

Health Scrutiny Panel

23 June 2016

Time 2.00 pm **Public Meeting?** YES **Type of meeting** Scrutiny

Venue Committee Room 3 - Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

Membership

Chair Cllr Jasbir Jaspal (Lab)
Vice-chair Cllr Wendy Thompson (Con)

Labour

Cllr Craig Collingswood
Cllr Peter O'Neill
Cllr Phil Page
Cllr Judith Rowley
Cllr Stephen Simkins
Cllr Martin Waite

Conservative

Cllr Arun Photay

Liberal Democrat

Quorum for this meeting is two Councillors.

Information for the Public

If you have any queries about this meeting, please contact the democratic support team:

Contact Deborah Breedon
Tel/Email Tel: 01902 551250 or Deborah.breedon@wolverhampton.gov.uk
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Wolverhampton WV1 1RL

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Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

Agenda

Part 1 – items open to the press and public

Item No. *Title*

MEETING BUSINESS ITEMS

- 1 **Apologies**
- 2 **Declarations of Interest**
- 3 **Minutes of previous meetings** (Pages 3 - 12)
To approve the minutes of the previous meetings as a correct record, as follows:
 7.4.2016
 28.4.2016
- 4 **Matters Arising**
To consider any matters arising from the minutes

DISCUSSION ITEMS

- 5 **Royal Wolverhampton NHS Trust (RWT) - Quality Account** (Pages 13 - 90)
Attached is the draft of the Quality Account document in full for you to review and provide comment.
- 6 **RWT CQC Inspection Improvement Plan and update**
Verbal update on the progress made to address actions from the CQC Inspection plan.
- 7 **Update on the Accident and Emergency Department RWT**
To include some background on the level of alcohol related emergency admissions as requested by Scrutiny Board.
- 8 **Clinical Commissioning Group (CCG) Primary Care Strategy Update** (Pages 91 - 94)
The purpose of this report is to advise members with regards to the progress of the Wolverhampton Primary Care Strategy and its implementation.

INFORMATION ITEMS

- 9 **Scrutiny Panel request for information relating to training costs for nursing staff and Doctors at RWT New Cross hospital**

Attendance

Members of the Health Scrutiny Panel

Cllr Harbans Bagri
Cllr Craig Collingswood
Cllr Mark Evans (Vice-Chair)
Cllr Jasbir Jaspal
Cllr Milkinderpal Jaspal (Chair)
Cllr Peter O'Neill
Cllr Stephen Simkins

Employees

Ros Jervis	Service Director, Public Health and Well Being
Neeraj Malhotra	Consultant Public Health
Kathy Roper	Commissioning Team Manager
Deborah Breedon	Scrutiny Officer

Rose Baker	Royal Wolverhampton Hospital Trust (RWT)
Katey White	Royal Wolverhampton Hospital Trust (RWT)
Stephen Marshall	Clinical Commissioning Group (CCG)

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies**
Apologies were submitted on behalf of Cllr Wendy Thompson

2 **Declarations of Interest**
There were no declarations of interest

3 **Minutes of previous meeting**
Resolved

That the minutes of the previous meeting be agreed and signed as a correct record.

4 **Matters arising**
There were no matters arising.

Cllr Milkinderpal Jaspal, Chair, referred to the need to track actions arising from decisions of the Health Scrutiny Panel and to capture items recommended for future meetings.

The scrutiny officer advised that additional items are added to the work programme report to Scrutiny Board at each of its meetings. She explained that the update report monitors the work programmes for all of the scrutiny panels.

Cllr Peter O'Neill advised that a schedule of outstanding matters report had previously been a standing item on all scrutiny panels. The Chair requested that the scrutiny officer prepare a schedule of outstanding matters to capture and monitor actions.

Resolved

That a schedule of outstanding matters be presented to the next meeting of Health Scrutiny Panel.

5 **Pressure and tissue viability update**

Rose Baker and Katey White were in attendance at the meeting to present an update report and provide assurance of pressure ulcer prevention and prevention of chronic wounds strategy.

Rose Baker confirmed that pressure ulcers and tissue viability relates to bed sores. She indicated that there have been challenges and a rise in incidents in May 2015 as detailed in the report and advised that this was considered to be related to the climate change in May. The report considered the reasons for the increases and the actions that had been taken to address issues including the development of a Tissue Viability Strategy (TVS) which was under consultation with CCG, Public Health (PH) and other relevant leaders.

She advised that a tendering process had commenced for the community equipment service the contract which was expected to commence in July 2016. She highlighted that the hospital had invested in 'ToTo' patient turning equipment which provides regular tilt or turn movement of the bed mattress to help prevent pressure ulcers and re-assured the panel that patients were not disturbed by the movement and that with the ToTo they did not require a physical turn to relieve pressure. Councillor Stephen Simkins welcomed the feedback on results and asked for more detail about inherited incidents. Rose Baker clarified that inherited incidents relate to pressure ulcers acquired outside the hospital.

Cllr Stephen Simkins asked if more could be done by carers to prevent pressure sores developing in the patient's home to save costs to community nursing teams or hospitals should the pressure ulcer worsen. He suggested that the commissioning process could include something relating to training about pressure ulcers for carers in the specifications.

Cllr Sandra Samuels, Cabinet Member for Health and Well Being, advised that if the patient care is complex the patient may be stationary for long periods of time; she advised that pressure sores can be formed in as little as four hours and that patients need to be moved either by turning or tilting.

Cllr Stephen Simkins suggested that prevention should be increased through training and awareness sessions for carers working in the community and that there should be a discussion with CCG and consideration of some invest to save initiatives. Cllr O'Neill enquired about the advice provided to carers of bedridden patients; Cllr

Harbans Bagri highlighted the need for care providers to receive monitoring and feedback from the carers of elderly people.

Rose Baker indicated that training is provided for carers, leaflets are provided relating to what they need, but she welcomed any additional mechanisms to raise awareness with carers in the community to help with the prevention of pressure sores. Cllr Sandra Samuels, Cabinet Member advised that there are replacement mattresses available for those individuals who are prone to pressure sores. Katey White clarified that there were different grades of pressure sore and provision of a mattress would be dependent on the level of risk

The Panel considered the statistical data illustrated in the report, particularly relating to avoidable pressure ulcers and the number of community acquired pressure ulcers (CAPU). The panel were informed that the hospital acquired pressure ulcers (HAPU) are related to patients with acute issues and that these patients can come from a wider surrounding area. CAPU and HAPU enter the hospital through emergency portals in addition to scheduled surgical procedures.

Cllr Craig Collingswood asked about the Key Performance Indicators (KPIs) and if Wolverhampton bench marks against other parts of the Country. Katey White advised that there are different grading systems in each organisation and that ulcers are classified differently. Wolverhampton grade as follows:

Grade 2 = blister

Grade 3 = open wound

Grade 4 = deep wound can see bone

She clarified that Wolverhampton is open reporting and following European Union (EU) guidelines; whilst other areas may not be as open and that this is difficult to benchmark against.

The Panel discussed the issue of prevention and the need to have one patient record accessible to all health partners. Cllr Stephen Simkins highlighted that if there were one patient record risk could be highlighted and prevention prioritised.

Stephen Marshall CCG outlined the CCG approach to prevent pressure sores through work with 12 General Practitioners (GPs) and 18 residential nursing homes. He clarified that the CCG records the number of patients in residential nursing homes with pressure ulcers by counting the instances.

Cllr Peter O'Neill questioned if GPs gave advice to prevent pressure ulcers. The panel questioned the communication of information relating inherited to pressure ulcers between hospitals, district nurses and GPs.

Cllr Milkinderpal Jaspal, Chair highlighted the panels concern and indicated that this was one weakness in the system and a very good point officers to take on board

Cllr Stephen Simkins suggested that neighbouring authorities should be contacted to work across the communities and to share the good practice highlighted in the report. He requested clarification if social work teams are made aware of pressure ulcers when patients are discharged from hospital. Rose Baker confirmed that this was flagged up to social services and the GP in the discharge pack. She advised that not all discharges are referred to social worker and that the GP would be made aware, follow up contact is at the discretion of the individuals GP. She clarified that district nurses have the responsibility to attend the patient in their home following discharge

and to monitor pressure ulcers. The Service Director confirmed that the discharge part is under the remit of the CCG but that there is a system wide approach.

The Chair, welcomed the recommendations for action outlined in the report and asked if timescales had been agreed. Rose Baker advised that the first meeting had taken place but the strategy would not be a simple strategy and timelines were yet to be agreed. The Chair indicated that the points raised in discussion relating to training and education were covered in the action points.

The Chair thanked officers for attending the meeting and for the report, he summarised that a lot of good points had come from the discussion.

Recommend

1. That any future commissioning specifications include the need to have training for care workers in relation to pressure ulcers.

6 **CQC Inspection - Royal Wolverhampton Foundation Trust (RWT)**

Rose Baker informed the panel that the Royal Wolverhampton Trust (RWT) was still awaiting the outcome of the appeal against the Care Quality Commission (CQC) Inspection outcome.

In response to questions about the impact of the maternity service changes at RWT and the arrangements with Walsall Manor Hospital councillors were advised that RWT were working closely with Walsall Manor Hospital and that the arrangements were stable and within National levels (1:29) for midwife to patient ration; Wolverhampton is currently (1:28) and has a capacity of midwives. She advised that patients will choose where to go to have their babies and there is not a huge increase in numbers expected.

There followed a discussion about future updates to the Health Scrutiny Panel from RWT during 2016-17 work programme.

Resolved

1. That the verbal update was noted.
2. That the following items be included in the work programme for 2016-17 Health Scrutiny Panel:
 - a. CQC Inspection Improvement Plan and update
 - b. Update on the Outpatients department –to include patient care, added pressure

7 **Joint Mental Health Strategy.**

Kathy Roper, Head of Commissioning (All Age Disability and Mental Health), provided an update relating to the implementation of the Joint Mental Health Strategy. Stephen Marshall, CCG was in attendance.

In response to questions raised relating to the impact on the Black Country Partnership Foundation Trust (BCPFT), the Head of Commissioning confirmed the

arrangements were collaborative and there was a good working relationship with partners in innovative and good schemes.

Don McIntosh, Health Watch, referred to the need to be mindful that issues have changed since 2013 and that there would be challenges in how services work together. He advised that Health Watch were trying to talk to commissioners and individuals. The Panel recognised that there were other issues for the service and highlighted the need for people to have somewhere safe to live and to tie services together into the hub, essentially pulling together a one stop shop for advice and guidance.

The Panel identified that it would be useful to see statistical information and the numbers of people affected to see some benchmarking and to know if people were getting the level of support now that double the numbers of people were being discharged. The Panel were advised that the current strategy is good but that there are some issues for GP's; the organisational changes for BCPFT and other factors such as the Vanguard service (Government) i.e. the out of area service was not recorded in statistics and travelling distances puts pressure on families.

Health watch advised that they were talking with commissioning services and had raised the same key issues that the report identifies, one of the key questions would be relating to services on your doorstep.

Stephen Marshall confirmed that the BCPFT changes would not be instant and that discussions and diligence would not take place for a while. The Panel requested information relating to Partnership structure and work stream.

In response to questions relating to additional funding for mental health, Stephen Marshall advised that it had recently been announced that resources would increase by 4% £28 - £29 million this year. Don McIntosh, Health Watch, requested a breakdown of what services were being commissioned for transparency he was advised that the information was being co-ordinated but was not available at this time. The Panel requested further information be forwarded as a case study to capture an episode and follow through the steps that an individual would follow. The Commissioning Team Manager agreed to produce a case study to highlight how incredibly complex the issues can be and the number of organisations that contribute to a case.

Cllr Mark Evans referred to the Urgent Care Pathway, specifically the rapid response triage vehicle to help people in an emergency and the out of hour's team arrangements for evening and weekend. Panel were advised that the service had met all targets for the year and that it was effective. They heard that the at least ten emergency admissions a week were avoided through rapid response and that earlier intervention and co-ordinated approach was saving valuable resource and was better for the individual. The Service Director PH asked to look at data collected to look for themes to prevent further upstream.

The Panel welcomed how effective the rapid response triage vehicle had been from a police perspective; noting that previously a police officer could have been tied up in a response for hours and that the new approach had reduced officer's response time to under an hour.

The panel was advised that there had been regular review to detail progress and demonstrate outcomes; the implementation plan had been reviewed on a monthly basis. Don McIntosh welcomed the new supported housing options highlighted in the report.

Resolved:

1. That the Panel receive and note the progress made in the implementation of the Joint Mental Health Strategy.
2. That further information was requested by the Panel, as follows:
 - a. A breakdown of what services are being commissioned.
 - b. A case study to map out what interaction and organisations are involved in an episode.
 - c. Data collected in relation to rapid response episodes to look for themes to prevent further upstream.

8 **Children 5-19 (0-19) Healthy Children Programme**

Ros Jervis, Service Director Health and Well Being and Neeraj Malhota, Consultant Public Health (PH) provided a report to update the panel on the consultation plan for the re-commissioning of the city's 0-19 Healthy Child Programme (HCP) by Public Health (PH).

The Consultant PH advised that the consultation had to be substantial to ensure the best use was made of the opportunity and that feedback will form the basis of the tender for services she advised that the Healthy Child Programme (HCP) steering group had been established and would be responsible for overseeing the development of commissioning options and any subsequent tender process and that there would also be dialogue with potential bidders to get a feel for the market. The aim of the preparation was to encourage a healthy market willing and able to provide services.

In response to comments from the panel the Consultant PH advised that there had been a survey to gauge level of interest and eight responses had been initiated which felt like a healthy option. She advised that she would consider panels suggestion to consult with the Chairs of Governors and Governors from free schools, academies and faith schools.

Cllr Peter O'Neill indicated a preference for option two outlined in the report to propose a combination of commissioned services and in-house provision. He indicated that there was a relationship with child centres and the link with childhood obesity. He felt that this was an opportunity to target obesity at an early age and through the children centres and indicated that the model needed to happen. Cllr Stephen Simkins suggested that there was also a need to talk to parents and encourage parent participation for example walking with their children to school. He suggested that whatever the model there is a need to be clear on the outcomes and what is needed to achieve the aims.

The Consultant PH welcomed the suggestions and advised that there were several ways being considered; she cited Leeds as one example of how 0-19 early help dovetails closely with what is already in operation; another being Camden. She

agreed that schools are key to the consultation and advised that she had spoken to the Director of Education to progress this.

Donald McIntosh, Health Watch representative, welcomed the report and the early engagement prior to consultation; he indicated this would be more effective than indicating a preferred option which may seem to be a fait-a-complete. He agreed that an engagement process helped to shape options but he was not clear if the bidder would be part of the development, and suggested that the 'multi-agency group' membership needed to be broader.

The Service Director responded that the consultation has to be manageable and indicated that there would be wider stakeholder engagement as outlined in the report. The Consultant PH noted that the report could have made pre-engagement a section of the report template to emphasise this.

The Chair indicated that the 0-19 Healthy Child Programme (HCP) was to be welcomed. He indicated that the holistic approach was the way to raise issues at an early stage and that the involvement of families was crucial.

The panel considered the service model for 'Health Visiting and School Nursing' and discussed the requirements for registering birth and registering with a GP to enable the child to enter the health system. The Service Director confirmed that there was a lapse between birth and registration with a GP, she clarified that registration cannot be enforced but that influence could be used.

The panel considered that the opportunity to get parents involved in their child's health and in future workforce planning. They identified the need for the voice of service users to be part of shaping the service for the future to look at the commissioning process and the community benefit. The Service Director welcomed the comments made and referred to the 'Inner City Commissioning Charter' and the need to demonstrate social value of commissioned services.

Cllr Sandra Samuels, Cabinet Members referred to best practice in Camden and Islington and how children's centres collect data which feeds into service design. She asked if this is something Wolverhampton should be considering. Donald McIntosh referred to other good practice models such as the third sector organisations that work collaboratively to provide sickle cell vaccinations

The Chair welcomed one continuous record for individual's aged 0-19 year olds. He referred to the need to adhere to data protection laws relating to sharing information and having all records in one place which could be taken on board.

Panel were advised that following the consultation a report would be presented highlighting the feedback and the options. Panel agreed that due to the cross cutting nature of the report Scrutiny Board should be included in the consultation at this stage.

Resolved:

1. That the comments of the Panel are taken into account in relation to the proposed consultation process and the two proposed future commissioning options.

2. That panel endorse the proposed consultation process taking into account comments made by the panel.
3. That a report relating to 'Children 5-19 (0-19) Healthy Children Programme' be included on the agenda for Scrutiny Board 26 April 2016.
4. That the need to demonstrate social value and community benefit is considered in commissioning of all services.

Health Scrutiny Panel

Minutes - 28 April 2016

Attendance

Members of the Health Scrutiny Panel

Cllr Harbans Bagri
Cllr Val Evans
Cllr Peter O'Neill (Chair)

Employees

Deborah Breedon	Scrutiny Officer
Sara Goodwin	Interim Democratic Services Manager
Kathy Roper	Head of Young Adults Commissioning
Sarah Fellows	Mental Health Commissioning Manager

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies**

Apologies were submitted on behalf of Cllrs Milkinderpal Jaspal, Mark Evans, Craig Collingswood, Jasbir Jaspal, Stephen Simkins and Wendy Thompson. Apologies were received from Black Country Partnership Foundation Trust (BCPFT) representatives Stephen Marshall and Leslie Whittle.

In the absence of the Chair and Vice-Chair the Scrutiny Officer requested nominations for the Chair for the duration of the meeting.

Cllr Peter O'Neill was nominated by Cllr Val Evans and duly seconded by Cllr Harbans Bagri as the Chair for the duration of the meeting.

Resolved:

That Cllr Peter O'Neill is elected Chair for the duration of the meeting.

2 **Declarations of Interest**

There were no declarations of interest.

3 **Exclusion of press and public**

Resolved:

That in accordance with Section 100A (4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business as they involve the likely disclosure of exempt information falling within paragraph 4 of Schedule 12A to the Act relating to the financial or business affairs of any particular person (including the authority holding that information).

- 4 **NHS Learning Disability In-patient provision at Pond Lane Hospital**
Cllr Peter O'Neill, Chair, indicated that the item may be controversial and requested a legal advisor to attend the meeting to give advice relating to the purdah period.

Meeting suspended at 14:02.

Meeting re-convened at 14:06 with Sara Goodwin, Interim Manager of Democratic Services in attendance.

Cllr Peter O'Neill asked for advice about considering the item during purdah. He referred to guidance that essentially Councils should not publish any material which, in whole or in part, appears to be designed to affect public support for a political party. The Democratic Services Manager advised that the scrutiny function by legislation is apolitical and no decision was being made in the report. The political purdah was not engaged as this item was business as usual.

Cllr Peter O'Neill received legal advice in relation to pre-election restrictions which are governed by Section 2 of the Local Government Act 1986, as amended in 1988 which highlighted that Councils should not publish any material which, in whole or part, appears to be designed to affect public support for a political party. He referred to the publication on controversial issues or reporting views on proposals in a way which identifies them with individual councillors or groups of councillors. He was advised that the Health Scrutiny Panel was apolitical and was being asked to make a decision to approve the consultation plan. It was clarified that the panel was allowed to continue to discharge normal council business and that no individual councillor present was standing for election.

Kathy Roper, Head of Commissioning suggested that the consultation could commence following the election date, Thursday 5 May 2016. The Mental Health Commissioning Manager agreed. Sarah Fellows, Mental Health Commissioning Manager, provided an update regarding the NHS Learning Disability In-patient provision at Pond Lane Hospital and the key next steps. She advised that a joint consultation process was suggested between CCG and BCPFT regarding the relocation of three assessment and treatment learning disability in-patient beds at Pond Lane hospital to existing in-patient hospital based services within the Black Country Partnership NHS Foundation Trust (BCPFT) in Dudley, Walsall and Sandwell and that the process will include consulting with a wide range of stakeholders, service users and general public.

The Commissioning Manager outlined the consultation plan and invited panels comments and questions.

Resolved

1. Health Scrutiny Panel approves the plan to embark upon a joint consultation process relating to Pond Lane Hospital. Health
2. Scrutiny Panel note the consultation plan.
3. That an undertaking is agreed to consult with the local Council on future use of buildings in Wolverhampton.
4. That consultation commences after Thursday 5 May 2016.

Agenda Item No: 5
Health Scrutiny Panel
23 June 2016

Report title	Royal Wolverhampton NHS Trust (RWT) Quality Account
Accountable director	David Loughton, Chief Executive
Originating service	Royal Wolverhampton NHS Trust

Recommendation(s) for action or decision:

The Panel is recommended to:

1. Consider the attached draft of the Quality Account document and provide comments on the draft document to RWT.

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DRAFT

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

Statement on Quality from the Chief Executive

Our Quality Account gives an overview of the Trust's performance in providing high quality care for the patients who use our services and their families and carers. It also sets out our plans to improve the quality of services in specific areas by identifying key priorities and how we intend to deliver them.

The experience that our patients and visitors have when using our services is crucial, and goes well beyond the health outcomes of their care and treatment. We know that our staff are highly motivated to care for patients with care and compassion, and that they also identify strongly with the idea that they should care for patients in a way they would want a member of their family to be treated. In publishing this Quality Account, we aim to be transparent about our own (and others) assessment of the quality of care we provide. The Board recognises that transparency, and the ability of our partners, commissioners and regulators, to assess and scrutinise our performance, helps us to focus on tracking evidence based performance on quality issues in a way that helps improve services. In addition, and of equal importance, it nurtures our already existing culture of continuous improvement and innovation.

The Trust's priority is to always ensure patient safety across the Trust and this continues to be the overarching priority; the Trust also has 3 further supporting priorities which are:

- Achieving Safe Nursing staffing levels across the Trust.
- Ensuring safer care by reducing the instances of harm caused.
- Improving the experience of patients who use our service.

The Board has determined that the scale of these overarching priorities and the scope for improvement both within the Trust and with other partners continues to be relevant for future years. This Quality Account describes the work we have undertaken across all the Trust's sites and services, in a number of key areas including:

- Continued focus on infection prevention
- Reducing variation in clinical outcomes and mortality
- Increasing level of patient/visitor feedback received, and utilising this effectively to transform services

The quality of our services and the care we provide is of paramount importance to the Trust Board. At each meeting the Trust Board considers reports on:

- Quality and safety; Serious incidents;
- Board Assurance Framework and Trust Risk Register;
- Cost Improvement Programme (financial and qualitative delivery); Never Events (standing item on the public agenda);
- Mortality

The Board also receives a monthly Integrated Quality and Performance report. This report includes, metrics relevant to patient experience (such as medication incidents, infection prevention, Friends and Family Test scores and cancelled operations).

This information provides assurance to Board members and helps to focus on where we need to make improvements. You can read more information about the Trust's approach to risk management and about the committees that monitor quality performance in the Annual Governance Statement in the Annual Report.

2015/16 was an important year for the Trust, with one of the most significant developments in our history as we took on the management of Cannock Chase Hospital, and other services from Mid Staffordshire Foundation Trust. The Trust Board's primary reason for this business decision was the opportunity it gives us to improve the experience for our patients and to secure a wider range of services for local people. The coming year will bring further integration of services across all our hospital and community services. You can read more about the work we did in preparation for the transfer of services and our plans for the future in Section 1 of the Annual Report.

We recognise the value of involving our local community in decisions about our services and priorities for improvement, therefore we have listened to the feedback we have received, when things have gone well and when we could have done better. This feedback from a variety of sources has been influential in steering our direction for 2015/16.

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

Signed: Date:

David Loughton CBE

Chief Executive

Part 2: Looking forward - Our priorities for improvement 2016/17

Our quality improvement priorities for 2016/17 will continue to focus on the key areas that affect patients, their families and carers'.

They were initially chosen after consulting both our staff and clinical teams who deliver our services, and looking at what patients and members of the public say about us and our services, in national and local surveys, in complaints and compliments, and recent inspections by regulators. We have also taken account of what people say nationally about health services and where services need to improve.

We believe these priorities to be highly relevant for the coming year, as they reflect across many of the services we provide and remain our driving focus for the year ahead.

We have achieved much over the previous 12 months in these areas and there is more that we can further accomplish. The Trust has identified 3 quality priorities for 2016/17 following consultation with staff and patients, they are:

1. Nursing Staffing Levels

We recognize the impact that staffing levels have on safe care provision. The Trust has, and will continue, to pursue a range of approaches towards ensuring high caliber staff are recruited. Of equal importance, is the Trust's desire to maintain the current skilled workforce and as such we place a focus on staff retention. The organisation is working collaboratively with Higher Education institutions to ensure the approach to supporting our plans is the most aligned and effective.

2. Patient Experience & Satisfaction

Outstanding patient experience (safe, effective, patient centered, timely, efficient, equitable and of the highest quality) will be measured and monitored by the Friends and Families Test (FFT) measure of willingness to recommend the hospital. This will be further supported and triangulated alongside complaints and national and local survey responses. The Trust is currently reviewing its internal processes regarding FFT data collection to ensure we are maximising our potential for feedback.

3. Safer Care

Safe, quality care will be delivered within a culture whereby the leadership ensures that individualized patient care is at the heart of everything we do. By prioritizing safety we are committed to reducing avoidable harm. Patient safety and well-being are the critical considerations guiding all decision making and this will be evident in the systems and processes we implement.

The Trust is continuing to promote and develop staff with regards to 'Human Factors' training and the benefits this provides, promoting a transparent reporting culture through its 'visions and values', thus learning lessons as necessary and preventing repeated harms.

With the additions of NHS pledges, values and responsibilities to the NHS constitution, the Trust launched its own evidence based 'visions and values' in September 2015 to all staff. These are categorised into three domains:

- Safe & effective
- Kind & caring
- Exceeding expectation

These provide a framework of expected behavior's and attitudes which support the values of the Trust, and will be the vehicle through which the Trust will use to drive culture change and transformation

A thread running through everything we do is our priority around Patient Safety – this has been a primary focus for several years and will continue to be pivotal in what we do. You will see references to actions and indicators relating to patient safety throughout this document.

DRAFT

Priority 1: Nurse Staffing Levels

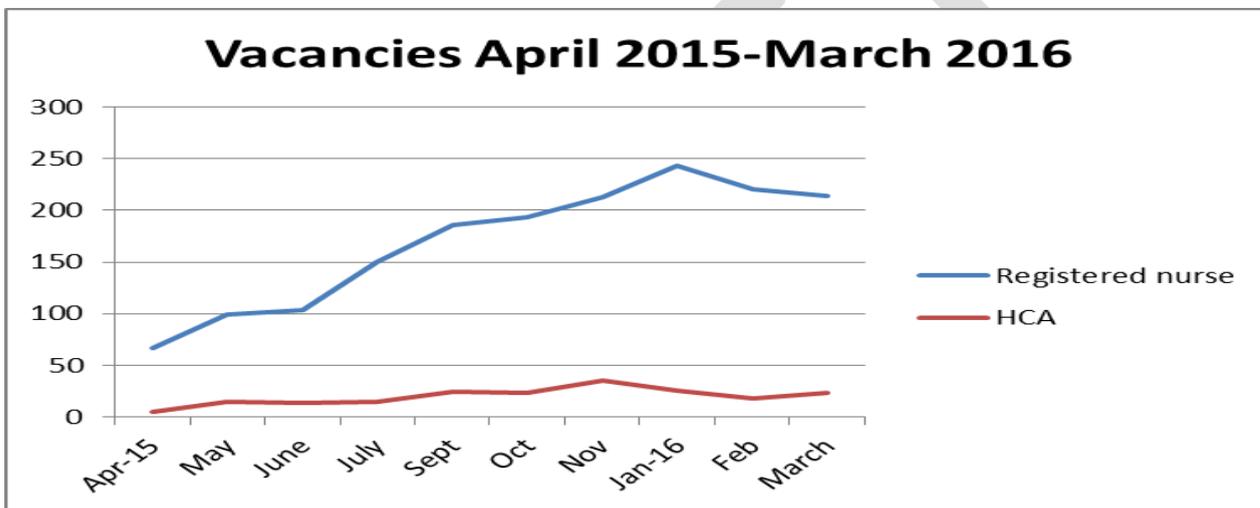
The challenge for the organisation is to ensure the right staff are in the right place, at the right time, and, unlike other Trusts who undertake a nursing review only twice a year, RWT has this information every day through its innovative Teletracking technology.

Why is this a priority?

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.

How have we performed against 2015/16 plans?

The CQC inspection in June 2015 identified that 'nurse staffing' was an issue with both the use of bank and agency staff increasing.



The CQC felt the staffing issues were having a negative effect on staff morale, and had also been a contributory factor in some incidents which had resulted in patient harm.

As part of the implementation of the guidance on the delivery of the 'Hard Truths' commitments (March 2014) associated with publishing nurse staffing data, the Trust reports monthly information on nursing and midwifery staffing levels which is collated centrally and reported to the Trust Board and posted on the Trust intranet page and NHS choices monthly.

Monthly average % Trust fill rate for Registered and Unregistered staff:

	April	May*	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
RN day	92.5	92.5	92.9	91.4	91.3	91.3	90.0	89.2	89	89.6	87.3	88.4
RN night	91.9	90.9	90.4	91.4	88	91.2	88.9	88.1	87.2	87.6	87.8	87.1
HCA day	104.8	107.2	107	106.5	109.3	107.1	105.8	111.6	109.3	115.1	112.5	110.1
HCA night	116.2	122	123	117.9	122.5	118.1	121.7	131.4	131.5	130.5	132.1	131.7

The overfill rate for unregistered staff helps to offset the deficiency of registered nurses.

(Trust internal data reported to NHS England monthly)

The Trust is not alone in the increasing numbers of registered nurse vacancies. In December 2015 there were 21,000 posts unfilled nationally with around 3,500 of those being within the West Midlands. The registered and unregistered nurses are the single largest role in the Trust and make up 41% of the workforce.

What else have we achieved?

The Trust has had an active recruitment programme, including EU and international recruitment, in addition to the usual recruitment of newly registered British graduate nurses, to help address the shortfall in qualified numbers, with limited success to date. A six-strong team from the Trust recently went out to the Philippines to recruit over 300 qualified nurses. Candidates demonstrated a high quality of care delivery, excellent knowledge base, experience and evidence during interview processes. For NMC registration the Nurses are required to achieve IELTS level 7 and complete a multi choice questionnaire before they can travel to England to complete their Observational Exam. Two members of nursing staff have attended the Northampton (OSCE) University site and received training on how to prepare staff for the exam and what to expect. In addition we have been collaborating with Wolverhampton University to provide an 'OSCE' preparation programme in the skills lab. The programme commenced in April 2016.

All overseas recruits receive a six-week induction and orientation programme while awaiting confirmation of their Nursing and Midwifery Council (NMC) registration.

The 'Care Certificate'

From September 2014 all HCA staff, with little or no health care experience, or who had no evidence of competence, were commenced onto the 'Care Certificate programme'. The theoretical aspect of the care certificate includes - Trust and a bespoke nurse induction programme for HCA's.

Individuals have 12 weeks (time given for annual leave) from commencing their employment to achieve the standards. A 6 week Master class (2 hours per week) supports HCA progress. Forty seven staff to date have commenced the programme and the first cohort of 9 have completed the programme.

Revalidation for Nurses and Midwives

From 1 April 2016 all nurses and midwives revalidating (3 year cycle) will be required to meet new standards. It is the nurses'/midwives' own responsibility to meet and produce the evidence for revalidation.

Access to NMC and HEE resources were made available to staff on RWT Nursing and Midwifery Website. RWT hosted an RCN Revalidation event on 27 August 2015 and contributed to a National Research network study day on 17 March 2016 to discuss Revalidation and raise awareness. To assist with the management of the revalidation process RWT ESR system provide Matrons and Heads of Nursing with staff revalidation dates for information.

Return to Practice (RTP)

The Trust continues to offer placements for RTP to support the Health Education West Midlands RTP recruitment drive. Six individuals have undertaken RTP placement within the last year.

Our plans for 2016/17

Our plans for 2016/17 are to continue to secure offers made during our overseas recruitment to the Philippines. To ensure opportunities remain for our support staff who with registration from their native country wish to pursue registration status in the United Kingdom with the appropriate support. To work with our Higher Educational Establishment colleagues to ensure a good quality placement for Nursing students, particularly in light of bursary changes pending. To continue to explore the needs of our patients, ensuring we have a work force fit for the future, thus enabling new roles to be explored.

The Trust has an annual programme to review the in-patient nurse staffing levels using a nationally recognised acuity tool, this occurred during January and June and where necessary changes are made to nursing establishments. From April 2016 a programme for the review of nurse staffing will be extended to include an annual review of all nursing services using, where available, a nationally recognised evidence based acuity tool.

We have acknowledged that a recruitment strategy alone would not be sufficient to support the Trust so are also looking at how we can retain our staff. The Trust has launched its Nurse Recruitment and Retention strategy in May 2016. Within this strategy we outline how we will **Enable, Attract** and **Retain**. Within the **Enabling** we are developing a micro website, open adverts for online applications, Saturday assessment centres, developing approaches to outreach marketing and recruitment events, and exploring the use of social media to promote services. Within the **Attract** section we are reviewing flexible working patterns, establishing a career pathway, exploring how we can extend our learning and development opportunities and establishing a staff transfer/rotation programme. Within the **Retain** section we will be developing a managed progression route, expanding our mentorship programme, looking at how we can improve our health, wellbeing and resilience focus and how can we personalise learning and development.

Another strand which we have identified which can make a difference is a positive work environment. The elements that enhance the work environment are - clear leadership, team working, recognition, mentorship and career development. The Trust continues to remodel and design the parts that an efficient and effective team should consist of; this has included exploring and introducing new roles for example the Advanced Clinical Practitioner role which has been introduced into the Emergency Services Directorate. There are plans to introduce an Associate Practitioner role into the ward teams. A Nursing Assessment and Accreditation Scheme has been developed. It is based on 13 clinical standards and will enable the Trust to showcase Gold Standard wards, and this will also provide recognition to the nursing teams and provide reassurance to their patients. The Trust is rolling out an electronic rostering system which will support the efficient utilisation of staff, and allow staff to plan and enhance their work/life balance. The Trust is supported by a dedicated Faculty of Nurse Education who has a passion for staff development.

Priority 2: Safer Care

The Trust reports monthly on 'safety thermometer', which is a National tool utilized to capture point prevalence data with regards to harm, relating to the number of;

- falls
- Catheter associated infections
- Venous Thromboembolism and
- Pressure Ulcers

on a given day each month.

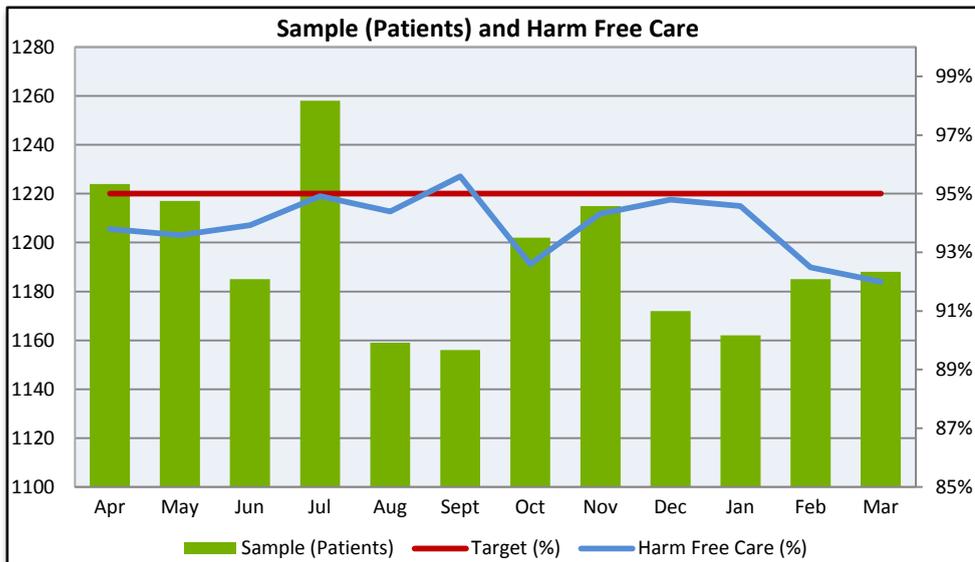
Why is this a priority?

Patient safety is a priority for the Trust and underpins everything we do, with the aim of delivering high quality, safe care, at all times. We know that care is not always delivered in a consistent manner, 24 hours a day, seven days a week, therefore we need to take action to reduce avoidable harm, diminish variation in practice, and improve efficiency, whilst always ensuring safe and effective care is delivered to our patients. Developing the Trust's Safety Improvement Plan has enabled us to draw together and focus on the quality and safety areas which are aimed at significantly reducing patient harm within the Trust. Therefore, analyzing our incident trends, complaints, claims and litigations provides us with a wealth of information, alongside that of our general patient feedback, to allow us to focus efforts on specific areas or issues.

The Trust is committed to:

1. Reduce the rate of patient safety incidents and the percentage resulting in severe harm or death.
2. Reduce the number of healthcare-associated infections (MRSA and C difficile infections)
3. Maintain the percentage of patients who have completed a VTE risk assessment above 95%.

How have we performed against 2015/16 plans?



(Safety thermometer data 2015/16)

The Trust, via its Patient Experience, Quality and Safety strategy, has also identified the following areas for improvements:

- Reducing the number of avoidable falls with harm
- Reducing harm as a result of sepsis by improving pathways of care
- Reducing harm as a result of medication errors by having greater analysis of those particular incidents
- Undertake a detailed review of incidents in Maternity, Accident & Emergency and Trauma & orthopedic specialties and the introduction of human factors as part of its 'sign up to safety' campaign.

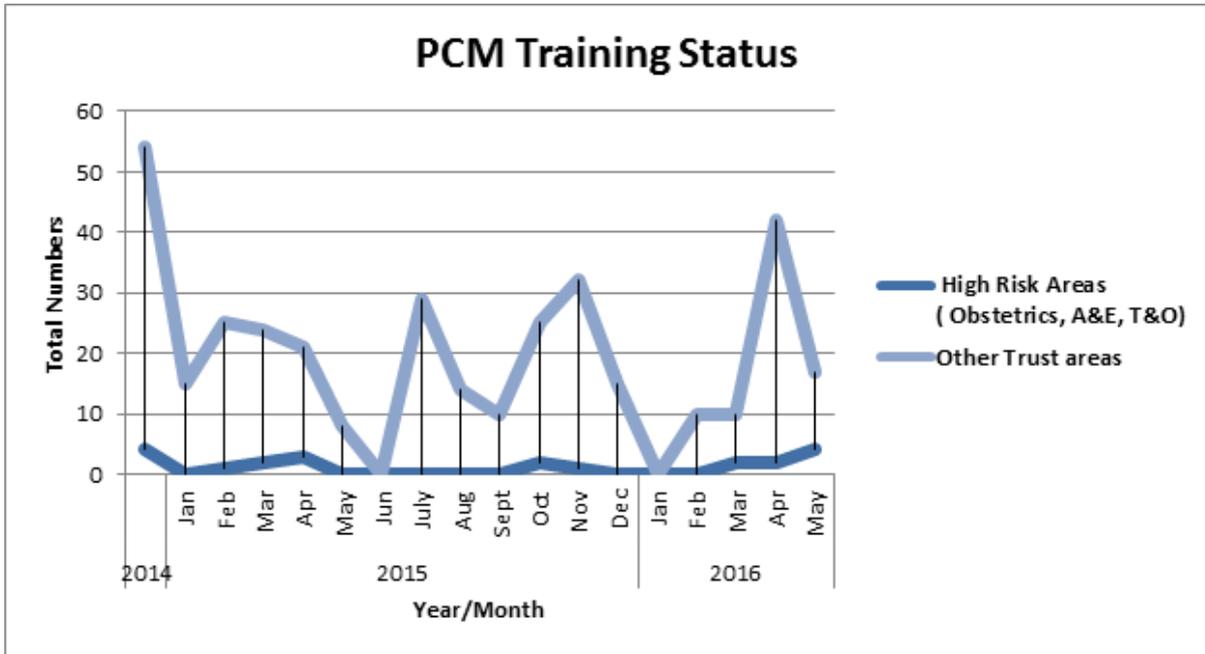
Sign up to Safety

The Sign up to Safety campaign was launched by the Secretary of State for Health in June 2014. Its intention is to get all hospitals working together to improve the safety of care and as a result save 6,000 lives making the NHS the safest healthcare system in the world. The Royal Wolverhampton NHS Trust has made its pledge to join the campaign and has published its improvement plan in support of this goal.

During the course of 2015 the Trust was successful in gaining funding and support from the NHS Litigation Authority (NHSLA) to roll out a programme of Process Communication Model (PCM) within the organisation with the aim to reduce harm and improve patient safety through focussing on people; their communication, behaviour and its impact on the healthcare environment, patient experiences and outcomes.

What has been achieved so far and actions for 2016/17 (Current position)

Throughout 2015/16 and moving into 2016/17 over 382 staff from Board to Operational level have participated in and completed the PCM training offered by this Trust.



As we enter 2016/17 our actions are to work more closely with Obstetrics, Accident & Emergency and Trauma & Orthopaedics, in order to accelerate training interventions for PCM and increase the participation of staff from these high risk areas.

Current service pressures and clinical commitments mean the take up of PCM are not currently viewed as an immediate priority but nevertheless it is still essential to improve patient/staff experiences and outcomes and to reinforce patient safety.

The challenges the Trust faces along with the rest of the NHS, are having an effect and impact on the areas participating and the uptake of the PCM training on offer. However, recognising and minimising the risks to each of the key services, and ensuring services and patients are not compromised, whilst participating in this initiative, remains a priority for the Trust during the roll out, and implementation, of this type of intervention.

Drivers for change

It has been revealed, via the research of litigation claims conducted by the NHSLA, that a large majority of cases (within and outside high risk services), unexpected adverse events are shown to be due to Human Factors, specifically the actions and behaviours of those looking after patients.

Although there are limits to what we can control as far as human capabilities and differences, evidence shows us that there is more that can be done in relation to understanding how, and why, medical errors occur, the contributions made by poor communication and behaviours, better insights and perceptions of self and others, behaviours in distress, and to reduce the effects which lead to adverse events, incidents, claims and complaints adversely impacting staff morale, safety culture and climate.

What are we doing differently?

As a Trust we are also investing time in conducting a bespoke piece of work a deep dive analysis of themes and trends in case findings, complaints and serious and reportable patient safety incidents. This level of focused analysis has never been done before and is much needed in order to better analyse the myriad of causes and contributing factors leading to incidents and complaints and can provide the potential mitigating factors leading to proactive claim management.

The project will include an evaluation of claims, incidents and complaints managed by the Trust over a five year period (high value/low volume claims and high volume/low value claims). In effect this is an independent 'own account' study of intelligence data using research methodologies.

The benefits of deeply interrogating and analysing this data will enable the Trust to understand and define causative factors and will provide insights on symptoms which can then be used to address and alleviate recurring issues and claims.

The expected benefits of implementing PCM

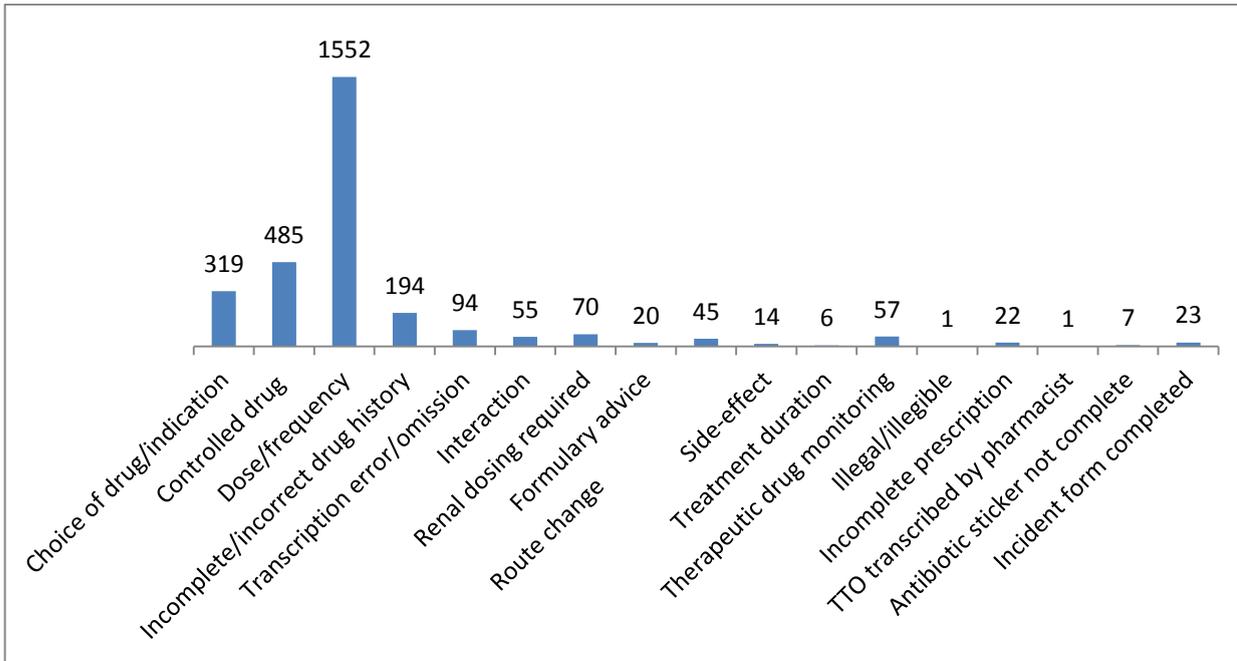
- Improving staff wellbeing and relationships (Inc. behaviours) and communication amongst all members of the healthcare team and their patients
- Better insights of self and others, supporting and feeling supported during times of distress increasing team effectiveness at a time when the NHS and staff are under immense pressure to deliver its services
- Meeting staff psychological needs to stay motivated in their roles
- Creating a supportive, open and transparent environment for staff and our patients
- Spotting and removing barriers within a team and environment which can affect the state of communication, patient and staff engagement and team dynamics all of which play a big part in experiences and outcomes for staff and patients along with the application of medical knowledge, skills and experience
- Better dialogue between staff and their patients
- Improved staff morale leading to better working environments where individuals feel empowered, safe and motivated
- Improved reputation of the services
- A reduction in risks, adverse events and incidents and claims resulting from poor communication
- Increased empathy throughout the process of providing and receiving care

Medication errors

The Trust continues to encourage incident reporting across all services, driving a culture of openness and honesty, this allows us to further understand incidents and how they occur, thus allowing us to learn from them and further improve safety and outcomes for our patients.

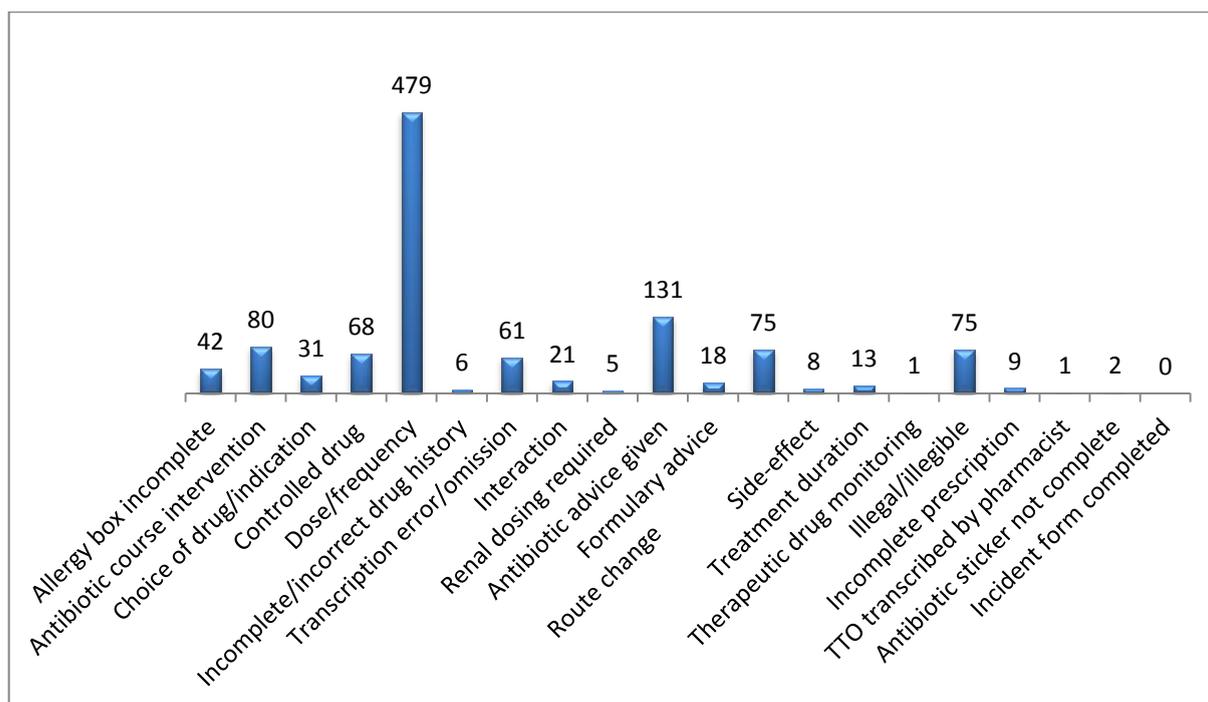
How have we performed?

General interventions April – December 2015

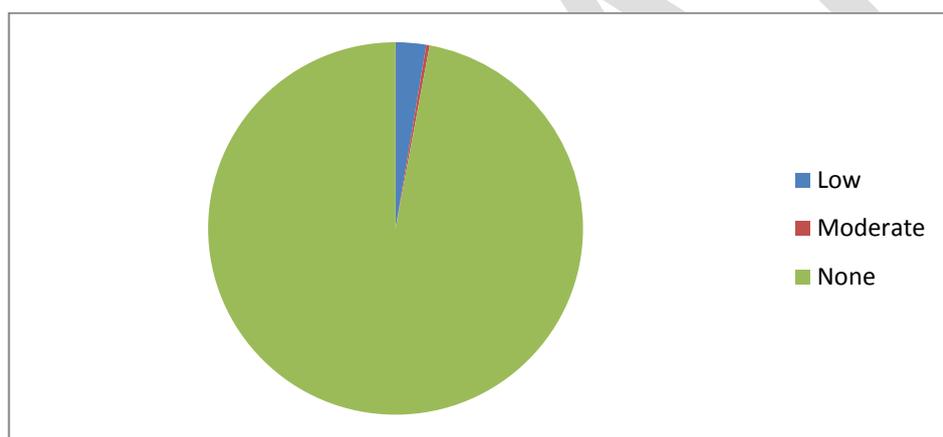


DRAFT

Antibiotic interventions April – December 2015



Medication incidents and harm caused April – December 2015



What are we doing differently?

- All wards have a daily visit by a pharmacist.
- The Dispensary is open every day of the year, including Christmas day.
- Mediwalls have been installed in
- Reviewing all incidents relating to medication errors by a Senior Pharmacy technician
- Appointed a Multidisciplinary Medication Safety Group which commenced in April 2015

Plans for 2016/17

- Approval of electronic prescribing systems for our Oncology / Haematology departments; this will be progressed through to implementation this forthcoming year.
- The Trust has recently approved funding for the appointment of a Medication Safety Officer with the expertise to explore and analyse themes relating to medication incidents to therefore ensure we are learning the lessons from these incidents and improving practices relating to all aspects of medication handling, this post will be appointed to.

- Review of fields within our reporting system to ensure that appropriate information is collected to inform analysis and learning.

Falls

How have we performed so far?

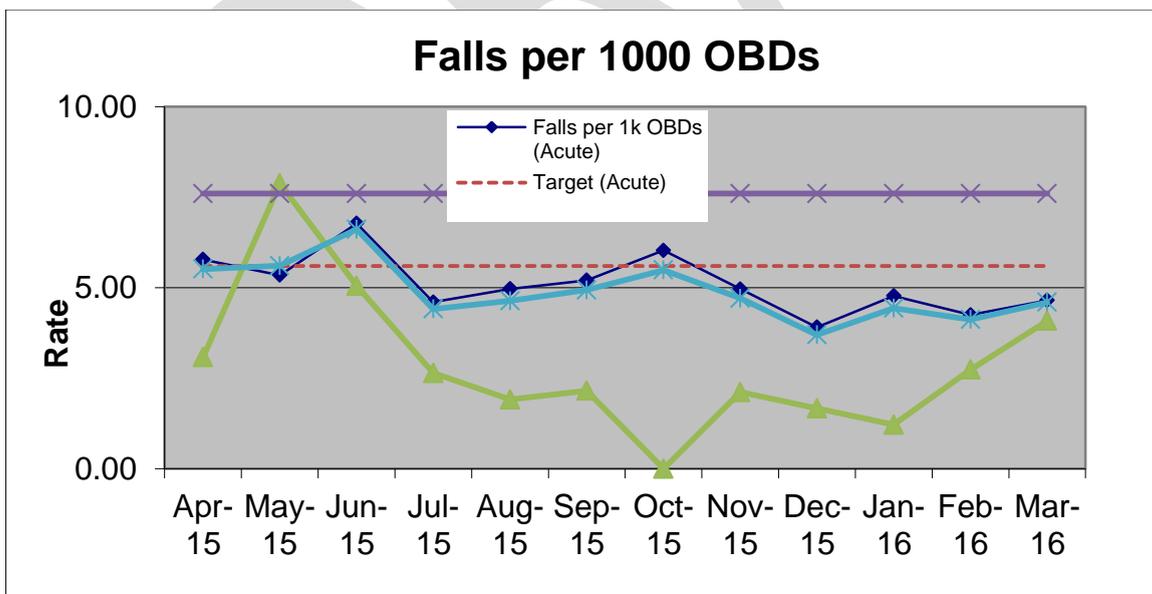
The Trust has seen a reduction in the number of falls per 1,000 occupied bed days since April 2015 (table 2). The Trust's multidisciplinary falls group which includes support from the Local Authority's Public Health Department and Wolverhampton Clinical Commissioning Group continue in its collaborative approach to reduce falls, and their associated impacts across the health Economy.

The Trust continues to link in with the National lead to ensure the Trust receives contemporary information regarding falls prevention. The falls group continues to meet bi monthly and has led on a number of developments in the last twelve months which include:

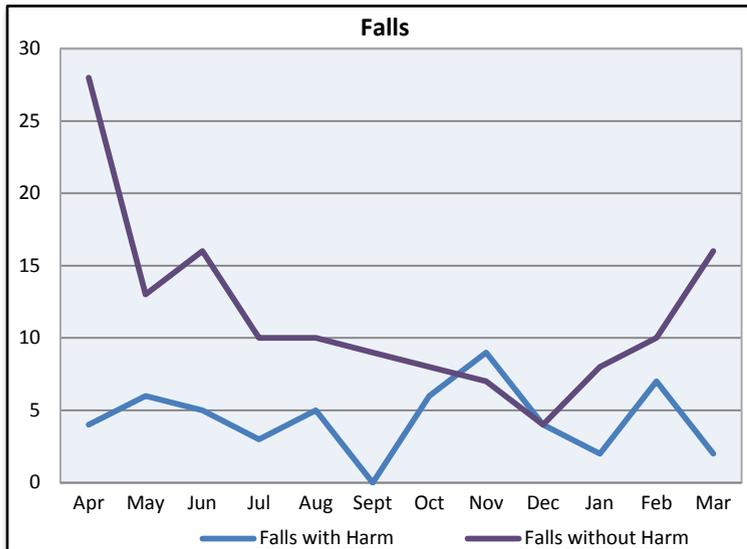
- The development of the Trusts Delirium policy
- The development of a close observation policy and assessment tool
- Trial of bespoke E- learning packages for medical and nursing staff

The point prevalence of falls that cause harm is measured via the NHS 'Safety Thermometer' (table 1) and has seen an increase as demonstrated in the graph below of overall falls. However the total number of falls causing serious harm fell from 34 in 2014/15 to 32 in 2015/16.

Every fall that causes harm is scrutinised via a multi-agency panel and factors including adherence to policy and what could have been done differently are considered. Reducing the numbers of falls that cause harm continues to be a challenge, however remain a high priority in caring for the older patient.



(Trusts own data – actual falls per 1,000 occupied bed days)



(Safety thermometer data 2015/16)

Our plans for 2016/17

The focus of the Trust is to reduce the number of falls resulting in harm by 55% by March 2017. The aims moving forward are:

- Analyzing data from RCA's to ensure themes and trends are understood and are the basis for learning and improvements.
- Raising awareness of falls and their impacts via training events and e-learning packages
- Raising staff & public awareness regards falls prevention via promotional falls events
- Use of Trust technology to reduce falls and their associated risks
- Close observation assessment

Sepsis

As part of the Trusts overarching 'sign up to safety' plan, the Trust has indicated it's improving the Sepsis pathway to further improve how we diagnose and treat patients with infections (sepsis) at an earlier stage in their illness is cited as a further priority. This has seen the development of a 'creating best practice' work stream, which is a familiar tried and tested methodology in the Trust aimed at improving the experience and safety of patients in our care, by using innovative ideas from front line staff and evidenced based practice.

How have we performed?

Via the creating best practice workstream there has been the introduction of;

- Sepsis 'administration boxes' are in place in all inpatient areas
- Sepsis tool has been launched trust wide
- Development of a sepsis training video with a Human Factors focus

Our plans for 2016/17

The Trust has recently re-established its 'deteriorating patient' group which will encompass sepsis as a theme and look to build on the work achieved to date.

Preventing Infection

Infection Prevention is an overarching priority for the Trust which is echoed by Wolverhampton CCG and Wolverhampton City Council Public Health Service. Increased risk factors for healthcare acquired infections are acknowledged in the ageing population, changes in use of health services and increasing technology requiring a high level of cooperation, communication and information to ensure healthcare associated infections are kept to a minimum.

2015/16 was another productive year both within the Trust and across Wolverhampton in minimising health care associated infections through partnership working. The challenge of rising community numbers of *Clostridium difficile* and further reductions in targets means new approaches are required. Novel treatment therapy, such as Fidaxomicin and Human Probiotic Infusion (HPI) have been used more frequently during the year, with 4 infusions being successfully undertaken to date.

Additional essential requirements are antimicrobial stewardship, innovation, maintaining a high standard of environmental cleanliness in healthcare facilities and ensuring best practice such as hand hygiene is constant. The strict adherence to such an approach is also beneficial in the reduction of other organisms and infections such as MRSA and emerging Carbapenemase Producing Enterbacteriaceae. The work of the Infection Prevention Team includes education, research and development, standard setting, assurance and, most importantly ensuring patient safety in the prevention of spread and acquisition of new infections across the City.

We have proudly forged close links in care homes, very sheltered housing accommodations, local authority and independent contractors and are working on several projects and initiatives to building on the successful reduction of MRSA transmission in care homes achieved between 2009 and 2014.

Sources of Data:

- NHS 'Safety Thermometer'
- Nursing quality metrics
- Laboratory data
- Domestic monitoring
- Mortality information
- National HCAI data capture system Monitoring
- Trust Infection Prevention and Control Group
- Environment Group

- Health and Safety Steering Group
- Clinical Quality Review Meetings
- Contract Monitoring Meetings
- Specific achievements against last year's objectives include the following:
 - The Intravenous Resource Team continues to deliver a high standard of line care with increasing numbers of patients discharged on Outpatient Parenteral Antibiotic Therapy. A successful business case has supported the team's expansion to cope with increasing service demand.
 - Surgical Site Infection Surveillance information is shared with Consultant Surgeons via a monthly dashboard.
 - Continued focus on supporting high risk areas of infection.
 - Delivery of a care home prevalence project
 - Lowest year on year record for device related bacteraemia in the Trust and communication of community acquired related device related bacteraemia cases for the first time.
 - Continued support to care homes and very sheltered housing establishments across the Wolverhampton health economy by the Infection Prevention Team, ensuring a seamless service across healthcare facilities throughout the city and reducing norovirus related hospital admissions to acute services.
 - Introduction of care home scrutiny meetings with surveillance data triangulated with other sources of care home knowledge to target improvement actions.

Our Plans for 2016/17

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 CCGs. A detailed annual programme of work is developed, and include the specific projects below:

- Increased focus on Standard Precautions, to include splash and sharps awareness to support a reduction in associated incidents
- Increase awareness of antimicrobial resistance and robust prevention and management of Carbapenemase Producing Enterbacteriaceae
- Renewed focus on the Environment and sustaining improvements made
- Understanding the benefits of a real-time electronic hand hygiene monitoring system
- Streamline catheter usage and care across the City using a standardised agreed formulary
- Continue with HCAI prevalence study in Nursing Homes in Wolverhampton.
- Launch new annual training and recognition events for care homes and primary care providers.

- Development of the Surgical Site Infection Surveillance Team to include assurance of adherence to NICE guidance and further reductions in SSI rates through MSSA screening and decolonisation regimes
- Strengthened education delivery to include forging links with the University of Wolverhampton

The Trust Infection Prevention and Control 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 and control. This is reinforced in the community by working closely with Public Health and Commissioners to manage risks within independently contracted services and care homes.

Goals:

- Sustain best practice and broaden knowledge of infections through collection and analysis of good quality surveillance data
- Develop an infection prevention system in the wider healthcare community setting.
- Zero tolerance to avoidable health care associated infection
- Expand research activity of the Infection Prevention Team.

Action Required:

The Trust acknowledges the current challenges surrounding infection prevention by working in partnership with colleagues across the health community to deliver nine agreed strategic objectives through a health economy Infection Prevention Strategy. Strategic objectives focus on consistent high standards and innovation to sustain and further reduce avoidable infection in healthcare.

- Integral to this is the communication network established between the Acute Trust, independent contractors and community care settings which, in the past two years, has seen improved control of outbreaks and has sustained the systematic follow up of MRSA colonised and Clostridium difficile infected patients, offering them a community pathway for treatment and support
- Maintain the approach to prevention of avoidable infection across the pathway through partnership working
- Implementation of an annual programme of work working towards the delivery of nine key strategic aims
- Implementation and encouragement of use of novel treatments for Clostridium difficile.
- Nominated Lead Chief Nursing Officer

Priority 3: Patient Experience

Why is this a priority?

The Trust measures patient experience via feedback in a variety of ways. This includes local and national survey's, Friends and Family Tests, PALS concerns, formal complaints, compliments and social media forums such as Patient Opinions and NHS Direct.

By effective analysis and use of patient and family feedback we will improve our services to ensure we meet their needs.

Royal Wolverhampton NHS Trust is committed to providing high quality clinical care and aim to provide an excellent experience for patients, their relatives and carers. We know that the patients' experience is formed through every contact they have with our organisation, from the porter who helps them find the right ward, to the consultant who talks them through the next steps in their treatment. That means every member of staff has a responsibility to help us provide the kind of care that we all want to deliver and would like to receive.

We know that staff can only provide the quality of care we expect if they work in an environment where they feel respected and valued, and are supported to deliver excellent care.

How have we performed in 2015/16?

This year 2015/16 has been a period of transformation for patient experience at the Trust. This is on-going into 2016/17.

A full review of the Trust's policies and strategies in relation to patient experience has been undertaken and this has involved the need to review the following:

- Complaints Management Policy
- Interpreting and Communication Policy
- Patient Engagement and Involvement Strategy
- Patient Experience, Quality and Safety Strategy
- Volunteering Policy

Each of these has been improved to enhance the patient experience.

In terms of the volume of complaints and PALS concerns, a detailed analysis is shown further in this document.

Complaints activity formed the basis of the commissioning for quality and innovation national goals (CQUIN) for this year, and much of this has focused on accountability and improvements to processes and information for an improved patient experience.

This has included:

- An external scrutiny review on a quarterly basis of complaints handling and outcomes
- The implementation of an escalation process for non-compliance with statutory complaint timescales.
- Complaints performance dashboard for greater clarity
- Review of the complaints policy which now includes a greater level of support to directorates for the handling of statutory complaints and more information to complainants.

The Plans for 2016/17

1. Increased Patient and User Engagement (including improving links within the community in particular the marginalised groups).

The Trust has a long tradition of formal engagement with recognised patient groups, and in 1999 established a forerunner to the Patient and Public Forum that began in 2003. The Trust developed its first Patient and Public involvement (PPI) strategy in 2006 and established a PPI steering group to ensure that the PPI agenda is met in a consistent manner across the organisation, meeting the needs of its users and the wider community.

The group reviews all PPI engagement and outcomes across the Trust and identifies potential trends, using information from the directorates, surveys, Patient Advice and Liaison Service complaints and compliments and monitors progress of action plans.

Patient and Public Engagement and Experience (PPEE)* is defined as the active participation of citizens, patients and carers and their representatives in the development of health services and as partners in their own health care. This includes the planning, designing, delivering and improvement of health services.

Our aim during 2016/17 is to increase public and patient engagement, in the hope to improve on previous national in-patient survey and Friends and Family results, and to ensure that our service developments meet the needs of our local community and the demographics of the patients we serve.

Patients and families will help us to define quality and develop new and improved services. We will gather their views in greater numbers; implement changes based on their feedback; and demonstrate that their voice makes a difference to others. We will embed the recently revised Patient Engagement and Public Involvement Strategy to widen the scope of our current engagement activities. The Strategy, 'Listen Learn Share', explains how we intend to encourage patient and public engagement and experience through the active participation of citizens, patients and carers and their representatives in the development of our health services and ensure that they are partners in their own health care.

The Trust will be:

Clear, accessible and transparent

- We will make it clear to those opinions we seek as to what we are doing and why, and how their views and experiences will be used. We will also ensure that outcomes are measured and feedback is given to people who the Trust have engaged with.

- All employees in all parts of the Trust will be clear about what engagement means, have a shared understanding of its purpose and be clear about the difference between working for and working with patients and the public.
- As far as reasonably possible, the Trust will ensure that patients, carers and their representatives will have the necessary guidance, support and tools to become engaged with the Trust and feel empowered to report their experiences. This will include people who have protected characteristics and people from hard to reach groups.

Honest

- We will share information and knowledge so that people we engage can understand the issues, and this will be done in a clear and appropriate way to the needs of the individual.
- We will engage with people at an appropriate time during the development of services and be open about any involvement we need from them.
- We will be honest about what can change as a result of listening to the community and what is not negotiable providing the reasons why.

Inclusive

- Every practicable effort will be made to take account of the experiences and views of all of the diverse communities served by the Trust.
- Everyone who chooses to share their experiences and views will be treated with dignity and respect.
- We will recognise and acknowledge the right for all individuals to be given the option to share their experiences or express their views and will make every effort to communicate with people who have protected characteristics in a way that they can understand.

Pro-active

- A pro-active approach will be taken to engage the population served by the Trust.

Responsive

- We will be responsive to the concerns of local people and demonstrate openly how these have been considered and responded to in the decisions made.
- We will give feedback in a timely manner on the ways in which we have listened to the population we serve.

This will be done through three key objectives:

- **Develop the Trust's strategic approach to PPI** - Create a culture where PPI is embedded and reflected in the work practices of the Trust and the services it delivers.
- **Provide direct opportunities for people to get involved** - Develop a more comprehensive approach to ensuring that patients and the public are involved in the design, management, delivery and review of the services the Trust provides by ensuring that they use a variety of approaches and best practice.
- **Help people to learn about the Trust and how to get involved** - Provide patients and members of the public with access to clear information about the Trust and changes

to the health and social care system. Interest and engage the local community and with partnering agencies in understanding them so they can actively choose to be involved.

1. Ensuring Friends and Family Test (FFT) is inclusive

This is an area where the Trust recognise that there could be real area for improvement. In recognition of this, it has been decided that FFT for the Trust will form part of it's CQUIN's for 2016/17. A CQUIN framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

The specific goals for this year will focus on the following:

- The implementation of FFT in children's services at RWT in electronic and paper formats.
- Implementation of FFT in children's services for Community.
- Implementation for FFT to be available in top five languages (based on criteria from Interpreting provider) in paper format and electronically.
- FFT for children's services to be available for those with learning disabilities and for deaf/blind community in appropriate format.
- Real time dash boards for the Friends and Family will be set up allowing managers almost immediate access to the latest patient response figures, scores and patient comments. This will enable the Trust to easily identify the daily percentage response rate.

All milestones for each quarter will be analysed and improvement plans will be written where FFT is below the national average.

2. To raise more awareness of the PALS and Complaints services and ensure that both are accessible in a variety of mediums.

The Trust aim to be as transparent as possible, and realise the importance of valuable feedback through a variety of mechanisms. We will endeavour to raise the awareness to patients and the community of how they may give their feedback through the PALS informal route or the statutory complaints process. We will hold a series of workshops to raise awareness both within the Trust and throughout the community locations.

Our aim is to continuously improve all our services for patients and families. This will be done through the use of quality indicators for all of our activities in the Trust we will be able to monitor outcomes and seek continuous improvement.

Within all three specific goals, our overarching objective is to listen to, analyse, learn, act on and disseminate feedback from patients and carers, both quantitative and qualitative, through a variety of methods. This is then used to improve the quality of services, driven and led by patients, families and carers.

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 2015/ 16 The Royal Wolverhampton NHS Trust provided and / or sub-contracted 32 relevant health services.

The Royal Wolverhampton NHS Trust has reviewed all the data available to them on the quality of care 32 of these relevant health services.

The income generated by the relevant health services reviewed in 2015/16 represents **85%** of the total income generated from the provision of relevant health services by The Royal Wolverhampton NHS Trust for 2015/16

The Trust has reviewed the data against the three dimensions of quality; 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 surveys, complaints and compliments.

Participation in Clinical Audits

During 2015/16 there were 62 national clinical audits and 2 National Confidential Enquiries covered relevant health services that The Royal Wolverhampton NHS Trust provides.

During 2015/16 The Royal Wolverhampton NHS Trust participated in 82% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that The Royal Wolverhampton NHS Trust were eligible to participate in during 2015/16 are shown in the tables below.

The National Confidential Enquiries that The Royal Wolverhampton NHS Trust participated in during 2015/16 are as follows:

National Confidential Enquiries	Participated
Sepsis	Yes
Acute Pancreatitis	Yes

National Audits 2015/16

The national clinical audits that The Royal Wolverhampton NHS Trust continues to participate in since 2015/16 are as follows:

National Clinical Audit, Enquiry or Programme Title	Workstream / Component	Directorate	Applicable	Participating	Status of audit
Adult Cardiac Surgery Audit (ACS)		Cardiothoracic Services	Yes	Yes	In progress
Bowel Cancer (NBOCAP)		Oncology & Haematology	Yes	Yes	In progress
Congenital Heart Disease (CHD)	Adult	Cardiothoracic Services	Yes	Yes	In progress
Diabetes (Paediatric) (NPDA)		Paediatrics	Yes	Yes	In progress
Elective Surgery (National PROMs Programme)		Trust wide	Yes	Yes	In progress
Falls and Fragility Fractures Audit programme (FFFAP)	Fracture Liaison Service Database	Rheumatology	Yes	Yes	In progress
Falls and Fragility Fractures Audit programme (FFFAP)	Inpatient Falls	Care of the Elderly	Yes	Yes	In Progress
Falls and Fragility Fractures Audit programme (FFFAP)	National Hip Fracture Database	Trauma & Orthopaedics	Yes	Yes	In Progress
Major Trauma Audit		Trauma & Orthopaedics	Yes	Yes	In progress
National Comparative Audit of Blood Transfusion programme	Use of blood in Haematology	Pathology	Yes	Yes	In progress
National Diabetes Audit - Adults	National Footcare Audit	Diabetes	Yes	Yes	In Progress
National Diabetes Audit - Adults	National Inpatient Audit	Diabetes	Yes	Yes	In progress
National Diabetes Audit - Adults	National Pregnancy in Diabetes Audit	Diabetes	Yes	Yes	In progress
National Ophthalmology Audit	Adult Cataract surgery	Ophthalmology	Yes	Yes	In progress
Paediatric Pneumonia		Paediatric Acute	Yes	Yes	In progress
Procedural Sedation in Adults (care in emergency departments)		Emergency Department	Yes	Yes	In progress
Rheumatoid and Early Inflammatory Arthritis	Clinician/Patient Follow-up		Yes	Yes	In progress
Vital signs in children (care in emergency departments)		Emergency Department	Yes	Yes	In progress
Medical and Surgical Clinical Outcome Review Programme	Acute Pancreatitis	General Surgery and Gastroenterology	Yes	Yes	In progress
Medical and Surgical Clinical Outcome Review Programme	Non-invasive ventilation	Respiratory	Yes	Yes	In progress
Medical and Surgical Clinical Outcome Review Programme	Physical and mental health care of mental health	Trust Wide	Yes	Yes	In progress

	patients in acute hospitals				
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The national clinical audits and national confidential enquiries that The Royal Wolverhampton NHS Trust participated in, and for which data collection was completed during 2015/16 are shown in the tables above.

The reports of 14 completed National clinical audits were reviewed by the provider in 2015/16 and The Royal Wolverhampton NHS Trust intends to take the following actions to improve the quality of healthcare provided:

Completed National Clinical Audit	Directorate	Actions that we have identified to improve the quality of healthcare we provide in this Trust
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Cardiothoracic Services	Strategy meeting planned to further develop referral pathway including a training and education element.
Cardiac Rhythm Management (CRM)	Cardiothoracic Services	All standards met. Fully compliant. No specific actions identified.
Case Mix Programme (CMP)	Critical Care	Fully Compliant. No further action required as the clinical performance of ICCU exceeds national averages. This evidence supports that a high quality service is in place within this trust. The report has also positively impacted on recruitment and staff retention.
Coronary Angioplasty/ National Audit of Percutaneous Coronary Interventions (PCI)	Cardiothoracic Services	Protocol to be further developed to improve compliance. Meeting planned with management and interventional consultants to develop and implement required changes to protocol. Daycase unit should be made available for transfers.
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme - Pulmonary Rehabilitation and COPD Secondary Care	Respiratory	COPD Secondary Care - Meeting to take place with Hospital at Home team to discuss pathway and a respiratory smoking cessation MDT has been established with the aim of increasing referrals. PR COPD - Working together with the CCG to scrutinise COPD registers and increase GP/ PN education to improve PR referral rates. The written discharge plan has been amended to include a more rigorous exercise prescription.
National Comparative Audit of Blood Transfusion programme - Audit of Patient Blood Management in Scheduled Surgery	Pathology	Key recommendations identified by the audit include the introduction of time limits for pre-op assessment, the development of a pre-op pathway and policy for use of Tranexamic acid and the provision of written information for patients. These recommendations are currently being reviewed in line with NICE guidance to establish an implementation plan.
National Emergency Laparotomy Audit (NELA)	Critical Care	Further development of handover guidelines and checklists for high risk / complex patients.
National Heart Failure Audit	Cardiology	A recent business case has supported the expansion of the Heart Failure Team.

National Joint Registry (NJR) – Hip and Knee Replacement	Trauma & Orthopaedics	All standards met. Fully compliant. No specific actions identified.
National Lung Cancer Audit (NLCA) - Lung Cancer Consultant Outcomes Publication	Oncology & Haematology	Local analysis of patients receiving radiotherapy and continued work within Cancer Services to refine processes for data collection and quality assurance.
National Prostate Cancer Audit	Oncology & Haematology and Urology	All standards met. Fully compliant. No specific actions required.
Neonatal Intensive and Special Care (NNAP)	Paediatrics	All standards met. Fully compliant. No specific actions identified.
Renal Replacement Therapy (Renal Registry)	Renal	To monitor survival figures and analyse annually to define any potential issues leading to reduced survival-morbidity data
Sentinel Stroke National Audit programme (SSNAP)	Stroke	Action developed to arrange further and ongoing training, improve monitoring and increase staff presence.

Clinical Audit Activity

The completion rate for 2015/16 (excluding national audits) was 91%. In total 438 clinical audits were conducted across the Trust, 378 of which were completed by the end of the financial year.

Clinical Audit Outcomes

The reports of 284 completed clinical audits were reviewed by the provider and a compliance rating against the standards audited agreed. The following 51 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:

Directorate	Audit Title	Compliance Rating	Actions
Critical Care	Audit of the storage, use and prescription of strong potassium solutions in clinical theatre areas.	Moderate Non-Compliance	New policy is being written for the use of KCL concentrated in theatre. Available fluids have been changed and we are moving to new KCL preparations.
Critical Care	NICE MTG 3 Use of the CardioQ-ODM oesophageal doppler monitor in high risk surgical patients.	Significant Non-Compliance	Second monitor sourced and situated in CEPOD theatre.
Critical Care	Audit of Efficacy of Postoperative acute pain management for Elective Caesarean Section	Moderate Non-Compliance	To change the recipe for optimum pain relief. To educate midwives to administer regular analgesia.
Critical Care	Regular Postoperative Analgesia administration	Significant Non-Compliance	Audit Lead to meet Ward Sisters and Matron to highlight the importance of regular analgesic medication being given as prescribed.
Head & Neck	Prospective review of Fast Track referrals to ENT from the community	Significant Non-Compliance	Refine proforma to include reminder about CXR for hoarse voice. Discuss with team and update proforma and send to GPs to reduce DNA rate. Create leaflet and distribute to local GPs.

Head & Neck	Re-audit of awareness and knowledge of novel oral anticoagulants	Moderate Non-Compliance	Ensure that up to date guidelines are available within the department.
Head & Neck	Re-audit of Venous Thromboembolism compliance Head and Neck	Moderate Non-Compliance	Education of Clinical staff regarding National standards, Trust policy and timely VTE assessments.
Head & Neck	Re-audit of adherence to guidelines in clinical recording keeping.	Moderate Non-Compliance	All members of team to be reminded of Trust Guidelines regarding documentation. OP7 Health Records Policy to be distributed to new staff on local induction.
General Surgery	NICE CG074 Surgical site infection – Normothermia	Significant Non-Compliance	Add Temperature column to chart. Communicate protocol to all theatre staff, Anaesthetic Lead and Theatre Matron. Visual aid of NICE Guidelines in theatre.
General Surgery	NICE QS012 Breast cancer	Moderate Non-Compliance	Re-audit patients receiving adjuvant treatment within 31 days of surgery to identify the cause of any delay. Discuss with oncology to stream line referral process.
Obstetrics	Antenatal Management of Hypertensive Disorder in Pregnancy (including audit on the blood pressure machine in the department, if they are validated for use in pregnancy).	Moderate Non-Compliance	The Medical Devices Trainer will check the equipment to ascertain if it is validated for use in pregnancy. If not validated, will request if it can be exchanged and the department supplied with suitable replacement equipment.
Dental	NICE CG19 : Audit to Review whether appropriate examination recall intervals are being set and whether they are being met	Significant Non-Compliance	Create a template for clinician notes which incorporates all information required to make appropriate risk assessment. Review clinician notes in 6/12 to see whether notes are including all information as suggested by the NICE dental recall guidelines (2004).
Dental	Appropriate Prescription of Fluoride within Wolverhampton Special Care Dental Service	Moderate Non-Compliance	Local protocols will be revised based on the National guidance and taking into account the specific patient group that is seen by Special Care Dental Services.
Dental	Re-Audit - provision of dietary advice to SCDS patients	Moderate Non-Compliance	Department to develop a more detailed diet proforma to be completed by clinical staff to provide further dietary advice to patients who require it.
Speech & Language Therapy	NICE CG 162 - Audit of 45 minute Stroke Rehab standard by SLT	Significant Non-Compliance	Business case to be developed to establish funding for another Speech and Language Therapist and for computers / software to use with patients on the stroke units for communication therapy.
Cardiology	NICE CG95 - Audit of Chest Pain Clinic to review types of Investigations undertaken against NICE guidelines	Moderate Non-Compliance	Specific proforma to be developed to include all the prompts necessary to meet the standards/guidance. Teaching sessions to be provided on NICE CG 95 and available modalities for investigation
Cardiology	Call to balloon time for primary angioplasty by source	Significant Non-Compliance	Re-education of ED in WMH/RHH to be facilitated by cardiology leads in respective centres. Discussion with paramedics to enable ECGs to be reviewed in ambiguous cases.

Cardiology	Non-STEMI ACS waiting time from admission to coronary intervention (including QS68 standards).	Moderate Non-Compliance	Meetings between clinicians and management are ongoing to streamline the service (which will involve a greater CAT workforce and more ACS bed capacity)
Gynaecology	A NICE-related audit (NG 12 {CG27}): Assessing the Quality of Primary Care Fast Track Referrals for Suspected Gynaecological Cancer	Moderate Non-Compliance	To survey GP views on fast track referrals and help elicit the reasons for inadequate referrals. Amend current format of fast track form to be more user friendly. Only accept one type of referral form to the hospital Trust.
Critical Care	Audit on immediate and long term Follow up of Patients with Post Dural Puncture Headache	Moderate Non-Compliance	Due to inadequacies with IT system a handwritten diary is now used to improve follow up and continuity of care of patients with post-partum headache (and other possible complications relevant to the obstetric anaesthetic team).
General surgery	Are we compliant with Hyperparathyroidism information leaflets guidance?	Significant Non-Compliance	To create hyperparathyroid patient leaflets. Allocate someone to re-audit in one -two years' time.
Head & Neck	Completion of questionnaires ascertaining Quality of Life post treatment of oral cancer	Moderate Non-Compliance	The efficiency of data collection could be improved by the use of electronic versions of the HRQOL forms but this would in turn necessitate both software and hardware support with a data input device such as a tablet.
General surgery	Are patient's fasting enough pre-operatively	Moderate Non-Compliance	Increase Medical and Paramedical Team awareness via dissemination of findings and guidelines. Pre-operative fasting poster to be displayed on Appleby Suite.
General surgery	Acute Pancreatitis	Moderate Non-Compliance	Education at departmental induction. Teaching slot in FY1/FY2 teaching
General surgery	An audit of abscess management in a DGH	Moderate Non-Compliance	Pathway being created Alternative theatres (e.g. Beynon) for operation of these patients need to be looked at.
Trauma & Orthopaedics	Referral rate and Quality of Referrals for Baby Hip Ultrasound Clinics	Moderate Non-Compliance	Update the Junior Doctor handbook for the Neonatal and Paediatrics departments to ensure that the NIPE guidance with regards to DDH screening and referral criteria is clearly explained. The implementation of a new standardised referral form.
Critical Care	Information and consent process for Peripheral nerve blockade	Moderate Non-Compliance	Introduction of nerve block leaflet with lots of information for the patients.
Trauma & Orthopaedics	National Confidential Enquiry into Patient Outcome and Death (NCEPOD) - Clerking and Examination Proforma Audit	Moderate Non-Compliance	Introduce a standard clerking proforma for non NOF T&O admissions
Trauma & Orthopaedics	Rates of pressure sores in neck of femur fracture patients	Moderate Non-Compliance	Continued recruitment and communicating to staff importance of good documentation.

Cardiology	VTE assessments on the cardiology ward	Significant Non-Compliance	VTE assessment to be added to junior doctor induction. Improvements being sought in IT system to facilitate higher uptake of recordings.
Trauma & Orthopaedics	Use of the integrated care pathway – Elective THR & TKR	Moderate Non-Compliance	The use of ICP is to be included in junior doctors local induction
Trauma & Orthopaedics	Cannock Elective Joint Replacement Integrated Care Pathway	Moderate Non-Compliance	A weekly Consultant Ward round to take place at Cannock chase hospital.
Pharmacy	Local Audit - A re-audit assessing Warfarin prescribing in medical and surgical patients following the introduction of the new anticoagulant prescription chart	Significant Non-Compliance	Redesign of the treatment chart and have the warfarin section directly underneath enoxaparin section to help improve record keeping by clinicians.
Oncology & Haematology	Chemotherapy delays on CHU and CHUDC	Moderate Non-Compliance	Consideration of use of flexi beds for chemotherapy treatment Ensure no delays in sending prescriptions to pharmacy 48 hours prior to treatment
Acute medicine	Management of Sepsis in AMU (re-audit)	Moderate Non-Compliance	Change of practice so that all GP patients with suspected sepsis are admitted via A&E
Acute medicine	Regional Audit - AKI (Acute Kidney Injury)	Significant Non-Compliance	An electronic alert system has already been added to the TD-web blood results system to flag up patients with AKI as per the national NHS England directive. Implementation of new fluid chart. Electronic requesting of ultrasound to be implemented.
Dermatology	NICE QS44 Audit atopic eczema in children. Cannock Chase Hospital.	Moderate Non-Compliance	Changed the Eczema assessment tool that is used in the department: more prominent place for the Dermatology Life quality index. Nursing staff will weigh every child that attends the eczema clinic.
Dermatology	WHO Checklist	Moderate Non-Compliance	Send a copy of the WHO Checklist audit presentation to all staff to remind them of their responsibilities with regard to the checklist. Ask Medical Secretaries to file the WHO Checklists and Consent Forms in each patient's Health Record before scanning them onto CWP.
Dermatology	Local Audit: Azathioprine	Moderate Non-Compliance	Highlight to dermatology department the need to undertake full screening prior to commencing immunosuppressant treatment and to elucidate a history of prior chicken pox infection. Ensure that there is full documentation in the medical notes when patients are advised of possible side-effects or given an information leaflet

Accident & Emergency	Re-audit of management of Urinary tract infections in children presenting to the emergency department against NICE guidance CG54	Moderate Non-Compliance	Teaching session to medical staff on the importance of appropriate follow up (including documenting Urine dip results in notes, Urine sent for culture correctly, correct Antibiotic choice)
Acute medicine	Other: Documentation Audit 2015/16	Moderate Non-Compliance	To remind clinicians the standards required for good quality documentation, including using a stamp or writing their ID number.
Care of the elderly	Local Re-audit: Correct documentation on warfarin prescribing charts on Care of the Elderly wards	Moderate Non-Compliance	Produce a letter template for patients on Warfarin. Present audit results at Divisional/ Trust level to consider widening scope of audit to include all Directorates.
Rheumatology	Local Audit of back in trouble clinic	Moderate Non-Compliance	Clinic slots not be used for overdue review Discuss the referral prior to booking to assess the need for urgent review and use the slot for patient who need an urgent review
Pharmacy	Prescription Chart Audit 2015/16 (Re-audit)	Moderate Non-Compliance	The audit report to be shared - specific Directorates to develop an action plan to address low compliance.
Respiratory medicine	Audit to investigate process of pleural drain insertion and subsequent pleuradesis in hospitalised patients attending Ward C19 for their procedure	Moderate Non-Compliance	Education of nursing and junior medical staff. To establish a clear pathway for the management of patients requiring pleural drainage based on best available evidence and audit results
Rheumatology	A Local re-audit of the Early Rheumatoid Arthritis Clinic against NICE Guidelines (CG79)	Moderate Non-Compliance	Further review appointment in Early Rheumatoid Arthritis Clinic if the patients DAS scores 3.2 – 5.1 or have had a recent Intra-Muscular Depomedrone injection.
Adult Community Services	Specialist Services Skin Integrity Trigger Tool Audit	Moderate Non-Compliance	Further training via team meetings and Pressure ulceration workshops.
Oncology & Haematology	Management of malignant hypercalcaemia	Moderate Non-Compliance	Trust guidelines to be more readily available and easier to access. IT to provide hyperlinks to guidelines for easier access
Rheumatology	Exercise and Rheumatoid Arthritis – a service evaluation	Significant Non-Compliance	Set up Specialist Nurse annual review clinics Set up system to provide patients with keep moving leaflet in the annual review clinics Establish a departmental patient's education board in our waiting area
Rheumatology	Gout Best Practice Re-Audit- New Cross Hospital	Moderate Non-Compliance	Increase the proportion of patients achieving EULAR in clinic, in particular for those with tophaceous gout. To establish a more profound way to improve the associated metabolic syndrome risk factors including losing weight and treating blood pressure.
Renal medicine	Are Treatment Charts on C24 & C25 Written Safely?	Moderate Non-Compliance	Consultants to check all prescription sheets on ward rounds to highlight errors.

Participation in Clinical Research

The Trust's performance continues to be on par with large Acute Trusts within the West Midlands region. Our research culture and overall performance continues to be fostered and encouraged.

The approach to research and development has been enhanced by the Trust hosting the West Midlands Local Clinical Research Network thus benefiting from the higher profile at Trust Board and also across the local population. Ensuring that patients are given choice to participate in research trials is a national and local target and is identified by patients as an important clinical choice. Research at the Trust provides a number of complementary additions to existing patient care and treatment and has continued to evolve during the year to reflect changes in clinical service delivery, ensuring that patients have the opportunity to take part in studies whether their care is delivered within the Wolverhampton or Cannock Trust sites. Feedback from research participants confirms that they value the opportunity to take part in research and that they feel supported and cared for when doing so.

The number of patients receiving relevant health services provided or sub-contracted by The Royal Wolverhampton NHS Trust in 2015/16 that were recruited during that period to participate in research approved by a research ethics committee was 2,151. Over 250 studies have been active at the Trust during 2015/16.

Of these, over 1900 were recruited into studies adopted onto the National Institute of Health Research Clinical Research Network Portfolio.

Achievements this year include:

- Sustained approval of trials, 100% of studies approved within 15 days.
- Increase in number of industry sponsored studies opened at the Trust.
- Patient engagement processes in place, with positive feedback received.
- Continued high ratings from external study monitors.

The Trust research teams have this year received national recognition for their recruitment into studies within a number of clinical areas including Cardiology, Rheumatology, Dermatology, Oncology and Ophthalmology. In addition, two Clinical Researchers from the RWT received Prestigious National Awards in February 2016 for their roles in research. The National Institute for Health Research (NIHR) recognised Dr Seau Tak Cheung, Consultant Dermatologist, and Dr Shahzad Munir, Consultant Cardiologist, for their outstanding work as Principal Investigators leading research studies at the Trust.

Use of the CQUIN payment framework

A proportion of the Royal Wolverhampton NHS income in 2015/16 was conditional upon achieving quality improvement and innovation goals agreed between the Royal Wolverhampton NHS Trust and any person or body they entered into a contract, common agreement or arrangement with for the provision of the relevant health services, through the commissioning for quality and innovation payment framework.

Further details of the agreed goals for 2015/16 and for the following twelve month period are available electronically from Simon Evans; Head of Performance email address - simon.evans8@nhs.net.

Statements from the Care Quality Commission

The Royal Wolverhampton NHS Trust is required to register with the Care Quality Commission and its current registration status is registered with no conditions.

The Care Quality Commission has not taken enforcement action against The Royal Wolverhampton NHS Trust during 2015/16.

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

In June 2015, The Royal Wolverhampton NHS Trust participated in an announced hospital inspection of its core services across all Trusts sites by the Care Quality Commission relating to the following areas of care:

- Safe - Are people protected from abuse and avoidable harm?
- Effective - Does peoples care and treatment achieve good outcomes and promote, a good quality of life, and is it evidence-based where possible?
- Caring - Do staff involve and treat people with compassion, kindness, dignity and respect?
- Responsive - Are services organised so that they meet people's needs?
- Well-led - Does the leadership, management and governance of the organisation assure the delivery of high quality patient centred care, support learning and innovation and promote and open and fair culture?

The Trust received its final report in September 2015 which rated the Trust as 'requiring improvement' overall. A number of actions were completed at the time of the visit as soon as they were brought to the Trusts attention.

Overall rating for this trust is - Requires improvement.
The domains were rated as:

Are services at this trust safe?	Requires improvement
Are services at this trust effective?	Good
Are services at this trust caring?	Good
Are services at this trust responsive?	Good
Are services at this trust well-led?	Requires improvement

Core services were rated as:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & emergency services	Requires improvement	Good	Good	Good	Good	Good
Medical care	Inadequate	Good	Requires improvement	Good	Requires improvement	Requires improvement
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Maternity & Gynaecology	Requires improvement	Good	Good	Good	Good	Good
Children & young people	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
End of life care	Requires improvement	Good	Good	Good	Good	Good
Outpatients & Diagnostic Imaging	Requires improvement	Inspected but not rated ¹	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

A detailed action plan was subsequently developed, of which significant progress has been made in addressing concerns raised, some of which are detailed below:

The action plan is monitored on a monthly basis and reported to the Trust board on a quarterly basis.

NHS Number and General Medical Practice Code Validity

Clinical Coding Error Rate

The Royal Wolverhampton NHS Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

Clinical Coding Audits were conducted and conformed to Information Governance Standards Level 3. The area Audited for this was Admitted Patient Care for General Surgery and Trauma & Orthopaedics. The error rates reported in the latest audit for that period are detailed below and were based on a small sample of 200 Finished Consultant Episodes.

General Surgery Admitted Patient Care diagnoses and procedure coding (clinical coding) were:

Primary Diagnoses Incorrect	1%
Primary Procedures Incorrect	0%
Healthcare Resource Groups changes	1.4%

All recommendations following the audit will be completed.

Trauma & Orthopaedics Admitted Patient Care diagnoses and procedures coding (clinical coding) were:

Primary Diagnoses Incorrect	2%
Primary Procedures Incorrect	6.9%
Healthcare Resource Groups changes	0%

All recommendations following the audit will be completed.

NHS Number and General Medical Practice Code Validity Updated as per Month 11 2015/16

The Royal Wolverhampton NHS Trust submitted records during 2015/16 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 shows an improvement in every area against the 2014/15 submission, which included the patient's valid NHS number:

- 99.8% for admitted patient care;
- 99.9% for outpatient care; and
- 98.5% for accident and emergency care.
- Which included the patient's valid General Practitioner Registration Code was:
- 100% for admitted patient care;
- 100% for outpatient care; and
- 99.4% for accident and emergency care

Information Governance Toolkit

Information Governance Toolkit Return 2015/ 2016

The annual self-assessment submission on the Information Governance Toolkit to the Department of Health for 2014/15, the overall score was 81% and was graded satisfactory all 45 requirements.

Looking forward to 2016/17 for Information Governance

The Trust are continuing to monitor patterns and trends of Information Governance incidents and implementing measures to reduce these to the lowest level practicable, in line with the Trusts Information Governance Strategy 2016-18. An IG risk profile is also being developed in order for the Trust to identify and manage IG risk.

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

The Royal Wolverhampton NHS Trust will be taking the following actions to improve data quality in accordance with the relevant information governance toolkit standards.

- Conducts regular audit cycles
- Performs monthly Completeness and Validity checks across inpatient, outpatient, A&E and waiting list data sets
- Monitor activity variances
- Use external/internal data quality reports
- Use standardised and itemised data quality processes in SUS data submissions monthly
- Hold bi-monthly meetings with Commissioners with a set agenda to discuss data quality items
- Hold bi-monthly Trust Data Quality Meetings to manage / review practices and standards

Core Quality Indicators

The data made available to the Trust by the Information Centre with regard to-

- (a) The value and branding of the Summary Hospital-Level Mortality Indicator (“SHMI”) for the trust for the reporting period; and**
- (b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period**
- (c) Patient Reported Outcome Measures**

Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient perspective. These currently cover four clinical procedures, PROMs calculate the health gains after surgical treatment using pre- and post-operative surveys.

They provide a mechanism to measure a patient's health status or health-related quality of life at a single point in time, and are collected through short, self-completed questionnaires. This health status information is collected before and after a procedure and provides an indication of the outcomes or quality of care delivered to NHS patients.

Case Mix average health gain by procedure (0.594 worst health – 1.0 full health – scores closer 1.0 would indicate greater health gain post procedure)

	April 13 - March 14	April 14 - March 15	National Average	Lowest Reported Trust	Highest Reported Trust
(i) Groin Hernia Surgery	0.84	0.86	0.085	0.015	0.195
(ii) Varicose Vein Surgery	0.84	0.84	0.093	0.023	0.175
(iii) Hip Replacement Surgery	0.76	0.74	0.438	0.319	0.543
(iv) Knee Replacement Surgery	0.67	0.69	0.319	0.187	0.387

Data produced by HSCIC 2016 – does not differentiate between first procedure or revision.

Groin hernia surgery, hip and knee replacements indicate greater health gains by procedure to that of the national average.

(d) Re-admission Rates

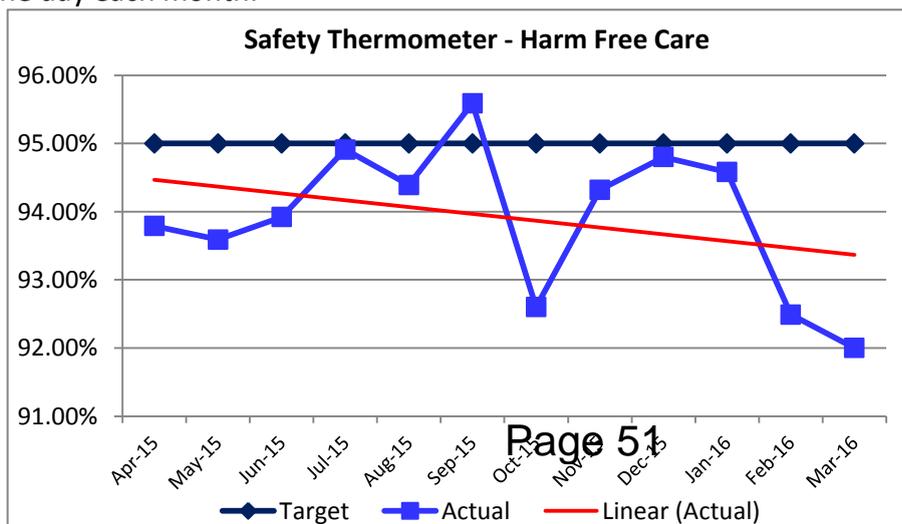
Emergency readmissions within 30 days

Year	14/15	15/16
Emergency readmissions	5944	6464
Admissions	104366	119069
Percentage	5.7%	5.4%

(Internal Trust data No current data is available from HSCIC)

(e) Safety Thermometer

The NHS Safety Thermometer "Classic" allows teams to measure harm and the proportion of patients that are 'harm free' from pressure ulcers, falls, urine infections (in patients with a catheter) and venous thromboembolism This is a point of care survey that is carried out on 100% of patients on one day each month.



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Sample (patients)	1,224	1,217	1,185	1,258	1,159	1,156	1,202	1,215	1,172	1,162	1,185	1,188

VTE Prevention

The data made available to the Trust by the Information Centre with regard to the percentage of patients who were admitted to hospital and who were risk-assessed for venous thromboembolism (VTE) during the reporting period. The indicator is expressed as a percentage of all adult in-patients that have received a VTE assessment upon admission to the Trust using the clinical criteria of the national tool;

- 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); and
- The denominator is the number of adult inpatients (including surgical, acute medical illness, trauma, long term rehabilitation, day case, private).

	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16
RWT	97.28%	96.91%	96.98%	96.40%	96.69%	96.82%	95.49%	95.90%
National Average	96.15%	96.21%	95.96%	96.02%	96.05%	95.86%	95.48%	Not available
Trust with Highest Score	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	Not available
Trust with Lowest Score	69.23%	86.37%	81.19%	75.02%	86.08%	75.04%	61.47%	Not available

(f) C Difficile

The data made available to the Trust by the Information Centre with regard to the rate per 100,000 bed days of cases of C. difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.

	2012/13	2013/14	2015/16
RWT	15.8	15.5	17.8*
National Average	17.3	14.6	15.1
Trust with the highest score	30.8	38.6	62.1
Trust with the lowest score	0.0	0.0	0.0

Data source: HSCIC Portal (* Trust's own data)

Positive cases included have the following characteristics:

- Only patients aged 2+ are included.
- A positive laboratory test result for CDI is recognised as a case according to the Trust's diagnostic.
- Positive results on the same patient more than 28 days apart are reported as separate episodes, irrespective of the number of specimens taken in the intervening period, or where they were taken.
- The Trust is deemed responsible. This is defined as a case where the sample was taken on the fourth day, or later, of an admission to that Trust (where the day of admission is day one).

The Royal Wolverhampton NHS Trust considers that this data is as described for the following reason(s):

- The current actions to reduce Clostridium difficile are effective.
- The Royal Wolverhampton NHS Trust has taken the following actions to improve this rate, and so the quality of its services, by:
 - The development of detailed understanding of surveillance data.
 - Prompt and thorough review of affected patients.
 - Weekly dedicated ward rounds.
 - Encouraged use of novel treatments during the weekly ward round
 - Consistent monitoring and control of the in-patient environment including the use of hydrogen peroxide vapour.
 - Promoting early treatment and isolation of patients affected.
- Community follow up of all patients with Clostridium difficile to minimise recurrence
- The adoption of a 3 stage testing algorithm in which all patients at risk of infection are followed up.
- Post discharge follow up to ensure any relapse/reoccurrence is managed optimally

The data made available to the Trust by the Information Centre with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

(g) Incident Reporting

2014/15 (Full Year Data)			2015/16 (April – September)		
Incidents	% resulting in death	% resulting in severe harm	Incidents	% resulting in death	% resulting in severe harm
8397	0.3% (25)	0.1% (9)	5333	0.2% (10)	0.1% (7)

Data source - National Reporting and Learning System.

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 and healthy reporting culture and promotes the reporting of near miss incidents to enable learning and improvement.
- The Trust undertakes data quality checks to ensure that all Patient safety incidents are captured and appropriately categorised in order to submit a complete data set to the National Patient Safety Agency.
- The Royal Wolverhampton NHS Trust has taken the following actions to improve risk management and reporting and so the quality of its services:
- The Trust has reviewed its policy and training to facilitate swift reporting and management review of incidents (including serious incidents).

3: Review of Quality Performance

Our performance against 2015/16 priorities

The Trust will continue to review its incident reporting performance against the NPSA benchmarks and take appropriate action to redress any trends.

In addition to reports received by the Trust Board and the regular internal monitoring of our performance the oversight of Quality performance is managed by the committees below:

Quality Governance Assurance Committee: The Quality Governance Assurance Committee provides assurance to the Board that patient care is of the highest achievable standard and in accordance with all statutory and regulatory requirements.

The Committee relied upon the work of two sub groups:

Patient Safety Improvement Group - This Group reviews a range of reports on a periodic basis including Serious Untoward Incidents, the use of Safer Surgery Checklists, Ward Performance monitoring reports, various applications for new procedures/techniques and Quality Impact Assessments for Programme Initiation Documents for CIP schemes and Evaluating the Safety Culture Survey of the Organisation

Quality Standards Action Group - This Group's remit covers matters relating to compliance with standards and includes CQC on-going compliance monitoring reports, Safeguarding, NHS Litigation Authority (NHSLA) Risk Management Standard Compliance, external reviews and inspections, Clinical Audit (annual), Inpatient care and inpatient experience, National Audit Reports, and national reports.

In addition there are regular meetings with our commissioners and key stakeholders including periodic reviews of the Trust.

Patient Safety

Pressure ulcers & skin integrity

Pressure ulcers

The Trust has experienced an increased number of pressure ulcer incidents over the last year despite continual education, audit, learning from incident reports and the introduction of alternating mattresses for each inpatient bed. The incidents continue to show a number of complexities the patients present with; however it has highlighted omissions in nursing documentation, particularly with repositioning in the inpatient areas. Adult community services have seen a decrease in avoidable incidents following bespoke training and commitment to looking at the holistic needs of the patient. The Trust worked collaboratively with the care home association and CCG to modify the SSKIN guide for care homes to ASSKINE. This stands for Assessment, Surface, Skin inspection, Keep moving, Incontinence and moisture, Nutrition and hydration, escalation and communication. This has proved to be more memorable for staff so will be cascaded across the Royal Wolverhampton NHS Trust when the new pressure ulcer prevention documentation and awareness will be launched. The aim is to continue to have a zero tolerance for all avoidable pressure ulcers.

The progress over the last 12 months:

Education

The tissue viability team continue to educate staff and the trust has 88% compliance with the pressure ulcer training. The team continues to use aids such as “Billy” the prosthetic bottom, to help staff understand the grading system and proactive care to prevent pressure ulcers. The team has also introduced a life sized doll to help guide staff on position suggestions and care. Bespoke training has been delivered to high risk areas experiencing multiple avoidable incidents, with positive outcomes.

Assessment

Staff are advised to focus on the holistic needs of the patient and assess their risk for pressure ulceration. The Tissue viability team led a “React to Risk campaign” on Worldwide Pressure Ulcer day and continue to highlight the importance of prevention every day.

Surface

The Trust invested in providing each inpatient bed with a hybrid mattress, to ensure patients at risk have an alternating system at a flick of a switch. The trust also introduced a “Help our heel” campaign along with a heel device to reduce heel pressure ulceration. Initially the incidents reduced, but the devices are not suitable for all patients, therefore alternative solutions are being reviewed both locally and nationally, as heels are a continual challenge to many boroughs. The Trust has worked collaboratively with the Independent Living Service, to improve access to equipment at home, supported by an out of hour’s service within the Trust.

Skin inspection

There are a number of wards that have achieved no avoidable pressure ulcers for 12 – 18 months. Nurses continue to attend tissue viability training to improve their knowledge on wound care.

Keep moving

There have been incidences whereby there are omissions in recording interventions. Our documentation has been modified based on lessons learnt with a view to also reduce the amount of documentation required. Adult community services have successfully used TOTO (tilt and turn over) devices for bedbound patients with complex needs, as there is limited overnight care across agencies for those that wish to remain at home. There is also one device for the acute inpatient area for patients with very fragile skin or other complexities, whereby the TOTO can enhance the other aspects of care.

Incontinence and moisture

In March a collaborative project with the Continence Team, Tissue Viability Team and 3 residential homes in the city was launched. The aim of the project is to improve carer's knowledge and skills around continence management, to prevent moisture lesions. Outcomes for this project will be monitored throughout 2016. A model medical ward has set an excellent example of trying to normalise the patient's day, by sitting them out of bed for breakfast if able, then attending bathrooms for personal care and toileting. This approach has successfully minimised moisture lesions and pressure ulcer incidents and will be shared with other ward leaders.

Nutrition and hydration

The Trust continues to work with the dietetics department to ensure patients nutrition and hydration is optimised.

Escalation and communication

The Trust continues to report and scrutinise acquired pressure ulcer incidents. Lessons learnt and action plans are shared and monitored. Patient non concordance with advice is a continual challenge to staff. Risk assessments are completed to ensure control measures are put in to place to minimise risks and gain concordance. Pressure ulcer risks and incidents are reported at handovers on the local safety briefings and concerns are escalated.

The future

The Trust will continue to implement new processes and strategies to minimise harm, working in partnership with other agencies to raise public awareness on pressure ulcer prevention. The Trust has collaborated with the CCG and other partners to review pressure ulcer prevention strategies for Wolverhampton in Primary Care, Social Care, Hospice, Care Homes and the Trust. This will also be supported with a Tissue Viability Strategy. The pressure ulcer policy will be modified in accordance to lessons learnt. Education will continue to enhance the patient experience.

Infection Prevention

- Surgical site infection surveillance reduced from 4.7% in Quarter 3 14/15 to 2.6% in Quarter 2 15/16 (latest available data)
- Device related bacteraemia reduced from 65 cases to 52 in 2015/16 (Year to date)
- MRSA colonisation rates in care homes sustained
- Infection Prevention Policy suite updated to reflect National Guidance.
- Partnership working with PREVENT in care homes and very sheltered housing establishments.
- Partnership working with independent contractors.
- Reduction in blood culture contaminants since an enhanced blood culture Phlebotomy service was introduced. The blood culture contamination rate has reduced from 5.96% prior to the introduction of this service to 1.32% in 2015/16 (year to date)

- Sustained environmental cleaning standards through audit and the use of hydrogen peroxide vapour decontamination for post outbreak and isolation rooms. Strengthened data capture via Health Assure and improved reporting via Environment Group monthly with an exception report to PSIG for low performing areas.

Patient Experience

This is what the process of receiving care and/or treatment feels like for our patients, their family and carers. It is how we deliver care and support services and how we use the resources available. This can be any aspect that affects patients and the public, from the greeting received in reception or the ease of finding the correct part of the building to the way the clinician examines a patient or explains what is happening.

It includes all interactions and their impact this has on a patient or carer, with a healthcare service and their resultant reactions to this service, setting or facility.

The method and scope of our data collection continues to be broadened significantly. In order to show transparency, detailed information is available outside each ward for staff, patients and the public to show what feedback we have received and what we have done following their feedback. Our patient stories are shared throughout the organisation as a training aid and features as a key component at both Trust induction and at Perceptorship training.

The Patient Experience and Quality and Safety Strategy

As an organisation that continually strives to improve patients' experiences and outcomes, Quality and Safety aligned with an outstanding patient experience that meets expectations is a primary focus of the Trust. Bearing this in mind, the Trust recently agreed a Patient Experience and Quality and Safety Strategy to make safe quality care a whole-system approach for every patient that accesses the Trust and its services.

Outstanding patient experience (safe, effective, patient centered, timely, efficient, equitable and of the highest quality) will be measured and monitored by the Friends and Family (FFT) willingness to recommend the hospital alongside, national and local survey responses.

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).

The Trust's Patient Experience and Quality and Safety Strategy sets out the way in which the Trust will continually review and evolve the way in which it delivers services to patients with a particular emphasis on actively seeking feedback and acting on it as well as measuring our performance and improvement actions.

Our strategy is to use what patients tell us as the basis for all we do in terms of how the Trust's culture reflects our vision and values and informs how we provide our services. We recognise the changing needs and wishes of patients and the public and we are setting our systems up to reflect this and to be responsive to these needs.

Relationships with Stakeholders

The Trust has good and effective relationships with all its key stakeholders. Key forum and contacts include: Overview and Scrutiny – the CEO attends all meetings of the HSP and also informal briefings as requested. Local MPs – the CEO and Chair meet regularly with MPs to discuss issues affecting their constituents.

Commissioners – there are a number of formal and informal meetings with commissioners at director and senior team level. A director from the CCG attends Trust Board meetings.

Local Authority – there are formal and informal meetings with the local authority teams. The Trust continues to build positive relationships with the work undertaken by the Integrated Health & Social Care Team with Wolverhampton Local Authority.

Other providers - the Trust meets regularly with other providers through networks and more formal meetings at all tiers of the organization.

During 2015/16 the Trust has continued to develop its relationships with stakeholders and commissioners in Staffordshire post the transfer of Cannock Chase Hospital.

Social Media

The Trust continue to support the demands of the growing need to utilise social media in the NHS as a ways of communicating with and engaging local groups and people, and have given the Trust's external public website an overhaul.

Patient feedback is routinely gathered from a variety of tools and these include the now established twitter and facebook accounts. Development work will be on-going to ensure that we can utilise these to the maximum potential during 2016/17. We will also use the website as a means of communicating how we are performing with regard to patient experience, publicising local information for each ward such as survey results, Friends and Family Test score, complaints and Patient Advice and Liaison feedback.

National Inpatient Survey

The National Inpatient Survey for 2015 surveyed patients who were discharged from hospital during July 2015. The headlines are shown in the Listening to Our Patients section in Section 1: Annual Report.

The table below sets out our performance for the three questions in the national inpatient survey.

Please note that 2015/16 figures shown are yet to be confirmed by NHS England and are based on the survey provider results only.

	2011/12	2012/13	2013/14	2014/15	2015/16
Involved as much as want to be in decisions about care definitely/to some extent	90%	89%	88%	89%	91%
Treated with respect and dignity always/sometimes	97%	96%	98%**	97%	98%

** This is an amendment to a figure of 96% quoted in the previous years' report.

In regard of the scores given below about patients' overall rating of care, the scale of responses changed from a 5 point poor to excellent scale in the 2011 survey and those of previous years to

an 11 point 0 to 10 scale in 2012. In order to provide some comparison between the two methodologies the Trust has shown scores as follows:

- Years 2009/10 to 2011/12 is the percentage for ratings excellent/good/very good
- From 2012/13 onwards the percentage reflects scores 5-10 in the 11 point scale.

	2011/12	2012/13	2013/14	2014/15	2015/16
Overall care rated as excellent/very good/good	93%	92%	94%	94%	95%

The headlines of the report are encouraging; the trust has 39 questions where improvements have been made. Some areas have shown improvements in every question – these are specifically around categories doctors and nurses.

About our Strengths – the results showed that we compared well (in the top 20% of all Trusts) in the following questions:

- Was your admission date changed by hospital?
- When admitted, was it a mixed-sex room or bay?
- After moving ward, was it to a mixed-sex room or bay?
- Did you ever share mixed-sex bathroom or shower areas?
- How clean were the toilets and bathrooms?
- Were hand-wash gels available for patients and visitors to use?
- For important questions, did doctors answer in an understandable way?
- Did you have confidence and trust in the doctors treating you?
- For important questions, did nurses answer in an understandable way?
- Did you have confidence in the decisions made about your condition or treatment?

Our areas for improvement – the results showed we need to do more in some areas as we scored in the bottom 20% of Trusts for the following questions:

- Before op., did an anesthetist explain understandably how they would control any pain?
- Was the purpose of medicines to take home explained understandably?
- Did doctors/nurses give family/friend all information needed to help care for you?
- During your stay, were you ever asked views on quality of care?
- Did you see/were you given any information explaining how to complain about care received?

We have a number of actions in progress which we believe will help us to make improvements in all these areas many of which are described elsewhere in this Report.

National Inpatient Survey of women's experiences of maternity services 2015.

The survey of women's experiences of maternity services involved 133 NHS acute trusts in England. Responses were received from more than 20,000 service users giving a response rate of 41%.

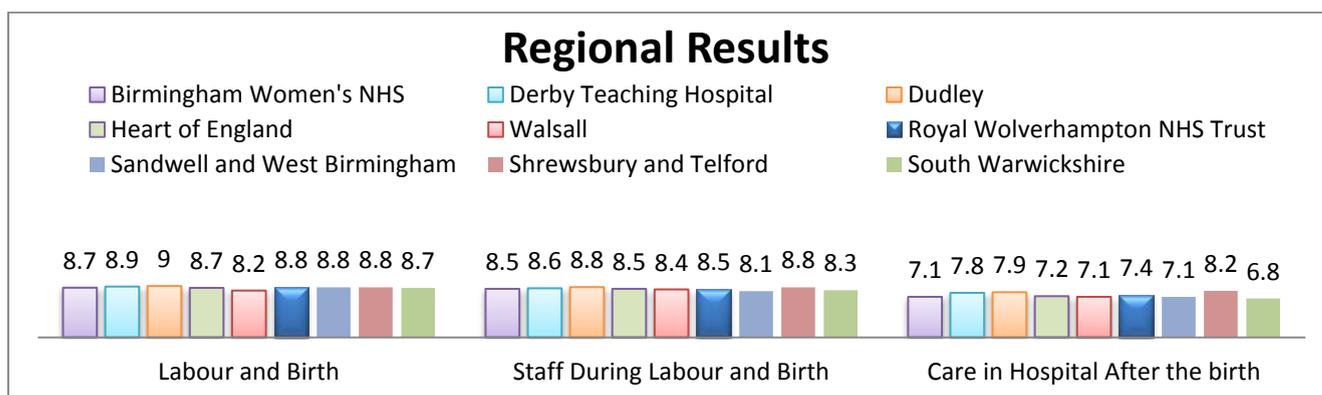
The 2015 maternity survey involved 133 NHS trusts in England, who sent questionnaires to a total of 50,945 women. Responses were received from 20,631 women, a response rate of 41.2%. Women in the sample who had a live birth between 1 and 28 February 2015 were invited to take part, with the following exceptions:

- Women aged under 16 at the date of the delivery of their baby.
- Women whose baby had died during or since delivery.
- Any women who had a stillbirth, including where it occurred during a multiple delivery.
- Women who were in hospital, or whose baby was in hospital, at the time the sample was drawn from the trusts' records.
- Women who had a concealed pregnancy (where it was possible to identify from trust records).
- Women whose baby was taken into care (i.e. foster care or adopted), where this was known by the trust.
- Women who gave birth in a private maternity unit or wing.
- Women without a UK postal address.

During the summer of 2015, a questionnaire was sent to all women who gave birth in February 2015 (and January 2015 at smaller trusts). Responses were received from 116 patients at The Royal Wolverhampton NHS Trust.

The overall rating of the trust across all categories remains pretty consistent with the report that was issued in 2013.

The survey was split into 3 categories, Labour and Birth, Staff and Care in hospital after the birth. Based on the three overarching categories, generally the Trust rate on a similar scale to other regional NHS Trusts. However any comparisons do not take into consideration any demographical differences.



The survey highlighted that Intrapartum care showed some improvement in patient experience from the previous survey in 2013. However this recent report has highlighted that women's experience is less satisfactory for post natal care in hospital and post natal care at home following transfer to community Midwives. Work has already been undertaken and an action plan has been formulated and is being progressed and monitored.

Some of the issues that related to vacancies within the Community Midwifery service at the time of the survey and would have impacted on patient experience, have already been addressed with successful recruitment.

Patient Experience Metrics and The Friends and Family Test

The Friends and Family Test is a national survey looking at patient's satisfaction with our services by asking whether they would recommend us to their own friends and family. Surveys are undertaken for inpatients, outpatients, Maternity and the Emergency Department. The Trust uses the results alongside other information from patients and their families and carers to inform changes to how it delivers its services. Our results for 2015/16 are shown below. These are confirmed statistics from the NHS England website.

Survey response rate

	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Average
Emergency Department	24%	19%	22%	19%	21%
Inpatients	32%	31%	27%	23%	28%
Maternity	24%	20%	15%	13%	18%
Outpatients	12%	21%	21%	20%	19%

Percentage of Patients who would recommend the Trust

	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Average
Emergency Department	83%	83%	80%	81%	82%
Inpatients	91%	91%	90%	90%	91%
Maternity	93%	95%	96%	94%	95%
Outpatients	91%	91%	92%	93%	92%

Percentage of Patients who would not recommend the Trust

	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Average
Emergency Department	8%	8%	10%	10%	9%
Inpatients	4%	4%	5%	5%	5%
Maternity	4%	3%	4%	4%	4%
Outpatients	3%	3%	3%	3%	3%

Trust Feedback Cloud

One of the developments in how we present patient feedback is the Feedback Cloud. This gives a visual representation of the number of times a keyword appeared throughout the comments we receive about our services and the care we provide. The larger the keyword in the Feedback Cloud the more times it occurred in the comments, an example is shown below:

March 2016 data



PALS and Complaints

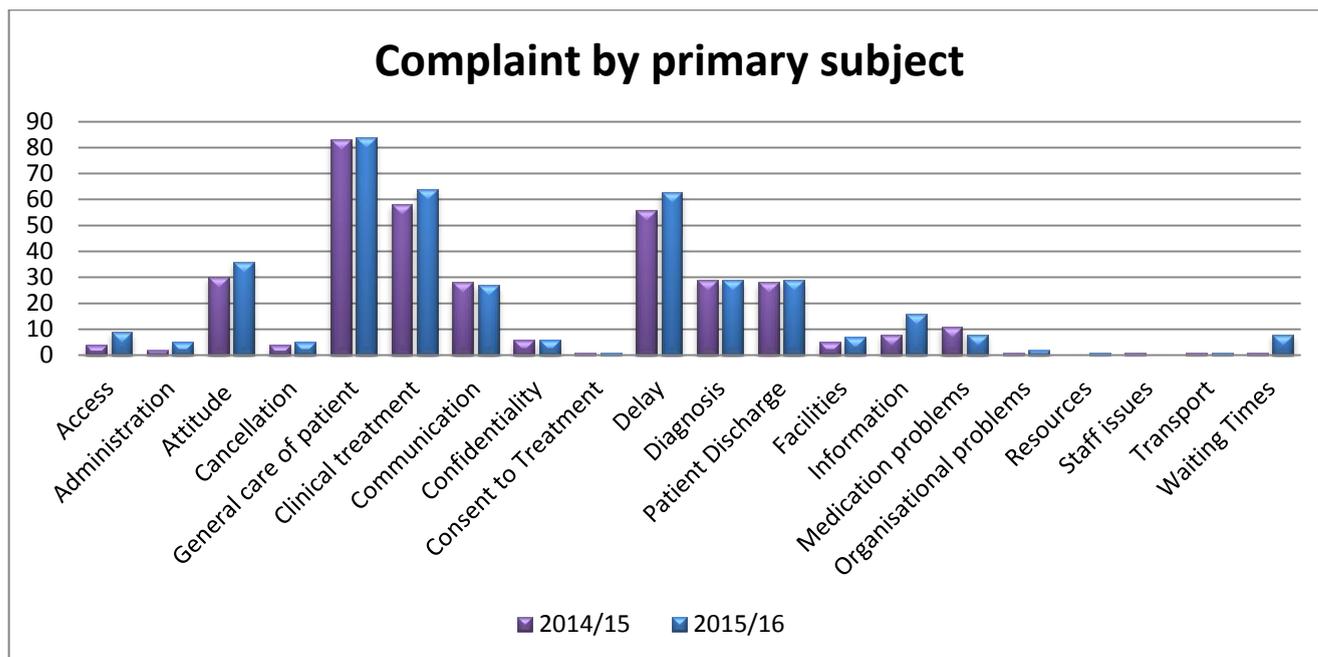
PALS outreach is being developed to increase the Trust’s in various community locations. Patient representatives are encouraged to take an active role in various project groups so that they can influence new changes as they occur. We continue to actively recruit volunteers to assist with way finding and escorting patients around the hospital site, to helping with the Friends and Family Test collation.

The table below shows the number of PALS contacts and the number of complaints. PALS contacts have continued to rise year on year as we actively encourage people to talk to us about their experience. We believe this approach helps us to deal with concerns before they result in a formal complaint.

	2012/13	2013/14	2014/15	2015/16
Number of PALS contacts	1475	1862	1939	1998
Number of complaints	419	402	365	401

Complaints are recorded against the overarching primary subject of the nature of the complaint. The majority of complaints received by the Trust focus on general care of the patient. Although this category is broad as it encompasses a whole range of issues relating to patient care, the sub

categories help to provide more specific feedback to drive forward service change.



During 2015/16 17 complaints were considered by the Parliamentary Health Service Ombudsman (PHSO) from complainants. Of the results received in this financial year, 1 case was upheld, a further 1 which was not upheld and 7 partially upheld.

The Trust recognises the importance of learning lessons when we do not provide the standard of care patients, carers and relatives expect, as well as taking remedial action to prevent future recurrences. We continue to work on improving our reporting systems and understanding the underlying issues that we need to address in order to improve patient experience and reduce complaints.

Volunteering Services

The last year has again been a busy period for Volunteer services. During this time we strengthened our internal working relationships with the several independent charity groups who operate under the Trust, and volunteers who are based in West Park Hospital and Cannock Chase Hospital.

We continue to receive a lot of interest from members of the local community in volunteering for the Trust. We are therefore continually working with colleagues throughout the Trust to understand where the need for further volunteer recruitment lies and to prioritise new placements accordingly.

During the last 12 months we have supported the Rheumatology Outpatients Department at New Cross Hospital to pilot using a volunteer to triage calls to a patient's telephone helpline. We successfully recruited our first volunteer to this role and early indications are that this is working out well.

We have also begun to extend our volunteer patient meal time help service to Trauma and Orthopaedic wards at New Cross Hospital. We have found that with the move of the new Urgent and Emergency Care Centre the role of the volunteer Wayfinders has been crucial with signposting visitors and new arrivals from the old emergency unit to the new.

In the next 12 months we hope to successfully expand in all of these volunteer roles, and also develop the role of the volunteer in providing activities on a ward level with patients. We will continue to work alongside the strategic vision of the organisation and colleagues in determining priority and focus of new volunteer placements.

Some statistical information about the volunteers we currently have is as follows:

- Current number of active volunteers in the Trust (including those on a break from service) - 598
- Number of new volunteers to the Trust in last 12 months - 125
- Number of volunteers who left the Trust in the last 12 months - 77
- Estimated number of volunteer hours provided to Trust in last 12 months - 138,336

Number of volunteers based within each location of the Trust:

- New Cross Hospital - 288 (48%)
- West Park Hospital/ Community Services - 212 (36%)
- Cannock Chase Hospital - 98 (16%)

Arts in Health Service

The Arts in Health service continues to use art Trust-wide to contribute to improving patient experience and creating hospital environments that are welcoming and reassuring. The service works in partnership with the Trust Charity in which there is an Arts Fund. At New Cross Hospital it has been a very busy year with a number of arts in health projects completed for the new state of the art £38 million Urgent and Emergency Care Centre.

The Arts in Health Service has been included in the UECC Project Team winning a Royal Award 2015.

The numerous UECC arts initiatives included;

- the 'Inspired by Nature Art and Photography Competition' run in association with Axisweb and sponsored by Pertemps with winning nature themed work displayed in key locations throughout the UECC building to help promote a sense of calm for patients,
- artwork with the theme 'My World' was commissioned for the children's areas of the emergency department, engaging 141 local children with artist Sarah Millin to create a series of artworks with the aim to provide our young patients with opportunities for distraction to help allay anxieties during treatment
- A commissioned Tactile Wall Mural for the children's emergency department waiting area supported by Wolves Aid.
- On-going projects include the Patient Wellbeing and Art Activity Programme which involves art volunteers facilitating arts activities for patients across the Dementia Care ward at New Cross Hospital and wards at West Park Rehabilitation Hospital, which over the next 12 months, we are further developing, to recruit more art volunteers and build sustainability.

Patient-Led Assessment of the Care Environment (PLACE)

In 2015 the PLACE assessment was changed to include Dementia and for the organisation to be scored on how Dementia friendly the environment is.

The ward inspection regime concentrates on things that matter most to patients and looks at how

the environment supports patients 'Privacy and dignity', food, cleanliness and general building maintenance and décor. It focuses entirely on the care environment and non-clinical issues

Organisations are allocated a 6 week period to plan, undertake the inspection, and then an additional two weeks to submit the results.

Inspections

The details for the inspection process were as follows;

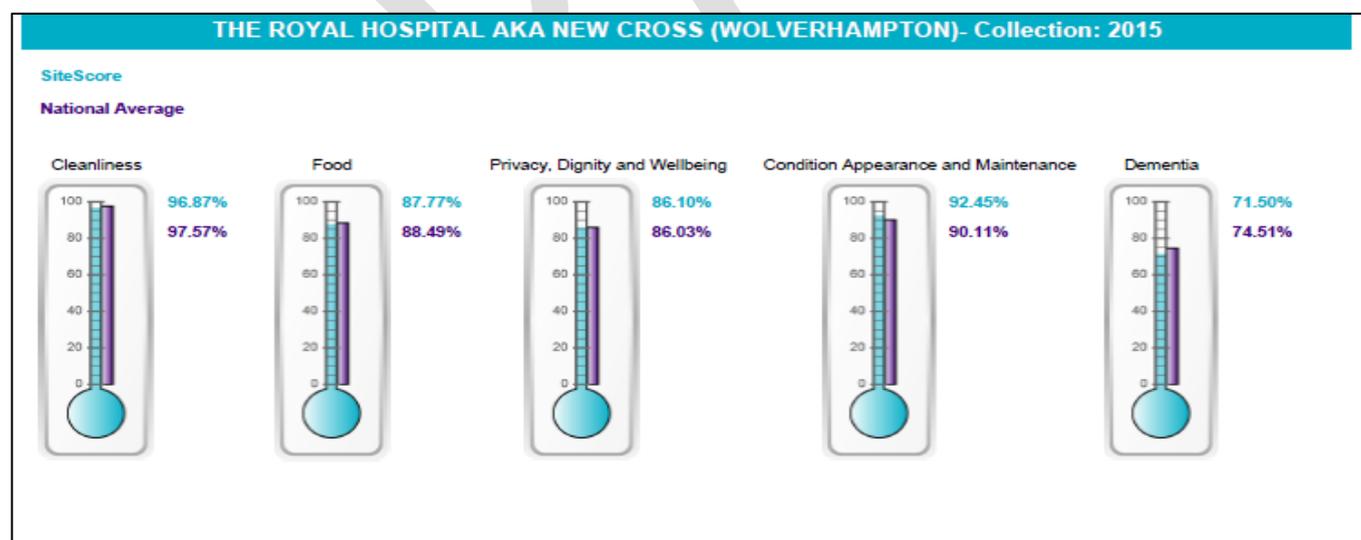
Date	No of Wards ed	No of outpatients tastings	No of food Assessors	No of Assessors	No of Patients inspected	Staff inspect-
West Park	29.04.15	7	3	4	2	1
New Cross	15.04.15	16	8	11	9	5
CCH	13.05.15	6	4	2	5	1

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

The inspection process was very much led by the patient assessors supported by a staff member acting as scribe. Each team comprises of at least 50% patients.

The patient assessor had received training on how to conduct the inspection and it was made clear that it was their opinion, and not the staff members, that would be documented and counted. The inspection process was not a technical audit.

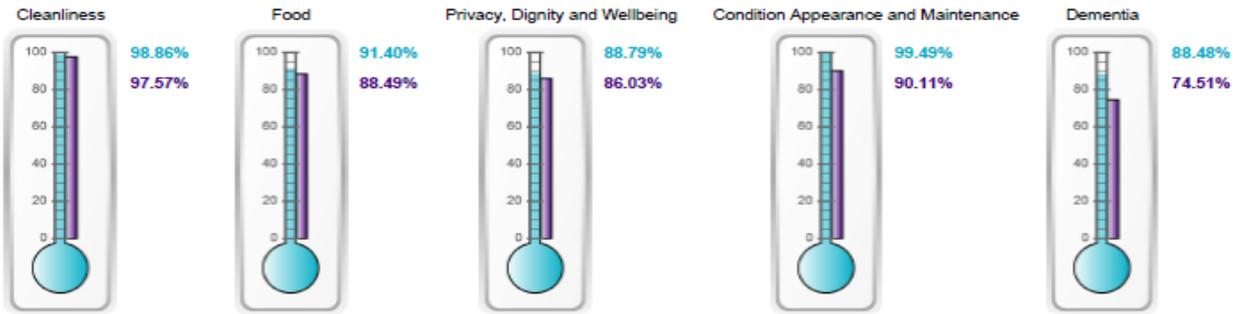
The scoring was made very clear and in most cases was either a pass (2 points), a qualified pass (1 point) or a fail (no points).



WEST PARK HOSPITAL- Collection: 2015

SiteScore

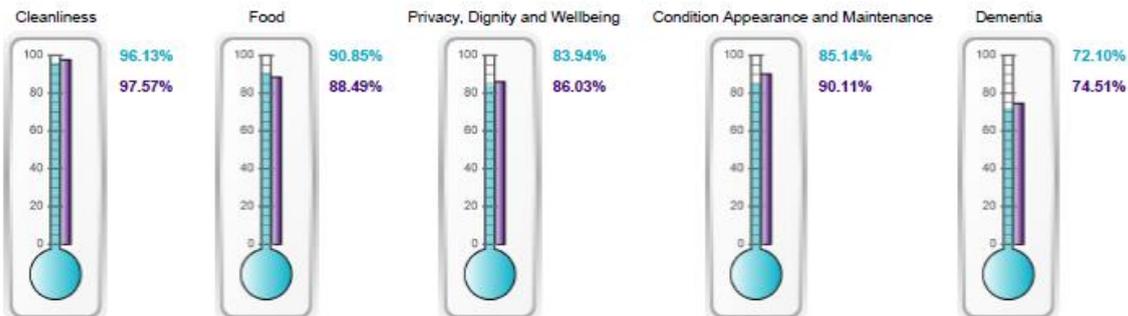
National Average



CANNOCK CHASE HOSPITAL- Collection: 2015

SiteScore

National Average



On the whole all sites scored well and obtained good results.

Following all PLACE inspections the Trust is required to produce an Action Plan.

1. Review disability access to car parking machines, also to include the distance machines are from buildings.
2. Develop a food and drink strategy for assessing the Trust's compliance against the 10 key characteristics of Good Nutritional Care.
3. Review the possibilities of providing patient Wi-Fi.

Equality and Diversity

The Trust has a genuine commitment to equality, diversity and inclusion. We are committed to providing a workplace where our staff can flourish. We also strive to provide quality services that meet the diverse needs of the community we serve by being flexible, having accessible services that treat people fairly with dignity and respect. Equality is not just about our legal obligations, we have moral and social responsibilities, treating people fairly is the right thing to do.

A summary of key progress made on the actions contained within the Trust's Equality Objectives (2012-2016) from **April 2015 – March 2016** is below:-

Employment Action Plan

- A report was taken to Trust Board in October 2015, regarding the Equality Delivery System (EDS2) and the setting up an Equality and Diversity Steering Group. This was followed up by a meeting being held with the Trust's Chairman and other relevant staff and included the Accessible Information Standard.
- An Equality and Diversity Steering Group has been established, it is chaired by the Chairman of the Board and attended by senior managers across the Trust to provide assurance and progress on standards and compliance (Workforce Race Equality Standard (WRES) and the Equality Delivery System Standard) as well as helping to building a culture that celebrates equality and diversity.
- Work has commenced on the development of an Equality, Diversity and Inclusion Strategy.
- The Trust's patient experience induction presentation has been reviewed to have greater awareness of Equality, Diversity and Inclusion.
- The list of policies that may be used to address concerns, including those relating to Equality and Diversity, have been published on the website and are reviewed on a regular and planned basis.
- A mandatory on-line training package on bullying and harassment has been incorporated into the Trust induction programme attended by all staff.
- There has been consideration into inviting local groups and staff networks to support awareness training:-
 - Equality and Diversity training is provided by the Patient Experience Department on Preceptorship sessions. External local groups could be invited as part of that training delivery.

- A new HCA Master class (which forms part of the Care Certificate) has Equality and Diversity discussed as part of their competency programme.
- A local group was approached to deliver training for the Trust, however, support was not secured at this time.
- A mandatory equality and diversity online training package is currently being developed with the intention of making it available on-line.
- Work continues to progress on gathering and publishing workforce equality information. Information (upto March 2015) has been published on the Trust's external website, this includes Workforce Race Equality Standard baseline data.
- The chair of the Trust's Black Minority Ethnic staff group has resigned, this group no longer runs.

Services Action Plan

- The Trust have reviewed its contracts to ensure compliance to equality legislation, in summary this is:
 - Below competitive quotation/tender threshold - All official purchase orders raised refer to the NHS Terms and Conditions of Contract for the Supply of Goods and/or Services, August 2013.
 - Above competitive quotation/tender threshold - New tender templates have been issued which incorporate the NHS Terms and Conditions of Contract for the Supply of Goods and/or Services, August 2013 for all tenders issued.
 - Framework Agreements - Established that HealthTrust Europe Framework Agreements in which the Trust participates, ensure compliance with Equality legislation as they incorporate the NHS Terms and Conditions of Contract for the Supply of Goods and/or Services, August 2013 for all tenders issued.
 - The tender template revision mentioned above, includes Public Procurement Regulations, February 2015 designed to encourage small to medium enterprise participation in/access to the Trust's contract portfolio.
- Work has commenced to publish the Trust's equality analysis register.
- Equality and Diversity is included within Customer Services training, and Trust induction.
- Work continues on the bedside folders, which is in the final draft stages.

- The PALS and Complaints internal systems have been re-designed to capture protected characteristic themed information where this becomes evident. Due to the nature of the PALS and Complaints services, protected characteristics are not specifically enquired about, this is in an effort not to inflame the complainant. Information will be included within current annual reporting processes.
- Patient menus were scheduled for a re-print (October 2015), the new menu format will contain a statement explaining that the menu is available in Punjabi, Polish, Urdu, Kurdish, English and as a picture menu.
- Patient menus available (October 2015) via the Catering Ward folder and the Trust Intranet. Picture menu is available at ward level.
- A policy is in place to protect patient's mealtimes.
- There is now a Sharing of Information agreement between the Trust and Wolverhampton Clinical Commissioning Group to allow the transfer of learning disabled patients status from GP registers to the Trust.
- There has been a review of the appointments system and the electronic texting of patients has commenced. Analysis for overall DNA (did not attend) rates will now be a monitoring exercise in terms of benefits realisation for Transformation Team.
- Work has commenced to investigate the possibility of providing services to help address health inequalities e.g., for people with learning disabilities. The Trust's governance department has initiated a working group to implement a process to ensure Easy Read versions are produced for all patient information. There is joint working between Black Country Partnership NHS Foundation Trust (BCPFT) and the Trust:-
 - To ensure standardised information across Wolverhampton is produced.
 - There is a specialist pathway for bowel scope for people with Learning Disabilities.
 - There is a pathway to provide specialist dental services for people with Learning Disabilities.
 - BCPFT has undertaken a new piece of work with screening services (cervical and breast) that will automatically identify people with Learning Disabilities to ensure reasonable adjustments are made in advance of appointments.

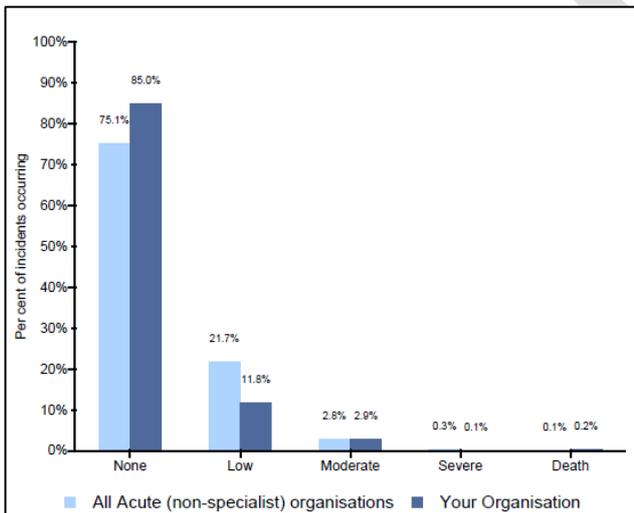
Additionally, we will be doing further work on the equalities agenda, such as equality reports, NHS England's; Workforce Race Equality Standard, Equality Delivery System and the Accessible Information Standard. These standards and systems will help us to really embed equality, diversity and inclusion and achieve significant change in our equality, diversity and inclusion performance.

Patient Safety

In order to ensure and promote Patient Safety it is imperative that as an organisation we are transparent and encourage our staff to highlight and report when things are not as they should be. To have a high reporting culture of incidents enables us to explore and analyse incidents to support us to learn lessons and improve patient care and outcomes.

Incident Reporting

The Trust prides itself in reporting all types of incidents to ensure that we learn lessons and improve. Monthly reports of all Patient Safety incidents are made to the National Patient Safety Agency (NPSA) reporting system. Twice yearly the NPSA produces a feedback report that compares the Trust reporting data with the rest of the country. The type of data presented compares the types of incidents occurring, degree of harm to patients and the how Trust compares to similar sized organisations across the NHS.

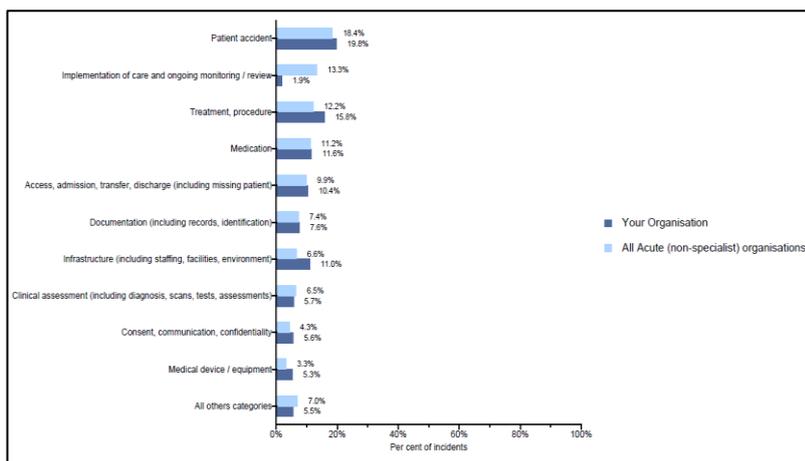


The graph above shows the degree of harm to patients, and the Trust has a higher number of incidents where 'no harm' has occurred. This may be attributed to the high reporting culture which exists within the Trust.

Reporting Culture

The Trust has well established systems for incident reporting. On average the Trust reports 785 patient safety incidents (35.1 incidents per 1000 bed days) to the NPSA per month. The Trust reviews its reporting performance against Trusts equivalent in size any make-up and this has continued to show a healthy reporting culture.

The Trust seeks to continually improve reporting through awareness raising and training as seen in the case of Information Governance within the last reporting year.



Number and Themes of Serious Incidents

The Trust has a robust reporting mechanism communicated through policy, training and management lines. There remains timely reporting and completion of investigations. As at April 2016 there are 4 investigations overdue. In the financial year April 2015 to March 2016 the Trust has reported 110 serious incidents and 278 reportable incidents through the serious and reportable incident system (STEIS).

Accumulated Totals (Acute and Community SUIs- April 15 to March 16)	
12 Hour Breach	1
Alleged Child Abuse	1
Confidential Breach	29
C.Diff	11
Delay Diagnosis/Treatment	13
Drug Error	3
Failure to Act	2
Infection	9
MRSA	2
Missed Diagnosis	5
Outpatient Appt Delay	1
Radiation	1
Sub Optimal Care	6
Surgical	3
Treatment Given Without Consent	1
Unexpected Death	20
Unexpected Injury	1
VTE	1
Total	110
Reportable Incidents	
Pressure Ulcers	238
Maternity	7
Slip/Trip/Fall	33
Total	278

Numbers and Theme of Never Events

There have been three reported Never Events reported in the financial year April 2015 to March 2016.

Date	Location	Category
Jul-15	Critical Care	Retained Swab
Sep-15	Cardiac	Chest drain inserted in wrong side of body
Sep-15	Ophthalmology	Wrong eye injected

Responding to safety alerts

The Trust continues to work towards using the safety alert module within Datix, it has been challenging to implement this due to housekeeping issues, and assigning of alerts to the appropriate leads. The system is functional for some types of alerts (Estates & Facilities, Equipment), but the patient safety alerts have proved more challenging using this process so the Trust reverted to manually managing these. The team have continued to work towards the use of Datix for all safety alerts and will be in a position to run this from the beginning of June 2016.

There has been a new addition to the types of safety alerts received, this is SDA's which are Supply disruption alerts, issued when there are manufacturing/supply issues of equipment/sundries. The Trust is usually aware of the issues prior to receipt and already managing the situation, the SDA makes this a more formal process and provides support advice on what action to take.

Safety alerts continue to be monitored by external bodies and the Trust works to ensure compliance within the tight timeframes. Although at the time of writing there were no alerts outstanding, throughout the year 2015/16 5 of 98 alerts were late in being responded to, these were 3 Estates & Facilities Notices and 2 x Medical Device Alerts this was generally due to administrative oversight and there was no adverse outcome. The Trust continues to work towards 100% response rate.

**Financial year
15/16 as at 1/3/16**

YTD received (financial year)		YTD Closed		YTD Open		Open (YTD & Previous years still open)	
MDA's	29	MDA's	26	MDA's	3	MDA's	3
EFN's	49	EFN's	49	EFN's	0	EFN's	0
NHS/PSA/	10	NHS/PSA/	7	NHS/PSA/	3	NHS/PSA/	3
EFA	5	EFA	5	EFA	0	EFA	0
DH	1	DH	0	DH	1	DH	1
SDA	2	SDA	2	SDA	0	SDA	0
Total	96	Total	89	Total	7	Total	7

Overdue Alerts x NHS PSA	0
Overdue MDA alert	0

Note : SDA = Supply Disruption Alert – recently introduced when sundries/equipment availability is compromised.

Midwifery Supervision

There is an intention to change the current arrangements for statutory midwifery supervision and work is continuing with the Nursing and Midwifery council (NMC) and the Department of Health (DOH) to ensure that the legislative changes occur by the proposed date of March 2017. The Trust is in the process of reviewing its current reporting processes to ensure it aligns with the new requirements.

As part of their on-going registration, midwives will continue to undergo supervision which supports their clinical practice enabling them to reflect in a protective environment on the care they give to mothers and babies until such time as the new arrangements take effect.

Giving Children the Best Start in Life

The city wide infant mortality working group continues with active involvement from Midwives and Consultant Obstetricians. Midwives engaged with this stakeholder event organised by Public Health, which demonstrates our commitment to address the issues associated with infant mortality.

We are engaged in the **Saving Babies Lives Care Bundle** and are compliant with all aspects of the care bundle.

The Trust has actively promoted Best Beginnings charity and The Lullaby Trust smart phone apps to aid parents in caring for their newborn.

Maternity services were successful in the level 3 Baby friendly reaccreditation. We have a group of expert breast feeding peer support volunteers trained to offer support to those who require it.

The neo-natal service, in collaboration with Public Health, are in the process of introducing a targeting parent educational programme to provide information on key areas to the most vulnerable of infants. This includes a bespoke resuscitation programme to ensure parents are equipped with the right skills should the need arise.

SafeHands

In 2015/16 we implemented a real-time bed management solution; this has allowed us to match capacity and demand, whilst enhancing our discharge planning process.

It is helping us manage patient flow through the Trust by identifying and releasing beds sooner, and enabling us to admit patients to the right bed first time.

The system is also able to measure the contact time staff have with patients and we have shared some of our initial findings with the Department of Health.

Metrics provided by the SafeHands system allow us to monitor and further improve patient experience.

We are uniquely able to automate measurement of patient : staff contact time enabling us to further understand patient care and safer staffing. Both the Department of Health and HM Treasury have praised the work we are doing.

Scorecard Indicators				2016			
	Measure	Source	Target	Jan-16	Feb-16	Mar-16	Apr-16
Discharges inpatient wards	Discharges Before 11 AM	Average Discharge / Transfers Report	>25%	21%	23%	18%	18%
	Discharges between 11 AM and 4 PM		>50%	38%	39%	42%	41%

Leadership Walkabouts

The newly revised approach to leadership walkabouts has enabled the Board to gain a full picture and real life experience of both patients and staff members at The Royal Wolverhampton NHS Trust (RWT) and further embrace the idea of visible leadership. Executive directors and non-executive directors undertake unannounced visits to pre-defined areas to talk to staff and patients on a wide range of issues. This enables feedback immediately to the area and a collation of information which feed into existing governance systems.

Other engagement opportunities include monthly meet the board sessions, back to the floor days for the senior nursing team, alongside existing peer review and nursing accreditation processes. This range of information and data collection enhances the existing assurance processes within the Trust.

Clinical Effectiveness

Care Quality Commission (CQC) Registration

The Trust is required to register with the Care Quality Commission in order to carry out regulated activity under the Health and Social Care Act 2008. The Trust is registered to deliver the following regulated activity and the CQC monitors compliance against the Essential Standards of Quality and Safety:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and/or screening services
- Family Planning services
- Management of supply of blood and blood derived products
- Maternity and midwifery services
- Nursing care
- Surgical procedures
- Termination of pregnancy
- Treatment of disease, disorder or injury
- Caring for children (0 - 18yrs), Caring for adults under 65 yrs

CQC Quality Risk Profile

The CQC Outcomes position last reported (May 2015) to include CQC Outcomes transition to CQC Domains. Please note the Trust Self-Assessment position in April 2015 was submitted to CQC as part of the Provider Information Request as below, the other elements were for internal purposes only.

Safe	Effective	Caring	Responsive	Well-led	Overall trust
Good	Requires Improvement	Good	Good	Good	Good

Intelligent Monitoring Summary (May 2015).

Intelligent Monitoring is a tool which assesses risk within care services. It has been developed to support CQC's regulatory function and purpose of ensuring that health and social care services provide people with safe, effective, compassionate, and high-quality care. Intelligent Monitoring highlights those areas of care to be followed up through inspections and other engagements.

Intelligent Monitoring is built on a set of indicators for monitoring risks to the quality of care. These indicators measure outcomes that have a high impact on service users and relate to the five key questions that are asked during inspections, namely: are services safe, effective, caring, responsive, and well-led?

Priority banding for inspection	6
Number of 'Risks'	1
Number of 'Elevated risks'	0
Overall Risk Score	1
Number of Applicable Indicators	95
Percentage Score	0.53%
Maximum Possible Risk Score	190

These results indicate that the Trust is recognised as having a low risk rating when all of the indicators the Trust report on are aggregated.

Adopting National Institute for Clinical Excellence (NICE) Guidelines including Quality Standards

The Trust uses a process of baseline assessment, statements and action planning to review and implement compliance with all NICE guidance, including NICE quality standards. During the period between April 2015 and March 2016 NICE published the following guidance and the response by the Trust is shown below:

Type of Guidance	Compliant (fully implemented)	Partially Compliant	Not Implemented	Not Applicable	Assessment in Progress	Grand Total
Clinical Guidelines	2	0	0	1	3	6
Diagnostic Guidelines	1	0	0	3	2	6
Interventional Procedure Guidelines	1	0	4	18	11	34
Medical technical Guidelines	0	0	0	3	1	4
NICE Guidance	10	15	0	2	12	39
Public Health Guidelines	0	0	0	0	1	1
Quality Standards	12	8	0	6	10	36

Safe Staffing Guidelines	0	0	0	0	0	0
Technical Appraisal Guidelines	32	1	0	7	6	46
Highly Specialised Technologies Evaluation	0	0	0	1	0	1
Grand Total	58	24	4	41	46	173

The Trust response to NICE guidance is reviewed externally by The NICE Commissioning Assurance Group, chaired by a member of the Clinical Commissioning Group and attended by Trust Clinical NICE lead. There are also internally processes in place within the Trust to monitor NICE guidance implementation.

Decisions “not to implement” are based on a number of variables such as other clinically researched independent guidance which may contraindicate the full implementation.

Hospital Mortality

The Royal Wolverhampton NHS Trust (RWT) has a robust mortality governance system and is continuously striving to improve processes to help minimise avoidable in-hospital mortality. The Trust uses a variety of mortality monitoring measures such as unadjusted mortality rates, standardised mortality rates (Summary Hospital Level Mortality Indicator – SHMI*) and qualitative information from deceased patient case note reviews.

The HSMR measure is not formally reported for the following reasons:

1. The HSMR is not published or used formally in England; the publication stopped approximately 2 years ago. RWT uses the estimated HSMR, which is provided through the HED system (only to subscribers to the tools; this is not public information) as part of the information we use for our internal work on monitoring and investigating standardised mortality rates.
2. As part of the publication process in the past there used to be a data validation process undertaken by Dr Foster with individual Trusts prior to publication. That has not been happening anymore since the measure stopped being published.
3. As explained above, there is no oversight in producing the measure and there is no data validation. As a result there can be no assurance about the accuracy of the measure and there are no assurances in relation to data quality; some potential data quality issues had been identified. What is available (not in the public domain) is an estimate and not a validated measure.
4. The official standardised mortality rate indicator used in England is the SHMI (published by the HSCIC); this is reported through the internal committee structures and to the Trust Board.

5. In an informal conversation with a senior figure at NHS England, it was confirmed that HSMR is not a measure that should be reported.
6. The trust committees where mortality is reported have agreed that the reports should detail the SHMI measure. The estimated HSMR is still used internally as an additional contextual indicator.

We benchmark our performance using the information published by the Health & Social Care Information Centre (HSCIC) and more sophisticated analysis provided by the Healthcare Evaluation Data (HED**).

The Trust has implemented its own methodology for retrospective case note reviews of all deceased patients in line with the national requirements and drawing on national research conducted by NHS England. All deceased cases are reviewed by a consultant and where elements of suboptimal care are identified the case is referred for a further in-depth multidisciplinary review. The findings are shared with clinicians to facilitate learning.

Clinical and executive committees regularly monitor and review the mortality information, statistics and other available relevant information, to provide oversight of Trust and Directorates outcomes and performance. The Trust is looking to ensure continuous improvement in clinical outcomes by undertaking mortality reviews and we promote a culture of openness and learning.

RWT's SHMI is in line with expected values for the latest publication (Fig. 2) and has been within expected limits for the last 3 years.

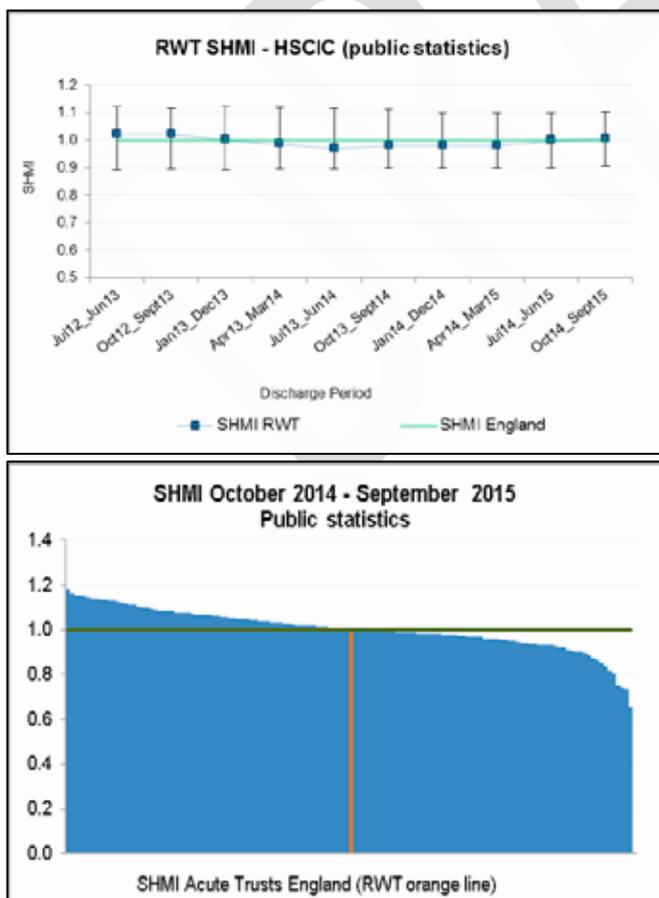


Fig. 1 RWT's SHMI by publication period

Fig. 2 RWT's SHMI for the latest 12 months

*The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes deaths which occur in hospital and deaths which occur outside of hospital within 30 days (inclusive) of discharge.

**The HED analytics system developed by the University Hospitals Birmingham NHS Foundation Trust is widely used across the West Midlands and nationally as a comprehensive surveillance tool for clinical outcomes as well as effectiveness.

Future plans for Mortality:

1. All inpatient deaths will continue to be clinically reviewed by each directorate according to the Trust's Mortality Review policy and results reported through the Mortality Review Group
2. The Trust will continue to investigate all mortality alerts at a threshold lower than the CQC alert threshold
3. SMRs at diagnosis group level will continue to be monitored and investigated.
4. Linkages between sub-optimal acute care elements and mortality will continue to be investigated.

Supporting our Staff

The Workforce

With a workforce of 8,171 the Trust remains one of the largest employers in its local community. Details of our workforce profile are shown in Section 1: Annual Report

National Staff Survey Results

The data made available to the trust by the information centre with regard to the percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.

Recommendation Rates

	Q1 2014/15	Q2 2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q4 2015/16
RWT	66%	64%	62%	70%	70%	Not available
England	61%	60%	61%	62%	62%	

Recommendation Rates - Care

	Q1 2014/15	Q2 2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q4 2015/16
RWT	79%	78%	77%	79%	80%	Not available
England	75%	76%	76%	79%	79%	Not available

Not Recommended - Work

	Q1 2014/15	Q2 2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q4 2015/16
RWT	16%	15%	17%	12%	14%	Not available
England	19%	19%	19%	18%	19%	Not available

Not Recommended - Care

	Q1 2014/15	Q2 2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q4 2015/16
RWT	6%	6%	8%	5%	7%	Not available
England	8%	8%	7%	7%	7%	Not available

Equality and Diversity - Employment Action Plan

The Trust's commitment to equality and diversity influences services for our staff as well as our patients. Key actions are detailed below:

- An Equality and Diversity Steering Group has been established, it is chaired by the Chairman of the Board and attended by senior managers across the Trust to provide assurance and progress on standards and compliance (WRES and the Equality Delivery System Standards) as well as helping to building a culture that celebrates equality and diversity.
- The list of policies that may be used to address concerns, including those relating to Equality and Diversity, have been published on the website and are reviewed on a regular and planned basis.
- A mandatory on-line training package on bullying and harassment has been incorporated into the Trust induction programme attended by all staff.
- Work continues to progress on gathering and publishing workforce equality information.
- A mandatory equality and diversity online training package is currently being developed with the intention of making it available on-line.



Educating our Staff

Faculty of Nurse Education

Incorporating Nurses, Midwives and Allied Health Professionals

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

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

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

The Nurse Education Department provides support, advice, information and development to Nurses, Midwives and AHP's (inc dieticians, physiotherapists, Occupational therapists, Operating Department practitioners, podiatrists, speech and language therapists) and Health care assistants.

In an ever changing environment the team endeavor to provide students with the placement and pathway exposures to inspire, promote innovation and research in practice, to learn management and leadership skills to prepare for the rewards and challenges of the future workforce.

Annually 90-100 student nurses commence their training at the Trust. The Trust can plan for and provide placements for between 220 – 260 students, from year one, year two and year three of the BNurs Programme. Six months prior to completing training

the Trust co-ordinates a recruitment event.

The Trust recruits over 80% of the newly qualified students demonstrating ownership, investment and commitment to those students who have been assessed and trained within the clinical areas.

Preceptorship

All newly qualified Nurses, Midwifery and AHP's commence a 12 month programme to assist the transition from student to autonomous practitioner.

Heath Futures - University Technical College (UTC)

RWT has supported the development, opening and delivery of scenario based curriculum in the clinical skills laboratory. This UTC is the first in 'health' in England and will provide part of the future workforce for Health care. The UTC opened on schedule September 2015 and recruited to target for years 10 and 12. RWT developed scenarios for the curriculum and support its delivery within the class room at the UTC.

Making the Leap – Band 7 new to role induction programme

The programme was designed to meet the needs of a newly appointed Band 7 team/ward leader.

The Faculty of Nursing, Midwifery and AHP's.

The Faculty is responsible for the detailed review and monitoring of compliance with educational standards, quality performance and assurance, and related risks for its representative work groups.



It has been a very busy year for the Faculty of Management and Leadership!

Through the past year, we have welcomed 2 new members to our team and now boast the only 4 PCM trainers in the NHS!

Our focus and direction has been clear; to teach the essential skills of human behaviour management and self-awareness. This has been taught through a variety of courses and methods:

- Process Communication Model ®
- Applied Emotional Intelligence
- Management and Leadership Development
- 360 Feedback
- Coaching support

This year has seen our trainers continuing to develop. After a gruelling 2 week intensive and assessed training course our PCM Delivery Team grew by 3 people!

However, it doesn't end there. This year has seen the team become accredited in a wide range of personal constructs they continue to use, including:

- Emotional Intelligence (SRQ)
- Transactional Analysis
- PCM
- SDI
- 16PF
- StrengthScope
- Belbin
- Healthcare Leadership Model 360

Programmes

Regional Leadership Programmes

This year HEWM commissioned a cohort each of Process Communication Model and Applied Emotional Intelligence. These courses proved so popular that HEWM re-commissioned RWT for further cohorts of these programmes. They were very well received and it gave RWT the chance to show case our excellent programmes to wider Trusts.

RWT have been partners in developing and the delivery of the regional frameworks for the Career Development Centre and the Leadership Development Centre. RWT lead the Black Country wide project in the centres and associated master classes, coaching and formal qualifications thereafter.

Induction and Mandatory Training Compliance

The Trust is committed to a robust induction and mandatory training programme and during the last 12 months we have consistently exceeded the overall compliance target of 90%. Action plans to address low compliant areas are monitored closely through Induction and Mandatory Training Group.

Employees who have transferred from the former Mid Staffs Foundation Trust are now fully integrated into RWT's training provision and compliance reporting.

Clinical Skills & Resuscitation Training

The Trust offers one of the most comprehensive Clinical Skills services in the region. Encompassing multiple modalities of educational theory and practices we are able to respond to the needs of the staff employed within the organisation. In addition to the local staff we also deliver internationally renowned courses to candidates from around the globe.

Under the Clinical Skills umbrella we encompass:

- Resuscitation Training
- Procedural Skills
- National Courses
- Under Graduate Skills Training
- Simulation

Resuscitation Training

To support the Trust vision the department offers a comprehensive Resuscitation training programme. More than just mandatory training is provided to more than 5300 members of staff. In adult and paediatric sessions, staff are orientated to current Resuscitation Council practices and techniques applying particular attention to prevention rather than cure.



Education Academy
Faculty of Undergraduate Medicine
Education and Development inspiring excellent patient care

Undergraduate Medicine

We are an official teaching Trust associated with the University of Birmingham. During the academic year we have on placement 3rd, 4th and 5th year medical students. We have approximately 380 students who will have been taught in the Trust.

Educational Methods

Sim Ward Wolverhampton is an immersive high fidelity 3 bedded simulation ward which has been developed in the Wolverhampton Medical Institute. This experience prepares them for clinical practice after graduation.

POSTGRADUATE MEDICAL EDUCATION

Introduction

The Faculty of Postgraduate Medical Education has had a full year during 2015-16.

Trainee doctor numbers have increased in the Trust this year, mainly due to the reorganisation of hospital services at Stafford and Cannock.

The Faculty have focussed again on patient safety issues throughout the year working with the trainees to ensure that trends of issues are embedded into the curriculum, particularly for foundation doctors.

The Faculty has also been instrumental in welcoming a number of Physician Associate students from Wolverhampton University who have been completing their clinical placements with the Trust.

The Faculty has worked with Health Education West Midlands in terms of both quality visits and training post commissions and decommissions over the year.

Quality Assurance

The department focuses and prioritises quality of postgraduate medical education throughout the Trust. There are several elements to this.

- Quarterly departmental quality dashboard containing latest JEST scores and issues raised through departmental Junior Doctor Forum
- Internal QA visits - we continue to undertake internal quality visits to all departments, aiming to cover all on a rolling 2-yearly basis.

We received three quality visits from HEWM over the last 12 months in Cardiology, Oncology and Radiology. All programmes were approved subject to some conditions which are being monitored currently.

GMC Trainee Survey 2015

The Trust received a good result from the annual trainee survey. This was particularly so in Acute Medicine who received the highest scores in the UK for overall satisfaction, clinical supervision and supportive environment. High scores were also received by doctors in

- core medical training
- core surgical training
- cardiology
- anaesthetics
- emergency medicine
- obstetrics and gynaecology
- histopathology.

Lower scores were received in paediatrics, trauma and orthopaedics and urology – and since the report in June 2015 it is evident from monitoring of surveys and notes from junior doctor forum that these issues have very much improved.

PHYSICIAN ASSOCIATES

The PGME Team have been working with the University of Wolverhampton recently in setting up their new PA certificate course. We are currently hosting cohort 12 students at RWT for their placements.

FUTURE FOCUS

The GMC have produced a new set of standards for medical education and training (Promoting excellence: standards for medical education and training http://www.gmc-uk.org/Promoting_excellence_standards_for_medical_education_and_training_0715.pdf_61939165.pdf)



Education Academy

Faculty of Support Services

Education and Development inspiring excellent patient care

Work Based Learning

Work Based Learning provides qualifications and development for support staff employed in bands 1 to 4 across the organisation. Learning opportunities for these staff include Quality and Credit Framework (QCF) qualifications. Adult apprenticeships, foundation degrees, development programmes and personal development support.

Careers in Medicine

The Work Experience Team within RWT is aware that the Trust receives an excessive amount of applications for Medicine experience.

A programme for the event was agreed with the co-operation and commitment of several sessions from within RWT as well as the Director of Admissions from Keele University.

From April 2015 to March 2016 a total of **507** work experience opportunities were offered and commenced during this period (468 the previous year).

How we selected our 2016/17 Priorities

We believe these priorities to be highly relevant for the coming year as they reflect so much of the services we provide and they will remain as our driving focus in the year ahead. We have achieved much over the previous 12 months in these areas and there is more that we can accomplish. The priorities have been determined over the past 18 months as a result of feedback, external review and internal intelligence and consultation. We have developed a programme of work for the coming year which also reflects comments we have received from patients and their carers through direct feedback and in survey results, discussions we have with our commissioners and key stakeholders about what services should look like in the future and what our staff tell us about the services they provide for patients.

These three priorities, each with a Director sponsor, are detailed below:

Priority	Director Lead / Co-Sponsor
1. Safe Nursing Staff Levels	Chief Nursing Officer/Head of Nursing – Workforce Planning
2. Safer Care	Chief Medical Officer / Head of Governance
3. Patient Experience	Chief Nursing Officer/Deputy Chief Nurse

Each of the priorities are supported by various projects and schemes that underpin the objectives and principles outlined in the strategies that have, or are being developed, to support each priority. A thread running through everything we do is our priority around Patient Safety – this has been a primary focus for several years and will continue to be pivotal in what we do.

Statement of Directors Responsibilities in Respect of the Quality Account

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,

CBEJeremy Vanes

Chief Executive

Chairman

29th June 2016

29th June 2016

Acknowledgements

We would like to thank all of the patients, community representatives for their

feedback and members of staff who gave their time to help us select our priorities and ensure that the document is clear and accessible

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	NCDHAH	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	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
HCAAs	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	WMNCL RN	West Midlands (North) Comprehensive Local Research Network
MRSA	Methicillin Resistant Staphylococcus Aureus	WMQRS	West Midlands Quality Review Service

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Agenda Item No: 8
Health Scrutiny Panel
23 June 2016

Report title	Primary Care Strategy Implementation
Accountable director	Stephen Marshall
Originating service	Clinical Commissioning Group

Recommendation(s) for action or decision:

The Panel is recommended to:

1. None

Recommendations for noting:

The Panel is asked to note:

1. Note the progress of the Primary Care Strategy Implementation

1.0 Purpose

1.1 The purpose of this report is to advise members with regards to the progress of the Wolverhampton Primary Care Strategy and its implementation.

2.0 Background

2.1 During the Financial Year 2015/16 the CCG fully developed its GP Primary Care Strategy and developed a draft implementation plan. On the 20th April this was subsequently ratified by the CCG GP members at a formal members meeting

3.0 Progress

3.1 In line with the agreed implementation plan a number of actions have taken place to progress the strategy delivery (as outlined in the implementation plan). These are:

- Constitution of the agreed and mandated workstreams to underpin the delivery
- Development and agreement of the TORs for these workstreams
- Governance and reporting mechanisms to the CCG Governing Body agreed
- Appointment of a permanent Head of Primary Care to be accountable for the delivery of the GP Primary Care strategy delivery

In addition, there are two early pilots currently running in the City. A Primary Care Home (MCP) model with 8 practices, covering a population of ca. 47,000. The second is a Vertically Integrated model (PACS) with the Royal Wolverhampton Hospital trust covering three practices, covering a population of ca. 23,000

4.0 Financial implications

4.1 None

5.0 Legal implications

5.1 None identified

6.0 Equalities implications

6.1 An Equality Impact assessment from RWHT has yet to be provided to the CCG

7.0 Environmental implications

7.1 None

8.0 Human resources implications

8.1 None.

9.0 Corporate landlord implications

9.1 None

10.0 Schedule of background papers

10.1 N/A

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