

# The Royal Wolverhampton



NHS Trust



## Annual Report & Quality Account 2012/13

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

Если данный документ требуется Вам в альтернативном формате, например крупным шрифтом, на другом языке и т.п., просьба сообщить об этом одному из сотрудников здравоохранения.

## Lithuanian

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

## Kurdish

ئەگەر تۆ بۆ ئەلگەنەمە بە شێوازیکی دیکە دەخوازیت یۆ نمونە چایی گەورەتر، زمانیکی دیکە هەند. تکیه  
بەمکێک لە کارمەندانی سەرپەرشتی تەندروستی ناگادار بکەرەوە.



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# Annual Report

# Introduction from the Chairman and Chief Executive

2012/13 was another strong year for the Trust in terms of its overall performance. The last few months of the year were particularly challenging as the Trust faced unprecedented pressure on its emergency portals and consistently had more than 300 attendances per day to its Emergency Department. All staff in the Trust have worked hard to ensure that services for our patients continue to be safe in these difficult circumstances.

Patient safety continues to be our number 1 priority. We have seen reductions again this year in a number of areas including hospital acquired pressure ulcers, patients suffering serious harm from falls, percentage of late patient observations and mortality rates. Our infection prevention record continues with significant reductions in the number of cases of C. difficile and Methicillin Sensitive Staphylococcus Aureus (MSSA) and saw the Infection Prevention team win a national Innovation Award for their work. Although we knew it would happen it was disappointing to have a case of MRSA in September – our first for more than 1142 days! The clock is counting again with a challenge to break this record which remains the longest in the NHS.

Despite the pressures in our Emergency Department and the hospital as a whole we hit our A&E waiting time target of patients being dealt with within 4 hours again this year, the 5th consecutive year even though we missed the target for Quarter 4. Our performance for the year saw us in the top 30% of Trusts in the country. This target is particularly important as it ensures that patients get seen and dealt with promptly at their most vulnerable time.

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. We will continue to work on these areas in the coming year.

On top of all of this we have also achieved our income and expenditure plan, finishing the year with a financial surplus of £7million. This helps to safeguard the Trust for the future and allows us to continue to invest in our services. Those of you who have visited the New Cross site recently will have seen the New Pathology building which was “unveiled” in March. We have also started planning for our new Emergency Department on the New Cross site.

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.

2012/13 has been a landmark year for the NHS with the publication of the Francis Report into Mid Staffordshire NHS Foundation Trust. Over the coming months we will build on work that was already happening to look at how we change some of the things we do to minimise the risk of similar events happening in this Trust.



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

David Loughton, CBE  
Chief Executive  
24th June 2013



A handwritten signature in black ink, appearing to read 'Richard Harris'.

Richard Harris  
Chairman  
24th June 2013



# About the Trust

The Royal Wolverhampton 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 through 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 and now provides an integrated community and acute service.

With an operating budget of almost £380 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 6,700 staff. The Trust provides its services from the following locations:

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

(On 1 April 2013 the Trust took onto its balance sheet properties currently owned by Wolverhampton City PCT and leased by the Trust. The net book value of these properties is £11.6million. There are 5 properties transferring to the Trust, 3 of which will be owned by the Trust (West Park Hospital plus two Health Centres) and two where the lease for the premises is transferring).

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; and
- 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

Our vision and values are supported by ten strategic goals which extend over the next three years. The achievement of these goals, individually and collectively will enable the Trust to demonstrate that it is “living” its vision. These goals are underpinned by our service developments, operational infrastructure and organisational capacity and capability. They are the framework for our performance management - each goal has a range of Key Performance Indicators which enable us to track our progress at a Divisional and Board level. These indicators are reviewed each year to ensure they reflect the aspirations of the Trust in achieving its strategic goals. Delivery of the qualitative and quantitative measurements is through our monthly performance monitoring at local levels and to the Trust Board.

The Trust has an important role to play not only in improving the health and social care services for the local population but also in the continuing regeneration of the City of Wolverhampton as a vibrant multicultural and diverse community. It is important to us that we are efficient and effective in our delivery of services and are seen as a socially responsible organisation. Our strategy enables us to use the cultural diversity of the population we serve to stimulate innovation in the way we deliver services. Our relationship with our members and governors ensures we focus on issues that make a difference to local people. Our strategic goals are shown in the table below:

- 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 2012/ 13 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:

1. The NHS provides a comprehensive service, available to all.
2. Access to NHS services is based on clinical need, not an individual’s ability to pay.
3. The NHS aspires to the highest standards of excellence and professionalism.
4. The NHS aspires to put patients at the heart of everything it does.
5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.
6. The NHS is committed to providing best value for taxpayers’ money and the most effective, fair and sustainable use of finite resources.
7. The NHS is accountable to the public, communities and patients that it serves.

The NHS Constitution was updated in March 2013 and can be accessed at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/170656/NHS\\_Constitution.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170656/NHS_Constitution.pdf)



# Directors' Report

## Activity Overview

The Trust substantially met its objectives for 2012/13 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			
Year	2010/11	2011/12	2012/13
<b>Inpatient (FCEs)</b>			
Admission Method			
Emergency	51,805	55,989	56,093
Elective	10,575	10,750	9,850
Daycase	42,263	43,229	44,872
Inter-hospital Transfers (Elective)	1,848	1,504	1,307
Regular Day Admissions	29,829	30,269	30,252
Maternity	9,277	9,242	8,996
Births	4,162	4,229	4,129
<b>Total</b>	<b>149,759</b>	<b>155,212</b>	<b>155,499</b>
Outpatient (Attendances)			
<b>Patient Type</b>			
New	149,483	156,215	160,268
Review	347,576	363,988	374,236
Total	497,059	520,203	534,504
Referrals			
<b>Total by GP</b>	<b>89,747</b>	<b>91,218</b>	<b>90,564</b>

Percentage Difference	
2010/11 – 2011/12	2011/12 – 2012/13
8.1%	0.2%
1.7%	-8.4%
2.3%	3.8%
-18.6%	-13.1%
1.5%	-0.1%
-0.4%	-2.7%
1.6%	-2.4%
<b>3.6%</b>	<b>0.2%</b>
4.5%	2.6%
4.7%	2.8%
4.7%	2.7%
<b>1.6%</b>	<b>-0.7%</b>



*Community Services			
	2010/11	2011/12	2012/13
Finished Consultant Inpatient Episodes	805	926	860
Outpatient (Attendances)			
first	2,139	2,431	1,932
subsequent	4,002	4,506	4,157
Community Contacts			
first	58,988	60,996	57,672
subsequent	443,895	459,514	451,467
Referrals	80,840	79,180	74,343
Walk in Centre Attendances	29,275	28,551	36,186

Percentage Difference	
2010/11 – 2011/12	2011/12 – 2012/13
15.0%	-7.1%
13.7%	-20.5%
12.6%	-7.7%
3.4%	-5.4%
3.5%	-1.8%
-2.1%	-6.1%
-2.5%	26.7%

**\*NB: The basis of this information has changed compared to the Annual Report 2011/12. We have revised the indicators to align with the community contracts with our commissioners and rebased each year for consistency purposes.**



# Performance Overview 2012/13

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.

During 2012/13 the Trust performed well against key targets, as can be seen in the table below.

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

The below indicators cover both the Trust's acute and community services (where applicable).

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 specialities)	90%	✓
Patients offered an appointment within 48 hours for Genito-Urinary Clinic	98%	✓	18 weeks referral to treatment – non-admitted (all specialities)	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 2011/12 outturn	20% reduction	✓

# Governance – Summary of the Trust's Performance

During 2012/13 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 Care Quality Commission (CQC)

The Trust is fully compliant with the registration requirements of the Care Quality Commission. The Care Quality Commission (CQC) has not taken any enforcement action against The Royal Wolverhampton NHS Trust during 2012/13.

The Royal Wolverhampton NHS Trust participated in a routine unannounced inspection which was carried out by the CQC on 24 January 2013. This was a routine inspection to check that the essential standards of quality and safety listed below are being met.

- Care and welfare of people who use the services
- Cleanliness and infection control
- Safety, availability and suitability of equipment
- Supporting workers
- Assessing and monitoring the quality of service provision

The report was published in March 2013 and the Trust was found to have met all these standards. The report can be found at [www.cqc.org.uk/publications](http://www.cqc.org.uk/publications).

## NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member

Pension scheme records are accurately updated in accordance with the timescales detailed in the Regulations. The Trust as part of the Pensions Regulations is required to complete and Annual Assurance Statement for the Pension Agency by the 5th of April each year, and this has been done.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

## Carbon Reduction

The Trust has undertaken risk assessments, and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UK Climate Impacts Programme (UKCIP) 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the adaptation reporting requirements are complied with.

## Information Governance

The Trust has made its annual self-assessment submission to the Department of Health by the 31st March 2013 on the Information Governance Toolkit. The overall score for 2012/13 was 79% and was graded Satisfactory/ Green, as attainment Level 2 or above was achieved on all 45 requirements.

## Reporting Structure

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 Outcomes Framework. This document describes the outcomes and actions for the coming year that will help the whole NHS system deliver its longer term ambitions. April 2013 saw the commencement of the most significant changes in the NHS since it began. NHS England has now taken over responsibility for commissioning services – this is done at a local level by Clinical Commissioning Groups and at a regional level by Local Area Teams. During 2012/13 these arrangements operated in shadow form and set out a number of Offers and Outcomes:

- Maintaining performance on key waiting times such as A&E and 18 weeks;
- Continuing to reduce hospital acquired infections;
- Reducing emergency readmission rates; and
- 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 A&E in Quarter 4 when the Trust experienced unprecedented levels of emergency attendances and admissions.

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, Innovation, Performance 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 through our contract discussions and as part of a joint Modernisation Programme Board.

## Liberating the NHS

During 2012/13, Liberating the NHS became the Health Act, and was passed through Parliament into Law. As part of this, the commissioning environment across the NHS in England was dramatically altered. There are a number of key commissioning organisations that we are now required to work with:

### NHS England

NHS England was formally established on 1st October 2012 as an independent body, at arm's length to the Government. Formerly known as the NHS Commissioning Board, NHS England have taken direct responsibility for commissioning primary care services, including GPs, dental and pharmacy services, as well as taking over parts of the planning process from the Department of Health.

### NHS England Regional Offices

NHS England will have four Regional Offices, based on the current SHA cluster groupings. Therefore, the Regional Office covering Wolverhampton will be Midlands and the East. The Regional Office will guide commissioning organisations in contract management and delivery, and in areas relating to quality measurement, including the delivery of Commissioning for Quality and Innovation (CQUIN) schemes.

### Local Area Teams (LATs)

There are 27 LATs in the new structure, which will work on behalf of the Regional Offices. The LAT covering Wolverhampton will be Birmingham and the Black Country. Shropshire and Staffordshire Area Team will also cover part of the Trust's activity. In addition to the commissioning of primary care services, ten selected LATs, including Birmingham and the Black Country, will host the Specialised Commissioning Teams. These teams will see their commissioning portfolios increase for 2013/14, and



to take on an increased range of specialist high cost / low volume services.

### **Clinical Commissioning Groups (CCGs)**

There are currently 212 CCGs across England who are in the process of undergoing authorisation prior to taking on statutory responsibility for commissioning from April 2013. The commissioning portfolio of CCGs will be those services falling outside of the scope of the organisations covered above. Wolverhampton City Clinical Commissioning Group (WCCCG) have outlined four key commissioning priorities:

- Improve outcomes and the cost effectiveness of planned care;
- Build a sustainable and effective urgent care system;
- Create a sustainable and effective system for the whole care journey of patients with long term conditions (including mental health); and
- Reduce the gaps in mortality across Wolverhampton.

The Trust also works closely with South East Staffordshire and Seisdon Peninsular CCG.

### **Public Health**

During the course of 2012/13, the Public Health function moved from PCTs into Local Authority. This function will take over the commissioning of some services from health, such as healthy lifestyles, sexual health and school nursing.

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.





# 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.

## Midwifery Led Unit

Increasing choice and improving facilities for pregnant women is important to us. This year we invested in developing the new Midwifery Led Unit at New Cross Hospital that will cater for up to 1,000 women a year. The new facility which is available to expectant mothers who are classed as low risk provides five birthing rooms all of which have en-suite facilities.

As well as the en-suite facilities the five birthing rooms also have music centres and televisions and the latest state-of-the-art birthing equipment. Three birthing pools within the unit also offer women the choice of labouring and giving birth in the water. Soft furnishing and gentle lighting are used to provide a "calm and relaxing atmosphere" for the new mums as well as their birth partners and family.

## Integrated Pathology Building

Having pathology services that can meet our current and future demand helps us to improve clinical services for patients. Financed entirely from within the Trust Capital Programme, the Trust has built a state of the art Integrated Pathology Building, taking our pathology services into the 21st century. The design of the Pathology Building centres around the core principle of integrating all Pathology disciplines into a single, convenient, location – where the departments can not only benefit from state of the art facilities but also from working together as a single Department for the first time.

Ranged over three floors - the ground floor comprising of a reception area, specimen reception and Blood Sciences (Clinical Chemistry & Haematology) Department; the first floor houses Microbiology and top floor Cellular Pathology (Histopathology and Cytology) – the building the building maximises the use of natural daylight in core laboratory areas and provides a flexible working environment that can easily, and quickly, be amended with minimal disruption to workflow.

## NHS Institute of Innovation and Improvement Innovation Award for Infection Prevention

Infection prevention continues to be high on our list of priorities and our success has been recognised with a national NHS Innovation Award and a subsequent £55,000 for our performance and continued efforts against infection, reducing cases of infection by a potentially fatal bacteria. A wide-ranging partnership across the city of Wolverhampton health services has reduced cases of MSSA (Methicillin Sensitive Staphylococcus Aureus) by 61.7 per cent since 2005/06.

The Infection Prevention and Control Team has worked innovatively with the Wolverhampton City Council and Wolverhampton City Primary Care Trust to make sure prevention measures were targeted in care homes, GP surgeries and other locations, as well as in the hospital.

## Supporting patients with Dementia

The Trust continues to work towards New Cross Hospital being the UK's most dementia-friendly hospital. This year the Trust is celebrating two years of work by winning two prestigious national awards.

The service was awarded the Care Integration and Patient Safety Award by the Health Service Journal and Nursing Times, and has just been awarded a Nursing Times Award for Patient Safety. The team was also shortlisted for another Patient Safety Award from the Health Service Journal.

Support services for people needing hospital treatment who also have dementia give specialist help to patients and carers. The service focuses on safety issues in people with dementia, the length of stay in hospital, reducing the risk of infection and the use of anti-psychotic drugs. Further information on how the Trust has developed its Dementia services can be found in the Quality Account section, page 93. This work is included within our Care of the Older Person Priority.

## Pilot for Bowel Cancer Screening Test

The Trust became one of the first bowel screening centres in 2006. Since then we have continued to develop our services and in June this year we will pilot a new bowel cancer screening test. Serving a population of 900,000 in the Black Country and South Staffordshire, The Wolverhampton Bowel Cancer Screening Centre is one of only six screening centres in England chosen by the Department of Health to offer this test in its pilot phase. Called a flexible sigmoidoscopy, it is a one-off procedure,

which can lead to the detection and removal of pre-cancerous polyps as well as earlier diagnosis and treatment of bowel cancer.

It will be carried out in the New Cross Hospital Endoscopy Unit, which is a specialist endoscopy training centre and regional referral centre for advanced endoscopic techniques.

Further information can be found in the Quality Account section, page 76.

## The First Cardiac Procedure in the UK using Robotic Surgery

For a number of years the Trust has been amongst the first nationally in offering cutting edge treatments and using the latest technology. This year surgeons at the Trust performed the UK's first open heart surgery using the Di Vinci Robot system. Heart operations are usually performed through a large incision which also requires the breast bone to be divided. The robot system gives surgeons a high-definition, magnified, 3D view of the heart using a miniature camera. Instruments are inserted into the chest through tiny incisions between the ribs and moved within the chest via an external control console operated by a cardiac surgeon.

The Trust acquired the Da Vinci robot in 2011, and it has already been used for operations in the abdomen and pelvis.

## Surgical Site Infection Surveillance

Surgical site infections (SSI) are a substantial cause of prolonged hospital stay and poor outcomes following surgery. They are known to cause discomfort to the patient and increase the costs to the NHS.

The Surgical Site Infection Surveillance Team was set up in September 2012, to complete surgical site infection

surveillance on all procedures requiring a surgical incision. This is to identify the Trust's surgical site (wound) infection rates, including follow up in the Community to identify those occurring up to 30 days post procedure (1 year in orthopaedic and some implant procedures). Surveillance on this scale is thought not to be occurring elsewhere in the NHS. Surveillance data and understanding SSI will assist the Trust in reducing bed occupancy, costs of treatment, and prevention of readmissions and ultimately improve practice and the patient journey.

Further information can be found in the Quality Account section, page 75.

## Intravenous (IV) Resource Team and Outpatient Antibiotic Team (OPAT)

The IV Resource Team has been in place since August 2012. Their role is to help patients have IV therapy through special cannulae inserted under ultrasound guidance for patients in whom intravenous access is difficult to obtain, or whose required therapy cannot be delivered by normal peripheral cannulas. This also removes the need for re-cannulation every 72 hours, and hence improves the patient experience.

The Team also works with Clinicians, Microbiology, Pharmacy and the Hospital at Home Team to support patients returning home whilst still receiving IV antibiotics. Every patient identified as being appropriate for discharge has a weekly case review, which improves patient safety by ensuring a structured system of governance to their care following transfer into the community.

Further information can be found in the Quality Account section, page 53.

## The Clinical Simulator Centre

There is strong evidence to suggest that learning in a simulated environment leads to a reduction in future errors, resulting in reduced patient harm and improved patient safety.

The Trust introduced an exciting new training tool, SimWard Wolverhampton, using the latest in simulation technology. The facilities enable healthcare professionals to practice the management of critical incidents and emergencies in a safe and educationally effective setting.

The three-bed ward which simulates a clinical area has been designed to enable immersive learning in a realistic environment and help those training to focus on learning from their simulated experiences.

## Redesigning the approach to monitoring mortality

The Trust has a continuous improvement ethos in the field of hospital governance and the reduction in overall in hospital mortality. The Trust uses a variety 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 (casemix). 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, Care Quality Commission (CQC), West Midlands Quality Observatory (WMQRS), Dr Foster Intelligence and HED Analytics at University Hospitals Birmingham NHS Foundation Trust.

Further information can be found in the Quality Account section, page 97.

## Get Britain Working Programme

As the second largest employer in Wolverhampton we believe we have an important role to play in the long term sustainability of this vibrant city. In 2012 the Trust provided a total of 68 valuable work experience positions in various departments at New Cross Hospital and several community-based centres, as part of the Government's Get Britain Working campaign. It has led to 23 of the 18 to 24 year-olds finding employment, either with the Trust or other local employers, after completing their six week placements earlier this year.

## New Wayfinding System

Improving the experience of visitor and patients and visitors is an important priority. Due to access and wayfinding challenges faced by users of New Cross Hospital new signs have been installed to improve access to its wards and departments. The project included replacing all signs around the site and introducing a new zone system to make it easier for patients and visitors to find the right location at the hospital.

## The Patient Environment

In the annual inspection to assess ward cleanliness, hospital environment and the delivery of meals in NHS hospitals, carried out by the Patient Environment Action Team (PEAT), standards at New Cross Hospital and West Park Rehabilitation Hospital were rated as 'excellent' in all three categories. Further information can be found in the Quality Account section, page 85.

Building strong relationships with our Shadow Governors  
The Trust is in its final phase of assessment to become a Foundation Trust. The Trust has an elected shadow Council of 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.

## Continued delivery of our Carbon Reduction Plan

The Trust continues to deliver against its Carbon Reduction Plan. As part of the plan, the Combined Heat and Power Plant installation has been fully operational since March 2013 along with other measures to reduce our carbon footprint such as smart metering, variable speed drives, voltage optimisation, roofing insulation, secondary glazing, zonal heating controls, draught proofing, thermal pipe work insulation, and steam trap management.

## Financial position – surplus of £7m

Once again Trust staff have ensured services are delivered in a efficient and effective manner, delivering a £7 million surplus for the year ended 31st March 2013. This was achieved despite tough operational challenges given the unprecedented levels of A&E attendances and medical admissions.

This has allowed the Trust to complete the £16 million pathology building funded from its own resources without loans or having to agree a PFI with the private sector.

## Continued achievement of compliance framework targets

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 year of 2012/13 was another very successful one for Trust Performance against key targets.



# Quality Performance

During 2012/13 the Trust made good progress against the three overarching priorities that contribute to delivering high quality services. We have continued to streamline our clinical pathways both within the Trust and working with colleagues in primary care and social care. 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

- Enhanced the Complaints and PALS service to support patients
- Continued to reduce the number on rescheduled appointments

## Patient Safety

- Reduced the number of patient falls and introduced a Falls Care Bundle
- Embedded the risk assessment and preventative processes across the hospital and community settings to reduce avoidable pressure ulcers
- Continued to achieve performance above the national average for patient risk assessments for Venous Thromboembolism

## Clinical Effectiveness

- Introduced nutritional analysis of all dishes on the hospital menu to ensure patients get the nutrition they need and introduced between meal snacks
- Reviewed the guidelines and training for patients who need artificial feeding

## Infection Prevention

2012/13 was another excellent year for the Trust in terms of its continued campaign to reduce healthcare associated infections. A particular success has been the on-going work across care agencies and providers in Wolverhampton to reduce Methicillin-Sensitive Staphylococcus Aureus (MSSA) bacteraemia. Since 2005/6 the City has seen a decrease exceeding 60% in this important infection. This has achieved national recognitions this year winning an NHS Innovation Award. Further successes this year are detailed on page 53. Headlines include the following:

- Introduction of an Intravenous Resource Team and Outpatient Parenteral Antimicrobial Therapy Service;
- Introduction of large scale surgical site infection surveillance;
- Achievement of the contractual target for Clostridium difficile infection with 41 hospital acquired cases reported against a target of 57; and
- The continued MRSA screening service across Wolverhampton.





# 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	2012/13
Involved as much as want to be in decisions about care definitely/ to some extent	87%	90%	90%	89%
Treated with respect and dignity always/sometimes	97%	97%	97%	96%

In regard of the scores given below about patients' overall rating of care, the scale of responses changed from a 5 point poor to excellent scale in the 2011 survey and those of previous years to an 11 point 0 to 10 scale in 2012. In order to provide some comparison between the two methodologies the Trust has shown scores as follows:

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

	2009/10	2010/11	2011/12	2012/13
Overall care rated as excellent/very good/ good	94%	93%	93%	92%

## Principles for Remedy

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

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

These principles are put into action in a variety of ways, including training staff to ensure they are aware of and can use the Complaints Policy which supports these principles.

## Listening to Our Staff

The Human Resources and Organisational Development Strategies outline the Trust approach to staff engagement and participation. We believe that engaged staff deliver better care and have therefore implemented a suite of involvement methodologies to ensure that we maximise employee engagement. These encourage a multi-disciplinary approach with the focus being on enabling and empowering everyone at all levels to lead, own and drive change.

A key tool that we utilise is a local monitoring process called 'Chatback', this focuses on aspects of engagement and participation that are of local interest. It enables us to get in-depth feedback from our staff at a departmental level to enable rapid action planning at a team level. The Trust has found this tool to be an invaluable catalyst to getting staff engaged with identifying and removing blockages to service delivery/wider aspects of departmental performance. The fact that it is a local intervention that can be tailored to the specific needs of the Trust has meant that it remains flexible and responsive.

Interventions that have proved effective have been departmental focus groups where HR/line manager facilitate discussions around concerns within a team resulting in jointly agreed action plans. Regular feedback between managers and staff ensures traction is maintained.

In addition, to our local approaches, each year the Trust participates in the National Care Quality Commission Staff Survey. For the 2012 survey there was a 45% 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 28 in total.



When the Trust's 2012 National CQC Staff Survey results are compared nationally, the Trust features in the top 20% of comparative Trusts for 10 of the 28 key findings and 'above average' for a further 13.

Staff engagement was also measured. The Trust's score for 2012 was 3.76 out of a possible 5. This means that our results for overall staff engagement has been in the top 20% of acute Trusts for the last 2 years. In addition, a number of other engagement indicators have performed similarly well:

- Staff recommendation of the Trust as a place to work and to receive treatment has been above average for acute Trusts in the previous 2 year's results.
- Overall job satisfaction has been above average in the previous 2 year's results.
- Staff satisfaction with the quality of work and patient care they are able to deliver was above average in the 2012 results.

The overall findings are particularly encouraging however 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 including assessing our survey results against the issues raised in the Robert Francis QC's report into failings at Mid Staffordshire Foundation NHS Trust.

Technical details of the survey including the full results for the Trust can be found at: [http://nhsstaffsurveys.com/cms/uploads/Guidance/ST12\\_GuidanceNotes\\_final.pdf](http://nhsstaffsurveys.com/cms/uploads/Guidance/ST12_GuidanceNotes_final.pdf)

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.



## 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.

	2011 Census	Workforce 31/03/11	Workforce 31/03/12	Workforce 31/03/13
African	1.60%	1.50%	1.22%	1.44%
Asian	2.60%	2.84%	2.43%	2.39%
Bangladeshi	0.20%	0.23%	0.26%	0.19%
Caribbean	3.80%	2.93%	3.04%	3.27%
Chinese	0.60%	0.47%	0.42%	0.49%
Indian	12.90%	10.31%	9.80%	9.89%
Mixed White	4.5%	0.94%	0.96%	1.17%
Other Black	1.50%	0.68%	0.71%	0.59%
Other Mixed	0.60%	0.24%	0.32%	0.33%
Other/Not Known	1.9%	1.78%	3.45%	2.27%
Pakistani	1.8%	1.50%	1.28%	1.35%
White	68.00%	76.59%	76.08%	76.61%
BME Total	32%	23.40%	23.92%	23.38

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 2012/13.

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.

Business Continuity has been our real focus for this year. As an NHS organisation we need to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from severe weather to an infectious disease outbreak or a major transport accident. This has been a real priority for the Trust, undertaking exercises, reviewing our risks, updating our plans, so that we are prepared for, prevent, respond to and recover from disruptions and therefore ensuring our patients are not disrupted in the care we provide.

## 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 (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

Throughout 2012/13 the Trust has undertaken various training and exercising initiatives relating to Emergency and Business Continuity throughout 2012/13, and working with partner organisations to give assurance of the Trust's resilience and ability to respond in the face of risks that may threaten the delivery of high quality services to our patients and also to our own workforce in the event of any kind of severe disruption.

The 2012 the London Summer Olympics took place. Even though it took place in London, all NHS organisations had to provide additional assurance in its ability to respond should the need arise when a major incident affecting the UK occurred. The Trust undertook Olympic Planning, working with other agencies to ensure it was prepared and in any event was required to support to other health care providers.

In May 2012, Exercise Serpent' took place, which was a table top exercise as part of our Olympic Planning and the potential for mass casualties. Exercise Serpent was a wide range of scenarios occurring simultaneously involving major incidents occurring across the Black Country, from a major fire, protests involving civil unrest and a Coach Crash, all testing the hospital being pressure and its capability to respond. It gave us the opportunity to evaluate our response plans and capabilities for responding to an evolving.

Exercise Frustration in December 2012, was an internal business continuity table top exercise involving our front line community services, testing our ability to cope as a result of a disruption from the loss of staff, a power supply outage and challenges to the supply chain for which some of the services were dependent on. The Adult Community team were able to evaluate their responses and improve their responses should this affect the services they provide and importantly the impact this may have on the patients they care for.

Several communication tests have taken place, particularly around our ability to cascade messages throughout the Trust, and each time the Trust learns more in its ability to communicate in the event of these types of incidents.

## Partnership working

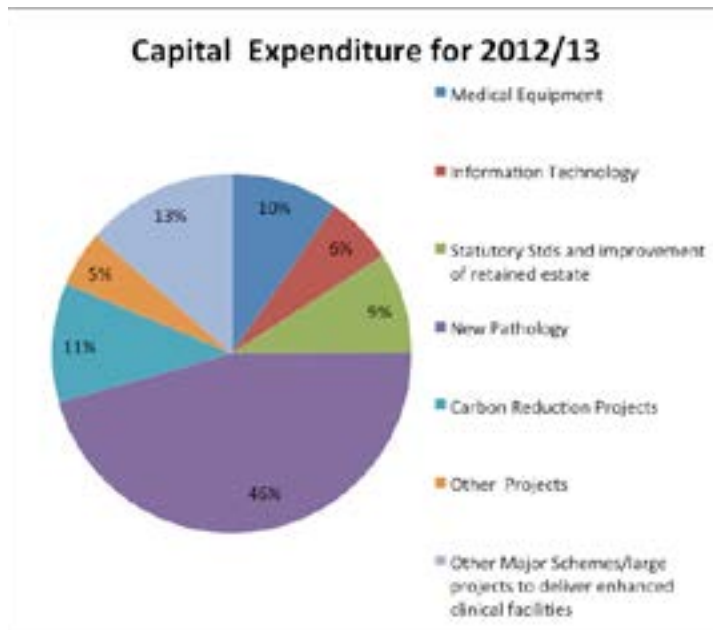
The Trust has been fully engaged within the local and regional multi-agency emergency planning structure with regular representation at the Local Health Resilience Forum and the Wolverhampton Resilience Forum.

## Assurance

Several audits and assessments 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 the hospital site and refurbish buildings as outlined in its Estate Strategy. During 2012/13 we invested £22.5 million in improving facilities and medical equipment to support the delivery of clinical services. This investment was spent on a number of key projects to provide improved facilities for patients.



## Key developments are:

- **Pathology:** The construction of the New Integrated Pathology was completed in March 2013. The new building which brings together the four laboratories into one State of the Art facility is now fully operational and will allow much faster processing of samples and reporting of results.
- **Emergency Portal:** The initial planning work for a new Emergency Centre commenced in 2012 and a design team including Architects and other external advisors was appointed in July. It is intended that the facility will be built in phases. Phase 1 will include a new Accident and Emergency Department supported by a satellite radiology and clinical decisions unit. Preparatory work to clear the site for the new building also took place in 2012.
- **Women's Unit Refurbishment:** The refurbishment of the Women's Unit has continued in 2012/13. This work included the refurbishment of the maternity wards and support facilities to provide an improved environment for mums and babies.
- **Demolition of Poplars Buildings:** The demolition of the Poplars Building was completed in 2012 as part of the ongoing site rationalisation and redevelopment. This site is currently being used to provide additional staff car parking and will be available at a later date for future site development.



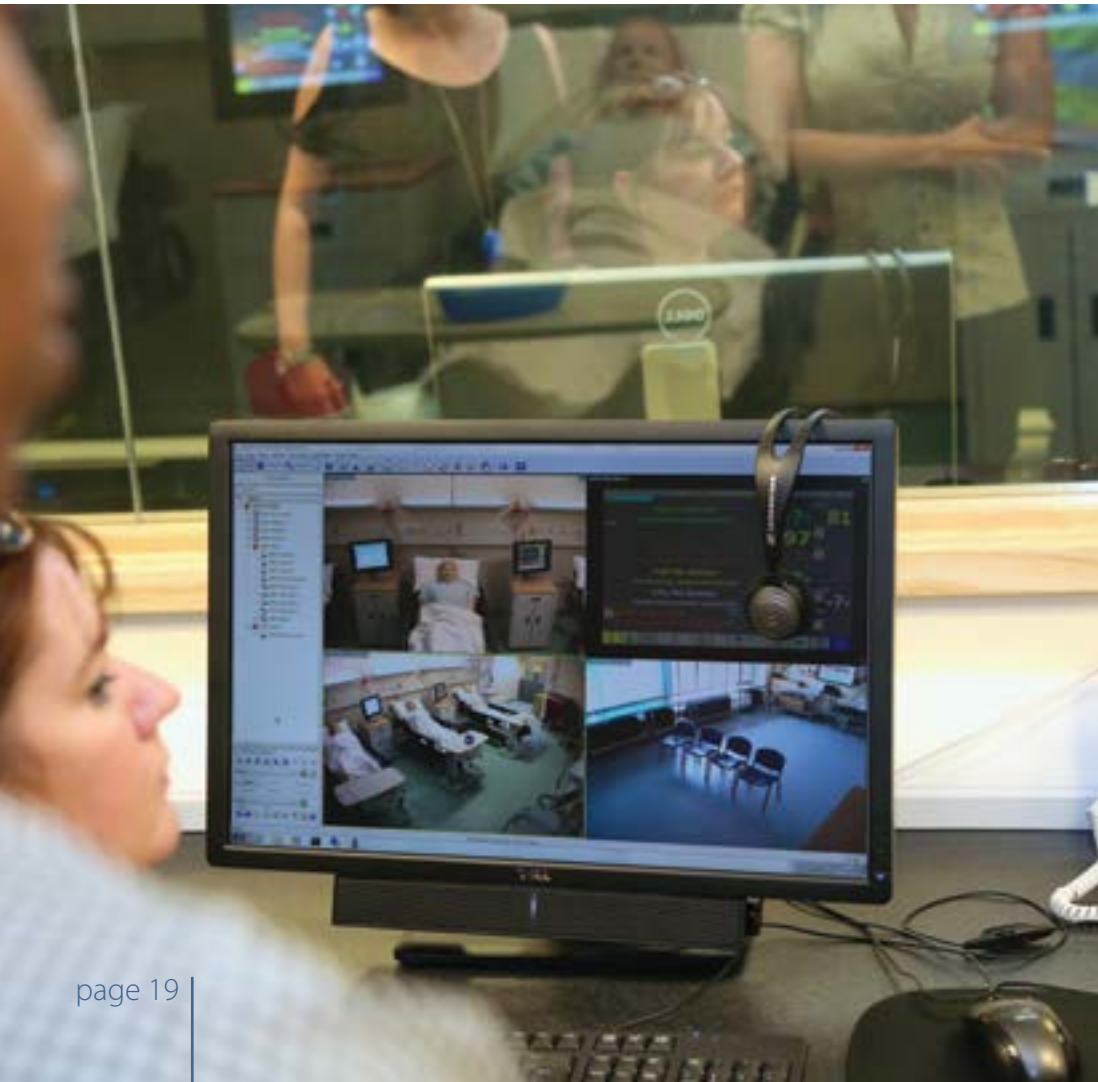


# Data Security

A summary of serious untoward incidents involving personal data as reported to the Strategic Health authority and/or Information Commissioner's Office (ICO) in 2012/13 is outlined below:

- Incident 1: Confidential information leak due to theft at home of staff member
- Incident 2: Discharge letter of one patient left in home of another patient
- Incident 3: Child protection report left in the home of another patient

All three incidents were closed during the year.



# 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 2012/13, the Trust achieved the Good Corporate Citizen Assessment Model target set for 2012 and is on track to make significant progress in achieving its carbon reduction commitments set out above through the installation of a Combined Heat and Power Plant which became fully operational in March 2013.

During 2012/13 the Trust has made further progress in reducing the use of finite resources as outlined below. Although there are some increases in energy use this is in the context of increased clinical activity and 2012 being a considerably colder year than 2011 (16.4%):

## Waste

- In 2012/2013 the Trust created a dedicated Waste Handling Team at New Cross Hospital to increase knowledge and skills in waste management
- Bin lifting equipment has now been fitted to both Waste Compactors at New Cross Hospital, to reduce handling by the Waste Team.
- A Bin Washer has now been installed at New Cross Hospital to assist with hygiene compliance.
- Waste Audits were undertaken in 2011/2012 to ensure compliance with the Trust's Policy on Waste Management.

- Spot Waste Audits were carried out in March 2012 at New Cross Hospital to determine the extent to which a Hygiene Waste Stream could be introduced to comply with HTM 07-01.
- Confidential Information (paper documents) destruction and subsequent recycling of that waste stream is being rolled out across the organisation.
- At both New Cross and West Park Hospitals recycling initiatives are in place in relation to metals / cardboard / plastics/ WEEE.
- Domestic waste produced by the Trust continues to be disposed of via municipal incineration for energy generation to reduce waste to landfill.

## Water:

2 year consumption data for water is shown below:

2011/12		
Water volume (including Borehole)	m <sup>3</sup>	205,334

2012/13		
Water volume (including Borehole)	m <sup>3</sup>	203,500

Comparison for years 2011/12 to 2012/13 is shown in the tables below:

2011/12			2012/13		
High Temperature Disposal Waste Weight	Tonnes	871.11	High Temperature Disposal Waste Weight	Tonnes	813
Non Burn Treatment (Alternative Treatment Plant) Disposal Waste Weight	Tonnes	54.7	Non Burn Treatment (Alternative Treatment Plant) Disposal Waste Weight	Tonnes	144
Landfill Disposal Waste Weight	Tonnes	844.44	Landfill Disposal Waste Weight	Tonnes	361
Waste Electrical and Electronic Equipment (WEEE) Weight	Tonnes	3	Waste Electrical and Electronic Equipment (WEEE) Weight	Tonnes	3

**Fossil Fuels:** The installation of the Combined Heat & Power plant (CHP) will result in increased gas consumption but this will be offset by a significant reduction in electricity drawn from the National Grid and lead to an annual carbon reduction of 3,133tCO<sup>2</sup>





# Carbon Reduction Commitment (CRC) Energy Efficiency Scheme

During 2012/13 the Trust invested £2.4m in carbon reduction projects in addition to the installation of the CHP the Trust's other carbon reduction schemes have included the installation of the Combined Heat and Power Plant, cavity wall and loft insulation, draught proofing, replacement windows and power down software for computers. A number of sustainable technologies have also been installed into the new Pathology building which was completed in April 2013. These include photovoltaic and solar thermal panels, night cooling, change phase materials and chilled beams. The impact of these new technologies will be realised in future years.

2 year consumption data on electricity is shown in the following table:

2011/12			2012/13		
Electricity Consumed - Utility	kWh	15,472,063	Electricity Consumed - Utility	kWh	15,191,056
Electricity Consumed - Renewable	kWh	5,272,432	Electricity Consumed - Renewable	kWh	5,063,685

2 year consumption data on gas is shown in the following table

2011/12			2012/13		
Gas Consumed - Utility	kWh	38,959,401	Gas Consumed - Utility	kWh	40,972,433

The Trust's first annual payment in 2012 under the CRC in relation to carbon emissions was £153,000 which was in line with expectations.

## European Union Emissions Trading Scheme (EUETS):

The Trust has not needed to buy carbon allowances under this scheme since 2008 because our allowance was in excess of what is required due to change from coal fired boilers to natural gas boilers some years ago. The Trust in 2012 had to surrender 6500 Units (in relation to gas and oil consumption) which was better than expected. 2012 sees the end of Phase 2 of this scheme with the commencement of Phase 3 in 2013 which is anticipated to have a negative impact on all participants due to changes in the scheme parameters.

# A Forward Look: 2013/14

Earlier in this document we described a number of significant changes in the NHS which will impact on how we deliver our services during 2013/14 and in the future. We will continue with our overarching priorities listed below and detailed in Section 2: Quality Account. We will also maintain our focus on patient safety. In addition we will work this year on increasing ambulatory care for urgent and elective conditions. As a reminder our priorities are:

- Priority One: Urgent Care;
- Priority Two: Care of the Older Person ; and
- 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 including:

- Working with commissioners on integrated clinical pathways
- Implementing a joint strategy for Urgent & Unscheduled Care
- Progressing our plans for a new Emergency Department
- Introducing a supervisory role for Band 7 Ward Managers
- Embedding our Creating Best Practice programme across all wards
- Expanding our work with our Members and encouraging people to get involved in our service redesign
- Delivering on all our contractual obligations

# 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 6,000 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. The Trust has an elected shadow Council of 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; six Non-Executive Independent Directors and is supported by two additional Directors and an associate non-executive director. Each Executive Director and Independent Non-Executive Director has an equal vote on the Board. Directors are each responsible to the Board for the delivery and performance for services within their portfolios. The Chief Executive Officer is the Accountable Officer to Parliament. 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.

During 2012/13 the Trust Board met monthly (except in December and August), conducting most of its business in public and allowing time for the press, public and other observers to ask questions of the Directors at each meeting. There were a further three special meetings where specific items were discussed.

### The Appointment of the Trust Chairman

During 2012/13 the Chairman was appointed for a four-year term of office:

- Richard Harris – new appointment – 6th March 2013

### The Appointment of Non-Executive Directors

During 2012/13, the following Non-Executive Directors were appointed / re-appointed for a four-year term of office:

- Surrinder Kalirai – new appointment – 1st July 2012

In addition there were two appointments to the role of Associate Non-Executive Director:

- Sue Rawlings – new appointment – 1st October 2012
- John Holder – new appointment – 1st October 2012\*

*\*NB John Holder had been an Acting Non-Executive Director from 12th August 2012*



# Board Membership

## Richard Harris

Chairman of the Trust

### Appointed 2013

Richard Harris spent the early part of his career as a partner in Pricewaterhouse Coopers, later spending twelve years in senior management roles in two major industrial companies, GKN plc and Brambles Industries plc. He spent his working life based in London, Southampton, Amsterdam, Hong Kong, Redditch and Sydney. He has been a Non-Executive Director of Heart of England NHS Foundation Trust since 2008, where he chaired key committees including the audit committee and the finance and performance committee.

Mr. Harris holds a number of positions as trustee of charities and pension funds. He has not declared any political activity in the last five years.

He is a chartered accountant and a graduate of the Advanced Management Programme at INSEAD, France. He was educated at Oxford University where he graduated with an honours degree in chemistry.



**Board Attendance in 2012/13: 1/1**

### Declarations of Interest:

- Simplyhealth Group Limited – non-executive director Action for Children – Trustee, Pension Fund
- City of Birmingham Symphony Orchestra, Trustee, Pension Fund
- Birmingham and Black Country Community Foundation – Trustee
- StartHere (a charity based in West London engaged in developing information databases on health, social and other services, targeted at people in need, in particular accommodating people who do not have access to computers or who are not computer literate) – Trustee
- Foundations UK (a charity based in West London engaged in supporting people with eating disorders, offering mentoring and structured programmes, usually in primary care settings) – Trustee
- Gorillabox Limited (a company managed by my nephew, engaged in providing mobile phone related services) – non executive director and shareholder
- Royal Society of Arts for the encouragement of Arts, Manufactures and Commerce (RSA) – Fellow and member of the Audit and Risk Committee
- Wife is a volunteer at Solihull Hospital (half a day per week), part of Heart of England NHS Foundation Trust

## David Loughton, CBE

Chief Executive & Accountable Officer

### Appointed 2004

Mr Loughton joined the 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 2012/13: 12/13**

### Declarations of Interest:

None



## Balsinder Jaspal-Mander

Non-Executive Director and  
Chair of Board Assurance Committee

### Appointed 2005

Mrs Jaspal-Mander is Independent Reviewing Officer for Safeguarding, Wolverhampton City Council. She was previously a manager in Social Care, which involved supporting all service user groups. She previously worked in the London Boroughs of Southwark, Haringey and Greenwich in various professional roles. Mrs Jaspal-Mander is also a member of Cafcass.

**Board Attendance in 2012/13: 11/13**

### Declarations of Interest:

- Director of Ellessian Social Care Consultancy
- Independent Reviewing Officer for Safeguarding, Wolverhampton City Council
- Brother is an elected member for Heath Town Ward, and is a member of the Health Scrutiny Panel
- Sister in law is an elected member for the Heath Town Ward



## 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 in 2012/13: 13/13

#### Declarations of Interest:

- Chief Operating Officer of the Wolverhampton Citizen's Advice Bureau
- Company Secretary of Wolverhampton Advice Agencies Consortium
- Chartered member of Chartered Management Institute, and active in Wolverhampton Branch



## Surrinder Kalirai

Non-Executive Director, Chair of Audit Committee

### Appointed July 2012

Mr Kalirai has been a Chartered Accountant since 1988. Post qualifying he has operated in a number of senior finance roles involving strategic planning, change management, financial control and performance management in major financial institutions. He now runs his own accountancy practice. He was a non-executive director of Wolverhampton City Primary Care Trust from 2006 – 2012.

### Board Attendance in 2012/13: 8/11

#### Declarations of Interest:

- AIMS Accountants for Business – Principal
- ICAEW - Member



## Dr Janet Anderson

Non-Executive Director

### Appointed 2010

Dr Anderson was a Consultant Paediatrician at The Royal Wolverhampton Hospitals NHS Trust from 1982-2007. During this time she was also Regional Advisor in Paediatrics to the Royal College of Physicians (1993-1997), Chair of the WM Regional Training Committee for Paediatrics (1997-2002), Chair of the General Professional Training Committee Royal College of Paediatrics and Child Health (1997-2002) and Paediatric Lead for Children's, Young People and Maternity Reconfiguration Group, West Midlands SHA (2006-2009).

Dr Anderson is currently principal regional examiner in Paediatrics for the Far East (RCPCH 2007-2012) and Hon. Senior Lecturer for Birmingham Children's Hospital (1985-ongoing).

### Board Attendance in 2012/13: 12/13

#### Declarations of Interest:

- Principal Regional Examiner for the RCPCH
- Associate of the General Medical Council
- Chair of Governors at Penn Hall School
- Compton Hospice – Trustee
- Honorary Senior Clinical Lecturer, University of Birmingham



## John Holder

Associate Non Executive Director

### Appointed October 2012,

Mr Holder is a qualified accountant who has held a number of senior positions including Managing Director of one of Taylor Wimpey's Divisions. He has also held posts in the private healthcare sector and most recently a business development role within the Mears Domiciliary Care Group.

### Board Attendance in 2012/13: 6/6\*

#### Declarations of Interest:

- Wolverhampton Coronary Aftercare Support group – Trustee/Treasurer
- Alternative Perspective Limited (Public Sector Property Software/Data Consultancy) – Part owner and Director
- Pretium Justum Est Limited (Business Management consultancy) – Owner and director

\*John Holder also attended a further two Board Meetings whilst Acting Non-Executive Director (20/8/12 – 1/10/12)





## Sue Rawlings

### Associate Non Executive Director

#### Appointed October 2012,

Mrs Rawlings is a Chartered Certified Accountant who has worked in the public, private and voluntary sector (last position: Finance and Development Director for Groundwork Black Country, an environmental charity). For the past 11 years she has been joint director of the regeneration consultancy firm RHCS, a well established, highly skilled consultancy firm working with a range of cross sector clients from the voluntary/community/charitable and public sectors, thus widening her skills. Sue has extensive experience in evaluating the effectiveness of public expenditure and has recently worked with the British Red Cross, conducting older people's needs assessments in the South West and North of England. The changing Health Arena is a particular area of interest. Previously a local improvement advisor appointed via IDeA to the Regional Improvement Efficiency Partnership in the West Midlands, she is also a Trustee of Beacon Centre for the Blind.

#### Board Attendance in 2012/13: 6/6

#### Declarations of Interest:

- Rawlings Heffernan Consultancy Services Ltd (RHCS Ltd) – Director/Company Secretary
- Beacon Centre for the Blind - Trustee



## Gwen Nuttall

### Chief Operating Officer

#### Appointed 2012

Ms Nuttall has over 20 years experience working across a diverse range of Acute Hospitals, having previously worked for local Government.

Gwen has worked in various management roles at The Chelsea and Westminster Hospital, Barts and The London NHS Trust and more recently she was the Chief Operating Officer at West Suffolk Foundation Trust Hospital for 8 years.

#### Board Attendance in 2012/13: 8/8

#### Declarations of Interest:

None



## Kevin Stringer

### Chief Financial Officer

#### Appointed 2009

Mr Stringer has been in the NHS for 20 years and a Director of Finance for 8 years. 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), 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 in 2012/13: 13 /13

#### Declarations of Interest:

- Treasurer of the West Midlands Branch – Healthcare Financial Management Association
- Member of CIMA (Chartered Institute of Management Accountants)



## Cheryl Etches, OBE

### Chief Nursing Officer & Deputy Chief Executive

#### Appointed 2005

Ms Etches joined the Board 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. She has also worked in the healthcare system in the Middle East.

#### Board Attendance in 2012/13: 13/13

#### Declarations of Interest:

- South Staffs Medical Foundation – Trustee
- ICD Medical - Director



## 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 in 2012/13: 9/13**

#### Declarations of Interest:

None



## Maxine Espley

### Director of Planning and Contracting

#### Appointed in April 2011

Maxine Espley has more than 20 years 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 in 2012/13: 13/13**

#### Declarations of Interest:

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 and Solihull Trust, 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 in 2012/13: 12/13**

#### Declarations of Interest:

- Johnson Fellows Chartered Surveyors (connection through family) and provides HR support as required



### Barry Picken – Chairman

#### Appointed 2010 – October 2012 – 7/7

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.

### Keith Bryan - Non-Executive Director, Vice Chair and Chair of Audit Committee

#### Appointed 2005 – October 2012 - 2/7

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 the manufacturing industry and the Tarmac Group in both operational and financial management. His industrial experience includes representation on trade federations and quality assurance bodies.

**David Sutton - Non-Executive Director**  
**Appointed March 2011 – June 2012 – 2/2**

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.

**Vivien Hall - Chief Operating Officer (Deputy CEO)**

**Appointed November 2008, (Director of Service Development to October 2008) – September 2012 – 6/6**

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.

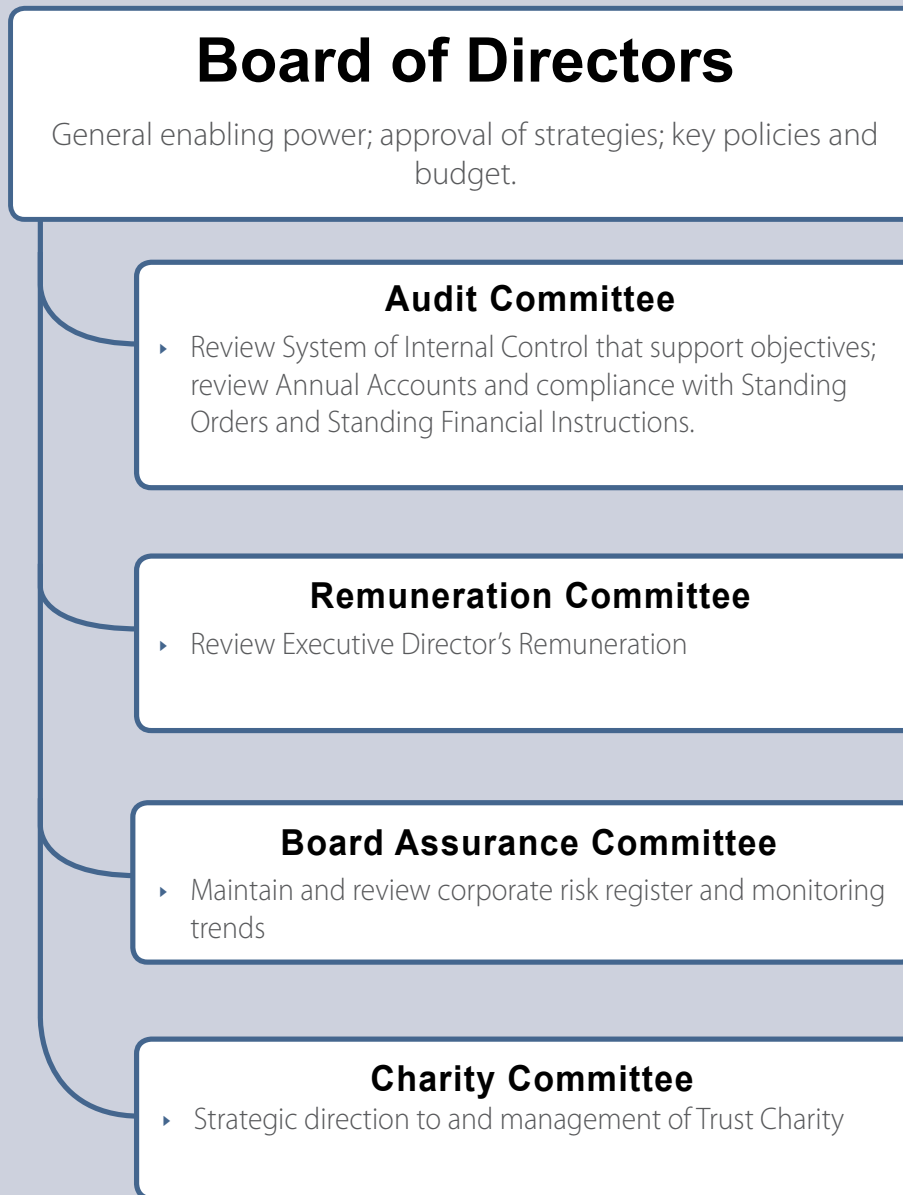


Signed:  
David Loughton CBE  
Chief Executive

Date: 24th June 2013

## Supporting Committees

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



Audit Committee: members of the Audit Committee are Surrinder Kalirai, Chair; Jeremy Vanes, and John Holder all of whom are non-executive directors.

# 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 1.1- 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 of the Chairman and all Non Executive Directors.

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 2013 is set out in table below:

Signed:  Date: 7 June 2013

David Loughton CBE  
Chief Executive



# Salary and Pension Entitlements of Senior Managers

These are shown in the following two tables

A) Remuneration	2012-13				2011-12			
	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								
<b>Executive Directors</b>								
D Loughton - Chief Executive	205-210	0	0	0	205-210	0	0	0
J Odum - Medical Director	125-130	60-65*	0	0	85-90	105-110*	0	0
G Nuttall – Chief Operating Officer (from 10/9/2012)	70-75	0	0	0	0	0	0	0
V Hall - Chief Operating Officer ( to 31/8/2012)	65-70	0	0	0	140-145	0	0	0
K Stringer – Chief Financial Officer	135-140	0	0	0	135-140	0	0	0
C Etches – Chief Nursing Officer and Deputy Chief Executive	130-135	0	0	0	130-135	0	0	0
<b>Non-Executive Directors</b>								
B Picken – Chairman (from 1/9/2010 to 31/10/2012)	15-20	0	0	0	30-35	0	0	0
R Harris – Chairman (from 06/3/2013)	0-5	0	0	0	0	0	0	0
J Vanes – Acting Chairman (from 01/11/2013 to 06/3/2013)	5-10	0	0	0	0	0	0	0
J Vanes - Non-Executive Director and Vice Chairman	5-10	0	0	0	5-10	0	0	0
S Kalirai – Non-Executive Director (from 1/7/2012)	0-5	0	0	0	0	0	0	0
K Bryan - Non-Executive Director (to 30/9/2012)	0-5	0	0	0	5-10	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	0-5	0	0	0
S Rawlings – Associate Non-Executive Director (from 1/10/2012)	0-5	0	0	0	0	0	0	0
J Anderson – Non-Executive Director	5-10	0	0	0	5-10	0	0	0
D Sutton – Non-Executive Director (to 30/6/2012)	0-5	0	0	0	5-10	0	0	0
J Holder – Associate Non-Executive Holder (from 1/10/2012 to 18/4/2013)	0-5	0	0	0	0	0	0	0
<b>Directors</b>								
Prof. D Luesley - Honorary Non-Executive Director ( to 30/4/12)	0-5	0	0	0	5-10	0	0	0
D Harnin – Director of Human Resources	100-105	0	0	0	100-105	0	0	0
M Espley – Director of Planning and Contracting	120-125	0	0	0	120-125	0	0	0

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

Total remuneration for senior managers in year ended 31 March 2013 was £1,044,029, 0.27% of income (31 March 2012 £1,001,968, 0.27% of income).

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 2013 (bands of £5000) £000	Lump sum at age 60 related to accrued pension at 31 March 2013 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2013 £000	Cash Equivalent Transfer Value at 31 March 2012 £000	Real Increase in Cash Equivalent Transfer Value £000	Employer's Contribution to Stakeholder Pension To nearest £100
D Loughton - Chief Executive	£0-£2,500	£0-£2,500	60-65	190-195	1,509	1,395	42	0
J Odum - Medical Director	£0-£2,500	£0-£2,500	40-45	125-130	794	735	21	0
K Stringer – Chief Financial Officer	£0-£2,500	£2,500-£5,000	45-50	140-145	822	732	51	0
C Etches – Chief Nursing Officer	£0-£2,500	£0-£2,500	45-50	140-145	936	877	13	0
V Hall - Chief Operating Officer	£0-£2,500	£0-£2,500	65-70	200-205	0	1479	0	0
G Nuttall – Chief Operating Officer*			35-40	105-110	567	0		0
D Harnin – Director of Human Resources	£0-£2,500	£2,500-£5,000	10-15	25-30	255	223	26	0
M Espley – Director of Planning and Contracting	£0-£2,500	£2,500-£5,000	10-15	40-45	218	185	23	0

\*Prior year pension information is not available for G Nuttall as she was employed by another organisation during this period.

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

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 common 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 their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in The Royal Wolverhampton NHS Trust in the financial year 2012-13 was £209k (2011-12, £208k). This was 8.5 times the median remuneration of the workforce, which was £24k (2011-12, £26k). A revised calculation methodology has been used for the calculation of Median Pay in 2012-13. In 2011-12 this was calculated as the Median pay level in the median pay band. In 2012-13 more information was available so the actual median could be used.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions."



# 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 2013. 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 Chief Financial Officer The Royal Wolverhampton NHS Trust, New Cross Hospital, Wolverhampton, WV10 0QP.

The Annual Accounts have been prepared in accordance with the 2012/13 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.

- **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 (£000)	7,975	8,688	✓
Capital Cost Absorption (%)	3.5	3.5	✓
External Financing Limit (£000)	171	(5,752)	✓
Capital Resource Limit (£000)	23,557	23,311	✓

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

Table 2	2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000
Turnover	266,687	289,830	306,023	374,417	384,917
Break-even in-year position	10,785	8,035	7,964	9,297	8,688
Break-even cumulative position	(7,438)	597	8,561	17,858	26,546

## Cumulative Position

Table 2 shows that the Trust achieved its statutory break-even duty in 2012/13.

In 2012/13 the Trust achieved a surplus for the 6th consecutive year. This surplus amounted to £8,688k after impairment and adjustments for changes in accounting treatment.

## 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. Although the interest rate changes affect future performance, the impact to date has not been significant.

## 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	2011/12		2012/13	
	Number	£000	Number	£000
Total Invoices Paid in Year	67,050	111,630	85,970	143,795
Total Invoices Paid Within Target	59,764	103,567	78,413	134,459
Percentage of Invoices Paid Within Target	89.1%	92.8%	91.2%	93.5%

## Prompt Payments Code

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

## 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.



## Staff Sickness Absence

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

Staff Sickness Absence	Total 31/03/2013 Number	Total 31/03/2012 Number
<b>Total Days Lost</b>	<b>55,242</b>	<b>55,209</b>
Total Staff Years	5,756	5,395
Average number of days lost per year	9.6	10.2
Average days lost per year based on 230 working days per annum	4.3%	4.4%

## 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](http://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.

## Accounting Policies

The accounts for the Trust were produced in line with the NHS Trusts Manual for Accounts. Full details of the accounting policies are included within the Trust Annual Accounts which are available on request. Particular areas where judgement has had to be exercised are:

### - Useful economic lives of assets

The Trust estimates the useful economic lives of its non current assets. Every care is taken to ensure that estimates are robust however factors such as unforeseen obsolescence or breakdown may impact on the actual life of the asset held.

### - Provisions

When considering provisions for events such as pension payments, NHSLA claims and other legal cases the Trust uses estimates based on expert advice from agencies such as the NHS Litigation Authority and the experience of its managers.

### - Leases

The Trust applies the tests contained in IAS17 to all of its present and proposed leases in order to ascertain if they should be classed as operating or finance leases. Often the information available may be inconclusive and therefore judgement is made regarding the transfer of the risks and rewards of ownership of the associated assets in order that a decision may be made.

There have been no major policy changes in 2012/13 that have impacted on the position of the Trust. In 2013/14 the Trust take on 5 properties from Wolverhampton City PCT with a value of £11.6m. Additionally the Trust will be required to adopt accounting standard IAS27 which will require the Trust to consolidate its Charitable Funds into its accounts.

### Financing

There have been no major financing transactions within 2012/13.

# Auditors

The Trust's external auditors are PricewaterhouseCoopers LLP and the total charge for audit work undertaken in 2012/13 was £98k including VAT (2011/12 £180k). Other auditors remuneration in 2012/13 was £72k (2011/12 £nil) and is in respect of non-audit services for an independent review of quality governance for £66,000 and a Board to Board event as part of the Trust's application for Foundation Trust status for £6,000.

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 which is 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 2013

	2012/13 £000	2011/12 £000
<b>Revenue</b>		
Revenue from patient care activities (see glossary of terms)	<b>351,640</b>	341,569
Other operating revenue (see glossary of terms)	<b>33,277</b>	32,548
Operating expenses	<b>(368,406)</b>	(356,059)
<b>Operating surplus</b>	<b>16,511</b>	18,358
<b>Finance costs:</b>		
Investment revenue	<b>84</b>	106
Other gains and (losses)	<b>18</b>	(37)
Finance costs	<b>(1,555)</b>	(1,792)
<b>Surplus / for the financial year</b>	<b>15,058</b>	16,635
Public dividend capital dividends payable (see glossary of terms)	<b>(8,035)</b>	(7,900)
<b>Retained surplus for the year</b>	<b>7,023</b>	8,735

All revenue and operating expenses are derived from continuing operations.

## Other Comprehensive Income for the Year Ended 31 March 2013

	2012/13 £000	2011/12 £000
<b>Other comprehensive income</b>		
Retained Surplus for the Year	7,023	8,735
Impairments and reversals	(4,107)	(362)
Gains on revaluations	0	2,435
<b>Total comprehensive income for the year</b>	<b>2,916</b>	<b>10,808</b>
<b>Financial performance for the year</b>		
Retained surplus for the year	7,023	8,735
IFRIC 12 adjustment in respect of PFI transactions	0	(89)
Impairments	1,604	329
Adjustments in respect of donated asset/gov't grant reserve elimination	(61)	322
<b>Adjusted retained surplus</b>	<b>8,688</b>	<b>9,297</b>

# Statement of Financial Position as at 31 March 2013

	31 March 2013	31 March 2012
	£000	£000
<b>Non-current assets</b>		
Property, plant and equipment	253,588	251,189
Intangible assets	459	746
Trade and other receivables	2,646	1,916
Non-current assets held for sale	800	800
<b>Total</b>	<b>257,493</b>	<b>254,651</b>
<b>Current assets</b>		
Inventories	5,823	5,703
Trade and other receivables	14,362	18,778
Cash and cash equivalents	22,566	15,658
	<b>42,751</b>	<b>40,139</b>
<b>Total assets</b>	<b>300,244</b>	<b>294,790</b>
<b>Current liabilities</b>		
Trade and other payables	(33,547)	(34,015)
DH Working capital loan		
Borrowings	(1,771)	(1,844)
Provisions	(3,730)	(3,193)
<b>Total current liabilities</b>	<b>(39,048)</b>	<b>(39,052)</b>
<b>Total assets less current liabilities</b>	<b>261,196</b>	<b>255,738</b>
<b>Non-current liabilities</b>		
Borrowings	(7,545)	(8,085)
DH Working capital loan	0	0
Provisions	(539)	(457)
<b>Total assets employed</b>	<b>253,112</b>	<b>247,196</b>

	31 March 2013	31 March 2012
	£000	£000
<b>Financed by taxpayers' equity:</b>		
Public dividend capital	173,082	170,082
Retained earnings	19,623	7,815
Revaluation reserve	60,217	69,109
Other reserves	190	190
<b>Total Taxpayers' Equity</b>	<b>253,112</b>	<b>247,196</b>

The financial statements were approved by the Board on 7 June 2013 and signed on its behalf by:

Signed: 

Date: 7 June 2013



# Statement of Changes in Taxpayers' Equity

	Public dividend capital (PDC)	Retained earnings	Revaluation reserve	Other reserves	Total
	£000	£000	£000	£000	£000
<b>Balance at 1 April 2012</b>	170,082	7,815	69,109	190	247,169
<b>Changes in taxpayers' equity for 2012/13</b>					
Retained surplus for the year	0	7,023	0	0	7,023
Impairments and reversals	0	0	(4,107)	0	(4,107)
New PDC Received	3,000	0	0	0	3000
Transfers between reserves	0	4,785	(4,785)	0	0
<b>Balance at 31 March 2013</b>	<b>173,082</b>	<b>19,623</b>	<b>60,217</b>	<b>190</b>	<b>253,112</b>

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 and 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

	2012/13 £000	2011/12 £000
<b>Cash flows from operating activities</b>		
Operating surplus	16,511	18,358
Depreciation and amortisation	15,356	14,419
Impairments and reversals	1,604	329
Release of PFI/deferred credit	499	1,310
Interest paid	(1,544)	(1,786)
Dividends paid	(8,120)	(7,900)
(Increase)/decrease in inventories	(120)	(639)
(Increase)/decrease in trade and other receivables	3,771	(3,711)
Increase/(decrease) in trade and other payables	(2,338)	2,712
Increase in provisions	608	1,412
<b>Net cash inflow from operating activities</b>	<b>26,227</b>	<b>24,504</b>
<b>Cash flows from investing activities</b>		
Interest received	84	106
(Payments) for property, plant and equipment	(20,577)	(19,253)
Proceeds from disposal of plant, property and equipment	18	8
Payments for intangible assets	0	(66)
<b>Net cash outflow from investing activities</b>	<b>(20,475)</b>	<b>(19,205)</b>
<b>Net cash inflow before financing</b>	<b>5,752</b>	<b>5,299</b>
<b>Cash flows from financing activities</b>		
Public Dividend Capital Received	3,000	0
Other capital receipts	0	74
Capital element of finance leases and PFI	(1,844)	(1,503)
<b>Net cash inflow/(outflow) from financing</b>	<b>1,156</b>	<b>(1,429)</b>
<b>Net increase in cash and cash equivalents</b>	<b>6,908</b>	<b>3,870</b>
<b>Cash at the beginning of the financial year</b>	<b>15,658</b>	<b>11,788</b>
<b>Cash at the end of the financial year</b>	<b>22,566</b>	<b>15,658</b>

## 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: 7 June 2013

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: 7 June 2013

David Loughton CBE  
Chief Executive

Signed:  Date: 7 June 2013

Kevin Stringer  
Chief Financial Officer





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

We have examined the summary financial statement for the year ended 31 March 2013 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, the Directors' Report and 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 statement, in accordance with directions issued by the Secretary of State for Health.

Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the full annual 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 statement. 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, Management Commentary, Data Security, Sustainability Report, A Forward Look 2013/14, The Board of Directors and Public Interest Disclosure.

This statement, including the opinion, has been prepared for, and only for, the Board of The Royal Wolverhampton 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 Trust's full annual 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 statement is consistent with the full annual statutory financial statements and the Directors' Remuneration Report of The Royal Wolverhampton NHS Trust for the year ended 31 March 2013 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 full annual statutory financial statements (7 June 2013) 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

28 June 2013

## Directors' Statement

The auditors have issued unmodified opinions 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 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

Our Quality Account provides an overview of our performance in providing high quality care for the patients we treat and their families and carers. It also sets out our plans to improve the quality of services in specific areas by identifying key priorities and how we intend to reach them.

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 staff are highly motivated to care for patients with humanity and decency, and identify strongly with the idea that they should care for patients in a way they would want a member of their family to be treated. In publishing the Report, we aim to be transparent about our own (and others') assessment of the quality of care we provide. The Board recognises that transparency, and the ability of third parties to assess and scrutinise our performance, helps us to focus on tracking evidence based performance on quality issues in a way that helps improve services. In addition, and equally importantly, it nurtures our already existing culture of continuous improvement and innovation.

Last year, in addition to our over arching priority of Patient Safety, we developed three main priorities:

- Urgent Care as we know this is where patients are at their most vulnerable and where we can make the best of our integrated acute and community focussed organisation.
- Care of the Older Person because this is the largest group of patients we serve and where we can make real progress in improving nutrition and reducing harm from falls, infections and pressure ulcers.
- End of Life Care as we only have one chance to get this right and give patients and their families the dignity and respect they deserve.

This year we will be continuing with these three areas as they help us to keep a focus on where we need to do things differently but will change some of the indicators that measure our progress. As in previous years Patient Safety continues to be an over arching priority with some key indicators to demonstrate our continued commitment to our patients. In recognition of the significant pressures we have faced we have also added an area for improvement about how we reduce unnecessary admissions to hospital

through Ambulatory Care for elective and non-elective treatment. To support our aim for our minimum standard to be the best that can be provided on every occasion we are also continuing with our ten "Always Events" as a reminder to 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 and include NHS England '6 Cs', Care, Compassion, Competence, Communication, Courage and Commitment

We know that, on occasions, we do not always get it right and we may not meet patients' expectations or our own rigorous quality standards. In these circumstances, our commitment is to be open about what went wrong and to ensure that we learn and integrate this learning into on-going and continuous improvement.

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 2013/14.

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



David Loughton CBE  
Chief Executive

The Royal Wolverhampton NHS Trust





# Our Vision 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 - 2013/14 Priorities for improvement

Our priorities for 2013/14 mirror those of the previous year. They were initially 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.

We believe these priorities to still be highly relevant for the coming year and they will remain as our driving focus in the year ahead. We have achieved much over the previous 12 months in these areas and there is more that we can further accomplish. These three priorities are detailed below.

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

**Priority two: Care of the Older Person:** 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.

In addition the Trust has a further two priorities. These are:

- Patient Safety
- Streamlining Ambulatory Care.

# Priority 1: Urgent Care

## Why is this a priority?

Because it impacts on everyone at their most vulnerable and is where a difference can really be made to patients through the best use of community services. Urgent care also drives demand for a number of other services both in hospital and 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 Acute Medical Unit (AMU)

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, mental health and a Public Governor from the Trust. These people are working together to develop a strategy and care pathways that will help to ensure that patients with urgent and/or emergency needs get to the right service in the right place (either in hospital or in primary care) first time, and also to make sure that patients who attend the Accident and Emergency department need to be there.

### 2012/13 Review of Priority 1: Urgent Care

#### What we set out to achieve

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

### Key Achievements During 2012/13

In February 2012, the Trust facilitated an Urgent and Emergency Care Strategy event involving key stakeholders involved in the delivery and commissioning of urgent care across Wolverhampton and the wider catchment area served by the Trust. The event included South Staffordshire borough representation, West Midlands Ambulance Service, General Practitioners and Consultant, nurses and managers from the Trust as well as Shadow Governors input. Colleagues from Social Services were also invited but were unable to attend the session.

As a result of this event, an Urgent & Emergency Care Strategy Board was established to bring together; GPs from Wolverhampton and South East Staffordshire & Seisdon Peninsula, Trust doctors, nurses and managers, social services, West Midlands Ambulance Service, commissioners, a Public Governor from the Trust, and also Mental Health representation as required.

The work of the Strategy Board has led to a clearly defined and agreed vision for the future of Urgent Care amongst all parties.

Following the initial session in February, work has been undertaken to identify existing projects that underpin the delivery of Urgent and Emergency Care. Work has also taken place to identify and understand any gaps in service provision in line with work streams in development/ established.

In line with the operational elements of work that are ongoing, there is also the development of the over arching strategy and options for the future of Urgent & Emergency Care for The City of Wolverhampton, the Trust and its partners. To ensure an engaged and consolidated approach is developed, there have been a range of options outlined by the Urgent & Emergency Care Strategy Board, to facilitate public engagement on the future of Urgent & Emergency Care.

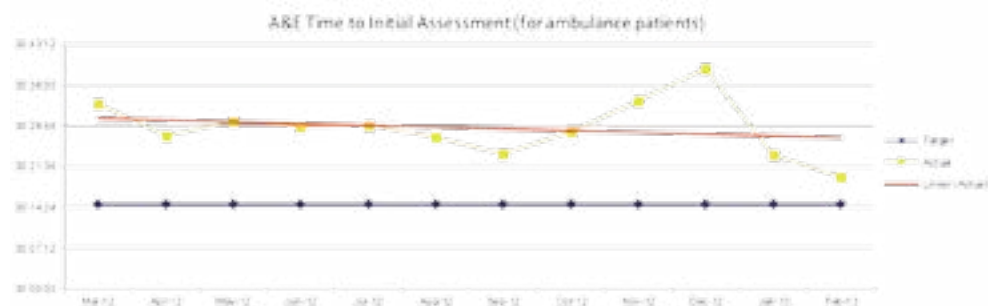
The purpose of these options is to provide key information on the opportunities for a more streamlined, efficient and effective Urgent Care System in Wolverhampton. Engagement on these options will enable our stakeholders' requirements to be more clearly understood and included in the final Urgent Care Strategy Document; expected in May 2013.

### How we have performed in 2012/13

Assessment times of patients who arrive by ambulance are monitored on a daily basis. A Rapid Assessment and Triage room opened on the 16th July 2012 to support the immediate assessment of patients and achievement of this target. A dedicated nurse has been assigned to a "Majors Triage" role greeting ambulance crews on arrival to take handover. An improvement in the time to initial assessment target has been made, but an increase in the numbers of ambulances arriving in the department means that further work is in progress to ensure consistency and sustainability.

The chart below shows performance against this target.

### Time to Initial Assessment for Patients Arriving via Ambulance – March 2012 - February 2013



### A&E Time to Treatment (Median Time) March 2012 - February 2013



Static information slices to inform patients of the expected flows through the Emergency Department have been produced and are in place. The Trust's Information Technology team is devising a solution to provide patients with accurate information regarding waiting times and the treatment they can expect to receive.

Work continues in the development of internal pathways with the Emergency Department clinical teams. Pathways previously developed are currently being rolled out and assessed. Presentations have been delivered during November and January in relation to the top conditions for Children. Work is on-going and updates are provided to the Urgent & Emergency Care Strategy Board.

The Emergency Department is actively recruiting medical and nursing staff with the intention of providing senior consultant cover over the 24 hour period. As a method of providing consistent clinical presence and supporting our junior doctor team we have developed a successful Advanced Care Practitioners workforce which will be further expanded from 3 current whole time equivalent staff.

Senior nurse competencies are being developed in triage and plastering. Each shift leader has a supernumerary period alongside existing senior nurses assisting with duties and responsibilities to develop competency within the role. Also, a role has been defined for a Healthcare Support Worker.

The Department has developed two additional consulting cubicles to increase capacity, which have been operational since July 2012. The department has been fully refurbished within the current footprint.

### Plans for 2013 /14

- Develop an agreed and signed off Joint Urgent & Emergency Care Strategy encompassing the needs of the respective organisations and the requirements of the local health economy. Anticipated date for completion; Summer 2013.
- Commence public and partner engagement with the wider community in relation to the Urgent Care discussions and options for Wolverhampton and South East Staffordshire & Seisdon Peninsula. Commenced March 2013.
- Continue to forge strong working relationships with our partner organisations in order to continue to work in a productive and cohesive manner.
- Expansion of majors area in the Emergency Department by November 2013.
- The opening of a Clinical Decisions Unit by September 2013.

***“Our vision is for an improved, simplified and sustainable 24/7 urgent and emergency care system that supports the right care in the right place at the right time for all of our population.***

***Our patients will receive high quality and seamless care from easily accessible, appropriate, integrated and responsive services. Self-care will be promoted at all access points across the local health economies and patients will be guided to the right place for their care and their views will be integral to the culture of continuous improvement”.***

Implementation of the strategy will be overseen by the Urgent and Emergency care Strategy Board and will be delivered through project groups and work streams

Monitoring of outcomes will include reporting of:

- Numbers of attendances and admissions through the emergency department(s) in secondary care
- Availability and utilisation of urgent care services in the Community
- Reporting of and compliance with achievement of quality standards of care.
- Patient and relative satisfaction surveys for quality of care and experience

Leads – Medical Director/ Director of Planning & Contracting







# Priority 2: Care of the Older Person

## Why is this a priority?

The population of Wolverhampton will change over the next 20 years with older age groups making up the a bigger proportion of the population for example the office for national statistics suggests by 2028 over 70s will comprise 36.5% of the city's population .

We know that the elderly use more health care services than any other group so it is essential that care is designed appropriately for our biggest service user.

### 2012/13 Review of Priority 2: Care of the Older Person

#### What we set out to achieve

An increasing aging population means that the Trust has concentrated on design of care appropriately around the needs of the largest section of its service users. Focus has been on four key areas as detailed below:

- Falls – to reduce the number of patient falls resulting in serious harm to less than 10 in 2012/13.
- Pressure Ulcers - To reduce the number of health care acquired pressure ulcers both in the hospital and community settings.
- Nutrition - No patient unintentionally loses weight whilst in our care.
- Preventing Infections - Reducing the number of device related infections and patients who test positive for Clostridium Difficile.

#### Key Achievements 2012/13

To ensure a commitment for all key stakeholders to work collaboratively in improving services for older people the Trust hosted an event to provide an opportunity for individuals from different organisations to meet and consider the older person's experience across the whole health and social care system and identify a long term vision that will provide sustainable and effective services for the elderly population of Wolverhampton in both the acute and community setting.

In November 2012 representatives from Clinical Commissioning Groups, Local Authority, West Midlands Ambulance Service, the voluntary sector, Trust staff and Shadow Governors, came together and identified a number of themes that have become central to the Care of Older People's Strategy.

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

It is recognised that individual projects and schemes that support objectives and principles outlined in the strategy are ongoing across the Trust and stakeholder organisations such as the development of the Dementia Outreach Team, a dedicated ward for patients with dementia and the Creating Best Practice Programme in addition to established work streams, monitoring and reporting process that support the prevention of falls, pressure damage and infection as well as improving nutrition. This ongoing work is recognised within the strategy.

In 2011/12 there were 732 pressure ulcers and in 2012/13 there were 970 (this 2012/13 figure is not validated at the time of publishing with all pressure ulcers requiring root cause analysis investigation taking up to 60 days). Reporting systems year on year however are quite different and so the two figures are not comparable. We now use the safety thermometer (explained in part 3) whereas in previous years we did not. Also there has been an increase in activity.

It has been challenging to measure and achieve no unintentional weight loss given the variables involved in each patient's care.

It is most relevant to the care of patients with dementia and the key word is 'unintentionally'. When people become poorly the disease process means they will often lose weight and is quite common that we are not able to fully facilitate the regaining of this weight whilst patients are in our care. 99% of our patients are assessed by dietetics, weighed and nutritional assessments undertaken and this is how we routinely monitor patient's nutritional status to ensure that patients do not lose weight unintentionally.

# How we have performed in 2012/13

## Falls

- We have reduced the number of patients who fall by 20% and the number of unwitnessed falls has reduced to 23% which is a marked improvement on last year's figure of 40%. This is due to the changes we have made by nursing patients in bays with the nurses remaining in the bays and also by ensuring all patients have been risk assessed for falls within 6 hours of admission to the ward.
- A falls care bundle has also been introduced which is a range of interventions undertaken by the multidisciplinary team to reduce the risks of the patient falling. Where patients have fallen and suffered serious harm an investigation is undertaken and lessons learned. This information is reported to Trust Board monthly.

## Pressure Ulcers

The organisation has focussed on reducing the number of avoidable pressure ulcers and using an accountability framework to hold matrons, sisters and charge nurses to account when an avoidable pressure ulcer is identified.

### Preventative care

A risk assessment and preventative process is now firmly embedded across both acute and community settings. In addition, the community teams have successfully participated in a regional project 'Stop the Pressure' and have introduced an early warning system aimed at identifying patients with early pressure damage, their ideas and actions successfully won them the most inspirational team award from Midlands and East Strategic Health Authority.

The Acute Medical Unit and Emergency Department now have a dedicated tissue viability nurse which has meant that risk stratification starts right at the beginning of the patient's pathway and early indicators are less patients are suffering skin damage further on in their journey as a result.

The practice of 'Comfort Rounds' is now well established in the Trust's inpatient wards and patients have highlighted through feedback that nurses appear more attentive to their needs. The preventative programme is further supported with easier access to pressure relieving equipment out of normal working hours for patients in their own homes. The Trust's own central equipment library (CEL) has initiated a service to provide equipment within 4 hours at home enabling more effective preventative care to be started in the patient's home which has not only helped with discharges home from hospital at the weekends but in some cases prevented admission to hospital.

### Accurate reporting of pressure ulcers

The Trust uses Safety Thermometer as a monthly point prevalence pressure ulcer reporting tool and triangulates this data with the central pressure ulcer database fed by the electronic reporting system, Datix. Each report is scrutinised and any grade 3 or 4 pressure ulcers are presented at the weekly accountability meeting to determine origin and avoidability.

The Tissue Viability team are maximising use of telemedicine in order to support as wide a group of staff as possible. All pressure damage is photographed with the patient's consent and this includes all community nursing teams who work outside of a hospital base and who now have access to digital camera equipment that is automatically uploaded to the Trust's electronic records system to enable the tissue viability team to support remote identification of skin damage as required. This not only supports early reporting and subsequent early intervention but means the accuracy of reporting is improved because of the risks around misidentification and grading of skin damage.

### Analysis and Accountability

Last year we reported the numbers of pressure ulcers acquired by grade meaning ulcers were detected whilst in the care of one of our services either in hospital or whilst receiving a community service. Throughout the year the reporting of pressure ulcers has improved and increased. We know that we are seeing a higher number of patients through our services this year in comparison to last year and subsequently tissue damage reports are higher. The impact of short term investment in the tissue viability team is also now evident through education and awareness programmes around pressure damage facilitating earlier detection of skin damage, which is now being successfully reported.

The data we now have is richer in qualitative information in addition to quantitative and provides us with a much clearer picture of how practice is changing and how we continue to learn lessons resulting in care improving week on week. Not only are we detecting skin damage caused by pressure much earlier on in the patient's journey but also successfully intervening earlier to prevent further deterioration. This is evidenced in the reduced numbers of grade 2 and 4 pressure ulcers we now report which is indicative of improved surveillance, proactive intervention to stop pressure damage developing and with Grade 4 of moving from a grade 3 to 4. Grade 3 numbers have been variable with an increase earlier in the year. This is because the Trust reports all suspected deep tissue injuries (SDTI) as Grade 3 ulcers. With pressure area care, intervention and observation, these injuries (similar physiology to a bruise) can re-perfuse and reabsorb without causing further harm. We now have the opportunity to de-escalate these Grade 3 ulcers from the central national reporting system if we find they have resolved. This will highlight the improvement we have made in practice.

The graph opposite demonstrates the increased numbers of acquired pressure ulcers we report which is indicative of the significant increase in patient activity experienced and also a good reporting culture, a mainstay of improving safety for patients. The graph demonstrates a reduction in numbers of avoidable pressure ulcers despite the increase in activity.



The Chief Nursing Officer continues to hold weekly meetings to review each grade 3 or 4 pressure ulcer and determine avoidability. This meeting is also attended by Clinical Commissioning Group Risk Manager which has improved cross working and reduced the reporting time to the commissioners significantly. At the weekly meetings compliance against all care is assessed and a determination of avoidable or unavoidable is made using national guidance. Accountability of nursing staff 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 goal: to achieve zero avoidable pressure ulcers by December 2012:

It is nationally recognised that the majority of pressure ulcers are avoidable when the correct risk assessment and preventative management plans are in place for each patient. The NHS Midlands and East Strategic Health Authority set a challenging ambition for all local Trusts to achieve zero avoidable pressure ulcers by December 2012. The purpose of this has been to improve patient experience, quality and safety of care and pressure ulcers are one of five ambitions aiming to safeguard individuals by providing harm free care.

By December 2012 70% of all the wards in the Trust had achieved zero avoidable pressure ulcers and this success continues to increase month on month.

## Nutrition

In 2012-13 we set out to build on our previous work to improve nutritional care of patients in the following areas:

- Nutrition screening & care planning: we are meeting our target of 95% of hospital patients undergoing nutrition risk screening on admission. We have not met our targets of 100% for re-screening and care planning - 79% of patients are rescreened in line with our local guidance and 89% of patients at medium and high nutritional risk have an individualised care plan implemented. Our plan to address this is to introduce nutrition screening on to VitalPAC, this will prompt ward nurses for repeat screening and care planning, and this will be monitored through nursing quality metrics.
- Eating & drinking: all dishes on the hospital menu have undergone nutritional analysis, and the menu has been revised to ensure that all dishes meet our nutritional standards. The new menu will be launched early in 2013-14, and will be coded to identify dishes that are energy dense (eg for those patients with extra nutritional needs or poor appetite) and those with lower fat and sugar content (more suitable for those patients with diabetes, overweight etc.). In December 2012 we introduced a trial of patient snacks, early indications demonstrate that these are popular with patients and make a significant contribution to their nutritional intake.

All wards continue to operate a protected mealtime policy. Towards the end of 2012-13 we started some work to audit compliance with our pre-operative fasting guidelines, as we were concerned that patients may fast for longer than necessary around the time of their operation. This work is in its early stages and we are planning to continue it into 2013-14.

- Artificial Feeding: over the last 12 months we have taken further steps to ensure that patients who are unable to meet their nutritional needs from food and drink are fed safely and effectively. Guidelines have been updated and training packages reviewed. All nurses who join the Trust have training on nutrition as part of their induction, and over the last 12 months mandatory updates have been introduced – more than 85% of nurses have undertaken this. Mandatory training for doctors who join the Trust is being introduced, and monitored through the training database. During 2013-14 care of patients who are artificially fed will be further improved by the introduction of patient care plans, and educational materials for staff.



# Infection Prevention

Specific achievements against last year's objectives include the following:

- An Intravenous Resource Team has been in place since August 2012 with a significant focus on reducing the number of line related blood stream infections.
- A focus on, and specific support and planning for high risk areas for infection
- The number of electronic training packages has been increased, allowing all staff to access them and updated practical courses regarding all aspects of infection prevention.
- Daily audit of intravenous line care to reduce device related bacteraemia
- A baseline of surgical site infection has been achieved with on-going surveillance of surgical wound infection in most categories of surgery; this included follow up of each patient at 30 days post operatively.
- Baseline measurement of chronic wounds and urinary catheters in Wolverhampton which contribute to blood stream infection and other less serious but nevertheless distressing infections.
- Development and initiation of plans to reduce the use of urinary catheters and chronic wounds.
- The set up and delivery of an Outpatient Parenteral Antibiotic Therapy (OPAT) Service to enable the monitoring and safe care of patients requiring long term antibiotic therapy possible in the community rather than hospital.

## Plans for 2013 /14

Care of the Older Person 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.

## Action required

Ratification of the Strategy for Care of Older People - A draft Care of Older People strategy is currently out to key stakeholders for consultation and will be formally signed off at the first meeting of the Care of Older People Programme Board.

Establish the Care of Older People Programme Board - The Care of Older People Programme Board will be the driving force behind the programme and will develop the principles and objectives outlined in the strategy. The first meeting of the Programme Board is planned for April 2013.

Under the chairmanship of the Chief Nursing Officer the Programme Board will co-ordinate and oversee the development and implementation of the identified work streams, related projects and activities that will deliver outcomes and benefits related to the programmes' strategic objectives and where required, resolve any barriers to progress.

## Working closely with our partners

*"If we are to meet the challenges ahead we must work collaboratively to revolutionise the way we organise and deliver care"*

Royal College of Physicians 2012.

A recurring theme throughout the stakeholder event was the need and a desire for all agencies across the social and health economy to work more closely together. During 2013/14 opportunities to work more closely and effectively with colleagues in primary and social care settings will be explored and the Programme Board will actively encourage shared schemes and projects.

# Falls

Reducing the number of patient falls has been one element of the Creating Best Practice programme and this has continued across the Trust. Evidence from this has supported the move to base nurses in bays which encourages patients to call for help rather than try to get up on their own and often fall, having the nurses in the bays also promotes improved visibility of patients. This practice is successfully evidenced in existing wards where this is routine and where the number of falls has remained the same as last year despite an increase in numbers of patients seen. The challenge is to introduce this practice into areas where nurses frequently leave the ward routinely, for instance to collect patients from theatre in the surgical wards.

On discharge, patients who are identified as at risk of falling or have already fallen are automatically referred to the community falls team who will visit them at home or invite them to a community based clinic. This supports them in reducing further falls, regaining confidence and instructing patients on how to minimise the risks to falls in their own home.

## Goal

To continue to identify measures which help reduce the incidence of falls and to work towards all wards introducing the practice of nurses based in bays.

To reduce the number of patient falls resulting in serious harm to less than 15 in 2013/14.

## Monitoring & reporting:

The Trust uses the NHS 'Safety Thermometer' to record monthly prevalence of patients who fall and suffer harm as well as a comprehensive database which details date and ward where the fall occurred along with circumstances surrounding it. This information is monitored through the Falls Prevention Committee. The Trust has introduced weekly accountability meetings where pressure ulcers and falls that cause harm are scrutinised, this is chaired by the chief nursing officer. This prompts staff to question if more could have been done to reduce the risk of falls causing harm.

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.

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 and Reporting:

The Trust set out to measure success through the use of the Safety Thermometer, this has demonstrated a reduction in harm due to pressure ulcers and with the Trust's own data collected through reported electronic incident reporting and validation has triangulated accurately with the Safety Thermometer data.

Progress continues to be reported to the Tissue Viability Steering group and to Trust Board through the Quality Safety Report.

## Actions for the coming year will build on the work done to date:

Continue to document evidence of fundamental elements of care which support pressure ulcer prevention. These include:

- Risk assessment and assessment of needs
- Surface- selecting the suitable prevention surfaces for the population at risk of pressure ulcers
- Skin Inspection - staff monitoring of tissue tolerance and reassess needs if there are any signs of deterioration through the effective use of 'comfort rounds'
- Keep moving - repositioning schedules are planned and recorded
- Incontinence and moisture - continence is promoted and the climate control of skin
- Nutrition and hydration - staff promote a balanced diet and hydration
- Self-care and raise awareness with carers and the public

## Further action required

- The Trust will evaluate early findings that intervention at the emergency portal decreases significantly the pressure damage in the rest of the patient journey
- We will scope the use of dynamic profiling beds on every bed to evaluate the patient and cost benefits
- Introduce a public facing campaign highlighting the need to 'stop the pressure' for patients at home aimed at informal and formal carers
- Continue to validate the reporting and de-escalation of STDIs on the national reporting database
- Continue formal education and training for all nursing home staff to reduce the risks of nursing home acquired pressure ulcers easing the burden across the whole health economy

This preventative programme is supported by the visible presence of additional Tissue Viability Nurses who are trained in this speciality and who directly advise staff and support patient care. The tissue viability service works across both hospital and the community running specialist clinics for patients living at home and is now training the General Practice Nurses to be able to provide the same level of care and expertise that the specialist team currently provide. In addition, the service provides a telemedicine service offering equitable advice for all clinical areas including care homes, patients in hospital and those at home or in a clinic as well as direct competency development support in wound prevention and care.

The tissue viability team will continue to support clinical staff to achieve the ambition of zero avoidable pressure ulcers, this has included locally and regionally run campaigns including the SSKIN Olympic challenge, whereby 70% of services achieved no avoidable pressure ulcers by December 2012 and Stop the Pressure, which resulted in one of the adult community services teams winning the inspirational team award for their commitment to prevent avoidable pressure ulcers in challenging circumstances. The Tissue viability team use two prosthetic devices to assist with grading recognition and a new challenge to test staff on the key elements of care, to prevent any pressure ulcers developing.

The Trust also provides a wide range of pressure relieving equipment for in-patients and for patients in their own home. The equipment library (CERL) now also offers an out of hours service, responding to faulty or urgent equipment requests in the community, preventing delay in provision of functional pressure relieving equipment. The Trust continually reviews the equipment resource to ensure the needs of the patients are met and the patient journey is safe.

- Leads - Chief Nursing Officer/ Chief Financial Officer

## Nutrition

### Goals:

- Nutrition screening & care planning: To meet our targets of 100% for re-screening and care planning.
- Eating & drinking: Identify dishes that are energy dense (eg for those patients with extra nutritional needs or poor appetite) and those with lower fat and sugar content (more suitable for those patients with diabetes, overweight etc).
- Artificial Feeding: To introduce mandatory training for doctors who join the Trust. Also the introduction of patient care plans and educational materials for staff.

### Monitoring & reporting:

Improvements will be tracked through the nursing quality metrics. We will monitor compliance with mandatory and non mandatory training on nutrition for nurses and doctors 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.

### Action required

- Introduce nutrition screening on to VitalPAC, prompting ward nurses for repeat screening and care planning.
- The new menu will be launched early in 2013-14, and will be coded to identify dishes that are energy dense.
- Continuation of work to audit compliance with pre-operative fasting guidelines.
- Introduce mandatory training for doctors who join the Trust.
- Introduction of patient care plans, and educational materials for staff.

Nominated Lead: Head of Nutrition & Dietetics

## Preventing Infections

The prevention of avoidable infection continues to be a key focus in the provision of high quality care both within the Trust and the wider health economy of Wolverhampton. It remains important that the Trust not only focuses on the current challenges but looks forward to prevent future risks to quality and safety with proactive plans to monitor and prevent infection. The Trust has therefore developed 9 strategic objectives to develop knowledge and skills around the risks of surgical site infection, emerging infections, use of devices such as catheters and intravenous lines and investigation of new methods for treatment and control of MRSA and Clostridium difficile. Integral to this are the wider health care community key objectives including positive interaction and information sharing with community healthcare settings such as care homes (using the highly successful PREVENT approach), support for dental and GP surgeries and finally a firm grip on the environment wherever patient care is delivered to ensure its cleanliness and good design.

Wolverhampton has had continued success in the reduction of health care associated infections during 2012/13 winning a coveted NHS Innovation Award and continues to have a clear aim to sustain best practice and broaden knowledge of infections such as catheter related urinary tract infection in 2013/14.

The Trust Infection Prevention and Control Committee continues to oversee all activity, manage risks and provide strategic direction for infection prevention and control with close contact with commissioners and Public Health Teams on risk management within independently contracted services and care homes.

**Goals:**

- Sustain best practice and broaden knowledge of infections
- Develop infection prevention systems in the wider healthcare community setting

**Action required:**

1. Improve healthcare infection data quantity across services.
2. Maintain the approach to prevention of avoidable infection across with pathway working with independent providers of care.
3. Implementation of an annual programme of infection prevention working towards 9 strategic aims focusing on surgical site infection, emerging infections, use of devices and investigation of new methods for treatment and control of MRSA and Clostridium difficile.

**Monitoring & reporting**

Our progress in reducing infections will be through the NHS Safety Thermometer (catheter related infections), Creating Best Practice programme and Ward based metrics.

The Trust Infection Prevention and Control Committee continues to oversee all activity, manage risks and provide strategic direction for infection prevention and control with close contact with commissioners and Public Health Teams on risk management within independently contracted services and care homes.

- Nominated Lead: Director of Infection Prevention & Control



# Priority 3: End of Life Care

## Why is this a priority?

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

Palliative care affirms life and regards dying as a normal process, provides relief from pain and other symptoms and integrates the psychological and spiritual aspects of patient care. It uses a team approach to address the needs of patients and their families, offering a support system to help patients live as actively as possible until death and to help the family cope during the patients illness and in their own bereavement. Providing supportive and palliative care should be integral part of every health care professional's role.

### **2012/13 Review of Priority 3: End of Life Care**

#### **What we set out to achieve**

To 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.

#### **Key achievements during 2012/13**

The strategy for End of Life Care for adults in Wolverhampton has been well established since its development in 2009. Key quality markers have been developed from the strategy which demonstrate the level of compliance; also linking CQC outcomes and essential standards of quality and safety.

#### **How we have performed in 2012/13**

- The Liverpool Care Pathway (LCP) is utilised Trust wide, as approved for use at the Trust by the Marie Curie Palliative Care Institute.
- New Cross Hospital employs an End of Life Care Education and Pathway Facilitator.
- Education and training has been strengthened through training relating to end of life care and the LCP.
- Teaching updates/refresher training is available along with teaching for new starters at ward level.
- End of Life care preceptorship training is now in conjunction with competency frameworks.
- The Trust continues to undertake its own internal audits on the use of the LCP in addition to participating in the National Care of the Dying Audit for hospitals.
- The District Nursing Service act as key workers and provide contact details to patients. In addition there is a dedicated telephone line for patients.



- GPs within Wolverhampton are informed if patients commence on the LCP and within 24hrs of a death and District Nursing Services work closely with GPs colleagues with regarding patients on the LCP
- Patients are referred to end of life care/district nursing/community palliative care/social work/AHP services for on-going care/support as needed on discharge.
- Discharges home/to other care settings are facilitated for End of Life care patients where that is their wish and it is safe/ appropriate to do so.
- A bereavement group has been established to explore any improvements that could be made to the bereavement experience.
- A post bereavement is conducted in the community with positive feedback.
- The Trust is participating in the national pilot for the use of the amber care bundle within stroke.

### **Department of Health (DoH) Palliative Care-Funding Pilots (PCFP)**

The Royal Wolverhampton NHS Trust were successful in receiving Government funding support, towards the Government's commitment to introducing a per-patient funding system that will ensure all qualified providers of palliative care, whether they be statutory, voluntary or independent, are fairly funded. The Trust is collecting essential cost and activity data for over a two-year period which began in April 2012. This work is being overseen by the Palliative Care Funding Working Group within Department of Health (DoH) .

The Trust is one of seven sites across the country the only one in the West Midlands designated to collect this data and we are a pilot site with a diverse range of providers covering a large geographic area within West Midlands . We have representation of all sites at palliative care local steering group bimonthly meeting (The Royal Wolverhampton Hospitals NHS Trust, Acute and Community), Compton Hospice, Wolverhampton, Atholl Nursing Home, Severn Hospice, Shropshire Community Trust, and Shrewsbury and Telford Hospitals NHS Trust).

### **Progress on achievements of PCFP:**

- As a successful pilot in partnership with other local providers we have received resource to support the collection of data of approximately 1,000 palliative care episodes according to a nationally set dataset known as spells. Identifying the resource that supports these spells is also required to provide a vision for a future funding stream for palliative care.
- Employed a project lead commenced employment July 2012 and data analyst across the partners in the pilot for adults for delivery of PCFP
- Set up and discuss at a local bimonthly site steering group meetings programme delivery
- Continue to engage clinicians in each organisation outlining the benefits and outcomes of the pilot
- Designed and implemented Information link requirements which have been met locally by all site partners and Nationally
- Excellent progress being made on phased rollout across the site and all partners involved and submitting spells
- Establishing (and building on existing) working relationships and having a commitment to improving care and delivery on data for the long term gain
- Continue to provide DoH progress reports on a monthly basis with data collection returns monthly and log queries when responses are required

### **Baseline**

The Trust participated in the National Care of the Dying Audit - Hospitals (NCDAH) 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.

### **Monitoring & reporting**

Reports are presented 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.

### **Plans for 2013 /14**

To review and refresh the Strategy with a view to developing further services for of End of Life Care for Adults in Wolverhampton, and ensure that the strategy is supported by key stakeholders/neighbouring CCG's.

To ensure that the strategy for adults supports transition for adolescents where appropriate

To support Wolverhampton Clinical Commissioning Group (CCG) in supporting Nursing and Residential Homes in reducing unnecessary admission of patients in the end of life phase to hospital and in particular emergency portals.

The Royal Wolverhampton NHS Trust were successful in receiving Government funding support, towards the Government's commitment to introducing a per-patient funding system that will ensure all qualified providers of palliative care, whether they be statutory, voluntary or independent, are fairly funded. The Trust is collecting essential cost and activity data for over a two-year period which began in April 2012. This work is being overseen by the Palliative Care Funding Working Group within Department of Health (DH). We are making progress on delivery of this programme and details of achievements against this programme are provided in section 3. Plans for the year ahead are provided below:

## Next year in delivery of per patient funding system

### Continue to:

- improve processes for all organisations on site for patients, discussed with clinical leads within all organisations on delivery of PCFP
- improve and enhance a local process for phased approach to data submission from each organisation and to data hub
- provide training to organisations and continue to (as and when required) and implement use of new excel data template
- lead and support all organisations on pilot site for timely data submission as well as clarify and build on individual organisational queries
- deliver in discussion with DoH and agree moving forward on programme for PCFP key milestones within programme plan
- be involved in on-going discussions with DoH attend regular site update meetings on per patient funding system. DoH using data analysis, stake holder days, consideration of key policy developments including but not limited to predictive modelling work workforce development, service delivery modelling year of care and proposals of payment by results to be finalised and then approved in 2014/2015.

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



Leads - Chief Operating Officer/ Director of Human Resource

# 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 2012/13 The Royal Wolverhampton NHS Trust provided and / or sub-contracted 32 relevant health services.

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

The income generated by the relevant health services reviewed in 2012/13 represents 91.4% of the total income generated from the provision of relevant health services by The Royal Wolverhampton NHS Trust for 2012/13.

The Trust has reviewed the data against the three dimensions of quality; patient safety, clinical effectiveness and patient experience. The amount of data available for review has not impeded this objective. The data reviewed included performance against national targets and standards including those relating to the quality and safety of the services, clinical outcomes as published in local and national clinical audits including data relating to mortality and measures related to patient experience as published in local and national patient survey, complaints and compliments.

## Participation in clinical audits

During 2012/13, 51 national clinical audits and 4 national confidential enquiries covered relevant health services that The Royal Wolverhampton NHS Trust provides.

During 2012/13 The Royal Wolverhampton NHS Trust participated in 93% national clinical audits and 75% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that The Royal Wolverhampton NHS Trust was eligible to participate in during 2012/13 are as follows:

<b>Peri-and Neo-natal</b>
Neonatal intensive and special care (NNAP)
<b>Children</b>
Paediatric pneumonia (British Thoracic Society)
Paediatric asthma (British Thoracic Society)
Pain management (College of Emergency Medicine)
Childhood epilepsy (RCPH National Childhood Epilepsy Audit)
Paediatric intensive care (PICANet)
Paediatric cardiac surgery (NICOR Congenital Heart Disease Audit)
Diabetes (RCPH National Paediatric Diabetes Audit)
<b>Acute care</b>
Emergency use of oxygen (British Thoracic Society)
Adult community acquired pneumonia (British Thoracic Society)
Non invasive ventilation -adults (British Thoracic Society)
Pleural procedures (British Thoracic Society)
Cardiac arrest (National Cardiac Arrest Audit)
Severe sepsis & septic shock (College of Emergency Medicine)
Adult critical care (ICNARC CMPD)
Potential donor audit (NHS Blood & Transplant)
Seizure management (National Audit of Seizure Management)
<b>Long term conditions</b>
Diabetes (National Adult Diabetes Audit)
Heavy menstrual bleeding (RCOG National Audit of HMB)
Chronic pain (National Pain Audit)
Ulcerative colitis & Crohn's disease (UK IBD Audit)
Parkinson's disease (National Parkinson's Audit)
Adult asthma (British Thoracic Society)
Bronchiectasis (British Thoracic Society)

<b>Elective procedures</b>
Hip, knee and ankle replacements (National Joint Registry)
Elective surgery (National PROMs Programme)
Liver transplantation (NHSBT UK Transplant Registry)
Coronary angioplasty (NICOR Adult cardiac interventions audit)
Peripheral vascular surgery (VSGBI Vascular Surgery Database)
CABG and valvular surgery (Adult cardiac surgery audit)
<b>Cardiovascular disease</b>
Acute Myocardial Infarction & other ACS (MINAP)
Heart failure (Heart Failure Audit)
Acute stroke (SINAP)
Cardiac arrhythmia (Cardiac Rhythm Management Audit)
<b>Renal disease</b>
Renal replacement therapy (Renal Registry)
Renal transplantation (NHSBT UK Transplant Registry)
<b>Cancer</b>
Lung cancer (National Lung Cancer Audit)
Bowel cancer (National Bowel Cancer Audit Programme)
Head & neck cancer (DAHNO)
Oesophago-gastric cancer (National O-G Cancer Audit)
<b>Trauma</b>
Hip fracture (National Hip Fracture Database)
Severe trauma (Trauma Audit & Research Network)
<b>Blood transfusion</b>
Bedside transfusion (National Comparative Audit of Blood Transfusion)
Medical use of blood (National Comparative Audit of Blood Transfusion)
<b>End of life</b>
Care of dying in hospital (NCDAH) (Round 3)



<b>National Confidential Enquiries</b>
Cardiac arrest procedures – A time to Intervene?
Alcohol related liver Disease
Sub Arachnoid Haemorrhage
Bariatric surgery - Too Lean a service?

The national clinical audits and national confidential enquiries that The Royal Wolverhampton NHS Trust participated in during 2012/13 are as follows:

### **National Clinical Audits**

<b>Peri-and Neo-natal</b>
Neonatal intensive and special care (NNAP)
<b>Children</b>
Paediatric pneumonia (British Thoracic Society)
Paediatric asthma (British Thoracic Society)
Pain management (College of Emergency Medicine)
Childhood epilepsy (RCPH National Childhood Epilepsy Audit)
Paediatric intensive care (PICANet)
Paediatric cardiac surgery (NICOR Congenital Heart Disease Audit)
Diabetes (RCPH National Paediatric Diabetes Audit)
<b>Acute care</b>
Emergency use of oxygen (British Thoracic Society)
Adult community acquired pneumonia (British Thoracic Society)
Non invasive ventilation -adults (British Thoracic Society)
Pleural procedures (British Thoracic Society)
Cardiac arrest (National Cardiac Arrest Audit)
Severe sepsis & septic shock (College of Emergency Medicine)
Adult critical care (ICNARC CMPD)
Potential donor audit (NHS Blood & Transplant)

<b>Long term conditions</b>
Diabetes (National Adult Diabetes Audit)
Heavy menstrual bleeding (RCOG National Audit of HMB)
Ulcerative colitis & Crohn's disease (UK IBD Audit)
Adult asthma (British Thoracic Society)
Bronchiectasis (British Thoracic Society)
<b>Elective procedures</b>
Hip, knee and ankle replacements (National Joint Registry)
Elective surgery (National PROMs Programme)
Liver transplantation (NHSBT UK Transplant Registry)
Coronary angioplasty (NICOR Adult cardiac interventions audit)
Peripheral vascular surgery (VSGBI Vascular Surgery Database)
CABG and valvular surgery (Adult cardiac surgery audit)
<b>Cardiovascular disease</b>
Acute Myocardial Infarction & other ACS (MINAP)
Heart failure (Heart Failure Audit)
Acute stroke (SINAP)
Cardiac arrhythmia (Cardiac Rhythm Management Audit)
<b>Renal disease</b>
Renal replacement therapy (Renal Registry)
Renal transplantation (NHSBT UK Transplant Registry)
<b>Cancer</b>
Lung cancer (National Lung Cancer Audit)
Bowel cancer (National Bowel Cancer Audit Programme)
Head & neck cancer (DAHNO)
Oesophago-gastric cancer (National O-G Cancer Audit)
<b>Trauma</b>
Hip fracture (National Hip Fracture Database)
Severe trauma (Trauma Audit & Research Network)
<b>Blood transfusion</b>
Bedside transfusion (National Comparative Audit of Blood Transfusion)
Medical use of blood (National Comparative Audit of Blood Transfusion)
<b>End of life</b>
Care of dying in hospital (NCDAAH) (Round 3)

## National Confidential Enquiries

Cardiac arrest procedures – A time to Intervene?
Alcohol related liver Disease
Sub Arachnoid Haemorrhage

The national clinical audits and national confidential enquiries that The Royal Wolverhampton NHS Trust participated in, and for which data collection was completed during 2012/13, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audit	No. of Cases Submitted
<b>Peri-and Neo-natal</b>	
Neonatal intensive and special care (NNAP)	100%
<b>Children</b>	
Paediatric pneumonia (British Thoracic Society)	100%
Paediatric asthma (British Thoracic Society)	100%
Pain management (College of Emergency Medicine)	100%
Childhood epilepsy (RCPH National Childhood Epilepsy Audit)	100%
Paediatric intensive care (PICANet)	100%
Paediatric cardiac surgery (NICOR Congenital Heart Disease Audit)	100%
Diabetes (RCPH National Paediatric Diabetes Audit)	100%
<b>Acute care</b>	
Emergency use of oxygen (British Thoracic Society)	100%
Adult community acquired pneumonia (British Thoracic Society)	100%
Non invasive ventilation -adults (British Thoracic Society)	100%
Pleural procedures (British Thoracic Society)	100%
Cardiac arrest (National Cardiac Arrest Audit)	100%
Severe sepsis & septic shock (College of Emergency Medicine)	100%
Adult critical care (ICNARC CMPD)	100%
Potential donor audit (NHS Blood & Transplant)	100%

<b>Long term conditions</b>	
Diabetes (National Adult Diabetes Audit)	100%
Heavy menstrual bleeding (RCOG National Audit of HMB)	100%
Ulcerative colitis & Crohn's disease (UK IBD Audit)	100%
Adult asthma (British Thoracic Society)	100%
Bronchiectasis (British Thoracic Society)	100%
<b>Elective procedures</b>	
Hip, knee and ankle replacements (National Joint Registry)	100%
Elective surgery (National PROMs Programme)	100%
Liver transplantation (NHSBT UK Transplant Registry)	100%
Coronary angioplasty (NICOR Adult cardiac interventions audit)	100%
Peripheral vascular surgery (VSGBI Vascular Surgery Database)	100%
CABG and valvular surgery (Adult cardiac surgery audit)	100%
<b>Cardiovascular disease</b>	
Acute Myocardial Infarction & other ACS (MINAP)	100%
Heart failure (Heart Failure Audit)	100%
Acute stroke (SINAP)	100%
Cardiac arrhythmia (Cardiac Rhythm Management Audit)	100%
<b>Renal disease</b>	
Renal replacement therapy (Renal Registry)	100%
Renal transplantation (NHSBT UK Transplant Registry)	100%
<b>Cancer</b>	
Lung cancer (National Lung Cancer Audit)	100%
Bowel cancer (National Bowel Cancer Audit Programme)	100%
Head & neck cancer (DAHNO)	100%
Oesophago-gastric cancer (National O-G Cancer Audit)	100%
<b>Trauma</b>	
Hip fracture (National Hip Fracture Database)	100%
Severe trauma (Trauma Audit & Research Network)	100%
<b>Blood transfusion</b>	
Bedside transfusion (National Comparative Audit of Blood Transfusion)	100%
Medical use of blood (National Comparative Audit of Blood Transfusion)	100%

Health promotion	
End of life	
Care of dying in hospital (NCDAAH) (Round 3)	100%

National Confidential Enquiries	Participated
Cardiac arrest procedures – A time to Intervene?	Yes
Alcohol related liver Disease	Yes
Sub Arachnoid Haemorrhage	Yes

The reports of 7 national clinical audits were reviewed by the provider in 2012/13 and The Royal Wolverhampton NHS Trust intends to take the following actions to improve the quality of healthcare provided:

- Audit lead will present a report annually at Cardiology Governance meeting
- To improve its record of smoking cessation advice.
- To enhance the quality of dataset to capture information on whole population.
- Write to divisional directors regarding results and request support for mandatory training (emergency oxygen)
- Automatically inserted times in oxygen box of new drug chart.
- Explore vital PACS enhancement for recording oxygen monitored by nurse
- Incorporate oxygen into e-prescribing
- Physiotherapists to consider and document referring patients to pulmonary rehabilitation prior to discharge (Non-Intrusive Ventilation)
- Respiratory Nurse to offer patients follow-up after receiving a course of intra-venous antibiotics for Spirometry and review.
- Offer patients completed microbiology forms and sputum pots and encourage them to send samples when having acute exacerbations
- Acute Stroke Unit capacity (for direct admissions from A&E) and staffing issues to allow 7 day working to be addressed by business plan for Stroke Unit development
- Early Supported Discharge and extension of the service to the Seisdon Peninsula
- Joint training with accident and emergency department to ensure timely CT brain scan, timely thrombolysis and direct referral of stroke patients to Acute Stroke Unit
- Liaison with therapists to ensure timely and adequate therapy is provided and documented.
- Acute Stroke Unit nurse training by physiotherapists to allow early mobilisation
- Recruitment and training of audit support staff to ensure reliable data collection for Stroke Improvement National Audit Programme

The reports of 194 local clinical audits were reviewed by the provider in 2012/13 and The Royal Wolverhampton NHS Trust intends to take the following actions to improve the quality of healthcare provided:

- Improve the completion of the Directorate audit plans that feed into the annual audit plan by ensuring Divisional sign off and regular monitoring of progress
- Introduction of an automated IT solution to block repeat requests for C Reactive Protein (CRP) within a specified 48 hour period to prevent unnecessary tests
- Implementation of Sepsis 6 guidelines in acute medicine
- Introduction of cellulitis pathway in acute medicine
- Introduce a stamp for use by ward receptionist and community neonatal nurse to improve the filing of case notes
- Developed and introduced an aide memoir to facilitate questioning regarding food allergies in children during consultation
- Incorporate oxygen into the e-Prescribing system following results of the British Thoracic Society Emergency Oxygen Audit
- Develop a Renal pathway to manage/prevent regional puncture in patients with a fistula. Wristbands also being developed to effectively identify patients with a fistula.

## Clinical Audit Activity

The clinical audit committee has reviewed its terms of reference in November 2012 to clarify the reporting mechanism of the Committee and to ensure that regular monitoring occurs at these meeting and sharing of lessons across the Trust from audit.

The clinical audit strategy is under review and will incorporate the recommendations made by internal auditors and NHSLA assessors.

## Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by The Royal Wolverhampton NHS Trust in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 3122.

Recruitment increased by 36% on the previous year for commercial and non-commercial portfolio trials. The number of research active medical physicians, Nurses and AHP's engaged in research activity also continued to increase in support of an expanding and clinically diverse research portfolio.

Demonstrating a continued and significant increase in recruitment on the previous year provides assurance to our local population that we are able to offer greater choice for our patients and a commitment to advancing new knowledge and innovation.

Our clinical staff continue to stay abreast of the latest possible treatment possibilities and actively now participate in enabling new knowledge through the development of own account NIHR adopted trials. Particular success in 12/13, of particular note is the success of the Haematology and Diabetes research clinicians who had trials adopted onto the NIHR National portfolio 12/13. The Trust is now driving forward through these portfolio trials lead by experienced and innovative medical researchers, new clinical knowledge, for better patient outcomes nationally.

By March 2013, 465 studies were open and in either recruitment treatment only or follow up stage but only 293 were open to recruitment. There continues to be a stable stream of new trials being presented to the Trust. On average the Trust receives 10 new trials each month and approval times have now been significantly to less than 30 days and our NIHR recruitment performance is on par with the three medical schools within the west Midlands region.

We can evidence research engagement with all key support services and research engagement activity within Anaesthetics & Critical Care, Emergency Admissions, Cardiothoracic services, Care of the Elderly, Diabetes, Gastroenterology, GU, Obstetrics & Gynaecology, Ophthalmology, Oncology, Paediatrics, Renal, Respiratory, Rheumatology, Stroke and Urology. Working with the Primary Care Research Network we have taken to lead in developing Patient Identification Centres (PIC) sites and are working with novice researchers to build research activity in areas such as audiology.

The R&D Management team continues to host successfully the Greater Midlands Cancer Research Network (GMCRCN) and work closely with a number of key partners. Through partnership collaboration we have continue to facilitate and co-ordinate 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), Stroke Research Network and Medicines for Child Research Network, Primary Care Research Network and Industry. We remain one of three West Midlands 'Partner' sites for Quintiles UK.

During 2012/2013 the R&D Directorate received recognition for its Research Management and Governance activity and this leading and participation in National educational events and sharing of best practice to a number of Foundation Trusts visiting the Trust. The R&D Directorate continues to support innovation adoption and has successfully supported the local adoption of an innovative piece of equipment into therapy services during 12/13 and gaining accreditation as a national reference site to other Trusts. Our commitment to

supporting pioneers with innovative products has been further advanced by confirming our commitment to working in partnership with Medilink West Midlands and the West Midlands AHSN.

The inclusion the Trust R&D activity continues to build on previous years activity for the benefit of our patients and has this has been reaffirmed by the Trust Board support to identifying R&D activity as a core component of patient care and treatment choice.

During 2012-2013 the Professor for Clinical Practice and Innovation, working in partnership with Trust and University of Wolverhampton colleagues, delivered the 'New horizons in care' document; a strategy for nurses, midwives and allied health professionals to build a managed programme for research. The joint strategy sets out to realise the Trust's ambition to foster an environment where research and innovation flourish and research ethos and activity become reflected in the roles and responsibilities of all staff in the caring sciences. A range of activities to achieve these aims have been initiated. Among these are: 1) The on-going development of the joint Trust and University Research Leads Network to develop a coherent, planned approach to mutual research, in a supportive partnership; 2) The development of placements for student nurses within the R&D Research Unit, mentored by research nurses working on clinical projects; 3) The introduction of a programme of Master Classes in Research, for Trust staff, delivered on site, at New Cross Hospital. The classes are delivered by researchers from the University of Wolverhampton, School of Health and Wellbeing, Centre for Health and Social Care Improvement.

## Use of the CQUIN payment framework

A proportion of The Royal Wolverhampton NHS Trust income in 2012/13 was conditional upon achieving quality improvement and innovation goals agreed between The Royal Wolverhampton NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2012/13 and for the following 12 month period are available electronically from Simon Evans, Head of Performance - [simon.evans8@nhs.net](mailto:simon.evans8@nhs.net)



# Statements from the Care Quality Commission

The Royal Wolverhampton NHS Trust is required to register with the Care Quality Commission and its current registration status is registered without condition.

The Care Quality Commission has not taken enforcement action against The Royal Wolverhampton NHS Trust during 2012/13.

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

The Royal Wolverhampton NHS Trust participated in a routine unannounced inspection which was carried out by the CQC on 24 January 2013. This was a routine inspection to check that the essential standards of quality and safety listed below are being met.

- Care and welfare of people who use the services
- Cleanliness and infection control
- Safety, availability and suitability of equipment
- Supporting workers
- Assessing and monitoring the quality of service provision

The report was published in March 2013 and the Trust was found to have met all these standards.

## NHS Number and General Medical Practice Code Validity

The Royal Wolverhampton NHS Trust submitted records during 2012/13 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:  
99% for admitted patient care;  
99.2% for outpatient care; and  
94.7% for accident and emergency care.

- which included the patient's valid General Practitioner Registration Code was:  
99.6% for admitted patient care;  
99.7% for out patient care; and  
98% for accident and emergency care.

# Information Governance Toolkit attainment levels

The Royal Wolverhampton NHS Trust Information Governance Assessment Report score overall score for 2012/13 was 79% and was graded green.

IGToolkit Assessment	Level 0	Level 1	Level 2	Level 3	Total Req'ts	Overall Score	Current Grade
Version 10 (2012-2013)	0	0	28	17	45	79%	Satisfactory
Not Satisfactory	Not achieved Attainment Level 2 or above on all requirements (Version 8 or after)						
Satisfactory	Achieved Attainment Level 2 or above on all requirements (Version 8 or after)						

## Clinical coding error rate

The Royal Wolverhampton NHS Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission whereby two areas were audited.

These included Admitted Patient Care for Trauma & Orthopaedics and Accident & Emergency Attendances. The error rates reported in the latest published audit for that period are detailed below;

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

- Primary Diagnoses Incorrect 8.7%
- Primary Procedures Incorrect 6.1%

This was based on a small sample of 100 Finished Consultant Episodes

Healthcare Resource Groups changes 7.1%.

This is a significant improvement on the previous year Payment by Results Audit which had an error rate of;

- Primary Diagnoses Incorrect 25%
- Primary Procedures Incorrect 7.2%

Accident & Emergency Attendances

This was based on a small sample of 150 attendances

HRG changes 16%

All recommendations following the audit will be completed.

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

The Royal Wolverhampton NHS Trust will be taking the following actions to improve data quality in accordance with the relevant Information Governance Toolkit standards:

- 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/internal 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
- Hold Monthly Trust Data Quality Meetings to manage/review practices and standards

## Core Quality Indicators

**1: Preventing people from dying prematurely**

**2: Enhancing quality of life for people with long term conditions**

**(a) The value and banding of the Summary Hospital Level Mortality Indicator**

**(b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level**

	Apr 2011- Mar 2012	July 2011 – June 2012	Trust performance Latest Oct 2011-Sept 2012	National Average	Lowest reported Trust	Highest Reported Trust
The value and banding of the summary hospital-level mortality indicator ("SHMI") for the Trust for the reporting period.	<b>1.0259 (Band 2)</b>	1.0279 (Band 2)	1.0058 (Band 2)	1.00	0.6849 (Band 3)	1.2107 (Band 1)
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.	<b>22.9%</b>	19.8%	21.2%	19.2%	0.2%	43.3%

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

The Trust utilises the SHMI (and other mortality indicators) as a marker of quality of service provision and outcome. The overall SHMI for the hospital is helpful, as an overall guide but using the more specific data relating to standardised mortality rates in the various diagnostic categories is much more useful in ensuring treatment and management protocols are optimised for individual medical conditions.

The Royal Wolverhampton NHS Trust has taken the following actions to improve this rate/number, and so the quality of its services, by using the information to try to prevent patients from dying prematurely

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

### (c) Patient Reported Outcome Measures

	April 11- March 12	April – December 2012	National Average	Lowest reported Trust	Highest Reported Trust
(i) groin hernia surgery	0.092	0.072	0.090	0.017	0.153
(ii) varicose vein surgery	0.118	0.138	0.089	0.027	0.138
(iii) hip replacement surgery	0.425	0.443	0.429	0.328	0.500
(iv) knee replacement surgery	0.326	0.281	0.321	0.201	0.408

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

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

The Royal Wolverhampton NHS Trust intends to take the following actions to improve this rate and so the quality of its services, by reinforcing the message regarding the collection of PROMs data. This is being worked through with front line staff and is being monitored on an ongoing basis. Whilst we score above the national average in all PROMs we recognise that there is still room for further improvement.

### (d) Readmission Rates

Readmission data is available via the Health and Social Care Information Centre however this data is only available for years 2009/10 and 2010/11. The Trust is unclear as to what the data represents and has therefore chosen to use readmission data from Dr Foster Intelligence which is shown in the table below.

### 3: Helping people to recover from episodes of ill health of following injury

Year	RWT			National Average		
	28 day readmissions	All Admissions	28 day % rate	28 day readmissions	All Admissions	28 day % rate
2009/10	6955	97446	<b>7.1%</b>	929428	14225697	<b>6.5%</b>
2010/11	7426	101418	<b>7.3%</b>	966351	14520902	<b>6.7%</b>
2011/12	7275	101399	<b>7.2%</b>	980180	14800854	<b>6.6%</b>
2012/13*	5486	77436	<b>7.1%</b>	751988	11176268	<b>6.7%</b>

Data Source: Dr Foster Intelligence

\*2012/13 data is April 2012 – December 2012 only

The Royal Wolverhampton NHS Trust is required to provide information relating to readmission rates as a percentage of all admissions as part of its contracts with commissioners. Patients are readmitted to hospital for a range of reasons. In reviewing its readmissions rates the Trust undertakes a sample review of notes to determine whether the patient's treatment plan was appropriate and therefore the readmission was unavoidable. The findings are shared with our commissioners.



**(e) Responsiveness to the personal needs of its patients**

	2010/11	2011/12
RWT	65.7	65.8
National Average	67.3	67.4
Trust with highest score	82.6	85
Trust lowest score	56.7	56.5

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

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

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

- Introducing supervisory status of ward managers to allow increased leadership focus on issues of quality and patient experience
- Increased regular monitoring of specific standards of patient experience

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

**4: Ensuring that people have a positive experience of care**

	2011/12	2012/13
RWT	3.68	3.71
National Average	3.50	3.57
Trust with highest score	4.05	4.08
Trust lowest score	Not available	Not available

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

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

The Royal Wolverhampton NHS Trust intends to take and has taken the following actions to improve this score, and so the quality of its services, by continuing to work closely with staff, giving them the opportunity to contribute towards improvements at work. The Trust is encouraged by this result which has positioned the Trust in the above average performance category for the past 2 years. The Trust recognises that this is an area of critical importance and we are therefore committed to further improving this result. Given the significant improvement in the number of staff stating in their response to the national staff survey question regarding their ability to contribute towards improvements at work up went up from 59% in 2011 to 70% in 2012 we are confident that our approaches are having a positive impact in this area and will continue to do so.



## (g) Patients risk assessed for Venous Thromboembolism

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

	Q1 2011/12	Q2 2011/12	Q3 2011/12	Q4 2011/12	Q1 2012/13	Q2 2012/13	Q3 2012/13
RWT	86.6%	92.2%	92.7%	95.6%	95.8%	96.1%	96%
National Average	84.1%	88.2%	90.7%	92.5%	93.4%	93.8%	94.1%
Trust with highest score	100%	100%	100%	100%	100%	100%	100%
Trust lowest score	Nil return	20.4%	32.4%	69.8%	80.8%	80.9%	84.6%

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

A concentrated focus has been placed on the importance of undertaking VTE assessments across the organisation. There has been consistent improvement quarter on quarter and above the national average.

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

## (h) Rate per 100,000 bed days of cases of C.difficile

### 5: Treating and Caring for People in a safe environment and protecting them from avoidable harm

	2010/11	2011/12	2012/13*
RWT	35.4	39.0	18.2**
National Average	29.6	21.8	
Trust with highest score	71.8	51.6	
Trust lowest score	0.0	0.0	

\* Further 2012/13 data available after July 2013

\*\*Source : [http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb\\_C/1195733750761](http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1195733750761) table 6a.

Positive cases included have the following characteristics:

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

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

- The current actions to reduce Clostridium difficile are effective.

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

- the development of detailed understanding of surveillance data,
- prompt and thorough review of affected patients,
- weekly dedicated ward rounds,
- consistent monitoring and control of the in-patient environment including the use of hydrogen peroxide vapour,
- promoting early treatment and isolation of patients affected,
- community follow up of all patients with Clostridium difficile to minimise recurrence
- the adoption of a 3 stage testing algorithm in which all patients at risk of infection are followed up.

**(i) Patient safety incidents and the rate resulting in severe harm or death\***

Table 1 shows the total number of incidents reported as well as those resulting in serious harm or death.

**Table 1**  
**5: Treating and Caring for People in a safe environment and protecting them from avoidable harm**

	2011/12		2012/13	
	Incidents	Rate resulting in severe harm/death	Incidents	Rate resulting in severe harm/death
RWT (12 month data)	8243	22 0.27%	8982	15 0.17%

In order to show a measure of contrast table 2 shows comparative data provided by the NPSA for a six month period (Apr to Sept 11/12 and 12/13).

**Table 2**  
**5: Treating and Caring for People in a safe environment and protecting them from avoidable harm**

	2011/12			2012/13		
	Incidents (Apr 12 to Sept 12)	Rate resulting in severe harm/death		Incidents Apr 12 to Sept 12	Rate resulting in severe harm/death	
RWT (6 month data)	4766	14	0.3%	4413	10	0.2%
National Average	3839	29	0.82%**	4060	29	0.71%**
Trust with highest score	6549	94	3.3%**	6485	98	2.5%**
Trust lowest score	822	0	0%**	859	2	0.04%**

\*Data provided is not available via the source stipulated by the Department of Health (<https://indicators.ic.nhs.uk>) and only 6 month data is available for comparison. Data source - National Reporting and Learning System.

\*\* percentages aren't a calculation of incidents resulting in severe harm or death against total incidents. The Trust with the highest/lowest or average numbers will not necessarily be that which has the highest/lowest or average percentages.

The Trust defines severe or permanent harm as detailed below:

**Severe harm:** a patient safety incident that appears to have resulted in permanent harm to one or more persons receiving NHS-funded care;

**Permanent harm:** harm directly related to the incident and not related to the natural course of a patient's illness or underlying condition is defined as permanent lessening of bodily functions; including sensory, motor, physiological or intellectual

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

- The Trust has a well embedded and healthy reporting culture and promotes the reporting of near miss incidents to enable learning and improvement.
- The Trust undertakes data quality checks to ensure that all Patient safety incidents are captured and appropriately categorised in order to submit a complete data set to the National Patient Safety Agency.
- The Trust realised an expected increase in the number of reported incidents resulting from the inclusion of acquired Community Services under the Transforming Community Services process.
- The Royal Wolverhampton NHS Trust has taken the following actions to improve risk management and reporting and so the quality of its services:
- The Trust has reviewed its policy and training to facilitate swift reporting and management review of incidents (including serious incidents).
- The Trust has revised Induction and risk management training to align with risk indicators e.g. reporting and investigation of incidents and awareness and prevention of never events.
- The Trust has reviewed its timescale and process for investigation of serious incident to enable timely completion and adequate scrutiny of reports.
- The Trust was successful at level 2 assessment against NHSLA Risk management standards in November 12 and will pursue level 3 assessment which involves an audit of its risk management process.

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



# Part 3: Review of quality performance

## Our performance against the 2012/13 priorities

Both the acute and community services focussed on similar priorities and the Quality Account for 2012/13 will report performance against all the goals that were set.

### Patient Experience:

Dedicated monitoring and focus of areas identified for improvement through the National Inpatient Survey 2012.

The agreement to implement supervisory status of the Ward Manager will allow ward leaders to apply focus to areas of quality and patient experience.

### Patient Safety:

#### Pressure ulcers & skin integrity

Continue to reduce the number of avoidable healthcare acquired pressure ulcers.

Continue with progress introducing leg ulcer and chronic wound pathways aiming to achieve a 10% heal rate in chronic wounds in year 2.

Reduce Grade 2 pressure ulcers by 20 in people's homes implementing the work achieved by one locality team

#### Infection Prevention

- The number of hospital acquired device related blood infections has not decreased. However data collection methods have improved allowing for enhanced planning for future years.
- The numbers of C-Difficile infections have reduced. The Trust met the 2011/12 nationally set objectives of 57 cases reporting 41 cases.
- A policy of early removal to achieve a reduction in indwelling catheters and catheter acquired infections (CAUTIs) was developed.
- Large scale surveillance of surgical site infections is underway.
- Partnership working with care homes and independent contractors continues.

#### Robotic Surgery

This is being used in Urology, Gynaecology, Colorectal Surgery and Cardiothoracic Surgery. Our surgeons have received formal training and mentoring in this specialized technique. The outcomes of these procedures are being monitored independently by the Division of Surgery to ensure quality control. Currently, robotic urological surgery is part of the routine work of the Urology department, which is achieving excellent clinical results. Adoption of robotic surgery by the other departments involved is at an earlier stage of development, but it already demonstrates great promise.

We are using Transanal Endoscopic Microsurgery to treat serious diseases of the rectum by minimally invasive surgery with fewer side effects and more rapid recovery than conventional major surgery.



### **Treatment of patients with sepsis**

The Trust introduced a care bundle for management of patients with sepsis in October 2012 with guidelines of management available on the trust intranet. There are benefits to patients in having an effective streamlined approach to management using care bundles. An audit of effectiveness of treatment of this care bundle is currently underway.

The Trust's intends to introduce a series of care bundles for the management of different conditions in the coming months following completion and review of the current audit of sepsis management.

### **Bowel cancer screening**

Wolverhampton Bowel Cancer Screening Centre covers a population of 900,000 in the Black Country and part of South Staffordshire. It was the first centre to commence in the Bowel Cancer Screening Programme in England in 2006, and continues to operate at the highest standards required nationally. This was confirmed by a successful quality assurance inspection visit in November 2012. A bid to become one of only six pilot centres nationally for flexible sigmoidoscopy ("Bowel Scope") screening was accepted in April 2012, and this service is due to commence in June 2013. A redevelopment and expansion of the Endoscopy Unit, including a new fourth room, has been undertaken to support this.







# Patient Experience

Providing an excellent patient experience remains a key driver to all staff, and is reflected in our Trust's vision. The Trust's Patient Experience Strategy will be reviewed in 2013 and will build on a well-established tradition of seeking patient's, relative's and carer's views of services. The strategy will further support 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 2012/13
<b>Objective 1:</b> Build on existing work to further develop robust systems and processes for gaining both quantitative and qualitative feedback from users.	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. During 2013 we will source volunteers to include the 4 wards at West Park Hospital in these surveys.
	Patient stories are shared with staff at Trust Board meetings and Senior Managers briefings. Audio and visual recording equipment is used to capture the emotion in the story and has been well received by Board members who felt the story had a greater impact. Patient stories are now also used at: Trust induction, education sessions for qualified & unqualified nurses, reception staff.
	Since April 2012, the Trust implemented the 'Friends & Family' test across all in-patient areas. Results are fed back to the Ward Managers, Matrons & Heads of Nursing every week and the Trust saw a 10 point increase from 68 to 78 by August 2012.
	Since October 2012, the 'Friends and Family' test has also been used in the Accident & Emergency Department in readiness for the national roll out in April 2013.
	Through the Friend and family test methodology from April 2013 patient's patients are also asked some additional questions in line with the areas identified for improvement via the 2012 National Inpatient Survey. Findings by ward will be monitored and provided to matrons each month.
	Through development of a new strategy for the coming years we will look to embrace more qualitative and quantitative methodologies and develop our use of social media as a way to interact and engage with patients.
<b>Objective 2:</b> 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. The complaints policy was further reviewed in 2012 allowing greater directorate ownership of complaints, with the complaints services manager providing an overview for consistency and accuracy is now working well. This role has since been strengthened to include responsibility for PALS so that the linkage between the two methods of handling feedback is more seamless.
	Plans for early 2013 include using volunteers to participate in PALS outreach alongside the Trust staff. The NHS Institute '15 step challenge' will also be developed to provide a framework for feedback from PALS outreach. We will also develop this service to provide an outreach facility to the local community.

	Progress achieved during 2012/13
<b>Objective 3:</b> Develop systems and processes that appropriately link willing patients, governors and other stakeholders with teams trying to make service improvements.	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 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. In addition postcard sized stickers have been placed on bedside lockers to advise patients how they can raise concerns or queries with senior ward staff of through the PALS team.
	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
	The Trust's public and staff governors are now established as a reference group to read and comment on information/ Trust developments.
	A schedule of events enables Trust Members to get involved in Trust activities. During 2012/13 there have been Trust Member events on Dementia Care, Stroke care, hospital site improvements, Infection Prevention and Emergency Services.
	There will be further work to engage the Trust's Members during 2013 as the Trust reconnects with existing members, actively recruits new members ahead of developments to become a Foundation Trust.
	We will link this to PALS outreach work into community locations as a way of engaging with the public and developing Trust membership.

## Staff Involvement

	Progress achieved during 2012/13
<b>Objective 4:</b> 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.	Information, guidance and training are available for staff on patient experience, complaints and equality & diversity.
	The Service Redesign Team are using tools to support adults with learning disabilities as part of their processes
	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
	Through strategy development we will look into ways in which we can assist staff in their education through the direct involvement of patients, either through social media or other qualitative methods.
<b>Objective 5:</b> The Trust Board will play an active leadership role in advocating improvements in the patient experience.	All members of the Board undertake Leadership & Safety Walkabouts across hospital and community services.
	The Board development programme includes training sessions on areas that impact on patient experience such as tissue viability and safeguarding
	The Board has supported investment in technology that will improve patient experience such as VitalPAC
	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.
	The Trust Board is involved with and sponsoring implementation of the patient revolution in the Trust. A series of modules were held the Board and Trust in April 2013 staff focusing on customer services experiences.

## Generating Insight

	Progress achieved during 2012/13
<p><b>Objective 6:</b> Develop a minimum data set and dashboard for teams and departments to drive reliability and consistency of patient experience.</p>	<p>Quality &amp; 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. There has been an improvement to how the real time feedback results are presented in a 'speedometer' type dashboard which as well as giving ward managers information on how their ward has scored; it includes a comparison to the overall trust score. Friends and Family Test results are also provided to wards along with the response rate from each area.</p>
<p><b>Objective 7:</b> Every service within the Trust will use patient experience to gain insight and identify opportunities for improvement.</p>	<p>The information provided to each department as detailed above is used at team meetings and is monitored through the governance framework. Pathway redesign includes the views of patients and there is patient representation on the Patient Safety Group.</p> <p>We will develop an updated Patient Experience strategy to serve the Trust in the coming years. This strategy will encompass a range of methodologies in obtaining patient experience intelligence.</p>

## Making Improvements

	Progress achieved during 2012/13
<p><b>Objective 8:</b> Every service within the Trust will, having identified opportunities for improvement, implement at least one patient experience improvement project annually.</p>	<p>Work is on-going as part of the wider quality and safety agenda Directorate Management teams have provided their priorities for improvement to support the Trust's Quality Accounts. Progress against these priorities is monitored by the Divisional teams.</p>
<p><b>Objective 9:</b> The Patient Experience team lead a Trust wide 'campaign' style approach to make improvements in the identified themes.</p>	<p>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.</p>

## Feeding Back to Patients

	Progress achieved during 2012/13
<p><b>Objective 10:</b> The Trust will further develop systems and processes to provide feedback to users and other stakeholders, both at service/department and corporate level.</p>	<p>Wards &amp; 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. In 2013, feedback questionnaires will be included with complaint responses to survey customer satisfaction with the complaint process.</p> <p>A reduction in the numbers of complaints being returned by complainants to the Trust following investigation indicates an improvement in the quality of the Trust's complaint investigations and responses.</p>

## Monitoring Performance

	Progress achieved during 2012/13
<p><b>Objective 11:</b> Develop new Patient Experience key performance indicators for corporate monitoring, and a system of service reviews to theme/ triangulate patient experience data.</p>	<p>Reporting and monitoring occur as detailed in objective 6. The development of a Patient Experience Dashboard now supports reports to various committees to provide an overview of many aspects of patient experience data including PALS, complaints, themes, investigation response times, real time feedback and the Friends and Family Test.</p>

## 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.
- The Patient Experience Forum will merged with that from West Park Hospital Patient Forum increasing representation aligning West Park Hospital views with the whole Trust.
- PALS outreach will be developed so that the team will be present in various community locations to increase feedback and involvement from the community.
- 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 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.
- Volunteers make an active contribution to the enhancement of patient experience. A new on site mobility scooter was purchased in April and is driven by volunteers to assist patients who are finding it difficult to walk around the site. A volunteer team dedicated to patient feeding and nutrition is also being developed.



# 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 850 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	2012/13
Involved as much as want to be in decisions about care definitely/ to some extent	87%	90%	90%	89%
Treated with respect and dignity always/sometimes	97%	97%	97%	96%

In regard of the scores given below about patients' overall rating of care, the scale of responses changed from a 5 point poor to excellent scale in the 2011 survey and those of previous years to an 11 point 0 to 10 scale in 2012. In order to provide some comparison between the two methodologies the Trust has shown scores as follows:

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

	2009/10	2010/11	2011/12	2012/13
Overall care rated as excellent/very good/ good	94%	93%	93%	92%

The findings of this survey highlighted the below as areas to focus on:

- Pain control
- Call buzzer repose times
- Availability of staff in discussing worries and fears
- Involving patients in their discharge from hospital.

We will monitor these aspects of patient experience using anonymous methodology at the point of discharge providing on-going feedback to matrons. A feedback session will also be available to all Trust staff on the findings of the national survey allowing them to consider ways in which patient experience can be enhanced in individual areas.

Various work streams will be implemented which will impact on these areas of care. These include proposal for ward sisters to become additional to the establishment on wards allowing dedicated senior front line focus on to issues of quality, as highlighted by the National Inpatient Survey.

During 2012 the Trust participated in the National Accident and Emergency Survey managed by the Care Quality Commission. Patients attending Accident and Emergency during March were surveyed and 321 responses were returned. The findings showed that there had been a marginal overall dip in the Trust's score from when the survey was last conducted in 2008 of 1.6%.

In the main the Trust's results were average by national comparison. We were in the top 20% of Trusts for advising patients how long they could expect to wait for treatment and in the bottom 20% for pain control.

Action plans around improvement in patient experience in accident and Emergency are in line with the information out lines in the section headed Priority 1 Urgent Care.

There was no national outpatient survey in 2012. The next national survey scheduled to take place is of Maternity services and the Trust will participate in this during 2013.

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 reduce the likelihood of a positive bias in the results. 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 2013, 3609 patients were surveyed which is an average of over 300 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.

As part of an updated strategy for patient experience, this system of collecting quantitative data will be reviewed to ensure that it meets the Trust's needs in the coming years.

## Friends and Family Test

From April 2012, Trusts in the region have been mandated to operate the Friends and Family Test, as used in the private sector as a reliable indicator of customer satisfaction and loyalty. The requirement has been to ensure that at least 10% of inpatients are asked within 48 hours of discharge from hospital whether they would recommend the hospital to friends or family, should they be in need of similar treatment. The Trust was also required to achieve a 10 point improvement against the initial baseline score. -100 - 100

The Trust has exceeded the response rate required, regularly pooling in the region of 25% of inpatient responses. A 10 point improvement has also been achieved. The graph below shows the Trust's performance. This data is also available at ward level and is a sensitive indicator of general levels of patient satisfaction.



## PALS and Complaints

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

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.

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 complains 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 and PALS data

	2009/10	2010/11	2011/12	2012/13
No of PALS Contacts	549	858	1292	1475
Total number of complaints	424	289	417	419

## Complaints to the Parliamentary and Health Services Ombudsman (PHSO)

During 2012/13 the PHSO upheld 2 complaints against the Trust. This compares favourably with the previous years when the PHSO upheld 6 complaints about the Trust. 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	2012
Environment	Good	Excellent	Good	Excellent
Food	Good	Excellent	Good	Excellent
Privacy & Dignity	Good	Excellent	Good	Excellent

The Patient Environment Action Team (PEAT) continue to assess the hospital against the 3 indicators; environment, food and privacy and dignity for patients. Year on year we have improved our performance. This year both New Cross and West Park Hospitals scored Excellent across the 3 areas.

It was extremely pleasing to note there were improvements at both sites this year brought about by the hard work of all the staff involved. Significant emphasis was placed upon improving environment. The key improvements are indicated as follows:

### Environment

- Refurbishment of A & E Department
- Improvement to décor on C1/C2
- New ceiling to corridor by Greggs.
- Refurbishment to areas within Maternity Block
- Main entrance at West Park completely refurbished
- Link corridor at West Park re-floored and completely re-glazed

### Food

- Improvements relating to protected meals
- Quality of food was commented on by patients

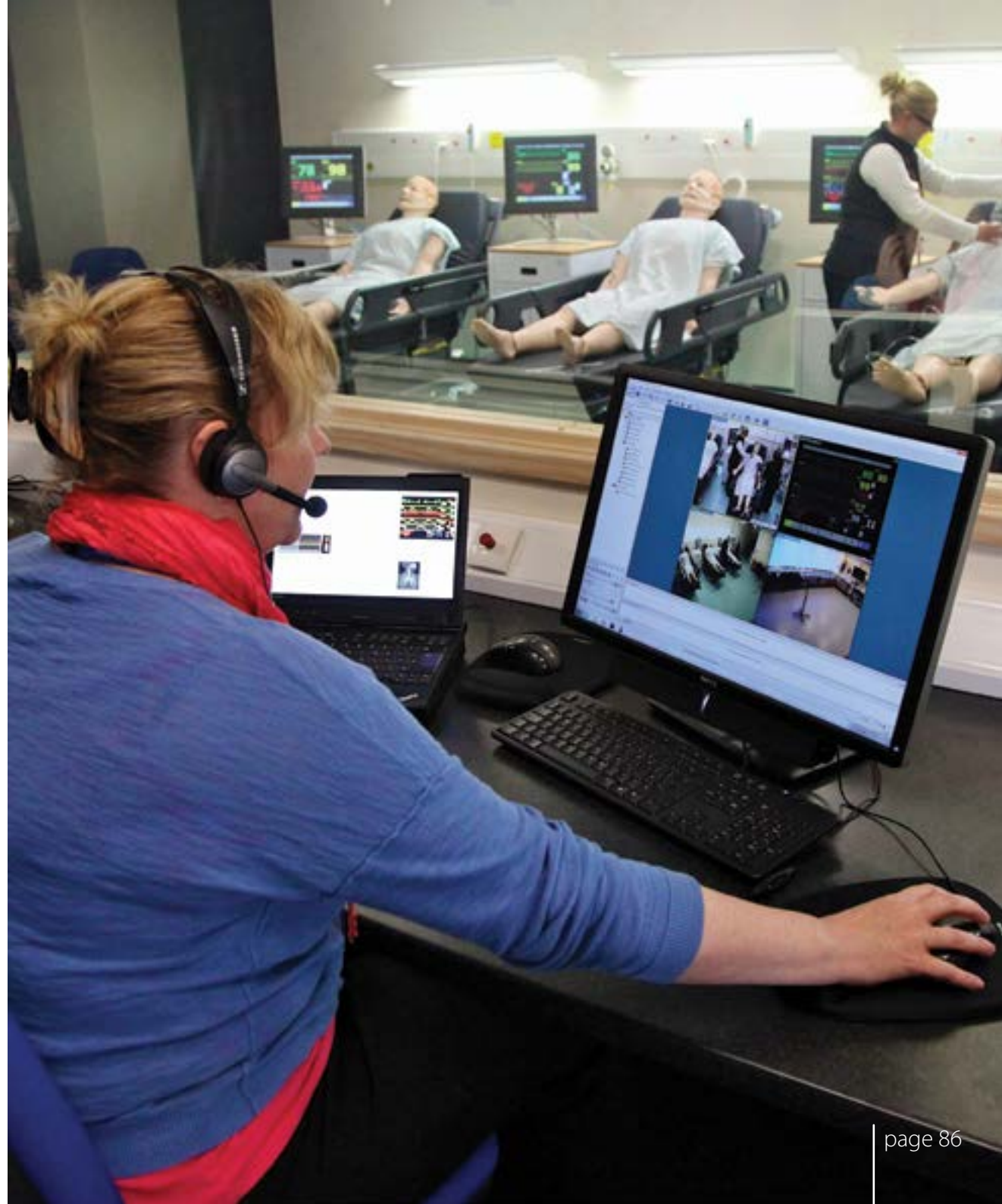
Next year's PEAT process will be replaced by PLACE (Patient Led Assessment of the Care Environment). It will be based upon an assessment process that identifies what matters most to patients. The key issues above will still be included.



# 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

## Promoting normal birth

The Trust pledged to promote and support normal birth as part of its programme of high impact actions in 2011/12. Specifically we sought to 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.

Our Midwifery Led Unit opened in mid-October 2012 and from then to March 2013 we supported 200 births within this facility. The activity surpassed that anticipated in the first 6 months given that we are yet to open 24 hours a day 7 days a week. We have seen a gradual decline since its opening in caesarean section rates and epidural rates so far.

We have also trained a second hypnobirthing practitioner to extend our hypnobirthing service, thus providing alternative coping strategies for pregnancy, labour and beyond birth. Statistics so far indicate that this is positively impacting on women's experiences.

## VitalPAC

Following the introduction of VitalPAC in we have continued to develop its use to enhance patient safety initiatives. The investment has enabled the Trust to move to using more of the hand held devices in more areas with better coverage allowing more wards and departments to benefit from the advantages it provides. We monitor the usage and effects on a weekly basis and can demonstrate an improvement in the observation and escalation of patients looked after in the Trust. This has contributed to the overall reduction in mortality because we can demonstrate earlier intervention in patients who are clinically and physiologically deteriorating.

In the coming year we intend to maximise VitalPAC use further by implementing further clinical modules which will enable the nurses to use this technology to capture even more information about the patient.

Modules that will be included are:

- Pain monitoring to enable the staff to record and monitor the effects of analgesia administered for patients who are in pain
- Blood Observation monitoring to enable us to monitor compliance of patient observations and early detection of anomalies whilst a patient is receiving a blood transfusion
- Device monitoring to enable staff to understand which patients have devices in situ, this will support our drive to reduce the risks of infection due to devices.
- Electronic Monitoring of Nutritional Assessment (MUST)

## 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". Patients, equipment and staff are given badges containing sensors. The badges send out invisible harmless radio waves that are detected in real time by receivers placed around the hospital.

An "Equipment tracker" system has been introduced this year, which is enabling staff to locate equipment immediately, ensuring patient care/ treatment is not delayed. We are currently implementing patient and staff tracking which will allow us to:

- Automatically monitor staff and patient interactions, ensuring all patients are seen regularly and staff are alerted to patient safety issues in real time.
- Locate vulnerable patients, thereby improving their safety.
- Record Hand Hygiene before and after patient contact.

The project will be completed during Summer / Autumn of 2013 and evaluations available in early 2014.

## Leadership Quality & Safety Walkabouts

The Trust started conducting Safety Walk Rounds with Board members in 2009, discussions held with staff widened to include the quality of care in clinical areas under the following headings – Patient Safety, Patient Experience & Clinical Effectiveness. Since becoming the provider of community services, the Trust has included each of these new services in the Walk Rounds. Feedback from staff is that they welcome the rounds and not only enjoy showcasing their areas, particularly in the community areas where rounds are new, but that the Board members bring welcome challenge to practice. In the last twelve months, based on the work undertaken around reducing the risk of 'never events', board members have specifically asked how each area manages the risk and have seen examples of excellent safety processes designed to reduce this risk significantly.

When the Trust became responsible for the delivery of community health services Safety Walk Rounds have been extended to include these areas too.

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

- improvements to the movement of patients between the emergency department and the wards
- introduction of safety checklists to reduce the risk of 'never events'
- improved staff education for patients suffering from dementia
- introduction of snacks and hot drinks to the emergency department





## NHS Safety Thermometer

The Royal Wolverhampton NHS Trust has been submitting data via the Safety Thermometer to the Health and Social Care Information Centre since April 2012. Data returns include all patients in all applicable wards both in the Acute and Community setting. Data is collected on one day every month to provide prevalence data on the level of harm free care provided by each ward.

There has been good uptake from the wards at New Cross Hospital and West Park Hospital also within Community Services to complete the Safety Thermometer each month. The sample size remains within 10% variation month on month.

The Trusts aim is to achieve 95% harm free care - It is worth noting that although the Trust as a whole has not met the 95% target, some individual teams have met and exceeded the target.

The highest performing wards are: Midwifery Led Unit (100%), A21 (100%), Community Matrons North East (99.23%), Community Matrons South West (99.23%), Continence Team (100%) and the Neonatal Unit (99.47%).

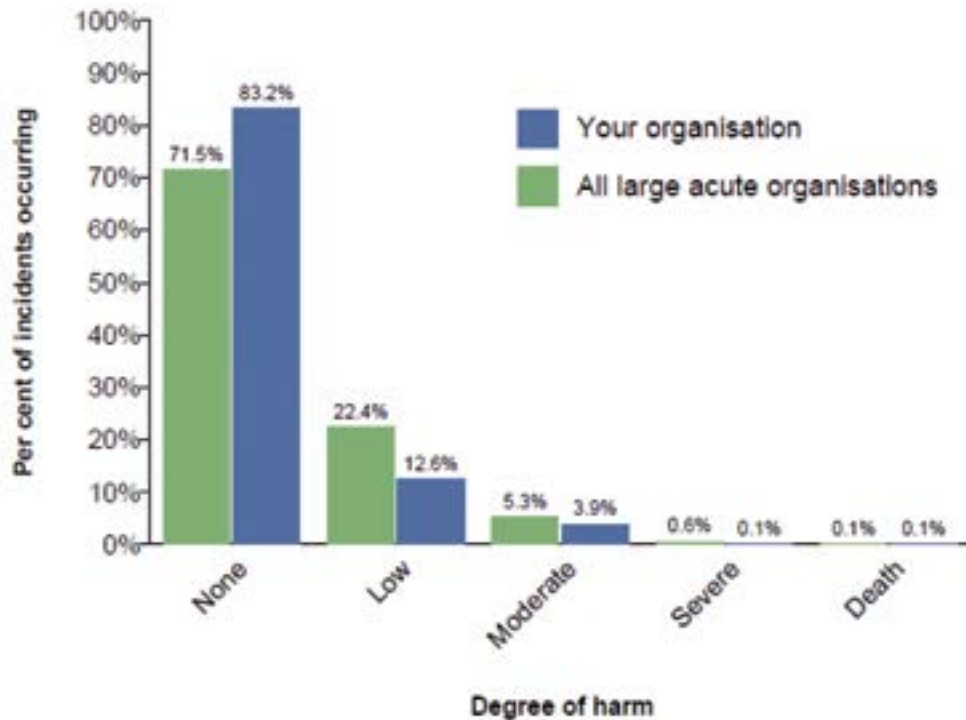
New (acquired) pressure ulcers remain low – The biggest harm is from inherited pressure ulcers. This may be inherited from outside the Trust or from another ward within the Trust.

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Sample</b>	1221	1139	1169	1095	1262	1126	1227	1140	1109	1134	1137	1090
<b>Harm Free Care (%)</b>	91.89	91.31	91.19	89.85	90.33	88.37	92.26	92.89	92.06	90.92	90.33	91.10

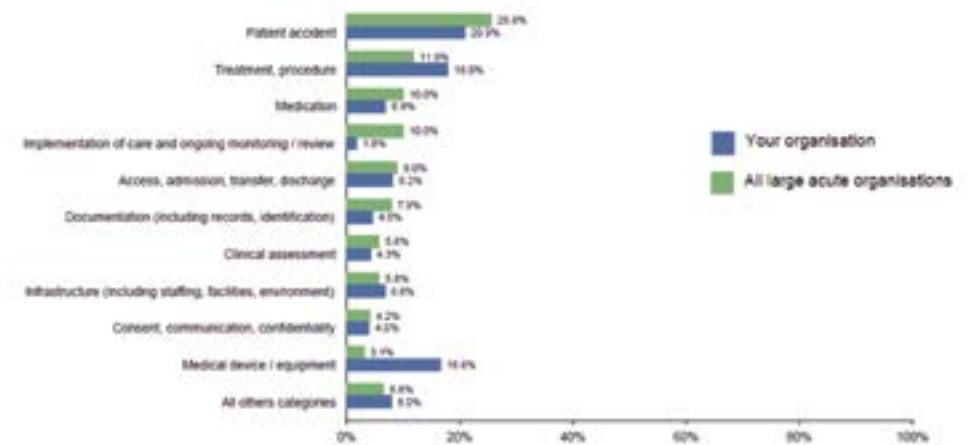
## Incident reporting

The Trust prides itself in reporting all types of incidents to ensure that we learn lessons and improve. Monthly reports of all Patient Safety incidents are made to the National Patient Safety Agency (NPSA) reporting system. Twice yearly the NPSA produces a feedback report that compares the Trust reporting data with the rest of the country. The type of data presented compares the types of incidents occurring, degree of harm to patients and the Trust compares to similar sized organisations across the NHS. The Trust reviews feedback from the NPSA / NRLS at the Board Assurance Committee. Examples of reporting feedback is set out in the 2 graphs below (period pertains to April 12 to Sept 12):





The graph above shows degree of harm to patients and the Trust differs from other organisations in reporting more 'No Harm' incidents noted as none. This is linked to the high reporting of near miss incidents and influenced by the quality checks performed on entries to ensure they are correctly recorded and categorised. The Trust uses learning from incidents, near misses and trends to make improvements and create a safer environment for patients and staff.



The Trust encourages the reporting of medical equipment non-conformities by theatres. This is captured within equipment and medical device incidents showing higher than average. 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.

## Reporting Culture

The Trust has well established systems for incident reporting. On average the Trust reports 736 patient safety incidents (8.6 incidents per one hundred admissions) to the NPSA per month. Broadly similar totals are reported to the NPSA by Trusts equivalent in size any make-up indicating a health reporting culture. Reporting of incidents and risk is also triangulated with other assessment indicators on safety culture such as the NHSLA Risk Management standards for which the Trust is awarded level 2 for General and Maternity practice.

The Trust uses a standard categorisation matrix for the grading and escalation of incidents, risks and complaints to Department management and further through to Directors and Trust Board.

## Responding to safety alerts

The Trust has a policy and effective systems in place to respond to safety alerts. New alerts are received and distributed promptly to relevant service areas for response and action within a given timeframe. In some cases a specialist lead is assigned to oversee full implementation of the alert. If an alert response becomes overdue it is monitored monthly at a Trust level committee before sign off and closure.

There is little objective guidance regarding the point at which an organisation can be satisfied with its full compliance before closing a safety alert. 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. The alert remains open on the Central Alert system and internal monitoring continues during this period.

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

**MDA 2013 010 – Metal-On-Metal (MoM) Total Hip Replacements**

The alert was received due to a higher than expected revision rate nationally for a certain component used in a total hip replacement. The alert was responded promptly by Ortho Theatres and a plan of action agreed. Where patients were already implanted with the devices, the department would arrange follow up of these patients to carry out blood tests after a year to check iron metal levels. There are currently no affected patients and checks continue.

**MDA 2012 075 – All medical devices and medicinal products containing Chlorhexidine**

The alert highlighted a risk of anaphylactic reaction due to chlorhexidine allergy. Due to this alert, departments checked their current procedures and the information was re-iterated to all staff. There are good processes currently in place. Staff check any known allergies with patients before treatment or check the patient record if the patient is unable to answer. Known allergies are documented on patient prescription sheets and in their notes and a red wrist band is provided for those patients. The information was shared with clinical staff and displayed on noticeboards. In addition to these measures substances such chloraprep have a risk assessment completed under the COSHH regulations directing precautionary use.

EU Directive for safer sharps

Safety needles and cannulas have been implemented across the Trust in line with the Directive deadline. There was a lead long time for the introduction of the Directive due to the scale of implementation within NHS organisations. The Trust has conducted product trials and consultations with users to ensure the safest and most effective product was selected. Demonstration and awareness presentations were held for staff.

NPSA/2012/RRR001 - naso-gastric tubes (NGT) - Harm from flushing of nasogastric tubes before confirmation of placement. Trust Policies and protocols were reviewed to ensure compliance with the alert. A new training package was developed including an electronic version for easy access for staff. Supplier of our finebore NGT's designed new warning labels for their product.

## Numbers and themes of serious incidents

The Trust has robust reporting mechanism communicated through policy, training and management lines. Since the change to internal timescales in March 12 there has been progressive improvement in the timely reporting and completion of investigations. As at April 13 there were no investigations overdue. 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 2012 to March 13 the Trust has reported 34 serious untoward incidents and 213 reportable incidents through the serious and reportable incident system (UNIFY). Changes and expansion to the reportable incident criteria as well as combined numbers for acute and acquired community services has contributed to an overall increase.

Accumulated Totals (Acute & Community April 2012 To March 31 2013 Suis)	
Confidentiality	3
Infection (C/DIFF / MRSA)	11
Surgical Error	3
Unexpected Death	5
Ward Closure	2
Screening issues	3
Delayed Diagnosis	1
Health and Safety	2
Accident whilst in Hospital	1
Drug Incident	1
Sub-Optimal Care of Deteriorating Patient	1
Allegation Against Healthcare Professional	1
<b>Total</b>	<b>34</b>

Accumulated Totals (Acute & Community April 2012 To March 31 2013 Reportable Incidents)	
Pressure Ulcers	164
Maternity	24
Slips Trips and Falls	23
Other	2
<b>Total</b>	<b>213</b>



# Numbers and Themes of Never Events

There have been four Never Events reported since April 2012 to March 2013 however the first one occurred in March 2012.

Date	Location	Category
April 2012 (Incident in March 2012)	Phoenix Centre Dental Service	Wrong site surgery
May 2012	Obstetrics	Retained Foreign Object
November 2012 (Incident in July 2012)	Outpatients	Retained Foreign Object
March 2013 (Incident in Sept 2010)	Outpatients	Retained Foreign Object

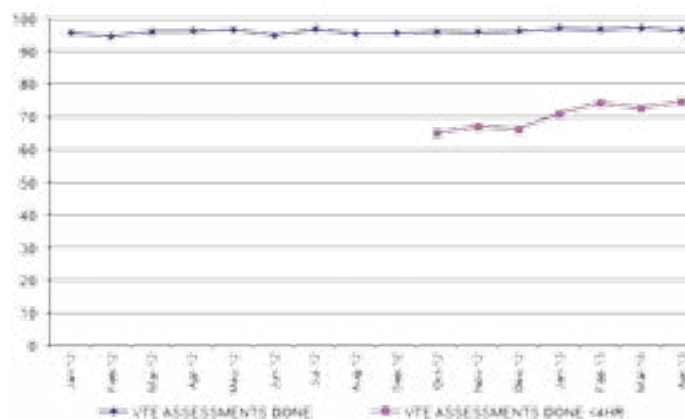
A considerable amount of work has been undertaken by staff in preventing the risk of Never Events. All Directorates have reviewed the complete list of Never Events as categorised by the Department of Health and risk assessed what procedures are undertaken in each inpatient and outpatient environment that may potentially result in a Never Event. A number of safety checklists have been introduced across a range of areas outside the operating theatre in acknowledgement of the number of invasive procedures that take place on a daily basis.

The WHO Safer Surgical Checklist has been reintroduced with additional training taking place that was delivered externally by the Association of Perioperative Practice. The Care Quality Commission (CQC) inspected and were very impressed with the apparent change of culture within the operating theatre and commended the Trust on the work that had clearly taken place.

## VTE Risk Assessments

The Trust introduced electronic VTE risk assessment in January 2011 and the overall picture very positive in terms of the Trust's performance since then. In February 2013 we recorded our best ever performance with a total of 96.8% of assessments undertaken against a target 95%. Moreover the number of initial assessments done within 4 hours has risen steadily from the latter part of 2012 and stands at 74% against a target of 75%. This has been achieved through concentrated efforts in certain areas of the Trust.

Our next goal is re-assessment within 24 hours of the initial assessment. To date the tools have not been in place to enable this assessment to be done in a timely fashion. A warning system implemented in early 2013 now prompts clinicians in plenty of time to remind them to undertake re-assessment. Our baseline from this point is 3% and a considerable improvement is anticipated.



The graph shows VTE assessment compliance from January 2012. It also shows VTE assessments completed within 4 hours from October 2012 onwards.



## Dementia care and care of vulnerable adults

The challenges healthcare professionals face in caring for patients with dementia are well documented. The Trust has implemented a unique approach to the care of patients with dementia developing an evidence based system which is transforming the experience of care for patients and their carers as well as the clinical outcomes for individuals. The approach has been to develop a Dementia Care Bundle using a composite approach as advocated by Institute for Healthcare Improvement (IHI) based in Boston, USA. The Care Bundle sits at the heart of other operational and care planning changes, which together are making a dementia friendly hospital a reality at New Cross.

The approach as focussed on the following areas:

### Communication

There has been an overall drive to involve family and carers in patient's care which has paved the way for lower levels of distress witnessed in patients with dementia. Outcomes have improved by way of lower levels of anti-psychotic medicine prescribed, a decrease in untoward incidents and complaints and an increase in compliments.

### Nutrition and hydration

We have altered the availability of meals and snacks and we have trained volunteers to support at meal times. This has helped to maintain and build patient's weight and patient and family satisfaction has increased with mealtimes. There has also been a reduction in urine infections and the rates of catheter use.

### Environment

Patient mobility is encouraged and falls hazards are checked. Our dedicated dementia ward is designed with the needs of a patient with dementia in mind and provides a calm and friendly emotional environment. Space is provided for activities, there is improved storage and clutter has been reduced.

These measures have seen an increase in patient's mobility

coupled with a decrease in pressure ulcers, falls and subsequent injuries. Patient and relative satisfaction has also improved.

The development of the 'About Me' booklet is an initiative which has impacted an all three areas. This is completed by relatives or carers and the booklet allows the opportunity to pass reliable information to staff about a patient's habits likes, dislikes and usual uses of aids such as glasses, hearing or walking aids.

A dementia outreach service acts as a gateway for advice and support in the hospital underpinned by leadership and commitment at Board level. There is an exclusive programme of dementia training and education provided for staff along with a drive to focus ownership and leadership around dementia. This has developed teams and decreased the stigma surrounding dementia. Staff's status in dementia care roles has increased along with staff satisfaction, competency and confidence. Staff sickness has reduced as a consequence.



On the dementia care ward itself there have been no repeat falls since December 2010 and across the hospital falls have reduced from 80% to 40%. There has also been a reduction in dementia related patient aggression in the Emergency Assessment Unit. There has also been an increase in the discharge to admission destination which currently stands at 90%.

# Clinical Effectiveness

## Care Quality Commission (CQC) Registration and compliance

The Trust is required to be register with the Care Quality Commission in order to carry out regulated activity under the Health and Social Care Act 2008.

The Trust is registered to deliver the following regulated activity and the CQC monitors compliance against the Essential Standards of Quality and safety:

- Treatment of disease, disorder or injury
- Surgical Procedures
- Diagnostic and screening procedures
- Maternity and Midwifery Services
- Termination of Pregnancy
- Family Planning Services
- Management of supply of blood and blood derived products
- Assessment or medical treatment for persons detained under the Mental Health Act 1983

Between April 2012 to April 2013 the CQC have carried out the following inspections at the Trust:

Date of inspection	Date of published report	Type of inspection	Summary of findings
25 July 2012	August 2012	Responsive review	<ul style="list-style-type: none"> <li>- <b>Moderate</b> concerns regarding meeting Outcome 4 – care and welfare of people using services in particular around safe surgical practice and implementation of the WHO checklist.</li> <li>- <b>Minor</b> concerns regarding meeting Outcome 16 – Assessing and monitoring the quality of service provision.</li> </ul> <p>The Trust provided a detailed response to the CQC indicating actions identified to address concerns.</p>
24 January 2013	March 2013	Routine unannounced Inspection	<p>CQC checked the Trust status with regards to meeting the Essential Standards of Quality and Safety and specifically followed up on progress against the actions required following the previous visit in July 12.</p> <p>The Trust demonstrated significant improvement with regards to completion of the WHO checklist.</p> <p>The CQC judged that the Trust was compliant with all of the Essential standards.</p>

The Trust therefore maintains full registration status with the Care Quality Commission with no conditions applied.

# CQC Quality Risk Profile

The Trust has internal processes for monitoring compliance with the CQC Essential standards for quality and safety. The Trust uses the CQC Quality Risk Profile in its reporting of compliance to Trust Committees and cascades the report for local attention and action. The table below shows 6 months performance against each outcome. As at January 2013 the Trust score is green and neutral across all standards. The Trust is continuing developing its intelligence to provide assurance of compliance with CQC standards.

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-12	Low Yellow	High Green	Low Yellow	Low Yellow	Low Yellow	Low Yellow	Low Green	High Yellow	Low Green	High Green	High Green	High Green	Low Green	Low Green	Low Yellow	Low Green
Jul-12	High Green	Low Yellow	High Yellow	High Green	Low Yellow	Low Yellow	Low Green	High Yellow	Low Green	Low Green	Low Yellow	Low Yellow	Low Green	High Green	Low Yellow	Low Green
Sep-12	High Green	Low Yellow	High Yellow	High Green	Low Yellow	Low Yellow	Low Green	High Yellow	Low Green	Low Green	Low Yellow	Low Yellow	Low Green	Low Yellow	Low Yellow	Low Green
Oct-12	Low Yellow	High Green	High Yellow	High Green	Low Yellow	Low Yellow	Low Green	High Yellow	Low Green	Low Green	Low Yellow	Low Yellow	Low Green	Low Yellow	Low Yellow	Low Green
Nov-12	Low Yellow	Low Yellow	High Yellow	High Green	Low Yellow	Low Yellow	Low Green	High Yellow	Low Green	Low Green	High Green	Low Yellow	Low Green	Low Yellow	Low Yellow	High Green
Dec-12	Low Yellow	Low Yellow	High Yellow	High Green	Low Yellow	Low Yellow	Low Green	High Yellow	Low Green	Low Green	High Green	Low Yellow	Low Green	Low Yellow	Low Yellow	High Green
Jan-13	Low Yellow	High Yellow	Low Amber	High Green	Low Yellow	High Yellow	Low Green	High Yellow	Low Green	High Green	Low Yellow	Low Yellow	High Green	Low Yellow	Low Yellow	High Green
Feb-13	Low Yellow	High Yellow	Low Amber	High Green	High Yellow	High Yellow	Low Green	High Yellow	Low Green	High Green	Low Yellow	Low Yellow	High Green	Low Yellow	Low Yellow	High Green
Mar-13	Low Yellow	Low Yellow	High Yellow	High Green	Low Yellow	High Yellow	Low Green	High Yellow	Low Green	Low Green	Low Yellow	Low Yellow	High Green	Low Yellow	Low Yellow	High Green

# National Health Service Litigation Authority (NHSLA) Standards

The Trust successfully achieved Level 2 accreditation for compliance with the NHSLA General Risk Management Standards in November 2012. This achievement has provided assurance sound standards for risk management across acute services and acquired community services. The Trust will be assessed at Level 3 (the highest) level of compliance in September 2013. Maternity Services was awarded Level 2 accreditation for compliance with the Maternity specific risk management standards (Clinical Negligence Scheme for Trusts).

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

The Trust uses a process of gap analysis and action planning to review and implement compliance with all NICE guidance, including NICE quality standards. During the period between April 2012 and March 2013 NICE published the following guidance and the response by the Trust is shown below:

Type of Guidance	RWT Response					Assessment in progress
	Number published	Fully Implemented	Not Implemented	Not Applicable	Partially Compliant	
Clinical Guidelines	17	4	1	1	8	3
Technical Appraisal Guidelines	26	7	6	5	5	3
Diagnostic Guidelines	4	0	2	1	0	1
Interventional Procedures Guidelines	23	1	5	11	0	6
Medical technical Guidelines	4	0	1	2	0	1
Public Health Guidelines	4	0	0	0	1	3
Quality Standards	11	0	0	0	0	11
<b>Totals</b>	<b>89</b>	<b>12</b>	<b>15</b>	<b>20</b>	<b>14</b>	<b>28</b>

The Trust response to NICE guidance is review by a NICE Assurance Group and at the Contracting and Commissioning group attended by Commissioners to ensure scrutiny of implementation.

Decisions "not to implement" are based on a number of variables such as the guidance is not recommended by NICE due to lack of evidence or research to support full implementation at that time.



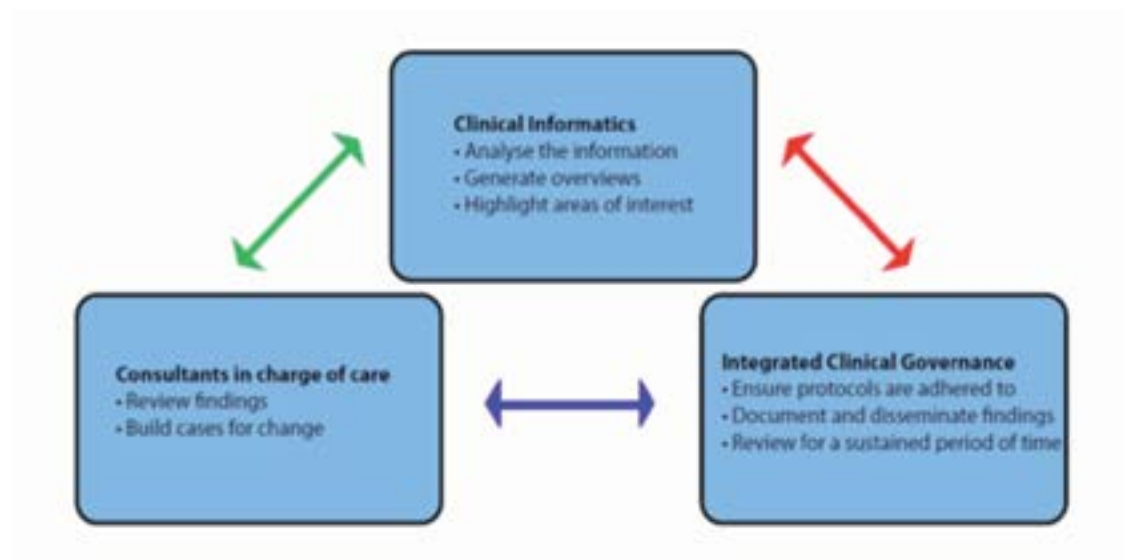
# Hospital Mortality

The RWT 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:

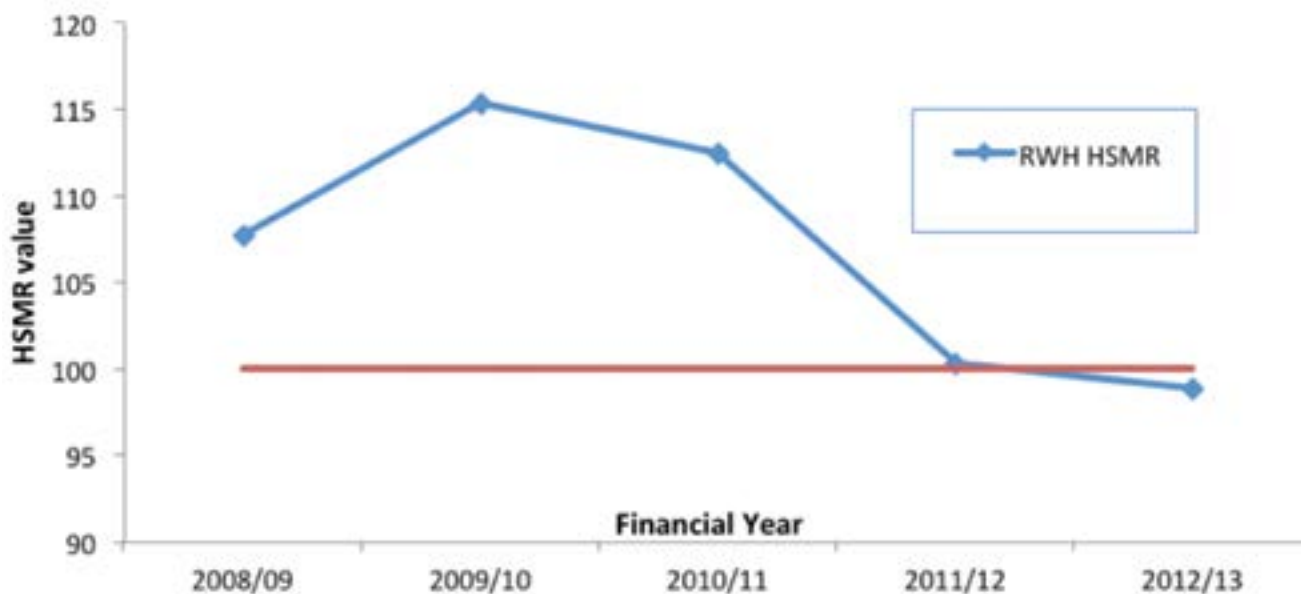


## HSMR Mortality Performance in 2012/23

	Mar-12	Out turn 11/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	YTD
HSMR	90.5	92 [100]	89.0	100.5	105.7	86.2	98.1	97.7	99.3	96.6	106.9	96.6	96.8
Observed Death Rate (56 CCS Groups)	3.50%	3.60%	3.90%	3.70%	4.00%	3.20%	3.50%	3.50%	3.80%	3.80%	4.40%	3.50%	3.70%
Expected Death Rate (56 CCS Groups)	3.90%	3.90%	4.40%	3.70%	3.80%	3.70%	3.50%	3.60%	3.80%	3.90%	4.10%	4.00%	3.80%
No of In Hospital Deaths	117	117	115	121	121	103	107	99	123	120	138	115	1139
Expected Deaths	129	129	129.3	120.3	114.5	119.5	109.1	102.4	123.9	124.3	129.1	131.7	1177.1
Excess Deaths	-12.2	-12	-14	1	7	-17	-2	-3	-1	-4	9	-17	-38

**Analysis:** April 2012 – January 2013 is the latest available. The Trust's YTD HSMR based on 10 months data is 96.8.

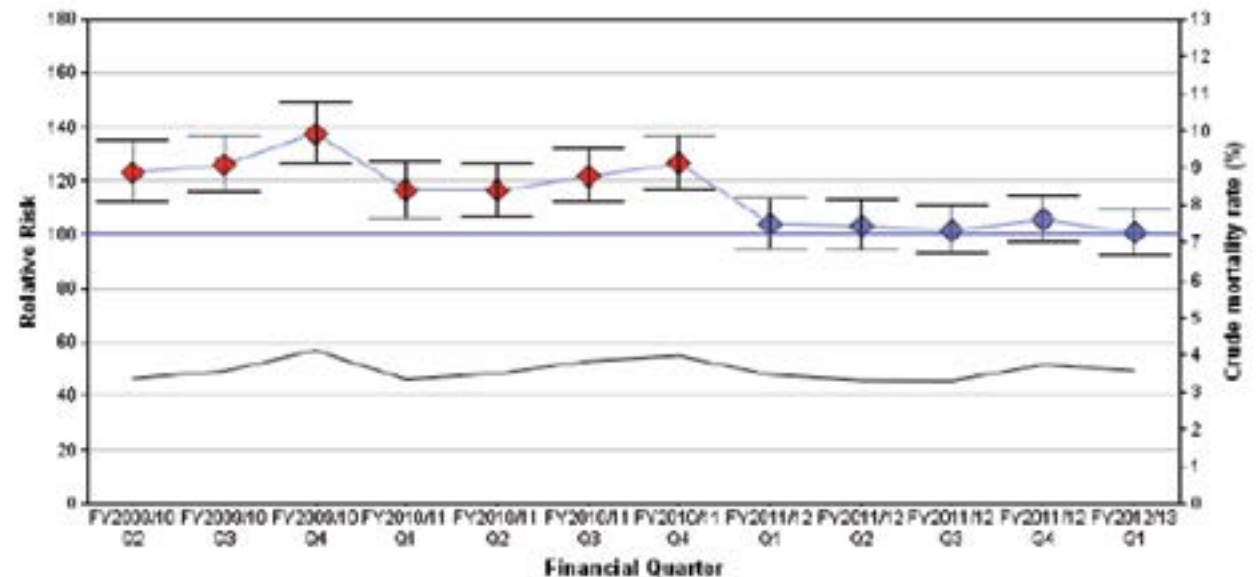
### HSMR Trend



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.

# SHMI Mortality Performance

SHMI Trend for all Activity Across the Last Three Years



The latest available SHMI performance at the time of publication of this document is Quarter 1 2012/13 which showed the quarterly SHMI figure to be at 98.06, this is better than the national average.

## 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 HRG level.
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 October 2012 the Trust introduced care bundles (adapted from West Midlands Mortality Network recommended care bundles). These care bundles will formalise key components of care, Performance will then be 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:

<b>Employment</b> <ul style="list-style-type: none"><li>• Reasonable adjustments for disabled staff are provided where possible.</li><li>• The Management of Sickness Absence, Equality of Opportunity and Capability policies all support reasonable adjustments.</li><li>• The Trust is a Two Ticks organisation (positive about employing disabled people) which has five commitments regarding; recruitment, training, retention, consultation and disability awareness.</li><li>• We collect, review and publish relevant workforce data to look at possible inequalities.</li><li>• 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.</li><li>• Employment equality and diversity monitoring forms capture all personal protected characteristics for people completing exit questionnaires and flexible working applications.</li></ul>	<b>Training is available for staff to attend and includes:-</b> <ul style="list-style-type: none"><li>• Quick Induction e-learning pack.</li><li>• Local departmental induction.</li><li>• Trust induction for all new starters (face to face).</li><li>• Nurse and nurse bank induction (face to face or online via the Trust's KITE site).</li><li>• Equality and diversity (face to face) bespoke training provided as and when.</li><li>• Equality and diversity training for consultants and doctors (face to face or e-learning).</li><li>• Bullying and Harassment is delivered as part of Mandatory Training (face to face or online via the Trust's KITE site).</li><li>• Recruitment and selection (face to face).</li><li>• Preceptorship for newly qualified nurses.</li><li>• There are a range of leadership and management development programmes for staff throughout the career escalator.</li><li>• 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.</li><li>• Volunteers induction training available.</li></ul>
<b>Trust-wide</b> <ul style="list-style-type: none"><li>• 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.</li><li>• Equality Impact Assessments are done on an ongoing basis with annual results overview published on website.</li><li>• An equality and diversity staff group is in place.</li><li>• Contact Links service offer confidential support to staff who may be bullied or harassed at work.</li><li>• The equality and diversity section of the website and intranet sites have been re-designed and include up-to-date information.</li></ul>	

# Educating our Staff:

## **Nurse Education**

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

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

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

## **Preceptorship**

The 12 month Preceptorship Programme is in its 5th year. During 2012/13 over 80 newly registered practitioners benefitted from this bespoke support and education. The programme includes working towards achieving core KSF dimensions, and specific topics such as medicines management, with the focus on patient safety.

## **Supporting Health Care Assistants[HCA]**

Building on the success of the Health Care Assistant Development Course which 45 staff have accessed during the last year, the Nurse Education Team launched a new course to support HCAs to recognise when a patient is acutely ill, how to deal with the acutely ill patient, and when to ask for support.- The BEACH (Bedside Emergency Assessment Course for Healthcare Assistants )course has been very popular with over 40 participants.

## **IV Therapy training**

During 2012/13 there has been substantial development in the educational framework to support competence of registered nurses to administer intravenous medication and comply with a 3 yearly update. 136 have taken the opportunity to develop this competence.

## **Pre Registration education 2012/13**

The Pre- registration team offer practice placements to a variety of students from a variety of Universities. The Trust has 81 main placement areas, with over 40 training pathway opportunities which provide over 56,000 training days, or 11,200 training weeks, to students requiring a practice placement as part of their university programme.

The students are supported by Trust as trained mentors/ supervisors/educators share knowledge, supervise practice and assess competency. The majority of students are nursing and midwifery students who are predominately linked with Wolverhampton University. Physiotherapy, audiology, Operating Department Practitioner (ODP), bio medical scientist, radiology, dietetic students and many others undertake practice placements as part of their course requirements.

The Pre Registration team work with NHS Midlands and East to meet the Learning and development agreement and Education Commissioning for Quality (ECQ) agenda to ensure students have a quality learning experience. Key performance indicators (KPI's) developed by the team monitor standards and progress to targets overseen by the Trust's Education Committee.

This educational activity is supplemented with a dedicated site on the Trust's intranet to inform mentors/supervisors/ educators of training opportunities, and frequently asked questions on the management of students in practice and contact information.

## **Widening participation to enter non-medical professions**

During 2012/13 the Trust has seen the benefits of financial sponsorship to 11 staff who successfully achieved Registered nurse qualification and 2 staff gaining ODP qualification. All have secured Band 5 post's within the Trust which supports the investment.

For 2012/13 the Trust has offered and supported 14 pre-registration sponsorship opportunities to staff. The opportunities were not isolated to nurse training but reflected a multi professional approach to include sponsorship onto ODP, Podiatry and Occupational Therapy training programs.

## **Support to undertake a second registerable qualification**

Funding from NHS Midlands and East has enabled second registration training programmes, these included Child and Mental health fields, District Nursing and Midwifery to be available to our staff.

Community placement opportunities have been expanded, for Adult field students, to meet capacity demand whilst enabling students to experience the variety of support services available to patients within the community.



The National drive to increase the number of Health Visitors has seen the Trust invest heavily in training places and educational support. In 2012/13 sixteen students commenced the Health Visitor programme.

### **Simulation training**

The Trust in partnership with a number of charitable organisations, has recently invested in a state of the art, immersive simulation training suite which includes a 4 bedded ward environment. The initiative has attracted national and international recognition. The curriculum for the use of this facility is being rolled out to Wolverhampton staff who will be able to learn clinical procedures on mannequins that blink, cough and can even be programmed to have heart attacks to ensure that clinical staff know how to deal with emergency situations. The evidence base for this type of training experience is vast, and confirms that simulation training is the future direction of travel and ensures that RWT is at the forefront of this initiative.

### **Undergraduate medical education**

The Trust is an official teaching trust of the University of Birmingham and supports the second largest number of medical students in the West Midlands

Student feedback consistently acknowledges the enthusiasm of the Medical and Nursing staff who are keen to teach on the wards and in out-patient clinics. Medical students also learn in the state-of-the-art simulated ward, with the SimWard having the latest high- tech computer-controlled mannequins. Students learn through simulated scenarios to treat medical conditions as well as how to work as part of an effective clinical team. This prepares them for, and supplements, their clinical experience - particularly in ensuring the safe treatment of patients.

### **Postgraduate Medical Education (PGME)**

Recent quality achievements in the areas of postgraduate medical education include:

- Educational supervision – RWT was awarded highest level (level 3) for quality of clinical and educational supervision for doctors in training. The Trust has GMC approval for the delivery of training and has demonstrated good practice in areas of supervision of trainees and patient safety identified through the GMC evidence base.
- Internal Quality Assurance. The Clinical Tutor has continued to embed quality assurance measures in relation to medical education. These currently form:
- Departmental Visits: regular visits to each specialty which mirror visits carried out by the Deanery
- Junior Doctors Forum: these take place in almost all specialties and sub-specialties on a bi-monthly basis. In addition, there is a Trust-wide forum which occurs twice per annum
- Performance Dashboard: each specialty and sub-specialty is supplied with results of Job Evaluation Survey Tools, latest forum results and educational supervisor's training status

The areas of work highlighted above mean that the PGME Department can address any issues in a pro-active way and the Trust is always in a state of readiness for external visits relating to doctors in training.

The 2012 General Medical Council (GMC) Trainee survey results show that RWT was third in the West Midlands Region for excellence quality indicators in the national survey.

The curriculum of teaching delivered is based on patient safety as well as addressing speciality or programme defined teaching requirements.

### **HEALTHTEC**

HealthTec is a training resource which bridges the gap between students and work; encouraging work experiences in the field of health and social care and offering taster sessions of value to the school's National Curriculum to schools and colleges both within Wolverhampton and the wider West Midlands. The training has largely been delivered at the HealthTec facility, in schools or at youth centres around the City.

HealthTec continues to engage with community groups such as Women of Wolverhampton and Blakenhall Community and Healthy Living Centre in addition to partnership working with the University of Wolverhampton Scifest event.

First Aid and other courses are delivered during school holidays and new courses have been developed this year around Social Media Awareness and Domestic Abuse.

### **Work Experience - Get Britain Working**

For the first time RWT worked in partnership with JobCentre Plus by offering 6 to 8 week work experience placements for unemployed people aged 18 to 24 years from Wolverhampton, under the 'Get Britain Working' government scheme.

Many departments within acute and community areas participated and in total 68 participants commenced the six week programme in the six months it was operational. Feedback from all concerned was very positive and 26 individuals secured some type of employment contract after their placement, (16 of those within RWT). During their placement they were offered guidance in employability skills specific to NHS opportunities.

### **Adult Apprenticeships**

Adult apprenticeships are offered to staff in an educational framework of competence based training with underpinning knowledge. This ensures staff are developed 'fit for purpose', supports patient safety; thus enhancing the service user experience, and provides potential for staff to undertake new/enhanced roles. Apprenticeships level 2/3 include: Health Care Support, Clinical Health Support, Pathology Support, Business & Administration, Medical Administration, Customer Service and Porterage.

Across the Trust there are currently 60 staff on various programmes, with 25 learners having completed in the last 5 months.

### **Quality & Credit Framework (QCF) [Previously NVQs]**

This is a single qualification course and is also competence-based providing staff with underpinning knowledge that supports daily duties and provides the same benefits as described under adult apprenticeships.

There are currently 8 staff undertaking Health Support/Clinical Health Support QCF level 3, 1 x Business & Administration level 4, 1 x Porter and 1 member of staff undertaking Customer Service QCF level 2.

Staff who have completed their qualifications this year include 1 x Advice and Guidance level 3, 4 x Business & Administration level 4, 1 x Porter and 5 x Customer Service level 2.

### **Foundation Degrees**

Foundation Degrees are work-based learning and academic study, providing learners with the knowledge and skills required to support their individual work. This qualification further enhances the Adult Apprenticeship and often provides the potential for staff to undertake new/enhanced roles. In 2012, 6 staff completed foundation.

### **Receptionist Development Programme**

This programme was developed to support the Trust's receptionists with to underpin their roles. In 2012, 30 receptionists attended the course with more planned for 2013.

The above courses have been evaluated by learners and their managers with feedback clearly identifying that the courses have impacted positively back in their work areas, have improved the individual's skills, communication and understanding supporting their role.

### **Clinical Skills & Resuscitation Services**

The Clinical Skills and Resuscitation Service delivers a high standard of training to all Trust Staff. Innovation is at the heart of the service, developing strategies to manage the demands of the changing nature of healthcare. Covering all aspects of clinical training the curriculum is inclusive, lively and demanding.

### **Leadership & Management Training**

The Trust offers accredited internal Leadership Programmes across the academic spectrum - from ILM Level 2 (Certificate in Leadership & Team Skills) up to Masters Level programmes (Emotionally Intelligent Leadership).

At the heart of the leadership programmes and their greatest degree of impact have been centred on self-regard and regard for others – key factors in managing effective relationships. This approach to Leadership Development resonates with some of the key recommendations in the Francis Report.

### **Library Service**

The Library Service was assessed in October 2012 by the Strategic Health Authority against the national Library Quality Assurance Framework. The assessment team confirmed that the service was "highly responsive to user needs". The Library Service has worked closely with local and regional NHS library partners to procure online resources and provide access to the evidence base including the purchase of a core collection of cardiology journals, a package of hundreds of full texts journals linked to Medline, and also the procurement of a new open source library management system which provides significant improvements for Trust staff. Evidence-based newsletters continue to be produced by library staff covering a number of specialities which highlight new research and updates in practice. One of the most significant user requirements was for a clinical reference tool that provided immediate access to clinical reviews and the library service organised the purchase of UpToDate, a world renowned tool, which has been accessed over 13,000 times since its introduction in April 2012.

### **Educational Quality standards:**

RWT was awarded NHLSA Level 2 for the standards relating to education during the November 2012 inspection.

Training and Education has recently been commended by the West Midlands Quality Review Service (WMQRS) in relation to its organisation of training to support Long Term Conditions, and by the Care Quality Commission (CQC) for the production of annual mandatory training statements for its staff.

At end Feb 2013 RWTs overall mandatory generic training compliance was 96.2% and its mandatory role specific training compliance 86.4%.

# How we selected our 2013/14 priorities

Following consultation with staff and clinical teams who work in the Trust and looking at what patients and members of the public say about the Trust and its services in national and local surveys and in complaints and compliments, three areas were identified as the Trust's main priorities for 2012/13; Urgent Care, Care of Older People and End of Life Care.

Each Priority has a Director sponsor and co-sponsor, and is supported by a Service Development & Redesign Manager, as detailed below:

Priority	Director Lead/ Co-Sponsor
1. Urgent Care	Medical Director/ Director of Planning & Contracting
2. Care of Older People	Chief Nursing Officer/ Chief Financial Officer
3. End of Life Care	Chief Operating Officer/ Director of Human Resources

Each of the priorities are supported by various projects and schemes that underpin the objectives and principles outlined in the strategies that have, or are being developed, to support each priority. It is acknowledged that themes and work streams will be closely aligned to, and in some areas, overlap with one or both of the other priorities. To provide an overview of the projects underpinning each Priority and prevent duplication of work a matrix has been developed - see page 105.

Progress is monitored through quarterly progress report to the Change Programme Board given by the nominated Director lead which outlines performance against the indicators that support each individual priority.



### Urgent and Emergency Care work streams

Urgent and Emergency Care work streams	Care of the Older Person	End of Life
GP Alongside A&E		
Walk-In Centres		
Clinical Pathways		
Nursing & Residential Homes		
Primary Care Access		
Single Point of Contact		
Virtual Ward		
Mental Health		
Out of Hours GP Contract		
Out of Hospital Beds		
Urgent Diagnostics		
Frequent Service Users		
Team CURE		
Emergency Portal		
Long Term Conditions		
Ambulance Services – 'See & Treat'		

### Care of Older People work streams

Care of the Older Person work streams	Urgent and Emergency Care	End of Life
Training in Nursing & Residential		
Virtual Ward		
Increased OT Support to Elderly Rehab Wards at West Park		
Training of Community Health Staff re: Dementia		
Specialist Reablement for ABI/ Head Injury – over 65's		
Implement Reablement pathway in collaboration with the City Council		
Community based Elderly Care Consultant		
Scope top 200 users and support with case management and Tele-healthcare		
Creating Best Practice		
Foot Health – Electronic Referral		
Stroke Pathway		
Integrated Patient Flow Team		

### End of Life work streams

End of Life work streams	Urgent and Emergency Care	Care of the Older Person
Enhance communication to the public regarding End of Life care		
Training and education for practitioners regarding End of Life care		
GSF development to level 3 in GP practice		
Care Homes GSF		
Preferred place of death known and respected		
Increased in individuals able to die in their own homes		
Key worker co-ordinators are across all disciplines for commissioned pathway		
Domestic, psychological, social, spiritual and cultural support and help is available to all EOL patients & Carers		
End of Life quality markers		
Generic DNAR form		

# Our Future Plans

Our strategy, underpinned by high quality safe and effective services, will ensure we fulfil the following:

- Continued organic growth of our catchment population
- Build on our specialist and tertiary portfolio
- Redesigning pathways between primary, community and secondary care ensuring delivery of efficient and effective services that meet patients' needs
- Partnership working – CCGs, other providers in networks and with our Governors
- "Market testing" our services to ensure they are fit for purpose
- Refurbishing and rebuilding our estate to offer 21st century accommodation

Specifically our plans include the following:

- Opening a state of the art Integrated Pathology Unit
- Securing the contract to deliver hyper-acute stroke services
- Working in clinical networks to deliver effective and efficient services (vascular, stroke)
- Commence flexible sigmoidoscopy service as part of the national bowel cancer screening programme
- Implementing the new service model for cervical cytology for the Black Country
- Achieving Foundation Trust status
- Determining the model of care and completing the business case for a new Emergency Portal
- Improving clinical information – mapping the Quality Dashboard with CQC and NHS Outcomes Framework into a single dashboard
- Establishing an Adult Cystic Fibrosis service
- Completing the business case for enhancing radiotherapy services
- Supporting the delivery of sustainable services for the Staffordshire population



## Our Improvement Priorities

As part of our Operating Plan for 2013/14, the Trust identified the priorities shown below. Part 2 of this Quality Account gives specific detail about the work we have done and plan to do in regard of urgent care, care of the older person and end of life care. The remaining priorities regarding patient safety and ambulatory care are embedded into the work streams of our three priorities described.



No.	Improvement Priority	Exec Lead	Improvement Plan
1	Patient Safety - our number 1 priority for a number of years, we have made significant improvements in the quality and safety of services we deliver. Our ambition to see further improvement remains paramount	Chief Nursing Officer	<ul style="list-style-type: none"> <li>Reduce number of Falls causing serious harm</li> <li>Maintain a focus on preventing Never Events</li> <li>Create a Dementia friendly environment across the hospital</li> <li>Continue work on infection prevention</li> <li>Achieve zero avoidable hospital acquired pressure ulcers</li> <li>Reduction in weekend mortality</li> </ul>
2	End of Life - 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 can have a lasting effect on family and friends. Elements of this work are health economy wide and determined through a joint strategy board	Chief Operating Officer	<ul style="list-style-type: none"> <li>Reduce the number of patients dying in hospital within 48hrs of admission</li> <li>Increase in individuals able to die in their own homes</li> <li>Generic Do Not Resuscitate form</li> <li>Palliative care funding pilot</li> <li>Equity of palliative care provision for all patients in hospital</li> <li>Achieve full compliance in all 17 Quality Markers (4 at partial compliance)</li> </ul>
3	Care of the Older Person - As in the country more widely, the population we treat will change over the next 20 years, with older age groups making up a bigger proportion. The Office for National Statistics (ONS) suggests that by 2028, over 70s will comprise 36.5% of our 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. Elements of this work are health economy wide and determined through a joint strategy board	Chief Nursing Officer	<ul style="list-style-type: none"> <li>Redesign pathways for older people undergoing surgery</li> <li>Scope top 200 users and support with case management and Telehealth Care</li> <li>Creating Best Practice – a patient centred programme for basic nursing care</li> <li>Implementing e referring for Foot Health Services</li> <li>Training of Community Health Staff in the care and management of people with Dementia</li> </ul>
4	Urgent and Unscheduled Care- 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. Elements of this work are health economy wide and determined through a joint strategy board	Medical Director	<ul style="list-style-type: none"> <li>Reduce the number of inappropriate attendances</li> <li>Reduction in the number of patients using multiple services</li> <li>Implement 7 day working in all specialties and associated support functions</li> <li>Increase in number of care bundles/clinical pathways supporting admission avoidance</li> <li>Increasing the use of virtual facilities</li> </ul>
5	Streamlining Ambulatory Care - optimising the use of ambulatory facilities, rapid diagnostics and technology for elective and non-elective care	Chief Operating Officer	<ul style="list-style-type: none"> <li>Increase the number of emergency pathways in medicine and surgery to all included in NHSIII Ambulatory Emergency Care</li> <li>Reduction in length of stay for surgical specialties to upper quartile</li> <li>Pilot "straight to list" for elective procedures</li> <li>Increase access to "hot" clinics and 7 day a week diagnostics</li> </ul>

### 2013/14 – Our Challenges

- Responding to Francis recommendations
- Playing our part in the solution for Mid Staffordshire Foundation Trust
- Delivering CIP/QIPP through sustainable transformation
- Developing new relationships with commissioners
- Delivering and sustaining large scale transformational change

### Our Underpinning Strengths

- A clear focus on patients – safety, effectiveness and quality
- Sustainable turnaround – a strong sense of purpose
- High credibility – doing what we say we will
- Strong leadership and a culture of performance management
- Consistently achieving targets
- Good clinical outcomes
- Good patient and staff experience
- Open and honest
- Uncompromising in striving to be the best in class
- Delivering an international service specification for local people

# Working with Governors and Members

We have had another good year working with our shadow governors many of whom are involved in Trust working groups and committees. Details on the work the Governors have been involved in is shown in Section 1: Annual Report During 2013 we will be re-launching a focussed programme of activities for our Members giving them more opportunities to get involved with the Trust and hear about our plans and developments.

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

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

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 will work with active members to help the Trust develop services in line with then needs and swishes of patients.

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 6,000, 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.

# Statement of Directors Responsibilities in Respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011 and the National Health Service (Quality Accounts) Amendment Regulations 2012)).

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

- the Quality Accounts presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Chief Executive



Date: 24th June 2013

Chairman



Date: 24th June 2013

## Acknowledgements

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

# Glossary

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

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

# Statements from our partners:

## Wolverhampton City Clinical Commissioning Group

Wolverhampton Clinical Commissioning Group (CCG) are committed to maintaining close working relationships the colleagues from the trust in monitoring the quality of care provided by the trust for services commissioned on behalf of the city of Wolverhampton. Clinical quality is broken down into 3 core areas patient safety, clinical effectiveness and service user/patient experience.

The trust has worked hard to improve the quality of care it provides to patients including the introduction of midwifery lead unit, infection prevention innovative approach to reducing infection through working with partners. Supporting patients with Dementia, the service has been awarded twice during the reporting period for developing their services. Also, the introduction of Robotic Surgery in Cardiac Services using their Da Vinci Robot System.

Also a range of non clinical developments have taken place including, Get Britain Working, New Wayfinding System, Continued Delivery of Carbon Reduction Scheme – to name but a few.

The trust share the same vision as the CCG with priorities including Urgent Care, Care of the Older Person & End of Life Care.

The CCG continue to actively engage 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.

## Healthwatch Wolverhampton

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.

Healthwatch Wolverhampton look forward to building on the relationship LINK has developed with the RWT Board and key staff members.

The report covers a number of valuable areas and brief comments on these are set out below.

### **Priorities for Improvement 2013/14**

#### **Priority 1: Urgent Care**

It is good to see that the Urgent Care Strategy is being developed in partnership, including representation from Staffordshire, as the downgrading of Stafford will have had an impact on demand locally, however, it is vital that any process and strategy development is evidenced based and has significant and appropriate engagement with the public. Issues with the location of Eye casualty in Accident and Emergency have been raised previously and it will be important to see if this will be addressed by the strategy. We understand that consideration is being given to moving Eye Emergency Treatment back to the General Eye Treatment facility. There is no mention of this in your report.

In relation to performance the Trust's commitment to the development of the skill mix within the Emergency department is welcomed. It will be important to see the impact of this development.

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

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



### Priority 3: End of Life Care

In general based on the information given the Trust is doing well in respect of end of life care, it would have been useful to compare the data with 2008 to quantify the degree of improvement.

We look forward to learning more about the implementation of the end of life Improvement Priorities. Achievement of the second priority will also call for the involvement, of families, GP's, social care and community based services.

### Patient Experience

We welcome the Trusts ongoing work to monitor, collate and review the experience of patients using a variety of methods and engagement tools. Reporting and feedback at Board level, including the use of patient stories appears to have some impact.

The plan to extend the 'Leadership and safety walkabouts' and the PALS outreach is important, as there appears to be a concentration on bedside feedback. It is critical that feedback from outpatients and those in the community is collated and reviewed.

The Trust has invested in developments to improve patient outcomes and these are welcomed.

The planned changes to develop the Patient Experience Forum as a vehicle for developing more effective working relationships with Healthwatch is welcomed this will be monitored for impact and effectiveness.

The national survey of Maternity Services will be welcomed to highlight progress by the Trust in relation to the developments and improvements made in this area.

We commend the Trust in relation to VTE risk assessments, safety alerts, VitalPAC and promoting normal birth and the excellent work in the delivery of the Dementia Care Bundle.

The continued work in relation to the Trusts mortality rates is vital as the Trust moves forward. It will be important to see how the Trust implements the recommendations of the Francis Report.

As stated in previous years we will continue to monitor the priorities for quality improvement for 2013/14 and would welcome the opportunity of getting involved in setting the priorities for quality improvement for 2014/15.

## Wolverhampton Health Scrutiny Panel

The Health Scrutiny Panel have continued to build on the positive working relationship with key staff to discuss issues of concern and to support efforts to both improve health outcomes for local people and achieve national quality standards.

The Health Scrutiny Panel have received regular reports on the performance of the hospital in delivering a safe and effective service and acknowledges the considerable progress made to address issues of concern, while acknowledging areas where improvements are needed.

The reports focus on three key priority areas for improvement – reflecting the concerns generally of local people and those of the Health Scrutiny Panel. The Health Scrutiny Panel supports the continued focus on these areas as priorities for improvement in 2013/14, in particular work being done to respond to the increased demand on A&E service.

The Health Scrutiny Panel will continue to monitor the progress made in implementing planned actions detailed in the Quality Accounts report on a regular basis in the future to inform its response to the 2013/14 Quality Account report.

The Health Scrutiny Panel welcome the improved performance in key service areas and the work done to involve local people when determining how to make best use of its resources to improve the patient experience.

The willingness of staff to discuss future service changes with the Health Scrutiny Panel at early stage and also to share the results of external inspections is very much welcomed. The plans for the development of a joint urgent care strategy for Wolverhampton is a good example of the willingness of key staff at the hospital to engage with the Health Scrutiny Panel early in the planning process, to get their views on options for future service changes.

The Health Scrutiny Panel appreciate the opportunity to comment on the draft Quality Account and the willingness to make changes to its original layout and content in response to the issues highlighted.

The document does not include a reference to decision by Monitor to defer the hospitals Foundation Trust's application for up to twelve months as a result of the high number of "never events" reported by CQC in their inspection of the Trust in July 2012. The Health Scrutiny Panel was briefed about the decision and the action being planned or taken to respond to the concerns. The hospital has agreed to provide regular updates on progress towards reactivation of its application to become a foundation trust. The Panel will continue to review progress towards achieving foundation trust status at the earliest opportunity.

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

We are engaged by the Audit Commission to perform an independent assurance engagement in respect of The Royal Wolverhampton NHS Trust's Quality Account for the year ended 31 March 2013 ("the Quality Account") and certain performance indicators contained therein as part of our work under section 5(1)(e) of the Audit Commission Act 1998 ("the Act"). 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 National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

## Scope and subject matter

The indicators for the year ended 31 March 2013 subject to limited assurance consist of the following indicators:

- Percentage of patient safety incidents that resulted in severe harm or death; and
- Rate of clostridium difficile infections.

We refer to these two indicators collectively as "the specified indicators".

## Respective responsibilities of Directors and auditors

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 Regulations).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of The Royal Wolverhampton NHS Trust's (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 are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the information requirements prescribed in the Schedule referred to in Section four of the Regulations ("the Schedule");
- the Quality Account is not consistent in all material respects with the sources specified below; and
- the specified indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account have not been prepared in all material respects in accordance with Section 10c of the NHS (Quality Accounts) Amendment Regulations 2012 and the six dimensions of data quality set out in the NHS Quality Accounts - Auditor Guidance 2012/13 issued by the Audit Commission in April 2013 ("the Guidance").

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

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2012 to June 2013;
- papers relating to the Quality Account reported to the Board over the period April 2012 to June 2013;
- feedback from the Wolverhampton Clinical Commissioning Group dated 24 June 2013 ;
- feedback from Healthwatch Wolverhampton dated 19 June 2013;
- feedback from Wolverhampton Health Scrutiny Panel dated 7 June 2013;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated 3 May 2013;
- the latest national patient survey (2012);
- the latest national staff survey (2012);
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 3 April 2013;
- the Annual Governance Statement dated 6 June 2013;
- Care Quality Commission quality and risk profiles dated 31 March 2013; and
- the Payment by Results Data Assurance Framework Report dated May 2013.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of The Royal Wolverhampton NHS Trust 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. We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged

their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and The Royal Wolverhampton NHS Trust 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 Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

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

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.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof,

may change over time. It is important to read the Quality Account in the context of the Schedule set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by the Trust.

### Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013:

- the Quality Account is not prepared in all material respects in line with the requirements of the Regulations and the prescribed information in the Schedule;
- the Quality Account is not consistent in all material respects with the sources specified above; and
- the specified indicators in the Quality Account subject to limited assurance have not been prepared in all material respects in accordance with the Section 10c of the NHS (Quality Accounts) Amendment Regulations 2012 and the six dimensions of data quality set out in the Guidance.



PricewaterhouseCoopers LLP  
Chartered Accountants  
Cornwall Court  
19 Cornwall Street  
Birmingham  
B3 2DT

28 June 2013

# How to give your views on our Quality Account

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

## **Patient Experience Team**

The Royal Wolverhampton NHS Trust

New Cross Hospital

Wednesfield Road

**WOLVERHAMPTON**

WV10 0QP

Tel (01902) 695333

E-mail [rwh-tr.yourcomments@nhs.net](mailto:rwh-tr.yourcomments@nhs.net)

Online – submit a comment to [rwh-tr.yourcomments@nhs.net](mailto:rwh-tr.yourcomments@nhs.net)

In person – call into the Patient Information Centre on the main corridor at New Cross Hospital, location C3.





