The Royal Wolverhampton NHS Trust

Quality Account 2014/15

Extracts from the Annual Report:

Cannock Chase Hospital

During 2014/15 the Trust undertook its most significant development since the integration of Wolverhampton Community Services as part of the national Transforming Community Services agenda.

Following a lot of discussion and consideration by the Board and senior staff across the Trust the Board approved a programme of work which saw the Trust become part of the future solution for services delivered by Mid Staffordshire Foundation Trust.

On 1st November 2014 the formal transfer of Cannock Chase Hospital and other services and assets from Mid Staffordshire Foundation Trust to the Trust was completed.

From early 2014 the executive team and senior staff from across the Trust worked with colleagues from Mid Staffordshire Foundation Trust and University Hospitals of the North Midlands and with commissioners and regulators to form a rigorous plan for the safe separation and transfer of services. This plan was approved by the Secretary of State for Health and was widely shared with stakeholders and members of the public.

In parallel the Trust undertook a public consultation on the proposals to transfer some planned care services from New Cross Hospital to Cannock Chase Hospital.

The Board undertook this transaction because it gave the Trust the opportunity to:

- Enhance and improve patient experience
- Improve the quality of clinical services and health outcomes
- Secure and safeguard a wide range of high quality clinical services accessible to local people

As a Trust we spent a lot of time reviewing systems and processes to ensure that we could move to the same systems and processes on all our sites as soon as possible after 1st November. We also looked at staff training to make sure that those staff transferring to the Trust had access to the same mandatory training as existing staff in addition to a detailed induction and orientation programme. This training also applied to those staff from within the Trust who would spend some of their time at Cannock Chase Hospital as well as managers who support the on call rotas.

The Trust has an implementation programme which will see the continual integration and evolution of services at Cannock Chase Hospital over the next 2 years. These changes will support the Trust in achieving its vision to be an NHS organisation that continually strives to improve patients’ experiences and outcomes. Throughout this report information from 1st November 2014 will include Cannock Chase Hospital.
Listening to Our Patients

Learning from what patients tell us about our services is extremely important to the Trust. To ensure we give patients the opportunities to tell us what they think the Trust carries out a number of local surveys as well as participating in National Surveys. More detail about this survey and our internal surveys is shown in Section 2: Quality Account.

Patient Feedback

The National Inpatient Survey for 2014 was based on patients who were discharged from hospital in August 2014. The graphs below show our overall performance, how we compare with other Trusts and the changes in responses from last year:
Principles for Remedy

When dealing with complaints, the Trust fully adheres to the Principles for Remedy issued by the Parliamentary and Health Service Ombudsman. The good practice principles contained in this are:

- Getting it right;
- Being customer focused;
- Being open and accountable;
- Acting fairly and proportionately;
- Putting things right; and;
- Seeking continuous improvement

These principles are put into action in a variety of ways, including training staff to ensure they are aware of and can use the Complaints Policy which supports these principles. More detail is available within Section 2: Quality Account.
The Quality Account

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 they have when using services is the most important thing for patients and their families 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 humanity and decency, and identify strongly with the idea that they should care for patients in a way they would want a member of their family to be treated. In publishing 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 overarching priority is Patient Safety. This priority is supported by three further priorities:

- **Urgent Care** as we know this is where patients are at their most vulnerable and where we can make the best of our integrated acute and community focused organisation.

- **Care of the Older Person** because this is the largest group of patients we serve and where we can make real progress in improving nutrition and reducing harm from falls, infections and pressure ulcers.

- **End of Life Care** as we only have one chance to get this right and give patients and their families the dignity and respect they deserve.

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, including Cannock Chase Hospital (from 1st November 2014), in a number of key areas including:

- Safe staffing levels in clinical areas
- Effective complaints handling and patient engagement
- Continued focus on infection prevention
- Better support for patients and families/carers in the end of life phase and beyond
- Reducing variation in clinical outcomes and mortality
- Increasing the use of clinical audit and learning from events
- Continued improvement of the patient and staff environment

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;
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 Section 1: Annual Report.

2014/15 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: 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.

David Loughton CBE Chief Executive
The Royal Wolverhampton NHS Trust
Our Vision:

An NHS Organisation that continually strives to improve patients’ experiences and outcomes

Our Values:

Our values are described in detail in section 1: Annual Report, the main principles are shown below:

Patients are at the centre of all we do
We will be innovative in how we work
Working together we deliver top quality services
We create an environment in which people thrive

Part 2: Priorities for improvement 2014/15

Our quality improvement priorities for 2014/15 continued 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 and in complaints and compliments. We have also taken account of what people say nationally about health services and where services need to improve

Given the major changes to the Trust following the integration with Cannock Chase Hospital we believe these priorities to be highly relevant for the coming year as they reflect so much 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. These three priorities are detailed below

Priority one: Urgent Care: people who have used our urgent and emergency care services will know that it impacts on everyone at their most vulnerable. We believe we can really make a difference to patients through the best use of all the services available in our hospitals and in the community.

Priority two: Care of the Older Person: this is a significant proportion of our patient population and changes we make can have a major impact. Care for this group includes many key aspects of treatment requiring continuous improvement and monitoring of quality for example good nutrition, the prevention of pressure ulcers, falls and infections

Priority three: End of Life Care: we only have one chance to get this right to ensure patients die with dignity
and respect. The impact of end of life care can have a lasting effect on the loved ones left behind.

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.

**Priority 1: Urgent Care**

**Why is this a priority?**

Urgent and Emergency Care is a priority because it impacts on everyone when at their most vulnerable. It is a point in the patient’s journey where a real difference can be made to their experience and outcomes, and it drives the demand for a number of other services both in the acute and community setting. The vision for these services in Wolverhampton is to “improve and simplify the arrangements for Urgent and Emergency Care”. The Trust will adopt the same principles for the services it provides for people in Cannock.

Urgent and Emergency Care covers three main areas:

1. GP Services
2. Community Services i.e. Walk-In Centres or Out of Hours provision
3. Hospital Services i.e. the Emergency Department, the Acute Medical Unit (AMU) and the Minor Injuries Unit (MIU) at Cannock Chase Hospital

The Emergency Department (formerly referred to as Accident and Emergency – A&E) is the first step in the pathway of emergency care and the number of attendances continues to increase at a rate that is becoming difficult to manage.

At a time of growing activity, capacity within the current Emergency Department on the New Cross Hospital site has become limited and cannot continue to cope with increasing demand. The existing Department is no longer fit for purpose with the key issues being the lack of space for reorganising services and physical size of cubicles and diagnostic space. As part of the wider Urgent and Emergency Care Strategy for Wolverhampton, the Urgent and Emergency Centre Project Group has identified a number of key priorities to be covered as part of the A&E new build which is currently on target for completion in November 2015. These include:

- To provide high quality clinical care for emergency patients that is timely, accessible and consistently available;
- To deliver closer integration with Primary Care ensuring patients see the right clinician at the right time, 24/7;
- To modernise services and facilities which will ensure the most appropriate use of resources and improve the overall patient, visitor and staff experience;

**Our Performance**
Performance in Emergency Departments is subject to both internal and external scrutiny and has had a high profile in the media over the last year. The Trust has seen an increase in attendances that mirrors the national picture and further increases as a direct impact of the changes relating to the services provided by Mid Staffordshire Foundation Trust until 31st October 2014 when the formal transfer of services to this Trust and University Hospitals of North Midlands was completed. Internally performance is monitored on a daily and weekly basis and is reported to the Trust Board each month as part of the Integrated Quality & Performance report. Overall the Trust saw an increase of 7% in attendances which meant nearly 11,000 additional patients seen during the year. Our performance against the key indicators is shown in the graphs and tables below. With the exception of 12 hour trolley waits where there were 0 compared with 3 in 2013/14 our performance has deteriorated compared with 2013/14.

**Percentage of Patients seen within 4 Hours**

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<td>Target</td>
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<td>New Cross</td>
<td>93.31%</td>
<td>93.76%</td>
<td>94.62%</td>
<td>93.29%</td>
<td>90.96%</td>
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<td>Walk in Centre - Phoenix</td>
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<td>Cannock MIU</td>
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**Trolley waits greater than 12 hours**

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<td>Number over 60 minutes</td>
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<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>13</td>
<td>21</td>
<td>29</td>
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**Ambulance Handovers**
How have we performed against 2014/15 plans?

The approval of the strategy allows work to begin on implementing the plans to improve Urgent and Emergency care services across the City. The work of the Urgent Care Working Group (formerly the Urgent and Emergency Care Strategy Board) continues and the priority will be focused on the implementation of the strategy. Projects and work streams will be overseen by the Urgent and Emergency Care Working Group and will be delivered through dedicated project groups and work streams with a reporting structure to ensure progress is continually monitored.

Our focus this year has been on the preparatory work for the new department. Multi disciplinary teams have met regularly to look at the best pathways for patients and to ensure that all the support services will be able to respond to the changes in how we look after patients attending the Urgent & Unscheduled Care Centre. We have used feedback from patients in helping us to develop the new ways of working.

The Urgent and Emergency Care System in the Future

Alongside the work described above we have kept a focus on how we deliver services for patients in the current Emergency Department. We have displayed new signage showing the patient journey and giving an
idea of which professional the patient may see. We have talked about the pressures on all our emergency portals in the section above. One of the changes we made was to take on the running of the Minor Injuries Unit at Cannock Chase Hospital from 1st March 2015.

**Our plans for 2015/16**

**Delivery of the New Urgent & Emergency Care Centre**

Alongside, and an integral part of, the Joint Urgent and Emergency Care Strategy is the construction and delivery of a new Urgent and Emergency Care Centre on the New Cross Hospital site. This development will provide the organisation with a new Emergency Department, with supporting Ambulatory, Diagnostic and Urgent Care facilities. There will also be access to Primary Care services both in and out of hours. Services will operate within a purpose built, state of the art clinical environment with the aim of improving the patient and staff experience, improving quality and efficiency of care and patient safety, and will provide flexibility to meet future demand.

*Lead Director: Medical Director/Director of Planning & Contracting*

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

*Why is this a priority?*

We know that the elderly use more health care services than any other group therefore the Trust remains committed to delivering services that are designed appropriately for our biggest service user and respect for the autonomy and dignity of the older person must underpin our approach and practice at all times.

Our values are complimented by those highlighted in Compassion in Practice, a vision based around six values - care, compassion, courage, communication, competence and commitment. The vision aims to embed these values, known as the 6 C’s, in all nursing, midwifery and care giving settings throughout the NHS and social care to improve care for patients.

*How have we performed against 2014/15 plans?*

The Trust continues to work effectively with colleagues in primary and social care to improve the way we deliver services for patients across organizational boundaries. Central to all this work are the values identified through our initial Care of the Older person key stakeholder event in held November 2012:

- Person centred care
- The involvement of carers and family
- Effective collaborative working
- Development of intermediate care
- Safe hospital
- Care, kindness and a respectful attitude
- Education training and innovation
Dementia Care and Caring for Vulnerable Adults

We believe that the 6Cs apply to everyone from clinical staff to people working in corporate and support services. As a result the Trust is rolling out a Dementia Awareness Programme – a 3 phased Trust wide education and awareness programme resulting in Wards / Department / Teams developing individual action plans. Specific training to develop staff skills in caring for older people and family liaison will be piloted across care of the elderly wards and evaluated and will include a Therapeutic Activity Project - an education programme for volunteers on activities that include sensory equipment.

A redesign programme to introduce single sex Care of Elderly wards has also taken place offering further privacy for our patients.

Communication Strategy
We have continued with a number of actions to improve our communication about Dementia including:

- Dementia Strategy 2015-2020 on-going launch / awareness raising.
- Launched at Band 7/8 Forum and Dementia Public Reference Group
- ‘Dementia Friends’ Programme – continues to be a popular vehicle for spreading a general awareness throughout whole Trust.
- 2 training sessions facilitated and attended by 208 domestic staff.

Evaluating progress
- Dementia Services quality indicators developed in collaboration with Quality Assurance Lead informing the audit programme.
- Audit of in-hospital prescribing of antipsychotic medication to patients with dementia in progress for completion June 2015.
- Audit of utilisation of ‘About Me’ planned for completion March 2016.

Plans for 2015/16

Our plans for the coming year build on the work we have done so far and will include:

Provision of an on-going dementia support programme
- 2015 Dementia Training Events – monthly events being facilitated.
- Dementia Action Network (DAN) Events being facilitated on a bi-monthly basis for 2015.
- ‘Dementia Friends’ Programme – in excess of 600 Trust staff attended.
- New HEE LDA Return being prepared for Quarter 4.
- Dementia Awareness Week – 18th-22nd May 2015 – Awareness & fundraising event
- Launch to Therapy Services Forums at New Cross, West Park and Cannock planned for April / May 2015.

Continual Review of Dementia Outreach Service
The programme will
- Roll out existing good practice across the organisation
- Implement ‘About Me’ document across the organisation
- Provide clear guidance for all staff re: person-centred dementia care
- Dementia Outreach Service - reinforce referral criteria / expectations
- Include separate support / corporate services programme
Treating People with Dignity

We are committed to ensuring that all our staff treat patients with dignity at all times. We have introduced some key actions to keep us focussed:

- Our Wards and departments will have a dignity champion.
- Dignity input to Care of the Older Adult, Palliative Care, Dementia and Learning Disability strategies and Creating Best Practice programme as well as our patient experience work
- Establish Trust wide dignity audit
- Create and publish a compendium of best practice available for others to access
- Use patient feedback and experience-use opinion to shape future services.
- Have a greater variety of formats of patient and carer information to make sure we meet the needs of all patients and their carers.
- Re focus our Environmental strategy on promoting dignity.
- Ensure all our practice is evidence based and up to date

What have we done so far?

- Developed a monthly Dignity newsletter which is sent to all wards and departments via the Matrons and Senior Sisters
- Reviewed our Dementia and Learning Disability strategies to include dignity themes and commenced this work on our Care of the Elderly and Bereavement strategies.
- Used the National Dignity Council draft audit for care and health in T&O, CoE and Rehabilitation services to benchmark and action plan areas for improvement.
- Reviewed the Learning Disability and dementia leaflets, developed a “feedback flower” on Ward C22 and introduced flip charts outside care of the older adult wards for feedback.
- Close observation policy has been tested and is now included as appendix in our Falls Policy

Our plans for 2015/16

- Launch the Compendium of Practice to promote dignity
- BGS leaflet and poster campaign with monthly focus-Dignity and respect, Eating and Drinking, Communication, mobility
- Participation in Afternoon Digni-tea on a number of wards in each of our hospitals

Falls

The Trust is piloting a therapy led walking team to work with patients who are at high risk of falls. The intention is to support patients in exercising and mobilising gently prior to discharge home and identify what aspects of care actually reduce the incidence of falling over, particularly in older people.

- The Trust links into the national lead for reducing patient falls and is receiving the most up to date information in managing this risk
Improved patient assessment and intentional rounding continues to reduce the risks of patient falling however more needs to be done around reducing serious harm. The Trust is linking with national falls specialists, participating in research with NHS England and reviewing how the care bundle is used to reduce the number of serious falls.

Every fall that causes harm is scrutinised for any gaps in care and to determine if anything could have been done differently to have prevented the harm. Over the last year the prevalence of falls as measured through the NHS Safety Thermometer has declined. However our incident data highlights that 44 patients suffered serious harm between April 2013 and March 2014.

The prevalence of falls that cause harm is measured via the NHS Safety Thermometer and has seen an increase as demonstrated in the graph below. This increase is attributed to the overall increase in the number of patients we have treated resulting in periods of intense pressure on our wards. Every fall that causes harm is scrutinised and factors including what we could have done differently are considered. Reducing the numbers of falls that cause harm continues to be a challenge but will continue to be a high priority in caring for the older patient.

Reducing the number of falls resulting in harm by 50% by March 2016 is an aim within our Sign up to Safety improvement plan which includes the following actions:

- Analyse local falls risk - use of scatter plot graphs.
- Early identification and assessment of risk at first point of entry into care and periodic review
- Patient specific falls assessments
- Environmental assessments
- Monitoring of incidence falls and incidence rates per occupied bed day
- Use of Human factors in Falls prevention training and awareness
- Integrate falls risks in ward handovers and safety briefings
- Introduction of Walking teams to support patients
- Using technology to reduce falls risk
Pressure Ulcers

The last 12 months has been very challenging, seeing an increased demand across all services. There has been a noticeable increase of the very frail elderly accessing services, which extraordinary complex health issues. The Trust follows the SSKIN principles, which stands for Surface, Skin inspection, Keep moving, Incontinence and moisture, Nutrition and hydration. The aim is to continue to have 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 91% compliance with the training. The team uses aids such as “Billy” the prosthetic bottom, to help staff understand the grading system and proactive care to prevent pressure ulcers. Education was provided at Cannock chase hospital, to help the safe transition in November and embed the Trust policy for preventing pressure ulcers.

- **Surface** - The Trust has invested in high specification hybrid mattresses at New Cross and West Park, which means patients’ have immediate access to an alternating mattress from May 2015, when their needs indicate the need. There are also high specification pressure redistribution cushions, to prevent pressure ulcers when patients sit out of bed. The community equipment provision is awaiting a review, to develop the system. An out of hours service provision led by the Trust has help respond to faulty equipment or urgent needs within the community. Cannock Chase Hospital will also have the new hybrid mattresses in the near future.

- **Skin inspection** - Preventing avoidable pressure ulcers is an on-going challenge. Community services has achieved over 700 days without an avoidable pressure ulcers. There has been a reduction of pressure ulcer incidence per 1000 beds days in the inpatient areas, but the Trust has not achieved zero number of avoidable pressure ulcers. The services are working through actions plans to prevent avoidable pressure ulcers.

- **Keep moving** - Staff assess patients on an individual basis. The inpatient areas record patient comfort on intervention charts. Community services write to relevant care agencies/ homes to recommend an individualised management plan. Offloading pressure is paramount to prevent pressure ulcers. The Tissue viability team continue to evaluate new innovations, and are keen to launch a “help our heels” campaign and introduce new heel protectors on the formulary.

- **Incontinence and moisture** - The continence team have launched new continence pathways. This with consideration for climate control and correct use of skin protectants, prevents moisture lesions which can increase the risk of patients developing pressure ulcers.

- **Nutrition and hydration** - The Trust continues to work with the dietician department to ensure patients nutrition and hydration is optimised.

**The Future**

The Trust plans to review all systems and processes and relaunch with a rapid spread strategy, to remind all staff of their accountable actions to prevent pressure ulcers. All serious incidents are scrutinised and each incident whether avoidable of unavoidable exposes lessons to be learnt and shared to ensure we have a health economy team approach to prevent pressure ulcers.
Preventing Infection

Infection prevention is an overarching priority for the Trust which is echoed by the Wolverhampton CCG and Wolverhampton City Council Public Health Service. Increased risk factors for healthcare acquired infections are acknowledged in the aging 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.

2014/15 was another productive year both within the Trust and across Wolverhampton in minimising healthcare associated infections through partnership working. The challenge of rising community numbers of *Clostridium difficile* and further reductions in targets means new approaches are required and will take time to become effective. Essential to this is 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 resistant organisms. 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, local authority and independent contractors and work 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
- Morality information
- National HCAI data capture system

**Monitoring**

- Trust Infection Prevention and Control Group
- Environment Group
- Weekly accountability meetings chaired by the chief nursing officer
- Health and safety 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.
• Surgical Site Infection surveillance information is shared with Consultant Surgeons via a monthly dashboard.
• Continued focus on supporting high risk areas of infection.
• Scoping of a care home prevalence project to progress in 2015/16.
• Securing and Infection Prevention Society small research grant to explore the effectiveness of electronic monitoring of hand hygiene.
• Lowest year on record for device related bacteremia 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 services 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 2015/16

The Trust will continue to work effectively with colleagues in primary and social care and 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:

• Increase awareness of antimicrobial resistance
• Renewed focus on the Environment
• A research project to explore barriers and levers to hand hygiene with tailored interventions to address barriers and levers identified
• Understanding the benefits of a real-time electronic hand hygiene monitoring system
• Streamline catheter usage and care across the City
• Conduct HCAI prevalence study in Nursing Homes in Wolverhampton.
• Devise and deliver a link nurse competency framework
• Launch new annual training and recognition events for care homes and primary care providers.
• The dissemination and evaluation of bespoke Dental and GP training DVD’s

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 in infection prevention by working in partnership with colleagues across the health community to deliver agreed nine 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 of novel treatments for Clostridium difficile.

Nominated Lead Chief Nursing Officer

Priority 3: End of Life Care

Why is this a priority?

2013 was a crucial year for End of Life Care; it marked the halfway point of the 10 year End of Life Care Strategy. The government has said that it will hold a review into the feasibility of a “national choice offer” to enable people to die at home. Dr Bee Wee, the new National Clinical Director for End of Life Care at NHS England is holding a consultation on how the strategy can be refreshed, following on from reports on the Liverpool Care Pathway and Mid Staffordshire Foundation Trust and the failures in care that occurred. It is vital that we continue working to ensure that end of life care is a core priority in the reformed health and care world.

It is recognised that palliative care is a crucial element in the care received by patients and carers throughout the course of their disease. Our aim is to ensure that all patients with an advance life limiting illness receive high-quality personalised care at all times, including symptom control and provision of psychological, social and spiritual care. Individuals’ preferences on the location of care will be followed whenever possible and those patients that are dying within the Trust will have a dignified death, with family and other carers adequately supported during this process. Proving supportive and palliative care should be integral part of every health care professional’s role.

Current Position

Caring for a person at the end of their life, and after death, is enormously important and a privilege:

*How people die remains in the memory of those who live on.*
The Trust offers a good bereavement service and an end of life service which requires a framework previously offered by the use of the Liverpool Care Pathway (LCP). Whilst there are examples of good practice there is always room for improvement. From June 2014 five new Priorities for Care replaced the Liverpool Care Pathway (LCP) as the new basis for caring for someone at the end of their life. The new priorities have been created by a coalition of 21 organisations known as the Leadership Alliance for the Care of Dying People (LACPD), of which CQC is part.

Drivers for Change.

There is only one chance to get it right and it is not at all easy to coordinate everything that needs to happen. This strategic direction will help with that, putting the patients, the deceased and their carers as the focus of care, whilst balancing the needs of the legal and coronial system and the health and safety of staff.

The ethos of the Alliance’s five priorities for care is mirrored in CQC’s new inspection approach to make sure that people receive safe, effective and compassionate care at the end of their life. End of life care is one of the eight core services looked at during hospital inspections.

The new Priorities for Care mean that:

- The possibility that a person may die within the coming days and hours is recognised and communicated clearly, decisions about care are made in accordance with the person’s needs and wishes, and these are reviewed and revised regularly by doctors and nurses.
- Sensitive communication takes place between staff and the person who is dying and those important to them.
- The dying person, and those identified as important to them, are involved in decisions about treatment and care.
- The people important to the dying person are listened to and their needs are respected.
- Care is tailored to the individual and delivered with compassion – with an individual care plan in place.

Our Actions:

- Improving end of life pathways is a Trust objective with an Executive Director sponsor - Chief Operating Officer.
- Improving the quality of bereavement care is within the quality agenda of the Chief Nursing Officer.
- Ensuring compliance to the 5 priorities and improving bereavement care trust wide is being managed within the Trust’s service improvement framework of Creating Best Practice and form a work stream within that framework.
- Getting it right is everyone’s responsibility
- Improving the viewing facility in the mortuary

What we are doing differently:

- Creating an integrated approach to end of life and bereavement care which will be symbolised by the Swan logo

This imagery will be synonymous with end of life and bereavement and used on relevant documentation, trigger signage on wards to ensure a calm and respectful environment, on memory bags used to transport the personal effects of deceased patients and used on literature given out from the bereavement office. The rationale for use of this imagery is for it to trigger a compassionate response from any staff member, it is also envisaged, in tandem with awareness raising and
education, it will allow us to re-personalise the process of death and give staff permission to offer help or support.

- **Adopting some of the award winning practices showcased by the Salford Royal NHS Foundation Trust including:**
  - offering the families of end of life patients keepsakes such as photographs (of hands) and handprints (similar to the hands and footprints we currently offer bereaved parents)
  - locks of hair (taken discreetly from behind the ear and presented in an organza bag) Currently piloted in Mortuary
  - returning jewellery in a ring/small box
  - having a book of remembrance available in the bereavement office
  - within the considerations of infection prevention and control offer the bereaved, or patient as appropriate the choice of their care after death being clothed in nightwear or day wear rather than a disposable paper shroud. (Currently being offered on ward C25)
  - Wards are now sending a condolence card
  - introduction of bereavement boxes in inpatient areas with all relevant equipment available, these would be combined with the current chaplaincy boxes

- Adoption of revised documentation and patient/career leaflets

- Refreshing the Trust bereavement booklet

- Renaming the Mortuary the Swan Suite for discrete communication in public areas of within earshot of the public

- Strengthening clinical practices for care after death to provide a more compassionate experience for the bereaved and dignified practice for the deceased

- Physical care given by healthcare staff following death in care settings has traditionally been known as ‘last offices’ this will now be referred to as ‘care after death’ a term more befitting our multi-cultural society.

- To develop Swan Champions across the Trust workforce

- Facilitating a family member staying overnight with dying relative

- Provision of training and awareness opportunities using existing induction, communication forums and current and bespoke educational programmes

The progress of the developments will be reported through the Creating Best Practice Steering Group

**How have we performed against 2014/15 plans?**

- Trust ethos and philosophy agreed in preparation for launch day, teaching programme and for adding onto new intranet page.
- “SWAN” champions identified in each area.
- “Care in the last few days of life” document complete
- Patient and relative information leaflet on care of the dying ready for distribution alongside Care in last few days of life document.
- Education programme plan in place
- Launch event booked for 24/4/15 – senior managers for Trust and SWAN champions
- SWAN boxes and contents ordered and to be handed out to each area on launch day.
- Mortuary refurbishment on track to be completed by 23/4/15.

**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 2014/15 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 2014/15 represents XX% (awaiting completion of accounts) of the total income generated from the provision of relevant health services by The Royal Wolverhampton NHS Trust for 2014/15

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 survey, complaints and compliments.

**Participation in Clinical Audit**

During 2014/2015 there are 33 audits identified on the national clinical audit plan for inclusion on the Quality Accounts, of these 25 are applicable to The Royal Wolverhampton NHS Trust. The Trust is participating in 23 of these audits, 19 of which are in progress and 4 audits completed. The Royal Wolverhampton NHS Trust therefore participated in 92% of national clinical audits that it was eligible to participate in.

The reason for non-participation in the remaining two audits are detailed in the table below:

<table>
<thead>
<tr>
<th>Audit Title</th>
<th>Directorate</th>
<th>Reason for non-participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes (Adult)</td>
<td>Diabetes</td>
<td>Lack of capacity within the database team to deliver this audit.</td>
</tr>
<tr>
<td>National Audit of</td>
<td>Care of the</td>
<td>The Royal College of Psychologists have confirmed the National Audit of</td>
</tr>
</tbody>
</table>
National Confidential Enquiries

During 2014/15 two national confidential enquiries covered relevant health services that The Royal Wolverhampton NHS Trust provides. The Trust participated in 100% national confidential enquiries which it was eligible to participate in. The national confidential enquiries that The Royal Wolverhampton NHS Trust was eligible to participate in and did participate in during 2014/15 are listed below:

<table>
<thead>
<tr>
<th>National Confidential Enquiries</th>
<th>Participated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastrointestinal Haemorrhage</td>
<td>Yes</td>
</tr>
<tr>
<td>Sepsis</td>
<td>Yes</td>
</tr>
</tbody>
</table>

The national clinical audits that The Royal Wolverhampton NHS Trust did participate in, and for which data collection was completed during 2014/15 are listed below, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit.

<table>
<thead>
<tr>
<th>National Clinical Audit</th>
<th>Directorate</th>
<th>Applicable</th>
<th>Participating</th>
<th>Status of audit</th>
<th>% data collection and cases submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart failure (resource issues - Risk 3496)</td>
<td>Cardiothoracic Services</td>
<td>Yes</td>
<td>Yes</td>
<td>Completed</td>
<td>100%</td>
</tr>
<tr>
<td>Emergency laparotomy</td>
<td>Critical Care (Lead) / General Surgery</td>
<td>Yes</td>
<td>Yes</td>
<td>Completed</td>
<td>100%</td>
</tr>
<tr>
<td>Sentinel stroke national audit programme</td>
<td>Stroke</td>
<td>Yes</td>
<td>Yes</td>
<td>Completed</td>
<td>100%</td>
</tr>
<tr>
<td>Falls and fragility fractures audit programme (Includes the Hip Fracture Database)</td>
<td>Trauma &amp; Orthopaedics (National Hip Fracture) and Care of the Elderly (Inpatient Falls)</td>
<td>Yes</td>
<td>Yes</td>
<td>Completed</td>
<td>100%</td>
</tr>
</tbody>
</table>

The national clinical audits that The Royal Wolverhampton NHS Trust continues to participate in since 2014/15 are as follows:
<table>
<thead>
<tr>
<th>National Clinical Audit</th>
<th>Directorate</th>
<th>Applicable</th>
<th>Participating</th>
<th>Status of audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute coronary syndrome or Acute myocardial infarction</td>
<td>Cardiothoracic Services</td>
<td>Yes</td>
<td>Yes</td>
<td>In progress</td>
</tr>
<tr>
<td>Adult cardiac surgery</td>
<td>Cardiothoracic Services</td>
<td>Yes</td>
<td>Yes</td>
<td>In progress</td>
</tr>
<tr>
<td>Cardiac arrhythmia</td>
<td>Cardiothoracic Services</td>
<td>Yes</td>
<td>Yes</td>
<td>In progress</td>
</tr>
<tr>
<td>Coronary angioplasty</td>
<td>Cardiothoracic Services</td>
<td>Yes</td>
<td>Yes</td>
<td>In progress</td>
</tr>
<tr>
<td>Inflammatory bowel disease</td>
<td>Gastroenterology</td>
<td>Yes</td>
<td>Yes</td>
<td>In progress</td>
</tr>
<tr>
<td>Heavy menstrual bleeding</td>
<td>Obstetrics &amp; Gynaecology</td>
<td>Yes</td>
<td>Yes</td>
<td>In progress</td>
</tr>
<tr>
<td>Maternal, newborn and infant clinical outcome review programme</td>
<td>Obstetrics &amp; Gynaecology</td>
<td>Yes</td>
<td>Yes</td>
<td>In progress</td>
</tr>
<tr>
<td>Bowel cancer</td>
<td>Oncology &amp; Haematology</td>
<td>Yes</td>
<td>Yes</td>
<td>In progress</td>
</tr>
<tr>
<td>Head and neck oncology</td>
<td>Oncology &amp; Haematology</td>
<td>Yes</td>
<td>Yes</td>
<td>In progress</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>Oncology &amp; Haematology</td>
<td>Yes</td>
<td>Yes</td>
<td>In progress</td>
</tr>
<tr>
<td>Oesophago-gastric cancer</td>
<td>Oncology &amp; Haematology</td>
<td>Yes</td>
<td>Yes</td>
<td>In progress</td>
</tr>
<tr>
<td>Prostate cancer</td>
<td>Oncology &amp; Haematology / Urology</td>
<td>Yes</td>
<td>Yes</td>
<td>In progress</td>
</tr>
<tr>
<td>Diabetes (Paediatric)</td>
<td>Paediatrics</td>
<td>Yes</td>
<td>Yes</td>
<td>In progress</td>
</tr>
<tr>
<td>Epilepsy 12 audit (Childhood Epilepsy)</td>
<td>Paediatrics</td>
<td>Yes</td>
<td>Yes</td>
<td>In progress</td>
</tr>
<tr>
<td>Neonatal intensive and special care</td>
<td>Paediatrics</td>
<td>Yes</td>
<td>Yes</td>
<td>In progress</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>Respiratory</td>
<td>Yes</td>
<td>Yes</td>
<td>In progress</td>
</tr>
<tr>
<td>Rheumatoid and early inflammatory arthritis</td>
<td>Rheumatology</td>
<td>Yes</td>
<td>Yes</td>
<td>In progress</td>
</tr>
<tr>
<td>National Joint Registry</td>
<td>Trauma &amp; Orthopaedics</td>
<td>Yes</td>
<td>Yes</td>
<td>In progress</td>
</tr>
<tr>
<td>Medical and surgical clinical outcome review programme</td>
<td>General Surgery and Gastroenterology</td>
<td>Yes</td>
<td>Yes</td>
<td>In progress</td>
</tr>
</tbody>
</table>

The reports of 4 completed National clinical audits were reviewed by the provider in 2014/15 and The Royal Wolverhampton NHS Trust intends to take the following actions to improve the quality of healthcare provided:
<table>
<thead>
<tr>
<th>National Clinical Audit</th>
<th>Directorate</th>
<th>If participating Actions that we have identified to improve the quality of healthcare we provide in this Trust</th>
</tr>
</thead>
</table>
| Heart failure (resource issues - Risk 3496) Audit 1339 | Cardiothoracic Services              | • Meeting to be held between Dr Horton, Heart Failure Nurses and Clinical Coding to discuss Coding issues to improve accuracy.  
• CD working with Commissioners to agree funding for an enhanced Heart Failure service that would address 'all cause' Heart Failure.  
• Cardiology Services to expand to support daily Consultant-led specialist input for Heart Failure patients. 1 x Consultant currently undertakes 2 ward rounds per week on the AMU. Permanent specialist input is required. Further to acquisition of Cannock Chase Hospital a restructure of Heart Failure services will be undertaken. |
| Emergency laparotomy Audit 1008         | Critical Care (Lead) / General Surgery | • To present the organisational audit to both the anaesthetic and surgical Directorate Governance Meetings. The standards with which we are not compliant have been discussed with both Clinical Directors.  
• Promote awareness of OP102 Non-Elective Surgery Policy. Introduce measures to increase the use of pre-operative calculation of peri-operative death (p-possum) from policy OP102. By presenting through anaesthetic and surgical governance when presenting the audit.  
• The audit results and actions have been discussed at the Quality Standards Action Group. Departments have agreed where possible to introduce policies increasing our compliance with national standards. |
| Sentinel stroke national audit programme Audit 1656 | Stroke                               | • Support Regional Review Process: ensure submissions (business cases) provide required staffing and capacity  
• Consider alternative partnership working with local Trusts and commissioners if Regional Review falters  
• Learn from well performing services elsewhere (including via SSNAP disseminated good practise posters) and bring learning and implementation plan(s) to [next] Stroke Services Development Meeting(s)  
• Consider co-locating West Park stroke rehabilitation ward with ASU at New Cross to maximise therapist’s and service efficiency  
• Review current working practises  
• Extend audit to Fairoak Ward, Cannock Hospital  
• Build on patient/carer involvement service based at Cannock Hospital  
• Approach commissioners to develop mechanism for their involvement in service provision and development |
| Falls and fragility fractures audit programme (Includes the Hip Fracture Database) Audits 1961 and 1510 | Trauma & Orthopaedics (National Hip Fracture) and Care of the Elderly (Inpatient Falls) | Trauma & Orthopaedics  
No local recommendations have been made as the performance of the Directorate is satisfactory. The standard, “Admission for an orthopaedic bed within 4 hours” demonstrated a poor performance, however this is a corporate issue and so will be added to the Trauma and Orthopaedic Risk Register and escalated to Divisional Management accordingly.  
Care of the Elderly  
Forward presentation to all matrons for action to improve compliance |
Clinical Audit Activity

(Our Internal Auditors reviewed our compliance with HQIP 10 Simple Rules for NHS Boards – Reasonable Assurance was gained).

Following changes made to the Clinical Audit and Effectiveness Policy (OP45) in 2013-14, The Royal Wolverhampton NHS Trust’s clinical audit completion rate for 2014/15 (excluding national audits) is 90%.

The reports of 214 completed local clinical audits were reviewed by the provider in 2014/15 and The Royal Wolverhampton NHS Trust intends to take the following actions to improve the quality of healthcare provided:

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Audit Title</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Medicine</td>
<td>Re-audit: Is the Trust complying with the pathway for suspected DVTs</td>
<td>Include the DVT process and importance of adherence to the protocol after suspected DVT as part of Doctors induction.</td>
</tr>
<tr>
<td>Audiology</td>
<td>CROS Hearing Aid fitting - audit of patient outcomes</td>
<td>Develop a template to assist staff in assessing the appropriateness of CROS / BiCROS hearing aids for a particular patient.</td>
</tr>
<tr>
<td>Audiology</td>
<td>Vestibular Rehab audit</td>
<td>Service to introduce joint clinics for balance plate assessments.</td>
</tr>
<tr>
<td>Care of the Elderly</td>
<td>Re-audit: Quality and Safety of Inter-Hospital Transfers to West Park 2014/15</td>
<td>Checklist implemented to ensure notes, prescription sheets, insulin and warfarin prescriptions and medications are sent with patient at time of transfer.</td>
</tr>
<tr>
<td>Care of the Elderly</td>
<td>Local: Correct documentation on warfarin prescribing charts on D17</td>
<td>Drug chart amended to incorporate warfarin prescribing. Local induction in Care of Elderly amended to include warfarin prescribing.</td>
</tr>
<tr>
<td>Children Services – Acute</td>
<td>Local Audit Acute - Standard of medical documentation</td>
<td>Proforma made available on ward note trolleys and in Drs office to improve standard of medical documentation.</td>
</tr>
<tr>
<td>Children Services – Acute</td>
<td>Local Audit Acute - Developmental Dysplasia Hips</td>
<td>Referral pathway amended to target patients that require investigation as priority.</td>
</tr>
<tr>
<td>Children Services – Acute</td>
<td>Local Audit Acute: Prescribing in Paediatrics Standards Safe Standard of Prescribing)</td>
<td>Teaching sessions for new doctors at local induction to improve prescribing of medicines</td>
</tr>
<tr>
<td>Children Services – Community</td>
<td>Local Audit - Review of Safeguarding Supervision</td>
<td>Safeguarding Supervision Policy amended to reflect national guidance.</td>
</tr>
<tr>
<td>Critical Care</td>
<td>Are we following DAS Extubation guidelines?</td>
<td>A number of extubation tutorials provided and extubation checklist introduced in the recovery area for high risk patients.</td>
</tr>
<tr>
<td>Critical Care</td>
<td>Review of Anaesthetic record keeping.</td>
<td>Produce improved / updated anaesthetic record</td>
</tr>
<tr>
<td>---------------</td>
<td>--------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Critical Care</td>
<td>Prospective audit of cancellation of surgery due to anaesthetic reasons</td>
<td>Checklist developed for preop. assessment nurses to trigger appropriate communication with an anaesthetist in order to reduce the chance of cancellation on the day</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Medical Patients transferred to Beynon Short Stay Ward- Audit of appropriateness of transfer</td>
<td>To include blood transfusion under the Unsuitable Criteria in the RAG rating form for outlier transfers. To ensure that appropriate completion of the RAG form is included in the checklist on the Medical front sheet prior to transfer.</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>Audit extension to national audit on management of asthma in children in the emergency department</td>
<td>Develop a new guideline on the management of wheeze in children.</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>Surviving sepsis in children</td>
<td>New Sepsis checklist/guideline/proforma has been drafted for Children.</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>Severe Sepsis and Septic shock (Adults) (Local Reaudit)</td>
<td>The Sepsis Pathway has been revised to address the areas that require improvement; the process for recognising sepsis/SIRS and patient care/treatment decision making.</td>
</tr>
<tr>
<td>Gastro</td>
<td>Local audit of radiologically inserted gastrostomy (RIG) outcomes</td>
<td>Radiology to advise if patient is having a RIG as Gastro input is required. Patients to be reviewed by Nutrition &amp; Dietetics Team.</td>
</tr>
<tr>
<td>Dietetics</td>
<td>Local: Correct placement of nasogastric tubes (Never Event). (Local policy CP44/45 Enteral tube practice for children/adults) (re-audit)</td>
<td>Launch use of Trust wide NG stickers. Wards to audit their local compliance with correct tube placement thus highlighting if there is a concern or further training required.</td>
</tr>
<tr>
<td>Dietetics</td>
<td>Local: ONS are used in line with local guidance.</td>
<td>Local protocol developed regarding appropriate use, and to be uploaded to intranet.</td>
</tr>
<tr>
<td>Dietetics</td>
<td>Local -(Dietetics) Adherence to phosphate restrictions and binder prescription in haemodialysis patients</td>
<td>Develop patient resource regarding phosphate binders.</td>
</tr>
<tr>
<td>General Surgery</td>
<td>Local: Re: Audit Intravenous Fluid Therapy for Adult Surgical Patients</td>
<td>Fluid guidelines will be given to the Junior Doctors at induction and Junior Doctors Forum.</td>
</tr>
<tr>
<td>General Surgery</td>
<td>Local: Re: Audit Assessment of quality of pain management in surgical patients</td>
<td>Developed patient pain relief leaflet.</td>
</tr>
<tr>
<td>Department</td>
<td>Local:</td>
<td>Update:</td>
</tr>
<tr>
<td>--------------------</td>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>General Surgery</td>
<td>Are we compliant with NICE guidelines on extended prophylaxis for patients undergoing lower GI cancer resections?</td>
<td>Update junior doctor handbook to reflect guidelines.</td>
</tr>
<tr>
<td>General Surgery</td>
<td>Are fluids prescribed for acute surgical admissions in accordance with NICE guidelines?</td>
<td>A poster in SAU of a checklist of points that must be included on initial clerking e.g fluid status assessment, indication for fluids, 24 hour plan. A table developed of the composition of all fluids and daily requirements so that the most appropriate fluid is administered. IV fluids prescribing lanyard cards to be given to all junior doctors.</td>
</tr>
<tr>
<td>Head and Neck</td>
<td>Two-stage consent for Elective procedures - are we meeting trust targets?</td>
<td>Consent training at induction.</td>
</tr>
<tr>
<td>Head and Neck</td>
<td>A retrospective audit on the referral of patient to the two week wait (2WW) Head and Neck Cancer Clinic</td>
<td>Consultants are going out into community (Black Country) to lecture general dental/nursing and medical staff. On-line acceptance of referrals via email. New proformas distributed to GP.</td>
</tr>
<tr>
<td>Head and Neck</td>
<td>Consent for maxillofacial procedures: are we telling patients what they need to know?</td>
<td>Reduce clinic numbers to allow for sufficient time for staff to consent patients, allowing for two stage consent. Information leaflets to be distributed to Appleby to provide to patients.</td>
</tr>
<tr>
<td>Radiology</td>
<td>MSK USS Intervention</td>
<td>To send out patient information leaflet with the appointment letter – especially to include information with regards to driving (and car insurance).</td>
</tr>
<tr>
<td>Radiology</td>
<td>Audit of inclusion on SPECT.CT images of previously detected focal bone lesions undergoing further evaluation with radionuclide bone imaging.</td>
<td>Modification of radionuclide bone scan protocol such that SPECT.CT acquisitions include all areas of interest highlighted on the request form and any areas of abnormality identified on planar imaging.</td>
</tr>
<tr>
<td>Trauma &amp; Orthopaedics</td>
<td>AKI detection and management in Orthopaedic patients</td>
<td>To add a checklist to the admission proforma for total knee/total hip replacements and NOFs which includes ensuring pre-op and post-op bloods are done within the recommended time frame.</td>
</tr>
<tr>
<td>Accident &amp; Emergency</td>
<td>Audit of management of Urinary tract infections in children presenting to the emergency department against NICE guidance CG54</td>
<td>Development of a guideline for children with a UTI.</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>An audit of adherence to guidelines in clinical record keeping.</td>
<td>Ensuring that all members of staff are provided with a stamp “OP7 Health Records policy” to be issued on induction to all members of staff joining the trust.</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Re-audit: The assessment of LV systolic function by ECHO pre-discharge in patients following admission with acute ST elevation MI (NICE CG172)</td>
<td>Following the appointment of extra two cardiac technicians allocate 2 ECHO slots per day for Post-STEMI patients.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Acute medicine</td>
<td>Warfarin: Do patients get therapeutic INR level in the community?</td>
<td>To develop an education programme for GPs to offer guidance on Self-testing or self-management of INR in successfully trained people</td>
</tr>
</tbody>
</table>

**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. 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. The approach to research and development has been enhanced by the Trust becoming Host to the West Midlands Local Clinical Research Network benefitting from the higher Trust Board profile and also across the local population.

Research at the Trust provides a number of complementary additions to existing patient care, treatment and choice. 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.

Achievements this year include:
- Sustained approval of trials within 30 days.
- 84% of studies approved within 15 days.
- Patient feedback and engagement processes in place.
- Continued high ratings from external study monitors.

On 1st November 2014, research activities being undertaken at Cannock Chase Hospital were transferred to the Trust. The R&D Directorate is providing support to Clinical Trials Unit colleagues and research active clinicians at Cannock Chase Hospital. This presents an excellent opportunity to develop and strengthen research across both sites. The Cannock Rheumatology Clinical Trials Unit have been recognised as being at the forefront of clinical innovation and translational research and NIHR data in 2013 identified it as the largest commercial rheumatology trials unit in the UK. The Cannock Dermatology service have made great progress over the past 15 months in developing their portfolio of research studies, involving both commercial and non-commercial sponsors.

**Wolverhampton University/RWT Update**

During 2014-2015 the Professor for Clinical Practice and Innovation working in partnership with the Trust and University of Wolverhampton researchers has been involved in the following:

(a) **Nursing Professoriate for the West Midlands**

A follow up meeting of the above group took place on the 6th December at the University of Wolverhampton Science Park. The aim of the meeting was to plan a way forward and agree terms of reference. The day was
supported by RWT and the University of Wolverhampton, and funded by the RCN. The outcomes of the day were that there would be a representation of the Group at the RCN Congress in June to carry out an agreed activity. The group also look to run a symposium in the autumn about ‘What’s happening with bereavement care in the West Midlands?’ This event fits well with the ambitions of the Trust to uplift to ‘the level of the best’ end of life and bereavement care agendas.

(b) Research: leading three caring sciences research bids submitted in partnership with the Trust and the University of Wolverhampton.

(i) Local: ‘Home from home?: A case study of the first year settlement experiences of EU migrant nurses working in one NHS Trust’.

(ii) Regional/National: Second stage proposal, ‘An evaluation of the perceived impact of potential donor and family care on consent to donation after circulatory death’.

(iii) European Commission: ‘Deceased organ and tissue donation: Advancing European systems policy and practice (TODDAS)’.

(c) West Midlands Clinical Academic Internship Programme: supporting the next round of the programme starting in March 2015. The taught element of the programme is structured to enable interns to develop skills in the design and delivery of clinical research. Interns are expected to carry out a small project or desk research as part of their programme.

(d) Implementation Organ Donor Memorial Study

Following a student competition to inform the above artwork an exhibition was held over three days at the beginning of December 2014 in the School of Art and Creative Design at the University of Wolverhampton. The exhibition was an opportunity to choose nine projects to take forward for development. Over 70 people; a wide cross section of RWT staff, university personnel and the public were invited to judge. The nine projects chosen are now under development and will be pitched to the Awarding Panel in February 2015, who will choose the final winning artwork. Students are being mentored by staff within the School.


Future actions include:

- Increasing recruitment into all research studies
- Increasing medical research capacity
- Increase nursing/AHP research opportunities (Acute/Community care)
- Motivating inactive clinical services
- Improving recruitment times
- Maintain high levels of patient and monitor satisfaction

**Faculty of Nurse Education**

Incorporating Nurses, Midwives and Allied Health Professionals

The Nurse Education department provide support and development for pre-registration students, post-registration staff at all levels and bands, and leadership development. There is also specific input and
development for Health Care Assistants. The team provide this support in a variety of settings e.g. formal classroom based teaching and educational support directly in the clinical environment. The team support all the Trust hospital sites which now include Cannock Chase Hospital and a wide variety of settings in the community. The team provides support to nurses, midwives and a wide variety of AHP’s including dieticians, physiotherapists, Operating department practitioners, podiatrists and occupational therapists.

PRE REGISTRATION

<table>
<thead>
<tr>
<th>Clinical placement areas</th>
<th>94</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training pathways</td>
<td>In excess of 42</td>
</tr>
<tr>
<td>Training days/weeks</td>
<td>55,000 days or 9,500 training weeks</td>
</tr>
<tr>
<td>Registered Nurses employed (from student cohorts)</td>
<td>47</td>
</tr>
<tr>
<td>Registered Midwives employed (from student cohorts)</td>
<td>19</td>
</tr>
<tr>
<td>On-going commitment to Mentorship programme</td>
<td>In excess of £29,000 set to continue</td>
</tr>
<tr>
<td>Development of Practice Support Facilitators (PSF)</td>
<td>Visited over 57 areas to provide direct support</td>
</tr>
<tr>
<td>AHP Practice Education Facilitator appointed</td>
<td>Will oversee pre reg training for all AHP’s</td>
</tr>
</tbody>
</table>

POST REGISTRATION

This team support all train staff throughout their registered practice from Preceptorship through to Band 7 and above. Communication and update forums run for Band 6 and Band 7 nursing/midwifery staff and have evaluated very well. Band 6 therapy staff has also had the opportunity to attend lunchtime meetings in addition to the above.

| Preceptorship                      | In excess of 100 newly qualified staff attended programme and completed a development portfolio |
| Practice Support Facilitators      | Specifically to support Preceptees and monitor progress |
| IVI training                      | Compliance remains over 95% |
| HCA support                       | Competencies developed in line with Cavendish report |
| Higher level HCA programmes developed | BEACH course delivered to over 150 staff |
| Band 7 supervisory status         | 4 update sessions delivered |

CLINICAL LEADERSHIP

The team provides taught theoretical training sessions and workshops, team development and individual support and development. A number of psychometric and team intervention tools are used to support this work. Development support has been given to teams to address concerns with a variety of issues including poor communication, low morale, poor performance, lack of team working/cohesiveness.

Workshops focussing on Action Centred Leadership have been delivered to all Band 7’s to date more than 110 staff have completed this 2 day programme. Evaluations have been very good with staff reporting that they have changed the way that they lead their teams and that this has had a positive benefit to the patients on their areas. The programme has been opened up to all band 6 staff and all 200 places for 2015 are full. Adair International visited and has promoted the Trust nationally as a beacon of best practice regarding this programme.

OVERSEAS RECRUITMENT

The Education department has supported the recruitment and induction of 93 trained staff during 2013/14. 81 of these staff have received their PIN number and are employed as trained staff throughout the organisation. The only staffs awaiting their PIN number is from the last cohort recruited all previous cohorts are registrants in this country.

FUTURE CHALLENGES/DEVELOPMENTS
• Embedding the Care Certificate for HCA staff
• Supporting the process of revalidation for all nursing and midwifery staff
• Supporting the recruitment of further overseas nursing/midwifery staff
• Developing leadership support with teams and individuals in line with national and local drivers

Use of the CQUIN Payment framework
A proportion of The Royal Wolverhampton NHS Trust income in 2014/15 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, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2014/15 and for the following 12 month period are available electronically from Simon Evans, Head of Performance - 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 has no conditions.

The Care Quality Commission has not taken enforcement action against The Royal Wolverhampton NHS Trust during 2014/15.

In September 2013, The Royal Wolverhampton NHS Trust participated in the first wave of hospital inspections by the Care Quality Commission relating to the following areas of care:

• Safe;
• Effective;
• Caring;
• Responsive to people’s needs; and
• Well-led.

The Royal Wolverhampton NHS Trust has made a number of improvements to address the conclusions by the CQC, many are detailed in this report:

• Address the shortage of midwives and nurses;
• Improve dementia care and access to dementia outreach services;
• Make environmental improvements in relation to infection prevention, bereavement facilities and safe room for patients with mental health issues;
• Improve information about complaints;
• Improve staff understanding of Trust feedback channels;
• Increase learning disability support to children;
• Improve Do Not Resuscitate documentation;
• Support junior doctors in breaking bad news: and
• Improve the service provided to bereaved relatives.

The Royal Wolverhampton NHS Trust has made progress in agreeing a comprehensive action plan with executive director leadership on each action. This has been periodically reviewed and monitored through the Trust governance framework and demonstrates significant improvement. In Quarter 4 the Trust piloted an internal peer review to further review compliance to CQC standards.

The second CQC inspection is expected to take place in June 2015.

During 2014/15 the Trust worked closely with the Care Quality Commission, other healthcare providers, commissioners and regulators on the transfer of services from Mid Staffordshire Foundation Trust to The Royal Wolverhampton NHS Trust and the University Hospitals of North Midlands NHS Trust. As part of this transfer the Trust took over the management of Cannock Chase Hospital. The work with the Care Quality Commission involved a detailed review of how the Trust would ensure that the same standards, systems and processes were in place at Cannock Chase Hospital. There was also a review of how the Trust would ensure patients remained safe during the transfer period. As a result of this work the Care Quality Commission extended the Trust’s registration to include Cannock Chase Hospital without conditions.

NHS Number and General Medical Practice Code Validity

Updated as per Month 11 2014/15

The Royal Wolverhampton NHS Trust submitted records during 2014/15 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 2013/14 submission.

Which included the patient’s valid NHS number was:

• 99.8% for admitted patient care;
• 99.9% for outpatient care; and
• 98.6% 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
• 100% for accident and emergency care

Information Governance

(Our processes for completion of the Information Governance Toolkit were reviewed by our Internal Auditors this year – reasonable assurance was gained that sufficient evidence has been provided to support the interim July 2014 IG Toolkit scores)

The Royal Wolverhampton NHS Trust annual self-assessment submission on the Information Governance Toolkit to the Department of Health for 2014/15 had an overall score was 78% and was graded Satisfactory/Green, as attainment Level 2 or above was achieved on all 45 requirements.
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. The error rates reported in the latest audit for that period are detailed below and was 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 4%
- Primary Procedures Incorrect 3.92%
- Healthcare Resource Groups changes 3.5%

All recommendations following the audit will be completed.

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 banding 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 speciality level for the Trust for the reporting period.
The SHMI* produced by the HSCIC for July 2013 to June 2014 is 0.97 (England average is 1) and banded “as expected”. RWT has the 20th lowest SHMI value in England for this period (out of a total of 137 acute trusts). The chart below represents the SHMI trend for RWT showing the consistent improvement over time (source: HSCIC, figures released quarterly, next release at the end of April 2015).

The estimated HSMR** for RWT is 102.6 (95% confidence intervals) for March 2014 to February 2015 and banded “as expected” (source: HED).

*SHMI - Summary Hospital Mortality Indicator

**HSMR - Hospital Standardised Mortality Ratio

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

The overall SHMI and HSMR for the hospital are helpful as an overall guide, but using the more specific data relating to standardised mortality rates in the various diagnostic categories is much more useful in ensuring treatment and management protocols are optimised for individual medical conditions.

The Royal Wolverhampton NHS Trust has taken the following actions to improve this score, and so the quality of its services by undertaking the following:

Using these data, the Royal Wolverhampton NHS Trust conducts mortality reviews and audits, looking at hospital processes, which inform decision making in relation to areas that require change or improvement.

The Royal Wolverhampton NHS Trust is a designated cancer centre and has a specialist palliative care team. The Trust places great importance ensuring that patients who require specialist palliative care are referred to the specialist team who will advise on palliative and where necessary end of life care.

The data made available to the trust by the Information Centre with regard to the Trust's patient reported outcome measures scores for:

- Groin hernia surgery
- Varicose vein surgery
- Hip replacement surgery, and
- Knee replacement surgery, during the reporting period.
(i) Groin Hernia Surgery
(ii) Varicose Vein Surgery
(iii) Hip Replacement Surgery
(iv) Knee Replacement Surgery

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Groin Hernia Surgery</td>
<td>0.84</td>
<td>0.88</td>
<td>0.87</td>
<td>0.03</td>
<td>0.88</td>
</tr>
<tr>
<td>(ii) Varicose Vein Surgery</td>
<td>0.84</td>
<td>0.87</td>
<td>0.84</td>
<td>0.03</td>
<td>0.88</td>
</tr>
<tr>
<td>(iii) Hip Replacement Surgery</td>
<td>0.76</td>
<td>0.78</td>
<td>0.81</td>
<td>0.02</td>
<td>0.88</td>
</tr>
<tr>
<td>(iv) Knee Replacement Surgery</td>
<td>0.67</td>
<td>0.65</td>
<td>0.76</td>
<td>0.008</td>
<td>0.88</td>
</tr>
</tbody>
</table>

Data source: HSCIC Portal

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

- There are sound mechanisms in place to collect PROMs data, as reflected by national comparison.
- Patients are asked to complete the questionnaires. Often, some decline or take the questionnaire but fail to return it to the reception staff, others hand them back incomplete.

The Royal Wolverhampton NHS Trust intends to improve this score, and so the quality of its services, by improving the quality of pre-operative information to patients both oral and written.

(d) Readmission Rates

Readmitted to a hospital, which forms part of the Trust, within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.

At the time of this report the information from the Health & Social Care Information Centre had not published the data for 2014/15. The Trust has used local data extracted on the basis of PbR Rules. The criteria are as follows:

- The emergency readmission must occur within 28 days
- Patients under 4 years of age are excluded from the readmissions
- Cancer / Chemotherapy patients are excluded from the readmission
- Patients are excluded if there is no national tariff for the readmission.
- Maternity patients are excluded from the readmissions where the HRG is under Obstetric Medicine.

The Rate is calculated by dividing the number of Emergency Readmissions by the total number of Admissions.

3. Helping people recover from episodes of ill health or following injury

<table>
<thead>
<tr>
<th>Year</th>
<th>Total number of admissions</th>
<th>28 day readmissions</th>
<th>% readmitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td>4434</td>
<td>470</td>
<td>10.6</td>
</tr>
<tr>
<td>2013/14</td>
<td>4675</td>
<td>403</td>
<td>8.6</td>
</tr>
<tr>
<td>2014/15</td>
<td>4724</td>
<td>388</td>
<td>8.2</td>
</tr>
</tbody>
</table>

Patients aged 4-14

<table>
<thead>
<tr>
<th>Year</th>
<th>Total number of admissions</th>
<th>28 day readmissions</th>
<th>% readmitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td>121529</td>
<td>3,845</td>
<td>3.2</td>
</tr>
<tr>
<td>2013/14</td>
<td>124524</td>
<td>4,444</td>
<td>3.6</td>
</tr>
<tr>
<td>2014/15</td>
<td>131653</td>
<td>5,355</td>
<td>4.1</td>
</tr>
</tbody>
</table>

Patients aged 15 and over
The Royal Wolverhampton NHS Trust considers that this data is as described for the following reasons:

- It is required to provide information relating to readmission rates as a percentage of all admissions as part of its contracts with commissioners and as such monitors this very closely and discusses it with the commissioners.

- The Royal Wolverhampton NHS Trust has taken the following actions to improve this percentage, and so the quality of its services.

The Trust reviews readmissions rates by undertaking a sample review of notes to determine whether the patient’s treatment plan was appropriate and therefore the readmission was unavoidable. The findings are shared with our commissioners.

(e) The data made available to the Trust by the Information Centre with regard to the Trust’s responsiveness to the personal needs of its patients during the reporting period

<table>
<thead>
<tr>
<th></th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>RWT</td>
<td>74.1</td>
<td>68.9</td>
</tr>
<tr>
<td>National Average</td>
<td>71.3</td>
<td>72.4</td>
</tr>
<tr>
<td>Trust with Highest Score</td>
<td>84.2</td>
<td>98.0</td>
</tr>
<tr>
<td>Trust with Lowest Score</td>
<td>55.4</td>
<td>41.0</td>
</tr>
</tbody>
</table>

Data source: HSCIC Portal

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

- Focus and improvements in care provided have concentrated on providing care in line with individual requirements

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

- Increased regular monitoring of specific standards of patient experience
- Improved monitoring of ward to board quality and safety indicators

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

4: 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

<table>
<thead>
<tr>
<th></th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>RWT</td>
<td>71.77</td>
<td>78.49</td>
</tr>
<tr>
<td>National Average</td>
<td>70.57</td>
<td>76.52</td>
</tr>
<tr>
<td>Trust with Highest Score</td>
<td>93.92</td>
<td>98.42</td>
</tr>
<tr>
<td>Trust with Lowest Score</td>
<td>39.57</td>
<td>40.82</td>
</tr>
</tbody>
</table>
Data source: HSCIC Portal

From 2013 the staff survey has been based on the Friends and Family Test- asking staff ‘ would recommend the Trust as a provider of care to their family or friends’ Previously the Picker Staff Survey was based around a range of questions giving a different rate.

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

The Trust has implemented of a range of service improvement and engagement methodologies to work with our staff to enable us to identify and remove blockages to delivery of excellent service

The Royal Wolverhampton NHS Trust intends to take and has taken the following actions to improve this score, and so the quality of its services, by:

- Continuing to work closely with staff, giving them the opportunity to contribute towards improvements at work.
- Further improving communications between senior management and staff (for example communicating national and local priorities and pressures, innovations, changes to service delivery and improved care pathways)

The Trust recognises that these are areas of critical importance and we are therefore committed to further improving these results. Given the significant improvements already made we are confident that our approaches are having a positive impact in this area and will continue to do so.

(g) 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).

5: Treating and caring for people in a safe environment and protecting them from avoidable harm

<table>
<thead>
<tr>
<th></th>
<th>Q1 2013/14</th>
<th>Q2 2013/14</th>
<th>Q3 2013/14</th>
<th>Q4 2013/14</th>
<th>Q1 2014/15</th>
<th>Q2 2014/15</th>
<th>Q3 2014/15</th>
<th>Q4 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>RWT</td>
<td>96.93%</td>
<td>97.43%</td>
<td>97.66%</td>
<td>97.41%</td>
<td>97.28%</td>
<td>96.90%</td>
<td>96.97%</td>
<td>96.45%</td>
</tr>
<tr>
<td>National Average</td>
<td>95.48%</td>
<td>95.84%</td>
<td>95.79%</td>
<td>96.00%</td>
<td>96.15%</td>
<td>96.21%</td>
<td>95.96%</td>
<td>96.02%</td>
</tr>
<tr>
<td>Trust with Highest Score</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>Trust lowest score</td>
<td>78.74%</td>
<td>81.30%</td>
<td>74.09%</td>
<td>78.86%</td>
<td>69.23%</td>
<td>86.37%</td>
<td>81.19%</td>
<td>75.02%</td>
</tr>
</tbody>
</table>

Data source: HSCIC Portal

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

A concentrated focus has been placed on the importance of undertaking VTE assessments across the organization and the Trust is consistently above the national average.

The Royal Wolverhampton NHS Trust intends to take and has taken actions to improve this percentage and so the quality of its services, by having a drive on completing VTE assessments in a timely fashion with increasing education of staff and constant vigilance and training of new staff

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

5. Treating and caring for people in a safe environment and protecting them from avoidable harm

<table>
<thead>
<tr>
<th></th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>RWT</td>
<td>15.8</td>
<td>15.5</td>
<td>20.4</td>
</tr>
<tr>
<td>National Average</td>
<td>17.3</td>
<td>14.6</td>
<td>15.1</td>
</tr>
<tr>
<td>Trust with Highest Score</td>
<td>30.8</td>
<td>38.6</td>
<td>62.1</td>
</tr>
<tr>
<td>Trust with Lowest Score</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Data source: HSCIC Portal

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,
- 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.

5. Treating and caring for people in a safe environment

| 2013/14 (full year data) | 2014/15 (April – September) |
** percentages aren’t a calculation of incidents resulting in severe harm or death against total incidents. The Trust with the highest/lowest or average numbers will not necessarily be that which has the highest/lowest or average percentages.

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 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).
  - The Trust has revised Induction and risk management training to align with risk indicators e.g. reporting and investigation of incidents and awareness and prevention of never events.
  - The Trust has reviewed its timescale and process for investigation of serious incident to enable timely completion and adequate scrutiny of reports.
  - The Trust was successful at level 3 assessment against NHSLA Risk management standards in September 2013.

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

### 3: Review of Quality Performance

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:

<table>
<thead>
<tr>
<th>Incidents</th>
<th>% resulting in death</th>
<th>% resulting in severe harm</th>
<th>Incidents</th>
<th>% resulting in death</th>
<th>% resulting in severe harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>9064</td>
<td>0.07 (7)</td>
<td>0.03 (3)</td>
<td>4708</td>
<td>0.34 (16)</td>
<td>0.06 (3)</td>
</tr>
</tbody>
</table>

*Data source - National Reporting and Learning System.*
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 such as Clwyd Hart report into complaints handling and the Francis report.

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

**Our Performance against the 2014/15 Priorities**

Both the acute and community services focused on similar priorities and the Quality Account for 2014/15 will report performance against all the goals that were set.

**Patient experience**

The methods and scope of our data collection has broadened significantly. We are now placing more information outside each ward telling patients and the public what we have done as a result of their feedback. Our patient stories are used widely across the Trust as training aids. We have changed the way we present feedback to our staff to make it more meaningful for them and for people using our services

**Patient Safety**

**Pressure Ulcers and Skin Integrity**

There is a reduction in numbers of pressure ulcers reported which indicates more joint working across the health economy. However we have found that a number of patients with chronic wounds are seen by a variety of different professionals so we will refine the wound pathway merging chronic and acute wound care across hospital and the community involving practice nurses with nursing homes. This will help to achieve seamless working and better pathways of care for the patient.

**Infection Prevention**

- Surgical site surveillance sustained at 4.7% in Quarter 3 14/15 (data unavailable for Q4 until June 2015)
- Device related bacteraemia reduced from 65 cases to 63 in 2014/15
- 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 1.51% in 2014/15
• Sustained environmental cleaning standards through audit and the use of hydrogen peroxide vapour decontamination for post outbreak and isolation rooms

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 estates 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 on a patient or carer has with a healthcare service and their resultant reactions to this service, setting or facility

The Trust’s Patient Experience 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. An update on progress towards delivering the Strategy is shown in the following table

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. Our strategy has an implementation plan to support it, provided below

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Required</th>
<th>Timescale to deliver</th>
<th>Measured by</th>
<th>Key staff</th>
<th>Accountable staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisational culture instilling patient needs and experience as the founding basis for service provision.</td>
<td>Patient needs and requirements to be the founding basis for service design</td>
<td>December 2017</td>
<td>Regular review of Patient Experience Data, staff satisfaction survey</td>
<td>Chief Nursing Officer, Medical Director, Chief Operating Officer, Director of Human Resources,</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>Shift organisational culture instilling patient needs and experience as an intrinsic driver of change</td>
<td>Implement changes as a result of intelligence received</td>
<td>December 2017</td>
<td>Regular review of Patient Experience Data, staff satisfaction survey</td>
<td>Chief Nursing Officer, Medical Director, Chief Operating Officer, Director of Human Resources, Patient Experience Lead</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>Update accessibility to reliable digital information in tune with current trends.</td>
<td>Redesign and update of Trust Website, allocate resource to and recruitment of expertise</td>
<td>October 2015</td>
<td>Number of users Breadth of information available</td>
<td>Head of ICT, Web Developer, Communications</td>
<td>Patient Experience</td>
</tr>
<tr>
<td>Build trust, establish and develop relationships with community and third sector organisations fostering Trust membership as a key engagement tool</td>
<td>Resource allocated to and recruitment of membership and community officer. Increase Trust membership, 3000 over 3 years.</td>
<td>On going</td>
<td>Increase in Trust membership, organisations worked with as partners</td>
<td>Volunteer Service Co-coordinator, Membership and Community Officer, Clinical Directors, Matrons, Directorate Managers, Heads of Service.</td>
<td>Patient Experience Lead</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Adopt honest and open approach to patient and public views about RWT</td>
<td>Patient Experience reports to be published on the Trust Website</td>
<td>Ongoing</td>
<td>Published information demonstrates the changes made</td>
<td>Communications Officer, Web Developer</td>
<td>Patient Experience Lead</td>
</tr>
</tbody>
</table>

We have achieved much in a short period of time in terms of delivery against this plan. Some specific actions to date are:

- Implementation of a Trust wide system of standards to measure patient experience at ward level. Each ward is tasked with reporting its performance against these standards.
- Patient experience metrics tailored to specific areas such as Maternity and Emergency Department.
- Meeting all CQUIN requirements of the Friends and Family Test.
- All patient experience data is publicised locally on each ward, including actions taken as a result of feedback received.
- A range of patient stories are available for use on the Trust intranet for us in staff meetings and training sessions. In addition the Trust Board hears a patient story each month in the public section of the meeting.
- Review of the Patient Experience Forum terms of reference and re-launch of the Forum. Since this revamp the Forum meets every other month. The Forum is now chaired by the Patient Experience Lead. Papers and minutes are available on the Trust website. The purpose of this group is to monitor the progress of the Trust’s Patient Experience Strategy, share learning and monitoring progress of the Trust’s Quality Account.
- A comprehensive patient experience report is produced each quarter and available through the Trust Boards papers section of the Trust website.
- Development of a team of volunteers to assist with feeding and promoting nutrition.

During 2014/15 the Trust, in conjunction with Wolverhampton CCG, undertook a period of public consultation relating to the proposals to transfer some planned care from Wolverhampton to Cannock Chase Hospital (CCH). The Health Scrutiny Panel approved the consultation outcomes in November 2014 and an action plan has been developed to respond to any areas of concern identified through the consultation process. You can read more about our plans for Cannock Chase Hospital in Section 1: Annual Report.
**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 has recently launched its Integrated Health & Social Care Team with Wolverhampton local authority. There are also regular tripartite director meetings including commissioners.
- Other providers - the Trust meets regularly with other providers through networks and more formal meetings at all tiers of the organisation.

During 2014/15 the Trust has further developed its relationship with stakeholders and commissioners in Staffordshire to prepare for the transfer of CCH.

**Social Media**
Our plans are 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, also to overhaul and develop a new Trust website. In the last few months we have established twitter and facebook accounts and will expand the way we use these during 2015/16. 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 2014 surveyed patients who were discharged from hospital during August 2014. The headlines are shown in the Listening to Our Patients section in Section 1: Annual Report.

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

- Time on waiting list
- Pre-operation explanation
- Provision of written information on discharge
- Information on discharge to friends and family

**Our areas for improvement** – the results showed we need to do more in the following areas:

- From arrival, waiting time to get a bed on a ward
- Patients feeling threatened by other patients/visitors*
- Doctors and nurses talking in front of patients as if they weren’t there
- Nurse staffing levels
- Involvement in decisions*
- Pain control
- Responding to call-bells*
- Discharge delays*
- Information about medications
  *We scored in the bottom 20% of Trusts for these questions

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 Cancer Survey**

The National Cancer Patient Experience Survey 2014 (NCPES) follows on from the successful surveys in previous years designed to monitor national progress on cancer care. 1,015 eligible patients from the Trust were sent a survey, and 593 questionnaires were returned completed. This represents a response rate of 64% once deceased patients and questionnaires returned undelivered had been accounted for. The national response rate was 64% (70,141 respondents). In 2013 the national response rate was 64%. The Trust’s results are in line with those for 2013, key changes are shown in the tables below:

The Trust is in the top 20% of Trusts for the following questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient told they could bring a friend when first told they had cancer</td>
<td>64%</td>
</tr>
<tr>
<td>Patient felt they were told sensitively that they had cancer</td>
<td>64%</td>
</tr>
<tr>
<td>Possible side effects explained in an understandable way</td>
<td>64%</td>
</tr>
<tr>
<td>Patient given written information about side effects</td>
<td>64%</td>
</tr>
<tr>
<td>Patient definitely told about treatment side effects that could affect them in the future</td>
<td>64%</td>
</tr>
<tr>
<td>Patient given the name of the CNS in charge of their care</td>
<td>64%</td>
</tr>
<tr>
<td>Hospital staff gave information about support groups</td>
<td>64%</td>
</tr>
<tr>
<td>Hospital staff gave information on getting financial help</td>
<td>64%</td>
</tr>
<tr>
<td>Hospital staff told patient they could get free prescriptions</td>
<td>64%</td>
</tr>
<tr>
<td>Staff gave complete explanation of what would be done</td>
<td>64%</td>
</tr>
<tr>
<td>Patient given written information about the operation</td>
<td>64%</td>
</tr>
<tr>
<td>Staff explained how operation had gone in understandable way</td>
<td>64%</td>
</tr>
<tr>
<td>Staff told patient who to contact if worried post discharge</td>
<td>64%</td>
</tr>
</tbody>
</table>
The Trust had statistically significant improvement from the previous survey in the following questions:

| Patient told they could bring a friend when first told they had cancer |
| Patient given written information about side effects |
| Patient given the name of the CNS in charge of their care |
| Hospital staff gave information about support groups |
| Patient given written information about the operation |
| Staff explained how operation had gone in understandable way |

The Trust is in the bottom 20% for two of the questions and two other questions encompassing general practice and social care:

| Always / nearly always enough nurses on duty |
| Hospital staff did everything to help control pain all of the time |
| Patient definitely given enough care from health or social services |
| Practice staff definitely did everything they could to support patient |

There was a statistically significant decline in the following Questions:

| Taking part in cancer research discussed with patient |
| Always given enough privacy when discussing condition or treatment |
| Patient definitely given enough care from health or social services |
| Staff definitely did everything to control side effects of chemotherapy |
| Hospital staff definitely gave patient enough emotional support |

Action plans have been developed to address the areas where the Trust needs to make improvements and to ensure we maintain areas of good performance. Some of the actions have been described throughout this Report.
National Care of the Dying Audit

Around half of all deaths in England occur in hospitals. A core responsibility of hospitals is to deliver high-quality care for patients in their final days of life and appropriate support to their families, carers and those close to them. The standards of care in this audit, which is conducted by the Royal College of Physicians, are based on relevant national policy.

This audit comprised the following sections.

1. An organisational audit – key organisational elements that underpin the delivery of care.
2. A case note review – a consecutive, anonymised case note review of the all patients who died (excluding sudden unexpected deaths) within a defined timeframe.

All data were analysed descriptively and key performance indicators for the organisational and clinical elements were developed (by the NCDAH steering group), reflecting accepted national standards. Clinical data were recorded from consecutive case-notes of patients who had died during May 2013. For this Trust 75 case notes were included.

Organisational element key findings:
- No face-to-face palliative care service 7 days per week, despite a longstanding national recommendation that this be provided (face-to-face service on weekdays only)
- Care of the dying is not included in mandatory training despite national recommendations that this be provided
- No formal structured process in place to capture the views of bereaved relatives or friends

Case note review element key findings:
- Most patients (75%) had documented recognition that they were in the last hours or days of life, but discussion with patients was only documented in 33% of those thought capable of participating in such discussions. Communication with families and friends was recorded in 95% of cases. These discussions occurred on average 20 hours prior to death
- There was no documentation of discussions about spiritual needs for patients thought capable of participating in such discussions. In only 8% of cases was it documented that relatives / carers were asked about their own needs.
- There was variable prescribing ‘as required’ medications for the 5 key symptoms which may develop at the end of life (53-68%). In the last 24 hours of life, 24% received medication for pain and 16% for agitation. 13% had a continuous subcutaneous infusion of medication via a syringe driver.
- An assessment of the need for clinically assisted (artificial) hydration (CAH) was recorded for 55% of patients, but discussions with the patient were recorded in only 14% of those thought capable of participating in such discussions. There was documented discussion with relatives and friends in 27% of cases. CAH was in place in 41% of patients at the time of their death.
- An assessment of the need for clinically assisted (artificial) nutrition (CAN) was recorded for 38% of patients, but discussions with the patient recorded in only 11% of those thought capable of participating in such discussions. There was documented discussion with relatives and friends in 20% of cases. CAN was in place in 9% of patients at the time of their death.
In keeping with national guidance, all patients (100%) were assessed five or more times in the final 24 hours of life.

**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 2014/15 are shown below:

### Survey response rate

<table>
<thead>
<tr>
<th></th>
<th>Q1 14-15</th>
<th>Q2 14-15</th>
<th>Q3 14-15</th>
<th>Q4 14-15</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department</td>
<td>84%</td>
<td>82%</td>
<td>82%</td>
<td>84%</td>
<td>83%</td>
</tr>
<tr>
<td>Inpatients</td>
<td>96%</td>
<td>92%</td>
<td>93%</td>
<td>90%</td>
<td>93%</td>
</tr>
<tr>
<td>Maternity</td>
<td>97%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
</tr>
<tr>
<td>Outpatients</td>
<td>0%</td>
<td>0%</td>
<td>91%</td>
<td>93%</td>
<td>46%</td>
</tr>
</tbody>
</table>

### Percentage of patients who would recommend the Trust

<table>
<thead>
<tr>
<th></th>
<th>Q1 14-15</th>
<th>Q2 14-15</th>
<th>Q3 14-15</th>
<th>Q4 14-15</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department</td>
<td>10%</td>
<td>11%</td>
<td>9%</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>Inpatients</td>
<td>1%</td>
<td>3%</td>
<td>3%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Maternity</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Outpatients</td>
<td>0%</td>
<td>0%</td>
<td>4%</td>
<td>3%</td>
<td>2%</td>
</tr>
</tbody>
</table>
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:

January 2015 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. We currently have over 800 volunteers and regularly hold volunteer recruitment events and explore new volunteering roles. The mobility scooters continue to be a valuable and much appreciated resource and are driven by trained volunteers to assist patients who have limited mobility.

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 use about their experience. We believe this approach helps us to deal with concerns before they result in a formal complaint

<table>
<thead>
<tr>
<th></th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of PALS Contacts</td>
<td>1292</td>
<td>1475</td>
<td>1862</td>
<td>1939</td>
</tr>
<tr>
<td>Total number of complaints</td>
<td>417</td>
<td>419</td>
<td>402</td>
<td>365</td>
</tr>
</tbody>
</table>

During 2014/15 14 complaints were referred to the Parliamentary Health Service Ombudsman (PHSO) by complainants. Six of these complaints were partially upheld by the PHSO.

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

Volunteering Services

The Trust has had a busy and productive year within Voluntary Services. At New Cross Hospital there has been a targeted recruitment drive and training for ward based meal time helpers. Just over 40 have been recruited in the last 12 months.

In November 2014 we welcomed approximately 100 volunteers based at Cannock Chase Hospital who perform a variety of diverse and interesting roles. Further recruitment for Cannock Chase Hospital has now begun.

We have improved our volunteering communication strategy providing a quarterly newsletter and network meetings which are available to all Trust volunteers. We continue to provide reward and recognition through the annual Trust Volunteer Awards.

As we look forward into the next 12 months one of the projects we are supporting is the funding and establishment of an activity and resource base for Care of the Elderly patients at New Cross Hospital.

The Trust is extremely grateful and proud of its volunteer workforce who allow us to go that extra mile in providing excellent patient and carer experiences.
Patient-Led Assessment of the Care Environment (PLACE)

On the 20th February 2013 the Chief Nursing Officer for England announced the new system for assessing the quality of the hospital environment from April 2013. PLACE replaced PEAT – Patient Environment Action Team. The new ward inspection regime concentrated 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.

In 2014 a few minor changes to the inspection were made as follows:

- Organisations were allocated a 6 week period to undertake the inspection.
- Patient Assessors may now complete more than one Patient Assessment Summary Sheet.
- Scoring algorithm’s changed and a weighting algorithm has been applied to the organisational food question.

**INSPECTIONS**

The details for the inspection process were as follows;

<table>
<thead>
<tr>
<th>Date</th>
<th>No of Patients Assessors</th>
<th>No of Staff</th>
<th>No of Wards inspected</th>
<th>No of Outpatients inspected</th>
<th>No of food tastings</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Park</td>
<td>07.05.14</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>New Cross</td>
<td>09.04.14</td>
<td>7</td>
<td>7</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

In addition both 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 that 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).

**New Cross**

Scores in blue, National average green
THE ROYAL HOSPITAL AKA NEW CROSS (WOLVERHAMPTON)

Site Score
National Average

- **Cleanliness**: 99.20% (97.25%)
- **Food**: 89.08% (88.79%)
- **Privacy, Dignity and Wellbeing**: 88.15% (87.73%)
- **Condition Appearance and Maintenance**: 95.83% (91.97%)

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West Park Hospital

Site Score
National Average

- **Cleanliness**: 100.00% (97.25%)
- **Food**: 97.43% (88.79%)
- **Privacy, Dignity and Wellbeing**: 94.71% (87.73%)
- **Condition Appearance and Maintenance**: 100.00% (91.97%)
On the whole both sites scored very well and obtained good results. Both sites scored above the National Average with the exception as follows;

- RWT – Privacy & Dignity  86.15%
- National Average  87.73%

In addition West Park scored 100% for cleanliness and Condition, Appearance and Maintenance.

Although all other areas scored higher than the National Average the Trust is required to produce an Action Plan.

**Action Plan**

**New Cross**

1) Review disability access to car parking machines, also to include the distance machines are from buildings.
2) Provide assurance that patient’s clinical needs are assessed prior to them going to the Beynon Short Stay Ward.
3) To ensure, if necessary that relatives are involved regarding suitable menu choices for patients with Dementia.
4) Review the need for additional maps/directions at all other entrances into the hospital and on every car park. It was also noted that C21 is missing from the map. It would also be useful to identify some areas by description and not just a number, i.e. Maternity, Pharmacy.

**West Park**

1) Review menu provision and consider the possibility of providing a soup and sandwich lunch option and hot breakfast item.

Minor changes to organisational and assessment details, organisational question facilities, organisational question food and some of the assessment sheets.

**Equality and Diversity**

The Trust is committed to providing quality services to meet the diverse needs of the population it serves. A summary of key progress on actions on the Trust’s equality objectives is below:

**Services Action Plan**

- Key documents such as Buying Better Outcomes: Mainstreaming equality considerations in procurement. A refreshed Equality Delivery System for the NHS and information around the Workforce Race Equality Standard have been circulated to key staff. Work is underway to gather and publish information.
- Work has commenced to publish the Trust’s equality analysis register, which includes an overview of equality analysis that have been undertaken.
The Trust’s Patient Advice and Liaison Service (PALS) posters have been translated into Punjabi and Polish, these versions, along with an English version have been circulated to marginalised groups, stakeholders and partner organisations.

The equality and diversity section of the Trust’s website has been linked to the PALS section of the Trust’s website.

An Equality Impact Assessment has been undertaken on the Complaints and PALS processes to ensure the needs of people with protected characteristics are considered.

Interpreting and translation services have been publicised within the Trust.

Work is underway to incorporate equality and diversity into complaints and PALS training.

A generic bedside folder (including specific information relating to Cannock Chase Hospital and West Park Hospital) has been drafted. It will include the new brand image for the Patient Experience Team.

A limited amount of themed PALS data relating to PPC’s has been captured for 2014/15. Due to the nature of the complaints service, PPC’s are not routinely captured, this is in an effort not to inflame the complainant.

The use of an electronic patient tracker device to capture patient’s experiences and their PPC’s was considered, however, the patient tracker is no longer used.

A learning disability strategy is being developed, including promoting the use of the hospital passport and developing an electronic version. Work has commenced on the possibility of GP’s identifying patient’s access requirements when referring into services.

Work has commenced on the review of the appointments system, reducing non-attendance rates, text/telephone reminders and patient letters.

Work has commenced to investigate the possibility of providing services to help address health inequalities. Patients with Learning Disabilities are invited for an annual health check with their own GP’s. Easy read information is being developed for Trust services. Initial discussions have taken place regarding a system to produce Easy Read invite/appointment letters.

**Patient Safety**

Patient Safety is our overarching priority and encompasses a number of programmes of work across the Trust. Key areas this year have included:

**Safe Staffing**

To deliver safe patient care and a good patient experience our wards and departments need to have the right levels of staff for the dependency of the patients they treat. The Trust has reviewed its staffing levels using nationally recognised tools and has had an active recruitment programme including international recruitment to help to address shortfalls in numbers.

As part of the implementation of the guidance on the delivery of the ‘Hard Truths’ commitments (March 2014) associated with publishing staffing data the Trust now reports monthly information on nursing and midwifery staffing. Staffing Information is provided by Senior Sisters / Charge Nurses and collated centrally. Matrons review data with their respective wards. Heads of Nursing contribute some analysis to the data. This staffing data is reported to the Senior Nurse Strategic Group and posted on the Trust intranet site.
Planned staffing with actual ‘fill rate’ per shift with differentiation between Registered Nurses [RN] and Health Care Assistants.

Number of wards below average 80% fill

<table>
<thead>
<tr>
<th></th>
<th>Oct</th>
<th>Nov</th>
<th>Dec*</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN day</td>
<td>5</td>
<td>6</td>
<td>9</td>
<td>5</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>RN night</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>10</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>HCA day</td>
<td>11</td>
<td>8</td>
<td>9</td>
<td>6</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>HCA night</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

*Includes Cannock Chase Hospital site from this date onwards

Monthly average Trust fill rate:

<table>
<thead>
<tr>
<th></th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec*</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN day</td>
<td>87.5</td>
<td>91</td>
<td>91</td>
<td>90</td>
<td>91</td>
<td>90</td>
<td>87</td>
</tr>
<tr>
<td>RN night</td>
<td>84.1</td>
<td>89.2</td>
<td>87.6</td>
<td>87.9</td>
<td>89</td>
<td>86</td>
<td>88</td>
</tr>
<tr>
<td>HCA day</td>
<td>103.2</td>
<td>104</td>
<td>104.5</td>
<td>100</td>
<td>102</td>
<td>104</td>
<td>103</td>
</tr>
<tr>
<td>HCA night</td>
<td>118.1</td>
<td>112</td>
<td>117.2</td>
<td>116.6</td>
<td>116.6</td>
<td>119</td>
<td>118</td>
</tr>
</tbody>
</table>

*Includes Cannock Chase Hospital site from this date onwards

To support the Trust in recruiting the right numbers and grades of nurses there has been an active recruitment programme including overseas recruitment. You can read more about how we support nurses from overseas in the Education section of this report.

**Nurse Revalidation - 2016**

The Nursing and Midwifery Council is changing the requirement which nurses and midwives must meet when they renew their registration, every three years. The new Nurse Revalidation process should be implemented from early 2016 and fully implemented by December 2018. Revalidation is applicable to all nurses and midwives irrespective of their role, be that frontline staff in clinical care, education, research, advisory management and leadership roles.

The purpose of revalidation is to improve public protection by making sure that nurses and midwives continue to be fit to practice throughout their career and replaces the current post-registration education and practice standards (PREPP).

The Trust has established a steering group to ensure that it is able to support staff in meeting their new obligations.

**Midwifery Supervision**

As part of their ongoing registration midwives undergo supervision which supports their clinical practice and enables them to reflect in a protective environment on the care they give to mother and baby. The Trust has a robust arrangement for supervision with a health ratio of midwives to supervisors. There is an inclusive approach between supervisors and managers through governance arrangements which supports the ongoing
development of the services we offer. Periodic reporting from Supervisors of Midwives happens at each level through the Trust including regular reports to the Trust Board. There is an intention to change the current arrangements for midwifery supervision from 2016, the Trust will amend its reporting to meet the new requirements.

Supporting Safe Transfers and Discharge

Following comments from patients and their families as well as gaining another Trust site at Cannock Chase Hospital we have reviewed all our processes for the safe transfer and discharge of patients. Key changes are:

- The Transfer Policy has been updated and made available to all staff on all sites via our intranet
- We have launched a new Transfer checklist
- We have reviewed our Discharge policy and agreed a new discharge checklist

Next Steps:

- Re audit of transfer checklist to commence May 2015
- Revised Escort policy will be ready in the early summer

Leadership Walkabouts

The Trust is in the process of reviewing the way it conducts walkabouts with the Non Executive Directors. During the last few months a NED has joined the peer review team as part of the internal mini CQC style inspection. The CCG undertake Safety and Quality Rounds using the Patient Safety ‘15 Steps to Quality’ and together we use the rich data this provides to support our assessment of safety and safety culture amongst our staff. Throughout the year all areas have been reviewed on more than one occasion and community areas continue to be included in the programme.

Safehands

This year we have extended the use of our Safehands system and introduced automated hand hygiene monitoring. We now monitor in excess of 1.4 million staff hand hygiene events each month in support of our drive to eradicate healthcare acquired infections. This is thought to be the biggest of its kind in the world.

Giving Children the Best Start in Life

The Trust has developed a pioneering programme called the Family nurse Partnership to support first time mothers aged 20 or under. The programme provides continuity from early pregnancy until the child’s second birthday by having the same nurse working with the family. Trials of the programme show that:

- There is a reduction in smoking during pregnancy
- There are greater intervals between pregnancies and fewer subsequent births
- There are reductions in child abuse and neglect
- There is greater involvement of fathers

NHS Safety Thermometer

The Safety Thermometer is a national tool which is intended to give a picture of care across the NHS. Its purpose
is to specifically “look” for harms; pressure ulcers, catheter associated urinary tract infections, venous thromboembolism and falls using a method called Point Prevalence. On one day every month the Trust looks for trends and information that enables us to improve month on month. Our monthly surveillance covers an average of 1100 patients looked after in both hospital and in their homes. The Trusts aim is to achieve 95% harm free care. The graph and table below show our performance and the number of patients in the sample reviewed each month. The Trust uses this information alongside more detailed monthly analysis to support changes to how we care for our patients.

![Safety Thermometer - Harm Free Care](image)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample (Patients)</td>
<td>1,089</td>
<td>1,015</td>
<td>1,074</td>
<td>903</td>
<td>1,175</td>
<td>1,133</td>
<td>1,185</td>
<td>1,198</td>
<td>1,144</td>
<td>1,219</td>
<td>1,216</td>
</tr>
</tbody>
</table>

**Incident Reporting**

*(Please note: This is the data for Apr 14-Sep 14. The data for Oct 14-Mar 15 data will not be available until this Sep 2015)*

The Trust prides itself in reporting all types of incidents to ensure that we learn lessons and improve. Monthly reports of all Patient Safety incidents are made to the National Patient Safety Agency (NPSA) reporting system. Twice yearly the NPSA produces a feedback report that compares the Trust reporting data with the rest of the country. The type of data presented compares the types of incidents occurring, degree of harm to patients and the Trust compares to similar sized organisations across the NHS.
The graph above shows degree of harm to patients and the Trust differs from other organisations in reporting more ‘No Harm’ incidents noted as none. This is linked to the high reporting of near miss incidents and influenced by the quality checks performed on entries to ensure they are correctly recorded and categorised. The Trust uses learning from incidents, near misses and trends to make improvements and create a safer environment for patients and staff.

The graph above shows the top 10 incident types for RWT compared to similar sized Trusts across the county. Noticeably RWT reports less Medication Incidents that the rest of the cluster.
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. Broadly similar totals are reported to the NPSA by Trusts equivalent in size any make-up indicating a healthy reporting culture. Reporting of incidents and risk is also triangulated with other assessment indicators on safety culture such as the NHSLA Risk Management standards for which the Trust has been awarded level 3 for General practice.

Responding to Safety Alerts

Following the changes to the safety alert process during 2013/14 the Trust Policy has been reviewed and approved for implementation. The Trust launched the policy with a rolling implementation programme, the last quarter of 2014/15 has been spent preparing the alert module on Datix (the Trust electronic monitoring system) to enable full roll out of the policy. The aim is from the 1st of May the trust will use Datix for disseminating and managing all safety alerts received into the Trust enabling easier monitoring and reporting.

2015 will see the Trust implementing an improved monitoring system for safety alert actions to assure continual compliance.

The table below shows the Trust position with safety alerts at the 31st March 2015:

<table>
<thead>
<tr>
<th>Alerts received (March)</th>
<th>YTD received (financial year)</th>
<th>YTD Closed</th>
<th>YTD Open</th>
<th>Open (YTD &amp; Previous years still open)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDA’s</td>
<td>7</td>
<td>MDA’s 52</td>
<td>MDA’s 51</td>
<td>MDA’s 2</td>
</tr>
<tr>
<td>EFN’s</td>
<td>1</td>
<td>EFN’s 53</td>
<td>EFN’s 53</td>
<td>EFN’s 0</td>
</tr>
<tr>
<td>NHS/PSA/</td>
<td>1</td>
<td>NHS/PSA/ 16</td>
<td>NHS/PSA/ 15</td>
<td>NHS/PSA/ 1</td>
</tr>
<tr>
<td>EFA</td>
<td>0</td>
<td>EFA 3</td>
<td>EFA 3</td>
<td>EFA 0</td>
</tr>
<tr>
<td>DH</td>
<td>0</td>
<td>DH 4</td>
<td>DH 2</td>
<td>DH 2</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>Total 128</td>
<td>Total 124</td>
<td>Total 4</td>
</tr>
</tbody>
</table>

Number and Themes of Serious Incident

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 2015 there were no investigations overdue. In the financial year April 2014 to March 2015 the Trust has reported 87 serious incidents and 202 reportable incidents through the serious and reportable incident system (STEIS).

<table>
<thead>
<tr>
<th>Accumulated Totals (Acute and Community SUIs - April 14 to March 15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attempted Suicide of Inpatient</td>
</tr>
<tr>
<td>C.Diff</td>
</tr>
<tr>
<td>Confidential Leak</td>
</tr>
</tbody>
</table>
Number and Themes of Never Events
There has been one reported Never Event reported in the financial year April 2014 to March 2015.

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul-14</td>
<td>Dental Services</td>
<td>Wrong tooth extracted</td>
</tr>
</tbody>
</table>

Clinical Effectiveness

Care Quality Commission (CQC) Registration
The Trust is required to be register with the Care Quality Commission in order to carry out regulated activity under the Health and Social Care Act 2008. The Trust is registered to deliver the following regulated activity and the CQC monitors compliance against the Essential Standards of Quality and Safety.
• 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
• Services for everyone
• Surgical procedures
• Termination of pregnancy
• Treatment of disease, disorder or injury
• Caring for children (0 - 18yrs)
• Caring for adults under 65 yrs
• Caring for adults over 65 yrs

CQC Intelligent Monitoring Report (replaces Quality Risk Profile)
(Our Internal Auditors undertook an assessment of the evidence we provide to the Care Quality Commission (CQC) – Reasonable Assurance was gained).

CQC has developed a new model for monitoring a range of key indicators about NHS acute and specialist hospitals. These indicators relate to the five key questions we will ask of all services – are they safe, effective, caring, responsive and well-led? The indicators will be used to raise questions about the quality of care.

The current (at 31 March 2015) CQC risk profile for the Trust is Band 5 (1 being the highest risk level, and 6 the lowest on the CQC risk categorisation) and the Trust reviews and responds to the CQC Intelligence Monitoring reports issued quarterly along with its own internal assurance framework.

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 Trust has made its pledge to join the campaign and has published its improvement plan on its website. Key actions include:

- Improving the Sepsis pathway that further improves how we diagnose and treat patients with infections (sepsis) at an earlier stage in their illness
- Reducing falls and falls with harm
- Reducing mis / delayed diagnoses
- Improving medicines management to reduce medication errors

National Health Service Litigation Authority

The NHSLA risk management scheme ceased in March 2014. At that point the Trust had level 3 for its General services which is the highest level and a score of 50 out of 50. During the course of the year the Trust was successful in gaining funding and support from the NHSLA to roll out a programme of Process
Adopting National Institute for Clinical Excellence (NICE) Guidelines including Quality Standards

The Trust uses a process of gap analysis and action planning to review and implement compliance with all NICE guidance, including NICE quality standards. During the period between April 2014 and March 2015 NICE published the following guidance and the response by the Trust is shown below:

<table>
<thead>
<tr>
<th>Type of Guidance</th>
<th>Compliant (fully implemented)</th>
<th>Partially Compliant</th>
<th>Not Implemented</th>
<th>Not Applicable</th>
<th>Assessment in Progress</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Guidelines</td>
<td>5</td>
<td>8</td>
<td>0</td>
<td>1</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Diagnostic Guidelines</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Interventional Procedures Guidelines</td>
<td>6</td>
<td>0</td>
<td>6</td>
<td>16</td>
<td>5</td>
<td>33</td>
</tr>
<tr>
<td>Medical Technical Guidelines</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>NICE Guidance</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Public Health Guidelines</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Quality Standards</td>
<td>10</td>
<td>7</td>
<td>0</td>
<td>3</td>
<td>9</td>
<td>29</td>
</tr>
<tr>
<td>Safe Staffing Guidelines</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Technical Appraisal Guidelines</td>
<td>19</td>
<td>4</td>
<td>0</td>
<td>5</td>
<td>2</td>
<td>30</td>
</tr>
<tr>
<td>Highly Specialised Technologies Evaluation</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>44</strong></td>
<td><strong>22</strong></td>
<td><strong>9</strong></td>
<td><strong>33</strong></td>
<td><strong>30</strong></td>
<td><strong>138</strong></td>
</tr>
</tbody>
</table>

The Trust response to NICE guidance is review 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 Trust has a continuous improvement ethos in the field of hospital governance and aims to minimize in-hospital mortality. The Trust uses a variety of mortality monitoring measures including the Summary Hospital Level Mortality indicator (SHMI), the Hospital Standardized Mortality Ratio (HSMR) and standardized and crude mortality rates calculated by various Royal Medical Colleges for specific specialties. We work with a range of information intelligence agencies, to help us benchmark our performance. These include the Public Health Observatory and Healthcare Evaluation Data** (HED). Our results for 2014/15 are shown in the information section of this Report.

**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 tool for clinical outcomes as well as effectiveness**

The Trust’s stance on mortality surveillance is one of “Total Vigilance” and includes looking at clinical processes and following evidence based improvement strategies from national bodies such as NCEPOD, NICE, Academy of Royal Medical Colleges and the Association of Public Health Observatories.

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. All procedural and diagnostic SMRs will continue to be monitored
4. Linkages between sub-optimal acute care elements and mortality will continue to be investigated. Current workstreams include
   - Suboptimal clinical observations
   - Healthcare Acquired Infections
   - Cardiac arrests
   - Medication errors
   - Deaths within 24 hours of hospital admission
5. End of Life Care analyses on whole system pathways incorporating community care, acute care, care establishments, social services and palliative care will be enhanced. High mortality CCS diagnostic groups such as Pneumonia, Acute Cerebrovascular Disease, Congestive Heart Failure and Renal Failure are already subject to continual meta and micro analyses
6. Collaborative links are established within the West Midlands and nationally to share best practice and continually improve governance practices

Supporting our Staff

The Workforce
With a workforce of more than 7,900, 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**

Details of our results from the last national staff survey are shown in Section 1: Annual Report

**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:

- Initial discussions have taken place aiming to set up an Equality and Diversity Steering Group. A scoping exercise has taken place to share other organisations’ terms of reference and mission statements for their equality groups.
- A list of policies that may be used to address concerns, including those relating to Equality and Diversity, were published on the website.
- A range of training packages have been reviewed to include equality and diversity.
- Consideration was given into inviting local groups and staff networks to support awareness training around Personal Protected Characteristics (PPC’s), however, due to time restraints this is currently not practical.
- Key documents such as Buying Better Outcomes: Mainstreaming equality considerations in procurement. A refreshed Equality Delivery System for the NHS and information around the Workforce Race Equality Standard have been circulated to key staff.
- A mandatory equality and diversity online training package will be developed.
- Work has commenced to publish the Trust’s equality analysis register, which includes an overview of equality analysis that have been undertaken.
- Work is underway to gather and publish workforce equality information.

**Educating our Staff**

**Management and Leadership**

The Trust offers a comprehensive range of non-accredited and accredited internal Leadership Programmes across the academic spectrum. The wide-range of courses that are on offer are available to all staff regardless of band or job role.

Here at RWT, we have two Leadership Quality Gold Standard Programmes, (awarded by HEWM) - the Emotional Intelligence Programme and Process Communication (PCM). Both programmes are highly sought after, and very well received.

Process Communication provides a reliable and validated method of identifying and understanding personality structures, the impact of life events, and communication dynamics. Based on a scientific award-winning clinical discovery Process Communication has been researched through thirty years and experienced by more than a million people on five continents. It is widely established in healthcare organisations in America, Australasia and Europe – but brand new in the UK - and we are the first Trust in the NHS to introduce PCM training for staff.

Process Communication makes it easy to:
• simply observe and understand your own behaviour,
• understand the behaviour of others and know how to communicate with them effectively
• analyse distress, conflict and miscommunication and know how to find resolution and a return to
  effective communication.

At the heart of the leadership programmes, and their greatest degree of impact, is the focus on the behavioural
skills of self-regard and regard for others – key factors in managing effective relationships.

Running alongside the leadership courses, the Trust offers Management Skills Workshops. These include Recruitment
and Selection, KSF PDR and Difficult Conversations.

**Personal Development**

The Education and Training team offer an extremely wide range of psychometric tools to support Leadership
and Management development, Individual development, Team development, and intervention strategies. Tools such as those below are available to staff:

- Myers Briggs
- TMP
- SDI
- 16PF
- StrengthScope
- Belbin Team Role
- Healthcare Leadership Model 360 Feedback

**Coaching and Mentoring Support**

To support change and enhance personal development, the Education & Training Department, in partnership
with HEWM, have linked into the regional HEWM Coaching and Mentoring Databases, as well as developing
our own list of experience coaches for specific subjects. The HEWM databases allow our staff access to
coaches and mentors across the region, as well as encouraging staff to become coaches and mentors.

A number of Consultants have been trained as Medical Mentors, in order to support newly appointed
Consultants within the Trust. All new Consultant appointments are offered and encouraged to use this facility. Medical mentees can choose their own mentor through a dedicated webpage on KITE

**Library Services**

The Library Service has undergone a largely transitional period as it continues to move its resources from a
print basis to online access. Via an agreement with partner libraries (BASE Consortium) the service entered
into an agreement with Blackwells Publishing Group to supply both print and e-books. This resulted in the
acquisition of 58 e-books that cover nursing, management and undergraduate and postgraduate medical
study. Book loans from the service declined by 10% in 2014/15, however the e-book collection saw initial
slow usage increase as the year wore on. Readers are also able to download or read any e-book from the
extensive 4,000 item catalogue as part of the “Demand Driven Acquisition” Service that puts the user in
charge of service acquisitions.

The Service also introduced a new Document Supply Ordering Service known as BASEdoc, whereby the user
can place requests for research papers remotely and monitor progress of the request. This replaces any
requirement for paper or signature and has allowed for significant productivity improvements in supplying research papers from stock and also via the library's extensive external supplier network. This was enhanced in January 2015 as a subscription commenced with NULJ (National Union List of Journals) which is managed by Glenfield Hospital Library in Leicester. In total 335 requests were placed and 319 supplied within the standard 5 working days which equated to 95%. An enhancement to the BASEdoc system in February 2015 saw the introduction of a literature searching facility that allows users to submit information requests via the same online module. In 2014/2015 a total of 57 formal literature requests were placed and with the exception of a detailed search on elderly assessment units all were supplied within the three day standard.

Usage of the online suite of knowledge resources continued to grow by an additional 28% with the National Core Content Journals and Healthcare Databases, and the small collection of online journals available via Science Direct proving the most popular. The number of registered Athens users was 1,137 in March 2015 compared to 1,030 in March 2014. Although the rise was welcome, there is a need to ensure all clinical staff have a registered account so that they can access important resources such as point of care tools and the Royal Marsden Manual of Clinical Nursing Procedures.

The Library environment was enhanced via the installation of a new purpose built enquiry counter in July 2014. This has been widely welcomed by library staff and users and with high and low level sections meets the requirements of special needs access. An improved self-service photocopier was installed in September 2015 and has allowed high quality documents to be scanned, e-mailed and printed.

With the transfer of management of Cannock Chase Hospital to the Trust in late 2014 control of the small library facility passed to the Library Service in November. A significant amount of work in upgrading the facility and stock has been undertaken. This includes the installation of the Windows 7 operating system on the 6 PCs in the library, together with a new printer and scanner. The stock has received investment of £1,500 to support services based at Cannock Chase Hospital. As the facility is also suitable as a training room a new projector and screen will be installed.

An annual quality self-assessment against nationally agreed standard is undertaken and supplied to Health Education West Midlands. The self-assessment recorded a 92% compliance rate and this was verified in March 2015. An action plan against the standards that are not fully compliant has been drawn up with the aim of achieving a mark of 95% compliance in August 2015.

Clinical Skills & Resuscitation Training

The Department has had a very challenging year responding to the demands of the Trust and its staff. All aspects of the service have been delivered to a high standard whilst adopting a holistic and welcoming approach. Underpinned by a strong curriculum, the department delivers local, regional and national training opportunities. This year has seen the cementing of relationships with regional partners in the fields of Simulation and Human Factors. These relationships are key to the development of the service and its’ standing within the Trust. We have been successful in setting up a Trust Human Factors Group and in delivering a Human Factors training day for Trust staff. Resuscitation and National Courses remain at the centre of departmental activity and will remain so. Undergraduate Clinical Skills have continued to be delivered to a high standard to an ever increasing number of changes to the curriculum and student numbers. Our response to Trust requirements and those of Healthcare Reforms and reports has been positive and effective and will continue to be so. We look forward to new challenges and feel ready to yet again advance the excellence in education this department provides.
Resuscitation Training

To support the Trust vision the department offers a comprehensive Resuscitation Service. More than just mandatory training is provided; our ethos is such that we aim to provide staff with the most appropriate skills for treating those patients who suffer a cardiac arrest. In both adult and paediatric sessions, staff are orientated to current practice and techniques applying particular attention to prevention rather than cure. We also have responsibility for the production and maintenance of policies relating to resuscitation, ensuring that once again current guidelines and recommendations are adhered to.

Procedural Skills

It is well recognised that a highly trained workforce will deliver a high standard of practice. We therefore offer a wide variety of procedural skills sessions right across the professional spectrum, from cannulation and catheterisation to central line insertion and ultrasound guided chest drain insertion. All sessions are made available to the appropriate group of professionals therefore not having an inappropriate waste of training places. All sessions have recommended competency documents to ensure that all practice is evidenced.

National Courses

We offer a wide variety of nationally available courses from the Royal College of Surgeons (Eng.) and The Resuscitation Council (UK) amongst others. Courses in Trauma, Surgery, Managing critically ill patients, Paediatrics and Neonates are run in our centre. Candidates come from national and international centres, many of whom visit the centre on multiple occasions. Each course requires a faculty and we ensure that our faculties are of the highest standard and have a passion for education.

Undergraduate Clinical Skills

We are very proud to have one of the most comprehensive Under Graduate Clinical Skills Programmes available. From 3rd year to 5th year we ensure that all students have access to their mandatory training sessions, extended sessions and those requested by the students to fill any shortfall in their skills practicum. We see a constant stream of students through our centre. Each student is treated as an individual with individual needs, allowing each student to have a tailored programme.

Simulation

SimWard is situated in the Wolverhampton Medical Institute, within New Cross Hospital. Our aim was to recreate a clinical setting within an educational environment aimed at training the staff of Wolverhampton to treat the people of Wolverhampton. Recognising that simulation was rapidly becoming an effective training tool, the Trust and its Charity partners gave its financial and organisational backing for the delivery of a simulation centre. That support led to the creation of SimWard. In 2014/15 SimWard delivered over 700 places for Immersive Simulation.

Undergraduate Education

RWT is an official teaching Trust of the University of Birmingham and supports 3rd, 4th and 5th year medical students who undertake 5, 15 and 18 week placements depending on their year of study. The students
undertake their training in the majority of general medicine and general surgical specialties. During one academic year at any one time we have approximately 120 students working around the Trust.

The Undergraduate Education Faculty

The UG Faculty consists of a Head of Academy and an Associate Head of Academy with support from an UG Coordinator and UG Administrator. The faculty is also supported by Senior Academy Tutors and Specialty Leads and 5 Education Fellows, (two in Medicine, one in Cardiology, one in Surgery and one in Obstetrics & Gynaecology).

Development of Educational Methods

The Trust has developed a 3-bedded SimWard which is used extensively with very positive feedback from medical students. Students thoroughly enjoy their experience on the SimWard where various medical and surgical scenarios are simulated. In addition eight Associate Clinical Teaching Fellows meet a firm of 3rd or 5th year medical students on a weekly basis. The Directorate of Urology have now completed their e-learning packages and should be rolled out very soon. Other teaching specialities have also expressed an interest in e-learning packages and now in the process of development.

Quality Assurance and Feedback

An UG Forum has been developed which convenes at 2 monthly intervals. All medical students are invited and this provides the opportunity for them to discuss any issues that may have arisen regarding educational opportunities, supervision issues and any patient safety concerns they may have. Both internal and externally generated feedback is quality assured and then disseminated to Clinical Directors and Specialty Leads. The information is also entered onto an Educational Dashboard where KPI’s have been developed and this information is then RAG rated. This enables us to monitor quality assurance issues.

All feedback received both internal and university-generated always remarks on the enthusiasm, friendliness and approachability of all staff within the trust

Undergraduate Budget Planning

The SIFT budget is now a tariff based system and SIFT monies are allocated to all teaching specialties according to the number of students and amount of teaching they deliver. The tariff system of SIFT will allow new educational developments, particularly the expansion of Educational Fellow posts. We are developing the process of linking SIFT allocation and the delivery of quality teaching.

Postgraduate Medical Education

RWT has a thriving Postgraduate Medical faculty of educators. The Postgraduate Medical Education Committee comprises of 29 consultants from all specialties and sub-specialties with an active interest in postgraduate medical education. They champion the requirement to deliver service specific and curriculum based medical education to a very high standard throughout the Trust.

In addition there are 18 consultants who have been appointed to the Foundation Faculty of Educational Supervisors for Foundation Doctors. The group is led by the Clinical Tutor for Foundation. The group meets
twice per placement (4 month period) to discuss current issues and sharing good practice and to partake in calibration exercises to ensure equitable scoring. In addition,

During the last 12 months the following has been achieved:

- Foundation Drs have received over 200 hours of teaching including small group consultant led simulation teaching, which is delivered in the purpose built Simulation Facility
- 23 Foundation Drs successfully completed the Basic Surgical Skills Course.
- 100 Foundation Drs received two 40 minute interviews at interim and final validation which contributed to the success of the foundation doctors achieving sign off at the end of the academic year.
- Junior Doctors Forum is held bi-monthly in all specialties; a Trust-Wide forum takes place twice per annum with attendance from Chief Executive, Medical Director, Clinical & College Tutors and representatives from the Postgraduate Medical Education Team.
- Core Specialty Training: Over 190 hours of protected teaching was delivered to both core medical and core surgical trainees.
- Grand Round: There have 34 Grand Round presentations during the last 12 months; topics covered have included a presentation on Eczema to treating Ebola.

GMC Trainee Survey 2014

The Trust received good scores in the annual GMC trainee survey. Trainees continue to rate RWT very highly in terms of overall satisfaction (we achieved 5th highest scores out of 15 acute Trusts throughout the West Midlands). Over the years the Trust has demonstrated a high standard of both clinical and educational supervision to our doctors in training, this year was no exception and we had the highest results amongst acute Trusts in the West Midlands for these domains.

In-Service Training Activity -2014

<table>
<thead>
<tr>
<th>Course</th>
<th>RWT Staff requiring training</th>
<th>RWT Staff completed training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life Support 3</td>
<td>2885</td>
<td>2457 (85%)</td>
</tr>
<tr>
<td>Basic Life Support 2</td>
<td>1093</td>
<td>898 (82%)</td>
</tr>
<tr>
<td>Paediatric Basic Life Support</td>
<td>294</td>
<td>217 (74%)</td>
</tr>
<tr>
<td>New-born Basic Life Support</td>
<td>238</td>
<td>222 (93%)</td>
</tr>
</tbody>
</table>

National Course Training Activity- 2014
<table>
<thead>
<tr>
<th>Course</th>
<th>Number of places provided for RWT staff</th>
<th>Number of places accessed by RWT staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>ILS</td>
<td>195</td>
<td>173 (89%)</td>
</tr>
<tr>
<td>ALS</td>
<td>144</td>
<td>95 (66%)</td>
</tr>
<tr>
<td>PLS</td>
<td>54</td>
<td>43 (80%)</td>
</tr>
<tr>
<td>NLS</td>
<td>72</td>
<td>31 (43%)</td>
</tr>
</tbody>
</table>

**Work Experience**

Between April 2014 and March 2015 the Work Experience team have worked with departmental managers across RWT, organisations outside RWT and individual schools/colleges within the West Midlands to offer as many work experience opportunities, on different schemes, to people of all ages.

In total the Work Experience Team have organised **410** work experience opportunities with RWT staff and organised the first Careers in Medicine Day for **58** delegates.

At Healthtec school students under 16 years of age in full time education are able to attend bespoke sessions or a full week work experience programme. All sessions complement the Health and Social Care curriculum and are linked to current NHS agendas and guidelines. The aim is to enhance their personal development and to give them practical hands on experience of life in the NHS.

**193** young people aged 14 years upwards have been offered work experience or training as below:

| 106 | Completed the one week work experience programme |
| 60  | Attended bespoke programmes e.g. Casualty 999; Forensics; First Aid |
| 11  | Wolverhampton Annual City Conference Season Working Well Week – tour and presentations of departments. |
| 16  | NEET students attended healthy lifestyle sessions with a private training company |
| 2500+ | Career Events at Highfields; Moreton; St.Peters (RAF Cosford) and City of Wolverhampton College Careers Fayre at the Racecourse |

Observational only work experience was completed by **171** people aged 16+, in order to support their application for university or college or enhance their personal development and promote diverse career aspirations. **134** of these were participants aged between 16 and 18 years. Please see the table below for information regarding departments involved.

<table>
<thead>
<tr>
<th>Work experience in departments</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>82</td>
</tr>
</tbody>
</table>
The Work Experience Team were aware that the Trust received an excessive amount of applications for Medicine experience which were extremely difficult to accommodate due to the team’s capacity and the availability and workload of the Medics themselves. To try to accommodate some of the unsuccessful Medicine applications, the Work Experience Team organised a ‘Careers in Medicine’ day. A programme for the event was agreed with the co-operation and commitment of several session leads from within RWT as well as the Director of Admissions from Keele University.

58 delegates and 5 teachers attended the day which received very positive feedback. Requests for the event to run at least annually and the current demand for Work Experience in Medicine received by the WEX team at RWT supports the continued need for such events both in Medicine and in other clinical specialities too.

As RWT is one of the largest employers within Wolverhampton, the Trust committed to offering 6 to 8 week work experience opportunities to 10 unemployed people aged 18 to 24 years on the Get Britain Working programme. The table below illustrates their outcomes following the programme.

<table>
<thead>
<tr>
<th>Field</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>12</td>
</tr>
<tr>
<td>Midwifery / Gynaecology</td>
<td>15</td>
</tr>
<tr>
<td>Dental</td>
<td>16</td>
</tr>
<tr>
<td>Laboratories</td>
<td>7</td>
</tr>
<tr>
<td>Non-clinical (e.g. Administration, Medical Illustration)</td>
<td>9</td>
</tr>
<tr>
<td>Therapy Services (Physiotherapy, Occupational Therapy, SALT)</td>
<td>14</td>
</tr>
<tr>
<td>Radiology/Radiography</td>
<td>5</td>
</tr>
<tr>
<td>Ophthalmology / Orthoptics / Optometry</td>
<td>7</td>
</tr>
<tr>
<td>Medical Physics &amp; Clinical Engineering</td>
<td>3</td>
</tr>
<tr>
<td>Podiatry</td>
<td>1</td>
</tr>
</tbody>
</table>
Due to disbandment of the Jobcentre Plus Work Experience team and the potential effect this would have on future Get Britain Working programmes the Prince’s Trust Get Into Healthcare programme was investigated. With several advantages identified the decision was made for RWT to host a ‘Get Into Healthcare’ programme as a trial between July and August 2014, offering a four week timetable of training and work experience to unemployed people aged 18 to 25 years in partnership with the Prince’s Trust.

21 work experience opportunities have been completed on the Get Into programme with 11 now in a positive outcome including employment at RWT.

Work Based Learning

Work Based Learning provides qualifications and development for support staff bands 1-4 across the Trust including: Quality & Credit Framework [QCF] qualifications, Adult Apprenticeships, Foundation Degrees, Development Programmes and Personal Development Support. The following table demonstrates the number of vocational based qualifications/training accessed by RWT staff during 2014

<table>
<thead>
<tr>
<th>Courses</th>
<th>Apprentices</th>
<th>QCF/ In-house programmes</th>
<th>Foundation Degrees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business &amp; Administration</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Administration</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Customer Service</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Customer Service Training</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foundation Degrees</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health &amp; Social Care</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratories</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plumbing</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual QCF Units</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receptionist Developmental</td>
<td>37</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ward Assistant Developmental</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functional Skills</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>50</td>
<td>122</td>
<td>5</td>
</tr>
<tr>
<td>Grand Total</td>
<td>177 support staff accessed learning</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adult Apprenticeships

Adult apprenticeships are competence based providing employed staff with underpinning knowledge that supports daily duties along with Functional Skills in Literacy & Numeracy at the appropriate level. This ensures
staff are developed appropriately and fit for purpose, supports patient safety thus enhancing the service user experience, providing the potential for staff to undertake new/enhanced roles and modernising pathways.

**Individual Quality & Credit Framework (QCF) Units**

The purpose of individual unit accreditation is to guide and assess the development of knowledge and skills. The accreditation confirms competence in a range of support service skills, further enhancing development for staff who has achieved a level 3 QCF qualification, and where roles/responsibilities have since developed.

**Functional Skills Literacy & Numeracy**

Functional Skills are the fundamental applied skills in English and Mathematics that support people in gaining the most from life, learning and work whilst increasing their confidence and motivation and are suitable for people of all ages.

Functional Skills qualifications are available at Entry Levels 1, 2 and 3, through to Level 1 and Level 2, and undertaken entirely within the workplace. Assessments establish a practical ability to apply English and Mathematics to everyday situations.

**Foundation Degrees**

In 2014 5 Trust employees embarked on their foundation degrees - 1 Business student and 4 Radiology students.

Foundation Degrees are a combination of work-based learning and academic study providing learners with the knowledge and skills required to support their individual work roles thus benefiting service users. This qualification further enhances the Adult Apprenticeship and often provides the potential for staff to undertake new/enhanced roles e.g. Assistant Practitioners.

**Receptionist Development Programmes**

Work Based Learning delivers this programme providing training and support for receptionists across the Trust covering specific topics e.g. Customer Service, Security Awareness, Effective Communication, Telephone Skills, Confidentiality, Complaints, Health Records, Managers Expectations and Dementia Awareness.

**Ward Assistant Development Programmes**

Work Based Learning delivers this one day programme providing training and support for Ward Assistant/Housekeepers across the Trust covering specific topics e.g. Managers Expectations of the Ward Assistant/Housekeeper, Dementia Awareness, Customer Service, Security Awareness and development information

**Revalidation**

**Appraisal Compliance**

The Trust's medical appraisal compliance at 31 March 2015 was: **97.9%**
STAFF GROUP | Total number of medical staff to be appraised | Number % of medical staff currently appraised
--- | --- | ---
Medical Consultants | 314 | 308 | 98.3%
Other Medical | 107 | 104 | 95.7%
TRUST TOTAL | 421 | 412 | 97.9%

**Revalidation Recommendations**

During the period 2014/15, 120 doctors with prescribed connections to RWT were due to be revalidated. The Responsible Officer, made positive recommendations for 113 of these doctors and 7 deferrals (for their revalidation to be completed within the next 12 months).

**How we selected our 2015/16 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 further accomplish. Throughout this report we have also described the work we are proposing for the coming year as we fully integrate the services at Cannock Chase Hospital - much of this work falls within the three priorities. These three priorities, each with a Director sponsor, are detailed below:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Director Lead/ Co-Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Urgent Care</td>
<td>Medical Director/ Director of Planning &amp; Contracting</td>
</tr>
<tr>
<td>2. Care of Older</td>
<td>Chief Nursing Officer/ Chief Financial Officer</td>
</tr>
<tr>
<td>3. End of Life Care</td>
<td>Chief Operating Officer/ Director of Human Resources</td>
</tr>
</tbody>
</table>

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

**Working with our shadow Governors and Members**
We have had a good year working with our shadow governors many of whom are involved in Trust groups and committees. During 2015/16 we will be launching a more focused programme of activities for members as we work towards greater integration and involvement with those people from Cannock and Staffordshire areas who are now using our services.

To achieve our vision we need to continue to develop a strong membership comprised of patients and public, staff and stakeholders who will work with us to develop our services. We want our membership to be truly representative of the vibrant multicultural and diverse community that we are part of and to whom we are accountable for the provision of healthcare.

We are not proposing to limit the number of people who can register to become a Member as we want to encourage a broad, diverse and representative membership base. The Trust has a duty to take measures to ensure that our public membership reflects the diversity of our communities and the wider population that we serve in terms of geography, age, gender, ethnicity, faith, sexual orientation and socio-economic groups.

We recognise that we do not have easy access to a significant number of our patients and local people therefore have put measures in place to target under-represented, and “hard to reach” groups, including those who do not understand written or spoken English, those who feel culturally isolated or those who live with long term conditions.
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, CBE          Jeremy Vanes
Chief Executive             Chairman
**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:

<table>
<thead>
<tr>
<th>A&amp;E</th>
<th>Accident and Emergency Department</th>
<th>MSSA</th>
<th>Methicillin Sensitive Staphylococcus Aureus</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACPs</td>
<td>Advanced Clinical Practitioners</td>
<td>MUST</td>
<td>Malnutrition Universal Screening Tool</td>
</tr>
<tr>
<td>CCS</td>
<td>Clinical Classification System</td>
<td>NCDAH</td>
<td>National Care of the Dying Audit – Hospitals</td>
</tr>
<tr>
<td>C-Diff</td>
<td>Clostridium Difficile</td>
<td>NCEPOD</td>
<td>National Confidential Enquiry into Patient Outcome and Death</td>
</tr>
<tr>
<td>CICT</td>
<td>Community Intermediate Care Team</td>
<td>NCI/NCISH</td>
<td>National Confidential Inquiry into Suicide and Homicide by People with Mental Illness.</td>
</tr>
<tr>
<td>CQC</td>
<td>Care Quality Commission</td>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>CQUIN</td>
<td>Commissioning for Quality and Innovation</td>
<td>NHSLA</td>
<td>NHS Litigation Authority</td>
</tr>
<tr>
<td>CMACH</td>
<td>Confidential Enquiry into Maternal and Child</td>
<td>NICE</td>
<td>National Institute of Clinical Excellence</td>
</tr>
<tr>
<td>CNO</td>
<td>Chief Nursing Officer</td>
<td>NIHR</td>
<td>National Institute for Health Research</td>
</tr>
<tr>
<td>DNA</td>
<td>Did Not Attend</td>
<td>NPSA</td>
<td>National Patient Safety Agency</td>
</tr>
<tr>
<td>DRHAB</td>
<td>Device related hospital acquired bacteraemia (blood)</td>
<td>NRLS</td>
<td>National Reporting and Learning Service</td>
</tr>
<tr>
<td>EAU</td>
<td>Emergency Assessment Unit</td>
<td>NSSC</td>
<td>Nutrition Support Steering Committee</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
<td>ONS</td>
<td>Office for National Statistics</td>
</tr>
<tr>
<td>ENT</td>
<td>Ear, Nose &amp; Throat</td>
<td>OSC</td>
<td>Overview &amp; Scrutiny Committee</td>
</tr>
<tr>
<td>EOLC</td>
<td>End of Life Care</td>
<td>OWL</td>
<td>Outpatient Waiting List</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
<td>PALS</td>
<td>Patient Advice &amp; Liaison Service</td>
</tr>
<tr>
<td>GMCRN</td>
<td>Greater Midlands Cancer Research Network</td>
<td>PEAT</td>
<td>Patient Environment Action Team</td>
</tr>
<tr>
<td>HCas</td>
<td>Health Care Assistants</td>
<td>PHSO</td>
<td>Parliamentary and Health Services Ombudsman</td>
</tr>
<tr>
<td>HRG</td>
<td>Healthcare Resource Group</td>
<td>PIs</td>
<td>Patient Safety Incidents</td>
</tr>
<tr>
<td>HSMR</td>
<td>Hospital Standardised Mortality Ratio</td>
<td>PCT</td>
<td>Primary Care Trust</td>
</tr>
<tr>
<td>IHI</td>
<td>Institute for Healthcare Improvement</td>
<td>RRR</td>
<td>Rapid Response Report</td>
</tr>
<tr>
<td>IT</td>
<td>Information Technology</td>
<td>RWT</td>
<td>The Royal Wolverhampton NHS Trust</td>
</tr>
<tr>
<td>KITE</td>
<td>Knowledge, Information, Training and Education</td>
<td>SHA</td>
<td>Strategic Health Authority</td>
</tr>
<tr>
<td>KPI</td>
<td>Key Performance Indicator</td>
<td>SHMI</td>
<td>Summary Hospital Level Mortality</td>
</tr>
<tr>
<td>KSF</td>
<td>Knowledge and Skills Framework</td>
<td>UTI</td>
<td>Urinary Tract Infection</td>
</tr>
<tr>
<td>LCP</td>
<td>Liverpool Care Pathway</td>
<td>VTE</td>
<td>Venous Thrombo-embolism</td>
</tr>
<tr>
<td>LINk</td>
<td>Local Involvement Network</td>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>MLU</td>
<td>Midwifery Led Unit</td>
<td>WMNCLRN</td>
<td>West Midlands (North) Comprehensive Local Research Network</td>
</tr>
<tr>
<td>MRSA</td>
<td>Methicillin Resistant Staphylococcus Aureus</td>
<td>WMQRS</td>
<td>West Midlands Quality Review Service</td>
</tr>
</tbody>
</table>
Statements from our partners

Wolverhampton CCG – Annual Quality Accounts 2014/15 : Commissioners Statement

Cannock Chase CCG – Annual Quality Accounts 2014/15 : Commissioners Statement

Healthwatch Wolverhampton

Healthwatch Staffordshire

Wolverhampton Health Scrutiny Panel

Staffordshire Health Scrutiny Panel
Independent Auditors’ Limited Assurance Report to the Directors of The Royal Wolverhampton NHS Trust on the Quality Account

How to give your views on our Quality Account

We welcome your feedback on this Quality Account and any suggestions you may have for future reports. Please contact us as indicated below

Patient Experience Team

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

Tel (01902) 695333
E-mail rwh-tr.yourcomments@nhs.net
Online – submit a comment to rwh-tr.yourcomments@nhs.net
In person – call into the Patient Information Centre on the main corridor at New Cross Hospital, location C3