

The Royal Wolverhampton Hospitals



NHS Trust



Annual Report & Quality Account 2011/12

An NHS organisation that continually strives to improve patients' experiences and outcomes

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English

If you require this document in an alternative format e.g., larger print, different language etc., please inform one of the healthcare staff.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਰੂਪ ਉਦਾਹਰਨ ਵਜੋਂ ਵੱਡੀ ਛਪਾਈ, ਵੱਖਰੀ ਭਾਸ਼ਾ ਆਦਿ ਵਿੱਚ ਚਾਹੀਦਾ ਹੋਵੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਸਿਹਤਸੰਭਾਲ ਕਰਮਚਾਰੀ ਨੂੰ ਬੇਨਤੀ ਕਰੋ।

Polish

Aby uzyskać niniejszy dokument w innym języku lub formie, np. pisany dużą czcionką, itp., prosimy skontaktować się z przedstawicielem personelu medycznego.

Russian

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Lithuanian

Jei pageidaujate šį dokumentą gauti kitu formatu, pvz., padidintu šriftu, išversta į kitą kalbą ir t. t., praneškite apie tai sveikatos priežiūros darbuotojui.

Kurdish

ئەگەر تۆم بەئێگەننامە بە شێوازیکی دیکە دەخوازیت یۆ نمونە چایی گەورەتر، زمانیکی دیکە هتد. تکایە بەکۆک لێ کارمەندانی سەرپەرشتی تەندروستی ناگادار بکەرەوه.



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Annual Report

Introduction from the Chairman and Chief Executive

2011/12 was another great year for the Trust. In addition to the very successful integration of Community Services from Wolverhampton we delivered excellent performance in spite of some difficult times putting pressure into the whole health and social care system.

We have achieved over 1,000 days MRSA free, a national leader putting patients first as our Number 1 priority. We have also seen reductions in device related bacteraemias, patients suffering serious harm from falls, late patient observations and mortality rates. Venous Thyroid Embolism risk assessments are now being carried out in 96% of cases.

Our A&E Department saw its busiest month in the last 2 years during March, it was also the busiest March since 2003. Despite the increasing pressure, we hit our A&E waiting time target of patients being dealt with within 4 hours again this year, the 4th consecutive year. This target is particularly important as it ensures that patients get seen and dealt with promptly at their most vulnerable time.

We know that patients need to have confidence in our ability to deliver what we say we will and we are pleased to inform you that our last minute cancellations of patients' surgery was at a level of just 0.54% of all patients having surgery. Those patients we did cancel were all offered an alternative date within 28 days. The delivery of 18 weeks referral to treatment is now a patient right under the NHS Constitution and we have consistently delivered this for patients since its introduction in 2007 for both admitted and non-admitted care. All cancer waiting time targets have also been achieved throughout the year. Avoiding unnecessarily long stays in hospital safeguards patients against hospital acquired harm such as infection, it also helps us to optimise bed capacity, guarantee access to planned surgery and deal with emergencies presenting at the front door.

On top of all of this we have also achieved our income and expenditure plan, finishing the year with delivery of our Cost Improvement Programme and a planned surplus in excess of £8 million. This helps to safeguard the Trust for the future and allows us to continue to invest in our services. The Integrated Pathology Unit is well under way and plans for the new Emergency Centre have started.

As a Trust we are in a very strong position moving forward and need to keep our focus on doing the right thing for patients as we move into the next phase of change to the way healthcare is commissioned and delivered.



A handwritten signature in blue ink, appearing to read 'David Loughton'.

David Loughton, CBE
Chief Executive



A handwritten signature in blue ink, appearing to read 'Barry Picken'.

Barry Picken
Chairman

About the Trust

The Royal Wolverhampton Hospitals NHS Trust was established in 1994 and is a major acute Trust providing a comprehensive range of services for the people of Wolverhampton, the wider Black Country, South Staffordshire, North Worcestershire and Shropshire. It gained Cancer Centre status in 1997, was designated as the 4th Regional Heart & Lung Centre during 2004/05 and became one of the first wave Bowel Screening Centres in 2006. The Trust is the largest teaching hospital in the Black Country providing teaching and training to more than 130 medical students on rotation from the University of Birmingham Medical School. It also provides training for nurses, midwives and allied health professionals though well-established links with the University of Wolverhampton.

In April 2011 the Trust completed a successful transaction to integrate with the community services from Wolverhampton City PCT. The Trust adopted a model of full integration within the existing clinical and corporate structures to ensure that models of service delivery drive quality of service, patient experience and efficient use of resources. The integration will also ensure the long term sustainability of a wide range of services for local people.

With an operating budget of more than £374 million the Trust is one of the largest acute providers in the West Midlands having more than 800 beds on the New Cross site including intensive care beds and neonatal intensive care cots and 82 rehabilitation beds at West Park Hospital. As the second largest employer in Wolverhampton the Trust employs more than 6,500 staff. The Trust provides its services from the following locations:

- New Cross Hospital – secondary and tertiary services, Maternity, Accident & Emergency, Critical Care, outpatients
- West Park Hospital – rehabilitation inpatient and day care services, therapy services, outpatients
- More than 20 Community sites – community services for children and adults, Walk in Centre, therapy and rehabilitation services

(The only estate owned by the Trust is New Cross Hospital, Community sites include 2 LIFT funded buildings - the community sites are under an operating lease from Wolverhampton City PCT who own the sites. This arrangement is part of the Memorandum of Occupation within the Business Transfer Agreement completed as part of the formal process under Transforming Community Services.).

The Trust has an excellent reputation for its clinical services and for whole system transformation in the delivery of clinical care, service reform and partnership working. Delivering its services from a number of locations including outreach clinics it fulfils two main roles:

- The provision of top quality emergency, community and secondary care services for our local population
- Tertiary and specialist services both independently and through clinical networks to the wider population of West Midlands and beyond

Our Vision and Values

The Trust's vision and values play an important role in describing the principles and beliefs that underpin the way in which it does business. They provide the checks and balances to make sure that all plans improve the experience for patients.

Our vision

An NHS organisation that continually strives to improve patients' experiences and outcomes.

Our values

Patients are at the centre of all we do:

- We maintain a professional approach in all we do.
- We are open and honest at all times.
- We involve patients and their families and carers in decisions about their treatment and care.

Working together we deliver top quality services:

- We work in partnership with others.
- Working in teams we will recognise and respect our differences.
- We support each other as members of the Trust.

We will be innovative in how we work:

- We make it easy to do the right thing.
- We continue to improve the experiences of those who use our services.
- We encourage and support people who lead change.

We create an environment in which people thrive:

- We empower people to explore new ideas.
- We act as positive role models.
- We work hard for our patients.
- We recognise achievements.

Our Strategic Goals

The Trust has a broad range of strategic goals each underpinned by a range of measures that can be used to demonstrate achievement. These measures are supported by a number of key performance indicators which provide evidence and assurance:

- To provide our patients and staff with a safe environment, supported by the appropriate estate, equipment and facilities.
- To be an employer of choice with a motivated, productive and committed workforce.
- To achieve a balance between demand and capacity with integrated working and seamless services within the hospital and the wider health community.
- To progressively improve the image and perception of the Trust.
- To be in the national NHS top quartile of benchmarks and targets. To achieve our Long Term Financial Plan and Service Modernisation objectives.
- To be a high quality educator.
- To develop and improve our service portfolio.
- To develop our position as a tertiary centre.
- To consolidate our position as a leading healthcare provider operating in a commercial environment.

In 2011/12 the Trust made good progress towards delivering its strategic goals.

The NHS Constitution

The NHS Constitution contains a number of rights and pledges, which are underpinned by the following seven key principles embedded into the Trust's philosophy for designing and delivering services and our operational plans:

- Equality – NHS services are available to all. Access to NHS services is based on clinical need and not ability to pay.
- The NHS aspires to high standards of excellence and professionalism.
- Services must reflect the needs and preferences of patients, families and carers – through involvement and consultation.
- NHS bodies should work across communities and the wider population in the interests of patients.
- There is a commitment to best value for taxpayers
- There is accountability to the public, communities and patients – i.e. through local influence of decisions and scrutiny of priorities and performance.



Directors' Report

Activity Overview

The Trust substantially met its objectives for 2011/12 and has successfully met or exceeded some very challenging targets, treating more patients than ever before. Our activity, shown for Acute, Specialist Services and Community Services is shown below:

Acute and Specialist Services 2009 / 10			
Year	2009/2010	2010/2011	2011/2012
Inpatient (FCEs)			
Admission Method			
Emergency	44920	51805	55989
Elective	10399	10575	10750
Daycase	40407	42263	43229
Transfers	1515	1848	1504
Regular Day Admissions	22021	29829	30269
Maternity	8634	9277	9242
Births	3926	4162	4229
Total	131822	149759	155212
Outpatient (Attendances)			
Patient Type			
New	143950	149483	156215
Review	318465	347576	363988
Total	462415	497059	520203
Referrals			
Total by GP	88961	89747	91218

Percentage Difference	
2009/10 - 2010/11	2010/11 - 2011/12
15.3%	8.1%
1.7%	1.7%
4.6%	2.3%
22.0%	-18.6%
35.5%	1.5%
7.4%	-0.4%
6.0%	1.6%
13.6%	3.6%
Percentage Difference	
2009/10 - 2010/11	2010/11 - 2011/12
3.8%	4.5%
9.1%	4.7%
7.5%	4.7%
Percentage Difference	
2009/10 - 2010/11	2010/11 - 2011/12
0.9%	1.6%

Community Services	2009/2010	2010/2011	2011/2012	2009/10 - 2010/11	2010/11 - 2011/12
Inpatient (FCE's)	712	805	926	13.1%	15.0%
Outpatients					
first	1170	1455	1522	24.4%	4.6%
subsequent	4668	5709	6600	22.3%	15.6%
CONTACTS					
first	61816	56311	61422	-8.9%	9.1%
subsequent	457192	427837	466470	-6.4%	9.0%
GP Referrals	19829	21621	25590	9.0%	18.4%
Other Referrals	46233	43479	36075	-6.0%	-17.0%
Attendances	32335	29275	25580	-9.5%	-12.6%

Performance Overview 2011/12

The Trust has a robust and effective governance framework in place to provide assurance and monitor organisational performance. The Board of Directors and Executive Director level groups receive monthly performance reports which present performance against national and local targets/priorities. The reports adopt a risk-based approach so that variances in performance against the agreed plans and action plans to address any issues are highlighted to the Executive Team and Board of Directors.

The year of 2011/12 was another very successful one for Trust Performance against key targets, as can be seen in the table to the right.

National targets for NHS acute trusts are sub divided into Existing Commitments and National Priorities set out in the NHS Operating Framework. Details of the construction of each indicator can be accessed at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131360

Existing Commitments			National Priorities		
Indicator	Target	Achieved	Indicator	Target	Achieved
Patients treated/ admitted from A&E within 4 hours	95%	✓	18 weeks referral to treatment – admitted (all specialties)	90%	✓
Patients offered an appointment within 48 hours for Genito-Urinary Clinic	98%	✓	18 weeks referral to treatment – non-admitted (all specialties)	95%	✓
Patients referred with new onset of chest pain (seen within two weeks)	98%	✓	Patients referred with suspected cancer (seen within two weeks)	93%	✓
Where possible, patients will not have their operation cancelled at short notice (for non-medical reasons)	<0.8%	✓	Patients will wait no longer than 31 days from a diagnosis of cancer to first treatment	96%	✓
			Patients with a diagnosis of cancer will wait no longer than 62 days from GP referral to first treatment	85%	✓
			Percentage of patients that have spent 90% or more of their stay in hospital on a stroke unit	80%	✓
			Clostridium Difficile Infections – 20% reduction on 2010/11 outturn	20% reduction	X

Governance – Summary of the Trust's Performance

During 2011/12 the Trust has maintained its duty to ensure the delivery of safe and effective care and services through the operation of sound governance. The Trust complies with key quality and safety deliverables set out by National and regulatory bodies such as the Care Quality Commission (CQC), National Patient Safety Agency, National Institute for Clinical Excellence, Health and Safety Executive and NHS Litigation Authority.

The Royal Wolverhampton Hospitals NHS Trust has participated in special reviews by the Care Quality Commission (CQC) related to the following areas during 2011/12:

In March 2011 the CQC undertook two unannounced inspections to review the Trust's compliance and the reports can be found at the link :
www.cqc.org.uk/publications

The first inspection was to assess the Trust's compliance with Dignity and Nutrition for Older People; in relation to CQC Outcomes 1 and 5. This formed part of a wider national CQC review of the two same Outcomes across of all NHS Trusts.

The report of this inspection was published in June 2011 and the Trust was found to be meeting both essential standards of quality and safety, however in order to maintain this, CQC suggested some minor improvements. The Trust devised an action plan and when the CQC re visited in January 2012, the Trust was found to be fully compliant.

In the same month, March 2011, the CQC undertook an unannounced inspection as part of a responsive review of concerns that had been raised in relation to:

- Outcome 4 Care and welfare of people who use services
- Outcome 6 Cooperating with other providers
- Outcome 13 Staffing
- Outcome 16 Assessing and monitoring the quality of service provision
- Outcome 17 Complaints

The report on this inspection was published in July 2011 and the Trust took the following actions to address the conclusions of the CQC; a comprehensive action plan was developed which addressed areas for improvement, throughout the year the CQC have been sent updates on progress with this. Conclusions from the CQC included;

- Outcome 4 Care and Welfare of people who use our services – Moderate concern
- Outcome 6 Cooperating with other providers – Minor concern
- Outcome 16 Assessing and monitoring the quality of service provision – Minor concern
- Outcome 17 Complaints – Minor concern

The CQC re visited in January 2012 and undertook a review of compliance in order to check that the Trust had made improvements in relation to their findings in March 2011 the reports of which had been published on the CQC website in June and July 2011. The Royal Wolverhampton Hospitals NHS Trust has made the following progress by March 31 in taking such action. The Trust was found to be fully compliant with all standards of quality and safety.

The Trust undertakes quarterly reviews of its corporate compliance with the Essential Standards Quality and Safety (ESQS). To support ongoing compliance management at operational level, the Trust uses an IT system (Performance Accelerator) to enable ongoing compliance assessment, monitoring and reporting at all levels of the Trust.

The Trust's Maternity Services achieved 100% in its level 1 assessment against the NHS Litigation Authority Risk Management new standards in December 2010. The Trust also has level 2 for General Standards.

To maintain high standards of care, the Trust operates an effective system which involves the review of its services and activity against National reports, and best practice, to ensure that new innovations and improvements are adopted wherever appropriate. This system also aids in the identification of gaps or risks to services or patients. These risks can then be managed to reduce the likelihood of adverse outcomes.

In addition to National guidance, the Trust ensures it responds to safety alerts issued to promote safe practice and to raise awareness of safety messages within the NHS. The Trust works on the premise of the closure of alerts when it can be sufficiently satisfied that safety actions have been completed and are embedded across the Trust.

The Trust maintains a strong incident reporting culture and receives regular feedback comparing its performance with similar organisations. Staff are encouraged to report incidents and contribute towards solutions and improvements in their work areas.

Overseeing the above arrangements, the Trust operates a committee structure and arrangements to ensure that the governance of risk, safety, quality and compliance is monitored and reported for appropriate action.

The Trust remains committed to continuous improvement in patient safety and quality through regular evaluation of its systems and processes. It proactively seeks opportunities for further innovation and development which will build upon its infrastructure to meet future demands.

Management Commentary: Strategic Context

Each year the Department of Health publishes the NHS Operating Framework. This document describes the outcomes and actions for the coming year that will help the whole NHS system deliver its longer term ambitions. 2011/12 was the first proper year of transition as we move towards the new era outlined in Equity and Excellence: Liberating the NHS. To keep a focus on what we needed to do there were four main priorities:

- Maintaining performance on key waiting times such as A&E and 18 weeks
- Continuing to reduce hospital acquired infections
- Reducing emergency readmission rates
- Improving the survival rates for cancer

The Trust delivered against all its targets and contractual obligations linked to these priorities with the exception of the target for Clostridium difficile which the Trust failed to meet as a direct result of implementing a new testing method which is better for patients but results in an increase in the number of cases that are detected. Details of our actions are described in Section 2 of this document – Quality Account.

In terms of financial management, NHS trusts were expected to improve their financial management. The Trust achieved all its financial targets for the 5th successive year and generated funds for its capital programme.

Economic factors

The impact of the recession on public funding presents challenges in future years. The excellence of both the Trust's services and financial management are evident from its achievements in the past year. The qualities shown as an organisation in delivering these results will be the same qualities that will help the Trust to deliver against the next wave of challenges.

Driving Efficiencies

Cost Improvement Programmes and Quality, Efficiency and Productivity

Given the National challenge to improve quality and safety and reduce costs facing all organisations over the next few years, the Trust has put in place a comprehensive Cost Improvement Programme. This will help clinical divisions and corporate teams make fundamental changes in how they deliver their services more efficiently. The Trust is clear that in improving the services for patients there is a need to review quality and safety and efficiency together. There will be a focus on improving the processes that deliver best clinical outcomes and patient experience. Delivering efficiency is a continuing agenda for the Trust and will be delivered without compromising safety or quality. Our approach is supported by an international evidence base that proves doing the right thing first time in the right place saves money whilst delivering better patient experience and outcomes. Our commissioners also have a requirement to deliver efficiencies and get best value on behalf of the patients they serve. To do this they have developed a Quality, Innovation, Performance and Productivity (QIPP) programme. Some of the schemes in this programme will ultimately impact on Trust services, to ensure we are involved in discussions about these decisions we work closely with primary care colleagues and the new Clinical Commissioning Groups.

Liberating the NHS

The Government's White Paper sets out a significant set of reforms for the NHS over the coming years. Many of the changes set out in the White Paper and enshrined in law in the Health & Social Care Bill such as involving GPs in commissioning and increasing the choices available to patients, have the potential to help to improve performance. However, there are significant challenges for acute trusts when financial pressures on the NHS are increasing.

The Transformation Programme to integrate with Wolverhampton PCTs community provider services was completed on 1 April 2011 and has provided an opportunity to:

- Improve quality and the patient experience through integrated care pathways.
- Redesign services and how they are delivered to get greater efficiency.
- Improve statutory functions such as safeguarding and infection prevention, which are to be strengthened and protected.

Management Commentary: Our Services in 2011/12

The Trust has made a number of changes to how services are delivered. Some of the highlights are shown below with further information in Section 2 Quality Account.

Supporting patients with Dementia

The Trust has a dedicated ward for patients with dementia. The ward uses a composite approach based around a care bundle where the care and management of the patient is focussed around personalised care making it more recognisable to them and, by using a document called 'About me', finding out more about what patients want, including their likes and dislikes, so that care and treatment is tailored for that person more effectively. The dementia pathway includes the provision of an outreach team supporting patients whose clinical condition means they need to be on a specialty ward. There have been a number of significant outcomes for patients such as no unplanned weight loss whilst they are in hospital, a reduction in the number of hospital acquired infections (chest and urinary), a reduction in the number of falls and no patients falling repeatedly and an increase in the number of patients returning home on discharge or to an agreed place of discharge.

Stroke Pathway

The Trust has integrated two services supported by three specialist stroke consultants and a single management structure working across acute and rehabilitation services and introduced stroke specific therapy to Community Rehabilitation to provide an early supported discharge service. Patients are identified and supported through the best fit pathway via a multi-disciplinary approach on the acute stroke unit to transfer patients to appropriate post-acute services either into slow stream rehabilitation provided from 8 beds at West Park Rehabilitation Hospital (WPRH), inpatient rehabilitation from 22 beds at WPRH, early

supported discharge with the Care in the Community Team (CICT) or home with the continued support of Stroke Co-ordinators and outpatients stroke therapy services. Benefits include additional specialist Consultant input across the pathway, more patients supported at home by stroke specific services, maximising the use of inpatient rehabilitation beds and increased daily Transient Ischaemic Attack (TIA) clinics and thrombolysis at New Cross Hospital with increased consultant capacity. This has already resulted in a reduction in the average length of stay in the Stroke Rehabilitation Unit of 13 days.

Robotic surgery

The Trust is the only hospital in the West Midlands and one of a small number in the United Kingdom to offer robotic surgery. The Da Vinci Robot is an instrument with a proven track record, which will help surgeons provide less invasive surgery, enhancing the surgical technique, reducing length of stay and giving a significantly better patient experience. Its success as a surgical system is based on three main principles:

- It offers high definition 3D vision capable of seeing far greater detail
- Improves wrist movements that the human hand is not capable of achieving
- Gives complete intuitive control over all three operative arms for ultimate precision and efficiency

To view a video about the robot goto:

www.royalwolverhamptonhospitals.nhs.uk/news/robotic_surgery.aspx

Trans Aortic Valve Implantation (TAVI)

The Trust is the regional centre for a specialist heart treatment called TAVI for the West Midlands with referrals from Hereford to Shrewsbury, Burton to Coventry and a

national training centre for subclavian and direct aortic TAVI with CoreValve. One of our Interventional Cardiologists is a national and international proctor and trainer for CoreValve TAVI. The Trust was the first in the world to carry out combined TAVI and EVAR (endovascular aneurism repair).

Transanal Endoscopic Microsurgery (TEM)

For the removal of benign tumours of the rectum and early rectal cancer can be treated by transanal resection. TEM is an established minimally invasive technique for excising tumours from the rectum reducing the need for major surgery significantly shortening the patient's hospital stay and the need for repeated endoscopic procedures in patients where conventional excision has been inadequate. The advantage of the technique are that it does not involve an abdominal incision and excision of the tumour is precise, resulting in a low recurrence rate and need for further surgery.

Commenced new treatments for cancer such as Intensity Modulated Radiotherapy and Oesophageal Brachytherapy.

Creating a Clinical Simulator Centre

The Centre has 3 high fidelity medical simulators and as such will be the largest in the country. The Centre will support training of all clinical staff using live recording and debrief as teams work through clinical scenarios, research has proven that the use of simulated learning has a significant impact on quality and safety.

Sharing Clinical Information across Organisations

The Trust has developed a clinical web portal which provides immediate access to patient records including investigation results and film/photography available to clinicians 24 hours a day. As part of our strategy to improve access to information we have been working with GP practices to enable access to this system by the GP from the practice. A number of GPs are now successfully accessing information about their patients to support on going clinical management in primary care or inform discussions with their patients. The Trust has also enabled e requesting and reporting for pathology and access to our system for radiology reporting.

Oncology

The development of a Wolverhampton Community Cancer Team (WCCT) to deliver oncology care and treatment in the community setting means that a significant proportion of the current oncology activity will be transferred from the acute to the primary care setting involving the development of community oncology clinics in up to seven bases in district nursing or GP premises. This will result in improved patient experience and outcomes, efficiency savings and increased capacity.

Children's Urgent Care Referral Team

This redesign of the children and young people's urgent care pathway is supporting care closer to home by targeting the delivery of admissions avoidance for very short stay patients and the reduction of unnecessary reviews within the Acute Paediatric Assessment Unit. This requires the redesign of the community nursing team to provide triage and support within the community where appropriate.

Trauma and Orthopaedics

This project is re-designing the current orthopaedics only triage service to ensure all referrals for orthopaedics and rheumatology are processed through a single point of access. It is proposed to provide on-site input from a Rheumatology Consultant into the community triage service. The re-design will enable all investigations to be completed before onward referral to secondary care with the majority of patients being treated within the community. The clinical team are working with commissioners and GPs and have included a Public Governor to bring a patient perspective.

Dermatology

The development of a specification for a dermatology service delivered by the Trust in a number of settings. The project will expand delivery of specialist care closer to home within community settings e.g. Paediatric clinics, follow up of chronic conditions and adult rash clinics, develop a dermatology specialist nursing outreach service and seamless pathways, with close working arrangements with CCGs to establish improved patient flow and service delivery points through agreement of referral criteria.

Wolverhampton Urgent Care Triage and Assessment Service

WUCTAS is a single point of assessment and triage function for professional referral to urgent medical services (acute and community). It aims to provide urgent access to a wide range of services and appointments and divert patients away from the acute hospital. It seeks to achieve this goal by signposting users to community services and by offering some diagnostic tests. It is also able to offer booked slots for "hot" appointments at the acute hospital. As an overall system of urgent care, GP referrals into EAU have reduced by 18.8%. WUCTAS data shows that between 6.5 and 10.5% of patients are diverted away from EAU into other services, reducing the 0-1 day length of stay.

Supporting discharge and preventing admission

The Trust has implemented two schemes to support discharge and prevent admission:

- A Community Geriatrician will be working with nursing homes, the Care in the Community Team and other community based services to reduce admissions to hospital and support rehabilitation of patients.
- A Community Physician is supporting the management of patients with COPD helping to increase their independence and confidence thereby reducing the number of admissions to hospital. The service is also redesigning all the care pathways across primary, community and hospital services to support patients at home.

Virtual Ward

The virtual ward within the community services provides a range of specialist and generalist services wrapped around Primary Care service. The aim is to maintain the health and wellbeing of vulnerable adults across nine virtual wards covering the City of Wolverhampton. The next phase includes the provision of post hospital admission services to support early discharge.



Quality Performance

During 2011/12 the Trust made good progress against the three overarching themes that contribute to delivering high quality services. The integration with Community Services helped us to make a real difference to patients for a number of clinical pathways. The detail of our progress is shown in Section 2 Quality Account, headlines linked to the Priorities in our Quality Account are shown below:

Patient Experience:

- Reducing the number of rescheduled appointments
- Improving waiting times for community services
- Improving the information we give to patients about the side effects of medications

Patient Safety:

- Reducing the number of healthcare acquired pressure ulcers
- Standardising the treatment of pressure ulcers across GP, community and hospital services

Clinical Effectiveness:

- Implementing protected mealtimes for all patients in hospital
- Improving the assessment process for patients who are at risk of poor nutrition
- Improving nutritional intake for patients in hospital

Patient Safety continues to be the Trust's highest priority. Key safety achievements during 2011/12 include:

VitalPAC

VitalPAC is a clinical system that uses PDAs and other mobile devices to improve patient safety and quality of care. This state-of-the-art system records, stores, and analyses vital signs data, enabling clinicians to monitor the condition of their patients in real time throughout a hospital stay. Nurses enter vital signs data by the bedside into PDAs (Personal Digital Assistants – compact handheld computers). This data is then transferred to a central server, making it accessible to clinicians anywhere in the hospital. VitalPAC can quickly identify deteriorating patients and advise if further escalation is appropriate – for example to a consultant or the critical care outreach team. The Board's decision to support the investment in this system was in response to learning from serious incidents. An electronic point of care system that enables staff to record and monitor patients' physiological observations and assess the risk of clotting. The system provides reminders when observations/assessments are due and alerts where further action is required.

Implementation of Safehands:

The Trust is the first in the country to implement an electronic system using radio frequency tracking technology to help improve patient safety and experience. Supported by the Department of Health the system uses sensor technology to improve patient safety and experience. Patients and staff are given badges containing sensors which work by sending out radio-frequency waves that are detected by receivers placed around the hospital. There are many benefits from the system including:

- Locate patients who are not in their bed or ward and who may be at risk of coming to harm – this is of real importance for patients who have dementia or are confused
- Ability to trace patients and staff who may have been exposed to infections in order to alert them to the risk and to treat early and appropriately
- Trace progress in a patient's care - nutritional needs, vital sign information (blood pressure and pulse), Physiotherapy and Occupational therapy requirements, and progress towards discharge from hospital.
- Increase the availability of medical equipment by tracking its location throughout the hospital

Creating Best Practice:

In November 2011 the Trust commenced its Creating Best Practice Programme – a scheme to continue improving the experience of patients using innovation, transformation and the involvement of front line clinicians. Following a series of launch events that communicated the vision and challenged staff to think innovatively an intensive six week planning phase began on three medical wards. During the planning phase twelve work streams were identified with each work stream consisting of a number of smaller projects. Membership of the groups is multi-professional, includes representatives from other organisations such as Social Services and has a Public Governor representing the Membership. The main theme running throughout the project has been improving patient safety with a number of initiatives leading to an increased visibility of nurses on the wards. Key areas of improvement are:

- reduction in the number of falls
- improved percentage of recorded late observations – a key indicator of safety monitoring patient's condition for deterioration
- introduction of a meet and greet service for visitors during visiting times.

The Creating Best Practice programme continues and includes the development of a generic referral and request form. Specific focus is also being given to the planning for and discharge of patients where there has been a significant improvement in the quality of the experience for patients and their families/carers.

Patient safety scorecard and dashboard: the dashboard contains a number of quality and safety indicators which assist wards in identifying areas for improvements and celebrate successes and is presented to the Trust Board on a monthly basis to provide assurance on the quality of services.

Mortality Reviews: changing our approach to managing and monitoring hospital mortality – our approach is described in Section 2 Quality Account.





Infection Prevention

2011/12 was another excellent year for the Trust in terms of its continued campaign to reduce hospital acquired infections. A particular success is the ongoing work with nursing and residential homes in Wolverhampton and the awards as part of the PREVENT charter for infection prevention practice. This years successes are detailed in Section 2: Quality Account, headlines are shown below:

- The contractual target for MRSA bacteraemia for 2010/11 was 1 hospital case - the Trust had no cases.
- The Trust carried out MRSA screening on all admissions to the Trust, including emergencies.
- The Trust has continued its MRSA screening programme across the Wolverhampton community.
- MRSA bacteraemias per 1000 bed days is 0 (using historical bed day numbers).
- The Trust implemented a new, more sensitive testing methodology to help identify patients with C. difficile

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. The table below sets out the Trust's performance for three key questions in the National Inpatient Survey. The Trust is proud of its performance in these areas, but is keen to continue to improve. More detail about this survey and our internal surveys is shown in Section 2: Quality Account

	2009/10	2010/11	2011/12
Involved as much as want to be in decisions about care definitely/ to some extent	87%	90%	90%
Treated with respect and dignity always / sometimes	97%	97%	97%
Overall care rated as excellent / very good / good	94%	93%	93%

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
- 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

Listening to Our People

Each year the Trust participates in the National Care Quality Commission Staff Survey. For the 2011 survey there was an increase of 6% to 45% in the response rate to the survey which is sent to a small sample of Trust employees. Results are presented in the form of key findings, of which there are 38 in total. Analysis of this year's results show a statistically significant improvement in 4 out of the 31 key findings that relate directly to the NHS Constitution Staff Pledges when compared with the same measures from last year. There were 7 areas of statistically significant decline within this period.

When the Trust's 2011 National CQC Staff Survey results are compared nationally, the Trust features in the top 20% of comparative Trusts for 10 of the 38 key findings and 'above average' for a further 18. Staff engagement was also measured. The Trust's score for 2011 was 3.69 out of a possible 5; this is a further indicator where the Trust's performance was in the top 20% of comparative Trusts.

Not all the results have improved and we have committed to understanding the cause of any deterioration in performance and will be putting in place robust action plans to address any concerns. However, the overall findings are particularly encouraging when taking account of the integration of community services and associated management of change which undoubtedly causes some concern amongst staff.

We will build on our existing communication and action planning mechanisms that we have used in the past as these ensure that staff are fully engaged in identifying and resolving issues in partnership with management.

In response to previous year's results we have undertaken a range of interventions; most notable was a Listening into Action approach which involved a significant proportion of staff from all disciplines working with staff to identify areas of concern/blockages to delivery of care and their experience at work. The results were very positive in terms of changes implemented to operational practices and also translated into significant improvements in a number of areas of the staff survey e.g. communications, engagement and also involvement in decision making. The outputs from this approach in one ward led to specific reference in the CQC report following the unplanned visit in January 2012.

Other interventions that have proved effective have been departmental focus groups where HR/line managers facilitate discussions around concerns within a team resulting in jointly agreed action plans. We ensure regular feedback to both senior managers and the staff themselves to ensure traction is maintained.

Technical details of the survey including the full results for the Trust can be found at:

http://nhsstaffsurveys.com/cms/uploads/ST11_GuidanceNotes.pdf

The results from the National Staff Survey continue to feed into the Trust's Listening into Action programme, including further analysis through 'Chat Back' – the Trust's local pulse check on staff feedback.

Recognising Diversity

The Trust remains committed to equality of opportunity and eliminating all forms of discrimination. Its Equal Opportunity Policy and training programme reinforces the objective that no employee or job applicant receives less favourable treatment, irrespective of background or sexual orientation. The 2010 Equality Act provides a new cross-cutting legislative framework to protect the rights of individuals and advance equality of opportunity for all; to update, simplify and strengthen the previous legislation. The Trust will continue to be a local leader in this area.

As one of the largest employers in the local community, the Trust has a responsibility to recruit a workforce that is representative of the community. Its workforce profile is shown below and is broadly reflective of the community it serves using Wolverhampton census data as an indicator.

	2001 Census	Workforce 31/03/08	Workforce 31/03/09	Workforce 31/03/10	Workforce 31/03/11	Workforce 31/03/12
African	0.29%	1.24%	1.27%	1.45%	1.50%	1.22%
Asian	0.67%	3.19%	2.88%	3.01%	2.84%	2.43%
Bangladeshi	0.09%	0.11%	0.12%	0.16%	0.23%	0.26%
Caribbean	3.85%	3.30%	3.01%	2.90%	2.93%	3.04%
Chinese	0.36%	0.46%	0.54%	0.55%	0.47%	0.42%
Indian	12.32%	9.85%	9.94%	10.04%	10.31%	9.80%
Mixed White	2.37%	0.79%	0.73%	0.76%	0.94%	0.96%
Other Black	0.35%	0.83%	0.68%	0.67%	0.68%	0.71%
Other Mixed	0.22%	0.07%	0.15%	0.18%	0.24%	0.32%
Other/Not Known	0.45%	2.44%	1.87%	1.64%	1.78%	3.45%
Pakistani	1.24%	1.14%	1.22%	1.39%	1.50%	1.28%
White	77.79%	76.58%	77.59%	77.26%	76.59%	76.08%
BME Total	26.60%	23.40%	22.40%	22.74%	23.40%	23.92%

Through its Single Equality Scheme, the Trust aims to remove the barriers to employment for disabled people, by improving access, training and support. Staff with a registered disability comprise 0.16% of the workforce, which is a slight reduction from the previous year of 0.19%.

Emergency Preparedness and Business Continuity

The Trust has an obligation to prepare for various types of emergencies under the Civil Contingencies Act 2004 and the Health Emergency Planning Guidance 2005. This includes having emergency plans in place and an exercise programme to test the plans and the Trust's ability to respond to any type of emergency, as well as undertaking business continuity management. Changes to national guidance and the integration of community services has involved working closely with Wolverhampton Public Health, and the newly formed Cluster Groups under the new NHS changes as well as meeting our statutory requirements under the Civil Contingencies Act 2004 and the Emergency Planning Guidance 2005.

We have comprehensive emergency plans to respond to the range of potential major incidents that can occur. We have continued to develop, update and refine our emergency plans to incorporate new guidance and best practice as well as learning from the exercises and tests we have undertaken, and the incorporation of our learning from incidents that have occurred throughout 2011/2012. We have made our plans more accessible to staff through the ongoing development of the emergency preparedness website and the sharing of plans which are now building on the integration of services for acute and community services.

Training

All new staff at Trust induction receive a brief overview of Emergency Planning and Business Continuity Management. To support this further for new starters and existing staff, a DVD has been developed (due to be launched in April 2012), which is aimed at increasing awareness across the Trust and to help set out individuals roles and responsibilities. All staff who are on the Trust on call rota have been given the opportunity to attend training sessions and participate in exercises.

Exercising & Testing

A variety of exercises and tests have been undertaken:

- Exercise Marie – September 2011, which was a 'Live' exercise involving volunteers to test our response in the event of a radiation incident.
- Exercise Phoenix – September 2011, which was an internal table top exercise involving front line services, testing our ability to cope as result of a disruption, which could be prolonged and will affect a variety of services across the organisation. This was part of us reviewing our business continuity arrangements and the inter-relationships of services.

Several communication tests have been undertaken in hours and out of hours which have given us some valuable lessons to which we have had to review how our cascade lists work. There is an ongoing work programme for which the learning from the exercises and tests we undertake are incorporated.

External Exercises

The Trust has also been involved in a variety of multi-agency external exercises, aimed at testing its resilience at a regional and local level, to name two.

- Exercise Vulcan – November 2011
- Exercise Vesuvius – January 2012

The learning from these exercises have been incorporated in regional and local planning which has been shared across multi-agencies.

Partnership working

The Trust has been fully engaged within the local and regional multi-agency emergency planning structure with regular representation at the Local Health Resilience Forum and the Wolverhampton Resilience Forum.

Assurance

Several audits have been undertaken for SHA and Cluster Group assurance, which have identified gaps for us to focus on and consolidate the plans which are already in place for emergency preparedness.

Delivering the Estate Strategy

The Trust has continued to redevelop and rebuild its buildings as outlined in its Estate Strategy. During 2011/12 we invested more than £19 million in improving its estate and medical equipment. This investment was spent on the construction or refurbishment of a number of areas to create improved facilities for patients and new clinical facilities. Key developments are:

- Pathology: The construction of the New Integrated Pathology is progressing well with completion of the steelwork on target.
- Emergency Portal and associated projects: The interim refurbishment of the Accident and Emergency Department has commenced and will be delivered over a number of phases enabling the department to remain fully operational throughout. Completion of the full scheme is scheduled for May 2012. A short feasibility study into the new build Emergency Centre has been commissioned to enable a firm overarching strategy to be developed for the overall development. This feasibility study will identify how the project can be delivered in phases and at what costs with an early deliverable being the new Accident and Emergency Department. A report on the outcome of the study will be presented to the Trust Board in due course.
- Women's Unit Refurbishment: The Midwifery Led Unit development was completed in March 2012.
- Demolition of Poplars and Lodge Buildings: The demolition of the Lodge Building started in January 2012 to provide additional staff car parking. Preparatory works for the demolition of the Poplars building have taken place with demolition works programmed to take place in 2012 to prevent site congestion due to competing project requirements and limiting on site car parking capacity. This programme is part of the ongoing site redevelopment

Data Security

There have been two serious untoward incidents in relation to data security during 2011/12.

Incident 1:

In June 2011 the Trust reported the loss of data belonging to 200 patients which included the names, dates of birth and schools attended of children who were due to have health check reviews performed by the School Nursing team. The parent of each child was written to and informed of the incident.

Immediate actions were taken with the local service as well as wider Trust action as a preventative measure. The service was instructed to urgently review its storage arrangements across all of its bases to ensure compliance with Trust Policy. All staff were reminded of their responsibilities around safe management of patient related information and the requirement to undertake Information Governance Training annually. The adoption of a clinical scheduling module in an existing system was explored by the service to remove the need for hard copy folders.

A Trust wide review was undertaken to scope records storage and security arrangements in each area, and gaps/improvement actions fed back to management for improvement. This exercise will be subject to on-going monitoring and audit.

Incident 2:

In March 2012 the Trust was informed by a healthcare contractor that they had inadvertently collected items of personal patient information along with items of product performance data they routinely downloaded from 2 diagnostic scanners they had provided to the Trust.

The Trust was one of a number of NHS organisations where this process had inadvertently taken place and therefore the incident investigation and management was undertaken by the Department of Health (DH).

The incident has been notified to the Information Commissioner's Office (ICO) and the joint view of the DH and ICO is that the risk of harm to patients is negligible. The data is held in a complex format and is not readily accessible and the contractor has given assurance, independently verified, that the data remains secure, has not been subject to loss, hacking, misuse or theft and will be destroyed on the completion of the investigation. There were no further local actions to be taken by the Trust and the incident has been downgraded and closure requested.

Sustainability Report

The Trust has a Sustainable Development Management Plan approved by the Board in 2011. This is a 5 year plan from 2009/10 to 2014/15 and outlines the projects and carbon and cost implications. The SDMP and the Carbon Management Plan which has also been approved by the Carbon Trust are available to staff via the intranet. The Trust Board is committed to:

- Achieving the national sustainability and carbon reduction targets, as reflected in the Board approved Carbon Management Plan (CMP), which confirms that the Trust will;
- Deliver a core target to reduce its carbon emissions by at least 15% compared to the 2009/10 baseline, by 2014/15; and
- Work towards the Trust's ambition to achieve a stretch target of an absolute reduction in the Trust's CO2 emissions of at least 20% from the 2009/10 baseline, by 2014/15; and,
- Making continued progress against the Good Corporate Citizenship assessment model, achieving a score of "Excellent" in at least two questions in each area of the Good Corporate Citizenship model - or a minimum of 70% by 2014/15.

During 2011/12 the Trust has made good progress in reducing waste and the use of finite resources as outlined below:

Waste:

- The Trust implemented the requirements of HTM 07-01 in May 2011 and supported the implementation with an extensive staff training programme. Annual Training is available via an on-line training package
- The Trust took the first steps in creating a dedicated Waste Team to increase knowledge and skills in waste management
- We are installing a Waste Compactor, to reduce handling by the Waste Team and we are installing a Bin Washer to assist with hygiene compliance
- A Waste Management Audit was carried out in March 2012 of the disposal site we use to comply with HTRM 07-01
- We have recycling initiatives in place in relation to metals / cardboard / plastics/ WEEE. Comparison for years 2009/10 to 2010/11 is shown in the tables below:

2009 / 10		
High Temperature Disposal Waste Weight	Tonnes	829.16
Non Burn Treatment (Alternative Treatment Plant) Disposal Waste Weight	Tonnes	225.94
Landfill Disposal Waste Weight	Tonnes	798.34
Waste Electrical and Electronic Equipment (WEEE) Weight	Tonnes	9.55
Waste recovery/recycling volume	%	4.14
2010/ 11		
High Temperature Disposal Waste Weight	Tonnes	850.43
Non Burn Treatment (Alternative Treatment Plant) Disposal Waste Weight	Tonnes	95.48
Landfill Disposal Waste Weight	Tonnes	879.23
Waste Electrical and Electronic Equipment (WEEE) Weight	Tonnes	11.9
Waste recovery/recycling volume	%	2.31

Water:

- The Trust was a Finalist in the 2010 Environment Agency Water Efficiency Awards in recognition of the significant reductions the Trust had made in water conservation
- Over the past year the Trust has embarked on a programme of action to address, steam leaks, steam trap repairs, water leaks. We have installed percussion taps in public areas
- We have installed water meters to assist with early detection of leaks in the Renal Unit, Beynon Centre and Heart & Lung Centre
- We carried out a Site Survey in using ultrasonics to detect any underground leaks
- New pumps have been installed in the Pumping Station to better regulate the pressure of water across the whole site
- We have carried out checks on the Tank Overflows to ensure they are operating correctly
- We have ceased the humidification of Air Handling Plants

2 year consumption data for water is shown below:

2009 / 10		
Water volume (including Borehole)	m ³	226,394

2010/ 11		
Water volume (including Borehole)	m ³	186,673

Fossil Fuels: The Trust has secured £3m funding from the Department of Health to install a Combined Heat & Power plant. This will reduce our consumption of electricity drawn from the National Grid and lead to an annual carbon reduction of 3,133tCO₂.

Preparing for the Carbon Reduction Commitment Energy Efficiency Scheme

- The Trust has introduced smart metering , variable speed drives, voltage optimisation, roofing insulation, secondary gazing, zonal heating controls, draught proofing , thermal pipework insulation, steam trap management as a part of a range of measures to reduce our carbon footprint.
- The Trust was awarded Carbon Trust Certificate – Carbon Cutting Emissions in November 2011 in recognition of our Carbon Management plan.

2 year consumption data on electricity (note unit of measurement changed from GJ to kWh from 2010/11 conversion shown for comparison)

2009 / 10				
Electricity Consumed - Utility	GJ	54,552	kWh	14,710,556
Electricity Consumed - Renewable	GJ	17,828	kWh	4,952,222

2010/ 11		
Electricity Consumed - Utility	kWh	15,711,710
Electricity Consumed - Renewable	kWh	5,224,943

2 year consumption data on gas (note unit of measurement changed from GJ to kWh from 2010/11 conversion shown for comparison)

2009 / 10				
Gas Consumed - Utility	GJ	145,669	kWh	40,463,611

2010/ 11		
Gas Consumed - Utility	kWh	38,728,032

Buying Allowances: The Trust has not needed to buy carbon allowances since 2008 because our allowance was in excess of what is required due to change from coal fired boilers to natural gas boilers – Allowance: c13,800 European Union Allowance (equivalent to tonnes) per year.



A Forward Look: 2012/13

We believe that 2012/13 will be another challenging but exciting year for the Trust as we continue to deliver and develop the comprehensive range of services we provide for local people. The Trust has determined three key priorities for the coming year, the detail of the priorities and underpinning actions is shown in Section 2: Quality Account, headlines are:

- Priority One: Urgent Care
- Priority Two: Care of the Elderly
- Priority Three: End of Life Care

In support of these priorities and achieving our longer term strategic goals and our overarching principle of delivering high quality safe and effective service there will be a number of developments, key areas will include:

- Integration of community services: continuing to integrate hospital and community services and redesign the clinical pathways to ensure patients are seen at the right time by the right people in the right setting.
- Redeveloping our estate: continuing our longer term programme which includes a new emergency portal, completion of the integrated pathology unit, a combined heat and power unit and new and refurbished clinical areas.
- Delivering efficiencies: achieving reductions in our expenditure of 4% of our income through delivering services differently and cutting some of our back office costs.
- Partnership working: continuing to work with health and social care colleagues both in Wolverhampton and the wider catchment population we serve. Working with GPs and Clinical Commissioning Groups to ensure we develop and deliver the services people need.
- Engaging with Patients, our Members and Governors: making sure we create the opportunities for people to get involved and have a say about the services we provide.
- Delivering on all our contractual obligations: demonstrating our services are efficient and effective through delivery of all standards and targets.



The Trust's Governing Body

The Trust is in its final phase of assessment to become a foundation trust. This will give us greater flexibility to develop services that meet the needs of local people. The Trust has around 6,500 public members and 6,000 staff members, which includes a core of active and interested members who have taken the opportunity to attend events and influence decision-making. In the spring of 2011 the Trust held its first elections for public and staff governors. The establishment of governors, elected by members, staff and local partner organisations, will only strengthen this process making sure that services reflect what local people need. Once we become a foundation trust the Governors will take up their statutory responsibilities which include approval of the Trust's key developments.

The Board of Directors

The Board comprises the Chairman; the Chief Executive; four Executive Directors; five Non-Executive Independent Directors and is supported by two additional Directors. Each Executive Director and Independent Non-Executive Director has an equal vote on the Board. Directors are each responsible to the Board for service delivery and performance for services within their portfolios. The Chief Executive Officer is the Accountable Officer. Independent Non-Executive Directors provide challenge and a level of independent scrutiny to decision-making, implementation and reviewing organisational performance. Their backgrounds and experience provide a balance of skills to provide a level of challenge across the range of activities of the Board.

The Appointment of Non-Executive Directors

During 2011-12, there were no new appointments or re-appointments



Board Membership

Barry Picken

Chairman

Appointed 2010

Mr. Picken has been involved in healthcare in Wolverhampton since 2002 when he became a non-executive Director of Wolverhampton City Primary Care Trust. He became Chair of the PCT in 2006. Mr. Picken was Chairman of Wolverhampton's All Saints and Blakenhall Community Development and is a lay assessor for the General Medical Council and was a member of the Royal College of Physicians training sub-committee. He is vice chairman of Accord Housing Association. Mr. Picken is a magistrate and has been a school governor and a member of the West Midlands Police Authority.

Board Attendance in 2011-12: 10/10

Declaration of Interests:

- General Medical Council - Lay Assessor
- Accord Housing Association - Board Member
- Black Country Urban Industrial Mission - Board Member
- Rotary Club of Wednesfield - Member



David Loughton, CBE

Chief Executive & Accountable Officer

Appointed 2004

Mr Loughton joined our Trust in 2004 having had extensive experience as a Chief Executive within the NHS. During his career he has developed a new Medical School with Warwick University and achieved financial close on a £400 million new hospital PFI. He has now turned around one of the 17 most financially challenged Trusts in the NHS, whilst improving the quality of care provided to patients. Mr Loughton is a member of the National Institute for Health Research Advisory Board and West Midlands Chief Executive representative for the NHS Confederation Council.

Board Attendance in 2011-12: 10/10

Declaration of Interests:

None



Balsinder Jaspal-Mander

Non-Executive Director and
Chairman of Board Assurance Committee

Appointed 2005

Mrs Jaspal-Mander has worked in the London boroughs of Southwark, Haringey, Greenwich in various professional roles. She provides support to specialist fostering agencies and freelance trainer and has been a Children's guardian for Cafcass in South London and West Midlands. She has also worked as a Service manager in Social Care providing a 24/7 service to both children and adults and is currently an Independent Social Care consultant and independent reviewing officer for Surrey County

Board Attendance 2011-12: 8/10

Declaration of Interests:

- Director of Ellessian Social Care Consultancy



Jeremy Vanes

Non-Executive Director and Senior Independent Director

Appointed 2006

Mr Vanes is Company Secretary for Wolverhampton Advice Agencies Consortium, Chief Operating Officer of the Wolverhampton Citizens Advice Bureau.

Board Attendance 2011-12: 10/10

Declaration of Interests:

- Chief Operating Officer of the Wolverhampton Citizen's Advice Bureau.
- Company Secretary of Wolverhampton Advice Agencies Consortium



David Sutton

Non-Executive Director

Appointed March 2011

Mr Sutton spent his career with Barclays Bank where he worked in Wolverhampton, Birmingham, Shropshire and the Channel Islands as a Corporate Banking Manager as well as Senior Corporate Risk Manager and Director and Company Secretary of Barclays Offshore Securities business. Mr Sutton currently runs a small business in the golf industry and he was a first Governor of Wolverhampton Girls' High School for 12 years until 2002.

Board Attendance 2011-12: 9/10

Declaration of Interests:

None



Keith Bryan

Non-Executive Director, Vice Chair and Chair of Audit Committee

Appointed 2005

Mr Bryan is a former Managing Director of Tarmac Topmix Ltd and advisor to the UK Concrete and Cement Industry. He has held various posts within manufacturing industry and the Tarmac Group in both operational and financial management. His industrial experience includes representation on trade federations and quality assurance bodies.

Board Attendance 2011-12: 8/10

Declarations of Interest:

None



Dr Janet Anderson

Non-Executive Director

Appointed 2010

Dr Anderson was a Consultant Paediatrician at New Cross Hospital from 1982 until 2007 and Clinical Director in Paediatrics at the hospital from 2002 to 2007. During her career at the Trust Dr Anderson was, together with other colleagues, responsible for the major development of neonatal and paediatric services including the children's diabetes and endocrine service.

Among her many roles Dr Anderson was Regional Advisor in Paediatrics to the Royal College of Physicians 1993-1997, Chair of the WM Regional Training Committee for Paediatrics 1997-2002, Donald Court Fellow, Officer for General Professional Training at the Royal College of Paediatrics and Child Health (RCPCH) 1997-2002, Senior Tutor RCPCH, Paediatric Lead for the Children's, Young People and Maternity Reconfiguration Group for West Midlands SHA 2006-2009, and President of the Midlands Regional Paediatric Society 2007-2008 Dr Anderson has been an Honorary Senior Clinical Lecturer at Birmingham Children's Hospital since 1985 – a position she still holds today

Board Attendance 2011-12: 7/10

Declaration of Interests:

None



Vivien Hall

Chief Operating Officer (Deputy CEO)

**Appointed November 2008,
(Director of Service Development to October 2008)**

Mrs Hall has extensive NHS experience at all levels. Her previous roles include Communication, Marketing, Contracting, Business Management, Divisional Management and Performance Management. She developed the first Black Country Cancer Network.



Board Attendance 2011-12: 9/10

Declaration of Interests:

None

Kevin Stringer

Chief Financial Officer

Appointed 2009

Mr Stringer has extensive experience in the NHS. He has worked at Director level at Birmingham Childrens Hospital and North Birmingham PCT (now Birmingham East and North PCT) where he was also Deputy CEO. His NHS career to date includes experience in Strategic Health Authorities, Foundation and NHS Trusts which incorporates Primary Care (GPs, dentists etc), Acute and Specialist (mainly in hospitals) Care and Community Care (District Nursing and Mental Health). He is an active supporter of Healthcare Financial Management Association where he is Treasurer for the West Midlands Branch.



Board Attendance 2011-12: 9/10

Declaration of Interests:

- Medicology Limited.
- Treasurer of the West Midlands Branch – Healthcare Financial Management Association
- Member of CIMA (Chartered Institute of Management Accounts)

Jonathan Odum

Medical Director

Appointed February 2011

Dr Odum graduated from Birmingham University Medical School in 1984, and began his career as a Pre-Registration House Officer, at Sandwell DGH. He did most of his post-graduate training in the West Midlands including a 2 year research fellowship in North Staffordshire. He was awarded his MD thesis in 1993. He also spent two years working in Adelaide, South Australia gaining further experience and training in renal medicine before returning to the UK.



Dr Odum was appointed as Consultant Physician and Nephrologist at New Cross Hospital in 1993. He has held a number of managerial appointments since this time. He was appointed Clinical Director Renal Services in 1995 and Clinical Director of Medicine in 2002. Prior to his appointment as Medical Director, Dr Odum was Divisional Medical Director for one of the Clinical Divisions at the Trust.

Board Attendance 2011-12: 10/10

Declaration of Interests:

None

Cheryl Etches

Chief Nursing Officer

Appointed 2005

Ms Etches joined the Board at Wolverhampton in June 2005 after holding the position of Deputy Director of Nursing at Heartlands Hospital in Birmingham. She sits on the national Health Protection Agency Healthcare Associated Infections Group and working groups for Health Care Associated Infections (HCAIs) for the Department of Health and National Institute of Clinical Excellence (NICE). She has also worked in the healthcare system in the Middle East.

Board Attendance 2011-12: 9/10

Declaration of Interests:

None



Maxine Espley

Director of Planning and Contracting

Appointed in April 2011

Maxine Espley has extensive experience working in a diverse range of health and social care organisations.

A qualified Social Worker, Maxine has led the development and management of housing and care services for vulnerable groups including the establishments of a social enterprise providing health and social care and employment opportunities for the long term unemployed. Maxine has also worked as a Development Manager for a National Mental Health Charity in the not for profit sector. Maxine joined the Board following the integration with Wolverhampton City PCT Provider Services where she was Managing Director.

Board Attendance 2011-12: 9/10

Declaration of Interests:

None



Denise Harnin

Director of Human Resources

Appointed in February 2006

Ms Harnin a Fellow of the Chartered Institute of Personnel and Development is an established HR practitioner. She has worked in the NHS at Birmingham Heartlands Hospital and Solihull Hospital since 1988, operating at board level for 16 years. Ms Harnin has also worked with NHS employers at national strategy and policy level.

Board Attendance 2011-12: 7/10

Declaration of Interests:

- DHM Consultancy
- Johnson Fellows Chartered Surveyors providing HR support as required



Signed:

A handwritten signature in blue ink, appearing to read 'David Loughton'.

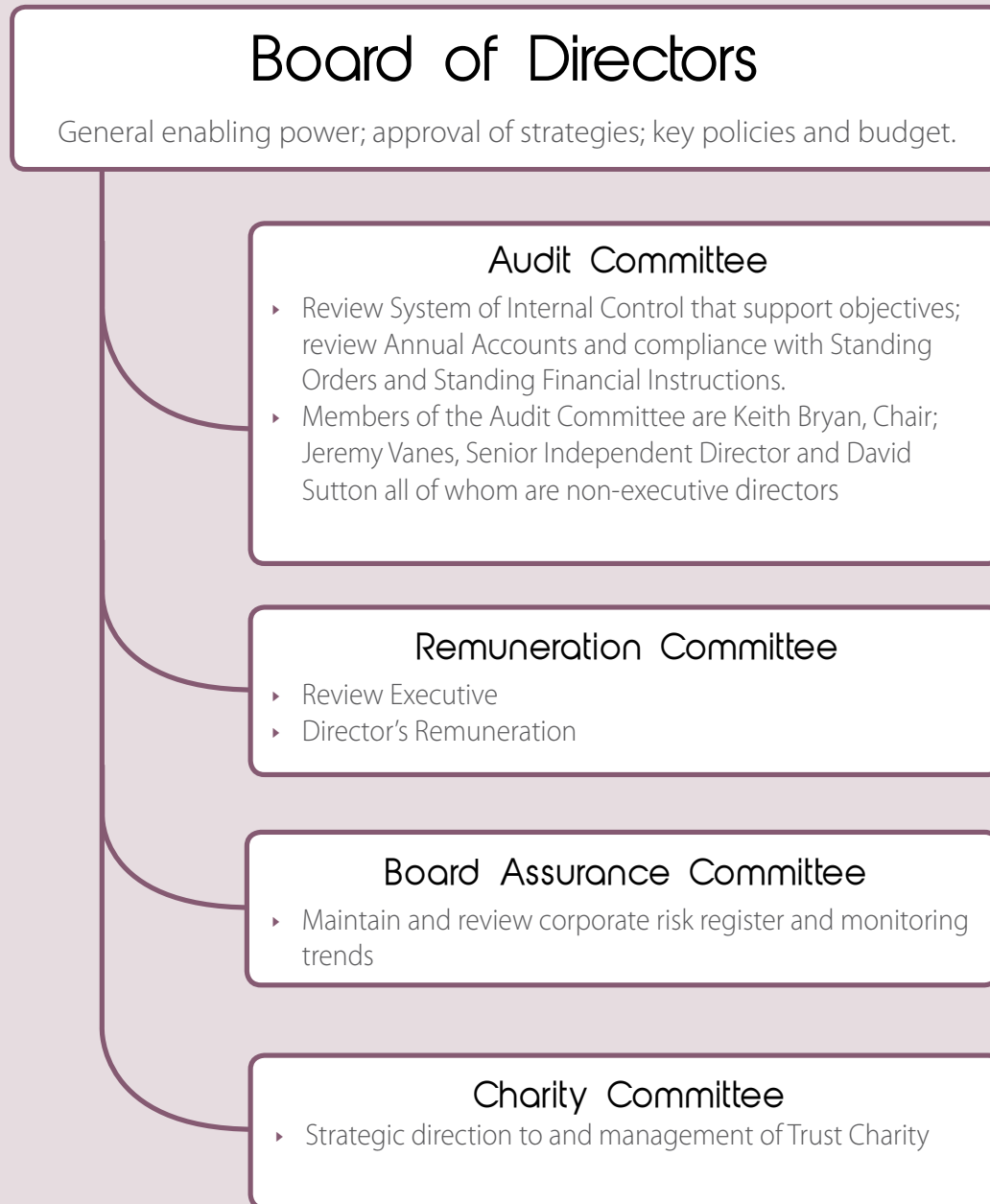
Date: 7th June 2011

David Loughton

CBE Chief Executive

Supporting Committees

The Board is supported by a number of Committees which report to it, as set out below:



Public Interest Disclosure

The Trust is required to comply with HM Treasury and Office of Public Sector Information guidance about making information widely available. The Trust complies with this guidance and only requests fees for information in line with statutory guidance. The Trust made no political or charitable donations over this year.

Section 11- Remuneration Report

The Trust has a Remuneration Committee whose role is to advise the Board on appropriate remuneration and terms of service for the Chief Executive and other Executive Directors. Membership of the Committee comprised:

B.Picken, K. Bryan, B. Jaspal-Mander, D. Sutton, J Anderson and J. Vanes

Remuneration for the Trust's Executive Directors is set by reference to job scope, personal responsibility and performance. This also takes into account the comparison with remuneration levels for similar posts, both within the National Health Service and the local economy. Whilst performance is taken into account in setting and reviewing remuneration, there are currently no arrangements in place for "performance-related pay".

It is not the Trust's policy to employ Executive Directors on 'rolling' or 'fixed term' contracts. All Directors' contracts conform to NHS Standards for directors, with arrangements for termination in normal circumstances by either party, with a written notice of six months.

Remuneration for the Trust's Executive and Non-Executive Directors during the financial year ended 31 March 2012 is set out in table below:

Signed: 

Date: 07 June 2012

David Loughton CBE
Chief Executive



Salary and Pension Entitlements of Senior Managers

These are shown in the following two tables

A) Remuneration	2011-12				2010-11			
	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Bonus Payments (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Bonus Payments (bands of £5000) £000	Benefits in Kind Rounded to nearest £100
Name and Title								
Executive Directors								
D Loughton - Chief Executive	205-210	0	0	0	195-200	0	0	0
J Odum - Medical Director (from 01/04/2011)	85-90	105-110*	0	0	0	0	0	0
B Millar – Medical Director (to 31/3/2011)	0	0	0	0	150-155	0	0	0
K Stringer – Chief Financial Officer	135-140	0	0	0	125-130	0	0	0
V Hall - Chief Operating Officer	140-145	0	0	0	125-130	0	0	0
C Etches – Chief Nursing Officer	130-135	0	0	0	120-125	0	0	0
Non-Executive Directors								
A J Edwards - Chairman (to 28/7/2010)	0	0	0	0	5-10	0	0	0
K Bryan - Acting Chairman (from 6/5/2010 to 31/8/2010)	0	0	0	0	5-10	0	0	0
B Picken – Chairman (from 1/9/2010)	30-35	0	0	0	15-20	0	0	
S M Bright - Non-Executive Director (to 01/09/2010)	0	0	0	0	0-5	0	0	0
K Bryan - Non-Executive Director (to 5/5/2010 and from 01/09/2010)	5-10	0	0	0	0-5	0	0	0
B Jaspal-Mander - Non-Executive Director	5-10	0	0	0	5-10	0	0	0
J Sharples - Non-Executive Director (to 31/08/2011)	0-5	0	0	0	5-10	0	0	0
J Vanes - Non-Executive Director	5-10	0	0	0	5-10	0	0	0
J Anderson - Non Executive Director (from 01/04/2010)	5-10	0	0	0	5-10	0	0	0
D Sutton – Non Executive Director	5-10	0	0	0	0-5	0	0	0
Directors								
Prof. D Luesley - Honorary Non-Executive Director	5-10	0	0	0	5-10	0	0	0
D Harnin – Director of Human Resources	100-105	0	0	0	125-130	0	0	0
M Espley - Director of Planning and Contracting (from 01/04/2011)	120-125	0	0	0	90-95	0	0	84

*This relates to J Odum's role as a Renal Physician

Total remuneration for senior managers in year ended 31 March 2012 was £1,001,968, 0.27% of income. (Restated 31 March 2011 £1,017,431, 0.33% of income, figure published in annual report for 2010/11 was £797,526. This has been adjusted for inclusion of M Espley with transfer of community services and D Harnin who was self employed in 2010/11 to enable appropriate comparisons.)

The definition of senior managers used to establish who should be included in the table above is that given in the manual for accounts:

"Those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments".

B) Pension Benefits

Name and title	Real increase in pension at age 60 (bands of £2500) £000	Lump sum at age 60 related to real increase in pension (bands of £2500) £000	Total accrued pension at age 60 at 31 March 2012 (bands of £5000) £000	Lump sum at age 60 related to accrued pension at 31 March 2012 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2012 £000	Cash Equivalent Transfer Value at 31 March 2011 £000	Real Increase in Cash Equivalent Transfer Value £000	Employer's Contribution to Stakeholder Pension To nearest £100
D Loughton - Chief Executive	2.5-5	10-12.5	60-65	185-190	1395	1,239	117	0
J Odum - Medical Director (from 01/04/2011)	0	0	40-45	120-125	735	0	0	0
K Stringer – Chief Financial Officer	2.5-5	7.5-10	40-45	125-130	732	588	127	0
C Etches - Chief Nursing Officer	2.5-5	10-12.5	45-50	135-140	877	721	134	0
V Hall - Chief Operating Officer	2.5-5	12.5-15	65-70	195-200	1479	1,294	144	0
D Harnin – Director of Human Resources	0	0	10-15	30-35	223	0	0	0
M Espley - Director of Planning and Contracting (from 01/04/2011)	2.5-5	10-12.5	10-15	35-40	185	101	81	0

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

D Harnin has been employed by the Trust since 01/04/2011 and was previously self employed and therefore no contribution was made into the pension scheme in 2010/11.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses market valuation factors for the start and end of the period.

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in the Trust and the median remuneration of the organisation's workforce. For 2011-12 this was £208,000 (2010-11, £198,000) being 8 times the median remuneration of the workforce, which was £25,528 (2010-11, 8 times). The median has been calculated by taking the median pay rate within the median pay band for the Trust. In 2011-12, two employees received remuneration in excess of the highest-paid director being £216,000 (2010-11, was also two).

Total remuneration includes salary and benefits-in-kind. Employer pension contributions and the cash equivalent transfer value of pensions are excluded. Performance-related pay does not apply and there were no severance payments made in 2011-12.

1.2 Annual Accounts

Foreword and Financial Performance Overview

The summary financial statements are an extract of the information in the full Annual Accounts. These include the Annual Governance Statement of the Trust for year ended 31 March 2012. The summary financial statements only give an overview of the financial position and performance of the Trust but might not contain sufficient information for a full understanding of the Trusts' performance. For more detailed information please refer to the full Annual Accounts for the Trust. These are available free of charge from The Director of Finance and Information, The Royal Wolverhampton Hospitals NHS Trust, New Cross Hospital, Wolverhampton, WV10 0QP.

The Annual Accounts have been prepared in accordance with the 2011/12 NHS Trusts Manual for Accounts (MFA), issued by the Department of Health. From 2009/10 the MFA follows the International Financial Reporting Standards (IFRS) and interpretations to the extent that they are meaningful and appropriate to public body entities.

The financial performance of the Trust is assessed by the Department of Health against four targets.

These are:

- **Income and Expenditure**
As a minimum, the Trust is required to break even each year. Where a deficit is incurred, the Trust is required to achieve surpluses in subsequent years until break-even, taking one year with another, is achieved.
- **Capital Cost Absorption Rate**
Within its overall expenditure, the Trust is required to pay the Department of Health a sum equivalent to 3.5% of average net relevant assets. This payment is known as the Public Dividend Capital payment.
- **External Financing Limit**
This refers to the agreed amount of additional cash that the Trust can obtain from the Department of Health to help fund its capital programme. The Trust is expected to stay below its External Finance Limit. There are no special factors that have influenced cash flows in the financial year or expected for future.
- **Capital Resource Limit**
This is a limit, imposed by the Department of Health, on the level of capital expenditure that the Trust can incur in the year. The Trust is expected to maintain its spend at or below this level.

All four targets were achieved, as indicated in Table 1 below:

Table 1	Target	Actual	Achieved
Income & Expenditure Surplus / (Deficit) (£000)	7,500	9,297	✓
Capital Cost Absorption (%)	3.5%	3.5%	✓
External Financing Limit (£000)	(2,609)	(5,373)	✓
Capital Resource Limit (£000)	20,240	19,857	✓

Table 2 shows the Income and Expenditure position for each of the last five years:

Table 2	2007/08 £000	2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000
Turnover	251,969	266,687	289,830	306,023	374,417
Break-even in-year position	8,335	10,785	8,035	7,964	9,297
Break-even cumulative position	(18,223)	(7,438)	597	8,561	17,858

Cumulative Position

Table 2 shows that the Trust achieved its statutory break-even duty in 2011/12.

In 2011/12 the Trust achieved a surplus for the 6th consecutive year. This surplus amounted to £9,297k after impairment and adjustments for changes in accounting treatment.

Transforming Community Services (TCS)

Under the TCS initiative, community and dental services historically provided by Wolverhampton City PCT have transferred to the Trust. Revenue and costs are reflected in the Statement Of Comprehensive Income for the Year Ended 31 March 2012. The Trusts opening balances were adjusted to recognise the transfer of services and are shown in the Statement Of Financial Position in the column headed "Merger Adjustments". Details provided within Note 1.3 of the Trust accounts available on request.

Private Finance Transactions

The Trust has an on-balance sheet scheme relating to the provision and maintenance of the Radiology building and equipment including replacement and upgrading. The contract for the scheme covers the period 1 April 2002 to 31 March 2032, with remaining committed payments of circa £39 million. Although interest rate changes affect future payments, the impact to date has not been significant.

Revaluation

The value of the Trust's land and buildings have been assessed by an independent professional valuer, as at 31 March 2011, which has then been subject to indexation using indices provided by the professional valuer. New additions and refurbishments completed in year were valued by the same independent valuer on a modern equivalent asset basis.

Pension Liabilities

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". Further details can be found in the full set of accounts available on request.

Accounts Policy Change

As the accounts policy for Donated Assets and Government Grants has changed, this has been applied retrospectively and 2010/11 results have been restated. Donated and grant income is deferred only when conditions attached has been met. Details are included in the full set of account which will be provided on request.

Private Finance Transactions

The Trust has an on-balance sheet scheme relating to the provision and maintenance of the Radiology building and equipment including replacement and upgrading. The contract for the scheme covers the period 1 April 2002 to 31 March 2032.

Better Payment Practice Code

The Department of Health requires that trusts aim to pay their non-NHS and NHS invoices by the due date or within 30 days of receipt of goods or a valid invoice, (whichever is the latter), unless other terms have been agreed with the supplier. The target is to achieve 95% compliance and, over the last two years, the Trust's performance is shown in Table 3.

Table 3	2010/11		2011/12	
	Number	£000	Number	£000
Total Invoices Paid in Year	64,494	104,413	67,050	111,630
Total Invoices Paid Within Target	57,556	96,193	59,764	103,567
Percentage of Invoices Paid Within Target	89.3%	92.1%	89.1%	92.8%

Prompt Payments Code

The Trust is an approved signatory to the Prompt Payment Code.

Staff Sickness Absence

The following table provides details of the Trust's staffing sickness absence.

Staff Sickness Absence	Total 31/03/2012 Number	Total 31/03/2011 Number
Total Days Lost	55,209	42,158
Total Staff Years	5,395	4,375
Average number of days lost per year	10	9.6
Average days lost per year based on 230 working days per annum	4.45%	4.2%

Auditors

The Trust's external auditors are PricewaterhouseCoopers LLP and the total charge for audit work undertaken in 2011/12 was £180k including VAT (2010/11 £170k). Other auditors remuneration in 2011/12 was £nil (2010/11 £12k) and relates to VAT-related services.

As far as the Directors are aware, there is no relevant audit information the Trust's auditors are unaware of and the Directors have taken all steps that they ought to have taken, as Directors, to make themselves aware of any relevant audit information and to establish that the Trust's Auditors are aware of that information.

Non-audit work may be performed by the Trust's external auditors where the work is clearly audit related and the external auditors are best placed to do that work. For such assignments the Audit Committee approved protocol is followed. This ensures that all such work is properly considered and that the external auditor's independence is not compromised through the Trust using them for other non audit services.

The Trust is able to ensure this as:

- All work is controlled and monitored by the Audit Committee who are made up of Non Executive Directors. They approve all work and provide a check to ensure independence is maintained.
- Any additional work carried out by the External Auditors has to be approved by the Audit Commission if its value is greater than 20% of the external audit fee, or £30,000, whichever is the greater.

Statement of Comprehensive Income for the Year Ended 31 March 2012

	2011/12 £000	2010/11 £000
Revenue		(restated)
Revenue from patient care activities (see glossary of terms)	341,869	279,144
Other operating revenue (see glossary of terms)	32,548	26,696
Operating expenses	(356,059)	(289,395)
Operating surplus	18,358	16,445
Finance costs:		
Investment revenue	106	67
Other gains and (losses)	(37)	4
Finance costs	(1,792)	(928)
Surplus / for the financial year	16,635	15,588
Public dividend capital dividends payable (see glossary of terms)	(7,900)	(7,407)
Retained surplus for the year	8,735	8,181

All revenue and operating expenses are derived from continuing operations.

Other Comprehensive Income for the Year Ended 31 March 2012

	2011/12 £000	2010/11 £000
Other comprehensive income		
Retained Surplus for the Year	8,735	8,181
Impairments and reversals	(362)	(1,584)
Gains on revaluations	2,435	11,140
Total comprehensive income for the year	10,808	17,737
Financial performance for the year		
Retained surplus/(deficit) for the year	8,735	8,364
IFRIC 12 adjustment in respect of PFI transactions	(89)	(719)
Impairments	329	319
Adjustments in respect of donated asset/gov't grant reserve elimination	322	0
Adjusted retained surplus (deficit)	9,297	7,964

As per the guidance, the prior period comparatives for the financial performance are taken from prior year accounts and not amended for any prior period restatements as the performance is judged in year and not restated.

Statement of Financial Position as at 31 March 2012

	31 March 2012	1 April 2011 (restated)	TCS Merger Adjustment	31 March 2011 (restated)	31 March 2010 (restated)
	£000	£000	£000	£000	£000
Non-current assets					
Property, plant and equipment	251,189	243,900	720	243,180	224,620
Intangible assets	746	779	0	779	889
Trade and other receivables	1,916	556	0	556	882
Non-current assets held for sale	800	800	0	800	800
Total non-current assets	254,651	246,035	720	245,315	227,191
Current assets					
Inventories	5,703	5,064	320	4,744	4,576
Trade and other receivables	18,778	16,427	898	15,529	12,548
Cash and cash equivalents	15,658	11,788	2	11,786	9,583
Total Current Assets	40,139	33,279	1,220	32,059	26,707
Total assets	294,790	279,314	1,940	277,374	253,898
Current liabilities					
Trade and other payables	(34,015)	(31,238)	(1,303)	(29,935)	(24,348)
Borrowings	(1,844)	(2,076)	0	(2,076)	(2,095)
Provisions	(3,193)	(1,726)	0	(1,726)	(1,544)
Net current assets/(liabilities)	(39,052)	(35,040)	(1,303)	(878)	(480)
Total assets less current liabilities	255,738	244,274	637	243,637	225,911

	31 March 2012	1 April 2011 (restated)	TCS Merger Adjustment	31 March 2011 (restated)	31 March 2010 (restated)
	£000	£000	£000	£000	£000
Non-current liabilities					
Borrowings	(8,085)	(7,389)	0	(7,389)	(7,339)
DH Working capital loan	0	0	0	0	0
Provisions	(457)	(497)	0	(497)	(558)
Total assets employed	247,196	236,388	637	235,751	218,014
Financed by taxpayers' equity:					
Public dividend capital	170,082	170,082	0	170,082	170,082
Retained earnings	7,815	(2,831)	637	(3,468)	(9,442)
Revaluation reserve	69,109	68,947	0	68,947	57,184
Other reserves	190	190	0	190	190
Total Taxpayers' Equity	247,196	236,388	637	235,751	218,014

The financial statements were approved by the Board on June 2012 and signed on its behalf by:

Signed: 

Date: 08 June 2012

David Loughton CBE
Chief Executive

Statement of Changes in Taxpayers' Equity

	Public dividend capital (PDC)	Retained earnings	Revaluation reserve	Other reserves	Total
	£000	£000	£000	£000	£000
Balance at 1 April 2011	170,082	(3,468)	68,947	190	235,751
Adjustment for TCS Transactions	0	637	0	0	637
Restated Balance at 1 April 2011	170,082	(2,831)	68,947	190	236,388
Changes in taxpayers' equity for 2010/11					
Total Comprehensive Income for the year					
Retained surplus/(deficit) for the year	0	8,735	0	0	8,735
Impairments and reversals	0	0	(362)	0	(362)
Net gain on revaluation of property, plant, equipment	0	0	2,435	0	2,435
Transfer between reserves	0	1,911	(1,911)	0	0
Balance at 31 March 2012	170,082	7,815	69,109	190	247,196

Public Dividend Capital (PDC). When NHS trusts were first established, everything they owned (land, buildings, equipment and working capital) was transferred to them from the government. The value of these assets is in effect the public's equity stake in the new NHS trusts and is known as public dividend capital (PDC). It is similar to company share capital and, as with company shares, a dividend is payable to the Department of Health. This PDC dividend is calculated at 3.5% of average net relevant assets.

The Retained Earnings is the cumulative surplus/(deficit) made by the NHS trust since its inception. It is held in perpetuity and cannot be released to the Statement of Changes In Taxpayers' Equity.

The Revaluation Reserve reflects movements in the value of property, plant & equipment and intangible assets as set out in the accounting policy. The Revaluation Reserve balance relating to each asset is released to the Income and Expenditure reserve on disposal of that asset.

Other reserves arose at the time of inception of the Trust and are considered likely to remain at the present value.

Statement of Cash Flow for the Year Ended 31 March 2012

	2011/12 £000	2010/11 £000
Cash flows from operating activities		
Operating surplus	18,358	16,445
Depreciation and amortisation	14,419	12,831
Impairments and reversals	329	319
Release of PFI/deferred credit	1,310	0
Interest paid	(1,786)	(911)
Dividends paid	(7,900)	(7,407)
(Increase)/decrease in inventories	(639)	(168)
(Increase)/decrease in trade and other receivables	(3,711)	(2,655)
Increase/(decrease) in trade and other payables	2,712	5,211
Increase/(decrease) in provisions	1,412	104
Net cash inflow/(outflow) from operating activities	24,504	23,769
Cash flows from investing activities		
Interest received	106	67
(Payments) for property, plant and equipment	(19,253)	(19,570)
Proceeds from disposal of plant, property and equipment	8	4
(Payments) for intangible assets	(66)	(120)
Net cash inflow/(outflow) from investing activities	(19,205)	(19,619)
Net cash inflow/(outflow) before financing	5,299	4,150
Cash flows from financing activities		
Loans repaid to the DH	0	0
Other capital receipts	74	0
Capital element of finance leases and PFI	(1,503)	(1,947)
Net cash inflow/(outflow) from financing	(1,429)	(1,947)
Net increase/(decrease) in cash and cash equivalents	3,870	2,203
Cash at the beginning of the financial year	11,788	9,583
Cash at the end of the financial year	15,658	11,786

Glossary of Terms

1. Public Dividend Capital dividend – this is a payment made to the Department of Health, representing a 3.5% return on the Trust's net relevant assets.
2. Revenue from activities – this is the majority of the Trust's income and is derived in the main from the provision of healthcare to Primary Care Trusts
3. Other operating revenue – is mostly in respect of training and research and development
4. Intangible assets – this relates to software licences
5. Tangible assets – this refers to the Trust's land, buildings and equipment
6. Provisions for liabilities and charges – when there is a reasonable degree of certainty that the Trust will be liable for a particular cost, and where it has not yet actually been incurred, a provision is made to reflect that liability
7. Impairment – this term is most usually applied when a decision has been made that reduces the life and/or value of a Trust asset (most often a building). Such reductions in value are charged to the income and expenditure account when there are insufficient balances on the revaluation reserve.



Statement of the Chief Executive's Responsibility as the Accountable Officer of the Trust

The Chief Executive of the NHS has designated that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the Trust;
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed:  Date: 07 June 2012

David Loughton CBE
Chief Executive

Statement of Directors' Responsibilities in Respect of the Accounts

The Directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognised gains and losses, and cash flows for the year. In preparing those accounts, Directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board.

Signed: 

Date: 07 June 2012

David Loughton CBE
Chief Executive

Signed: 

Date: 07 June 2012

Kevin Stringer
Chief Financial Officer



Independent auditors' statement to the Directors of the Board of The Royal Wolverhampton Hospitals NHS Trust

We have examined the summary financial statements for the year ended 31 March 2012 which comprises the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, the related notes and the information in the Remuneration Report headed "Salary and Pension Entitlements of Senior Managers".

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report and summary financial statements, in accordance with directions issued by the Secretary of State.

Our responsibility is to report to you our opinion on the consistency of the summary financial statements within the Annual Report with the statutory financial statements and the Directors' Remuneration Report and its compliance with the relevant requirements of the directions issued by the Secretary of State.

We also read the other information contained in the Annual Report and consider the implications for our statement if we become aware of any apparent misstatements or material inconsistencies with the summary financial statements. The other information comprises only the sections of the Annual Report referred to as the Introduction from the Chairman and Chief Executive, About the Trust, the Directors' Report, Management Commentary, Data Security, Sustainability Report, A Forward Look 2012/13, The Board of Directors, Public Interest Disclosure and the Remuneration Report.

This statement, including the opinion, has been prepared for, and only for, the Board of The Royal Wolverhampton Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and of Audited Bodies (Local NHS Bodies) published by the Audit Commission in March 2010 and for no other purpose. We do not, in giving this opinion, accept or assume responsibility for any other purpose or to any other person to whom this statement is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

We conducted our work in accordance with Bulletin 2008/3 issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our audit opinion on those financial statements, the Directors' Report and the Directors' Remuneration Report.

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements and the Directors' Remuneration Report of The Royal Wolverhampton Hospitals NHS Trust for the year ended 31 March 2012 and complies with the relevant requirements of the directions issued by the Secretary of State.

We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements (8 June 2012) and the date of this statement.



Mark Jones, Engagement Lead
For and on behalf of PricewaterhouseCoopers LLP
Appointed Auditors
Cornwall Court
19 Cornwall Street
Birmingham
B3 2DT

Date: 26th July 2012

Directors' Statement

The auditors have issued unqualified reports on the full annual financial statements; the part of the directors' remuneration report that is described as having been audited; and on the consistency of the directors' report with those annual financial statements.

The auditors' report on the full annual financial statements contained no statement on any of the matters on which they are required, by the Code of Audit Practice, to report by exception.

Notes:

- (a) The maintenance and integrity of The Royal Wolverhampton Hospitals NHS Trust website is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.
- (b) Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.



2

Quality Account

Part 1:

Statement on Quality from the Chief Executive

Improving the experience and outcomes for our patients remains the top priority for the Trust and our vision puts patients at the centre of all that we do. The Trust knows that patient experience is critical to both patients and their families and goes well beyond the health outcomes of care. We know that our healthcare 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. That said, the constant drive for greater efficiency, resulting in reduced contact time between patients and our staff, increased activity and technological advances, challenges the delivery of healthcare in the 21st century to remain caring and compassionate.

2011/12 has been a landmark year for the Trust following the integration of Wolverhampton Community Services. Integration was important for both organisations as it will cement the long term viability of services for the people we treat. We have achieved good integration across a number of hospital and community teams which has ultimately improved the services and experience for our patients. We shall look to build on this in the coming year and therefore our priorities looking forward span across the health economy of the city.

This year's Quality Account provides us with the opportunity to demonstrate our commitment to continuously reviewing, measuring and improving the services we offer. We have aimed to provide an honest account of our performance, sharing our successes but also the details of where improvements are still required.

Our priorities for the coming year reflect national drivers to improve care for older people, for those nearing the end of life, to reduce harm to patients and to ensure the very basics of care are not only provided, but are not enough: We aim for our minimum standard to be the best that can be provided on every occasion. To help us do this ten "Always Events" have been developed and agreed to inform all staff who contribute to patient care of the most significant patient safety and experience events which must occur to safeguard patients who receive our services. These "events" cover a wide group of professional and staff groups both clinical and non-clinical and support the obligation to meet professional codes.

Our priorities have been divided into 3 themes: 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 focussed organisation. Care of the Elderly is our second priority 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. Our third priority is End of Life Care, we only have one chance to get this right and give patients and their families the dignity and respect they deserve.

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 2012/13.

To the best of my knowledge, the information contained in this quality account is accurate.



David Loughton CBE
Chief Executive
The Royal Wolverhampton Hospitals
NHS Trust



Our Vision and Values

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 - 2012/13 Priorities for improvement

Our priorities for 2012/13 were chosen after consulting both our staff and clinical teams who work in the Trust, 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.

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 the hospital and in the community.

Priority two: Care of the Elderly: this is a huge proportion of our patient population and therefore improvements can have a significant impact. Care for this group includes many key aspects of treatment requiring continuous improvement and monitoring of quality, i.e. good nutrition and 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.

We will measure progress against achievement of the priorities through a number of ways including regular reports to the Trust Board which outline performance against the indicators that support the priorities, what patients are telling us about their experience as part of the real time monitoring and net promoter scores and feedback from external organisations which monitor our performance.



Priority 1: Urgent Care

Why is this a priority?

Because it impacts on everyone at their most vulnerable and is where we can really make a difference to patients through the best use of community services. Urgent and emergency care also drives demand for a number of other services both in hospital and in the community.

Baseline

Urgent and emergency care covers three main areas:

1. Services offered by GPs
2. Services in the community such as Walk in Centres
3. Hospital services such as Accident & Emergency and the Emergency Assessment Units

The Accident and Emergency (A&E) Department is the first step in the pathway of emergency care often for patients who have complex needs and are at their most vulnerable. It is the "shop window" of the Trust for many patients and their carers. The number of attendances at A&E has increased over the last 8 years. This is despite the introduction of 2 Walk in Centres in the city of Wolverhampton. We are also aware that we have a high number of children who attend our A&E department and evidence suggests that these children would be better treated by having care delivered closer to home.

An Urgent & Emergency Care Strategy Board has been established to bring together GPs from Wolverhampton and South Staffordshire, Trust doctors, nurses and managers, social services, ambulance service, commissioners and a Public Governor from the Trust. These people are working together to develop care pathways that will help to get patients to the right service first time and make sure that patients who go to Accident and Emergency need to be there.

Goals

1. Patients who arrive by ambulance will be assessed by a nurse within 15 minutes.
2. The average time to be seen by a doctor will be 1 hour.
3. Accurate information will be available for patients on their waiting time and the treatment they can expect.
4. Pathways of care will be available for the top 10 conditions.
5. The number of children attending Accident and Emergency Department and Paediatric Assessment Unit (PAU) will be reduced.

Monitoring & reporting

Waiting times will be monitored daily and reported to twice monthly performance meetings with directors. The information will also be available to patients through the internet.

Paediatric services will monitor attendances to the emergency departments.

Action required

1. A review of the workforce has already taken place and the Emergency Department is actively recruiting medical and nursing staff to ensure we can provide 24 hour Consultant cover, the availability of Advanced Clinical Practitioners (ACPs) and a 14 hour nurse led minor injuries unit. The increase in staffing will be phased over the next 5 years.
2. Role of the leader on each shift and in each area of the emergency department will be defined. Training will be provided for all participating in these roles. Performance will be audited and managed.
3. Physical capacity will be increased to improve flow.
4. We will work with patients to understand the information that they wish to see and the format they wish to see it in.
5. We will provide clearer information for patients to sign post them to the right service straight away.
6. We will work with GPs and walk in centres and community services so that where possible care can be provided outside of the hospital.
7. We will develop a Care Closer to Home project in paediatrics.
8. We will implement the Healthy Start to Life programme which will include the recruitment of Health Visitors.
9. Feedback will be improved to all staff so that they understand the performance of the department and patient experience.

Lead - Clinical Director for Emergency Services / Clinical Director for Paediatric Services.





Priority 2: Care of the Elderly

Why is this important?

As in the country more widely, the population of Wolverhampton will change over the next 20 years, with older age groups making up a bigger proportion of the population. For example, the Office for National Statistics (ONS) suggests that by 2028, over 70s will comprise 36.5% of the city's population. We also know that the elderly use more healthcare services than any other group, so it is essential that care is designed appropriately for our biggest service users.

Baseline

Care of the Elderly encompasses a wide range of essential care standards that help us to focus on keeping older people safe both in hospital and when being cared for in their homes. The Trust will focus on the care standards that can have the biggest impact on patient experience and outcomes: Falls, Nutrition, Pressure Ulcers and Infections.

In November 2011, the Trust launched the "Creating Best Practice Programme". This programme has looked at all the activities that take place on a ward during the day and night and made changes to ensure that the patient always comes first. All the staff involved in delivering care for patients either directly e.g. nurses, doctors and physiotherapists or indirectly e.g. housekeeping staff, catering staff and porters worked together to agree how they could make changes. To make sure we knew when changes were successful baseline information was collected so that progress could be monitored before the programme was rolled out to all wards in 2012.

What we've changed so far:

- A trial of providing biscuits and cake with morning coffee and afternoon tea and soup at lunchtime
- Paper rounds to the ward door
- Meet and Greet for visitors

Falls

Reducing the number of patient falls has been one element of the Creating Best Practice programme. The work has included looking at the ward environment – the type of flooring, space to move freely around the bed, a clear passage to the bathroom and attention to improving the visibility of nurses on the wards. As a result additional work space has been created to allow nursing staff to work in the patient bays, and monitor patients providing support when needed, rather than have to use desk space at the nursing station. One of the wards involved has significantly reduced its patient falls with only 4 falls since the programme commenced in comparison to 19 in the same period last year.

Goal

We have already seen an improvement on previous years in the number of patient falls, especially those resulting in serious injury. We want to improve further, therefore our goal for the coming year is: We will aim to reduce the number of patient falls resulting in serious harm to less than 10 in 2012/13.

Monitoring & reporting:

The Trust uses the NHS 'Safety Thermometer' which provides a quick and simple method to identify patients who are at risk of harm such as falling, pressure ulcers and infections. The tool helps us to measure and monitor local improvement and harm free care over time. Using the NHS Safety Thermometer is one of the indicators in our quality payment contract (CQUIN). It is the Trust's ambition to achieve 95% harm free care this year.

Ward Based Metrics: Each in-patient ward reports on a number of measures every month including the number of falls. This will enable Ward Sisters and Matrons to quickly identify trends and any cause for concern. In addition, the roll out of the Creating Best Practice project will monitor the number of falls and those resulting in serious harm. All falls will continue to be reported and graded according to the severity of injury sustained.

Action required:

1. To maintain a focus on falls prevention, including patient assessment on admission and implementation of a falls care bundle.
2. Encourage a multidisciplinary approach to falls prevention to include medical staff and therapists as well as nurses.
3. Monitoring the incidence of falls and reporting to the Falls Committee.
4. Investigation into falls where a serious injury occurs to see if there are lessons that can be learnt.
5. Investment in equipment to help reduce falls, such as hip protectors and high-low beds.

Nominated Lead:

Chief Nursing Officer



Pressure Ulcers

A pressure ulcer is a localised injury to the skin and/or underlying tissue, usually over a bony prominence such as the ankle, elbow or bottom of the spine as a result of pressure or pressure combined with shear.

Pressure ulcers are a considerable burden to the NHS and have a detrimental effect on patient safety, dignity, comfort and experience. It was estimated in 2009 that there was a prevalence of 10.2% of pressure ulcers in acute care with an individual cost of £5,124 per patient which includes acute and follow on community care.

It is nationally recognised through “High Impact Actions” a call to action from the Chief Nursing Officer (CNO) to reduce this patient harm that the majority of pressure ulcers are avoidable with the correct preventative management plan.

Goal:

We will aim to have no avoidable pressure ulcers occur in the hospital and community settings by December 2012.

NHS Midlands & East, our Strategic Health Authority (SHA) is committed to improving patients’ experiences and the quality and safety of care and has recently set the challenging ambition to eliminate all avoidable pressure ulcers by December 2012. This is one of five ambitions aiming to safeguard individuals by providing harm free care. Avoidable pressure ulcers can be classified as pressure ulcers that have developed where there is no or inconsistent evidence that all the preventative plans/actions have been implemented. Pressure ulcers can be classed as unavoidable when all plans and actions are in place and evidenced and where underlying condition impacts on the ability to deliver preventative care.

Monitoring & reporting:

As mentioned earlier, for monitoring falls, our progress in reducing pressure ulcers will be through the Safety Thermometer, Creating Best Practice project and Ward based metrics. Progress will be reported to the Tissue Viability Committee.

Accurate reporting of pressure ulcers: There are four grades of pressure ulcers classified dependant on severity (Grade 1 least severe – Grade 4 most severe). We have developed comprehensive reporting of pressure ulcers across acute and community services using the ‘Datix’ system which is analysed daily to determine the need to report Grade 3 and 4 pressure ulcers as Serious Incidents. With comprehensive training and awareness the organisation can now provide assurance of high levels of accurate reporting.

Action required:

The actions for the coming year will build on the work done so far to include:

One of the ways we make sure we are using all the right interventions at the right time is to develop a care bundle. A preventative care bundle was developed and implemented for use in both acute and community services. This document provides practitioners with the ability to assess patient’s risk of pressure damage and a comprehensive evidence based plan aiming to prevent pressure ulcers. It also provides evidence of the daily actions undertaken against the standard set. These care bundles will be regularly audited for compliance.

The launch of the care bundles was supported with an education programme for all staff involved in delivering care, provided by the tissue viability nurse specialists. Training and education records will be monitored to ensure the workforce are able to meet the needs of patients.

A programme of “Comfort Rounds” has been implemented in each inpatient setting which systematically provides the interventions required to ensure each patient has their position altered at least every two hours. It also provides other preventative aspects such as increased fluids and nutrition. Ward Sisters and Matrons will monitor the frequency and effectiveness of Comfort Rounds.

The preventative programme is further supported by the leadership and visible presence in clinical areas of the Tissue Viability Nurse Specialists who directly support patient care. The tissue viability service has recently been expanded to provide the same advice to nursing/care homes in the city.

The Trust also provides a wide range of pressure relieving equipment for in-patients and for patients in their own home.

To emphasise the importance of reducing the number of pressure ulcers the Chief Nursing Officer holds a weekly meeting to review any grade 3 or 4 pressure ulcer acquired in our care to determine the avoidable and unavoidable and any actions required. At these sessions compliance against the care bundle standard is assessed and a determination of avoidable or unavoidable is made using national guidance. All learning from this process is influencing training and communication in the organisation.

A chronic wound project commenced in November 2011 focusing on auditing and improving care pathways for chronic wounds.

A Care Home project nurse due to commence in post in 2012 to look at education and skin care in nursing homes across the city.

**Nominated Lead:
Chief Nursing Officer**

Nutrition

Goal:

One of last year's priorities was to improve nutrition in hospital making sure that patients have nourishing food that looks and tastes good. This year we will build on the work we have done to make sure that no patient unintentionally loses weight whilst in our care.

Monitoring & reporting:

We will monitor compliance with mandatory training on nutrition for nurse and will continue to audit protected mealtimes.

There will be an ongoing audit of case notes for compliance with risk screening and use of the nutrition care plan.

Our real time patient experience surveys will include questions for our patients to rate the meal service and support they receive at mealtimes.

Action required:

A focus on patient nutrition will be maintained through the Nutrition Support Steering Group and the Catering Strategy Group.

Patient and public involvement in improving patient nutrition will continue as we know that this is something important to them. The real time feedback will enable action to be taken as early as possible once concerns are raised.

Training and education of our staff will continue.

Protected meal times will be audited throughout the year.

Nominated Lead:

Head of Nutrition & Dietetics

Preventing Infections

People who use our services will know that the Trust takes infection prevention very seriously and over the last few years our approach has made us one of the top performing Trusts in the country. We also work with nursing homes in Wolverhampton to train their staff and help them to reduce the number of infections. There is still much work to do and this year we will focus on:

Goals:

Reducing the number of device related infections.

Reduce the number of patients who test positive for Clostridium Difficile.

Monitoring & reporting:

As mentioned above, for monitoring falls and pressure ulcers, our progress in reducing infections will be through the NHS Safety Thermometer (catheter related infections), Creating Best Practice programme and Ward based metrics.

All progress will be reported to the Infection Prevention Committee.

Infection prevention education and training will as ever continue to be scrutinised, especially in relation to hand hygiene.

Action required:

1. Research planned for 2012/13 will examine surgical site infection rates and use of skin preparations.
2. Maintaining the MRSA screening programme which helps us to find and treat MRSA on patients' skin. This includes following up screened patients in their own homes or nursing homes.
3. Challenging the use of devices (catheters, drips, other lines, etc) and removing any device that is not essential to reduce the risk of a device related infection (DRHAB).
4. Zero tolerance of health care acquired infections and a culture of challenging poor infection prevention practice.

5. Maintaining a high standard of cleanliness in our clinical environments and ensuring we have equipment that is intact and fit for purpose.
6. Continued working with care homes across the city using the PREVENT charter.

The PREVENT Charter:

Promote best practice through a nominated infection prevention champion

Regularly monitor for compliance of the required standards and take remedial action as appropriate

Ensure high standards of hand hygiene awareness and compliance

Visible compliance with dress code standards

Ensure high standards of environmental cleanliness and an annual deep clean and de-clutter

Never accept poor standards and practice and implement best practice guidance into local practice

Take action and protect patients and the public

Nominated Lead:

Director of Infection Prevention & Control

Priority 3: End of Life Care

Why is this a priority?

Because we only have one chance to get this right to ensure patients die with dignity and respect. The impact of end of life care (EoLC) can have a lasting effect on family and friends.

Baseline

The Trust participated in the National Care of the Dying Audit - Hospitals (NCDHAH) in 2008 and 2011. The most recent results published in December 2011 show a significant improvement compared to the previous national audit in 2008. The Trust is in the top 25% of hospitals nationally for 5 of the 8 Key Performance Indicators (KPIs) audited, 1% off being in the top 25% in a further 2 KPIs and scored the same as the national average in the other KPI. That said we recognise that there is still room for improvement and a Palliative & Supportive Care Strategy sets out the approach taken within the Trust to provide palliative and end of life care for all patients with life limiting illness.



	NCDHAH Key Performance Indicators	National average (n=131 Hospital Trusts)	The Trust
NCDHAH Organisational Key performance indicators	KPI 1: Access to information relating to death & dying: to support care in the last hours or days of life	71%	86%
	KPI 2: Access to specialist support (Specialist Palliative Care Services, LCP facilitator) for care in the last hours or days of life.	63%	75%
	KPI 3: Care of the dying: continuing education, training & audit	67%	92%
	KPI 4: Care of the dying: clinical provision / protocols promoting patient privacy, dignity & respect, up to and including after the death of the patient	78%	78%

NCDHAH Clinical Key Performance indicators		National average (n=121 Hospitals)	The Trust
	KPI 5: Anticipatory prescribing for the 5 key symptoms that may develop in the last hours or days of life (Pain, agitation, respiratory tract secretion, nausea and vomiting, dyspnoea)	83%	97%
	KPI 6: Communication with the relatives or carers regarding the plan of care to promote understanding	71%	94%
	KPI 7: Ongoing, routine assessment of the patient, relative or carers	76% n=120	84%
	KPI 8: Compliance with the completion of the Liverpool Care Pathway (LCP), a specifically developed care pathway for dying patients in hospital	67%	88%

Red = bottom 25% hospitals Amber = middle 50% hospitals Green = top 25% hospitals

Goal

We will ensure that our staff have the skills and resources to provide information, support and will deliver care so that patients nearing the end of life will be cared for with dignity and respect and in the place of their choice.

Monitoring & reporting

Reports are presented annually to the Quality and Safety Committee and as requested to the Senior Nurse Operational or Strategic Groups.

A record of the training delivered and numbers of staff attending training will be kept.

The Trust will carry out local audits on the use of the Liverpool Care Pathway.

The Trust will participate in National Audits to monitor our performance moving forwards as well as comparing performance with other organisations.

The Trust will monitor compliments and complaints and these will be reported back to the individual wards and departments.

Action required

1. The development of training and education programmes to enable staff to care for patients near the end of life. An end of life care education and pathway facilitator has been employed to support this.
2. Implement named key workers to improve communication with patients and their families. Promote partnership in care between patients, their families and health and social care professionals.
3. A specific care pathway document: the 'Liverpool Care Pathway' will be used for patients nearing the end of their life. This is recognised as a high quality approach to care of the dying and will ensure consistent standards of care.
4. The specialist palliative care team will support management of pain and other symptoms.
5. Close working between community and hospital staff will ensure the right care is provided in the right place and takes into account the patient's wishes.
6. Sensitivity to personal, cultural and spiritual beliefs and practices.
7. Access to equipment to enable specialist teams to care for patients in their homes, including beds, mattresses, walking frames, etc.
8. Improvements in bereavement care for families after the loss of their loved one will be provided. Community services will continue to survey bereaved families to learn lessons for improvement. This will also be introduced in the hospital setting.

The Framework for delivery of Palliative / End of Life Services within Wolverhampton is best shown in the diagram below:



**Nominated Lead
End of Life
Strategy Group
Lead**

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 2011/12 The Royal Wolverhampton Hospitals NHS Trust provided and/ or sub-contracted 32 acute services and community services from West Park Rehabilitation Hospital, Gem Centre, Phoenix Walk in Centre, other local health centres and patients own homes.

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

The income generated by the NHS services reviewed in 2011/12 represents 91.8 per cent of the total income generated from the provision of NHS services by The Royal Wolverhampton Hospitals NHS Trust for 2011/12.

Participation in clinical audits

During 2011/12, 51 national clinical audits and 4 national confidential enquiries covered NHS services that The Royal Wolverhampton Hospitals NHS Trust provides. During that period The Royal Wolverhampton Hospitals NHS Trust participated in 75% of national clinical audits and 100% of the national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that The Royal Wolverhampton Hospitals NHS Trust was eligible to participate in, during 2011/12, are as follows:

Table 1: national clinical audits

National Clinical Audit	Participated	Submission %
Peri-and Neo-natal		
Perinatal mortality (MBRRACE-UK)	No	
Neonatal intensive and special care (NNAP)	Yes	100%
Children		
Paediatric pneumonia (British Thoracic Society)	No	
Paediatric asthma (British Thoracic Society)	Yes	100%
Pain management (College of Emergency Medicine)	Yes	100%
Childhood epilepsy (RCPH National Childhood Epilepsy Audit)	Yes	100%
Paediatric intensive care (PICANet)	N/A	
Paediatric cardiac surgery (NICOR Congenital Heart Disease Audit)	Yes	Still to be submitted
Diabetes (RCPH National Paediatric Diabetes Audit)	Yes	100%
Acute care		
Emergency use of oxygen (British Thoracic Society)	Yes	100%
Adult community acquired pneumonia (British Thoracic Society)	No	
Non invasive ventilation -adults (British Thoracic Society)	Yes	100%
Pleural procedures (British Thoracic Society)	Yes	100%
Cardiac arrest (National Cardiac Arrest Audit)	No	
Severe sepsis & septic shock (College of Emergency Medicine)	Yes	100%
Adult critical care (ICNARC CMPD)	Yes	100%
Potential donor audit (NHS Blood & Transplant)	Yes	100%
Seizure management (National Audit of Seizure Management)	Yes	100%

Long term conditions		
Diabetes (National Adult Diabetes Audit)	Yes	100%
Heavy menstrual bleeding (RCOG National Audit of HMB)	Yes	29.6%
Chronic pain (National Pain Audit)	No	
Ulcerative colitis & Crohn's disease (UK IBD Audit)	Yes	100%
Parkinson's disease (National Parkinson's Audit)	Yes	100%
Adult asthma (British Thoracic Society)	Yes	100%
Bronchiectasis (British Thoracic Society)	Yes	100%
Elective procedures		
Hip, knee and ankle replacements (National Joint Registry)	Yes	100%
Elective surgery (National PROMs Programme)	Yes	Not known. Returns are sent directly to NHS Information Centre.
Intra-thoracic transplantation (NHSBT UK Transplant Registry)	No	
Liver transplantation (NHSBT UK Transplant Registry)	N/A	
Coronary angioplasty (NICOR Adult cardiac interventions audit)	Yes	100%
Peripheral vascular surgery (VSGBI Vascular Surgery Database)	Yes	100%
Carotid interventions (Carotid Intervention Audit)	No	
CABG and valvular surgery (Adult cardiac surgery audit)	Yes	100%
Cardiovascular disease		
Acute Myocardial Infarction & other ACS (MINAP)	Yes	100%
Heart failure (Heart Failure Audit)	Yes	100%
Acute stroke (SINAP)	Yes	100%
Cardiac arrhythmia (Cardiac Rhythm Management Audit)	Yes	100%

Table 1: national clinical audits

Renal disease		
Renal replacement therapy (Renal Registry)	Yes	100%
Renal transplantation (NHSBT UK Transplant Registry)	Yes	100%
Cancer		
Lung cancer (National Lung Cancer Audit)	Yes	100%
Bowel cancer (National Bowel Cancer Audit Programme)	Yes	100%
Head & neck cancer (DAHNO)	Yes	100%
Oesophago-gastric cancer (National O-G Cancer Audit)	Yes	100%
Trauma		
Hip fracture (National Hip Fracture Database)	Yes	100%
Severe trauma (Trauma Audit & Research Network)	Yes	100%
Psychological conditions		
Prescribing in mental health services (POMH)	N/A	
Schizophrenia (National Schizophrenia Audit)	N/A	
Blood transfusion		
Bedside transfusion (National Comparative Audit of Blood Transfusion)	Yes	100%
Medical use of blood (National Comparative Audit of Blood Transfusion)	Yes	100%
Health promotion		
Risk factors (National Health Promotion in Hospitals Audit)	No	
End of life		
Care of dying in hospital (NCDAAH)	Yes	100%

Table 2 national confidential enquiries

National Confidential Enquiries	Participated
Surgery in children - Are we there yet?	Yes
Cardiac arrest in hospital	Yes
Peri-operative care - knowing the risk	Yes
CMACE (centre for maternal and child enquiries)	Yes

The national clinical audits and national confidential enquiries that The Royal Wolverhampton Hospitals NHS Trust participated in during 2011/12 are shown in the second column in table 1.

The national clinical audits and national confidential enquiries that The Royal Wolverhampton Hospitals NHS Trust participated in, and for which data collection was completed during 2011/12 are listed in the third column in the table 1 above 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 or enquiry.

Clinical Audit Activity

The clinical audit committee has reviewed its terms of reference in November 2011 to ensure that regular monitoring occurs at these meeting and sharing of lessons across the Trust from audit.

The clinical audit strategy has been revised to reflect the current needs of the organisation and incorporate all community services.

Reviewing reports of national and local clinical audits / implementing change

The reports of 16 national clinical audits were reviewed by the provider in 2011/12 and The Royal Wolverhampton Hospitals NHS Trust intends to take the following actions as shown in the list below to improve the quality of healthcare provided:

- Improve patient's knowledge of the risk of future ectopic pregnancy and its management by giving each patient a specialised patient information leaflet including this important information.
- To inform Anaesthetic teams to document their presence and their involvement in PPH (Postpartum haemorrhage) management.
- Increase capacity of Diabetic retinopathy service by way of creating a virtual clinic for monitoring of patients who do not need immediate treatment.
- Ensure that all patients who require a third FBS (foetal blood sampling), are referred to Consultant on call (even if you have reassuring FBS samples previously).
- Development of information leaflet for induction of labour in women with previous caesarean section.
- Use of "Birth after Caesarian Section Management Plan" to improve documentation in antenatal counselling and postdates management.
- Review of policies to ensure they reflect safe patient care.
- To undertake a patient satisfaction following discharge from hospital.
- VTE investigation and root cause analysis tool developed.
- Falls Care Bundle, falls risk assessment and umbrella bags being implemented.
- Robust investigation process for sharps incidents and improved monitoring of safe sharps practice.
- Tissue Viability team fully established and tracking of pressure mattresses.

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by The Royal Wolverhampton Hospitals NHS Trust in 2011/2012, that were recruited during that period to participate in research was 3614 of which 2215 were supporting national portfolio trials.

This demonstrates a significant increase in recruitment on the previous year, greater choice for patients and a commitment to advancing new knowledge and innovation.

Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

The team works closely with a number of key partners to facilitate the advancement of knowledge, treatment, care and modernisation through research and innovation activity which will ultimately benefit our current and future patients.

Key partners include the West Midlands (North) Comprehensive Local Research Network (WMNCLRN), Greater Midlands Cancer Research Network (GMCRN), Stroke Research Network and Medicines for Child Research Network and Industry.

During 2011/2012 the Research and Development Directorate has received credit for its innovation management work with staff, academia, industry and patients. The department has championed innovations to local and national recognition. This has led to the development of products now being commercially sold back into the NHS, Private healthcare, on-line and via prescription.

By March 2012 there were 408 active studies open across the Trust, a measured increase of 121 studies since 2010/11.

There is a continued stream of projects being reviewed and processed each month with an average of 10 new students a month being received. This has put the Trust in the top 35 Trusts for number of recruiting National Institute for Health Research (NIHR) students.

We can evidence research activity across a number of departments with notable success in developing new areas such as Critical Care, A&E, and Rheumatology. Areas such as Diabetes have now started to conduct NIHR studies and commercial studies are now on the horizon. The Oncology and Haematology Directorate dominate the Trust portfolio in terms of active trials but Respiratory, Paediatrics, Ophthalmology, Gastroenterology and Cardiac also have a considerable portfolio of studies.

The inclusion and advancement of non medical research has been stimulated by the newly appointed Professor of Clinical Practice and Innovation. The building blocks initiated in 10/11 are now starting to inspire a number of non medical professionals to engage, lead and educate the benefits of research.

Use of the CQUIN payment framework

A proportion of The Royal Wolverhampton Hospitals NHS Trust's income in 2011/12 was conditional on achieving quality improvement and innovation goals agreed between The Royal Wolverhampton Hospitals NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2011/12 and for the following 12 month period are available electronically from **david.butterworth@nhs.net**

Statements from the Care Quality Commission

The Care Quality Commission has not taken enforcement action against The Royal Wolverhampton Hospitals NHS Trust during 2011/12.

The Royal Wolverhampton Hospitals NHS Trust has participated in special reviews or investigations by the Care Quality Commission (CQC) related to the following areas during 2011/12:

In March 2011 the CQC undertook two unannounced inspections to review the Trust's compliance and the reports can be found at the link www.cqc.org.uk/publications

The first inspection was to assess the Trust's compliance with Dignity and Nutrition for Older People; in relation to CQC Outcomes 1 and 5. This formed part of a wider national CQC review of the two same Outcomes across of all NHS Trusts. The report of this inspection was published in June 2011 and the Trust was found to be meeting both essential standards of quality and safety, however in order to maintain this, CQC suggested some minor improvements. The Trust devised an action plan and when the CQC re visited in January 2012, the Trust was found to be fully compliant. In the same month, March 2011, the CQC undertook an unannounced inspection as part of a responsive review of concerns that had been raised in relation to:

- Outcome 4 Care and welfare of people who use services
- Outcome 6 Cooperating with other providers
- Outcome 13 Staffing
- Outcome 16 Assessing and monitoring the quality of service provision
- Outcome 17 Complaints

The report on this inspection was published in July 2011 and the Trust took the following actions to address the conclusions of the CQC; a comprehensive action plan was developed which addressed areas for improvement, throughout the year the CQC have been sent updates on progress with this. Conclusions from the CQC included;

- Outcome 4 Care and Welfare of people who use our services – Moderate concern
- Outcome 6 Cooperating with other providers – Minor concern
- Outcome 16 Assessing and monitoring the quality of service provision – Minor concern
- Outcome 17 Complaints – Minor concern

The CQC re visited in January 2012 and undertook a review of compliance in order to check that the Trust had made improvements in relation to their findings in March 2011 the reports of which had been published on the CQC website in June and July 2011. The Royal Wolverhampton Hospitals NHS Trust has made the following progress by March 31 in taking such action. The Trust was found to be fully compliant with all standards of quality and safety.

NHS Number and General Medical Practice Code Validity

The Royal Wolverhampton Hospitals NHS Trust submitted records during 2011/12 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 which included the patient's valid NHS number was:

98.3% for admitted patient care

98.6% for out patient care

93.4% for accident and emergency care

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

99.6% for admitted patient care

99.7% for out patient care

97.6% for accident and emergency care

Information Governance Toolkit attainment levels

The Royal Wolverhampton Hospitals NHS Trust Information Governance Assessment Report score overall score for 2011/12 was 69% and was graded Satisfactory which is Green.

Clinical coding error rate

The Royal Wolverhampton Hospitals NHS Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Primary Diagnoses Incorrect 25%

Primary Procedures Incorrect 7.2%

This was based on a small sample of 200 FCE (finished consultant episodes) and the diagnosis was disproportionately impacted by 100 FCEs in Ophthalmology which did not follow national best practice, this has been immediately corrected

Secondary Diagnoses Incorrect 12.4%

Secondary Procedures Incorrect 8.4%

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

The Royal Wolverhampton Hospitals NHS Trust will be taking the following actions to improve data quality

In accordance with the relevant Information Governance Toolkit standards:

- Conduct a regular audit cycle
- Perform a monthly Completeness and Validity check across inpatient, outpatient and waiting list data sets
- Monitor activity variances
- Use external data quality reports
- Use standardised and itemised data quality processes in SUS data submissions every month
- Hold monthly meetings with Commissioners with a set agenda to scrutinise data quality

Part 3: Review of quality performance

Our performance against the 2011/12 priorities

Both the acute trust and community services focussed on similar priorities in their respective accounts for 2010/11. The Quality Account for 2011/12 will report performance against all the goals that were set:

Patient Experience:

Delays

Reduce the number of rescheduled and cancelled hospital out-patient appointments.

Improve waiting times for patients accessing community services (e.g. foot health).

Communication with patients – increase the number of patients who report that they are informed of the side effects of medicines before discharge

Reduce the number of patients who report (as part of the national in-patient survey) that side effects of medicines were not explained to them before discharge, to less than 25%.

Patient Safety:

Pressure Ulcers

Reduce the number of healthcare acquired pressure ulcers (RWHT) (An acquired Pressure Ulcer is one which develops or deteriorates after 72 hours of being on a provider service caseload or hospital admission

Develop a city wide database of pressure ulcers and chronic wounds (Community)

Agree a city wide care formulary (Community)
Reduce Grade 2 pressure ulcers by 10% (Community)

Infection Prevention

Reduce the number of device related blood infections (RWHT)

Reduce number of MRSA & MSSA blood infections (Community)

Reduce number of C-Difficile infections

Develop a policy of early removal to achieve a reduction in indwelling catheters and catheter acquired infections (CAUTIs)

Clinical Effectiveness:

Nutrition

Improve inpatient nutrition risk screening, care planning and optimise nutritional intake.

The implementation of an electronic MUST tool as part of e-SAP (electronic single assessment process tool) in community services.

Audit use of MUST nutritional screening tool and nutritional supplement/ advice as part of tissue viability management and Leadership Quality and Safety Walkabouts.

Audit protected meal times.



Priority One: - Delays Reduce the number of outpatient appointments rescheduled and cancelled

What we set out to achieve

Reduce the number of rescheduled and cancelled hospital out-patient appointments.

How we have performed in 2011/12

As a measure to avoid rescheduling of patient appointments, the Trust has facilitated the move to an Outpatient Waiting List (OWL) system.

Supported by a dedicated Outpatient Development Team, the project has taken a systematic approach to reviewing current clinical templates and structure of appointments with a view to improving the patient experience.

Current clinical templates were reviewed in conjunction with clinical teams to look at patient flow through the clinic, the use of support medical staff and issues/ bottlenecks that could cause a delay to the patient.

Newer, more efficient, clinic templates were produced and agreed by the clinic consultants. Once agreed these new clinic templates were then transferred onto the Outpatient Waiting List.

How it Works

With the new system; when patients are given a follow up appointment date of 6 weeks or more into the future, they are booked onto the OWL system with a 'target date' for their appointment rather than directly into a clinic. Then, 6 weeks before the clinic the bookings team transfer patients from the OWL onto active clinics.

A key advantage of the system is that patients receive fewer cancellations/ rescheduled appointments as any annual leave or study leave for clinicians should be booked, as per the Trusts policy of minimum 6 weeks notice ensuring that follow up patient bookings are no longer affected.

In the instances where the appointment is within 6 weeks, reception staff will book the patients appointment at the reception desk so that patients leave with their next appointment date.

An additional advantage is that patients are now receiving their appointment date closer to the actual appointment so it is more current in their plans – which we would hope begins to reduce the number of DNA's to outpatient clinics.

What we set out to achieve

Improve waiting times for patients accessing Foot Health Services.

How we have performed in 2011/12

January 2012 saw the re launch of Wolverhampton Specialist Foot Health services following a yearlong programme of redesign.

The review of access criteria, location and delivery has enabled the service to:

- Ensure maximum utilisation of resources and capacity resulting in additional clinic slots
- Be fully compliant with 18 week referral to treatment pathway
- Introduce clinical triage
- Provide access as required for high risk patients
- Introduce a telephone system that has improved access to the service for patients wanting to change appointment times or dates.

Further action required

Commissioning colleagues have been closely involved throughout the redesign programme and this partnership working will continue to meet the ongoing challenge to provide timely access for patients requiring non urgent follow up treatment.

An exciting development in 2012/13 will be the introduction of electronic referral from GPs and electronic patient records.





Priority Two: Increase the number of patients who are informed of side effects of medication before discharge

What we set out to achieve

Our goal for 2011/12 was to reduce the percentage of patients answering 'no' to the national inpatient survey question 'did a member of staff tell you about medication side effects to watch for when you went home' to no more than 25%.

How we have performed in 2011/12

Phase 1 of the electronic discharge summary system has now been completed across 30 wards and departments at New Cross Hospital. Nurses, doctors and pharmacists are involved in completing the document which enables our patients to be discharged with an 'eDischarge Notification' which is a printed, legible and standardised document and includes patients' medicines on discharge.

A campaign around explaining the side-effects of medication to patients ran in July 2011. This was backed up by making staff aware of the key points when counselling patients on medication.

All ward based pharmacy staff were reminded that counselling on medication at discharge is a vital part of the process when organising medicines for discharge. One of the challenges has been with the introduction of the electronic discharge as many patients have been entered on to the system late in the day.

A medicines adherence questionnaire was distributed to patients in Quarter 2 (September/October). One of the questions asked was specifically on whether anyone had counselled patients on side-effects of medication.

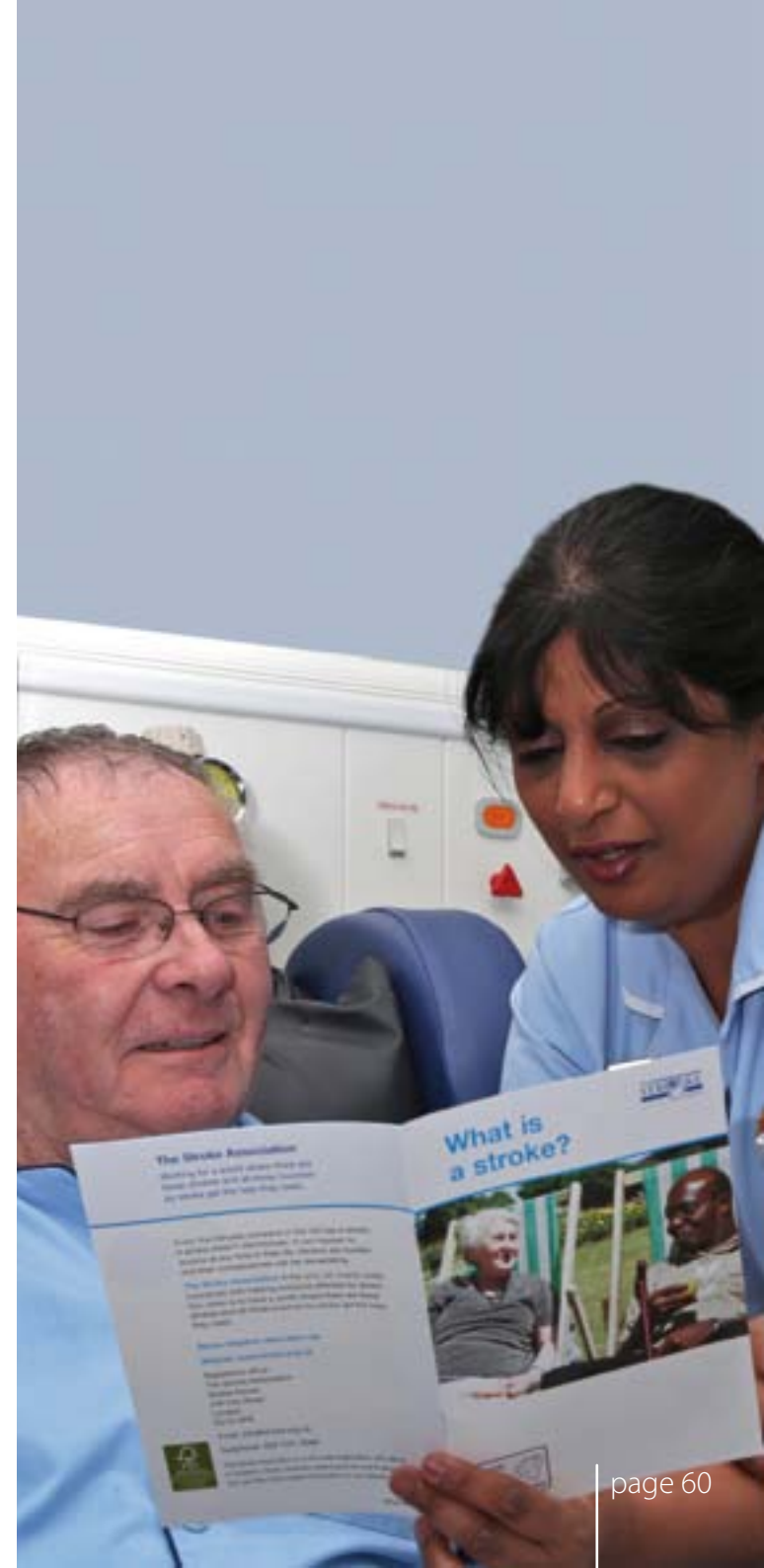
Results of this audit were sent to commissioners December 2011. Results showed a poor response rate with only 25% of patients returning the questionnaire. Of these 52% said that they were not told about side-effects of medication at discharge.

Obviously small numbers surveyed make the results difficult to interpret. However, the National in patient survey for 2011 also reported that 40% patients did not have the side effects of medicines explained to them.

Further action required

The Trust recognises that we still need to improve our processes around counselling patients about the side effects of their medicines before discharge from hospital. A number of actions are planned moving forward in to the coming year:

- A patient information leaflet has been designed to give the patients more confidence to ask about their medications. This has still to be approved by the patient information committee.
- The importance of counselling has again been raised within ward pharmacy teams. There is more time available for this to take place with the improvements to the e discharge system.
- We will continue to survey our patients. As well as the National survey, we have changed the questions on our real time patient experience trackers to gather information about whether side effects of medicines are being explained before discharge.



Priority Three: Pressure Ulcers-Reduce the number of healthcare acquired pressure ulcers



What we set out to achieve

To reduce the number of health care acquired pressure ulcers both in the hospital and community settings

How we have performed in 2011/12

The organisation has focussed on the preventive strategies required to prevent this "patient harm" both in acute and community services.

Preventative care

A preventative care bundle has been developed and implemented for use in both acute and community services. This document provides practitioners with the ability to assess patient's risk of pressure damage and a comprehensive evidence based plan aiming to prevent pressure ulcers. It also provides evidence of the daily actions undertaken against the standard set. These care bundles are regularly audited for compliance. The launch of the care bundles was supported with an education programme provided by the tissue viability nurse specialists. A programme of "comfort rounds" has been implemented in each inpatient setting which systematically provides the interventions required to ensure each patient has their position altered every two hours. It also provides other preventative aspects such as increased fluids and nutrition.

The preventative programme is further supported by the leadership and visible presence in clinical areas of the tissue viability nurse specialists who directly support patient care. The tissue viability service has recently been expanded to provide the same advice to nursing/care homes in the city. The Trust also provides a comprehensive range of pressure relieving equipment for in-patients and for patients in their own home.

Accurate reporting of pressure ulcers

The organisation has developed comprehensive reporting of pressure ulcers across acute and community services using the Datix system which is analysed daily to determine the need to report Grade 3 and 4 pressure ulcers as Serious Incidents. With comprehensive training and awareness raising the organisation can now provide assurance of high levels of accurate reporting. This is also monitored through the NHS Safety Thermometer.

Analysis and Accountability

The Chief Nursing Officer holds a weekly meeting to review the RCA for any grade 3 or 4 pressure ulcer acquired in our care to determine the avoidable and unavoidable and any actions required. At these sessions compliance against the care bundle standard is assessed and a determination of avoidable or unavoidable is made using national guidance. The necessity for a full root cause analysis is made. Accountability of practitioners at all levels in the preventative actions is determined and appropriate action taken. All learning from this process is influencing training and communication in the Trust. The tables below show the number of pressure ulcers by grade for 2010/11 and 2011/12. The table for 2010/11 shows the figures for both hospital and community services therefore the figures are different from those presented in our 2010/11 Quality Account:

Table 1: 2011/12

	April 2011	May 2011	Jun 2011	Jul 2011	Aug 2011	Sep 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012
Grade 2	38	40	59	57	50	57	61	50	57	54	37	43
Grade 3	5	7	11	9	9	10	11	12	10	5	8	14
Grade 4	0	1	1	1	0	1	4	2	1	3	3	1

Table 2: 2010/11

	Apr 2010	May 2010	Jun 2010	Jul 2010	Aug 2010	Sep 2010	Oct 2010	Nov 2010	Dec 2010	Jan 2011	Feb 2011	Mar 2011
Grade 2	28	30	35	28	28	22	34	32	23	28	25	31
Grade 3	7	2	3	5	1	2	1	3	3	1	6	6
Grade 4	0	1	1	1	0	0	0	0	0	0	0	1

Prior to September 2011, Community and Rehabilitation services reported pressure ulcers on a separate system. These results have been combined for the report. The information on the system has evolved due to recommendations from Strategic Health Authority, the data has been validated at year end as details can be amended following investigations.

There is higher reported incidence in year 2011/2012 than the previous year due a number of reasons:

- Raised awareness of correct diagnosis of a pressure ulcer,
- improved assessment across the health economy and a huge drive from the Trust and SHA regarding safe care leading to improved reporting
- recommended grading from the SHA changed in March 2012. This has resulted in an increase of grade 3 pressure ulcers identified and reported.

Communication and training strategies are in place to promote the SHA ambition of zero tolerance to pressure ulceration, with an aim to have no avoidable pressure ulcers by December 2012. This report does not confirm avoidable or unavoidable as it was not collated until later in year 11/12. System and processes have been developed to support the ambition and a reduction of pressure ulcers across the health economy.

Further action required

- The Trust is commencing enhanced focus on the emergency portals using its tissue viability specialist resource to ensure immediate preventative actions take place.
- We will investigate all serious incidents and act upon the recommendations of the investigations.
- Implement a strategy for the prevention and management of pressure ulcers
- The strategic working group will review and monitor of the implementation of the strategy.
- Introduce a care package approach for management of patients at risk of developing pressure ulcers across the health economy.
- Establish monthly 'point prevalence' audit of pressure ulcers using the safety thermometer.

Our ambition is for no patients to experience avoidable pressure ulcers by December 2012 which is why this will remain a priority in 2012/13.



Priority four: Reduce the number of device related blood infections

What we set out to achieve:

We will work to meet the target of no more than 8 DRHABs occurring per month, or 96 for the year 2011/12.

How we have performed in 2011/12:

During the year there have been 93 DRHABs. We have therefore hit our target, despite including West Park Hospital's cases during this year; in previous years West Park Hospital was not part of the Trust and cases were not included in our figures.

The table shows the devices associated with the blood-stream infections during this year and the preceding two years:

Device	2009-10	2010-11	2011-12
Lines	91	64	64
Urinary catheters	15	22	20
Ventilators	14	7	4
Others	20	12	5

It can be seen that the improvements in the number of line and ventilator-associated infections have been sustained and the rise in the number of urinary catheter-associated infections seen last year has been halted. There is still much work to do, however, to get these numbers down to an irreducible minimum.

Device-Related Hospital Acquired Bacteraemia 2011-12



There are several initiatives across the Trust to enable better management of medical devices:

- A central line database has been established, enabling all lines to be monitored, audited and consequently better managed. Education continues to try to ensure the database is completed for all lines. A VitalPAC package for inpatient central lines and urinary catheters should become available from April 2012, which will be a considerable aid to documentation.
- A Central Venous Access Course is held on a monthly basis for Qualified Nursing Staff across the Trust with support from Out of Hours Nurse Practitioners to achieve practical competency assessments.
- A business case is being written for a Trust Intravenous Team, who will have a central role in education, the management of lines on the wards and the placement of certain lines.
- A joint PCT/Hospital Working Group for urethral catheters meets regularly and is moving forward with a continence strategy. The principle means of reducing infection relating to urinary catheters is to reduce the number of urinary catheters in use, so an important part of this work is ensuring these devices are only used when absolutely necessary and are removed as soon as practical.
- Work continues with the Greater Midlands Critical Care Network Workshop on Ventilator Associated Pneumonias, with the work undertaken at RWHT being used as a template by other centres across the Region.
- Work continues in developing a care bundle for the prevention of Ventilator Associated Pneumonias in Neonates.

Infection Prevention - Award Winners

Top honours went to the Trust at the annual Nursing Times Awards in December. The Trust was winner of the Infection Prevention and Control category for its work to standardise the treatment of patients in the community with *Clostridium difficile* in order to prevent a reoccurrence of the infection which may lead to readmission to hospital.

Other Healthcare Associated Infection-Related Performance 2011/12

The Trust has continued its exceptional track record in infection prevention which now extends into nursing homes across Wolverhampton. Key points are:

- No RWHT-associated MRSA bacteraemias during the entire year. This was our second consecutive year with no MRSA bacteraemias.

- Lowest ever number of MSSA bacteraemias across the City: 54 (the previous lowest was 63 in 2009-10; in 2005-06 there were 140).
- Lowest number of MRSA acquisitions in RWHT: 81 (compared with 101 in 2010-11, 112 in 2009-10 and 147 in 2008-09).
- There was an apparent increase in the number of cases of *C. difficile* infections, from 80 in 2010-11 to 88. The reason for this was not a deterioration in practice, standards or commitment to ensuring the safety of patients from infection in the Trust, but because we changed to a much more sensitive testing method for this disease. This has enabled us to detect patients carrying this organism, even when it is not actually causing any symptoms or illness in the patient, and we have been able to treat these patients before they become unwell from it. It has also enabled us to ensure that such patients are nursed using appropriate precautions to prevent the spread of the organism to other patients, and to target the optimal environmental decontamination for this organism, which uses hydrogen peroxide vapour. It is unfortunate that the target set by the Department of Health does not reflect what we consider to be best practice for patient care, so our target of 57 cases for the year was breached. We are confident, however, that our true performance against this measure has improved and will continue to improve. The Trust uses the following criteria to measure the number of cases of *C. difficile* infections:
 - Patients tested are aged 2 or more;
 - 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; and
 - 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 the Trust (where the day of admission is day one).
- Participation in a National Prevalence Survey for Healthcare Associated Infection found that 5.9% of the 699 inpatients in New Cross Hospital at the time of the survey had an infection acquired in the hospital. The national and European average rates are not yet known, but our rate compares favourably with the 8.0% infection rate found in a similar survey carried out in 2006.
- The PREVENT Charter work has continued in the care homes across Wolverhampton. This year only two care homes failed to reach the standard required to gain a bronze award (in the first year of the awards 45 failed to reach this standard). In fact standards have risen so much that an additional award level, platinum, has had to be introduced to recognise those care homes that have achieved exceptional standards. The work to reduce MRSA colonisation among patients in nursing homes won a Nursing Times/Health Service Journal Patient Safety Award in the primary care category in 2011. Also of significance is the fact that no patients have been admitted to hospital from nursing homes with dehydration.



Priority five: Improve inpatient nutrition risk screening, care planning, and optimise nutritional intake

What we set out to achieve:

To review the nutrition risk screening policy, including development and implementation of a care plan for high risk patients

How we have performed in 2011/12:

The policy was reviewed by a multi-professional subgroup of the Nutrition Support Steering Committee (NSSC). The revised policy includes the recognition and management of under nutrition in adult patients both in hospital and in the community (under the care of district nurses). For hospital patients this included development of a care plan, which is individualised and used for patients at medium and high risk from poor nutrition. This was introduced in October 2011 with support from matrons and dieticians.

Since launching the revised policy (Oct 2011) the Trust average has been consistently above 90% (and climbing each month) for screening patients on admission to hospital, the Trust average for March 2012 is 98.6%.

We have also audited the use of the care plan for patients at high risk from poor nutrition (launched Oct 2011). The table below demonstrates that education & reinforcement has embedded nutrition care planning into routine practice, and we have achieved our CQUIN target of 90%:

	Percentage of patients identified as having a high risk of malnutrition who have a care plan in place
December 2011	16%
January 2012	72%
February 2012	83%
March 2012	98%

To maintain good communication across the Trust, key messages about nutrition are put onto the computer desktop. This was useful to raise awareness about the new policy when it was launched.

What we set out to achieve:

To implement protected mealtimes.

How we have performed in 2011/12:

There has been much discussion over the past year regarding protected mealtimes, and the need to balance the importance of nutrition and other clinical priorities. Trust policy has been revised to reflect this. The recent Care Quality Commission (CQC) visit in Jan 2012 and the Patient Experience Action Team (PEAT) inspection in Feb 2012 revealed that protected mealtimes were in operation.

As part of the 'Best Practice Wards' project, nursing staff having been working in conjunction with the dieticians and the catering manager to improve the meal service for patients. The improvements include:

- Changing the meal times to better suit patients and the ward routine.
- Laminated pictures of food for patients who have difficulty understanding a written menu.
- Review of cutlery including shaped cutlery where needed.
- Menu cards for every patient and translation of menus into the most frequently used languages.

Ward catering and nutrition folders have been introduced to provide information on suitability of menu items (and supplementary dishes available) for special diets. During 2012 the core menu will be coded to identify energy dense and healthier eating options, to help patients to make appropriate food choices depending on their needs.

What we set out to achieve:

Review the content of the nutrition teaching session delivered at nurse induction, and as part of the mandatory training programme. Develop e-learning packages to support induction and mandatory training.

How we have performed in 2011/12:

The nurse induction session has been extended to provide refresher training on the importance of nutrition, and the principle of feeding patients with respect and dignity. The session also includes guidance on protected mealtimes, nutrition screening and care planning, and safe delivery of artificial nutrition (incorporating NPSA guidance, 2011). The 2 hour induction session is jointly run by nurse education and dietetics. Nutrition updates are now mandatory for nursing staff every 3 years, the content and delivery of this session has been reviewed and improved over the last 12 months, with greater emphasis on nutrition screening and care planning. An e-learning package is currently being piloted as an alternative to 'face to face' mandatory updates.



What we set out to achieve:

Audit use of the Malnutrition Universal Screening Tool (MUST) and nutritional supplement advice as part of tissue viability management and Quality Walkabouts in community services.

How we have performed in 2011/12:

We carry out an audit on a monthly basis for inpatients and a 30 % spot check for all patients being cared for by the Community Intermediate Care Team (CICT) as part of our quality indicator rounds. The audit assesses if patients were screened for malnutrition and for risk of pressure ulcers and subsequent care planning. Dieticians and other therapists work with the nursing teams to ensure the patients have the correct care plan to meet the needs of vulnerable older people.

CQUIN	Threshold	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12
Number of adult inpatients and / or initial contact to CICT reported as having had nutrition screening using a validated tool such as MUST	97% for adult inpatients and 97% for CICT	95%	100%	96%	100%	97%	97%	100%	100%	100%	100%	100%	100%

What we set out to achieve:

Audit protected meal times at West Park Hospital.

How we have performed in 2011/12:

Audits have been maintained on a monthly basis during the past year and at West Park Hospital, scores have shown 100% compliance to protective meal times.

Wolverhampton Local Involvement Network (LINK) have continued to maintain their interest and support in the developments around nutrition and we regularly meet to share progress.

Catering Unit - Award Winner

Staff from the Royal Wolverhampton Hospitals NHS Trust's hotel services won a regional award for their new state-of-the art catering service.

The team came top in the Hotel Services category of the West Midlands Health Estates and Facilities Management Association Good Practice Awards which acknowledge and reward individuals and teams that make a real difference in NHS estates and facilities departments and, in turn, improve the services offered to patients.

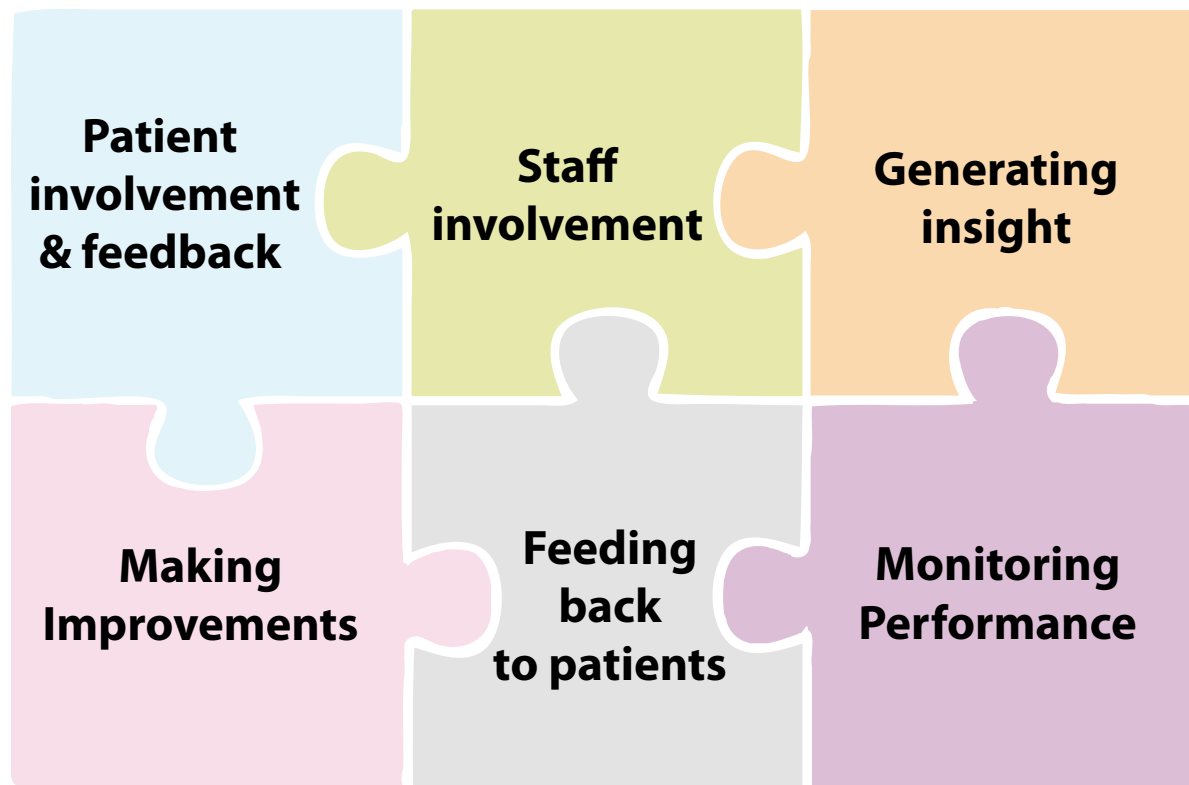
The new £3million catering facility at the trust's New Cross Hospital – opened in November 2010 – enables food to be cooked and chilled on-site and re-heated in special trolleys on the wards. The service enables patients to choose what they want to eat at meal times, rather than in advance, gives more flexibility around meal times and avoids food becoming overcooked.

Patient Experience

Providing an excellent patient experience remains a key driver to all staff at RHWT, and is reflected in our Trust's vision. The Trust's Patient Experience Strategy, now into its 3rd year, supports our approach to capturing feedback, measuring performance and improving services and ensuring that all our staff are reminded to 'See the person in the patient'.

National drivers also support us to focus on the patient experience and include:

- The Operating Framework for the NHS in England 2012/13 (November 2011)
- NHS Outcomes Framework 2012/13 (December 2011)
- The NHS Patient Experience Framework (February 2012)
- NICE Guidance and Quality Standards on Patient Experience (February 2012)



The Patient Experience Strategy

Patient Involvement & Feedback

	Progress achieved during 2011/12
OBJECTIVE 1: Build on existing work to further develop robust systems and processes for gaining both quantitative and qualitative feedback from users	<p>The real time patient experience tracker has been used since April 2011 to survey the experiences of patients initially on 21 in-patient wards and more recently including the Emergency Assessment Unit and Neonatal Unit.</p> <p>Patient stories continue to be shared with staff at Trust Board meetings and Senior Managers briefings. Audio recording equipment is now used to capture the emotion in the story and has been well received by Board members who felt the story had a greater impact.</p>
OBJECTIVE 2: Develop more robust analysis of complaints and PALS to inform service improvement.	A further review of the Complaints & PALS service in January 2012 has included the appointment of a centralised complaints manager. This appointment helps to support the clinical directorate teams in the investigation of complaints and ensures consistency and robust complaint investigation.
OBJECTIVE 3: Develop systems and processes that appropriately link willing patients, governors and other stakeholders with teams trying to make service improvements.	<p>The Patient Experience Forum remains a valuable group of members supporting the Trust's quality agenda. The terms of reference were reviewed in January 2012 and this group will support the priorities for improvement. Feedback from the CQC at their recent visit and in their report stated that patients and families felt their complaints were managed well. To raise awareness further posters have been placed throughout the Trust in clinical and non-clinical areas</p> <p>The Trust's public and staff governors have joined a number of working groups to bring a patient and public perspective to the discussion and decision making</p> <p>The Trust's public and staff governors are now established as a reference group to read and comment on information/ Trust developments.</p> <p>A schedule of events enables Trust Members to get involved in Trust activities</p>

Staff Involvement

	Progress achieved during 2011/12
OBJECTIVE 4: Develop training and an accompanying toolkit to assist team / department leaders to maximise and sustain the capacity and capability of individual team members to impact positively on patient experience	<p>Information, guidance and training are available for staff on patient experience, complaints and equality & diversity.</p> <p>The Service Redesign Team are using tools to support adults with learning disabilities as part of their processes</p> <p>The Service Redesign team include an assessment of the impact on patient experience as part of their "checklist" when supporting clinical and corporate teams undertaking service change</p>
OBJECTIVE 5: The Trust Board will play an active leadership role in advocating improvements in the patient experience	<p>All members of the Board undertake Leadership & Safety Walkabouts across hospital and community services.</p> <p>The Board development programme includes training sessions on areas that impact on patient experience such as tissue viability and safeguarding</p> <p>The Board has supported investment in technology that will improve patient experience such as VitalPAC</p> <p>There is a non-medical chair of the Clinical Practice Group to ensure the patient experience is taken into account as part of decision making.</p>

Generating Insight

	Progress achieved during 2011/12
OBJECTIVE 6: Develop a minimum data set and dashboard for teams and departments to drive reliability and consistency of patient experience	<p>Quality & Safety dashboards, Matron's Scorecards and reports are produced for the Divisions each month and provide information on numbers and themes of complaints, by directorate.</p> <p>A Quality and Safety report and Quality Dashboard are reviewed by the Board on a monthly basis</p> <p>Real time patient experience feedback is shared with the directorate teams, the Senior Sister or Charge Nurse of the ward/ department and the Matron to enable prompt action.</p>
OBJECTIVE 7: Every service within the Trust will use patient experience to gain insight and identify opportunities for improvement	<p>The information provided to each department as detailed above is used at team meetings and is monitored through the governance framework.</p> <p>Pathway redesign includes the views of patients</p> <p>There is patient representation on the Patient Safety Group</p>

Making Improvements

	Progress achieved during 2011/12
OBJECTIVE 8: Every service within the Trust will, having identified opportunities for improvement, implement at least one patient experience improvement project annually.	Work ongoing as part of the wider quality and safety agenda
OBJECTIVE 9: The Patient Experience team lead a Trust wide 'campaign' style approach to make improvements in the identified themes.	To enable this to happen effectively the Trust first conducted a review of the patient experience team which concluded in January 2012, the team are focused on how complaints and PALS are approached to support improvements across the Trust.

Feeding Back to Patients

	Progress achieved during 2011/12
OBJECTIVE 10: The Trust will further develop systems and processes to provide feedback to users and other stakeholders, both at service/department and corporate level.	<p>Wards & departments who use real time patient feedback are able to display their results for the public to see.</p> <p>A review of the formal complaints process has included robust action plans being shared with complainants to demonstrate real change as a result of their concerns.</p>

Monitoring Performance

	Progress achieved during 2011/12
OBJECTIVE 11: Develop new Patient Experience key performance indicators for corporate monitoring, and a system of service reviews to theme/ triangulate patient experience data.	Reporting and monitoring occur as detailed in objective 6.

Patient Involvement & Feedback

We continue to value the feedback from our patient, carers, Trust members, local support groups and community representatives to help shape the development of services.

- The Patient Experience Forum meets quarterly. The purpose of this group is to monitor the progress of the Trust's Patient Experience Strategy. Learning is shared in regard to patient experience and the group monitor complaints, and real time feedback from patients. The forum also monitors the progress of the Trust's Quality Account.
- Patient representatives are encouraged to take an active role in various project groups so that they can influence new changes as they develop. For example, in the last year patient representatives have contributed to work around the new catering arrangements.
- A patient information reading group was established last year to feedback on the readability, content and style of all new patient information developed by the Trust. This group continues to be utilised and valued by the Trust.
- We continue to actively recruit volunteers who provide much appreciated support across a range of services, from way finding and escorting patients around the hospital site, to carrying out surveys and the Walking for Health team. We currently have over 400 volunteers and regularly hold volunteer recruitment events and explore new volunteering roles.

Patient Surveys

The table below sets out our performance for three key questions in the national inpatient survey. Each year a randomly selected sample of RWHT patients take part in the National inpatient survey. The findings of the survey are reported to the Trust Board and action plans are formulated and monitored throughout the year to address any issues raised.

Table: National inpatient survey results

	2009/10	2010/11	2011/12
Involved as much as want to be in decisions about care definitely/ to some extent	87%	90%	90%
Treated with respect and dignity always/sometimes	97%	97%	97%
Overall care rated as excellent/very good/good	94%	93%	93%

The out patient department survey was conducted here last year by the Care Quality Commission (CQC). They surveyed all patients who had been to our outpatient department between June and October 2011 and received 444 responses. This was done by sending patients a questionnaire and asking them to give a score out of 10 for individual sections in the survey.

We were found to be about the same as all other hospitals except in one area where we scored worse than others: Before the appointment. This section is broken down into individual areas and where we scored less well than other hospitals we have looked at the details and this includes; not changing our appointments to a later date and patients not knowing what would happen to them during their appointment. We were however very pleased to see our highest scores in:

- seeing the doctor,
- seeing other professionals and
- the outpatient environment

The Manager, Matron and health records staff in charge of the out patients services have developed action plans addressing where our weaknesses are to improve the appointments process.

Our PALS team are outreaching into all different areas of the Trust and will be spending time in the outpatient department looking specifically at these scores to see how we can further improve the experiences of our patients in the department.

The Real Time Patient Experience Tracker was implemented in the Trust in April 2011 initially on 21 in-patient wards, and now including the Emergency Assessment Unit (EAU) and the Neonatal Unit.

The Trust uses volunteers and staff from the Patient Experience Team to carry out the surveys to ensure there is no bias. The information is collected in real time, and is downloaded by an external company to us monthly. This is then relayed back to Ward Managers, Matrons and Group Managers.

To the end of March 2012, 3497 patients have been surveyed which is an average of 290 inpatients per month.

The surveys focus on key areas of the patient experience including:

- Privacy and dignity
- Information and communication
- Staff attitude
- Cleanliness
- Patient/family involvement

The Patient Experience Team and senior nurses monitor the questions that are being asked so that we can be assured that we are gathering meaningful data that we can use to make improvements in the patient experience. Plans for the future also include surveying children, outpatients, day case, theatres and community services.

From April 2012, the Trust are surveying at least 10% of patients who have had an inpatient stay as to whether or not they would recommend our service to their friends or family. It is recognised in other industries that the 'friends and family test' is a good test of loyalty. If patients and carers wouldn't recommend services, we will know we have a problem and can do something about it.

We will also be seeking the views of our staff and will be carrying out the 'friends and family' survey on our staff as well as patients.

PALS and Complaints

The Trust recognises the importance of learning lessons when things go wrong and taking action to stop mistakes being repeated. 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.

The Patient Advice & Liaison Service (PALS) offers support, information and the opportunity for patients and carers to feedback their concerns or compliments.

The number of people using the service continues to rise year on year as can be seen in the table below.

	2009/10	2010/11	2011/12
No of PALS Contacts	549	858	1292

In 2012 the Trust appointed a Complaints Services Manager as a trial to manage the formal complaints process. The aim is ensure a consistent standard in investigating complaints, and to improve the response standard of replying to complaints in a timely manner and to avoid the number of referrals to the Ombudsman. We want to ensure that anyone who unfortunately has to complain about our services receive a response which reassures them that we will take the necessary action to put things right.

The table below shows the Trust's complaints data

	2009/10	2010/11	2011/12
Total number of complaints	424	289	417
Response within deadline	90%	82%	91%

Complaints to the Parliamentary and Health Services Ombudsman (PHSO)

During 2011/12 the PHSO upheld 2 complaints against the Trust (Compared to 6 in 2010/11). Action plans have been developed for each of these complaints setting out how lessons will be learnt and action taken. Some of the key actions arising from these action plans include:

- Improved incident reporting in clinical areas where patients have sustained an injury.

- Accurate training records with regards to the moving and handling of patients.
- Improvements in waiting times and the appointment system for cancer patients.
- Development of written information leaflets for patients undergoing cancer treatments (radiotherapy) to supplement verbal information given.

PEAT (Patient Environment Action Team assessment)

	2009	2010	2011
Environment	Good	Excellent	Good
Food	Good	Excellent	Good
Privacy & dignity	Good	Excellent	Good

The patient environment action team (PEAT) continue to assess the hospital against the 3 indicators: environment, food and privacy & dignity for patients. Year on year, we have improved our performance, except in 2011 when our scores were rated as 'Good' for all 3 elements of the assessment.

We recognise the New Cross site is a mixture of old and new buildings and plans are well underway to refurbish some of the older departments including Accident & Emergency, the Children's Ward and Maternity.

In terms of the food, we continue to survey our patients regularly to monitor food standards and we are focussing on protecting the patient meal time from unnecessary interruptions.

The trust was inspected by the CQC who were able to report evidence of protected meal times and attention to privacy & dignity. The Trust has replaced curtains in some departments (Accident & Emergency) which has improved the screening of patients and we are currently looking at alternative hospital gowns for our patients.



Equality & Diversity

The Trust is committed to providing quality services to meet the diverse needs of the population of the city of Wolverhampton. Services include:

- Face to face interpreting (including languages and British Sign Language).
- Telephone interpreting for languages.
- Translation service including languages, Braille, alternative formats such as larger print and different coloured text.
- PALS (Patient Advice and Liaison Service) and Complaints information is collected and reviewed to help identify barriers to service access and identify trends in contacts to the service.
- Provision of alternative food choices to meet cultural, religious and therapeutic needs for inpatients.
- Accessible premises for a range of service users, if this is not possible a reasonable adjustment can be put in place.
- Transport and Travel webpage provides information on how to get to New Cross Hospital by bus, train, walking and cycling. It also has a facility for creating a personal journey plan to New Cross Hospital using bus, train, cycle or walking and printing bus time tables, walking and cycling maps.
- Getting around the hospital: Detailed accessibility information webpage - this web site provides all New Cross Hospital site users regardless of age, ability and gender detailed information on accessibility and usability of the public areas of each building. Information includes New Cross Hospital site detailed information, disability access, transport methods (car, bus, walking), premises plans and photographs. The site has a facility to change font size and some font and background colours. The webpage will be updated as and when there are significant changes in the public areas of buildings within New Cross Hospital site.

Patient Safety

Energise for Excellence

Challenging times lie ahead for the NHS as we have to save money but at the same time ensure safe care is delivered to our patients. Energise for Excellence is a national initiative and came about following a 'call to action' for Nurses, Midwives & Health Visitors to sign up to take action and share their quality and cost saving stories. We know that our nurses are well placed to make a real difference in ensuring the right care is delivered every time and at the same time, quality reduces the cost of health care.

Energise for Excellence embraces a number of key programmes and is described as the umbrella over all the quality approaches we use:

Getting Staffing Right	<p>In 2011 the Trust has scrutinised the staffing levels on wards alongside the dependency (acuity) of our patients. This has been just part of a Trust wide workforce review to ensure we have the right staff in the right place to meet patients' needs. Our wards also use an electronic rostering package to help ward managers to plan the duty rotas. Work will continue in the coming year including looking at the dependency in more specialised areas such as paediatrics and maternity services.</p>
Deliver Care	<p>A number of approaches to patient care delivery help to support the nursing teams including 'The Productives' package. This seeks to eliminate unnecessary work and resources to release nurses' time to care. The 'Essence of Care' initiative has been revitalised in 2011 to benchmark nursing practice in the essential elements of care. The 'High Impact Actions' are 8 key areas in which nurses can make the biggest difference to care and feature in our priorities for the coming year. November 2011 saw the launch of the 'Creating Best Practice' project; this used a rapid improvement approach to getting essential care right on three project wards. The learning from this project will be applied throughout the Trust in the coming year.</p>

Measure Impact	<p>Measurement is essential to know if we are making improvements. For a number of years our nurses have reported monthly against a number of Key Performance Indicators (KPIs). The Best Practice Wards project has also included developing Ward Based Metrics which will be used to measure the impact all professionals have on the safety of our patients, the experiences and outcomes of our patients as well as staff experience and the management of resources.</p>
Patient Experience	<p>The Patient Experience section of this document explains in more detail how we gather information on patient experience and our future plans.</p>
Staff Experience	<p>The 'supporting our staff' section of this document gives more detail about our staff experience. We recognise that a good experience for our staff will help support the improvement of services for patients.</p>



High Impact Actions:

The High impact actions are mentioned in the table above. The section below explains these in more detail and how the Trust will be addressing these in the coming year:#

Your skin matters	No avoidable pressure ulcers in NHS provided care.	These 4 harms to patients will remain a priority area of work and are explicit work streams in the Care of the Elderly priority in section 2 of this Quality Account
Staying safe – preventing falls	Demonstrate a year on year reduction in the number of falls sustained by older people in NHS provided care.	
Keeping nourished – getting better	Stop inappropriate weight loss and dehydration in NHS provided care.	
Protection from infection	Demonstrate a dramatic reduction in the rate of Urinary Tract Infections (UTIs) for patients in NHS provided care.	
Promoting normal birth	Increase the normal birth rate and eliminate unnecessary caesarean sections through midwives taking the lead role in the care of normal pregnancy and labour, focusing on informing, education, and providing skilled support to first time mothers and women who have had one previous caesarean section.	Promoting normal birth remains a local priority for Maternity Services who plan to open a Midwifery Led Unit (MLU) in August / September 2012. The goal will be to achieve 400 normal births through the MLU in the first year, rising to 800 in year two.
Important choices – where to die when the time comes	Avoid inappropriate admission to hospital and increase the number of people who are able to die in the place of their choice.	End of Life care has been set as a priority for the coming year and is details in section 2 of this Quality Account.
Ready to go – no delay	Increase the number of patients in NHS provided care who have their discharge managed and led by a nurse or midwife where appropriate.	The Trust is currently working with social services to set up an 'Integrated Patient Flow Discharge Team' The integrated team will comprise of discharge workers, discharge team specialists, social workers and support staff from the two partner organisations, all working under a senior team manager. This team will coordinate discharges throughout the inpatient organisation, improving both patient and staff experience ensuring that patients are discharged to the right setting at the right time.
Fit and well to care	Reduce sickness absence in nursing and midwifery workforce to less than 3%.	The Trust has a number of initiatives to support staff to adopt a healthy lifestyle and to support staff who are unwell. These include participating in the cycle to work scheme, supervised walks and access to the Wolverhampton Healthy Lifestyle service for advice on smoking, exercise and weight loss.

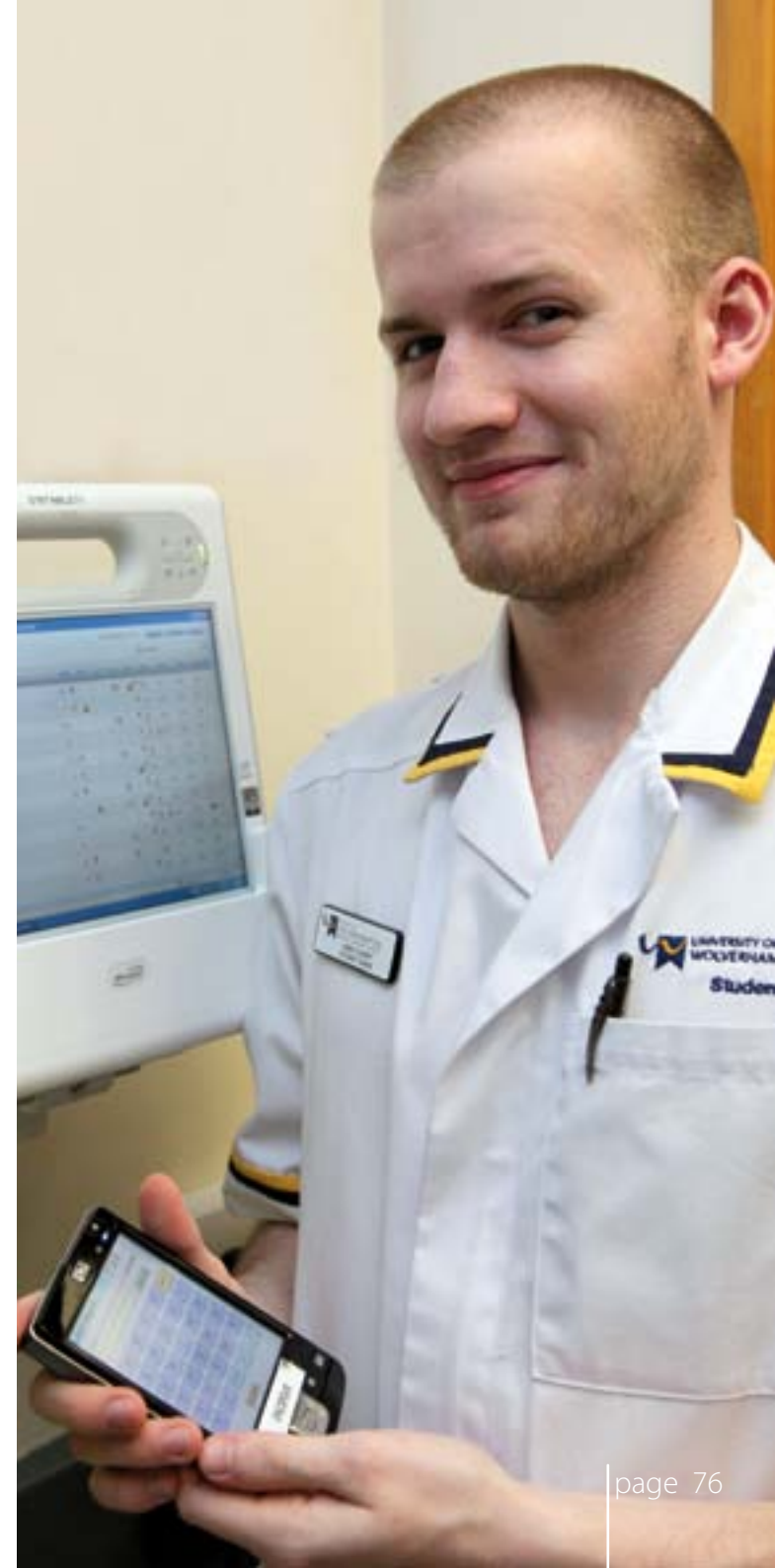
VitalPAC

We introduced a clinical IT system called VitalPAC in late 2010. VitalPAC is an electronic, wireless point-of-care system. The core system enables staff to enter patients' physiological observations using hand held computers. The system automatically calculates an early warning score, prompts action based on the Trust's protocols and reminds staff when the patient's next set of observations is due. Clinical staff can review observation charts and other information about their patients on tablet PCs or on any PC in the Trust via the hospital Intranet.

Following the introduction of VitalPAC observation module in our adult medical and surgical wards we also implemented two further modules: one that enables doctors to complete a thrombosis risk assessment for all adult patients admitted to hospital and a second module to enable staff inserting cannulae to record and monitor cannulae patency.

The benefits of using VitalPAC so far include:

- The ability to monitor patients' thrombosis risk assessment and ensure that this is completed and acted upon.
- The completion of accurate, timely and fully auditable observations.
- Timing of observations tailored to patient need.
- Automatic calculation of an early warning score and the ability to monitor visual alerts that may indicate a deterioration in a patient's condition which alerts staff to impending danger.
- A possible contribution to the reduction in the number of cardiac arrests.
- Compliance with NICE guidance, in particular:
CG 92: Reducing the risk of venous thrombo embolism (deep vein thrombosis and pulmonary embolism) in patients admitted to hospital and CG 50: Recognition of and response to acute illness in adults in hospital.





Future plans

- We will trial new equipment to improve and enhance the availability and functionality of VitalPAC for clinical staff.
- We will introduce a new module to record and monitor nutritional screening and assessment using VitalPAC.
- We will implement an updated version of VitalPAC which will enable staff to record and monitor central venous lines and urinary catheters.

SafeHands

The SafeHands project uses sensor technology to improve patient safety and experience. New Cross Hospital is the first hospital in the UK to trial "SafeHands" - we are evaluating the system for the Department of Health who are part funding the project. Patients, equipment and staff are given badges containing sensors. The badges send out invisible harmless radio and infra-red waves that are detected by receivers laced around the hospital.

This allows us to understand how to improve patient care by looking at:

- Staff and patient interactions, ensuring all patients are seen regularly.
- Timely locating of equipment for patient use.
- Immediate location of vulnerable patients, thereby improving their safety.
- Hand Hygiene before and after patient contact.

The project will be implemented during 2012 and results available in early 2013.

Leadership Quality & Safety Walkabouts

We commenced Safety Walk Rounds by Board members in 2009. In 2011/12 we widened our discussion to discuss the quality of care in clinical areas under the following headings – Patient Safety, Patient Experience & Clinical Effectiveness.

As the Trust also became responsible for the delivery of community health services we have also been undertaking Walk Rounds in community services.

The benefits of the Walk Rounds include:

- An increased awareness of patient safety and quality among clinical staff.
- Senior leaders visibly demonstrating their commitment to quality and safety and promoting a positive safety culture.
- An opportunity for clinical teams to discuss their progress and actions to improve quality and safety.
- An additional opportunity to discuss and act on the patient experience of the service.

A wide range of actions have resulted from the Walk Rounds, these include:

- review of patient pathways, resource utilisation including referrals, staffing and theatre lists.
- review and monitoring of ambulance transport standards for pickups in order to minimise excessive waits.
- introduction of a checklist and ward based stock of preparations for radiology investigations.
- improved patient education re: mobilisation & falls prevention for post op patients.
- improved communication in A&E supported by volunteers and the introduction of hourly comfort rounds by nursing staff which are recorded in the nursing notes for patients in the department.

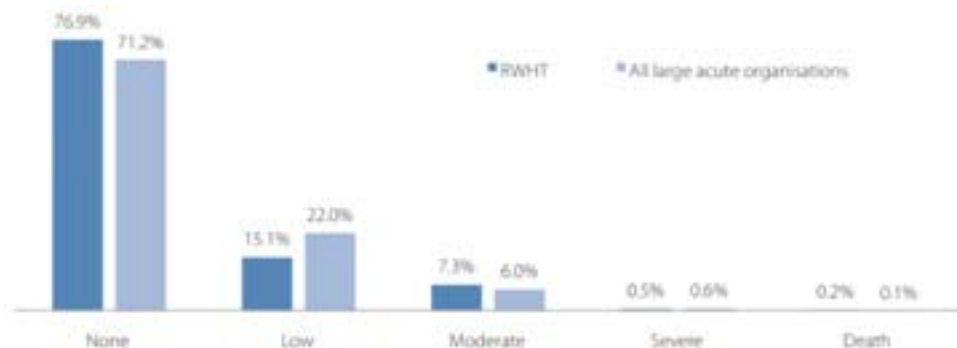
NHS Safety Thermometer

The Trust has undertaken 2 pilots using the Safety Thermometer to monitor the percentage of harm free care. From April 1st this will become a CQUIN with the ambition to achieve 95% harm free care in every ward and department. A final pilot involving every ward in both New Cross and West Park Rehabilitation hospitals and also the nine virtual wards took place on March 14 2012. This gave the Trust an overall baseline from which to report monthly from April 2012. The percentage of harm free care was recorded at 87.3% across the Trust having surveyed over 700 patients on one day. The CQUIN is based on collection of data although our ambition is to achieve 95% harm free care across the Trust.

Incident Reporting

The Trust prides itself in reporting all types of incidents to ensure that we learn lessons from such occurrences. We upload our Patient Safety incidents to the NPSA / NRLS every month. As a result of this, the NPSA produces a worksheet (every 6 months) that compares our data with the rest of the country. The type of data presented is regarding types of incidents occurring, degree of harm to patients and how we (as a Trust) compare to similar sized Trust's across the NHS. The Trust reports the feedback from the NPSA / NRLS reports to the Board Assurance Committee every six months. Examples of information shared with the Board are:

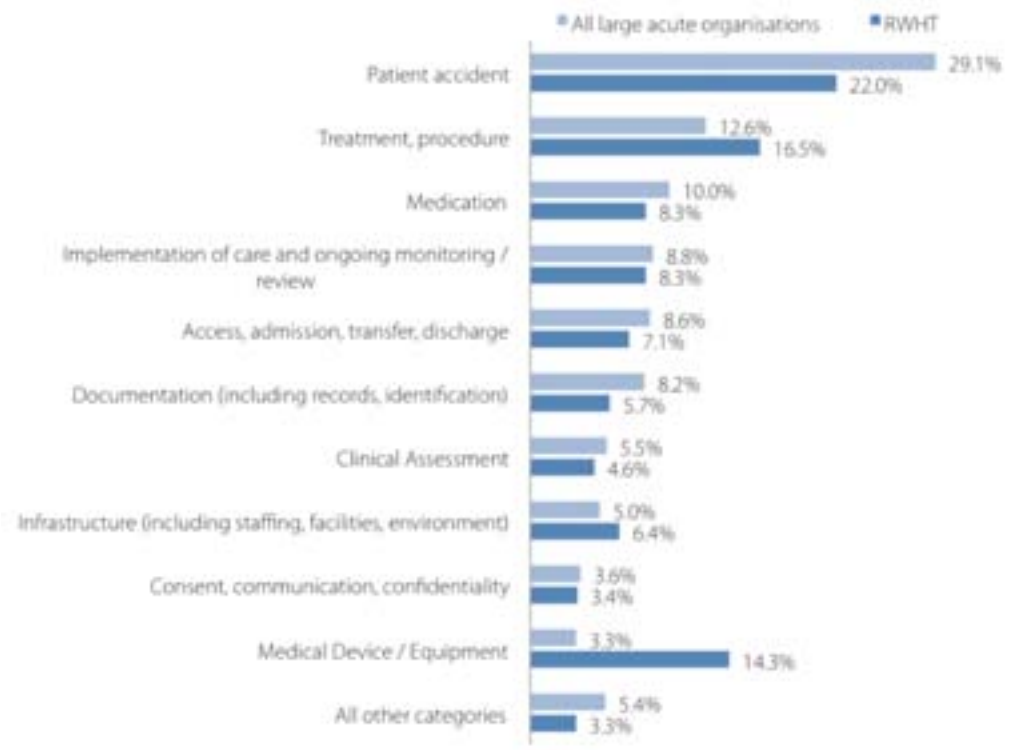
Degree of harm to patients
- per cent (%) of incidents Occuring



Source NPSA/NRLS Feedback Report

Looking at the graph above (Degree of harm to patients) the Trust differs from other organisations in reporting more 'No Harm' incidents which is down to the quality checks performed and the Trust encouraging the reporting of near misses. As a Trust, it is agreed that we can learn from near misses as well and it aids in creating a safer environment for patients and staff.

Type of Incidents Reported
- per cent (%) of incidents



Source NPSA/NRLS Feedback Report

The Trust reports proportionally more incidents relating to transfer, clinical equipment, assessment, documentation, and infrastructure than other large acute organisations. This can be directly linked to our health reporting culture. Our equipment incidents may be skewed by the reporting of non-conformities by theatres. In effect this is the result of theatres highlighting every occurrence where a potential issue was detected. These early interventions make up a significant proportion in these numbers. It is worth noting that compared to organisations of a similar size the Trust reports fewer patient accidents.

Reporting Culture

The Trust reports all patient safety incidents monthly in lieu; averaging over the period in the report 470 incidents a month. The broadly similar numbers reported to the NPSA indicate that the Trust has well established systems for regularly reporting to the NRLS. The Trust reports around 6.2 incidents per one hundred admissions, we believe this is indicative of the strong reporting and learning culture. This can also be triangulated with other available information on safety culture, e.g. high scoring on the staff survey questions regarding reporting and learning from incidents and achievement of NHSLA Level 2 General Standards. In addition to this, The Trust looks at the top themes of incidents via Trends Analyses. This is undertaken at three levels:

- Directorate Trends – presented and discussed at Directorate Governance meetings
- Divisional Trends – presented and discussed at Divisional Governance meetings
- Trust Trends – presented and discussed at Quality and Safety Committee (also discussed in Board Assurance Committee)

The Trust recognises the importance of Trends Analysis as it ensures that we are pinpointing and tackling potential/recurrent issues. It enables the Trust to evaluate the impact of lessons learned and direct actions taken as a result of an investigation / action plan.

Responding to Safety Alerts

Patient and staff safety is a highly regarded Trust priority and therefore the Trust has rigorous systems in place to respond to safety alerts. RWHT has reviewed its policy and process for the receipt, distribution and response to safety alerts. New alerts are received and distributed promptly to relevant service areas for response and action within a given timeframe. If an alert becomes overdue it is monitored monthly for progress until completion and signed off at a Trust level committee.

The Trust works on the premise that closure of alerts will only take place when it can be satisfied that sufficient assurance is available on completion of actions.

There is little objective guidance regarding the point at which an organisation can be satisfied with its progress following the initial response and therefore close a safety alert. The Trust has erred on the side of caution in many cases choosing to maintain close internal monitoring whilst the alert remained open on the system. The Trust is currently compliant with the response deadlines for all safety alerts and internally monitors where action plans remain open.

The Trust remains committed to its responsibilities in maintaining patient safety and strives to ensure safe practice is applied through prompt distribution, robust redress of its recommendations and follow up audit/monitoring to provide assurance.

Below are three examples of the actions RWHT has taken as a result of safety alerts:

NPSA-PSA-002 - Reducing the harm caused by misplaced nasogastric feeding tubes in adults, children and infants

All actions were completed by the compliance date, clinical practices were reviewed to include the requirements of the alert. Competency training packages have been updated and training is monitored through the Trust training database. The Trust purchasing process was reviewed to achieve full compliance.

NPSA/2011/RRR001: Essential care after an in-patient fall

The Prevention of Patient Falls Policy is amended to include checks for signs or symptoms of fractures or potential spinal injury. A protocol and flow chart is developed, the falls flow chart is laminated and displayed in all areas. Relevant and specialist equipment is stored and available across the organisation. Falls information and awareness raising is shared through various groups and disseminated to all areas. Preventative measures such as falls risk assessment and care bundles are in use and a targeted rapid improvement work stream and group is in place for falls prevention. Process in place to ensure fast suitable treatment is available to in-patients injured by a fall, these are investigated under the Trust incident management process. Falls reduction targets (KPI) are identified for all inpatient areas.

NPSA/2010/RRR016: Laparoscopic surgery: Failure to recognise post-operative deterioration

Laparoscopic surgery is increasingly common and recovery is usually rapid; as such there is an under-recognised risk that complications can remain undiagnosed until post-operative life threatening complications develop.

Once we received this report, the Trust took the opportunity to improve the management of all patients post operatively, not just those undergoing a laparoscopic procedure. In doing so, we also acknowledged the positive impact this may have on reducing unnecessary re-admissions to hospital.

A leaflet was agreed through the Governance Group which detailed signs to look out for and provided contact details in case of concern.

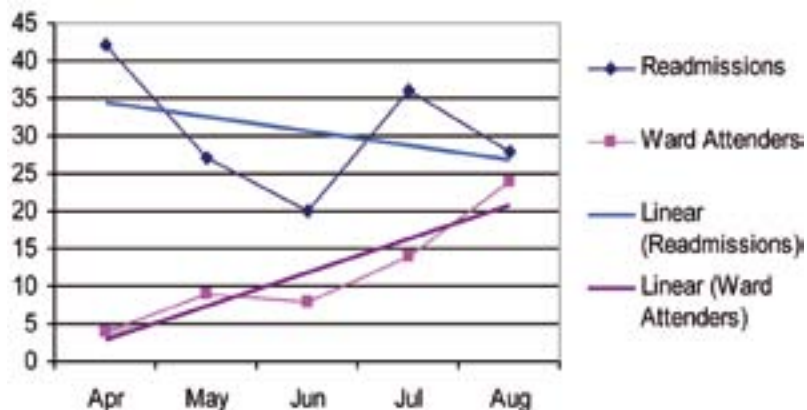
In addition, a triage checklist was developed for the nursing staff on the Emergency Surgical Ward who would act as the point of contact for all discharged patients.

Patients would either be given advice/reassurance over the telephone or asked to return to the emergency ward to be reviewed by a nurse or doctor. Where appropriate, patients would be treated as a ward attender and not re-admitted.

Evaluation

The system was piloted in May 2011 for a period of one month. Following the initial pilot, it was agreed that a longer trial period was required to evaluate the benefits. Therefore a further 3 month review was planned.

At the end of the 3 month review period, analysis of related readmissions and ward attenders from April – August 2011 showed a clear increase in the number of ward attenders and a linear decrease in the number of readmissions (See chart below).



Conclusion

There has been positive feedback from patients following the trial of this new process. The feedback has been both verbal and written.

We have seen a reduction in the number of related re-admissions over the last 4 months (in total).

The Trust has formally implemented this system across all general surgical wards.

Numbers and themes of serious incidents

As a Trust we have a robust reporting mechanism which has demonstrated high confidence in levels of reporting. The Trust has recently (March 2012) changed the investigation process to 48 hours and 5 days with the exception of taking 30 days to investigate a serious incident. Whilst this will be challenging it is believed this is appropriate to do in order to performance manage changes that are required to practice in order to improve safety. In financial year April 2011 to February 2012 the Trust has reported 169 incidents to the SHA serious and reportable incident system (UNIFY). Changes and expansion to the reporting criteria as well as combined numbers for acute and community services has contributed to the increase to date.

Accumulated Totals (Acute & Community April 2011 to February 29 2012 Reportable Incidents)	
Confidentiality	4
Infection (C/DIFF / MRSA)	10
Surgical Error	5
Unexpected Death	4
Ward Closure	2
Other	3
Delayed Diagnosis	4
Adverse Media Coverage/ Public Concern	1
Drug Incident	2
Sub-Optimal Care of Deteriorating Patient	1
Allegation Against Healthcare Professional	4
TOTAL	40

Accumulated Totals (Acute & Community April 2011 to February 29 2012 Reportable Incidents)	
Pressure Ulcers	101
Maternity	18
Slips Trips and Falls	8
VTE	2
TOTAL	129

Numbers and themes of Never Events

There have been 8 Never Events this financial year with a recurring theme of retained foreign object. The Trust has been under increasing scrutiny with serious focus on the WHO Surgical Checklist and formal action taken with staff who fail to adhere to guidance. This will be the focus for the forthcoming year with focus on prevention so a plan is in place to introduce WHO checklist or safety briefings in all areas who undertake any type of surgical intervention i.e. Dermatology, Podiatry, ENT clinic, etc. As outlined in above, the Trust has adopted shorter timescales to investigating, reporting and taking actions in response to any Never Event. The Medical Director and Chief Nursing Officer are meeting with all consultants to talk to them about Never Events and the systems and processes in place to prevent them happening. The Board receives a monthly report on Never Events which includes an update on actions. The table below gives a breakdown of the Events:

Date	Location / Directorate	Category
May-11	Maternity	Retained Foreign Object
Jun-11	Dermatology	Misidentification of patients
Jun-11	Trauma & Orthopaedics - D5	Wrong gas administered
Aug-11	Cardiac Services	Retained Foreign Object
Aug-11	Rehab Services	Maladministration of Insulin
Oct-11	Elderly Medicine	Inappropriate administration of daily oral methotrexate
Jan-12	Critical Care (Theatres)	Retained Foreign Object
Feb-12	Critical Care (Theatres)	Retained Foreign Object
Mar-12	Critical care (Theatres)	Removal of wrong tooth

VTE Risk Assessments

The Trust introduced electronic VTE risk assessment in January 2011 and has consistently achieved and exceeded the 90% target since June 2011. The VTE team are working with clinical teams to improve the recording of the prescription and administration of thromboprophylaxis (chemical/mechanical) to ensure the clinical requirements identified by the clinical assessment are robustly implemented for each patient as appropriate. The graph below shows performance by month since April 2011.

VTE risk assessment compliance RWHT 2011/12



In undertaking the assessments the Trust uses a COHORT approach. A COHORT approach allows medical directors to make a clinical decision regarding a group of patients admitted for the same procedure, who are felt as a group to have a low risk of VTE using the Department of Health /NICE risk assessment categories. These patients are considered low risk for VTE as a whole and do not require individual risk assessments.

COHORTS are:-

Medical and Surgical day case patients - these COHORT groups are supported by the medical director of the trust, Department of Health and the West Midlands VTE Steering group

In addition to these groups, patients who attend for an emergency review via EAU ambulatory area and A4 assessment area are COHORT assessed providing they remain in the seating area, do not stay overnight, are discharged from these areas following specialist opinion or non invasive diagnostics

The Trust uses the following criteria:

- The indicator is expressed as a percentage of all adult inpatient admissions;
- The patient must be over 18 years old;
- The patient must be an inpatient which includes day cases, maternity cases, transfers, elective and non-elective admissions.

Dementia Care and Care of Vulnerable Adults

The Trust has an awareness of the needs of vulnerable patients and patients with dementia. At New Cross hospital there is a dedicated ward for people with dementia. This ward is staffed to a higher level than other wards and staff have greater awareness of the needs of people with dementia and their carers. The environment on the ward is particularly designed around the needs of people with dementia. The Dementia Outreach Team actively supports the Emergency Admissions Unit and West Park Rehabilitation Hospital and advise community staff about acute care for people with dementia. There are also dedicated clinics for vulnerable people e.g. those with learning disabilities.

The Dementia Ward Care Bundle was developed in association with the Institute for Healthcare Improvement (IHI) and The Association of Dementia Studies at Worcester University. The diagram below shows the key elements and the effects of this approach.

Key Elements & inputs	Behaviour Change	Measurable Outcomes
Communication	<ul style="list-style-type: none"> • 'About Me' Collected • Involvement Patient and Family • Dignity and respect • Distress 	<ul style="list-style-type: none"> • Antipsychotic Medication • Untoward Incidents • Complaints • Compliments
Nutrition & Hydration	<ul style="list-style-type: none"> • Changes in meal availability and snacks • Individual likes and dislikes known • Eating Preferences known • Volunteers to support mealtimes 	<ul style="list-style-type: none"> • Weight Gain • Patient and family satisfaction • Infections
Environment	<ul style="list-style-type: none"> • Dementia friendly design • Aids patient mobility • Signage • Absence of clutter - better storage • Space for activities • Emotional Environment (Calm) 	<ul style="list-style-type: none"> • Falls • Injuries • Patient and Family Satisfaction
Staff Development	<ul style="list-style-type: none"> • Training and education • Involvement and Ownership • Consultant Nurse • Leadership • Team Development • Dementia Action Network 	<ul style="list-style-type: none"> • Low sickness and absence • Stigma • Status of Staff roles • Job Satisfaction • Competency • Confidence



In January 2012, we held an event with our Trust members to share our work on Dementia care. The event evaluated well and we received very positive feedback:

"I was amazed how much thought has been put into caring for patients with dementia"

"I enjoyed expert people explaining a difficult subject in simple terms"

"The enthusiasm of the staff who gave the presentations shows their dedication to this vulnerable and growing group of patients."

In February 2012, the Trust was inspected by the West Midlands Quality Review Service (WMQRS) specifically in relation to how vulnerable adults are cared for. Their feedback reported some positive findings, for example:

"Services to people with dementia were person-centred and provided by committed and enthusiastic staff. Service users and carers were very positive about the care they received and commented on the 'caring family' approach of the service. The services managed to achieve a very flexible response to service users' and carers' needs." (WMQRS Feb 2012)

Care of Older People with Dementia – SHORTLISTED FOR 2 AWARDS

The Trust was shortlisted at the prestigious Nursing Times Awards 2011 in the 'Care of the Elderly' category for the work that it has done on improving the care of older people with dementia in an acute hospital setting.

And in the Patient Experience Network's National Awards, the Trust was shortlisted in its 'Personalisation of Care' category for its excellence in delivering dementia care.



Clinical Effectiveness

CQC Registration and compliance

The Trust registered with the CQC in April 2010 with no conditions on its registration. In March 2011 the CQC carried out an on-site inspection to assess the Trust's on-going compliance with the following standards:

Outcome 4 –

Care and Welfare of people who use services

Outcome 5 –

Meeting Nutritional needs

Outcome 6 –

Co-operating with other providers

Outcome 16 –

Assessing and monitoring the quality of service provision

Outcome 17 –

Complaints

Results from this visit showed that improvements were needed for outcomes 4, 6, 16 and 17 resulting in a Moderate Concern. The Trust received a follow up visit in January 2012 where improvements were reviewed by the CQC and the Trust was assessed as compliant across all standards/outcomes. The full report and re-assessed scores can be found on the CQC website. Our plan moving forward is to ensure we retain full compliance.

CQC Quality Risk Profile

The Trust has full compliance with all outcomes. Our internal processes are in place and monthly compliance is reported to the Trust's Quality and Safety Committee. The Trust's Quality Risk Profile from the CQC is also reviewed monthly at the Compliance Committee, a sub-committee of the Quality & Safety Committee. The table below shows performance against each outcome, as at January 2012 is scoring green and neutral across all standard outcomes. Our plan for the coming year is to maintain or improve current position

Period	Outcome 1	Outcome 2	Outcome 4	Outcome 5	Outcome 6	Outcome 7	Outcome 8	Outcome 9	Outcome 10	Outcome 11	Outcome 12	Outcome 13	Outcome 14	Outcome 16	Outcome 17	Outcome 21
Jun - 11	Low Green	High Green	Low Neutral	High Green	Low Neutral	Insufficient Data	Low Green	High Neutral	Low Green	Low Neutral	Low Neutral	Low Green	Low Neutral	Low Neutral	Low Neutral	High Green
Jul - 11	Low Green	High Green	Low Neutral	Low Neutral	Low Neutral	Insufficient Data	Low Green	High Neutral	High Green	Insufficient Data	Low Neutral	Low Green	Low Neutral	Low Neutral	Low Neutral	Low Neutral
Sep - 11	Low Green	High Green	Low Neutral	Low Red	Low Neutral	Insufficient Data	High Green	High Neutral	Insufficient Data	Low Neutral	Low Neutral	Low Green	Low Neutral	Low Neutral	Low Neutral	Low Neutral
Oct - 11	Low Neutral	High Green	High Neutral	Insufficient Data	Insufficient Data	Insufficient Data	Low Neutral	High Neutral	Insufficient Data	Low Neutral	Low Green	Low Green	High Green	Low Neutral	Low Neutral	High Neutral
Nov - 11	Low Neutral	High Green	High Neutral	High Neutral	Insufficient Data	Insufficient Data	High Green	High Neutral	Insufficient Data	Low Neutral	Low Green	Low Green	Low Green	Low Neutral	Low Neutral	Low Amber
Jan - 12	Low Neutral	Low Neutral	High Neutral	High Neutral	Low Neutral	Insufficient Data	Low Green	High Neutral	Insufficient Data	Low Neutral	Low Green	Low Green	Low Green	Low Neutral	Insufficient Data	Insufficient Data

Insufficient data relates to the frequency of external information feeds to the CQC

NHSLA Standards

Following the integration with community services the Litigation Authority determined that the combined organisation would retain its level 2 status having regard to work required for integration prior to the next assessment. The Trust currently has NHSLA accreditation level 2 for the General Risk Management standards and level 1 for the Maternity standards. The Trust was assessed against level 2 Maternity assessment in March 2012 and is awaiting the report, and is aiming for assessment at level 3 for the General risk management standards in November 2012.

Adopting National Institute for Clinical Excellence (NICE) quality standards

RWHT uses a process of gap analysis and action planning to review and monitor compliance with the NICE quality standards.

There are 17 published standards to date

Work streams are in progress for the following standards published to date e.g. venous thrombo embolism, Dementia and Stroke.

Lung cancer Quality standard is being looked at locally.

Scoping of all other quality standards is underway to ensure that services are providing high quality care based on best practice guidelines which ultimately result in better patient experience.

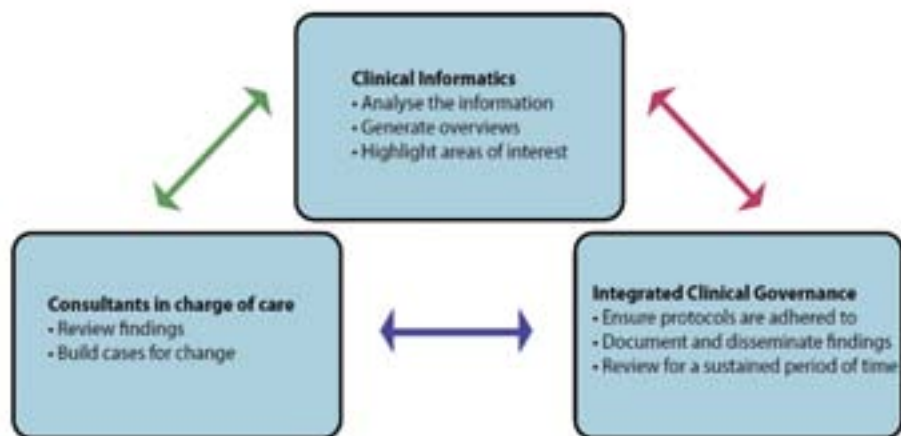
Hospital mortality

The RWHT has a continuous improvement ethos in the field of hospital governance and the reduction in overall in hospital mortality. The Trust uses a variety of mortality monitoring measures including, the well known Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital Level Mortality Indicator (SHMI), in both cases a score of 100 means the number of actual deaths equals the number of expected deaths, allowing for variations in cases treated (case mix). The SHMI differs from HSMR in respect of including all deaths outside of hospital within 30 days of discharge, as well as counting all in hospital deaths.

We work with a range clinical intelligence agencies to help us benchmark our performance these include the West Midlands Quality Review Service (WMQRS), Dr Foster Intelligence and *HED analytics at University Hospitals Birmingham NHS Foundation Trust.

**The HED system is an alternative to Dr Foster's Real Time Monitoring System, now widely used across the West Midlands as a comprehensive surveillance tool.*

The Trust 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 .The Trust's threefold approach to monitoring mortality can be summarised as follows:



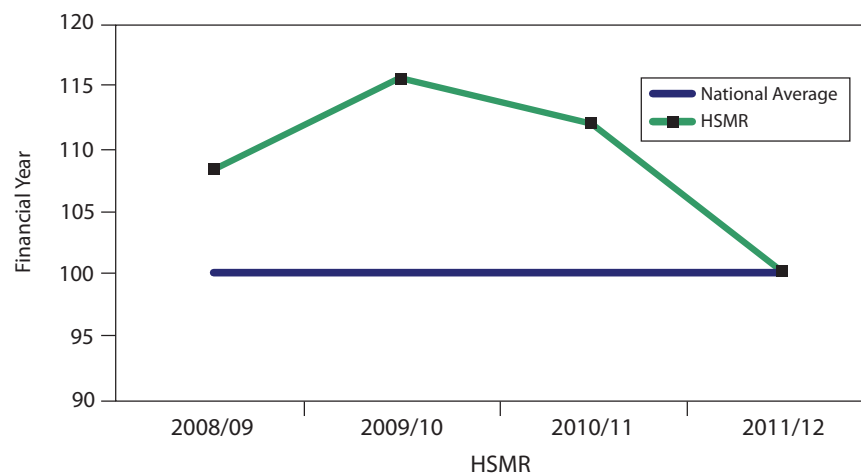
HSMR Mortality Performance in 2011/12

Mortality

	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	YTD
HSMR	94.2	90	73.7	97.2	89.3	94.7	81.7	84	104.7	91
Observed Death Rate (56CCSG Groups)	4.40%	3.50%	2.70%	3.90%	3.20%	3.50%	3.10%	3.10%	4.30%	3.50
Expected Death Rate (56CCSG Groups)	4.70%	3.90%	3.70%	4.00%	3.60%	3.70%	3.80%	3.70%	4.10%	3.90
No. of In Hospital Deaths	125	100	84	116	96	111	93	92	137	955
Expected Deaths	132.7	111.1	114	119.3	106.4	113	113	110	131	1053
Excess Deaths	-7.7	-11.1	-30	-3.3	-10.4	-2	-20	-18	6	-98

Analysis: April - December 2011 is the latest available. The Trust's YTD HSMR based on 9 months data is 91 with a probable rebased value of 100.

HSMR Trend

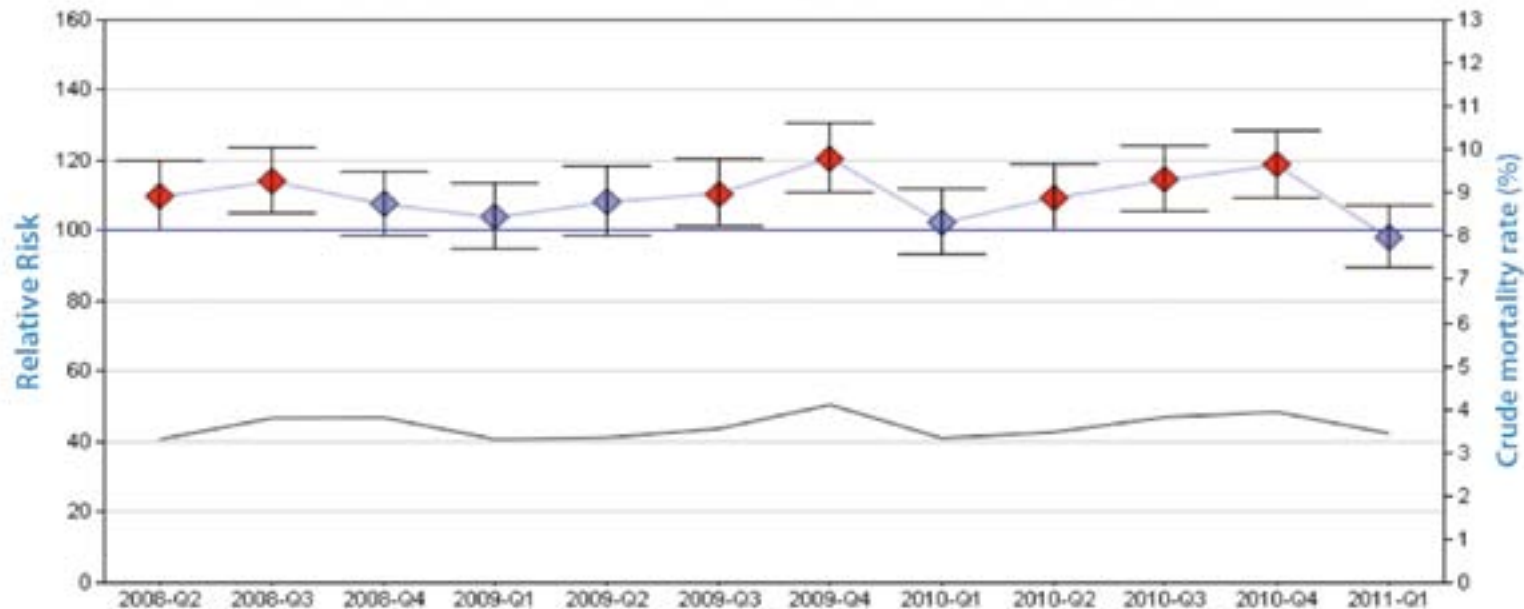


The analysis performed by the Trust's clinical informatics team and external partners predict an end of year finalised HSMR of approximately 100 which is in line with Trust's planned target and is amongst the best in the region.

SHMI Mortality Performance

The latest available SHMI performance at the time of publication of this document is Quarter 1 2011/12 which showed the quarterly SHMI figure to be at 98.06, this is better than the national average.

SHMI trend for all activity across the last 3 years



Future Plans for Mortality

1. All Inpatient Deaths will continue to be clinically reviewed
2. The Trust will continue to investigate all mortality alerts at a threshold lower than CQC alert threshold.
3. All Procedural and diagnostic SMRs will continue to be monitored.
4. SMRs will also be monitored at HRG3.5 and HRG4 levels.
5. Linkages between sub-optimal acute care elements and mortality will continue to be investigated. Current work streams include suboptimal clinical observations, Hospital acquired infection, cardiac arrests, medication errors, deaths within 24 hours of hospital admission.
6. 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.
7. From the 1st April 2012 the Trust will introduce bespoke "Complex Elderly" care bundles adapted from West Midlands Mortality Network recommended care bundles. These care bundles will formalise key components of care, for elderly non elective medical admissions. Performance will then be robustly monitored on a CCS basis using Cusum charts.

Supporting our staff

The workforce:

With a workforce of more than 6,500 the Trust remains one of the largest employers in the local community. Details of our workforce profile are shown in Section 1: Annual Report

National Staff Survey Results:

Details of our national staff survey results and our local surveys and future plans are shown in Section 1: Annual Report.

Equality & Diversity:

The Trust's commitment to Equality & Diversity influences services for our staff as well as our patients as detailed in the table below:

<p>Employment</p> <ul style="list-style-type: none"> Reasonable adjustments for disabled staff are provided where possible. The Management of Sickness Absence, Equality of Opportunity and Capability policies all support reasonable adjustments. The Trust is a Two Ticks organisation (positive about employing disabled people) which has five commitments regarding; recruitment, training, retention, consultation and disability awareness. We collect, review and publish relevant workforce data to look at possible inequalities. Equality and Diversity is a core dimension on the Knowledge and Skills Framework (KSF). This means every member of staff (on Agenda for Change Terms and Conditions) has to adhere to the relevant level on their outline to comply with KSF. Employment equality and diversity monitoring forms capture all personal protected characteristics for people completing exit questionnaires and flexible working applications. 	<p>Training is available for staff to attend and includes:-</p> <ul style="list-style-type: none"> Quick Induction e-learning pack. Local departmental induction. Trust induction for all new starters (face to face). Nurse and nurse bank induction (face to face or online via the Trust's KITE site). Equality and diversity (face to face) bespoke training provided as and when. Equality and diversity training for consultants and doctors (face to face or e-learning). Bullying and Harassment is delivered as part of Mandatory Training (face to face or online via the Trust's KITE site). Recruitment and selection (face to face). Preceptorship for newly qualified nurses. There are a range of leadership and management development programmes for staff throughout the career escalator. Equality and Diversity training is embedded within all vocational Qualification Credit Framework/apprenticeship programmes and staff development programmes delivered both internally and externally for Trust staff. Volunteers induction training available.
<p>Trust-wide</p> <ul style="list-style-type: none"> Development of Trust's Equality Objectives to meet the Public Sector Equality Duty 2011. Objectives have been drawn up to have the biggest impact on the main aims of the general equality duty for people with personal protected characteristics. Equality Impact Assessments are done on an ongoing basis with annual results overview published on website. 	
<p>An equality and diversity staff group is in place.</p> <ul style="list-style-type: none"> Contact Links service offer confidential support to staff who may be bullied or harassed at work. The equality and diversity section of the website and Intranet sites have been re-designed and include up-to-date information. An update on the Trust's Single Equality Scheme has been published on the website. 	

Educating our Staff:

Preceptorship

Building on the success of the accreditation by Keele University of nurses undertaking the Best Start Preceptorship Programme, in partnership with Teeside University we have been awarded accreditation at degree and masters level for the Preceptors who guide the newly registered staff.

Sponsorship

In conjunction with the SHA we financially and managerially facilitate a wide range of staff to undertake their Nurse or Operating Department Practitioner training. These staff would normally not be financially able to undertake these career changes independently. We currently have 33 members of staff benefiting from this scheme.

In conjunction with the SHA we also financially and managerially facilitate registered nurses to undertake a second registration in a chosen field of care. Currently we are supporting:

- 3 staff undertaking midwifery training
- 2 staff undertaking sick children's nursing
- 2 staff undertaking Mental Health Registration
- 9 staff undertaking Health Visitor training
- 5 staff undertaking District Nurse training

Recruitment

As a Trust we are committed to recruit from the nursing students who undertake their training with us. We have employed over 80% (60) of those nursing students who gained their registration during 11/12.

Validation.

The Nursing & Midwifery Council visit in 2011 validation outcome for nursing student Mentorship rated the Trust as Good.

Health Care Assistant Development Course

The aim of this course is to develop the knowledge, skills and competence of HCAs to enable them to deliver high quality care. The course includes lecture style sessions, workshops and group activities to deliver both theoretical and practical content.

The course is very popular within the Trust and due to high demand and over subscription we have increased course places from 20 to 40 places during 2011. The programme evaluates very well, with members of staff stating "It has given me a greater understanding of my role, skills and patient care as well as how I contribute to the team and patient care" and "I have learnt so much over the past four months and from this my patient care will be much better".

Nursing and Midwifery Induction

This programme is specifically offered to nurses and midwives, and nursing or midwifery assistants, on commencement of employment at the Trust. The Programme is organised by the Nurse Education Team, with sessions delivered by the Professional Education Nurses, Specialist nurses, and other practitioners employed within the Trust.

The induction content is adapted to ensure Trust key messages are delivered to all new staff joining the Trust and over 2011/2012 we have adapted the programme content to support and supplement the Trust drive to improve nutrition in hospital and to ensure staff undertake their level 1 and level 2 nutrition training.





Dementia Project – Training Achievements in 2011/12

Dementia Awareness

Approx 650 attendees at Trust Induction

Approx 250 at Nurse Induction

97 staff within Perceptorship Programmes.

84 Dementia Awareness Full Day Programme

65 Health Care Assistant Development Programme - Dementia Awareness

80 Dementia Awareness for Hotel service staff and Porters

Specialist Practice in Dementia in the acute care setting

(Via Worcestershire University) for 20 nominated staff across the trust who gained Degree level credits.

- Dementia Training Event for GPs, Social Workers and Allied Health and Social Care Professionals for 125 attendees.
- 65 staff trained in De-escalation and Disengagement techniques (potential violent and aggressive incidents)
- 18 attended Understanding Delirium, Depression and Dementia - a 3hr workshop
- 94 attended Introduction to Mental Capacity Act (All grades and levels of staff working directly with clients)

In addition to training identified above, on-line training resources were made available for all trust staff through the intranet.



How we selected our 2012/13 priorities

Our priorities were chosen from examining the evidence we have from a number of sources that have informed us what people think about our services and where we need to improve.

These sources have included feedback from national surveys: both for in-patients and out-patient services, as well as our local real time feedback from patients. We have examined PALS and complaint trends and feedback from our members at membership events and from our Patient Experience Forum.

In addition we have used the evidence from a number of performance metrics we gather to help inform where our priorities lie.

Our clinical teams, made up of medical staff, nurses and managers were asked how they see the future of the services they manage and these too contributed to our long list of priorities as shown:

Priority:		Driver:
Patient Experience	Improve information given to patients	National and local surveys / PALS and complaints
	Ensure patients are respected, and cared for with dignity and compassion	CQC / Nursing, Midwifery & Health Visiting Programme / NICE Guidance
	Promote person centred care	Learning from dementia care / Nursing, Midwifery & Health Visiting Programme / NICE Guidance / complaints
	Always Events	Nursing, Midwifery & Health Visiting Programme
	Improve End of Life Care	Strategy for the further development of end of life care in Wolverhampton / complaints
	Utilise opportunities for care closer to home for adults and children (including for end of life care)	Local priority / Strategy for the further development of end of life care in Wolverhampton
Patient Safety	Reduce healthcare acquired pressure ulcers	Local priority / High Impact Action / Safety Thermometer
	Improve nutrition in hospital and in community (including Healthy Start for children)	Local priority / High Impact Action / Patient feedback
	Maintain & improve cleanliness and reduce risk of infections (particularly related to devices & C Difficile)	Local priority / High Impact Action / Patient feedback
	Protect vulnerable adults and children	CQC / National Driver / Local Priority
	Ensure safety of medicines and information to patients about medicines	Local & National patient feedback / Local priority
	Reduce harm from falls in hospital	High Impact Action / Local priority
Clinical Effectiveness	Improve the journey for those requiring urgent care	Local priority / PALS & Complaints
	Enhanced recovery following surgery	Local and National priority
	Improve patient flow (and integration of hospital & community services) and safe discharge from hospital	Local priority following integration of community and acute services / complaints
	Improved training & the development of specialist roles for nurses (in gastroenterology, cardiac services and midwifery)	Local priorities
	Develop 7- day working across all specialties	Local & National priorities
	Ensure safe and appropriate staffing levels	Energise for excellence / local priority: Nursing, Midwifery & Health Visiting Programme



Working with Governors and Members

The Trust intends to strengthen and build on links established with our local community to ensure meaningful involvement of local people, patients and our key stakeholders in influencing our priority setting, planning and decision making.

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.

Our plans to develop and grow our membership over time recognise the need to encourage people from all areas to join us. This will build on existing frameworks and good practice already established within the Trust for patient, public and staff engagement.

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.

The Trust will establish the profile of its eligible membership by reference to the local population data and regional and national referral analysis and where necessary, target recruitment activities to improve membership balance.

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.

The Trust currently has a public membership of approximately 6,500, which is in line with the target number at the point of becoming a Foundation Trust. By adopting an ‘opt out’ option for staff we will maintain a staff membership of around 6,000.

We intend to increase our public membership by a further 3,000 over a three-year period following authorisation as a Foundation Trust, in order to further broaden and strengthen our local representation.

Since Spring 2011 the Trust has been working with its elected shadow Governors. Details on the work the Governors have been involved in is shown in Section 1: Annual Report

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)). In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

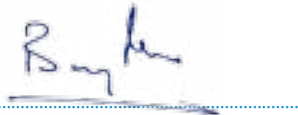
- the Quality Accounts presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included 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



Chief Executive 25th June 2012



Chairman 25th June 2012

Acknowledgements

We would like to thank all of the patients, community representatives for their feedback and members of staff who gave their time to help us select our priorities and ensure that the document is clear and accessible.

Glossary

For those readers who are not familiar with some of the terminology used in this document, the table below offers some explanation of abbreviations that have been used:

A&E	Accident and Emergency Department
ACPs	Advanced Clinical Practitioners
CCS	Clinical Classification System
C-Diff	Clostridium Difficile
CICT	Community Intermediate Care Team
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CMACH	Confidential Enquiry into Maternal and Child Health
CNO	Chief Nursing Officer
DNA	Did Not Attend
DRHABs	Device related hospital acquired bacteraemias (blood infections)
EAU	Emergency Assessment Unit
ENT	Ear, Nose & Throat
EOLC	End of Life Care
GP	General Practitioner
GMCRN	Greater Midlands Cancer Research Network
HCA's	Health Care Assistants
HRG	Healthcare Resource Group
HSMR	Hospital Standardised Mortality Ratio

IHI	Institute for Healthcare Improvement
IT	Information Technology
KITE	Knowledge, Information, Training and Education
KPI	Key Performance Indicator
KSF	Knowledge and Skills Framework
LCP	Liverpool Care Pathway
LINK	Local Involvement Network
MLU	Midwifery Led Unit
MRSA	Methicillin Resistant Staphylococcus Aureus
NHS	National Health Service
NHSLA	NHS Litigation Authority
NICE	National Institute of Clinical Excellence
NIHR	National Institute for Health Research
NPSA	National Patient Safety Agency
NRLS	National Reporting and Learning Service
NSSC	Nutrition Support Steering Committee
ONS	Office for National Statistics
OSC	Overview & Scrutiny Committee
OWL	Outpatient Waiting List
PALS	Patient Advice & Liaison Service

PEAT	Patient Environment Action Team
PHSO	Parliamentary and Health Services Ombudsman
PSIs	Patient Safety Incidents
PCT	Primary Care Trust
RRR	Rapid Response Report
RWHT	The Royal Wolverhampton Hospitals NHS Trust
SHA	Strategic Health Authority
SHMI	Summary Hospital Level Mortality
UTI	Urinary Tract Infection
VTE	Venous Thrombo-embolism
WHO	World Health Organisation
WMNCLRN	West Midlands (North) Comprehensive Local Research Network
WMQRS	West Midlands Quality Review Service

Statements from our partners:

Wolverhampton City PCT statement

The PCT continues to oversee the quality of care provided by the trust for services commissioned on behalf of the city of Wolverhampton, including patient safety, clinical effectiveness and service user/patient experience.

The trust has improved performance in a series of areas that were identified as priorities for the year. These include delays and communication with patients, pressure ulcers, infection prevention and nutrition. The breadth of achievement will be taken to the next level during 2012-13 in line with the emerging Clinical Commissioning Group's (CCG) commitment to quality being at the heart of the services it commissions from the trust, priorities for the coming year (2012-13) are urgent care, care of the elderly and end of life.

The PCT/CCG are actively engaged with the trust to enable the best possible outcomes for patients and strive to support the trust in its challenge to provide the highest standards of care.

Wolverhampton LINK Statement

Overall, this seems to be a positive account of the quality being achieved by the Royal Wolverhampton Hospitals NHS Trust and the Trust should be congratulated on the improvements it has made.

Wolverhampton LINK has welcomed the relationship that it has developed with the RWHT Board and key staff members during 2011 – 2012. The report covers a number of valuable areas and brief comments on these are set out below.

Priorities For Improvement For 2012/13

Priority 1: Urgent Care

The focus on urgent and emergency care is well received. In particular Wolverhampton LINK have been monitoring the assessment time of patients arriving by ambulance and look forward to seeing an improvement in performance.

Priority 2: Care Of The Elderly

The focus on Care of the Elderly is welcomed, Wolverhampton LINK are particularly keen to continue our dialogue regarding the monitoring of Nutrition and Pressure Ulcers.

Priority 3: End Of Life Care

This work is to be commended; we look forward to hearing more about the implementation of this priority.

Priorities For Improvement For 2011/12

Priority 1: Delays

Last year's focus on delays and cancelled appointments was welcomed, since the implementation of this priority Wolverhampton LINK have noted a drop in the numbers of people feeding-back to us regarding this matter, although we are starting to detect some levels of dissatisfaction regarding waiting times for Specialist Foot Health Services, we will continue to monitor this.

Priority 2: Medication Side Effect Information

The LINKs recent Pharmacy report noted and supported the endeavours of the Trust to resolve the provision of To Take Home medications as part of an improved discharge procedure. We will continue to monitor this and the development of the patient information leaflet, within the Best Practice Wards exercise.

Priority 3: Reduction in Healthcare acquired pressure ulcers

Although there does seem to be an improvement in the end of year pressure ulcer figures, the figures are only really back were they started in April 2011.

As yet we have not seen a meaningful improvement in these figures and believe there is still much more work to be done. Part of this work is the full implementation of comfort rounds across all wards and all patients on a systematic and regular basis and staff education regarding correct positioning of patients and their liability. We will continue to monitor the trusts implementation of the further action identified in the quality account.

Priority 4: Infection Prevention

It is pleasing to see that this target has been met; however, we would like to see a strengthening of this target to gain further improvement.

Priority 5: Nutrition

Wolverhampton LINK have noticed a reduction in patient complaints regarding the quality of food since the implementation of the new catering service. We have recently carried out a review of protected meal times (report pending) we have noted the progress made by the Trust since our 2010 review, although there are some areas for improvement regarding the interpretation of protected meal times by some disciplines and wards.

Patient Experience – LINK / HealthWatch Involvement

We have valued attending the quarterly Patient Experience Forum, it is hoped that it will further develop into a meeting that has "real teeth" in the monitoring and review of the trusts priorities for quality improvement.

As stated in previous years we will continue to monitor the priorities for quality improvement for 2012/13 and would welcome the opportunity of getting involved in setting the priorities for quality improvement for 2013/14.

Independent Auditors Limited Assurance Report to the Directors of The Royal Wolverhampton Hospitals NHS Trust on the Annual Quality Account

We are required by the Audit Commission under section 5(1)(e) of the Audit Commission Act 1998 (the Act) to perform an independent assurance engagement in respect of the compliance of The Royal Wolverhampton Hospitals NHS Trust's Quality Account for the year ended 31 March 2012 (the "Quality Account") with the National Health Service (Quality Account) Regulations 2010 and the National Health Service (Quality Account) Amendment Regulations 2011 (together, the "Regulations").

Scope and subject matter

NHS trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in the Regulations.

Respective responsibilities of Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Account in accordance with the criteria set out in Regulation 4 and guidance issued by the Department of Health on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations). Our responsibility is to form a conclusion, based on our limited assurance procedures, on whether anything has come to our attention that causes us to believe that the Quality Account does not include the matters required to be reported on as specified in Regulation 4.

We read the Quality Account and conclude whether it addresses the content requirements of the Regulations and to consider the implications for our report if we become aware of any omissions.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. This report, including the conclusion, has been prepared solely for Directors of The Royal Wolverhampton Hospitals NHS Trust as a body in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. To the fullest extent permitted by law, we do not accept or assume responsibility for any other purpose or to any other person for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with the NHS Quality Accounts Auditor Guidance 2011/12 issued by the Audit Commission on 16 April 2012. Our limited assurance procedures included:

- making enquiries of management;
- reading the documents; and
- comparing the content of the Quality Account to the requirements of the Regulations.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

The scope of our assurance work did not include consideration of the accuracy of the reported indicators, the content of the Quality Account or the underlying data from which it is derived.

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that the Quality Account for the year ended 31 March 2012 does not incorporate the matters required to be reported on as set out in Regulation 4.



Mark A Jones
for and on behalf of PricewaterhouseCoopers LLP
Appointed Auditors
Cornwall Court
19 Cornwall Street
Birmingham
B3 2DT
Date: 28 June 2012



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 Hospitals NHS Trust
New Cross Hospital
Wednesfield Road
WOLVERHAMPTON
WV10 0QP

Telephone 01902 695333
Email: 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.