliance with OP07 going forward.
Renal medicine	Documentation of fluid status assessment for patients in the Acute Medical Unit	Significant Non-Compliance	Suggested future interventions include having a prompt on EPMA when prescribing fluids, targeting core medical trainees and registrars and offering education to the nursing staff to involve them in this aspect of patient care.

Trauma & Orthopaedics	Consent form 4 in Neck of Femur fractures - a retrospective audit on accuracy, appropriateness and compliance	Moderate Non-Compliance	Develop poster for education purposes, present findings in Governance meeting and re-audit once further education has been provided.
Gynaecology	'See and Treat' - A Patient Satisfaction Survey	Moderate Non-Compliance	Present findings in department and ensure staff understand that they are to offer women, from the outset, the choice of having the procedure performed as a day case procedure under general or regional anaesthetic as per national guidance.
Adult Community Services	Deteriorating Patient Escalation audit	Moderate Non-Compliance	Sharing of the audit and reminder to all staff to complete NEWS2 score on initial assessment. Sharing of audit and recirculation of NEWS2 chart as a reminder.
Diabetes	Hypothyroidism in pregnancy	Moderate Non-Compliance	Patients with underactive thyroid are actively encouraged to increase levethyroxine doses as soon as they become aware that they are pregnant. There is now a dedicated telephone clinic within obstetrics that ensures early and routine follow up of pregnant mothers with hypothyroidism.
Gynaecology	NICE NG 126: Management of Ruptured Ectopic Pregnancy Audit	Moderate Non-Compliance	To disseminate the findings and highlight the recommendations to colleagues in ultrasound department.
Gynaecology	An Audit on the Management of Ovarian Cancer (NICE CG122/QS018/IPG470) British Cancer Society Guidelines 2018/2019	Moderate Non-Compliance	To advise at Gynae care meeting that: • For patients <40 years, tumour markers must include CA125, bHCG and AFP • An ultrasound abdomen pelvis should be the first imaging modality in secondary care with suspected ovarian cancer • Risk of malignancy index should be documented for all suspected cases.

How to give comments

We welcome your feedback on this Quality Account and any suggestions you may have for future reports.

Please contact us as indicated below:

Alison Dowling

Head of Patient Experience & Public Involvement

The Royal Wolverhampton NHS Trust

New Cross Hospital

Wednesfield Road

Wolverhampton

WV10 0QP

Email: rwh-tr.patientexperienceteam@nhs.net

Glossary

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

A&E	Accident and Emergency Department	MSSA	Methicillin Sensitive Staphylococcus Aureus
ACPs	Advanced Clinical Practitioners	MUST	Malnutrition Universal Screening Tool
CCS	Clinical Classification System	NCDAH	National Care of the Dying Audit – Hospitals
C-Diff	Clostridium Difficile	NCEPOD	National Confidential Enquiry into Patient Outcome and Death
CICT	Community Intermediate Care Team	NCI/NCISH	National Confidential Inquiry into Suicide and Homicide by People with Mental Illness.
CQC	Care Quality Commission	NHS	National Health Service
CQUIN	Commissioning for Quality and Innovation	NHSLA	NHS Litigation Authority
CMACH	Confidential Enquiry into Maternal and Child Health	NICE	National Institute of Clinical Excellence
CNO	Chief Nursing Officer	NIHR	National Institute for Health Research
DNA	Did Not Attend	NPSA	National Patient Safety Agency
DRHABs	Device related hospital acquired bacteraemia (blood infections)	NRLS	National Reporting and Learning Service
EAU	Emergency Assessment Unit	NSSC	Nutrition Support Steering Committee
ED	Emergency Department	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
HCAs	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

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