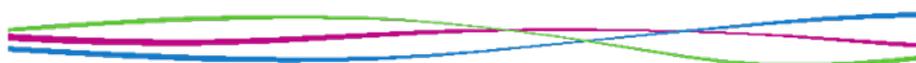


Hospital Pharmacy Transformation Plan Progress including Pharmacy Services Update 26 February 2018

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Agenda Item No: 10.1

Trust Board Report	
Meeting Date:	26 th February 2018
Title:	Hospital Pharmacy Transformation Plan Progress including Pharmacy Services Update
Executive Summary:	The RWT HPTP was presented to Board in March 2017. This report updates the Board on the implementation of the plan. It also assures the Board on the delivery of the statutory and professional functions that are the responsibility of the Clinical Director of Pharmacy
Action Requested:	Receive and note
For the attention of the Board	<ul style="list-style-type: none"> The HPTP continues to progress in delivering change for pharmacy services for RWT. NHS Benchmarking indicates that the Pharmacy Department delivers an effective ward service with 72% clinical utilisation of pharmacist time. HoPMOp indicators show that the Trust has achieved £2.1million savings in the Top Ten drugs identified by NHSI.
Assure	The report contains assurance on the compliance of the Trust with Controlled Drugs (Supervision of Management and Use) Regulations 2013 and with MHRA requirements for the supply of pharmaceuticals.
Author + Contact Details:	Alison Tennant Tel 01902 695757 Email alison.tennant@nhs.net
Links to Trust Strategic Objectives	<ol style="list-style-type: none"> Create a culture of compassion, safety and quality Proactively seek opportunities to develop our services To have an effective and well integrated local health and care system that operates efficiently Attract, retain and develop our staff, and improve employee engagement Maintain financial health – Appropriate investment to patient services Be in the top 25% of all key performance indicators
Resource Implications:	The overall plan is designed to improve efficiency of services and reduce costs to the NHS as a whole. Details of the individual elements will be developed as part of the plans and submitted to the relevant committees for approval.
CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Responsive: services are organised so that they meet people's needs.</p>
Equality and Diversity Impact	None
Risks: BAF/ TRR	The report contains the identification of a risk concerning the provision of aseptic services which is in the process of being added to the RR.
Public or Private:	Public
Other formal bodies involved:	TMC, NHSI
References	<p><i>Operational productivity and performance in English NHS acute hospitals: Unwarranted variations February 2016</i></p> <p>https://www.gov.uk/government/publications/productivity-in-nhs-hospitals accessed March 2017</p>



NHS Constitution:

In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:

- Equality of treatment and access to services
- High standards of excellence and professionalism
- Cross community working
- Best Value



HOSPITAL PHARMACY TRANSFORMATION PROGRAMME (HPTP) PLAN

1. EXECUTIVE SUMMARY

The HPTP was presented to RWT Board in March 2017 but work had already started on a number of the workstreams. RWT Pharmacy Department continues to deliver an effective service for the supply of medicines across all three sites. It also works with departments such as governance to ensure that prescribing and administration of medication is safe and effective. There has been significant progress in a number of areas. This report details the progress and sets out the plan for future improvements.

The key deliverables for pharmacy required by the Carter Report are:

- Ensure that 80% of the pharmacist resource is utilised for direct medicines optimisation activities, patient safety and medicines governance
- Implement electronic prescribing and medicines administration system (EPMA)
- Increase pharmacist prescribers
- Ensure accurate coding of medicines (dm&d compliance)
- Deliver medicines optimisation savings
- Reduce medicines expenditure and consolidate stockholding

In 2017 Royal Wolverhampton Trust has:

- Achieved dm&d compliance
- Delivered £2.1m in reduction of Carter Top Ten Medicines
- Started EPMA implementation plan (Go-live March 2018)
- Delivered £200k savings internally in addition to absorption of £1.5million inflation on medicines
- Delivered 72% of pharmacist resource being used for direct medicines optimisation activities, patient safety and medicines governance

Responsive Clinical Services

Ward service improvement project
Improved use of datix

Medicines Procurement

WDL achieved
Homecare increased
Maximised use of CMU

Supportive IT

EPMA starts March 2018
Ward staff on SafeHands
E- prescribing chemotherapy in place

Vertical Integration

Support for practice quality standards
Recruitment of GP pharmacists

Better patient and financial outcomes

Timely distribution

Shorter TTO production time
Expansion of Mediwells for stock control
Reduced ward waste

Working with partners

Joint working with BCPP on aseptics, missed doses
Partnering with TouchPoint Medical
AHSN AE project

Quality Aseptic Services

LEAN project
Sunday opening of unit
Passed Farwell Audit

Analytics and Intelligence

Achievement of dm&d compliance
Use of REFINE/DEFINE

2.1 RESPONSIVE CLINICAL SERVICES

The Carter Report describes the benefits from pharmacy clinical staff working with multi-disciplinary teams to ensure that medicines are used effectively. They are able to take on a number of roles within teams such as prescribing, counselling patients and administering medicines.

2.1.1 Increase use of Pharmacist Prescribers

There are 17 pharmacists trained as prescribers. Pharmacist independent prescribers work within HIV, cardiology and out-patient antimicrobial clinics and prescribe on ITU. Further work is planned on utilising prescriber skills to support clinics and ward processes but this often requires investment from directorates.

2.1.2 Improve learning from incidents

Learning from incidents has resulted in the launch of a 30 day treatment sheet to reduce errors and save prescriber time. Datix categories have been refined to reduce the number of incidents reported as 'other'. Descriptions of incidents and learning have been shared through Risky Business and governance processes. An audit of missed doses across the Black Country Provider Partnership showed RWT is not an outlier in terms of doses missed. However improvements can be made and the Medication Safety Officers are leading on work across the trusts to share learning and reduce doses missed.

2.1.3 7 Day Services

A pilot project has been developed to measure the benefits of clinical input to AMU, CDU and SEU at the weekends. Funding is being sought to deliver this as it is not possible within current resources.

2.1.4 Ward and Directorate Pharmacists

A staffing review of the skill mix on wards to deliver KPIs such as number of patients seen, medicines reconciliation undertaken, clinical interventions made etc. has confirmed that RWT runs an efficient service with the majority of resources focused towards the front line. A ward project in medicines has identified that patients can be discharged earlier by better team working across medics, pharmacists, nurses and transport. This project is now being rolled out across other wards and support from Clinical Directors is key to the delivery of this. Directorates have not been supported to the extent we would wish in respect of audit, guidelines, training and effective spend on medicines. It is hoped that by supporting wards to organise work early then time can be invested in other areas that will benefit the Trust both financially and clinically. A breakdown of the team skill mix is within Appendix Two.

2.1.5 Research and Development

Developing the role of consultant pharmacist is part of the workforce development plan. Two pharmacists currently are working towards consultant status. This continues to be an aspiration.

2.2 MEDICINES PROCUREMENT

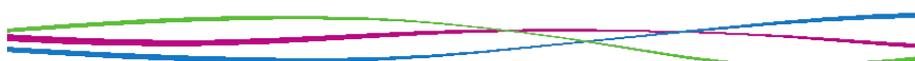
From April 2017 to January 2018 RWT has purchased £46,797,225 worth of medicines. This represents a growth of 4.1% on the same time last year. There has been an overall saving in excess of £2.1million through the use of biosimilars and CMU prices. Much of these savings are on PBR excluded drugs.

2.2.1 Reducing Deliveries, increasing e-ordering and invoicing

Work continues in this in conjunction with suppliers. RWT achieves the HoPMOp requirement of more than 90% e-invoices.

2.2.3 Achieving Wholesaler Dealer's Licence (WDL)

In 2017 RWT obtained a WDL following inspection by the MHRA. This enables us to generate income through providing supply services to other trusts.



2.2.4 Homecare

Use of the Homecare procurement route continues to grow. A review of the staffing has been undertaken and a new model proposed to improve patient experience and reduce impact on clinical teams.

2.3 VERTICAL INTEGRATION/CCG JOINT WORKING

2.3.1 Primary Care Medicines Team

The PCMT has achieved £1.7m savings against a target of £1.3m (as of January 2018). The SLA is currently under negotiation but has been extended to March 2019.

2.3.2 Vertical Integration

RWT Pharmacy has supported VI practices in ensuring that systems for secure storage of medicines and safe prescribing are in place. Two pharmacists have been recruited through the NHSE clinical pharmacists initiative.

2.4 TIMELY DISTRIBUTION

2.4.1 Dispensing In-Patients and Discharges

In 2017 178,427 in-patient items and 68,399 TTOs were supplied. 96.9% of discharges were completed within the 2hour turnaround at an average of 52 minutes. The error rate is 0.02%.

2.4.2 Ward Services

Further work has been undertaken to develop ward teams to support groups of wards. The aim is to have teams working across geographical and clinical areas to support improved flow, increase patient information and give greater input to clinical teams. A project on C41 has delivered an increase from 56% of patients being signed off before 2pm to 73% of patients. The pharmacy sign off time has reduced from 75 minutes to 58 minutes. The next stage is to reduce the time waiting for transport and this will report next month.

2.4.3 Mediwell expansion

RWT continues to invest in Mediwells to improve stock control. It has become a reference site for the parent company, TouchPoint Medical, to send customers to see the operational impact.

2.4.2 Dispensing- Out Patients

Boots continues to deliver their contract and KPIs. It is hoped to expand the footprint at New Cross into the vacated RVS area to reduce concerns over capacity and safety of operations within the current space.

2.5 SUPPORTIVE IT

2.5.1. Electronic Prescribing Management System (ePMA)

EPMA is scheduled to go-live in March 2018. The project is managed through the EPMA Steering Group, chaired by the Medical Director.

2.5.2 Chemotherapy e-Prescribing

See section 2.6.3

2.5.3 Dictionary of Medicines and Devices (dm&d) compliance

Compliance achieved December 2017 as part of NHSE Medicines Optimisation CQUIN.

2.6 QUALITY ASEPTIC SERVICES

2.6.1 Infrastructure

The Farwell Audit in August 2017 noted the aging fabric of the unit and has flagged this as a minor risk at present but likely to increase if not addressed.



2.6.2 Midlands Aseptics Review

NHSI is currently undertaking a review of Aseptic Services nationally. RWT continues to pursue the option of a new build and attainment of a licence for production of medicines for other trusts.

2.6.3 Chemotherapy e-Prescribing

The Chemocare system has been implemented for colo-rectal regimens. Full implementation will take until March 2019 due to introduction of new version of software which has delayed template builds. NHSE has complimented the RWT team on the excellence of the work so far and recognised the data quality produced.

2.6.4 Manufacturing Efficiencies

The aseptic team embarked on a six-month LEAN working project which is currently 3 months in. The major success so far is the opening of the unit on Sundays with no additional resource. This has enabled a reduction in wait time for patients on Mondays for certain regimens. Other benefits have been seen in reduced staff stress and improved work flow.

2.8 WORKING WITH PARTNERS

The Black Country Provider Partnership (BCPP) consists of Dudley Group of Hospitals (DGoH), Walsall Healthcare Trust (WHT), Sandwell and West Birmingham Hospitals (SWB) and RWT. The current focus is on aseptic services and the opportunities for shared services. Collaboration with UHNM on procurement is also being discussed.

2.9 ENABLERS

2.9.1 IT software and hardware

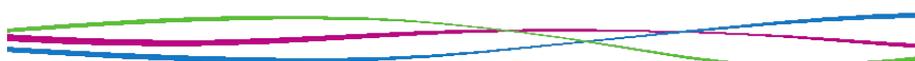
Ward pharmacy teams are now linked into SafeHands with the aim of understanding utilisation of staff on wards and peak times of need. The major development for clinical staff is the Clinical DeskTop which has been purchased as part of EPMA. This will enable recording of interventions to demonstrate effectiveness and frequency of interventions.

2.9.2 Workforce

RWT has implemented a Step-Up programme which improves the retention of Band 6 pharmacists. This has increased the pool of junior grades but this continues to be the greatest area of concern in terms of sustained staffing. A Pharmacy Leadership Group has been established to improve line management skills.

2.9.3 Analytics and Intelligence

There is a lack of analytics and intelligence being produced consistently from the Pharmacy Department. While there are some areas of note such the antibiotic audit data, overall more data is required to assure the Board on delivery of safe, cost-effective use of medicines. The department is working on KPIs for ward services, a new format for directorate reports and a new Medication Safety Report.

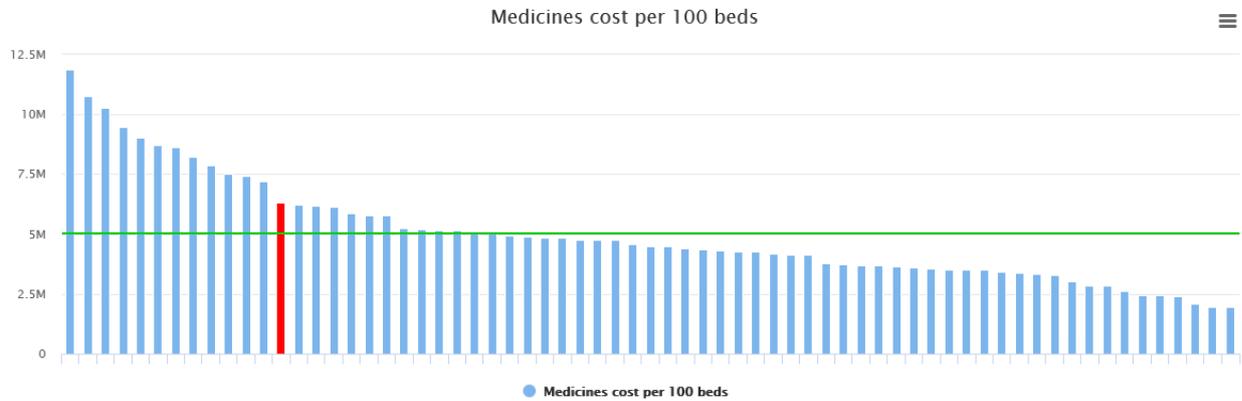


Risk	Mitigation	Risk remaining	On RR	RAG
Procurement: Lack of storage and fridge capacity	Stores have been reorganised to free up space.	Storage capacity still not sufficient. Capital funds being sought to improve layout.	Yes	
Procurement: Management of increase in number of products and shortages	Review of systems using LEAN technology to identify opportunities for improvements	Capacity pressures delay implementation	No	
Aseptics: Waste from using dose banded products continues to be a challenge	Staff have invested in LEAN processes to reduce as much as possible but patient factors continue to impact.	Use of pre-fills will not save time or costs	No	
Aseptics: Unit fabric age increasingly becomes a risk to delivering in line with GMP	New unit planned. Current unit monitored for any issues.	New unit requires capital investment. Planning and build may not be in place before unit unusable.	Yes	
Aseptics: Currently, there is no interface between EMIS ePMA system and ChemoCare which means that patients requiring chemotherapy will have to have two 'prescription records'.	IT solution being built into implementation of ePMA	IT solution may require additional resources delaying development	Yes (EPMA)	
Workforce: Pressure for frontline supply function reduces opportunity to support directorates to improve care and reduce costs	Service improvement projects are in place to improve efficiencies with supply and free up pharmacist time	Activity demands and increasing complexity of patients negates any efficiencies gained.	No	
Workforce: Changes to HEE funding and implementation of apprentice training format will affect recruitment to training places	Regional and local work in place to ensure places for professional training grades	Funding for maintaining current training posts will not be available	No	
Workforce: Insufficient capacity to produce regular reports and analytics	Restructuring of current workforce to use staff more effectively	Front line demands erode capacity	No	

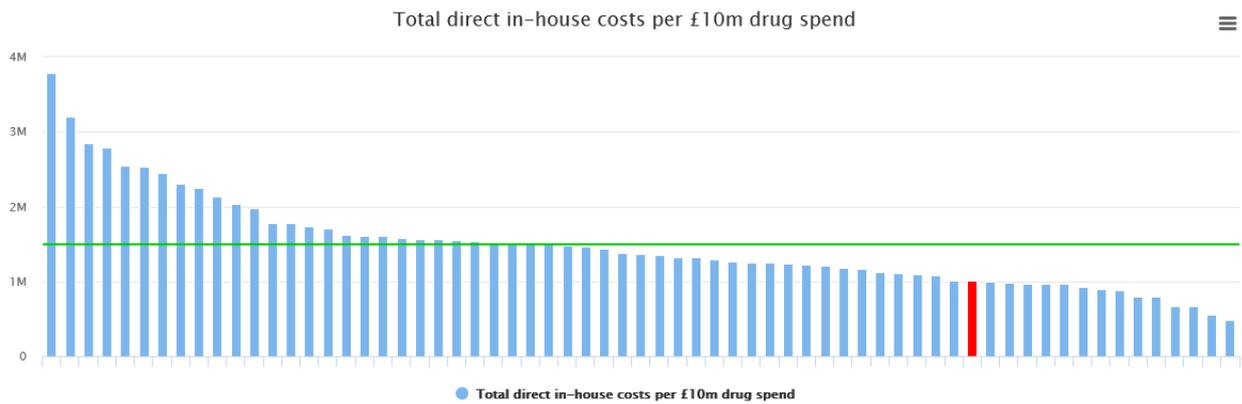
3.0 NHS BENCHMARKING

The NHS benchmarking reports were issued in December 2017. Key messages for RWT (benchmarked against acute trusts with community services) are:

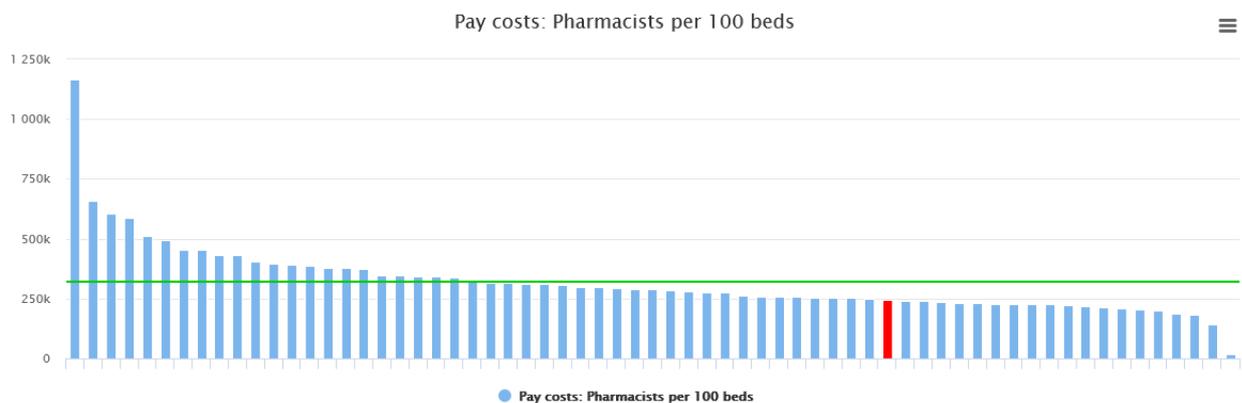
3.1. Medicines cost per 100 beds is above the mean



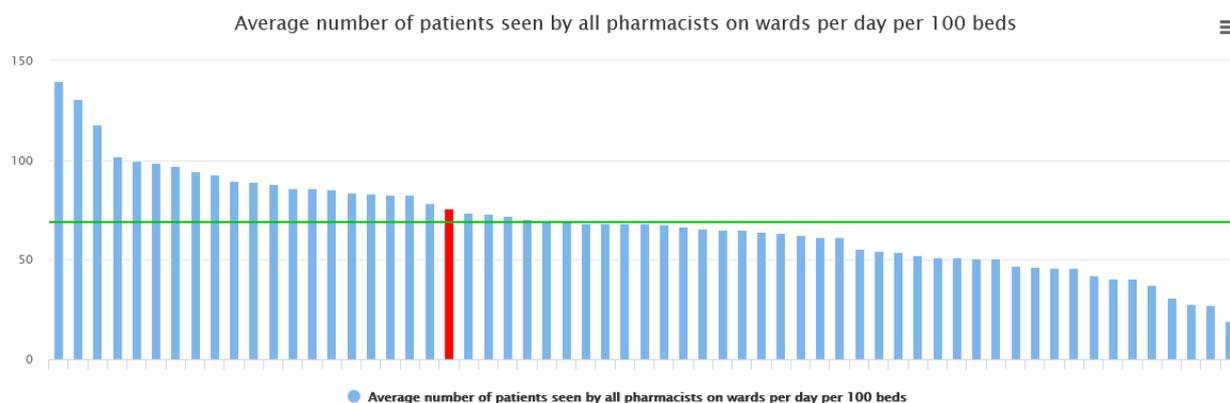
3.2 Total direct pharmacy costs per £10million drug spend are below the mean



3.3 Pay costs of pharmacists per 100 beds are below the mean



3.4 Average number of patients seen by pharmacists is above the mean



4.0 Statutory/Professional Responsibilities

4.1 Controlled Drugs Accountable Officer

The Controlled Drugs (Supervision of Management and Use) Regulations 2013 require that the Controlled Drug Accountable Officer (CDAO) of a designated body in the LIN area provides a quarterly (or more frequent) occurrence report (OR) that provides details of any concerns that their designated body has regarding the management or use of controlled drugs to the NHS England CDAO. The CDAO for RWT is the Clinical Director of Pharmacy. All ORs have been submitted in 2017. There were a number of incidents which have required actions regarding the security of controlled drugs and these have been dealt with through the patient safety processes. A summary of ORs can be found in Appendix Three.

Assurance is delivered through the Medicines Management Group where the ORs are reported. Individual incidents are dealt with through the incident reporting system but the MMG takes an overview of the trends and any significant incidents requiring trust wide action. Any concerns are escalated to the Compliance Oversight Group.

There is increasing national concern over the levels of opiates and other high risk addictive medication prescribed. Discussions have been held with senior medical training staff about improving the quality of prescribing and reducing harm from long-term use of opiates. The primary care team will be gathering data for the CCG about patients on high doses of such medication for extended periods of time. An action plan will be developed involving the clinical teams who prescribe such medication most often to identify what actions can be taken by the trust to address concerns. Links have been made with the CCG to explore a health economy approach to managing pain better and reducing the harm from long term use of medication.

4.2 MHRA – Wholesaler Dealers Licence, Medicines Act and Human Medicines Regulations

RWT complies with the regulations. In 2017 the MHRA inspected and awarded a WDL. This allows us to provide services to other organisations such the Black Country Partnership Trust. There have been no concerns or breaches of the regulations reported.

4.3 Unlicensed products and specials

Letter from the MHRA and Chief Pharmaceutical Officer was issued in January 2018 concerning the sourcing and supply of aseptically Manufactured Unlicensed Medicines (Specials). RWT continues to work with our suppliers to assure ourselves of the quality and business continuity measures in place. The West Midlands Chief Pharmacists Network is looking at a regional approach to the quality assurance of such suppliers.



4.4 Royal Pharmaceutical Society Standards

The pharmacy department reviews their services against the RPS Standards. An updated version was issued in November 2017 and audit will be taking place in 2018 to assess the delivery of the department against these standards. This will be reported through divisional processes. The team have audited our service for homecare against the RPS Homecare standards. An action plan is being developed to meet the gaps identified. None of the gaps have a significant impact on patient safety.

4.5 Radiopharmaceuticals

In April 2017 an updated document on the Responsibilities of Chief Pharmacists for the Purchase, Receipt, Storage, Supply and Disposal of Radiopharmaceuticals was published. The two departments work closely on ensuring standards relating to aseptic preparation are adhered to. The Head of Medical Physics and the Clinical Director of Pharmacy have a signed agreement detailing the responsibilities of each department lead for the safe and secure use of such products.

4.6 Medical Gases

Medical Gases are prescription items and therefore subject to the same legal requirements as medicines. The Assistant Director (Operations) sits on the Medical Gases Committee to support the clinician in charge. The Oxygen Policy has been updated Both the Clinical Director and Assistant Director are undertaking training on the topic in March 2018.

5.0 Other Improvements

5.1. Safety: Mapping of input to Trust assurance processes including Patient Safety Alerts (PSAs), management of drug safety notices to improve safety across the Trust. A number of audits are planned to revisit PSAs and assure the Board that the processes are still effective.

5.2 Links to academic partners: RWT already has links with the University of Wolverhampton and Keele University. This year we have also embarked on working with the University of Birmingham on a cardiology project to increase the identification of patients with Atrial Fibrillation. In 2018 RWT Pharmacy will be hosting academic placements for research projects on iv drug stability and a comparison with European hospital pharmaceutical services.

5.3 Publications

The department exhibited two posters at Hospital Pharmacy Europe describing work undertaken within the procurement team on managing drug shortages and with community teams on improving the use of medicines for high risk patients. Our Community Services pharmacist was awarded second prize for her poster on the work she has done with community matrons.

5.4 Awards

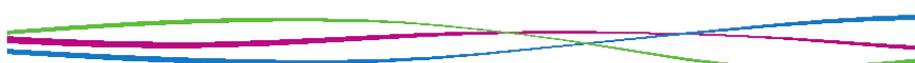
Pharmacy has been recognised by the Wolverhampton Medical Institute for the work it has done in recruiting and training apprentices. Two of our apprentices now have permanent jobs within the Trust.

5.5. Uniform

Pharmacy will be dressed in a new uniform from April 2018. It will be black with a green trim for registered staff and solid black for non-registered staff. All staff will be wearing this to enable patients and ward teams to identify them more easily.

5.6 Improvements in mandatory training

The department has moved from 50% non-compliance with mandatory training to 95% compliance. Appraisals continue to not meet target and work is in place to improve both the undertaking of appraisals and the quality.



6.0 Future work

6.1 Continuing HPTP progress

The HPTP runs until 2020 and therefore work will continue on it. There will be an annual report to Board on progress.

6.2 Spread of service improvement work

Initiatives in aseptics and on wards will be spread across other parts of the service. Work is already underway to support directorates on improving patient flow across the whole system.

6.2 New aseptic unit

Capital funding is required for a new aseptic suite. Additional expertise will be required to ensure that the suite meets MHRA standards to allow attainment of a production license allowing RWT to provide services to other trusts.

6.3 Integrated Care System approach to Medicines Optimisation

As RWT hosts the primary care medicines team and has GP practices within the organisation there is an ideal opportunity to look at how improving use of medicines across the health economy can deliver better outcomes for patients. Discussions are underway with the CCG to develop a strategic approach involving all elements of the pharmacy workforce.

Alison Tennant
Clinical Director Pharmacy
February 2018



APPENDIX ONE: Model Hospital Indicators December 2017 see attached

APPENDIX TWO: Workforce p12

APPENDIX THREE: CDAO report 2017 p13

Appendix Two

Workforce: 141 WTE

Director	MSO	Homecare	Clinical	Aseptics	Aseptics	EPMA
Asst Dir	HIV	Clinical	Clinical	Aseptics	Aseptics	EPMA
Asst Dir	MI	Clinical	Clinical	Aseptics	Aseptics	C Trials
AMR	EPMA	Clinical	Clinical	Aseptics	Aseptics	C Trials
Cardiology	TP	Clinical	Clinical	Aseptics	Aseptics	C Trials
Aseptics	ITU	Clinical	Clinical	Aseptics	Aseptics	MI
Aseptics	C Trials	Clinical	Clinical	Stores	Stores	Training
Aseptics	C Trials	Clinical	Clinical	Wards	Stores	Disp
Aseptics	Disp	Clinical	Clinical	Wards	Stores	Disp
Aseptics	Disp	Clinical	Clinical	Wards	Finance	Disp
Stores	Stores	Stores	Delivery	Wards	Wards	Disp
Stores	Stores	Stores	Delivery	Wards	Wards	Wards
Stores	Stores	Stores	Delivery	Wards	Wards	Wards
Stores	Stores	Stores	Delivery	Wards	Wards	Wards
Aseptics	Aseptics	Aseptics	A&C	Wards	Wards	Wards
Aseptics	Aseptics	Aseptics	A&C	Wards	Wards	Wards
Aseptics	Aseptics	Aseptics	A&C	Wards	Wards	Wards
Disp	Disp	Disp	A&C	Wards	Wards	Trainee
Disp	Disp	Disp	A&C	Trainee	Trainee	Trainee
Disp	Disp	Disp	Trainee	Trainee	Trainee	Trainee
						Trainee

Key

Pharmacists
Technicians
Other
Trainees

Appendix Four

Controlled Drug Accountable Officer Annual Report

The Controlled Drugs (Supervision of Management and Use) Regulations 2013 require that the Controlled Drug Accountable Officer (CDAO) of a designated body in the LIN area provides a quarterly (or more frequent) occurrence report (OR) that provides details of any concerns that their designated body has regarding the management or use of controlled drugs to the NHS England CDAO. The CDAO for RWT is the Clinical Director of Pharmacy. All ORs have been submitted in 2017. There were a number of incidents which have required actions regarding the security of controlled drugs and these have been dealt with through the patient safety processes. The reporting of incidents has increased throughout the year following awareness raising by pharmacy to high risk areas such as theatres and AMU.

RWT is using automated technology on wards to monitor stock usage and identify any trends of stock leakage. We are working with TouchPoint Medical to develop an electronic CD register which will reduce the time taken to obtain CDs while maintaining the necessary legal controls to ensure secure records.

Assurance processes

1. Overview: ORs are discussed at MMG quarterly and any concerns escalated to COG (previously PSIG).
2. Audits: Every ward and department holding controlled drugs is audited quarterly for adherence to SOPs. Concerns raised by these audits are fed back to senior nursing staff.
3. External visits: The Controlled Drug Liaison Officer from West Midlands Police visits regularly to authorise storage units. One unannounced visit occurred in 2017 to two theatre areas and one ward. Reports from this visit were fed back to the relevant senior staff for action. Concerns were low level around documentation and security arrangements.
4. Incident reporting: The number of incidents reported has increased. Using the RWT rating they are mostly low harm with some moderate harm. Moderate harm incidents are mainly linked to delays in treatment or errors in formulations being administered.

Summary

The introduction of the new Datix categories will enable better analysis of incidents to understand the underlying issues. Actions to address these issues will be co-ordinated by the Medicines Safety Group.

Incidents 2017 NB Rating is NHSE rating which does not align to RWT rating

Category / Type of incident		Number of occurrences	Risk Rating			
			Low	Moderate	High	Extreme
Patient Safety Incidents	Prescribing	12	7	2	3	0
	Dispensing	6	6	0	0	0
	Administration	23	8	3	12	0
	Other	21	24	1	1	0
Unaccounted for losses such as theft and fraud (from the organisation), unexplained stock discrepancies, lost prescriptions / requisitions		7	2	5	0	0
Accounted for losses such as spillages, breakages		2	1	1	0	0
Patient / public such as fraud and theft (by patients / public), misrepresentation by patients		0	0	0	0	0
Professional individuals of concern These are relevant individuals i.e. people who work in health or social care		0	0	0	0	0
Governance issues such as CD safe custody, staff competence, audit, statutory requirements		17	17	0	0	0
Record keeping		0	0	0	0	0
Totals		93	65	12	16	0

Royal Wolverhampton NHS Trust

Pharmacy & Medicines

Alison Tennant

Friday, February 16, 2018



<https://model.nhs.uk>

nhsi.modelhospital@nhs.net

Pharmacy & Medicines, Trust Level

Money & Resources	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Pharmacy Staff & Medicines Cost per WAU	2016/17	£376	£359	£354			No trendline available
Medicines Cost per WAU	2016/17	£343	£324	£320			No trendline available
High Cost Medicines per WAU	2016/17	£188	£163	£109			No trendline available
Non High Cost Medicines per WAU	2016/17	£155	£154	£202			No trendline available
Choice of Paracetamol Formulations [% IV Paracetamol vs Total Spend]	2016/17	51%	52%	56%			
Use of Generic Immunosuppressants [% Generic vs Total Spend (Selected Drugs)]	2017	76%	38%	65%			No trendline available
Use of Inhalation Anaesthetics - % Spend on Sevoflurane	Dec 2017	78%	79%	67%			

Money & Resources	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Top 10 Medicines – Savings Delivered to Current Month	To Dec 2017	£2.16m	-	£2.36m			
Top 10 Medicines - % Delivery of Savings Target Achieved to Current Month	To Dec 2017	92%	100%	100%			

Safe	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Total Antibiotic Consumption in DDD*/1,000 Admissions	2016/17	3,563	3,639	4,302			
Percentage of antibiotics prescriptions with evidence of review within 72 hours	Q1 2017/18	84%	95%	94%			No trendline available
% Diclofenac vs Ibuprofen & Naproxen (Monthly)	Dec 2017	14.01%	9.52%	4.21%			

ePrescribing	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
% ePrescribing Chemotherapy	2015/16	0%	20%	75%			No trendline available
% ePrescribing IP	2015/16	0%	10%	75%			No trendline available
% ePrescribing OP	2015/16	0%	0%	75%			No trendline available
% ePrescribing Discharge	2015/16	0%	0%	75%			No trendline available

Royal Wolverhampton NHS Trust

Effective	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Clinical Pharmacy Activity (Pharmacist Time Spent on Clinical Pharmacy Activitie...	2016/17	72%	71%	70%			No trendline available
% Pharmacists Actively Prescribing	2016/17	77.0%	50.5%	27.0%			No trendline available
% Medicines Reconciliation Within 24 Hours of Admission	2016/17	93%	83%	71%			No trendline available
% Use of Summary Care Record (or Local System) per Month	Dec 2017	48.0%	48.4%	64.5%			
Dose-Banded Chemotherapy [Doses Delivered as Standardised Bands]	2016/17	95%	90%	90%			No trendline available
Medication Incidents Rate per 1,000 bed days	31/03/2017	2.9	5.5	3.9			
% Medication Incidents Reported as Causing Harm or Death/All Medication Errors	31/03/2017	5.9%	11.9%	10.3%			
Number of Days Stockholding	2016/17	14.0	15.0	20.0			No trendline available
Pharmacy Deliveries per Day [Average Number of Deliveries]	2016/17	16	17	15			No trendline available
e-Commerce - Ordering (Alliance)	2015/16	91.8%	92.9%	91.2%			No trendline available
e-Commerce - Ordering (AAH)	2015/16	90.1%	85.5%	82.0%			No trendline available

Effective	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Data Quality of NHS England Monthly Data Set Submissions From Providers	Sep 2017	24	24	23			

Caring	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
National Inpatients Survey - Medicines Related Questions	2016/17	69.7%	67.3%	72.0%			

Responsive	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Sunday ON WARD Clinical Pharmacy Hours of Service (MAU/Equivalent)	2016/17	0.0	4.0	4.0			No trendline available

People, Management & Culture: Well-led	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
% Sickness Absence Rate	2016/17	4.6%	3.9%	3.2%			No trendline available
% Staff with Appraisals Completed	2016/17	81%	84%	93%			No trendline available
% Staff with Statutory and Mandatory Training	2016/17	93%	86%	93%			No trendline available
% Staff Turnover Rate	2016/17	1%	10%	14%			No trendline available
% Staff Vacancy Rate	2016/17	1%	4%	7%			No trendline available

Pharmacy & Medicines, Top Ten Medicines

Top Ten Medicines - Infliximab	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Biosimilar Infliximab Baseline Target Annual Saving	2017/18	£768.21k	£303.89k	£0		Click for national variation	No trendline available
% Biosimilar Infliximab Uptake (Monthly)	Dec 2017	86.6%	85.2%	80.0%		Click for national variation	
Biosimilar Infliximab Monthly target saving	2017/18	£64,017	£25,324	£0		Click for national variation	No trendline available
Biosimilar Infliximab Monthly savings delivered	Dec 2017	£83,016	£37,956	£64,017		Click for national variation	
Biosimilar Infliximab cumulative savings	Dec 2017	152%	152%	100%		No variation available	

Top Ten Medicines - Etanercept	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Biosimilar Etanercept Baseline Target Annual Saving	2017/18	£621.63k	£377.83k	£0		Click for national variation	No trendline available
% Biosimilar Etanercept Uptake (Monthly)	Dec 2017	55.7%	41.6%	80.0%		Click for national variation	
Biosimilar Etanercept Monthly target saving	2017/18	£51,802	£31,486	£0		Click for national variation	No trendline available
Biosimilar Etanercept Monthly savings delivered	Dec 2017	£56,557	£33,457	£51,802		Click for national variation	
Biosimilar Etanercept cumulative savings	Dec 2017	72%	75%	100%		No variation available	

Top Ten Medicines - Imatinib	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Imatinib Baseline Target Annual Saving	2017/18	£521.35k	£474.15k	£0		Click for national variation	No trendline available
Imatinib Monthly target saving	2017/18	£43,446	£39,513	£0		Click for national variation	No trendline available
Imatinib Monthly savings delivered	Dec 2017	£51,642	£47,807	£43,446		Click for national variation	
Imatinib cumulative savings	Dec 2017	105%	95%	100%		No variation available	

Top Ten Medicines - Rituximab	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Rituximab Baseline Target Annual Saving	2017/18	£860.46k	£275.25k	£0		Click for national variation	No trendline available
% Biosimilar Rituximab Uptake (Monthly)	Dec 2017	24%	26%	80%		Click for national variation	
Rituximab Monthly target saving	2017/18	£71,705	£22,938	£0		Click for national variation	No trendline available
Rituximab Monthly savings delivered	Dec 2017	£37,035	£22,338	£71,705		Click for national variation	
Rituximab cumulative savings	Dec 2017	41%	41%	100%		No variation available	

Royal Wolverhampton NHS Trust

Top Ten Medicines - Valganciclovir

	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Valganciclovir Baseline Target Annual Saving	2017/18	£13,488	£9,039	£0	Click for national variation	No trendline available	
Valganciclovir Monthly target saving	2017/18	£1,124	£753	£0	Click for national variation	No trendline available	
Valganciclovir Monthly savings delivered	Dec 2017	£1,124	£630	£1,124	Click for national variation		
Valganciclovir cumulative savings	Dec 2017	74%	39%	100%	No variation available		

Top Ten Medicines - Caspofungin

	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Caspofungin Baseline Target Annual Saving	2017/18	£209,58k	£62,986	£0	Click for national variation	No trendline available	
Caspofungin Monthly target saving	2017/18	£17,465	£5,249	£0	Click for national variation	No trendline available	
Caspofungin Monthly savings delivered	Dec 2017	£19,349	£6,565	£17,465	Click for national variation		
Caspofungin cumulative savings	Dec 2017	106%	12%	100%	No variation available		

Top Ten Medicines - Linezolid

	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Linezolid Baseline Target Annual Saving	2017/18	£69,499	£78,444	£0	Click for national variation	No trendline available	
Linezolid Monthly target saving	2017/18	£5,792	£6,537	£0	Click for national variation	No trendline available	
Linezolid Monthly savings delivered	Dec 2017	£6,401	£7,058	£5,792	Click for national variation		
Linezolid cumulative savings	Dec 2017	98%	100%	100%	No variation available		

Top Ten Medicines - Prednisolone soluble

	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Prednisolone soluble Baseline Target Annual Saving	2017/18	£33,054	£23,895	£0	Click for national variation	No trendline available	
Prednisolone soluble Monthly target saving	2017/18	£2,754	£1,991	£0	Click for national variation	No trendline available	
Prednisolone soluble Monthly savings delivered	Dec 2017	£4,894	£2,861	£2,754	Click for national variation		
Prednisolone soluble cumulative savings	Dec 2017	134%	133%	100%	No variation available		

Top Ten Medicines - Voriconazole

	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Voriconazole Baseline Target Annual Saving	2017/18	£43,381	£35,819	£0	Click for national variation	No trendline available	
Voriconazole Monthly target saving	2017/18	£3,615	£2,985	£0	Click for national variation	No trendline available	
Voriconazole Monthly savings delivered	Dec 2017	£4,031	£3,279	£3,615	Click for national variation		
Voriconazole cumulative savings	Dec 2017	70%	99%	100%	No variation available		

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Top Ten Medicines - Review of anti-emetic choice

	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Review of anti-emetic choice Baseline Target Annual Saving	2017/18	£5,344	£7,260	£0	Click for national variation	No trendline available	
Review of anti-emetic choice Monthly target saving	2017/18	£445	£605	£0	Click for national variation	No trendline available	
Review of anti-emetic choice Monthly savings delivered	Dec 2017	£-643	£-456	£445	Click for national variation		
Review of anti-emetic choice cumulative savings	Dec 2017	-151%	-98%	100%	No variation available		

Using peer list: My STP Footprint

Black Country Partnership NHS Foundation Trust (TAJ)
Dudley & Walsall Mental Health Partnership NHS Trust (RYK)
Dudley Group NHS Foundation Trust (RNA)
Royal Wolverhampton NHS Trust (RL4)
Sandwell and West Birmingham Hospitals NHS Trust (RXK)
Walsall Healthcare NHS Trust (RBK)
West Midlands Ambulance Service NHS Foundation Trust (RYA)

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