



The Royal Wolverhampton **NHS**
NHS Trust

Annual Report & Quality Accounts 2013/14



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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 ਵੱਜੋਂ ਵੱਡੀ ਛਪਾਈ, ਵੱਖਰੀ ਭਾਸ਼ਾ ਆਇਦ ਵਿੱਚ ਚਾਹੀਦਾ ਹੋਵੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਸਿਹਤਸੰਭਾਲ ਕਰਮਚਾਰੀ ਨੂੰ ਬੇਨਤੀ ਕਰੋ।

Polish

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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

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Kurdish

ئەگەر تەم بەلگەنامە بە شێوازێکی دیکە دەخوازیت بۆ نمونە چاپی گەورەتر، زمانێکی دیکە هەند. تکایە
یەکێک لە کارمەندانی سەرپەرشتی تەندروستی ناگادار بکەرەوە.

Introduction from the Chief Executive and Acting Chairman

2013/14 was a strong but challenging year for the Trust in terms of its overall performance. The last few months of the year were particularly difficult 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 strong infection prevention record continues with further reductions in the number of cases of *C. difficile* and Methicillin Sensitive Staphylococcus Aureus (MSSA). There have been a number of other achievements during the year including scoring 50 out of 50 in our NHS Litigation Authority assessment and investing in simulation facilities for paediatric training. You can read more about these achievements in Section 2 Quality Account.

Despite the pressures on our Emergency Department and the hospital as a whole we met all our contractual targets for the year. We have also achieved our income and expenditure plan, finishing the year with a financial surplus of £8.5 million. This helps to safeguard the Trust for the future and allows us to further invest in improved services. We continue with the work to redevelop the New Cross site and have commenced enabling work for our new Emergency Department.

The year has seen a number of key events for the Trust. In July Sir David Nicholson launched the 6C's live initiative during a visit to the Trust. This national programme supports all staff caring for patients by helping them deliver six key areas of action – Care, Compassion, Competence, Communication, Courage and Commitment. In September the Trust was in the first wave of hospitals to be inspected by the Care Quality Commission's Chief Inspector of Hospitals programme. During the early summer the Trust submitted a bid to become the Host for the West Midlands Local Clinical Research Network and following a rigorous assessment process it was announced in September that our bid had been successful. In February the Secretary of State announced his intention to approve the recommendation of the Trust Special Administrator's in relation to the future provision of services for Mid Staffordshire Foundation Trust (MSFT). This will result in the Trust taking over the running of Cannock Chase Hospital as part of the transfer of services.

We have continued to work closely with colleagues in primary care and our commissioners to ensure that we are delivering services that meet the needs of our patients. We have recently completed a joint consultation on the future provision of services for Urgent and Unscheduled care across the health economy to ensure that we make it easier for patients to access the right service first time

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.



David Loughton, CBE
Chief Executive
25 June 2014



Jeremy Vanes
Acting Chairman
25 June 2014

Strategic and Directors' Report

About the Trust

The Royal Wolverhampton NHS Trust was established in 1994 and is a major acute and community 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.

With an operating budget in excess of £390 million the Trust is one of the largest acute and community 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

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. 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 2013/14 the Trust made progress in delivering its goals in a number of areas including:

- Delivering a financial surplus.
- Securing clinical income equal to the previous year.
- Securing the bid to host the West Midlands Local Clinical Research Network.
- Being named as a receiving Trust for services from Mid Staffordshire Foundation Trust.



Activity Overview 2013/14

The Trust substantially met its objectives for 2013/14 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				Percentage Difference	
Year	2011/12	2012/13	2013/14	2011/12 - 2012/13	2012/13 - 2013/14
Inpatient (FCEs)					
Admission Method					
Emergency	55,989	56,093	60,596	0.2%	8.0%
Elective	10,750	9,850	8,741	-8.4%	-11.3%
Daycase	43,229	44,872	45,633	3.8%	1.7%
Inter-hospital Transfers (Elective)	1,504	1,307	1,336	-13.1%	2.2%
Regular Day Admissions	30,269	30,252	30,781	-0.1%	1.7%
Maternity	9,242	8,996	9,039	-2.7%	0.5%
Births	4,229	4,129	4,292	-2.4%	3.9%
Total	155,212	155,499	160,418	0.2%	3.0%
Outpatient (Attendances)					
Patient Type					
New	156,215	160,268	166,641	2.6%	4.0%
Review	363,988	374,236	383,589	2.8%	2.5%
Total	520,203	534,504	550,230	2.7%	2.9%
Referrals					
Total by GP	91,218	90,564	101,038	-0.7%	11.6%

*Community Services				Percentage Difference	
	2011/12	2012/13	2013/14	2011/12 - 2012/13	2012/13 - 2013/14
Finished Consultant Inpatient Episodes	926	860	906	-7.1%	5.3%
Outpatient (Attendances)					
first	2,431	1,932	1,931	-20.5%	-0.1%
subsequent	4,506	4,157	3,991	-7.7%	-4.0%
Community Contacts					
first	60,996	57,672	53,142	-5.4%	-7.9%
subsequent	459,514	451,467	449,414	-1.8%	-0.5%
Referrals	79,180	74,343	71,864	-6.1%	-3.3%
Walk in Centre Attendances	28,551	36,186	35,179	26.7%	-2.8%

*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 2013/14

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.

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

During 2013/14 the Trust performed well against key targets, as can be seen in the table below, the indicators apply to Community Services where applicable.

98%

Patients offered an appointment within 48 hours for Genito-Urinary Clinic

97.6

HSMR (Mortality Ratio) in 13/14 Apr-Jan

<0.8%

Where possible patients will not have their operation cancelled at short notice (for non-medical reasons)

44

Falls resulting in serious harm in 13/14

98%

Patients referred with new onset of chest pain (seen within two weeks)

Reduction in avoidable pressure ulcers from 69 in 12/13 to 26 in 13/14

93%

Patients referred with suspected cancer (seen within 2 weeks)

95%

Patients treated / admitted from A&E within 4 hours

95%

18 weeks referral to treatment – non-admitted (all specialities)

1

MRSA Bacteraemia against a target of 0

85%

Patients with a diagnosis of cancer will wait no longer than 62 days from GP referral to first treatment

90%

18 weeks referral to treatment – admitted (all specialities)

97.28%

Non admitted patients treated within 18 weeks (target 95%)

80%

Percentage of patients that have spent 90% or more of their stay in hospital on a stroke unit

96%

Patients will wait no longer than 31 days from a diagnosis of cancer to first treatment

31%

Reduction Clostridium Difficile Infections – based on 2013/14 outturn

90.35%

Patients admitted within 18 weeks (target 90%)

Driving Efficiencies – Cost Improvement Programmes and Quality, Innovation, Performance and Productivity

The National challenge to improve quality and safety and reduce costs facing all organisations over the next few years has been reinforced within the national guidance for securing safe and sustainable services and the continued response from advisory and regulatory bodies to the Francis report into Mid Staffordshire Foundation Trust. The Trust has strengthened its arrangements to support delivery of 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 achieved 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 continued 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 Clinical Commissioning Groups through our contract discussions and as part of a joint Modernisation Programme Board.

Economic factors

The impact of the recession on public funding presents challenges in future years. This is becoming evident across the NHS with increasing numbers of commissioners and providers with financial deficits. The Trust's continued strong performance in service delivery 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.

Governance Statement

During 2013/14 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 current (at 31 March 2014) CQC risk profile for the Trust is Band 5 (1 being the highest risk level, and 6 the lowest on the CQC risk categorisation). The Trust reviews and responds to the CQC Intelligence Monitoring reports issued quarterly along with its own internal assurance framework.

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

- Safe
- Effective
- Caring
- Responsive to people's needs
- Well-led

The Royal Wolverhampton NHS Trust has implemented an action plan covering the areas below to address the conclusions by the CQC:

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

There is executive director leadership on each action and monitoring of delivery is through the Trust's governance framework. To date the Trust can demonstrate significant improvement.

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

A summary of serious untoward incidents involving personal data as reported to the Trust Development Authority and/or Information Commissioner's Office (ICO) in 2013/14 are outlined below:

Incident 1: Theft of PCs

Incident 2: Letter was sent to the wrong patient

Incident 3: Letter was sent to the wrong address

Incident 4: Letter was sent to a patient in error

Incident 5: Information was sent to an incorrect source

Incident 6: Incorrect details were placed in a patient's information pack

Incident 7: Records were left in an unsecure location

All seven incidents were closed during the year. The increase in reported incidents involving personal data within 2013/14 is coupled with an increase in staff training and awareness of the importance of protecting personal data and incident reporting.

For the annual self-assessment submission on the Information Governance Toolkit to the Department of Health for 2013/14, the overall score was 87% 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.

Fraud

The Trust reviewed its local Anti-Fraud, Bribery and Corruption Policy in July 2013. The purpose of the Policy is to:-

- Define key board, management level and staff responsibilities for preventing bribery and corruption; plus standards for the Trusts contractors and any other stakeholders having contact with the Trust;
- Provide appropriate information and guidance to those working for the Trust, with the Trust and having contact with the Trust, to include recognition and appropriate dealings with bribery and corruption indicators.

The stated aims and objectives of the Policy are to:-

- Define responsibilities for preventing bribery and corruption at all levels including staff, managers and members of the Governing Body and to provide standards for contractors;
- Clarifies the Trusts stance and commitment to ensuring there is a robust and clear approach to tackling bribery;
- Provide appropriate information and guidance to those working for the Trust on how to recognise and deal with bribery and corruption indicators.

The Trust has designated a management team member as “Compliance Officer” who is responsible for ensuring that the Trust implements the Policy and for carrying out oversight functions, as well as supporting other related Policy functions, eg, Standards of Business Conduct Policy, Raising Concerns at Work Policy, Anti Fraud Policy.

The Trust employs a Local Counter Fraud Specialist, (LCFS), in support of the Chief Financial Officer, who is consulted immediately if tangible grounds emerge to suspect any fraudulent activity, co-ordinating operation liaison with NHS Protect, the National Investigation Service or the Police, as appropriate.

The LCFS reports to the Trusts Audit Committee and provides an Annual Counter Fraud Report which includes a declaration by the Chief Financial Officer that the anti fraud, bribery and corruption work carried out has been self-reviewed against the NHS Protect Standards and NHS Standards.

Cost Allocation and charges for information

The Trust has complied with HM Treasury’s Managing Public Money requirements, (published July 2013), with regard to setting charges for information to recover full costs, further to appropriate cost allocation.

Financial Risk Management

The Secretary of State for Health has directed that the Financial Statements of NHS Trusts shall meet the accounting requirements of the NHS Trusts Manual for Accounts, agreed with HM Treasury. Consequently, the Financial Statements of the Trust have been prepared in accordance with the 2013-14 NHS Manual for Accounts issued by the Department of Health. The Accounting Policies contained in the Manual follow International Financial Reporting Standards, (IFRS), to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, advised by the Financial Reporting Advisory Board. Where the NHS Trusts Manual for Accounts permits a choice of Accounting Policy, the Policy which is judged to be most appropriate to the particular circumstances of the Trust, for the purpose of giving a true and fair view, has been selected. The particular Policies adopted by the Trust are described in full in the Accounts and have been applied consistently in dealing with items considered material in relation to the Accounts.

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with Clinical Commissioning Groups and NHS England and the way those Clinical Commissioning Groups and NHS England are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by the strategic health authority. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2014 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups and NHS England, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.



Financial Assets	Loans and receivables £000s	Total £000s
Receivables - NHS	11,039	11,039
Receivables - non-NHS	2,297	2,297
Cash at bank and in hand	27,087	27,087
Total at 31 March 2014	40,423	40,423
Receivables - NHS	10,310	10,310
Receivables - non-NHS	2,562	2,562
Cash at bank and in hand	22,566	22,566
Total at 31 March 2013	35,438	35,438
Financial Liabilities	Other £000s	Total £000s
NHS payables	4,364	4,364
Non-NHS payables	29,206	29,206
PFI & finance lease obligations	8,214	8,214
Total at 31 March 2014	41,784	41,784
NHS payables	2,206	2,206
Non-NHS payables	26,254	26,254
PFI & finance lease obligations	9,316	9,316
Total at 31 March 2013	37,776	37,776

Health and Safety

The Trust is compliant with all relevant Health & Safety legislation and has robust systems and processes to manage all health and safety related activities. More detail is presented in Section 2: Quality Account.



Our Services in 2013/14

The information below gives an overview of some of the developments and service changes that The Trust has made. More detail on many of these including the underpinning performance indicators where relevant is shown in section 2: Quality Account.

Urgent & Emergency Care

Over the year our teams have worked with colleagues in primary care and with commissioners on a strategy for Urgent & Emergency Care. We have recently completed a public consultation on how services will be provided in the future.

Safehands - Keeping patients safe

We have continued our programme to implement our radio frequency tracking system in all wards at New Cross Hospital. This system helps us to minimise the risk of Healthcare Acquired infections by monitoring staff and equipment movement between patients and ensuring that our infection prevention practices are robust.

Integrated Patient Flow & Discharge Team

This year saw the launch of the Integrated Patient Flow & Discharge Team which brought together the Capacity Team for the Trust with the Social Care team from Wolverhampton Local Authority. This team is able to more effectively support patients needs across the hospital and social care system.

Research & Development

The Trust has continued to build its reputation for research, development and innovation both locally with the Trust seeing significant increases in the number of research projects and nationally with a successful bid to become the Host for the West Midlands NIHR Local Clinical Research Network from 1st April 2014.

NHS Litigation Authority assessment

The Trust became one of the first in the country to achieve a perfect score of 50 out of 50 when it was assessed by an external team from the Litigation Authority as part of the Level 3 assessment of systems and processes to manage risk. Level 3 is the highest level and means that the way in which our staff work and our systems and processes ensure that we do all we can to minimise risk.

The Patient Environment

Both West Park Hospital and New Cross Hospital scored well in the Patient Led Assessment of the Clinical Environment (PLACE) review. The assessment looks at the environment, the food served to patients and privacy and dignity arrangements on wards. The assessment team also talk to patients and their carers as part of this national survey.

NHS Launch of 6C's Live

Sir David Nicholson, Chief Executive of the NHS visited the Trust to launch 6Cs Live! which supports nurses, midwives and care staff by helping them deliver six key areas of action – Care, Compassion, Competence, Communication, Courage and Commitment – by sharing best practice and looking at evidence of improvements. During his visit he saw the new Midwifery-led-unit, where 6Cs actions are in daily use, giving staff the confidence and courage to provide the highest standards of care for mothers and families. 6Cs principals are woven through training and competence via live skills drills and using the new SIM Mum mannequin. You will find more information about 6C's in Section 2: Quality Account.

Clinical Decision Unit / Emergency Department expansion

A Clinical Decision Unit alongside the Emergency Department was opened in the autumn. The Unit provides a facility for patients who need tests and observation to support diagnosis and treatment plans. We also opened an additional 10 bays in the Major area of the Emergency Department to relieve the pressure on the increasing number of patients going through this department.

New Wayfinding System

We have completed the installation of new signage to support the zoning of the New Cross site. The more visible signage at the entrances to the hospital and at key points along the corridors makes it easier to navigate the large site.

Quality Performance

During 2013/14 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. As in previous years patient safety continues to be an overarching priority. 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

Publishing experience data on each ward including action taken in response to feedback.

Implemented a new strategy for patient experience strengthening a number of areas including the approach to capturing feedback and measuring performance.

Patient Safety

The prevalence of falls as reported in the NHS Safety Thermometer has remained fairly static. However, the number of falls causing harm has increased from 23 in 12/13 to 44 in 13/14. This continues to be an areas of priority for improvement.

- Reduced the number of avoidable pressure ulcers from 69 in 2012/13 to 26 in 2013/14

Clinical Effectiveness

We improved performance against our nutritional related indicators:

- Percentage of patients weighed weekly increased from 79% in 12/13 to 97% in 13/14
- Percentage of patients with a care plan in place who are at medium/high risk from under nutrition increased from 89% in 12/13 to 97% in 13/14
- Reviewed the guidelines and training for patients who need artificial feeding



Infection Prevention

2013/14 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.

Headlines include the following:

- The Intravenous Resource Team and Outpatient Parenteral Antimicrobial Therapy Service continues to deliver services across the Trust.
- Improved chronic wound management through a baseline audit, a team of specialist nurses targeting supporting practice nurses, patients and staff with education and specialist wound care advice to promote healing.
- Appointment of a Biomedical Scientist to support Infection Prevention related research and innovation.



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.

The Trust response rate for the 2013 National NHS Staff Survey was 35%, a reduction of 10% on the previous years survey (2012 – 45%). The Trust’s response rate for 2013 when compared with other comparative Trusts is in the lowest 20% of acute Trusts in England. In a number of areas the Trust scored above average including Staff engagement where the Trust’s score for 2013 was 3.81 out of a possible 5; this is a further indicator where the Trust’s performance was above average when compared to other Trusts. This area has seen an increase for 3 consecutive years. 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.

In engaging with its staff the Trust uses a range of methods such as staff briefings, electronic communication and availability of information via the intranet which, in addition to information such as Trust Board paper, strategies and future plans, includes links to key external information and websites. Staff are actively encouraged to get involved in planning for and implementing services changes and new ways of working and the Trust has a good record of involvement and engagement with Staff Side bodies. Successes of individuals and the Trust as a whole are recognised through annual award ceremonies and through support for the development of submissions for local and national awards where the Trust has had some significant achievements.

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. The Trust has maintained its accreditation under the Positive About Disabled People initiative and works hard to ensure that all reasonable adjustments are made to support both new employees and those who become disabled whilst in employment.

Gender and Diversity

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 and gender profile are shown in the tables below:

Staff Group	Female	Male	Grand Total
Other Staff	5577	1235	6812
Senior Manager	94	82	176
Trust Board	4	3	7
Grand Total	5675	1320	6995

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%.

	2011 Census (%)	Workforce 31/03/11 (%)	Workforce 31/03/12 (%)	Workforce 31/03/13 (%)	Workforce 31/03/14 (%)
African	1.60	1.50	1.22	1.44	1.60
Asian	2.60	2.84	2.43	2.39	2.53
Bangladeshi	0.20	0.23	0.26	0.19	0.12
Caribbean	3.80	2.93	3.04	3.27	3.31
Chinese	0.60	0.47	0.42	0.49	0.53
Indian	12.90	10.31	9.80	9.89	9.80
Mixed White	4.5	0.94	0.96	1.17	1.39
Other Black	1.50	0.68	0.71	0.59	0.61
Other Mixed	0.60	0.24	0.32	0.33	0.35
Other/Not Known	1.9	1.78	3.45	2.27	2.46
Pakistani	1.8	1.50	1.28	1.35	1.49
White	68.00	76.59	76.08	76.61	75.81
BME Total	32	23.40	23.92	23.38	24.19

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 work force, which is a slight reduction from the previous year of 0.19%.



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.

Patient Feedback

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

National Inpatient Survey

	2009/10	2010/11	2011/12	2012/13	2013/14
Involved as much as want to be in decisions about care definitely/to some extent	87%	90%	90%	89%	88%
Treated with respect and dignity always/sometimes	97%	97%	97%	96%	98%

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
- From 2012/13 onwards the percentage reflects scores 5-10 in the 11 point scale.

	2009/10	2010/11	2011/12	2012/13	2013/14
Overall care rated as excellent / very good / good	94%	93%	93%	92%	94%

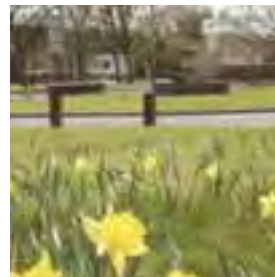


Principles for Remedy

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

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

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



Emergency Preparedness and Business

The NHS needs to plan for, and respond to a wide range of incidents. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. The Civil Contingencies Act (CCA 2004) requires NHS Organisations and providers of NHS funded care to show that they can deal with such incidents while maintaining services.

This now forms part of a programme of work referred to in the health service as Emergency Preparedness, Resilience and Response (EPRR). New arrangements for local health EPRR form some of the changes the Health & Social Care Act 2012 is making to the health system in England. The Royal Wolverhampton NHS Trust (the Trust) is legally obliged to have robust emergency planning processes in place to meet these requirements and the duties outlined in the CCA along with a set of core standards for EPRR, which all NHS organisations are now measured against.

The Trust has undertaken significant developments in its resilience arrangements and compliance against the new EPRR framework over the past 12 months.

The Trust has revised all its plans to align with the EPRR frameworks and has undertaken an assessment against the core standards. The results of this self-assessment have helped set the work plan for the Trust's EPRR development over this year and the coming year.

As part of the EPRR framework and the new Business Continuity framework the Trust has a legal duty to develop robust business continuity management arrangements which will help them to maintain their critical functions if there is a major emergency or disruption, this is also part of the National Standard Contract. The Trust already has in place a business continuity management system in line with British Standard 25999 for the NHS; however this standard has now been replaced with the international standard ISO 22301. In order to apply the principles of the new standard a review of the Trust's BCM process has been undertaken and has identified key areas of change in order to align to the new standard.

Training & Exercising

Throughout the year, the Trust has undertaken various training and exercising initiatives, 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.

Exercise 'Sempur Paratus' took place in June 2013; a simulated rail collision, involving 187 patients with some patients being contaminated in relation to a chemical substance being released. The aim and objectives of the exercise was to test the Hospital Major Incident Plan in response to a mass casualty incident.

It tested, the Trust's command, control, communication and co-ordination procedures, the management of increased trauma patient flow and patient tracking, transfer and discharge procedures to explore the hospital capacity to receive a variety of casualties. The exercise involved over 50 personnel including staff from all parts of the Trust, the Ambulance Service, Wolverhampton Clinical Commissioning Group, and NHS England Birmingham, Solihull and Black Country Area Team for EPRR. This exercise was facilitated by Public Health England (PHE). Learning was achieved by all involved including review of information cascade to staff in organisations, testing of clinical support services response and transfer of patients to other receivers. It also afforded the opportunity to establish good relationships with partner agencies.



Business Continuity

Exercise 'Remembrance'

November 2013 was a 'live' exercise involving 6 casualties with West Midlands Fire Service, the West Midlands HAZMAT team and the Trust. The scenario was for the fire service to receive a call from Hospital staff stating a vial containing a radiation source had split in a lecture area causing contamination to a number of staff and students within a teaching block. WMFS aim was to adopt recognised procedures, to bring an incident Radiation to a successful conclusion, working alongside the Trust to test its response to a radiation incident and highlight best practice and areas for further development to create a robust resilience approach. Learning was achieved by all with several protocols and actions being reviewed.

How Assured are you?

October 2013 was a multi-agency table top exercise, organised by Public Health England (PHE), which facilitated further understanding of the new system, roles and responsibilities under the new EPRR framework for public health incidents. The Trust participated in this exercise with other organisations, PHE, Local Director of Public Health, Clinical Commissioning Group (CCG) and local authority bodies who would have a key role in how health protection incidents are responded to locally. It indicated that more work needed to take place in embedding the new arrangements under EPRR, the development of local actions plans, production/review of contractual service specifications and more cross working planning and exercising.



Exercise 'D Day'

December 2013 was a simulated fire evacuation and business continuity table top exercise involving our Deansley Centre for cancer patients. It tested our ability to cope in the event of a fire, the denial of access to the building and challenging the continuation of service delivery to our patients. A variety of operational and technical services took part, with an action plan being developed to include the establishment of a local core response team for the Centre, review of evacuation points and the instigation of action cards for each area within the Centre. Additional fire warden training was also highlighted as a requirement.

Communication Testing

The Trust has undertaken 3 communication tests this year which have tested the Trust's on call system and call cascade process in the event of a Major Incident. These have identified lessons regarding the time taken to respond, our ability to cascade messages across the Trust and a review of major incident action cards. With effect from early 2014, the Trust is implementing an electronic call cascade system to speed up response.

Partnership working

Under the new EPRR arrangements several new groups have been formed. The Trust has been actively engaging with these groups to ensure a joint approach for planning, responding and recovery from incidents, ensuring resilience.

The Groups are:

- Local Health Resilience Partnership – Executive Group (LHRP) – regional group
- West Midlands Health Emergency Planners Group (WMHEPG) – regional group
- Health Protection Forum for Public Health response – local group
- Wolverhampton Resilience Group – local group

Assurance

Several audits and self-assessments internally and externally have been undertaken under the new EPRR arrangements and business continuity framework which have identified areas for improvement and have identified the priorities for 2014/15.

Conclusion

The past year has seen many changes to the delivery of Emergency Preparedness, Resilience and Response across the NHS. The Trust has undertaken significant developments in its resilience arrangements; however more work is required to ensure maintenance of its resilience and meeting the many challenges of threats, hazards and major disruptive events and Civil Protection Duties.

Safeguarding



The Prevent Strategy is a cross-Government policy that forms part of the four strands of Contest – the Governments Counter Terrorism Strategy. The aim of the strategy is to prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support, this is further outlined in the Department of Health document 'Building partnerships, staying safe – the health sectors contribution to HM Governments prevent strategy for health organisations.

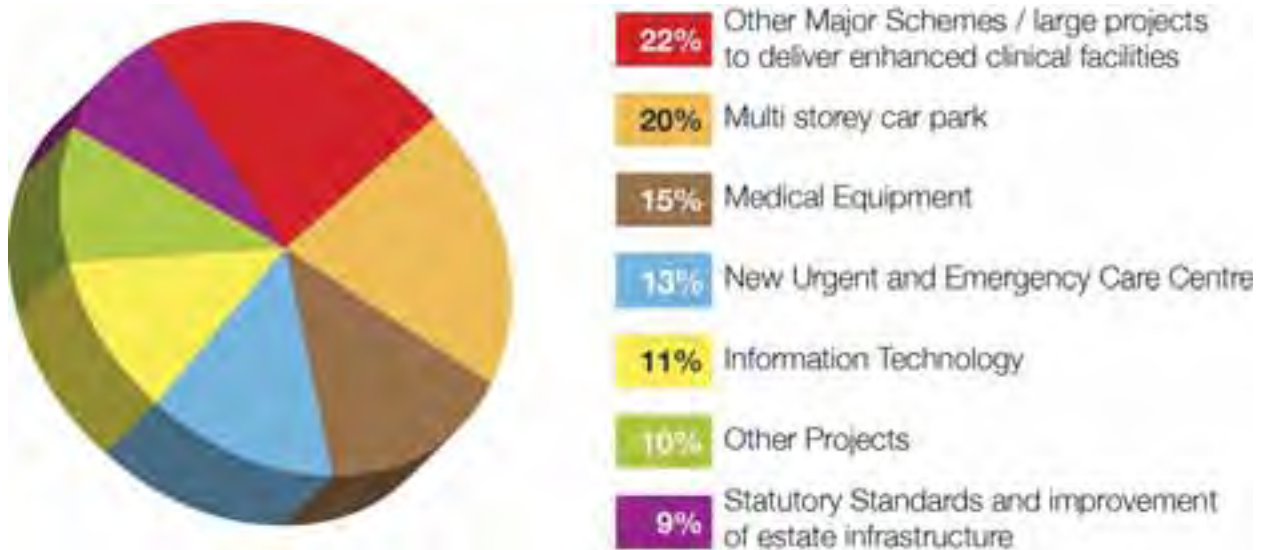
Prevent is central to the safeguarding agenda and is therefore a priority within safeguarding policies, procedures and training. The Trust has undertaken a variety of activities to support this; the establishment of a Prevent core team, working in partnership with Channel (a supportive multi-agency process) and other agencies to safeguard those individuals who may be vulnerable to being drawn into any form of terrorism; an awareness training programme for all staff which also forms part of the Trust's induction programme on a monthly basis, implementation of a Prevent Protocol to support staff when raising a concern. A website has been produced under Safeguarding, where all information on Prevent is available for all staff to access.

As at the end of March 2014, 1,184 staff have attended a health workshop to raise awareness of Prevent since April 2013, for 2014/15 this training will continue to be rolled out to all staff.

Delivering the Estate Strategy

The Trust has continued to redevelop the hospital site and refurbish buildings as outlined in its Estate Strategy. During 2013/14 we invested £18.5 million in improving facilities and medical equipment to support the delivery of clinical and other support services. This investment was spent on a number of key projects to provide improved facilities for patients.

Capital Expenditure for 2013/14



Key developments are:

Urgent and Emergency Care Centre: Enabling works were undertaken in 2013/14 to prepare the site for Phase 1 of the new Urgent and Emergency Care Centre. These works included demolition of some existing buildings, provision of a new electrical sub-station and ground works to allow the main construction to commence in June 2014. This development is a key priority for the Trust and forms an integral part in providing re-designed Emergency and Urgent Care facilities for Wolverhampton. The new Centre is scheduled to be opened in November 2015. As an interim measure the Trust has extended the existing Emergency Department to create some additional capacity.

Replacement of Radiotherapy Linear Accelerators: Design work commenced in 2013/14 to provide a fifth bunker to allow the replacement of four Linear Accelerators over the next 4-5 years. This will ensure that the Trust is using modern state of the art equipment to support the delivery of radiotherapy services; **Relocation of Pharmacy:** Design work was completed in 2013/14 to enable the refurbishment of the former Histopathology Building which will provide a new Pharmacy. This will provide better access and improved facilities for patients and better working environment for staff; **Multi storey Car park:** A new multi storey car park with over 500 spaces opened for staff use in February 2014. This replaced parking lost in the centre of the site due to construction of the Urgent and Emergency Care Centre and other facilities and allowed reallocation of staff car parking to public parking on the East side of the hospital.

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.

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 the Combined Heat and Power Plant (now operational for 12 months) and other carbon reduction projects including replacement lighting schemes.

Water

2 year consumption data for water is shown below:

2012/13			2013/14		
Water volume (including Borehole)	m ³	203,500	Water volume (including Borehole)	m ³	218,205

The Trust has seen an increase in water consumption during 2013/14 due mainly to the introduction of new water safety measures.

Waste

- Waste Pre-acceptance Audits were undertaken in 2013/2014 to ensure compliance with offsite waste disposal and the Trust's Policy on Waste Management.
- A Waste Manager has been appointed (to commence on 1 May 2014).
- Confidential Information (paper documents) destruction and subsequent recycling of that waste stream has being rolled out extensively across the organisation.
- Recycling initiatives are in place in relation to metals /cardboard / plastics/WEEE at both New Cross and West Park Hospitals.
- Hazardous and Non-hazardous waste volumes shown in the table below now include waste arising at West Park Hospital.
- Domestic waste produced by the Trust continues to be disposed of via municipal incineration for energy generation to reduce waste to landfill.



Comparison for years 2012/13 to 2013/14 is shown in the tables below.

2012/13		
High Temperature Disposal Waste Weight	Tonnes	813
Non Burn Treatment (Alternative Treatment Plant) Disposal Waste Weight	Tonnes	144
Landfill Disposal Waste Weight	Tonnes	637
Waste Electrical and Electronic Equipment (WEEE) Weight	Tonnes	3

2013/14		
High Temperature Disposal Waste Weight	Tonnes	823
Non Burn Treatment (Alternative Treatment Plant) Disposal Waste Weight	Tonnes	131
Landfill Disposal Waste Weight	Tonnes	694
Waste Electrical and Electronic Equipment (WEEE) Weight	Tonnes	1.5

Fossil Fuels: The installation of the Combined Heat & Power plant (CHP) has resulted in increased gas consumption but this has been offset by a reduction in electricity drawn from the National Grid.

Carbon Reduction Commitment (CRC) Energy Efficiency Scheme

In 2013 the installation of the Combined Heat and Power (CHP) Plant was completed and this went into full operation producing over 11.7 million kWh's of electricity which is approximately 61% of all electricity used on the New Cross Hospital site. This electricity generated by the CHP is exempted from the CRC. Increase in electricity consumed was mainly due to new Pathology and Deansley Data Centre with other increases coming from Catering (CPU), IT (McHale) and Corporate Services area.

Increase in gas was due to CHP consumption.

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

2012/13		
Electricity Consumed - Utility	kWh	15,191,056
Electricity Consumed - Renewable	kWh	5,063,685

2013/14		
Electricity Consumed – Total	kWh	22,977,534
Renewable Import		7,907,908
CHP Generated		15,069,626

All electricity in 2013/14 is categorised as renewable

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

2012/13		
Gas Consumed - Utility	kWh	40,972,433

2013/14		
Gas Consumed – Total	kWh	58,892,693
CHP consumed		18,500,595

A Forward Look: 2014/15

Earlier in this document we described a number of significant changes in the NHS which will impact on how we deliver our services during 2014/15 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 integrating the services that transfer from Mid Staffordshire Foundation Trust to ensure we deliver the same high quality care for those patients. 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 and other partners across health and social care on integrated clinical pathways
- Implementing a joint strategy for Urgent & Unscheduled Care
- Progressing the building of our new Emergency Centre
- 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
- Fulfilling our role as Host for the West Midlands NIHR Local Clinical Research Network
- Transforming our services to ensure they meet patients' needs and are as efficient as possible
- 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 2013/14 the Trust Board met monthly (except in 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 two special meetings where specific items were discussed.

The Appointment of Non-Executive Directors

During 2013/14 the following Non-Executive Directors were appointed for a four-year term of office:

- Mary Martin – new appointment – 1st July 2013
- Rosi Edwards – new appointment – 25th November 2013 (Rosi was an Associate Non-Executive Director from 1st July 2013)

There was one appointment to the role of Associate Non-Executive Director for a four year term of office:

- Professor Deirdre Kelly – new appointment – 1st July 2013



Board Membership



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 2013/14 : 10/13

Declarations of Interest:

None



Jeremy Vanes

Acting Chairman (previously Vice Chairman)

Appointed 2006

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

Board Attendance in 2013/14: 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
- ▶ Jeremy Vanes became Acting Chair in December 2013. Prior to this he was a Non-Executive Director and Senior Independent Director



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 2013/14: 11/12

Declarations of Interest:

- ▶ AIMS Accountants for Business – Principal
- ▶ ICAEW – Member

Surrinder Kalirai resigned from the Board in February 2014.



Dr Janet Anderson

Non-Executive Director and Senior Independent 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 2013/14: 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



Sue Rawlings

Non Executive Director (previously 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 2013/14: 12/13

Declarations of Interest:

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



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 2013/14: 12/13

Declarations of Interest:

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



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 2013/14: 13/13

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 2013/14: 13/13

Declarations of Interest:

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



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 the Clinical Divisions at the Trust.

Board Attendance in 2013/14: 10/13

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 2013/14: 10/13

Declarations of Interest:

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



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 2013/14: 12/13

Declarations of Interest:

None



Professor Deirdre Kelly

Associate Non-Executive Director

Appointed July 2013

Professor Kelly is a Consultant Paediatric Hepatologist at Birmingham Childrens Hospital NHS Foundation Trust, and Professor of Paediatric Hepatology at the University of Birmingham. She is on the Council of the General Medical Council, a member of the Advisory Group on Hepatitis and a Governor of the Health Foundation. She has been a Commissioner on the Healthcare Commission and the Care Quality Commission and President of a number of national and international societies.

Board Attendance in 2013/14: 5/9

Declaration of interests

- ▶ Birmingham Children's Hospital NHS Foundation Trust - Paediatrician
- ▶ Novartis / Roche / Sanofi Pasteur / Astellas - Consultant / Advisory Board Member on the design of clinical trials in children / standards of formulation for immuno-suppression and therapy of viral hepatitis
- ▶ Roche, Novartis, Gliead, Bristol Myers Squibb, Astellas, Schering Plough, Lumena Pharma, Janssen Pharma, Merck, Sharp and Dohme, Vertex Pharma, Sanofi Pasteur - The Liver Unit at Birmingham Children's Hospital receives grants / payment of trial expenses for clinical trials in children with viral hepatitis and / or immunosuppression
- ▶ Children's Congenital Heart Services Clinical Implementation Advisory Group (from June 2012) - Chairman
- ▶ Liver Alliance (from Dec 2011) - Member
- ▶ Advisory Group on Hepatitis (from March 2010) - Member
- ▶ Muscular Dystrophy Campaign - Services Development Committee (from Oct 2010) – Member
- ▶ Health Foundation (from Dec 2008) - Medical Vice Chair
- ▶ ACCEA West Midlands Sub Committee (Oct 2009-2013) - Medical Vice Chair (resigned September 2013)
- ▶ Children Living with Inherited Metabolic Diseases (CLIMB - from 1999) Medical Advisor
- ▶ General Medical Council – Member
- ▶ New Congenital Heart Disease Review Clinicians Group Chairman



Rosi Edwards

Non-Executive Director

Appointed as an Associate Non-Executive Director in July 2013, and became a Non-Executive Director with effect from November 2013

Before joining the Board, Rosi worked for the Health and Safety Executive as Regional Director for Midlands, Wales and the South West. She started her career as HM Inspector of Factories in South Yorkshire and moved to the West Midlands in 1987, where she held a variety of senior management posts.

Board attendance in 2013/14: 9/9

Declaration of interests

- ▶ Labour Party, Hall Green Constituency member of Executive Committee
- ▶ Labour Party, Moseley and Kings Heath Branch Auditor, Member of Election Campaign Committee
- ▶ Daughter as an employee of Unite the Union takes part in union campaigning, including on the NHS.



Mary Martin

Non-Executive Director

Appointed July 2013

Mary Martin has senior executive experience in both the public and private sectors. Her business focus has included strategy, business risk assessment, team building, change management, quality management, investigations, controls and reporting. activities cover bank refinancing; private equity; acquisitions and disposals of business and major assets; and exit planning.

She currently runs her own small consultancy business having for four years been Pro Vice Chancellor of Birmingham City University. Prior to this her career has included working with Advantage West Midlands; a private venture fund manager focussed on technology start ups; and she was a Partner with Arthur Andersen, one of the largest international accounting practices.

Mary is a trustee of two major Midlands based arts charities; Performances Birmingham and Midland Art Centre.

She is a Fellow of the Institute of Chartered Accountants and Oxford University engineering graduate.

Board attendance in 2013/14: 8/9

Declaration of interests

- ▶ Martin Consulting (West Midlands) Ltd
- ▶ Performances Birmingham Ltd - Trustee/director, non-executive member of Board for the charity
- ▶ Midland Art Centre - Trustee/director, non-executive member of the Board for the charity



Richard Harris

Chair of the Trust

Appointed July 2013 - October 2013

Board attendance 2013/14: 9/10

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 Ritchie MA CB

Non-Executive Director

Appointed July 2013 - September 2013

Board Attendance 2013/14: 2/4

Declaration of interests

- ▶ The Queen’s Foundation – Governor
- ▶ Queen Elizabeth Hospital Birmingham Charity – Trustee
- ▶ University Hospitals Birmingham NHS FT - Volunteer



Balsinder Jaspal-Mander

Non-Executive Director


May 2013

Board attendance 2013/14: 2/2

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

Signed: 	Date: 25 June 2014
David Loughton CBE Chief Executive	

Supporting Committees

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

Board of Directors

General enabling power; approval of strategies; key policies and budget.

Audit Committee

Review System of Internal Control that support objectives; review Annual Accounts and compliance with Standing Orders and Standing Financial Instructions.

Remuneration Committee

Review Executive Director's Remuneration

Finance & Performance Committee

Reviews operational and financial performance.

Quality Governance and Assurance Committee

Maintain and review corporate risk register and monitoring trends

Charity Committee

Strategic direction to and management of Trust Charity

Audit Committee: members of the Audit Committee are Sue Rawlings Chair; and Rosi Edwards 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.

There have been no off payroll senior or highly paid engagements during 2013/14, and there have been no payments made to third parties for the services of a senior manager.

Remuneration for the Trust's Executive and Non-Executive Directors during the financial year ended 31 March 2014 is set out in table below:

Signed: 	Date: 25 June 2014
David Loughton CBE Chief Executive	

Salary and Pension Entitlements of Senior Managers

Name and Title	2013-14					2012-13				
	Salary	Other Remuneration	Benefits in Kind	Pension related benefits	Total	Salary	Other Remuneration	Benefits in Kind	Pension related benefits	Total
	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £2,500) £000	(bands of £5,000) £000
Executive Directors										
D Loughton - Chief Executive	210-215	0	0	17.5-20	225-230	205-210	0	0	-25 - -27.5	180 - 185
J Odum - Medical Director	130-135	60-65*	0	2.5-5	195-200	125-130	60-65*	0	-12.5 - -15	180 - 185
G Nuttall - Chief Operating Officer (from 10/09/2012)	130-135	0	0	102.5-105	235-240	70-75	0	0		
V Hall - Chief Operating Officer (to 31/08/2012)	0	0	0	0	0	65-70	0	0		
K Stringer - Chief Financial Officer	135-140	0	0	15-17.5	150-155	135-140	0	0	20 - 25	155 - 160
C Etches - Chief Nursing Officer and Deputy Chief Executive	130-135	0	0	5-7.5	135-140	130-135	0	0	-32.5 - -35	95 - 100

Name and Title	2013-14					2012-13				
	Salary	Other Remuneration	Benefits in Kind	Pension related benefits	Total	Salary	Other Remuneration	Benefits in Kind	Pension related benefits	Total
	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £2,500) £000	(bands of £5,000) £000
Non-Executive Directors										
B Picken - Chairman (from 01/09/2010 to 31/10/2012)	0	0	0	0	0	15-20	0	0	0	15-20
R Harris - Chairman from 06/03/2013 to 31/12/2013)	15-20	0	0	0	15-20	0-5	0	0	0	0-5
J Vanes - Acting Chairman (from 01/11/2012 to 06/03/2013 and from 19/12/2013)	5-10	0	0	0	41,917	5-10	0	0	0	5-10
J Vanes - Non-Executive Director and Vice Chairman (from 06/03/2013 to 18/12/2013)	0-5	0	0	0	0-5	5-10	0	0	0	5-10
S Kalirai - Non-Executive Director (from 01/07/2012 to 31/01/2014)	5-10	0	0	0	41,917	0-5	0	0	0	0-5
K Bryan - Non-Executive Director (to 30/09/2012)	0	0	0	0	0	0-5	0	0	0	0-5
B Jaspal-Mander - Non-Executive Director (to 31/05/2013)	0-5	0	0	0	0-5	5-10	0	0	0	5-10

Name and Title	2013-14					2012-13				
	Salary	Other Remuneration	Benefits in Kind	Pension related benefits	Total	Salary	Other Remuneration	Benefits in Kind	Pension related benefits	Total
	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £2,500) £000	(bands of £5,000) £000
S Rawlings - Associate Non-Executive Director (from 01/10/2012 – 03/07/2013, then Non-executive Director from 04/07/2013)	5-10	0	0	0	5-10	0-5	0	0	0	0-5
J Anderson - Non-Executive Director	5-10	0	0	0	5-10	5-10	0	0	0	5-10
D Sutton - Non-Executive Director (to 30/06/2012)	0	0	0	0	0	0-5	0	0	0	0-5
J Holder - Associate Non-Executive Holder (from 01/08/2012 to 18/04/2013)	5-10	0	0	0	5-10	0-5	0	0	0	0-5
Prof D Kelly – Associate Non-Executive Director (from 01/07/2013)	0-5	0	0	0	0-5	0	0	0	0	0
R Edwards – Associate Non-Executive Director (from 01/07/2013) then Non-Executive Director from 25/11/13	0-5	0	0	0	0-5	0	0	0	0	0

Name and Title	2013-14					2012-13				
	Salary	Other Remuneration	Benefits in Kind	Pension related benefits	Total	Salary	Other Remuneration	Benefits in Kind	Pension related benefits	Total
	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £2,500) £000	(bands of £5,000) £000
D Ritchie - Non-Executive Director (from 22/07/2013 to 31/10/2013)	0-5	0	0	0	0-5	0	0	0	0	0
M Martin - Non-Executive Director (from 04/07/2013)	0-5	0	0	0	0-5	0	0	0	0	0
Directors										
M Espley - Director of Planning and Contracting	125-130	0	0	-40-42.5	80-85	120-125	0	0	10 - 12.5	135 - 140
D Harnin - Director of Human Resources	105-110	0	0	22.5-25	125-130	100-105	0	0	-42.5 - -45	60 - 65
Prof. D Luesley - Honorary Non-Executive Director (to 30/04/2012)	0	0	0	0	0	5-10	0	0	0	5-10

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

Total remuneration for senior managers in year ended 31 March 2014 was £1,042,068, 0.26% of income (31 March 2013 £1,044,029, 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."

The Pension related benefits are all benefits received in year from participating in pension schemes excluding any contributions by the employee in the period. Where negative figures have occurred this is as a result of salary increases not matching the inflation assumption directed for the calculation. Where an individual has only been in post for part of the year entries have not been calculated.

There has been no compensation payments in year to former senior managers.

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 2014 (bands of £5000) £000	Lump sum at age 60 related to accrued pension at 31 March 2014 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2014 £000	Cash Equivalent Transfer Value at 31 March 2013 £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	£5,000 - £7,500	65-70	200-205	0	1,509		0
J Odum - Medical Director	£0 - £2,500	£2,500 - £5,000	40-45	130-135	851	794	40	0
K Stringer - Chief Finance Officer	£0 - £2,500	£2,500 - £5,000	45-50	145-150	890	822	51	0
C Etches - Chief Nursing Officer	£0 - £2,500	£2,500 - £5,000	50-55	150-155	1,255	936	49	0
G Nuttall - Chief Operating Officer	£5,000 - £7,500	£15,000 - £17,500	40-45	120-125	683	567	104	
M Espley - Director of Planning and Contracting	£0 - £2,500	£0 - £2,500	10-15	15-20	213	218	(10)	0
D Harnin - Director of Human Resources	£0 - £2,500	£5,000 - £7,500	15-20	25-30	294	255	33	0

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 2013-14 was £210k (2012-13, £209k). This was 8.8 times (2012-13, 8.5) the median remuneration of the workforce, which was £20k to £25k (2012-13 £20k-£25k).

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.

The real increase in Cash Equivalent Transfer Value is not applicable for D.Loughton given that he is now over 60. During the year M Espley changed pension scheme membership and as a result the benefits have been calculated on the new scheme.

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 2014. 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 2013/14 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)	7,494	8,466	✓
Capital Cost Absorption (%)	3.5	3.5	✓
External Financing Limit (£000)	(3,697)	(6,029)	✓
Capital Resource Limit (£000)	20,573	20,022	✓

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

Table 2	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £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 2013/14.

In 2013/14 the Trust achieved a surplus for the 8th consecutive year. This surplus amounted to £7,891k 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 4.

Table 3	2012/13		2013/14	
	Number	£000	Number	£000
Total Invoices Paid in Year	85,970	143,795	88,065	147,396
Total Invoices Paid Within Target	78,413	134,459	82,245	136,758
Percentage of Invoices Paid Within Target	91.2%	93.5%	93.4%	92.8%

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 2014, 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 31/03/2014 Number	Total 31/03/2013 Number
Total Days Lost	50,683	55,242
Total Staff Years	5,801	5,756
Average number of days lost per year	8.7	9.6
Average days lost per year based on 230 working days per annum	3.9%	4.3%

Pension Liabilities

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

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

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 2013/14 that have impacted on the position of the Trust. In 2013/14 the Trust took on 5 properties from Wolverhampton City PCT with a value of £12.3m. Additionally the Trust is required to adopt accounting standard IAS27 which requires the Trust to consolidate its Charitable Funds into its accounts if material. These were not consolidated as they are not considered material. Full accounting policies are included in the accounts.

Financing

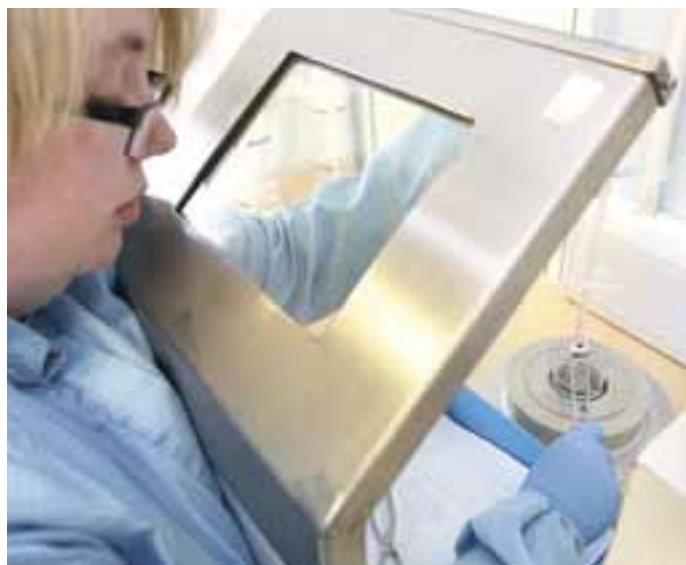
There have been no major financing transactions within 2013/14.

Exit packages	2013-14		2012 - 13	
	Agreements	Total Value of Agreements	Agreements	Total value of Agreements
	Number	£000s	Number	£000s
Mutually agreed resignations (MARS) contractual costs	0	0	36	724
Contractual payments in lieu of notice	22	59	0	0
Exit payments following Employment Tribunals or court orders	1	7	0	0
Total	23	66	36	724

This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

As a single exit packages can be made up of several components each of which will be counted separately in this table.

None of the payments listed above related to the people named in the remuneration report.



Auditors

The Trust's external auditors are PricewaterhouseCoopers LLP and the total charge for audit work undertaken in 2013/14 was £98k including VAT (2012/13 £98k). Other auditors remuneration in 2013/14 was £7k (2012/13 £72k) and is in respect of non-audit services.

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

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

The Trust is able to ensure this as:

- All work is controlled and monitored by the Audit Committee 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 2014

	2013/14	2012/13
	£000	£000
Revenue		
Revenue from patient care activities (see glossary of terms)	357,681	351,640
Other operating revenue (see glossary of terms)	36,364	33,277
Operating expenses	<u>(376,070)</u>	<u>(368,406)</u>
Operating surplus	17,975	16,511
Finance costs		
Investment revenue	104	84
Other gains and (losses)	216	(18)
Finance costs	<u>(1,583)</u>	<u>(1,555)</u>
Surplus for the financial year	16,712	15,058
Public dividends capital dividends payable (see glossary of terms)	<u>(8,246)</u>	<u>(8,035)</u>
Retained surplus for the year	8,466	7,023

All revenue and operating expenses are derived from continuing operations

Other Comprehensive Income for the Year Ended 31 March 2014

	2013/14	2012/13
	£000	£000
Other comprehensive income		
Retained Surplus for the Year	8,466	7,023
Impairment and reversals	(2,876)	(4,107)
Gains on revaluations	29,825	0
Total comprehensive income for the year	34,415	2,916
Financial performance for the year		
Retained surplus for the year	8,466	7,023
Impairments	155	1,604
Adjustments in respect of donated asset / gov't grant reserve elimination	<u>(730)</u>	<u>(61)</u>
Adjusted retained surplus	7,891	8,688

Statement of Financial Position as at 31 March 2014

	31 March 2014	31 March 2013		31 March 2014	31 March 2013
	£000	£000		£000	£000
Non-current assets			Financed by taxpayers' equity		
Property, plant and equipment	296,807	253,588	Public dividend capital	173,281	173,082
Intangible assets	566	459	Retained earnings	38,551	19,623
Trade and other receivables	1,311	2,646	Revaluation reserve	88,879	60,217
Non-current assets held for sale	800	800	Other reserves	190	190
Total	299,484	257,493	Total Taxpayers' Equity	300,901	253,112
Current assets					
Inventories	5,809	5,823			
Trade and other receivables	15,478	14,362			
Cash and cash equivalents	27,087	22,566			
	48,374	42,751			
Total assets	347,85	300,244			
Current liabilities					
Trade and other payables	(33,599)	(33,547)			
DH Working capital loan					
Borrowings	(1,774)	(1,771)			
Provisions	(4,514)	(3,730)			
Total current liabilities	(39,887)	(39,048)			
Total assets less current liabilities					
Non-current liabilities	307,971	261,196			
Borrowings	(6,440)	(7,545)			
Provisions	(630)	(539)			
Total assets employed	300,901	253,112			

The financial statements were approved by the Board on _____ date _____ and signed on its behalf by:

Signed:



David Loughton, CBE
Chief Executive

Date:

Statement of Changes in Taxpayers' Equity

	Public dividend capital (PDC)	Retained earnings	Revaluation reserve	Other reserves	Total
	£000	£000	£000	£000	£000
Balance at 1 April 2013	173,082	19,623	60,217	190	253,112
Changes in taxpayers' equity for 2013/14					
Retained surplus for the year	0	8,466	0	0	8,466
Net Gain on Revaluation of Property, plant and equipment	0	0	29,825	0	29,825
Impairments and reversals	0	0	(2,876)	0	(2,876)
Transfer between reserves	0	117	(117)	0	0
Transfers under modified Absorption Accounting	0	12,175	0	0	12,175
New PDC Received	183	0	0	0	183
New PDC Received PCT Legacy items paid for by DH	16	0	0	0	16
Transfers between reserves	0	(1,830)	1,830	0	0
Balance at 31 March 2014	173,281	38,551	88,879	190	300,901

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 2014

	2013/14	2012/13
	£000	£000
Cash flows from operating activities		
Operating surplus	17,975	16,511
Depreciation and amortisation	16,695	15,356
Impairments and reversals	155	1,604
Release of PFI/deferred credit	0	499
Interest paid	(1,573)	(1,544)
Dividends paid	(8,035)	(8,120)
(Increase) in inventories	14	(120)
(Increase)/decrease in trade and other receivables	(982)	3,771
Increase/(decrease) in trade and other payables	1,489	(2,338)
Increase in provisions	865	608
Net cash inflow from operating activities	26,603	26,227
Cash flows from investing activities		
Interest received	104	84
Payments for property, plant and equipment	(20,362)	(20,577)
Proceeds from disposal of plant, property and equipment	116	18
Payments for intangible assets	(422)	0
Net cash outflow from investing activities	(20,564)	(20,475)
Net cash inflow before financing	6,039	5,752
Cash flows from financing activities		
Public Dividend Capital Received	199	3,000
Capital element of finance leases and PFI	(1,717)	(1,844)
Net cash inflow/(outflow) from financing	(1,518)	1,156
Net increase in cash and cash equivalents	4,521	6,908
Cash at the beginning of the financial year	22,566	15,658
Cash at the end of the financial year	27,087	22,566

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 Commissioners.
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 Trust Development Authority 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 Chief Executive of the NHS Trust Development Authority. 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: 9th June 2014

David Loughton CBE, Chief Executive.

Signed: 

Date: 9th June 2014

Kevin Stringer, Chief Financial Officer.

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: 9th June 2014

David Loughton CBE, Chief Executive.

Signed: 

Date: 9th June 2014

Kevin Stringer, Chief Financial Officer.

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.

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 overarching priority of Patient Safety, we continued with 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 focused organisation.
- **Care of the Older Person** because this is the largest group of patients we serve and where we can make real progress in improving nutrition and reducing harm from falls, infections and pressure ulcers.
- **End of Life Care** as we only have one chance to get this right and give patients and their families the dignity and respect they deserve.

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 staff 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 have done a lot of work this year in improving the way we support patients and their families when they are unhappy with their experience which is detailed in this document.

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 2014/15.

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

These will continue as our priorities as they underpin so much of what we do. As in previous years Patient Safety continues to be an overarching priority with some key indicators to demonstrate our continued commitment to our patients.



David Loughton CBE
Chief Executive

The Royal Wolverhampton NHS Trust



Our Vision

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

Our Values

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

Patients are at the **centre** of all we do.

We will be **innovative** in how we work.

Working together we deliver **top quality** services.

We create an environment in which people **thrive**.

Part 2 – 2014/15 Priorities for improvement

Our quality improvement priorities for 2013/14 mirrored 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 be highly relevant for the coming year as they reflect so much of the services we provide and they will remain as our driving focus in the year ahead. We have achieved much over the previous 12 months in these areas and there is more that we can further accomplish. 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.

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



Priority 1: Urgent Care

Why is this a priority?

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

Baseline

Urgent and Emergency Care covers three main areas:

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

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

Performance

The pressure seen by the urgent and emergency care system across the country is unsustainable. Performance on a number of indicators was challenging during the winter period in both 2012 and this continued into 2013, with indicators relating to how quickly patients are seen, discharged or admitted at the Emergency Department (ED) particularly affected.

This deterioration is common with a national picture and the Trust has taken steps over the past 12 months to ensure, where possible, this increased pressure has not impacted on the quality of patient experience offered within the Emergency Department and adjoining clinical teams.

The following section indicates performance against the key targets monitored within ED:

Patients who arrive by Ambulance will be assessed by a nurse within 15 minutes.



Trust local data April 2013 -2014



Trust local data April 2012 -2013

Assessment times of patients who arrive by ambulance are monitored on a daily basis as the number of ambulances arriving in the department continues to rise in line with pressures on ED, this target is monitored regularly to ensure sustainability of this target.

- The average time to be seen by a doctor will be 1 hour.



Trust local data 2013/14



Trust local data 2012/13

How we have performed against 2013/14 plans?

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.

The draft Joint Urgent and Emergency Care was approved by the relevant stakeholder organisations in November 2013.

Commence public and partner engagement with the wider community in relation to the discussions and options for Urgent and Emergency Care in Wolverhampton.

The approval of the Joint Urgent & Emergency Care Strategy allowed a 3-month consultation period on the strategy proposals to begin. Formal consultation commenced on 2 December 2013 and closed on 2 March 2014.

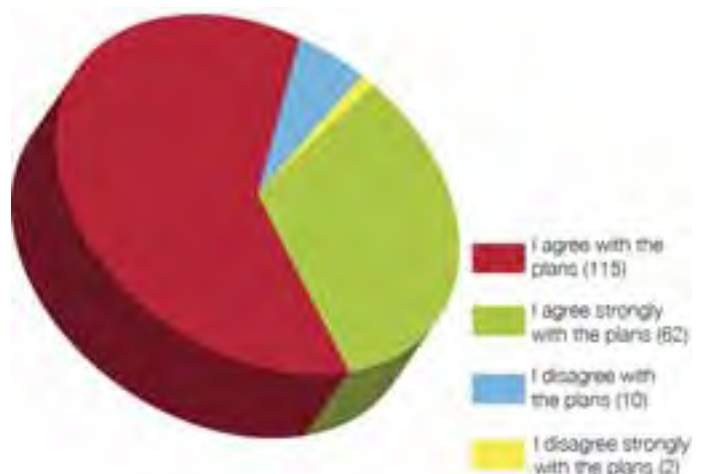
The consultation enabled the proposals for the future of Urgent and Emergency Care Services in Wolverhampton to be shared with stakeholders.

The specific aims of the consultation were:

- To communicate the key aims of the strategy and promote the opportunities for people to get involved.
- To establish and provide a range of methods – both targeted and general – for people to feed back their views.

A series of both formal and informal events took place across various locations within the City to ensure that the public, patients and other stakeholders had the opportunity to receive information, ask questions and communicate their feedback on the proposals. The key question that was posed to respondents was their response to, and agreement or disagreement, with the urgent and emergency care proposals.

This question below was asked following explanation of the plans, either face-to-face, through the consultation document, or via a dedicated website.



Of those respondents that answered this question (which was n.189 in total) 115 respondents agreed with the plans (61%), and 62 respondents (33%) strongly agreed with plans.

This equates to a 94% support share for the plans for Urgent & Emergency Care in Wolverhampton.

Continue to forge strong working relationships with our partner organisations in order to continue to work in a productive and cohesive manner.

The Urgent Care Working Group (formerly the Urgent & Emergency Care Strategy Board) continues to bring together GPs from Wolverhampton and South East Staffordshire & Seisdon Peninsula, Trust doctors, nurses and managers, Social Services, West Midlands Ambulance Service, Commissioners and the Black Country Partnership (Mental Health) to pave the way for changes to Urgent and Emergency Care in Wolverhampton. Meetings take place on a monthly basis.

Expansion of majors area in the Emergency Department (ED) by November 2013.

The expansion of the Majors Areas in the Emergency Department has seen an increase of 9 major's cubicles. Initially these cubicles were utilised 18 hours per day by the team; however, they are now operational 24 hours per day.

This expansion has enhanced the Emergency Department in a number of ways; enhancing capacity via the increased space, and an improved environment for patients and staff. Additional staff have been recruited to support the extra capacity. This additional space has meant the time spent in the Ambulance Offload Area has been considerably reduced as patients are able to move into a cubicle space more quickly.

Further operational support aligned with the expansion has included additional capacity for storage and access to medication via the Mediwell system and increased Point of Care Testing (POCT) facilities.

This development has received favourable feedback from staff, patients and other agencies e.g. Ambulance crews.

The opening of a Clinical Decisions Unit by September 2013.

The Clinical Decisions Unit (CDU) became operational for 12 hours a day during May 2013. The unit offers 7 clinical spaces, which enable the ED team to further monitor and investigate a patient's condition in an appropriate clinical environment.

The Unit became operational 24 hours a day, 7 days a week during September 2013.

The introduction of a Clinical Decisions Unit has enabled the prevention of unnecessary admissions offering clinical teams the opportunity to undertake further investigations in an appropriate environment.

What else have we achieved?

Ambulatory Assessment Area - Patient Flows and System Changes

This work stream relates to patients that are referred to the Hospital, but who do not necessarily require a hospital bed, and are able to be assessed in the Ambulatory Assessment Area (AAA) attached to AMU. Work has been undertaken to develop a clear patient flow through the AAA to ensure a seamless and coordinated approach to the management of their care, ensuring that they have a comprehensive assessment of their immediate clinical needs.

The team is working towards the sustainable presence of a Senior Clinical Decision maker in the area to facilitate speedy assessment and treatment of patients. Partnership working with the IT Department has also taken place in order to implement an IT system, MSS – Patient First, which provides information on time spent in the area and to gives the clinician real-time information to support the episode of care in AAA.

Introduction of a See & Treat Work stream

The ED Team has worked to develop a framework for patients that present at ED Minors that are suitable for the See and Treat workstream.

See and Treat is an initiative designed to reduce waiting times and improve the patients experience in ED. It is a simple technique that involves seeing patients when they arrive, assessing their needs, and providing treatment. (EMJ, 2005). For the Emergency Department at New Cross Hospital the See and Treat criteria is defined as: Limb injuries and wounds in patients 18 years and over, but under 65 years old – excluding; hip injuries.

There is clear definition of roles and responsibilities for staff working in both the Minors and in the See and Treat workstreams to facilitate the swift treatment and discharge of patients that present at ED.

The Plans for 2014/ 15

Implementation of the Joint Urgent & Emergency Care Strategy

The approval of the strategy allows work to begin on implementing the plans to improve Urgent and Emergency care services across the City.

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

The Urgent and Emergency Care System in the Future

Open 8am - 6:30pm mostly Mon - Fri	Open 24/7	Open 10am - 7pm Mon - Sun	Open 24/7
Improved timely access to GP Practices	NHS 111	Walk-in Centre at the Phoenix Centre	Urgent and Emergency Centre

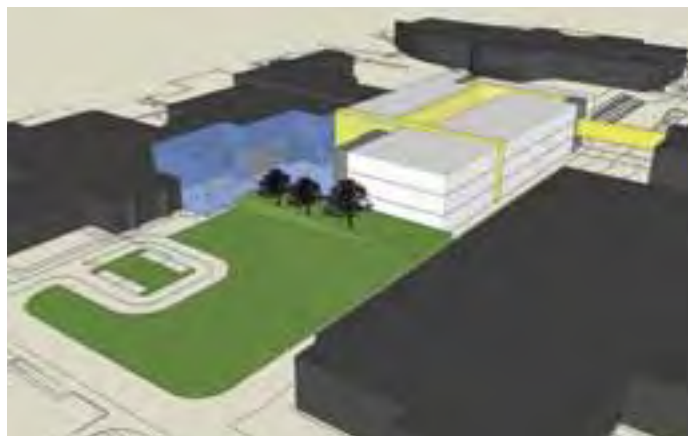


Delivery of the new Urgent & Emergency Care Centre

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

Expected operational date: Winter 2015.

Leads – Medical Director/ Director of Planning & Contracting



Priority 2: Care of the Older Person

Why is this a Priority for us?

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 therefore the Trust remains committed to delivering services that are designed appropriately for our biggest service user and respect for the autonomy and dignity of the older person must underpin our approach and practice at all times.

2013/14 Review of Priority 2: Care of the Older Person

What we set out to achieve

In addition to realising our commitment to work effectively with colleagues in primary and social care the Trust focused on a number of specific goals.

Falls

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.

Pressure Ulcers

To achieve the ambition of zero avoidable pressure ulcers.

Nutrition

Nutrition screening & care planning: To meet our targets of 100% for re-screening and care planning.

Eating & drinking: Identify dishes that are energy dense (suitable for patients with increased nutritional needs or poor appetite) and those with lower fat and sugar content (suitable for patients who are overweight or for those with diabetes).

Artificial Feeding: To introduce mandatory training for doctors who join the Trust and introduce patient care plans and educational materials for staff.

Preventing Infections

Sustain best practice and broaden knowledge of infections

Develop infection prevention systems in the wider healthcare community setting



Key Achievements 2013/14

Falls

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

Numbers of falls causing harm – ‘NHS Safety Thermometer’

The prevalence of falls that cause harm is measured via the NHS Safety Thermometer and has remained fairly static as demonstrated in the graph below. The Trust also counts the numbers of falls and specifically those that cause serious harm. The number has deteriorated from 23 in 2012/13 to 44 in 2013/14. Every fall that causes harm is scrutinised and factors including what we could have done differently are considered. Reducing the numbers of falls that cause harm continues to be a challenge but will continue to be a high priority in caring for the older patient.

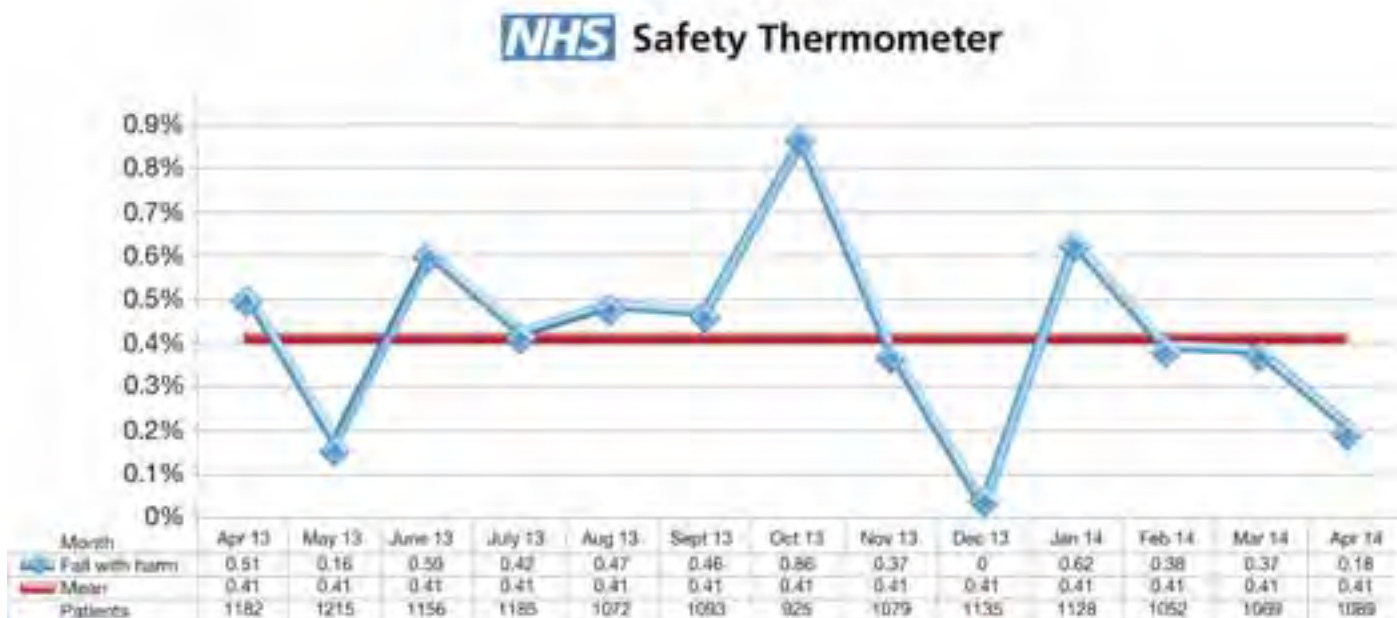
Pressure Ulcers

During the last 12 months the organisation has made significant strides in reducing the number of avoidable pressure ulcers (sores) from 69 recorded in the 12 months April 2012 – March 2013; to 26 from April 2013 to March 2014.

There has only been 1 avoidable pressure ulcer since January 2014 and so since that time we have achieved zero avoidable pressure ulcers

This has been achieved by improving accountability for care through the senior ward sister or charge nurse, all of whom are now supervisory and able to dedicate time to improving standards of care. The Trust has a very robust system of intentional rounding (comfort rounds) and we have improved access to new mattresses that have been trialled on six wards.

We have designated tissue viability nurses in both the acute medical unit and the emergency department who successfully improve local assessment and vigilance in skin integrity. The local nursing homes now participate in our pressure ulcer training and advice is provided by one of our tissue viability staff across the



NHS Safety Thermometer data

whole health economy this means the patients admitted from nursing homes also benefit from improved management of skin helping to reduce the risk of pressure sores across the whole health economy not just in the hospital.

Nutrition

To assist us in meeting our ambitious target of 100% for re-screening and care planning nutrition screening on VitalPAC (an electronic monitoring system) was introduced in July 2013.

The system prompts our staff to screen patients on admission, and weekly thereafter.

Monitoring of nursing nutrition & hydration include weekly re-weighing and a review of their care plan.

Our 2012/13 performance is demonstrated below:

Nutrition related indicators	Our performance in 2012/13	Our performance in 2013/14
% of patients re weighed weekly	79%	97%
% of patients who have a care plan in place and who are at medium or high risk from under nutrition	89%	97%

Our hospital menu was reviewed early in 2013/14, and a new menu launched.

The revised menu includes coding for energy dense and lower fat/ sugar options and each ward has been issued with an updated resource folder that indicates the suitability of menu items for specific therapeutic diets and appropriate additional choices.

During 2013/14 we have reviewed and further enhanced our nutrition and training packages.

- We have updated our Doctors' induction manual
- An e-learning package for junior Doctors has been developed, for roll out early in 2014/15.

- Specific care plans have been introduced for patients who require enteral feeding,
- Education packages for nursing and dietetic staff have been reviewed and improved.
- Nutrition is also included in our three yearly nurse mandatory training programme with compliance currently >95%

The past 12 months has also given us the opportunity to introduce an inpatient catering survey. which is completed every 6 months and has provided us with useful information.

In the most recent survey (January 2014) we found that

- 93% of patients said that they were offered the type of food they liked
- 84% of patients said their meals were hot
- 83% of patients described their meals as appetising
- 90% of patients described their meals as well presented
- 90% of patients reported being offered food and drink regularly
- 71% of patients said protected mealtimes were in evidence

Further developments during 2013/14 include

A programme of work to improve the care of inpatients with swallowing difficulties; this includes development of care plans, protocols and identifying link practitioners as a resource in each clinical area.

The development of protocols, patient & staff education and ring fencing beds for planned surgery that together minimises fasting prior to planned surgery.

Safe Hands is an innovative real-time location system that is being used throughout the Trust to drive improvements in patient safety and quality of care and we have developed it to help us identify those patients who have specific nutritional needs e.g. swallowing problems, artificial feeding, and therapeutic diets.

Source of Data:

- Nursing quality metrics.
- Compliance with mandatory and non-mandatory training on nutrition for nurses and doctors.
- Audit protected mealtimes.
- Audit of case notes for compliance with risk screening and use of the nutrition care plan.

Monitoring

- Nutrition Support Steering Group
- Creating Best Practice Steering Group
- Catering Operational Group

Preventing Infections

Infection prevention is an overarching priority for the Trust however the increased risk factors or health care acquired infections in our aging population is recognised.

2013-14 was another successful year both within the acute hospital and across the health economy in reducing health care associated infections through partnership working. Our work includes the provision of education and training programmes and the management of patients with infections in the community.

We have forged and are proud of our close links in care homes, very sheltered housing, local authority and independent contractors and as a result the MRSA Care Homes screening project has reduced MRSA colonisation to less than 2% in Wolverhampton Care Homes from our starting point of 9% in 2008.

Source of Data:

- NHS 'Safety Thermometer'
- Nursing quality metrics

Monitoring

- Trust Infection Prevention and Control Group
- Creating Best Practice Steering Group
- Weekly accountability meetings chaired by the chief nursing officer

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

- The Intravenous Resource Team has been made substantive and will continue to focus on a reduction in line related infections, delivering the right line at the right time.
- The Outpatient Parenteral Antimicrobial Therapy (OPAT) Service continues to enable the monitoring and delivery of IV antibiotics in the community, rather than in hospital.
- The Surgical Site Infection Team provides complete SSI surveillance and shares the information with Consultant Surgeons via a monthly dashboard.
- Daily audit of intravenous line care supports best practice and reduces line related bacteraemia.
- Continued focus on supporting high risk areas of infection.
- Improved chronic wound management through a baseline audit, a team of specialist nurses targeting supporting practice nurses, patients and staff with education and specialist wound care advice to promote healing.
- Prevalence study for urinary catheters and a working group formed to discuss strategies to reduce infection related to the use of urinary catheters.
- Appointment of a Biomedical Scientist to support Infection Prevention related research and innovation.

Plans for 2014/15

The Trust will continue to work effectively with colleagues in primary and social care and develop work streams and individual projects that will deliver the values identified through our initial Care of the Older person key stakeholder event in held November 2012.

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

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

Dementia Care and caring for vulnerable adults

We believe that the 6Cs apply to everyone from clinical staff to people working in corporate and support services therefore the Trust will, throughout 2014/15 roll out a Dementia Awareness Programme – a 3 phased trust wide education and awareness programme resulting in Wards / Department / Teams developing individual action plans.

Specific training to develop staff skills in caring for older people and family liaison will be piloted across care of the elderly wards and evaluated and will include a Therapeutic Activity Project - an education programme for volunteers on activities that include sensory equipment.

A redesign programme is planned to introduce single sex Care of Elderly wards during 2014/15. Although we currently provide single sex bays we believe our plans will offer further privacy for our patients.

Falls

- The Trust is piloting a therapy led walking team to work with patients who are at high risk of falls. The intention is to support patients in exercising and mobilising gently prior to discharge home and identify what aspects of care actually reduce the incidence of falling over, particularly in older people.
- The Trust links into the national lead for reducing patient falls and is receiving the most up to date information in managing this risk
- Improved patient assessment and intentional rounding continues to reduce the risks of patient falling however more needs to be done around reducing serious harm. The Trust is linking with national falls specialists, participating in research with NHS England and reviewing how the care bundle is used to reduce the number of serious falls.

Pressure Ulcers

The Trust will extend the number of new mattresses across every inpatient bed, the use of these has already evidenced improvements in pressure damage on the pilot wards.

We will concentrate on continuing to have zero avoidable grade 3 or 4 pressure ulcers and concentrate on extending our success in eradicating avoidable grade 3 and 4 pressure ulcers to include grade 2 as well.

Nutrition

The Trust continues to strive to improve nutritional care. In order to do this we have identified the following areas of work for 2014/15:

- Work with The Learning Clinic to develop MUST reporting from VitalPAC – this will provide further data on compliance with nutrition screening on admission, and weekly re-screening on all admissions.
- Improve our delivery of 'Protected mealtimes'. A new Matron quality round will be introduced in April 2014 to assess and promote effective 'Protected Mealtimes'.
- Further improve practice to promote safe artificial nutrition – this will include roll out of the Doctors' induction training package, and nursing indicators regarding the management of patients who are being tube fed.

Preventing Infections

The prevention of avoidable infection is the vision for infection prevention in Wolverhampton and remains the priority message and key focus in health economy care delivery. The need to understand the basics of infection prevention principles and promote clean, safe care each and every time care is delivered is continually reinforced through the Dr Hans Clean messages across the acute site. Staff complete mandatory infection prevention training annually and link practitioners support the wards and care homes to promote the Infection Prevention messages.



The Trust acknowledges the current challenges in infection prevention working in partnership with colleagues across the health economy to deliver nine strategic objectives through an Annual Infection Prevention Programme of Work. Strategic Objectives focus on prevention and control of healthcare associated infections through surgical site surveillance, emerging infections and use of devices, research, and the investigation of novel treatments.

Integral to this is the communication network established between the Acute Trust, independent contractors and community care settings which, in the past two years, has seen improved control of outbreaks and has sustained the systematic follow up of MRSA colonised and *Clostridium difficile* infected patients, offering them a community pathway for treatment and support.

The PREVENT approach has seen MRSA colonisation reduced in care home settings, annual audit supporting an improvement in environmental standards, supported a link practitioner group, and delivered a free, bespoke, Wolverhampton infection prevention care home training DVD to facilitate in-house training for care home staff in the City.

The Trust Infection Prevention and Control Group continues to provide strategic direction, monitor performance, identify risks and ensure a culture of openness and accountability is fostered throughout the organisation in relation to infection prevention and control. This is reinforced in the community by working closely with Public Health and Commissioners to manage risks within independently contracted services and care homes.

GOALS

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

Action Required:

Improve health care infection data across services.

- Maintain the approach to prevention of avoidable infection across the pathway through partnership working.
- Implementation of an annual programme of work working towards the delivery of nine key strategic aims.
- Investigation of novel treatments for *Clostridium difficile*.
- Expand research following the appointment of a Biomedical Scientist.

Nominated Lead: Chief Nursing Officer

Priority 3: End of Life Care

Why is this a priority?

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

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

Providing supportive and palliative care should be integral part of every health care professional’s role.



What we set out to achieve

To have a very comprehensive approach to palliative and end of life care to provide information, support and deliver care so that patients nearing the end of life will have our commitment to implementing a person-centred, safe, and effective approach to the provision of high quality palliative and end of life care in the place of their choice.

How are we performing?

- **Following publication of the recommendations from the Independent Review of the Liverpool Care Pathway (LCP) for the dying (July 2013)**, guidance for health care professionals across the Trust has been developed, highlighting that it is imperative that people who are dying continue to receive good end of life care and that the principles of good palliative care, on which the LCP is based, must continue to be upheld.
- **In September 2013 the Care Quality Commission (CQC) carried out an inspection of our Hospital** almost all patients referred to the hospital Specialist Palliative Care Service was seen on the day of referral. Staff on the wards spoke highly of this support and felt this teamwork helped them to provide safe care to palliative patients in the hospital setting.

Key quality initiatives have been implemented since the inspection these include:

- Monthly audits of the DNACPR forms have been undertaken, which have shown improvements in documentation regarding how the DNACPR decision has been reached and who was involved in making the decision
- A group was set up to review the bereavement service, improvements include a dedicated comfortable and private room for bereaved relatives, training in how to support bereaved visitors given to staff and a review of the viewing arrangements for relatives of the deceased is taking place
- Improved education and training to all medical grades in the “breaking of bad news” is being implemented

The Trust participates in the National Care of the Dying Audit in Hospitals (NCDAH). This audit takes place every two years and is led by the Royal College of Physicians (RCP) in collaboration with the Marie Care Palliative Care Institute, it is also supported by the Public Health, England.

The key performance indicators (KPI) for 2012 showed:

National Care of Dying Audit in Hospitals (NCDAH) round 3 – Key Performance Indicators (KPI)			
NCDAH round 3 Organisational key performance Indicators		National round 3 (n=131 Hospital Trusts)	Your site
	KPI1: access to information relating to death and dying: to support care in the last hours or days of life	Median 71% IQR (57% - 71%)	86%
	KPI 2: access to specialist support (Specialist Palliative Care Services, LCP facilitator) for care in the last hours or days of life	Median 63% IQR (50% - 75%)	75%
	KPI 3: care of the Dying: continuing Education, Training and Audit	Median 67% IQR (50% - 83%)	92%
	KPI 4: Care of the dying: clinical provision / protocols promoting patient privacy, dignity and respect, up to and including after the death of the patient	Median 78% IQR (67% - 89%)	78%
		National round 3 (n=121 Hospital Trusts)	Your site (n=30)
NCDAH round 3 Clinical key performance Indicators	KPI 5: anticipatory prescribing for the 5 key symptoms that may develop in the last hours or days of life (pain, agitation, respiratory tract secretions, nausea and vomiting, dyspnoea)	Median 83% IQR (73% - 92%)	97%
	KPI 6: communication with the relatives or carers regarding the plan of care (LCP) to promote understanding	Median 71% IQR (65% - 80%)	94%
	KPI 7: on-going routine assessment of the patient, relatives or carers	Median 76% IQR (69% - 84%) N=120*	84%
	KPI 8: compliance with completion of the LCP (or matched alternative)	Median 67% IQR (59% - 76%)	88%

*Reduced by 1 hospital as all goals excluded

Results from this year's audit will be published in 2014

The Trust has supported the successful implementation of the Gold Standards Framework (GSF) for Palliative Care in Primary Care Services in Wolverhampton over the last 4 years and has now signed up to the GSF in Acute Hospitals, Phase 5 (2014 -2015). The GSF programmes are designed to improve the quality of palliative and end of life care delivered by non-specialist health care staff caring for patients in the last 12 months of their lives. The implementation in our Trust will be overseen by the Hospital Specialist Palliative Care Team

The Royal Wolverhampton NHS Trust Adult Community Nursing Service sends a survey to the families of end of life care patients, six weeks following their loved ones death. The results continue to show high levels of satisfaction, 93% of comments being positive. The 7% which were negative have guided us to make improvements in the service we provide.

The Royal Wolverhampton NHS Trust Specialist Palliative Care Team user satisfaction survey (June 2013) highlighted how approachable, caring and compassionate all members of the team are. No negative comments were received. The team also participated in the National Bereaved Relatives Satisfaction with End of Life Care Survey (2013), which is overseen by the Professional Standards Committee of the Association for Palliative Medicine. The questionnaire was distributed to the main carer 4-8 weeks after the death of a patient who had been seen by the hospital specialist palliative care team during their final hospital admission. The percentage responding “very Satisfied” or “satisfied” was higher than the national results for questions relating to; patients comfort, the way in which the patients physical needs for comfort were met, availability of the palliative care team to the family, emotional support provided to the patient by the palliative care team.

The Palliative Support Worker Service is managed by Heantun Housing on behalf of Royal Wolverhampton NHS Trust and helps support palliative and end of life patients in their own homes. They work closely with other providers of palliative and end of life care in Wolverhampton and carry out a user survey. The results showed high levels of satisfaction with the service. Particularly in maintaining patient’s independence at home for as long as possible, supporting dying patients who are socially isolated and remain at home and helping to keep patients at home in the face of an unexpected crisis affecting their carer. The service will continue to evaluate and monitor the service they provide in 2014.

NICE Quality Standards for End of Life Care for Adults (August 2011). The quality standard covers all settings and services in which care is provided by health and social care staff to all adults approaching the end of life. It sets out markers of high-quality care for adults aged 18 years and older with advanced, progressive, incurable conditions; adults who may die within 12 months; and those with life-threatening acute conditions. It also covers support for the families and carers of people in these groups. It is not expected that each quality statement will apply to all groups.

- Of the 16 Quality Standards set out by NICE the Trust was compliant with 12 and partially compliant with 4, of the 4 partially compliant a plan is in place to improve performance

Department of Health (DH) Palliative Care-Funding Pilot (PCFP) now being overseen by NHS England. The aims of the pilot programme is to gain an understanding of the criteria which best predict patient needs and drive costs by testing a case mix classification system based on “phases of illness” which occur within a “spell of care” in order to develop a currency. Also gather sufficient data to understand the national picture for palliative care need, resource use and associated costs. This would also link in social care data with palliative care data to inform the proposal for fully integrated health and social care at the end of life.

Progress to date

The Trust as a site for both acute and community with partners (Compton Hospice, Wolverhampton, Atholl Nursing Home, Severn Hospice, Shropshire Community Trust, and Shrewsbury and Telford Hospitals NHS Trust and lately Shropshire Local Authority and Wolverhampton Local Authority) successfully collected essential cost and activity data for over a two-year period which began with our first submission in October 2012 and achieved our site target of 1000 spells. To date we have submitted 1064 spells.

We continue to collect detailed data on complexity of patient need, resource use and costs

We have engaged both Shropshire and Wolverhampton Local Authority in collecting social care data, and continue to work in partnership

Excellent progress being made on phased rollout across the site and all partners involved and submitting spells

We continue to build on working relationships and having a commitment to improving care and delivery on data for the long term gain

We continue to provide DH progress reports on a monthly basis with data collection returns monthly

Next year in delivery of per patient funding system 2014/2015

To be involved and engaged in the National Steering group chaired by National Clinical Director for End of Life Care Bee Wee -that will formally:

- Support the recommendations of the Palliative Care Funding Review
- Support the development of a currency for palliative care and implementation of the new funding system
- Ensure currency development is informed by latest research and development work being undertaken by King's College London (KCL)
- Monitor the progress of currency and systems development and ensure lessons are learned and shared as quickly as possible
- Provide leadership for the creation of the new funding system
- To develop a communications strategy to all partners and stakeholders
- Improve processes for all organisations on pilot site for patients, discussed with clinical leads within all organisations on delivery of PCFP
- Deliver in discussion with DH and NHS England and agree moving forward on programme for PCFP key milestones within programme plan

Plans for 2014/15

To review and refresh the End of Life Strategy for Adults in Wolverhampton with a view to developing further services for End of Life Care for Adults in Wolverhampton, a small working group coordinated by NHS Wolverhampton Clinical Commissioning Group (CCG) are looking at objectives and quality markers to further develop the service offered to patients within the last year of life.

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

To develop a single Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) policy and form for the local health care economy to ensuring it retains its validity when the care setting changes e.g. discharge from hospital. This will prevent the need to repeat emotionally upsetting conversations with patients and their families about their DNACPR status when the patient moves between care settings

To appoint a rapid discharge education pathway facilitator to ensure the implementation of a rapid discharge home at end of life pathways is implemented

To ensure people approaching end of life will be encouraged to express their wishes and feelings

To development a shared record for patients at the End of life

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

To improved facilitation of Advance Care Planning / preferred priorities for care in order to create a co-ordinated approach across health and social care economy to support nursing homes and to improve service delivery and safety in nursing homes through co-ordinated support of training and education opportunities

To ensure the national recommendations on the Liverpool Care Pathway (LCP) will be adhered to

Leads - Chief Operating Officer/ Director of Human Resources

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 2013/14 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 2013/14 represents 91.4% of the total income generated from the provision of relevant health services by The Royal Wolverhampton NHS Trust for 2013/14.

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 2013/14 37 national clinical audits and 2 national confidential enquires covered relevant health services that the Royal Wolverhampton NHS Trust provides.

During 2013/14 the Royal Wolverhampton NHS Trust participated in 95% of national clinical audits and 50% national confidential enquires 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 and did participate in during 2013/14 are listed in the tables overleaf.



National Confidential Enquiries	Participated
Tracheostomy Care	Yes
Gastrointestinal Bleeds	No

The national clinical audits and national confidential enquiries that The Royal Wolverhampton NHS Trust participated in, and for which data collection was completed during 2013/14, 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 Audits 2013/14 -					
National Clinical Audit	Directorate	Applicable	Participating	Status of audit	% data collection and cases submitted
Adult community acquired pneumonia	Respiratory	Yes	Yes	Completed	100%
Diabetes (Paediatric)	Paediatrics	Yes	Yes	Completed	100%
Non-invasive ventilation	Respiratory	Yes	Yes	Completed	100%
Rheumatoid and early inflammatory arthritis	Rheumatology	Yes	Yes	Completed	100%
Emergency use of oxygen	Respiratory	Yes	Yes	Completed	100%
Epilepsy 12 (Childhood Epilepsy)	Paediatrics	Yes	Yes	Completed	100%
Neonatal intensive and special care - NAPP	Paediatrics	Yes	Yes	Completed	100%
Paediatric asthma	Paediatrics	Yes	Yes	Completed	100%
Sentinel Stroke National Audit Programme (SSNAP) includes SINAP	Stroke	Yes	Yes	Completed	100%
National Audit of seizure management (NASH)	Emergency Department	Yes	No	N/A	100%
National Cardiac Arrest	Critical Care	Yes	No	N/A	100%

The national clinical audits and national confidential enquiries that The Royal Wolverhampton NHS Trust continues to participate in since 2013/14 are as follows:

Acute Coronary Syndrome or Acute Myocardial Infarction	Cardiothoracic Services	Yes	Yes	In Progress
Adult Cardiac surgery	Cardiothoracic Services	Yes	Yes	In Progress
Adult Critical Care (Case Mix Programme)	Critical Care	Yes	Yes	In Progress
Bowel cancer	Oncology & Haematology	Yes	Yes	In Progress
Cardiac Arrhythmia	Cardiothoracic Services	Yes	Yes	In Progress
Congenital Heart Disease (paediatric cardiac surgery)	Cardiothoracic Services	Yes	Yes	In Progress
Coronary Angioplasty	Cardiothoracic Services	Yes	Yes	In Progress
Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)	Diabetes	Yes	Yes	In Progress
Elective surgery (PROMs)	Trauma & Orthopaedics	Yes	Yes	In Progress
Falls and Fragility Fractures Audit programme, includes National Hip Fracture database	Trauma & Orthopaedics (National Hip Fracture) and Care of the Elderly (Inpatient Falls)	Yes	Yes	In Progress
Head and neck oncology	Oncology & Haematology	Yes	Yes	In Progress
Heart failure	Cardiothoracic Services	Yes	Yes	In Progress
Lung cancer	Oncology & Haematology	Yes	Yes	In Progress
Moderate/severe asthma in children (ED)	A&E	Yes	Yes	In Progress
National audit of dementia audit	Care of the elderly	Yes	Yes	In Progress
National comparative audit of blood transfusion	Pathology	Yes	Yes	In Progress
National emergency laparotomy audit	Critical Care (Lead)/General Surgery	Yes	Yes	In Progress
National joint registry	Trauma & Orthopaedics	Yes	Yes	In Progress
Oesophago-gastric cancer	Oncology & Haematology	Yes	Yes	In Progress
Paracetamol overdose (care provided in ED)	Emergency Department	Yes	Yes	In Progress
Prostate cancer	Onc & Haem / Urology	Yes	Yes	In Progress
Renal replacement therapy (Renal Registry)	Renal	Yes	Yes	In Progress
Severe sepsis and septic shock	Emergency Department	Yes	Yes	In Progress
Severe Trauma (TARN)	Trauma & Orthopaedics	Yes	Yes	In Progress
Specialist rehab for patients with complex needs	Neurology	Yes	Yes	In Progress
Chronic Obstructive Pulmonary Disease	Respiratory	Yes	Yes	In Progress
Inflammatory bowel disease IBD	Gastroenterology	Yes	Yes	In progress
Ophthalmology	Ophthalmology	Yes	Yes	Pending

The reports of 9 national clinical audits were reviewed by the provider in 2013/14 and The Royal Wolverhampton NHS Trust intends to take the following actions to improve the quality of healthcare provided:

National Clinical Audit	Directorate	Applicable	Participating	If participating status of audit	Actions that we have identified to improve the quality of healthcare we provide in this Trust
Adult community acquired pneumonia	Respiratory	Yes	Yes	Completed	<ol style="list-style-type: none"> 1. Updated local intranet clinical guideline containing agreed criteria with Critical Care. 2. Simplified and condensed current guidance and incorporated links to pneumonia care bundle and hospital antibiotic prescribing guidance. 3. Improve compliance with pneumococcal and urinary antigen testing - feedback to acute physicians emphasising importance of testing and education of junior doctors on the post take ward round.
Diabetes (Paediatric)	Paediatrics	Yes	Yes	Completed	The audit was conducted to ensure compliance with RCPCH guidance. To improve the quality of care a Education Programme has been developed for the referral pathway for GP's and walk in Centre staff to follow.
Non-invasive ventilation	Respiratory	Yes	Yes	Completed	<ol style="list-style-type: none"> 1. Audit summary presented at both directorates governance meetings to agree on action plan to change practice where required including consideration of addition of DECAF score to NIV care pathway. 2. Liaised with respiratory and critical care colleagues
Rheumatoid and early inflammatory arthritis	Rheumatology	Yes	Yes	Completed	Alterations to ERAC protocol to include referral to PT/OT before 12 weeks, in line with NICE
Emergency use of oxygen	Respiratory	Yes	Yes	Completed	<ol style="list-style-type: none"> 1. Improve our prescription of oxygen further - new prescription charts are now in use. 2. Show improvement of prescribing oxygen- Re-audit 14/15 (added to plan). 3. Pharmacists added to the alerts for oxygen datix.
Epilepsy 12 (Childhood Epilepsy)	Paediatrics	Yes	Yes	Completed	The audit highlighted current advice leaflet available in the Trust ref. Seizures in Childhood required updates. Actions to complete this task have been done and the updated leaflet is now available on the intra-net

National Clinical Audit	Directorate	Applicable	Participating	If participating status of audit	Actions that we have identified to improve the quality of healthcare we provide in this Trust
Neonatal intensive and special care - NAPP	Paediatrics	Yes	Yes	Completed	The audit looked at whether babies requiring specialist neonatal care received consistent high quality care. A detailed breast feeding action plan has been created for midwifery. This action plan is Midwifery led and currently in place. The obstetric team to develop a system so the issues of all mothers who deliver their babies between 24 and 34+6 weeks and are given a dose of antenatal steroids, can be reviewed.
Paediatric asthma	Paediatrics	Yes	Yes	Completed	National Audit of the Paediatric Asthma looked at Institution v National Analysis (New Cross Hospital v All Institutions). No actions for Trust as this National Audit has shown improvements from the previous 2011 report.
Sentinel Stroke National Audit Programme (SSNAP) includes SINAP	Stroke	Yes	Yes	Completed	Ensure submissions (business cases) provide capacity to deliver required intensity of each therapy and also 24/7 access to both to required specialist care on arrival in A&E Review draft new ICP Agree use of ASU beds Ongoing audit of missed direct admissions with weekly reporting A&E teaching juniors and consultants Review of A&E protocols and processes Feed-back all missed direct admissions to A&E Agree A&E swallow screen for stroke nurse use Review EAU and Eye Clinic stroke protocols Work towards 45min each therapy 5 days/week within current resource

The reports of 304 local clinical audits were reviewed by the provider in 2013/14 and The Royal Wolverhampton NHS Trust intends to take the following actions to improve the quality of healthcare provided:

- An acute handover care toolkit has been developed to improve handover time
- Re-launch of SBARD across the Trust
- Mandatory training updated to reflect MUST on Vitalpac and ulna length as an alternative height measure
- Change of bowel preparation – patients are no longer required to have a low residue diet pre-op
- Purchase of six Combifixes (reduces pelvic tilt and improves set up accuracy) to aid immobilisation for pelvic radiotherapy

- Posters displayed throughout EAU detailing the prescribing requirements for Enoxaparin prophylaxis
- Pathway developed for feeding pre-term babies
- Cardiothoracic will provide endoscopic vein harvesting (EVH) to all eligible patients.
- Training and Induction updates undertaken to ensure that all registered nurses are aware of safe practice in correct placement of Naso-Gastric feeding tubes.
- All new patients with a diagnosis of MS are now referred to Clinical Nurse Specialist.
- A new prescription chart has been developed to incorporate not only Warfarin prescribing
- The HIV 3 monthly follow up proforma has been amended to show the CVD risk assessment monitoring and the monitoring of plasma glucose and lipids.

Clinical Audit Activity

The Clinical Audit Committee has reviewed and made significant changes to the clinical audit policy (OP45) for the year 2013-14 due to the poor completion rate and action plans in the year 2012-13. The changes include:

1. Clinical Audit lead must be a Consultant or Senior Staff
2. Limit on number of local audits per directorate to 10
3. Local Audits registered onto the clinical audit database have to show progress within 3 months of registration and 6 months for completion of the audit, otherwise they were abandoned.

These changes have focused majority of directorates in performing quality audits within the timeline and with SMART action plans. During 2013-14 the Trusts Clinical Audit Completion Rate (excluding national audits) was 93%.

Participation in clinical research

RWT performance continues to be on par with large Acute Trusts within the West Midlands region. Our research culture and overall performance continues to be fostered and encouraged. Ensuring that patients are given choice to participate in research trials is a national and local target and is identified by patients as an important clinical choice. The number of patients receiving relevant health services provided or sub-contracted by The Royal Wolverhampton NHS Trust in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was 3310. The Trust currently has 8 chief investigators and 86 principle investigators across the Trust, supported by 31 research nurses and 9 clinical trial assistants.

Overall across the Trust, the total number of patients which were screened for inclusion into one of the 210 active research trials totalled 38,338 of which 20,930 were successfully recruited. The Trust was lead sponsor for two portfolio studies during the 13/14. Academic links with Wolverhampton Birmingham, Aston, Liverpool and Keele Universities in particular where strengthened this year through research collaborations.

Patient representation is encouraged and included in the development of new trials but also in attending localised specialty research groups. To ensure that the experience and future research needs are captured the Trust proactively seeks further

engagement from patients upon completion of trial access to innovative treatments. The results for 13/14 have provided assurance that all patients engaged in research are able to influence the future research portfolio and service development. To measure quality the R&D, the management has engaged with external monitors, who undertook 270 external monitoring visits during 13/14. Each monitor was required to feedback on a wide range of criteria and rate each element of activity. In summary monitors rated the Trust as being 86% good/excellent, 11% average/on par with other Trusts whilst 3% was deemed to be but requiring improvement. This has approached has been welcomed by sponsors and monitors and demonstrates the commitment to excel in research quality and performance.

During 13/14, the Trust was successful in achieving its highest accolade, selected as one of 15 new NIHR LCRN the Trust will be the Host to the largest geographical population for research from 1st April 2014.

Innovation and adoption

During 13/14 companies approached the R&D Directorate and products were adopted by Physiotherapy at West Park and the Infection Prevention team.

Existing products commercially exploited continue to provide benefits to patients internationally.

R&D Innovative software developments have been supported by the NIHR and development partner to showcase the achievement nationally.

During 2013/14 the Professor of Clinical Practice and Innovation delivered a number of achievements;

A pilot course of seven introductory Master Classes in Research was provided for staff between April and June. This was to further develop the ethos of research mindedness and innovation amongst healthcare practitioners. Also, to continuously improve patients' experiences and outcomes through focused evidence based care delivery and make access to research education as easy as possible, encouraging participation. A multidisciplinary group of 22 candidates enrolled. A drop in research advice day was carried out at New Cross Hospital, in conjunction with staff from the National Institute for Health Research Design Service at Keele University.

Two major projects of interest to the Trust were completed during the year; Bereaved families' experiences of organ and tissue donation, and perceived influences on their decision making' reported in June 2013. The report was favourably received and is feeding into the implementation of NHS Blood and Transplant's new strategy Taking Organ Transplantation to 2020. Also completed was 'Recognising the gift of organ and tissue donation: The views and preferences of donor families'. A Working Group has been convened to move this project to implementation and oversee creation of an artwork to honour 'the gift of life' organ donors give to society.

Project implementation and development continues in a number of other fields including: improving the experiences of colorectal cancer survivors, dementia care, organ donation after circulatory death, and an EU funded Innovative Training Network.

In line with Trust ambitions and the new NHS Research and Development Strategy 2013 2018, Research is everybody's business, student nurse recruitment to placements commenced and six students completed a two-day pilot pathway. A booklet of research terms and information about the Research Unit is in development, as are relevant evaluation forms to monitor students' and research nurses' experiences.

A landmark Summit Meeting of Nursing Professors in the West Midlands and the Re-launch of the RCN Research Society was held at the University of Wolverhampton Science Park in June 2014, and was jointly supported by the Trust, the University of Wolverhampton, and the Royal College of Nursing.

The agenda included:

- Network opportunities
- Discussion about how Professors could all work towards addressing health issues in the West Midlands
- Re-launch of the RCN Research Society
- Information about the new NHS England Research Strategy
- Nursing topics to submit for NIHR bids
- A programme of education for clinical research nurses

Six students completed a two day pilot pathway placements within the Research and Development Directorate. It is understood that students found the experience enriching. Care was taken to match students with research nurses working on projects within their current clinical placement areas.

Use of the CQUIN payment framework

A proportion of The Royal Wolverhampton NHS Trust income in 2013/14 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 2013/14 and for the following 12 month period are available electronically from Simon Evans, Head of Performance - simon.evans8@nhs.net

Statements from the Care Quality Commission

The Royal Wolverhampton NHS Trust is required to register with the Care Quality Commission and its current registration status has no conditions. The Care Quality Commission has not taken enforcement action against The Royal Wolverhampton NHS Trust during 2013/14.

The Royal Wolverhampton NHS Trust has participated in special reviews by the Care Quality Commission relating to the following areas of care in 2013/14 as part of the new hospitals inspection regime introduced by the Chief Inspector of Hospitals. The aim of this inspection was to assess the organisation against a range of care domains and to check that the organisation was:

- Safe
- Effective
- Caring
- Responsive to people's needs
- Well-led

The Royal Wolverhampton NHS Trust intends to take the following actions to address requirements reported by the CQC:

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

The Royal Wolverhampton NHS Trust has made the following progress by 31st March 2014 in taking such action. A comprehensive action plan is in place with executive director leadership on each action. This is monitored through the Trust's governance framework and demonstrates significant improvement.

NHS Number and General Medical Practice Code Validity

The Royal Wolverhampton NHS Trust submitted records during 2013/14 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:

- 99.6% for admitted patient care;
- 99.8% for outpatient care; and
- 96.4% for accident and emergency care.

Which included the patient's valid General Practitioner Registration Code was:

- 99.7% for admitted patient care;
- 99.8% for outpatient care; and
- 98.2% for accident and emergency care.



Information Governance Toolkit

The Royal Wolverhampton NHS Trust Information Governance Assessment report overall score for 2013/14 was 86% and was graded Green from the IGT Grading Scheme.

Information Governance Toolkit:

IG Toolkit Assessment	Level 0	Level 1	Level 2	Level 3	Total Requirements	Overall Score	Current Grade
Version 11 (2013-14)	0	0	17	28	45	86%	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						

Clinical coding error rate

The Royal Wolverhampton NHS Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission. All recommendations made during the 2012/13 PBR Audit have been implemented. Clinical Coding Audits were conducted and conformed to Information Governance Standards whereby two areas were audited. These included Admitted Patient Care for Cardiology and General Medicine. The error rates reported in the latest audit for that period are detailed below;

Cardiology & General Medicine Admitted Patient Care diagnoses and procedure coding (clinical coding) were:

- Primary Diagnoses Incorrect 10%
- Primary Procedures Incorrect 3.55%
This was based on a small sample of 200 Finished Consultant Episodes
- Healthcare Resource Groups changes 3.5%

All recommendations following the audit will be completed

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

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

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

Core Quality Indicators

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

- (a) The value and banding of the Summary Hospital-Level Mortality Indicator (“SHMI”) for the trust for the reporting period; and
 (b) The percentage of patient deaths with palliative care coded at either diagnosis or speciality level for the trust for the reporting period

	Trust performance			National average	July 2012 - June 2013 (Latest)	
	July 2010 - June 2011	July 2011 - June 2012	June 2012 - June 2013 (Latest)		Lowest reported	Highest reported
The value and banding of the SHMI for the Trust for the reporting period	1.09 (Higher than expected)	1.02 (as expected)	1.01 (as expected)	1	0.62 (lower than expected)	1.15 (higher than expected)

Data Source: HSCIC portal

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

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

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

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

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

The data made available to the trust by the Information Centre with regard to the trust’s patient reported outcome measures scores for –

- Groin hernia surgery
- Varicose vein surgery
- Hip replacement surgery, and
- Knee replacement surgery, during the reporting period.

(c) Patient Reported Outcome Measures

	April 2012 - March 2013	April 2013 - Sept 2013	National Average	Lowest report Trust	Highest reported
(i) groin hernia surgery	0.064	0.085	0.085	0.015	0.195
(ii) varicose vein surgery	0.109	0.049	0.093	0.023	0.175
(iii) hip replacement surgery	0.432	0.427	0.438	0.319	0.543
(iv) knee replacement surgery	0.226	0.371	0.319	0.187	0.387

Data Source: HSCIC portal

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

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

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

(d) Readmission Rates

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

At the time of this report the information from the Health & Social Care Information Centre had not published the data for 2012/13 and 2013/14 . We have therefore included Trust data over 16 only.

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

0 - 15 years	RWT			National Average				
Year	28 day readmissions	All Admissions	28 day % rate	28 day readmissions	All Admissions	28 day % rate	Trust with highest score	Trust with lowest score
2011/12*	7913	101147	14.94%	1052805	14711940	N/A	N/A	N/A

16 years and over	RWT			National Average				
Year	28 day readmissions	All Admissions	28 day % rate	28 day readmissions	All Admissions	28 day % rate	Trust with highest score	Trust with lowest score
2011/12*	7913	101147	10.28%	1052805	14711940	11.45	N/A	N/A
2012/13	8216	102603	8.0%	1077392	14720374	7.3%	N/A	N/A
2013/14*	4617	51876	8.9%	533006	7460106	7.1%		

* data available from HSCIC. Subsequent data is available from Dr Foster Intelligence

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

- It is required to provide information relating to readmission rates as a percentage of all admissions as part of its contracts with commissioners and as such monitors this very closely and discusses it with the commissioners.
- The Royal Wolverhampton NHS Trust has taken the following actions to improve this percentage, and so the quality of its services. The Trust reviews readmissions rates by undertaking a sample review of notes to determine whether the patient's treatment plan was appropriate and therefore the readmission was unavoidable. The findings are shared with our commissioners.

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

	2010/11	2011/12	2012/13	2013/14
RWT	75.1	74.2	77.0	75.7
National Average	67.3	67.4	67.2	Not available
Trust with highest score	82.6	85	84.4	84.2
Trust lowest score	56.7	56.5	57.4	55.4

Data Source: <http://www.england.nhs.uk/statistics/2014/06/06/nhs-111-statistics-april-2014/>

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

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

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

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

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

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

	2011/12	2012/13	2013/14*
RWT	3.68	3.76	71.769
National Average	3.50	3.57	70.569
Trust with highest score	4.05	4.08	93.924
Trust with lowest score	Not available	Not available	39.574

• Data Source: <http://www.nhsstaffsurveys.com/Page/1037/Past-Results/Staff-Survey-2012-Detailed-Spreadsheets/>

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

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

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

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

- Continuing to work closely with staff, giving them the opportunity to contribute towards improvements at work. The Trust is encouraged by the increase from 59% in this result to 70% in 2012 which was maintained in 2013, continuing to position the Trust as better than average for the last 3 years
- Further improving communications between senior management and staff (for example communicating national and local priorities and pressures, innovations, changes to service delivery and improved care pathways) resulting in an increase in this result for 2013 from 31% to 37% (8% above the national average) placing the Trust in the top 20% of acute Trusts

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

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

- The numerator is the number of adult in-patients that have received a VTE assessment upon admission to the Trust using the clinical criteria of the national tool (including those risk assessed using a cohort approach in line with published guidance); and
- The denominator is the number of adult inpatients (including surgical, acute medical illness, trauma, long term rehabilitation, day case, private).

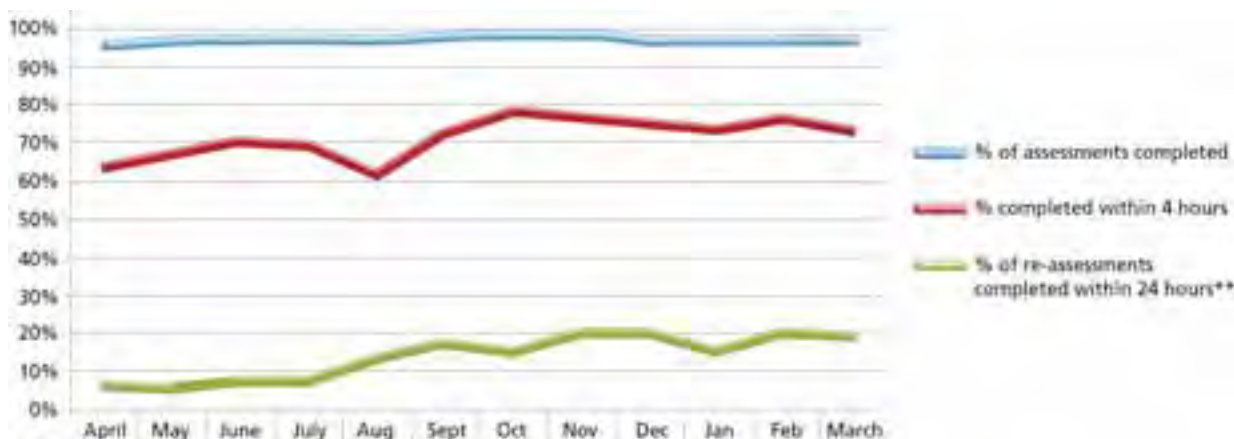
5: Treating and caring for people in a safe environment and protecting them from avoidable harm

	Q1 2012 / 13	Q2 2012 / 13	Q3 2012 / 13	Q4 2012 / 13	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14*
RWT	95.8%	96.1%	96%	97.1%	96.93%	97.43%	97.66%	97.41%
National Average	93.4%	93.8%	94.1%	94.3%	95.48%	95.84%	95.79%	N/A
Trust with highest score	100%	100%	100%	100%	100%	100%	100%	100%
Trust lowest score	80.8%	80.9%	84.6%	89.8%	78.74%	81.3%	74.09%	78.86%

Data Source: <http://www.england.nhs.uk/statistics/statistical-work-areas/vte/vte-risk-assessment-2013-14/>

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

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

	2010/11	2011/12	2012/13	2013/14*
RWT	35.4	39.0	15.8	15.5
National Average	29.6	21.8	17.3	Unavailable
Trust with highest score	71.8	51.6	30.8	Unavailable
Trust lowest score	0.0	0.0	0.0	Unavailable

*SourceThe Trust has used the monthly data made available by the Information Centre for the number of cases of CDI and a proxy for the 2013-14 bed days to calculate the indicator. The proxy for bed days is 2012-13 bed days taken from the KH03 data.

Positive cases included have the following characteristics:

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

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

- The current actions to reduce *Clostridium difficile* are effective.

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

- The development of detailed understanding of surveillance data,
- Prompt and thorough review of affected patients,
- Weekly dedicated ward rounds,
- 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.

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

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

	2012 / 13			2013 / 14		
	Incidents	Rate resulting in severe harm/death		Incidents	Rate resulting in severe harm/death	
RWT (12 month data)	8982	15	0.17%	9353999353	11	0.12%

*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 Royal Wolverhampton NHS Trust has taken the following actions to improve risk management and reporting and so the quality of its services:
- The Trust has reviewed its policy and training to facilitate swift reporting and management review of incidents (including serious incidents).
- The Trust has revised Induction and risk management training to align with risk indicators e.g. reporting and investigation of incidents and awareness and prevention of never events.
- The Trust has reviewed its timescale and process for investigation of serious incident to enable timely completion and adequate scrutiny of reports.
- The Trust was successful at level 3 assessment against NHSLA Risk management standards in September 2013.
- The Royal Wolverhampton NHS Trust has taken the following actions to improve this number], and so the quality of its services, by continuing to review its incident reporting performance against the NPSA benchmarks and take appropriate action to redress any trends.

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

3. Review of Quality Performance

Our performance against 2012/13 priorities

Both the acute and community services focused on similar priorities and the Quality Account for 2013/14 will report performance against all the goals that were set.

Patient Experience:

The methods and scope of our data collection has broadened significantly. We are now placing more information outside each ward telling patients and the public what we have done as a result of their feedback. Our patient stories are used widely across the Trust as training aids. An example of this is where one patient recorded their story for us, they then delivered a session about breaking bad news to clinical staff. They also presented and led a discussion at Grand Round.

Patient Safety:

Pressure ulcers & skin integrity

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

Infection Prevention

- Surgical site surveillance has seen a reduction in SSI's from 10% to 3.7 %.
- MRSA colonisation rates in care homes below 2%.
- MRSA acquisitions across RWT reduced by 76% since the introduction of universal admission screening.
- Device related hospital-acquired bacteraemia numbers reduced by over 50% since surveillance of these infections was commenced in RWT.
- Infection Prevention Policy suite updated to reflect National Guidance.
- Partnership working with PREVENT in care homes.
- Partnership working with independent contractors.
- Reduction in blood culture contaminants since an enhanced blood culture Phlebotomy service was introduced. The blood culture contamination rate has reduced from 5.96% prior to the introduction of this service, to 1.86% in 2013-14.
- Sustained environmental cleaning standards through audit and the use of hydrogen peroxide vapour decontamination for post outbreak and isolation rooms.

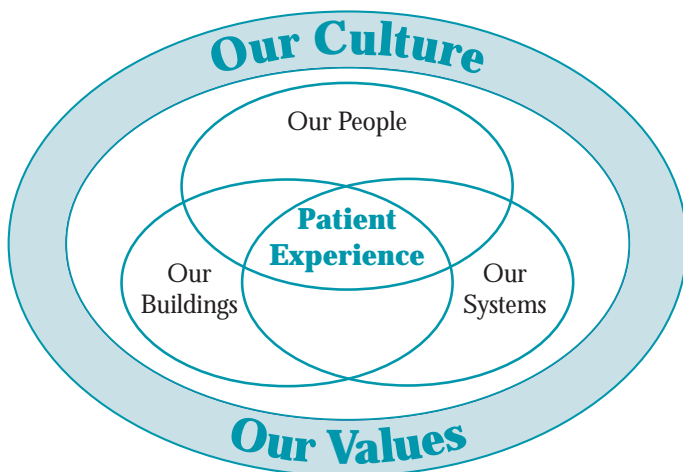


Patient Experience

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

It includes all interactions a patient or carer has with a healthcare service and their resultant reactions to this service, setting or facility. It is the impact that these interactions have on the patients and carers.

The Trust's Patient Experience Strategy was reviewed during 2013 and this new strategy and strengthens our approach to capturing feedback, measuring performance and improving services in line with the wishes of patients, carers and relatives.



The Patient Experience Strategy 2014 to 2017

Our strategy is to use what patients tell us as the basis for all we do in terms of how our culture forms and how we provide our services. We recognise the changing needs and wishes of patients and the public and we are setting our systems up to reflect this and to be responsive to these needs. Our strategy has an implementation plan to support it, provided below.

Objective	Action required	Timescale to be in place	Measured by	Key Staff	Accountable Staff
Organisational culture instilling patient needs and experience as the founding basis for service provision.	Patient needs and requirements to be the founding basis for service design	December 2017	Regular review of Patient Experience Data, staff satisfaction survey	Chief Nursing Officer, Medical Director, Chief Operating Officer, Director of Human Resources, Patient Experience Lead	Chief Executive
	Publication of patient experience data and changes implemented	January 2014	Self-evident		Patient Experience Lead
Shift organisational culture instilling patient needs and experience as an intrinsic driver of change	Implement changes as a result of intelligence received	December 2017	Regular review of Patient Experience Data, staff satisfaction survey	Chief Nursing Officer, Medical Director, Chief Operating Officer, Director of Human Resources, Patient Experience Lead	Chief Executive
	Publication of patient experience data and changes implemented	January 2014	Self-evident		Patient Experience Lead
Update accessibility to reliable digital information in tune with current trends.	Redesign and update of Trust Website, allocate resource to and recruitment of expertise in web design and communications.	April 2014	Self-evident	Head of ICT, Web Developer, Communications Manager/Officer.	Patient Experience Lead
		October 2014	Self-evident		

Objective	Action required	Timescale to be in place	Measured by	Key Staff	Accountable Staff
Implementation of up to date technological methods of engaging with patients, carers and the public.	Resource allocated to and recruitment of expertise communications/social media, RWT to adopt social media as a key engagement and communications tool.	April 2014	Monitoring and reporting of engagement activity via social media	Web Developer, Communications Manager/Officer.	Head of ICT, Patient Experience Lead.
	Consideration and implementation of mechanisms to allow feedback via various technological routes	October 2014	Monitoring and reporting of feedback received		
Build trust, establish and develop relationships with community and third sector organisations fostering Trust membership as a key engagement tool	Resource allocated to and recruitment of membership and community officer. Increase Trust membership, 3000 over 3 years.	April 2014	Increase in Trust membership, organisations worked with as partners	Volunteer Service Co-coordinator, Membership and Community Officer, Clinical Directors, Matrons, Directorate Managers, Heads of Service.	Patient Experience Lead.
Source insight into patient experiences in a variety of ways , embedding this as part of routine activity	Review of current methods.	January 2014	Reporting of Patient Experience data formats	Clinical Directors, Matrons, Directorate Managers, Heads of Service.	Patient Experience Lead
Provide Trust Board and Senior Management with sound triangulation of Patient Experience information from a variety of sources	Recruit to/Develop data analyst skills, review reporting information and update	January 2014	Reporting of Patient Experience data formats	Clinical Directors, Matrons, Directorate Managers, Heads of Service.	Patient Experience Lead
Adopt honest and open approach to patient and public views about RWT	Patient Experience reports to be published on the Trust Website	January 2014	Self-evident	Communications Officer, Web Developer	Patient Experience Lead
	Implementation of Patient Experience display boards	April 2014	Self-evident		Clinical Directors, Matrons, Directorate Managers, Heads of Service.

Progress to date

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

- Implementation of a Trust wide system of standards to measure patient experience at ward level. Each ward is tasked with reporting its performance against these standards.
- Patient experience metrics tailored to specific areas such as maternity and Emergency Department.
- Implementation of the Friends and family Test in maternity and emergency Department in addition to all inpatient areas.
- Meeting all CQUIN requirements of the Friends and Family Test.
- All patient experience data is publicised locally on each ward, including actions taken as a result of feedback received.
- A range of patient stories are available for use on the Trust intranet for us in staff meetings and training sessions.
- Review of the Patient Experience Forum terms of reference and re-launch of the Forum. Since this revamp the Forum meets every other month alternating meetings between the New Cross and West Park Hospital sites. The Forum is now chaired by the Head Nurse for Surgery and has been involved with various developments across the Trust including the Emergency Department plans, Pharmacy, car parking and visiting policy.
- A comprehensive patient experience report is produced each quarter and available through the Trust Boards papers section of the Trust website.
- Purchase (charity funded) of a second mobility scooter to assist patients with mobility needs around the New Cross site.
- Development of a team of volunteers to assist with feeding and promoting nutrition.

Patient Involvement & Feedback

We continue to value the feedback and involvement from our patient, carers, Trust members, local support groups and community representatives to help shape the development of services. We have recruited 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 around 500 volunteers and regularly hold volunteer recruitment events and explore new volunteering roles. In the last year we have been able to strengthen the support we provide to the service which has enabled us to recruit a team of volunteers to assist with the feeding of patients who require support with this. As mentioned above we have also arranged for a second mobility scooter on the New Cross site to assist patients and relatives who find it difficult to mobilise around the site.

In the coming year we will develop the Arts for Health programme through the volunteering service. This will both improve patient experience and will assist with patient's rehabilitation.

We routinely collect and analyse information in many different ways about what our patients experience. This includes the vast range of statistical data described below. We also analyse all of handwritten qualitative information patients provide us with through the various survey work we do. The vast majority of this is very positive with patients commenting largely on the care, compassion and skill of the staff.

Going Forward

Our plans are to support the demands of the growing need to utilise social media in the NHS as a ways of communicating with and engaging local groups and people, also to overhaul and develop a new Trust website. We will also use the website as a means of communicating how we are performing with regard to patient experience, publicising local information for each ward such as survey results, Friends and Family Test score, complaints and Patient Advice and Liaison feedback. We will also branch out our patient experience data collection into our outpatient areas in line with the on-going requirements of the Friends and Family Test.

Patient Feedback

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

National Inpatient Survey

	2009/10	2010/11	2011/12	2012/13	2013/14
Involved as much as want to be in decisions about care definitely/ to some extent	87%	90%	90%	89%	88%
Treated with respect and dignity always/sometimes	97%	97%	97%	96%	98%

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
- From 2012/13 onwards the percentage reflects scores 5-10 in the 11 point scale.

	2009/10	2010/11	2011/12	2012/13	2013/14
Overall care rated as excellent/very good/ good	94%	93%	93%	92%	94%

The Trust was in the top performing 20% of Trusts relating to 9 questions, including the standard of experience overall. RWT was in the bottom performing 20% for 6 questions. Through the survey patients reported the below as opportunities for improvement:

- The hospital specialist being provided the necessary information about the condition or illness from the referring clinician.
- The anaesthetist's explanation how they would put the patient to sleep or control pain in a way the patient could understand.
- Explanations as to the purpose of medicines the patients were to take at home in a way they could understand.
- Explanations as to medication side effects to watch for when patients went home.
- Explanations as to how to take medication in a way patients could understand.
- Whether hospital staff discussed if patients would need further health or social care services after leaving hospital.

A feedback session was made available to all staff in April to highlight the areas of positive performance and the areas to consider in the year ahead.

The below points were highlighted in the previous national inpatient survey as areas for improvement and they were not highlighted again in this most recent national survey.

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

We have monitored these aspects (immediately above) of patient experience using anonymous methodology at the point of discharge and provided on-going progress across the organisation (further information and results are given below).

National Maternity Survey

The national maternity survey also took place and the CQC survey questionnaire was mailed to ladies who gave birth in February 2013. The findings were released in December. 300 ladies were asked to participate and 119 surveys were returned completed (40.6%). Key findings were that all indicators had improved that had previously been measured. 86% of RWT scores were above 80%. There was one indicator in which the organisation scored below 50% and this was around advice on breastfeeding. The department has an action plan in place to address this and any indicators below a 70% threshold, of which amounted to 12% of the indicators.

In terms of national benchmarking, RWT performed in the bottom 20% of Trusts regarding one indicator. This was whether partners or companions were able to be involved as much as they wanted during labour and delivery.

RWT performed in the top 20% of Trusts nationally when ladies were asked if they were spoken to in a way they could understand during labour and birth.

In tandem with the additional measures we now have in place around maternity patient experience described below, these results are being used to drive improvements in the services provided.

The Trust participated in the National Accident and Emergency Survey managed by the Care Quality Commission during 2012 and findings were provided in our previous Quality Account. This survey was repeated in March 2014. Results are expected in January 2015. There was no national outpatient survey during 2013/14.

National Cancer Survey

Findings from this survey were published in August. RWT was the third most improved Trust in the country regarding the experiences reported by patients. We were in the bottom performing 20% of Trusts on just one question the of 63 scored questions in the survey. We were in the top 20% of Trusts on 12 items and statistically significant improvements were made on 15 questions.

Patient Experience Metrics and Friends and Family Test

During 2013 a new set of patient experience measurements were implemented. This was done to simplify the information we receive in this way, to make it meaningful to staff at the front line and to judge how we have performed against the areas highlighted for improvement resulting from the national inpatient survey from 2012. They were also introduced to help us understand a little better what patients were telling us through the Friends and Family Test, a statutory requirement of all Trusts. Our performance both our internal metrics and the Friends and Family Test are shown opposite.



Patient Experience Metrics Data, Inpatient April 2013 – March 2014

Local Trust data

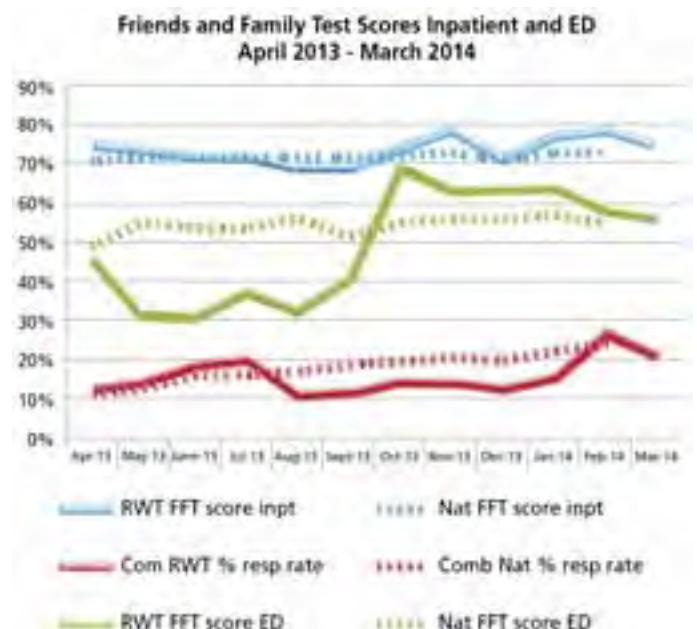
Question	RWT Nat inpt (n=415)	Apr 13 (n= av 421)	May 13 (n= av 538)	June 13 (n= av 442)	July 13 (n=av 481)	Aug 13 (n=av 549)	Sep 13 (n=av 716)	Oct 13 (n= av 664)	Nov 13 (n= av 615)	Dec 13 (n= av 597)	Jan 14 (n=av 925)	Feb 14 (n=av 729)	Mar 14 (n=av 957)
Did you feel cared for?	NA	92.3%	95.5%	96.0%	95.5%	93.6%	93.7%	94.7%	95.4%	94.7%	94.6%	95.3%	95%
Pain control	79%	91.3%	94.7%	95.4%	93.6%	92.0%	92.7%	93.4%	94.3%	96.0%	94.7%	95.7%	95.5%
Responses patient buzzers	60%	74.4%	78.6%	81.6%	77.2%	75.8%	77.6%	75.6%	77.4	74.5%	79.5%	83.0%	82.6%
Discussing worries/fears	54%	88.3%	86.5%	91.5%	92.7%	86.0%	87.4%	90.1%	89.8%	88.7%	88.0%	90.1%	88.6%
Involvement discharge decisions	65%	85.6%	87.2%	88.6%	88.1%	86.6%	83.9%	88.2%	84.8%	86.5%	86.4%	86.7%	87.9%
RWT Score	64.5%	86.5%↑	88.6%↑	90.6%↑	89.4%↓	86.8%↓	87%↑	88.2%↑	88.3%↑	88.1%↓	88.7%↑	90.2%↑	88.1%↑



We used our scores from the 2012 national inpatient survey as our baseline. Whilst there was significant improvement in the first month against this baseline which must be viewed in the context of use of different methodologies. For example with the national inpatient survey, patients have time to reflect after their admission and they complete the survey in the comfort of their own home. Our data is collected at the point of discharge from hospital and we know that this will have a positive bias, as is evident, on the scores received. Nonetheless our scores over the year have shown a steady improvement in experiences reported by patients. The volumes of patients who have feedback to us in this way give us confidence in the reliability of the data.

Friends and Family Test, Inpatient April 2013 – March 2014

From April 2013 all Trusts nationally were mandated to operate the Friends and Family Test which involved ensuring that at least 20% 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. RWT has largely held its Friends and Family test score above that of the national score over the year. In terms of response rates RWT managed to achieve the standards set nationally also in the latter months of the year.



Patient Experience Metrics Data, Emergency Department September 2013 – March 2014

Question	Sept 13 (n=av 213)	Oct 13 (n=av 765)	Nov 13 (n=av 579)	Dec 13 (n=av 414)	Jan 14 (n=av 476)	Feb 14 (n=av 545)	Mar 14 (n=av 311)
Cared for?	87.2%	92.3%	94.0%	91.5%	92.9%	93.4%	95.4%
Pain	84.1%	92.0%	89.0%	91.3%	91.7%	93.6%	95.8%
Worries/fears	79.6%	86.9%	86.8%	87.5%	89.2%	87.6%	85.9%
ED Score	83.6%	90.4%↑	90%↓	90.1%↑	91.3%↑	91.5%↑	92.4%↑

>95%

≥85%-<95%

<85%

We asked patients to give us their thoughts on the above standards from September 2013 in the Emergency Department. There was a significant increase from the initial baseline set in September and the overall aggregate score showed a steady improvement from October onwards.

Friends and Family Test, Emergency Department April 2013 – March 2014

The Friends and Family Test score in the Emergency Department rose dramatically in October. This was due to a change in the way we asked patients their thoughts and feelings about the care they had received. Previous methods focused on the waiting area and it was felt that patients were not always responding in regards of the care and treatment they had received but more so about the waiting experience. The qualitative information we were able to collect from October onwards supports the more positive view reported by patients regarding their care.

Patient Experience Metrics Data, Maternity October – March 2014

Question		Oct 13 (n= 228)	Nov 13 (n= 177)	Dec 13 (n= 120)	Jan 14 (n=114)	Feb 14 (n=163)	Mar 14 (n=163)
Ante Natal	Enough info to decide where to have baby?	95.2%	93.6%	91.4%	96.9%	90.6%	96.7%
	Telephone number midwifery team that you could contact?	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Time to ask questions or discuss pregnancy?	96.8%	94.8%	94.8%	100.0%	97.1%	100.0%
	Information or explanations needed?	96.8%	97.9%	94.8%	100.0%	97.1%	97.5%
Delivery	Start of your labour - appropriate advice/support when contacted midwife (Midwifery Led Unit)?	92.9%	94.4%	100.0%	100.0%	100.0%	100%
	Left alone at a time when it worried you (Midwifery Led Unit)?	86.7%	95.2%	86.7%	89.7%	94.7%	93.5%
	Start of your labour - appropriate advice/support when contacted midwife?	96.8%	100.0%	95.8%	82.4%	96.4%	100%
	Left alone at a time when it worried you?	84.2%	81.3%	69.0%	87.8%	72.3%	75%
Maternity Ward	Call Buzzer (Midwifery Led Unit)	85.0%	92.3%	100.0%	96.2%	95.5%	100%
	Treated with kindness and understanding (Midwifery Led Unit)?	90.6%	100.0%	100.0%	100.0%	100.0%	98.6%
	Call Buzzer	78.9%	86.7%	80.0%	83.8%	87.9%	92.4%
	Treated with kindness and understanding?	89.0%	90.6%	89.7%	97.1%	91.3%	96%
Discharge from Community	Telephone number for a midwife or midwifery team that you could contact?	98.0%	100.0%	96.9%	100.0%	100.0%	100%
	If you contacted a midwife - given the help that you needed?	70.3%	77.3%	75.0%	79.2%	96.4%	84.8%
Total		90.1%	93.2%	91%	93.8%	94.2%	92.4%

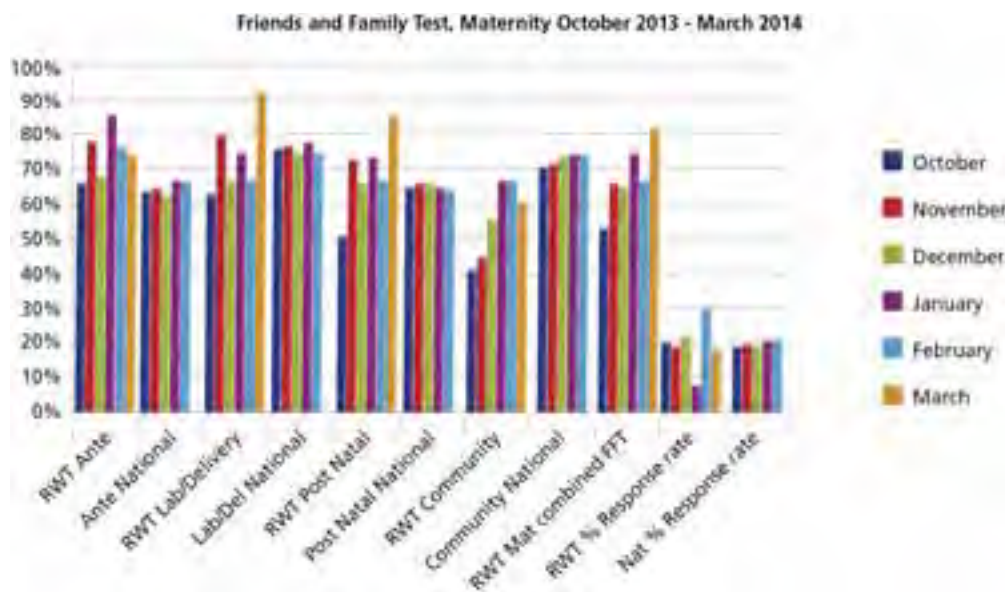
>95%

≥85%-<95%

<85%

**Friends and Family Test, Maternity
October 2013 – March 2014**

This graph shows RWT performance in maternity since the introduction of the Friends and Family Test in October. There are four different touch-points (36 weeks/ante/natal, delivery, post natal and discharge from community) at which ladies are asked the question. Each bold coloured bar represents the RWT score for each month at each touch point. The faded bars show the same but reflect the score nationally.



PALS and Complaints

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

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.

The table below shows the Trust's complaints and PALS data

	2009/10	2010/11	2011/12	2012/13	2013/14
No of PALS Contacts	549	858	1292	1475	1862
Total number of complaints	424	289	417	419	402

During 2013/14 19 complaints were referred to the Parliamentary Health Service Ombudsman (PHSO) by complainants. Three of these complaints were partially upheld by the PHSO.

What do we do with all the information we collect?

From November 2013 we started to produce a detailed quarterly patient experience report, which is provided to the Trust Board. This includes all feedback detailed above and also analysis of feedback left on websites such as Patient Opinion (www.patientopinion.org.uk), quality and safety walkabouts and feedback from our Patient Experience Forum. We also provide each ward with a poster communicating to patients and the public all the feedback that local area has had during the previous month, including any complaints received and what they have been about. We ask our Senior Sisters and matrons to add information into these posters to tell patients and the public what they have done in that area to improve patient experience.



PLACE (Patient Led Assessment of the Care Environment)

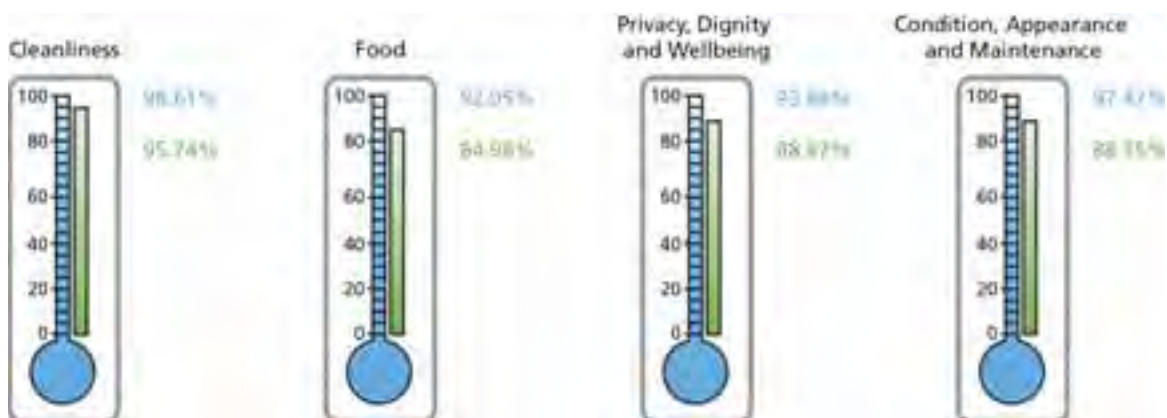
On 20 February 2013 the Chief Nursing Officer for England announced the new system for assessing quality of the hospital environment to start in April 2013. This replaced the assessment previously called PEAT and concentrates on things that matter most to patients and looks at how the environment supports privacy and dignity, general building maintenance and décor. It focuses entirely on the care environment and non – clinical issues. The PLACE is scored differently from PEAT with a pass for all areas in the Trust.

Once again the Trust scored exceptionally well above the national average on all areas with the exception of one area; privacy and dignity which was 0.6% less than the national average. An action plan has been devised and is monitored closely at Trust groups.

The Royal Wolverhampton NHS Trust



West Park Hospital



 RWT Score

 National Average

Equality & Diversity

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

Employment Action Plan

- Training sessions have been provided for interpreting, dementia awareness and deaf blind awareness. Equality and diversity training can be provided on request.
- Relevant training has been reviewed e.g., recruitment and selection, management and leadership development programme (including recruitment and selection).
- Specific equality and diversity course for consultants.
- Equality and Diversity leaflet has been developed and advertised to staff.
- A data cleanse exercise was carried out to capture accurate personal staff data, staff records were updated with replies received.
- Equality analysis policy, guidance notes and forms have been developed and implemented.
- A brief overview of the current workforce by pay band against the Personal Protected Characteristics has been captured, an in-depth analysis is planned by the end of 2014.



Services Action Plan

- Information has been circulated to relevant members of staff around the Public Sector Equality Duty so they are aware of their responsibilities around; publishing equality information, procurement and commissioning.
- An annual register of equality analysis (equality impact assessments) is published.
- The patient experience team promote their services at events when requested.
- Interpreting and translation services have been publicised within the Trust.
- Patient Advice and Liaison Service (PALS) leaflet is available in alternative formats including easy read.
- PPC data is captured for the Patient Advice and Liaison Service (PALS).
- Dietetics annually review induction and mandatory training sessions on nutrition.
- Equality impact assessment completed for catering services.
- Nourishment is available to meet individual needs for inpatients e.g., religious, cultural, therapeutic etc.

Patient Safety

Promoting normal birth

Normality continues to be supported throughout the Maternity Service. The Midwifery Led Unit (MLU) opened in Oct 2012, now in its 16th month the activity within the Midwifery led unit has surpassed expectations during its infancy despite staffing challenges and temporary closure. To date the following activity has been seen in the MLU:

- 923 women in labour
- 746 births
- 642 waterbirth (85%)
- 68% BF on transfer
- 99% skin to skin
- 70% physiological third stage
- 81% transfer to community
- 98% FFT uptake

Transfer rates are significantly encouraging:

- Primip peri-partum 18.3%
- Birthplace 40.4%
- Multip peri-partum 6.2%
- Birthplace 12.5%

The service is extremely proud of this achievement and strives to develop 'normality' throughout. The Midwifery led unit has also allowed the central delivery suite to continue to offer 'choice' for High risk women accessing the service, thus optimising their birth experience as much as possible.

Midwifery supervision

As part of their ongoing registration midwives undergo supervision which supports their clinical practice and enables them to reflect in a protective environment on the care they give to mother and baby. The Trust has a robust arrangement for supervision with a health ratio of midwives to supervisors. There is an inclusive approach between supervisors and managers through



the governance arrangements which supports the ongoing development of the services we offer. Periodic reporting from Supervisors of Midwives happens at each level through the Trust including regular reports to the Trust Board

Childrens' Services

The Trust has employed staff committed to an international public health improvement aimed at young mothers called the Family Nurse Partnership . The Family Nurse Partnership has started in Wolverhampton which is a specific targeted programme aimed at pregnant women aged 19 and under. The specifically trained nurse works with the mother from early pregnancy to when the baby is two years of age and the aims of this programme are to ensure the mother has a healthy pregnancy, to improve child health and development and to enable the mother to plan for her own future and aspirations.

The paediatric nursing staff have started to rotate with the emergency department nurses to ensure there is a paediatric nurse in the department at peak times. In addition to this the Trust has recruited specifically to dual trained paediatric and emergency department consultants in order to improve the outcomes for babies paediatrics brought to the department in an emergency. As part of the Trust's commitment to paediatric development a purpose built unit specifically designed for adolescents has been built on the paediatric unit which will provide bespoke accommodation for up to 6 adolescents at any one time.

SafeHands

The SafeHands project uses sensor technology to improve patient safety and experience.

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.

The real time information from badges is used to trigger rules in a computer package to trigger audible alarms, alert staff to safety issues, and detect hand hygiene events of staff before and after patient contact.

During 2013 we have been implementing this programme of work and now the system is up and running in all in-patient wards.

Benefits to date include:

- Showing real time locations of patients on the ward screens (pictured) giving staff the ability to locate vulnerable patients, thereby improving their safety.
- Automating hourly checks by showing when the patient was last seen in real time. This ensures patients are not missed.
- Improving the rates of Hand Hygiene before and after patient contact.
- Reducing the potential for cross infection by quickly tracing who was with infected patients and screening and isolating them.
- Highlighting safety risks at a glance so ward and visiting staff have access to the same standardised information
- Automating a live bed state so we can proactively manage our capacity.
- Locate equipment such as wheelchairs, and ECG machines at the click of a button, saving staff time and reducing unnecessary delays to patient care.



Leadership Quality & Safety Walkabouts

The Trust has continued with the Safety Walk Rounds with Board members and in addition a renewed focus on how the area mitigates risk of Never Events happening. The CCG undertake Safety and Quality Rounds using the Patient Safety '15 Steps to Quality' and together we use the rich data this provides to support our assessment of safety and safety culture amongst our staff. Throughout the year all areas have been reviewed on more than one occasion and community areas continue to be included in the programme.



NHS Safety Thermometer

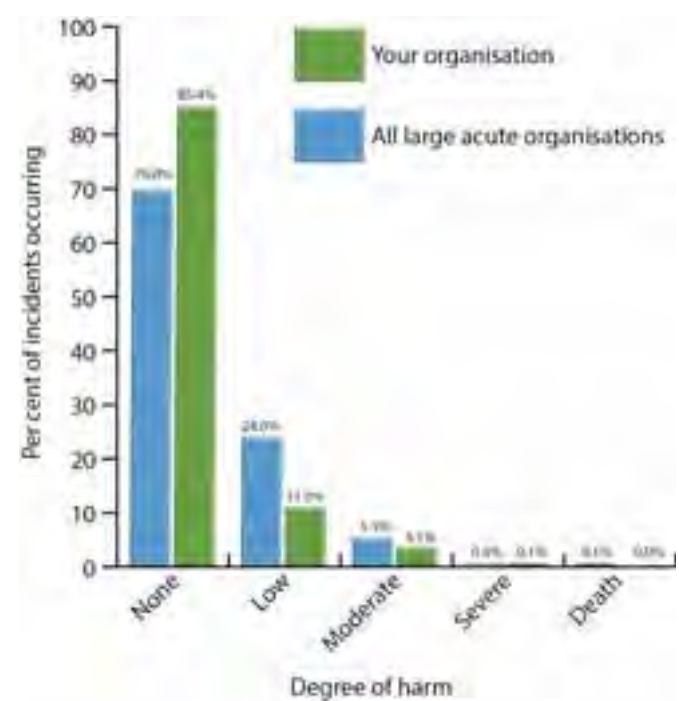
The Royal Wolverhampton NHS Trust was one of the pilot Trusts to submit data via the Safety Thermometer starting in April 2012. The purpose of the Safety Thermometer is to specifically 'look' for harms; pressure ulcers, catheter associated urinary tract infections, venous thrombo embolism and falls. We do this one day every month and look for trends and information that enables us to improve month on month. Our monthly surveillance covers an average of 1100 patients looked after in both hospital and in their homes.

The Trusts aim is to achieve 95% harm free care and by March 2014 we achieved 94%.

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Sample	1182	1215	1186	1185	1072	1093	925	1079	1135	1128	1052	1069
Harm Free Care (%)	90.10	92.10	92.24	92.66	91.42	92.13	92.00	92.31	93.48	92.46	94.01	93.80

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 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.

Reporting Culture

The Trust has well established systems for incident reporting. On average the Trust reports 714 patient safety incidents (8.2 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 healthy reporting culture. Reporting of incidents and risk is also triangulated with other assessment indicators on safety culture such as the NHSLA Risk Management standards for which the Trust has been awarded level 3 for General practice.



Responding to safety alerts

There are several types of safety alerts received via the CAS system, these include:

- MDA - Medical devices & sundries alerts
- EFA - Estates & Facilities management
- EFN – Estates Plant & Equipment
- NHS/PSA – clinical procedural alerts
- Drug alerts

The Trust has a policy and effective systems in place to respond to safety alerts. Alerts received are distributed promptly to relevant service areas for response and action within a given timeframe.

Alerts can affect from as little as one department to the whole of the Trust depending on the topic, most alerts have a short response time e.g. EFN/MDA with the actions requiring stock checks and withdrawals. The NHS/PSA alerts require a specialist Lead for implementation of actions which may include reviewing Trust policies and procedures and will have a longer timeframe attached to them. In all cases the alerts actions are monitored to closure through the relevant specialist lead/group/division and overdue alerts are escalated to the Patient Safety Improvement Group (PSIG). The closure of alerts will only take place when the Trust 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.

In January 2014 a new alert system has been launched by NHS England this will affect how the organisation responds to alerts. The new system is the National Patient Safety Alerting System (NPSAS) and has implemented a three stage alert model for alerts:

- Stage One Alert (Warning) – Warns of an emerging risk. It can be issued quickly to allow rapid dissemination of information.
- Stage Two Alert (Resource) – Provision of resources, tools, and learning materials to help mitigate a risk identified in a stage one alert.
- Stage Three Alert (Directive) – Organisations are required to confirm they have implemented specific actions or solutions to mitigate the risk

NPSAS have requested through NHS/PSA/D/2014/005 the appointment of a Medication Management Officer to improve medication error incident reporting and through NHS/PSA/D/2014/006 a Medical Devices Management Officer to improve medical devices incident reporting & learning which will (together with the stages of alert) change the process and assurance for compliance with MHRA alerts and will subsequently change the Trust policy. This review is underway and will be completed by the end of April 2014.

The consequences of not signing off the alerts by the deadlines given are:

- By April 2014, MHRA will publish data monthly on any trusts who have failed to declare compliance with any NPSAS alerts by their due date.
- Failure to comply is likely to be used by the CQC in their Intelligent Monitoring System and by commissioner responsibilities for improving quality.
- Failure to comply with a Stage Three Alert: Directive within the deadline will be a cause for significant concern on the part of regulators, commissioners and most importantly, patients.



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As at 31st March 2014 the following alerts were overdue, all others had been responded to within timescales:

Reference	Alert Title	Originated by	Issue Date	Response	Deadline	Lead
NHS/PSA/D/2014/002	Spinal (intrathecal) devices for chemotherapy	NHS England	20 Feb 2014	Acknowledged	20 Aug 2014	Gary Brian
NPSA/2009/PSA004B	*saferspinal (intrathecal), epidural and regional devices - Part B	National Patient Safety Agency	24 Nov 2009	Action Required: Ongoing	01 April 2013	Gary Brian
EFN/2014/23	High Voltage Hazard Alert. DANGEROUS INCIDENT NOTIFICATION (DIN) - GEC Alstom - VMX circuit breaker	DH Estates and Facilities	26 Mar 2014	Assessing Relevance	23 April 2014	E & F
EFN/2014/20	High Voltage Hazard Alert. DANGEROUS INCIDENT NOTIFICATION (DIN) - CG Power Systems - 11kV Pole Motor	DH Estates and Facilities	20 Mar 2014	Assessing Relevance	17 April 2014	E & F
NHS/PSA/D/2014/006	Improving medical device incident. Reporting and learning	NHS England	20 Mar 2014	Assessing Relevance	19 Sept 2014	Not assigned yet
NHS/PSA/D/2014/005	Improving medication error incident. Reporting and learning	NHS England	20 Mar 2014	Assessing Relevance	19 Sept 2014	Ray Fitzpatrick
EFN/2014/04(U)	High Voltage Hazard Alert. DANGEROUS INCIDENT NOTIFICATION (DIN) - CG Power Systems - 11kV Pole Motor	DH Estates and Facilities	19 Mar 14	Assessing Relevance	16 April 2014	E & F
MDA/2014/010	Infusion pumps: GemStar infusion system. Manufactured by Hospira. List numbers 13000, 13100, 13150	MHRA Medical Device Alerts	13 Mar 2014	Assessing Relevance	03 April 2014	Medical Physics
MDA/2014/009	FreeStyle Mini and FreeStyle blood glucose monitoring systems manufactured by Abbott Dia...	MRHA Medical Device alerts	13 Mar 2014	Assessing Relevance	14 April 2014	Medical Physics
EFN/2014/15	High Voltage Hazard Alert. DANGEROUS INCIDENT NOTIFICATION (DIN) - Schneider Electric - RN6c Ring Main	DH Estates and Facilities	11 Mar 2014	Assessing Relevance	06 May 2014	E & F
MDA/2014/008	Insulin infusion pump: Accu-Chek Spirit Combo insulin pump. Manufactured by Roche Diagnostics Ltd.	MRHA Medical Device alerts	11 Mar 2014	Assessing Relevance	06 May 2014	Medical Physics
EFA/2014/001	Biomass boilers	DH Estates and Facilities	10 Mar 2014	Assessing Relevance	30 Sept 2014	E & F

<p>NPSA/2009/PSA004B</p> <p>Safer spinal (intrathecal), epidural and regional devices - Part B</p> <p>TRUST LEAD:</p> <p>Gary Bryan</p> <p>Dr Odum</p>	<p>We (the clinical group of directorate representatives) have been delaying implementation of both parts of the NPSA alert until ALL the equipment needed has been made commercially available. The final piece of the jigsaw (giving sets with the Surety connector for dedicated local anaesthetic infusion pumps) has only recently come onto the market. It will still take a month or so to get everything changed but swapping over just the spinal needles (to satisfy Part A) could be achieved early February.</p> <p>Directorate leads have been asked to provide Procurement with a list of requirements. Procurement will calculate additional costs to changeover; Trust will assess those cost implications before making changeover.</p>	<p>Trust has not yet procured a suitable device as required by the alert.</p> <p>Outstanding actions cannot be addressed until procurement and implementation achieved.</p> <p>Guidance has been received from CAS providing criteria for closure of this alert. Lead reporting to PSIG 14/3/14 requesting closure.</p> <p>April 14 update – collating device information for procurement to enable ordering to commence. Once received a further meeting will be required to address education & training needs.</p>
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EU Directive for safer sharps

Safety needles and cannulas have been implemented across the Trust in line with the Directive deadline. There was a long lead 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. This work continues with reviews of the mechanisms implemented in place and identification of other equipment requiring transfer to the safer mechanisms. The Trust has a Sharps Safety Working Group who will continue to monitor the implementation of the directive.



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 there has been progressive improvement in the timely reporting and completion of investigations. As at April 14 there were no investigations overdue. In financial year April 2013 to March 14 the Trust has reported 35 serious untoward incidents and 197 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 2013 to March 31 2014 Suis)	
Confidentiality	7
Infection (C/DIFF / MRSA)	8
Surgical Error	4
Unexpected Death	6
Ward Closure	1
Screening issues	3
Delayed Diagnosis	0
Health and Safety	0
Accident whilst in Hospital	0
Drug Incident	1
Sub-Optimal Care of Deteriorating Patient	0
Allegation Against Healthcare Professional	0
Safeguarding Vulnerable Child	1
Serious Self Inflicted Injury (inpatient)	1
Child Abuse	1
VTE	2
Total	35

Accumulated Totals (Acute & Community April 2013 to March 31 2014 Suis)	
Pressure Ulcers	132
Maternity	18
Slips Trips and Falls	45
Other	2
Total	197

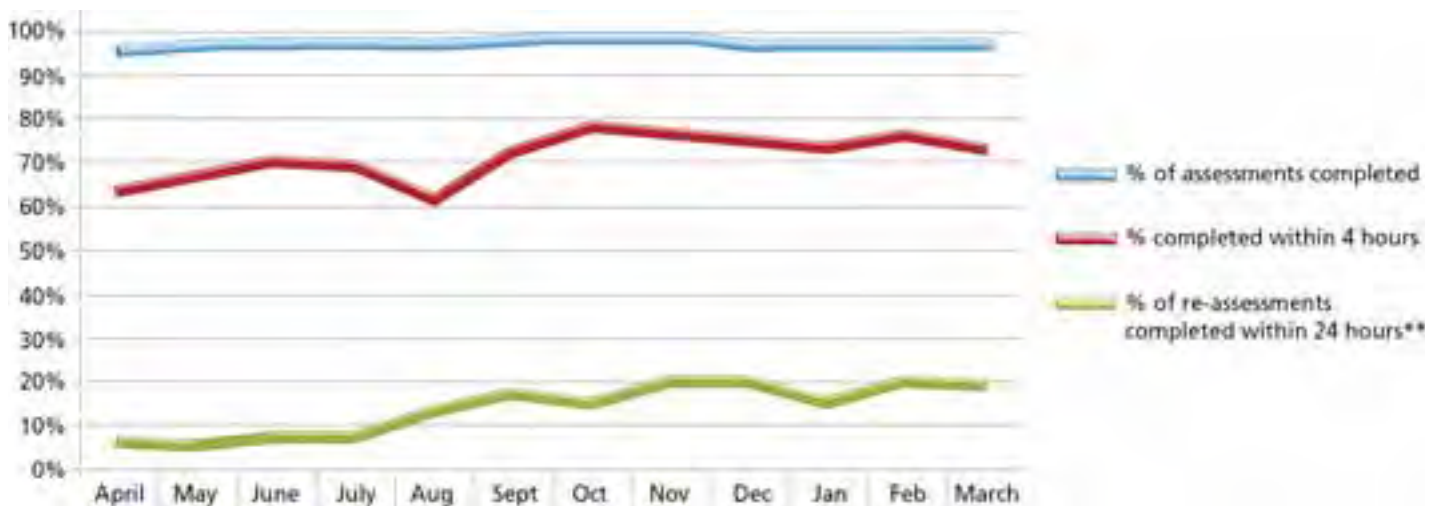
Numbers and Themes of Never Events

There were five reported Never Events reported in the period of April 2013 to March 2014 however one has been downgraded in light of additional guidance from NHS England in December 2013. The never event in March 2014 involved the same incident on the same patient and is technically counted as two separate incidents.

Date	Location	Category
April 2013	Delivery Suite	Retained Foreign Object
May 2013	Cardiothoracic Theatre	Retained Foreign Object
March 2014	Ophthalmology Outpatients	Wrong site surgery
	Ophthalmology Outpatients	Wrong site surgery

VTE Risk Assessments

Individual patient risk assessment compliance remains consistently above 95% for third year running.



Data Source: Local Trust data

Individual patient risk assessment remains compliant above 95% consistently for second year running. Improvements in timeliness of this assessment have been made and now more than 70% of patients are assessed within the internal target of 4 hours. Work is on-going to improve the timescales for 24 hour second assessments and improvements in reporting systems are under way to support this work.

**This figure reflects the number of second assessments completed within 24 hours – it does not include those that were not done at all



Clinical Effectiveness

Care Quality Commission (CQC) Registration

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

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

Between April 2013 and April 2014 the CQC have carried out the following inspections at the Trust:

Date of Report	Date of Inspection	Summary of findings published	Inspection
23 October 2013	16 & 17 September 2013	Unannounced inspection of community services	All standards inspected found the Trust to be compliant: <ul style="list-style-type: none"> • Respecting and involving people who use services • Care and welfare of people who use services • Staffing • Complaints • Records
21 November 2013	26 & 27 September 2013	Announced inspection under the CQC new inspection model	The Trust did not receive a rating because it was in the CQC pilot, testing out the new inspection regime however a number of recommendations were made which have been managed through an action plan which is discussed monthly through the governance framework.

CQC Quality Risk Profile

The Trust has internal processes for monitoring compliance with the CQC Essential standards for quality and safety. The Trust used the CQC Quality Risk Profile (QRP) in its reporting of compliance to Trust Committees. The table below shows 4 months performance against each outcome.

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
Apr-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	Low Green	Low Yellow	Low Yellow	Low Green
May-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	Low Yellow	Low Yellow	Low Yellow	Low Yellow
Jun-13	Low Yellow	Low Yellow	High Yellow	Low Yellow	Low Yellow	High Yellow	Low Green	High Yellow	Low Green	Low Green	Low Yellow	Low Yellow	Low Green	Low Green	Low Yellow	Low Yellow
Jul-13	Low Yellow	High Yellow	High Yellow	High Green	Low Yellow	Low Amber	Low Green	High Yellow	Low Green	Low Green	Low Yellow	Low Yellow	Low Green	Low Green	Low Yellow	Low Yellow

CQC has developed a new model for monitoring a range of key indicators about NHS acute and specialist hospitals. These indicators relate to the five key questions they asking of all services – are they safe, effective, caring, responsive and well-led?

A new Intelligent Monitoring Report will now be published, in place of the previous QRPs, which determine where “risks” sit for each indicator. In March 2014 the Trust were highlighted to have 4 key areas of risk identified, as detailed in the table below. This information is cascaded for local attention and action, the Trust is continuing developing its intelligence to provide assurance of compliance with CQC standards.

Elevated risk	Composite indicator: In-hospital mortality - Conditions associated with Mental health
Elevated risk	Whistleblowing alerts
Risk	Composite indicator: In-hospital mortality - Cerebrovascular conditions
Risk	Composite indicator: In-hospital mortality - Musculoskeletal conditions

National Health Service Litigation Authority (NHSLA) Standards

The Trust successfully achieved level 3 accreditation for compliance with NHSLA Risk Management Standards in September 2013. This achievement has provided assurance that sound standards for risk management are embedded across acute services and acquired community services.

Maternity Services have maintained their 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 2013 and March 2014 NICE published the following guidance and the response by the Trust is shown below:

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

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



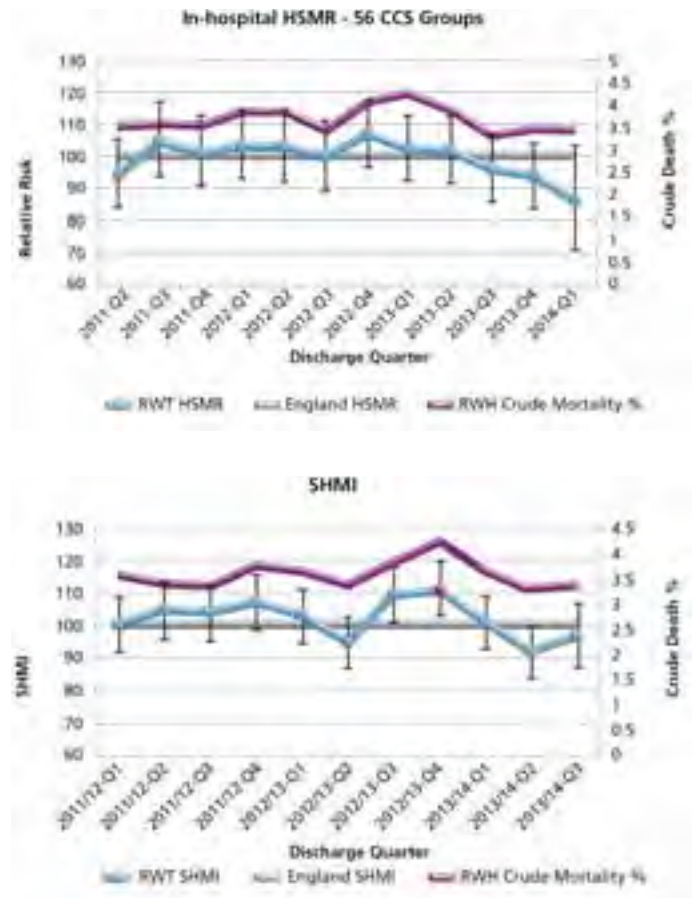
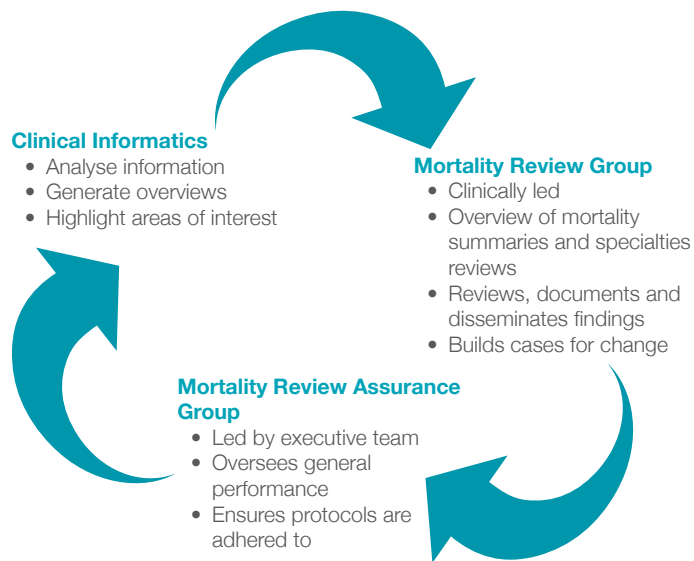
Hospital Mortality

The RWT has a continuous improvement ethos in the field of hospital governance and aims to minimise in-hospital mortality. The Trust uses a variety of mortality monitoring measures including, the well-known Hospital Standardized Mortality Ratio (HSMR) and the Summary Hospital Level Mortality Indicator (SHMI). We work with a range of information intelligence agencies, to help us benchmark our performance. These include the Public Health Observatory, 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 and nationally as a comprehensive surveillance tool for clinical outcomes as well as effectiveness.*

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 summarized as follows:

Mortality Performance Trends, three financial years:



Legend: Red - significantly worse than expected performance; Black/Blue - as expected performance, in line with national rates; Green - significantly better than expected performance; 56 CCS Groups – a group of diagnoses accounting for over 80% of in-hospital mortality; SHMI indicator includes all in-hospital deaths and deaths occurring 30 days post hospital discharge.

Future Plans for Mortality

1. All inpatient deaths will continue to be clinically reviewed by each directorate according to the Trust's Mortality Review Policy and results reported through Mortality Review group.
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. 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.
5. End of Life Care analyses on whole system pathways incorporating community care, acute care, care establishments, social services and palliative care will be enhanced. High mortality CCS diagnostic groups such as Pneumonia, Acute Cerebrovascular Disease, Congestive Heart Failure and Renal Failure are already subject to continual meta and micro analyses.
6. As a result of governance reviews around mortality across West Midlands, care bundles for managing specific conditions such as Pneumonia and Sepsis were introduced.



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:

Employment

- Reasonable adjustments for disabled staff are provided where possible.
- The Management of Sickness Absence, Equality of Opportunity and Capability policies all support reasonable adjustments.
- The Trust is a Two Ticks organisation (positive about employing disabled people) which has five commitments regarding; recruitment, training, retention, consultation and disability awareness.
- We collect, review and publish relevant workforce data to look at possible inequalities.
- Equality and Diversity is a core dimension on the Knowledge and Skills Framework.
- (KSF). This means every member of staff (on Agenda for Change Terms and Conditions).
- Has to adhere to the relevant level on their outline to comply with KSF.
- Employment equality and diversity monitoring forms capture all personal protected characteristics for people completing exit questionnaires and flexible working applications.

Trust-wide Training is available for staff to attend and includes:-

- Quick Induction e-learning pack.
- Local departmental induction.
- Trust induction for all new starters (face to face).
- Nurse and nurse bank induction (face to face or online via the Trust's KITE site).
- Equality and diversity (face to face) bespoke training provided as and when.
- Equality and diversity training for consultants and doctors (face to face or e-learning).
- Bullying and Harassment is delivered as part of Mandatory Training (face to face or online via the Trust's KITE site).
- Recruitment and selection (face to face).
- Preceptorship for newly qualified nurses.
- There are a range of leadership and management development programmes for staff throughout the career escalator.
- Equality and Diversity training is embedded within all vocational Qualification Credit Framework/apprenticeship programmes and staff development programmes delivered both internally and externally for Trust staff.
- Volunteers induction training available.
- Development of Trust's Equality Objectives to meet the Public Sector Equality Duty 2011. Objectives have been drawn up to have the biggest impact on the main aims of the general equality duty for people with personal protected characteristics.
- Equality Impact Assessments are done on an on-going basis with annual results overview published on website.
- An equality and diversity staff group is in place.
- Contact Links service offer confidential support to staff who may be bullied or harassed at work.
- The equality and diversity section of the website and intranet sites have been re-designed and include up-to-date information.

Educating our Staff:

Management and Leadership

The Trust offers a comprehensive range of non-accredited and accredited internal Leadership Programmes across the academic spectrum, from the Action Centred Learning (ACL) Supervisory Level Programme up to Masters Level programmes – the Emotionally Intelligent Leadership programme. 176 staff have been through these programmes in 2013-14.

At the heart of the leadership programmes, and their greatest degree of impact, is the focus on the behavioural skills of self-regard and regard for others – key factors in managing effective relationships. This approach to leadership development resonates with some of the key recommendations of the Francis Report.

Integral to self-development as a leader, we offer a 360 approach to feedback from peers and managers; this enables the recipient to receive constructive feedback, which in turn allows them to concentrate on those areas of development which may not be as evident to themselves as they are to others.

Personal Development

The Trust offers a wide range of courses and workshops to support personal development and staff health and well-being, from relationship management to team building, MBTI (Myers Briggs) through to Understanding and Managing Pressure in the healthcare setting. In addition, we can help you with time management, appraisal skills, and training teachers, managing change coaching to improve performance (and other 'coaching conversation' topics). We also offer a coaching and mentoring service for staff who would benefit from a short or medium term coach or mentor relationship.

Undergraduate Medicine Teaching

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, approximately 332 students in an academic year.

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.

National re-structuring of the funding arrangements for education means the Royal Wolverhampton NHS Trust will progressively benefit from increased funding over the next 5 years. This will allow us to further develop quality initiatives such as designated teaching time for more consultants and for junior doctors, as well as enable us to develop more innovative ways of teaching. This will help to enhance the positive experience of medical students in Wolverhampton who we hope will be attracted to return as qualified doctors.

Library and Information Service

The Library Service provides an essential support service for organisational staff and students on placement via partner universities, through access to high quality evidence resources and staff expertise and advice. A strategic decision was made in 2013 to move towards increasing the number of textbooks available as e-books to ensure that the information can be accessed at the point of care and need.

Over 40 important textbooks are now available via this route to complement the national collections.

To enable instant access to clinical reviews the subscription to UpToDate was renewed and nearly 20,000 reviews had been accessed by staff between 01/04/2013 and 28/02/2014. This is a 40% increase on the figures for 2012/13. Clinicians have utilised the information on UpToDate to answer a wide range of patient related enquiries including the treatment of a pregnant 20 year old with malaria.

A total of 1,150 staff now have Athens accounts enabling access to the suite of online resources. In partnership with BASE libraries an e-learning system has been developed which provides support in undertaking searches for information and how to correctly reference and publish research. A specialist course has been developed to support staff critically appraising research to ensure they understand its relevance for practice.

A West Midlands wide collaborative group WMCAG (West Midlands Current Awareness Group) has been created of which the Trust Library Service was a protagonist to share expertise in developing evidence newsletters covering many clinical topics and specialties.

Investment has been made in technology to support the rapidly changing environment in accessing information, and upgraded PCs and printers have been introduced in the Bell Library and software systems upgraded to include a reference management service. A number of promotional events have also been undertaken to highlight how mobile devices can be used to search for current guidelines and health information.

Clinical Skills & Resuscitation Services

The Department has had a very challenging year responding to the demands of the Trust and its staff. All aspects of the service have been delivered to a high standard of education whilst adopting a holistic and welcoming aspect. Simulation has developed far faster than expected and now not only offers training to local groups but also to regional partners. We have also had presentations accepted at national and international levels, putting us firmly at the forefront in regards of Simulation. We have also been successful in setting up a Human Factors Group and are currently pursuing a Human Factors training day aimed at the very senior management level. Resuscitation and National Courses remain at the centre of departmental activity and will remain so. Undergraduate Clinical Skills have continued to be delivered to a high standard to an ever increasing number of changes to the curriculum and student numbers. Our response to Trust requirements and those of Healthcare Reforms and reports has been positive and effective and will continue to be so.

In-Service Training Activity -2013:

Course	RWHT Staff requiring Training	RWHT Staff completed
BLS 3	2793	2265 (81%)
BLS 2	1017	815 (80%)
Paediatric BLS	290	223 (77%)
New-born BLS	223	200 (90%)

National Course Training Activity- 2013:

Course	Places Provided	Number of Places Accessed by RWHT Staff
ILS	216	157 (73%)
ALS	144	81 (56%)
PLS	54	42 (78%)
NLS	72	43 (60%)

In addition to the above, our staff have priority access to the following national courses: ATLS, CcRISP and Basic Surgical Skills.

Simulation Training

Over 600, 50% undergraduate and 50% post graduate staff have had the opportunity to access training in Sim-Ward.





Postgraduate Medical Education (PGME)

RWT has a thriving Postgraduate Medical faculty of educators. This includes 16 consultants who have been appointed to Foundation Faculty of Educational Supervisors for Foundation Doctors over the last twelve months. This group has been led by the Clinical Tutor and are fully conversant with the foundation curriculum and its associated work-based learning assessments. This group meets twice per placement (4 month period) to discuss current issues and sharing of good practice and to partake in calibration exercises to ensure equitable scoring. In addition, the Postgraduate Medical Education Committee comprises 29 consultants from all specialties and sub-specialties with an active interest in postgraduate medical education. They champion the requirement to deliver service specific and curriculum based medical education to a very high standard throughout the Trust.

The following has been achieved during the year:

- Foundation Faculty delivered 190 hours of teaching for both FY1 and FY2 doctors.
- 12 FY2 doctors successfully completed the Basic Surgical Skills Course.
- 90 foundation doctors received two 40-minute interviews at interim and final validation which contributed to the overwhelming success of the foundation doctors in all of them achieving sign-off at the end of the academic year.
- Four FY1 doctors and eight FY2 doctors completed evidence-based papers which were accepted for national publications. Four F1 doctors and eight F2 doctors completed papers which were accepted for presentation at national meetings – this is exemplary practice, particularly at FY1 level.
- Junior Doctors Fora is held bi-monthly in each specialty. Trust-wide JDF takes place twice per annum with attendance from Directors including Chief Nurse, Chief Executive and Medical Director.
- Core Specialty Training: 180 hours of protected teaching delivered by both core medicine and core surgical trainees.
- Grand Round: 27 presentations at the Grand Round this year. Topics varied from Emotional Intelligence to Vasculitis – to Good Antimicrobial Stewardship with a whole range of topics in between.
- The Trust was awarded level 3 (highest level) for consultant clinical and educational supervision of doctors in training, which included high standards of patient safety and quality control.
- The 2013 General Medical Council (GMC) Trainee survey results show that RWT was first in the West Midlands Region for excellence quality indicators in the national survey.

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. 264 students have received training either at Healthtec or by Healthtec staff in their school.

HealthTec continues to engage with various community groups throughout the city and works in partnership with the University of Wolverhampton and City College either delivering sessions or giving them access to our specialist equipment if we are unable to attend events.

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.

2013/14 WEX students	= 90
First Aid = 80 plus the 90 WEX students	= 170
Casualty 999/Patient Journey	= 42
plus the 90 WEX students	= 132
Forensics	= 12
Dangers of the Internet	= 40

Work Based Learning

The Work Based Learning team provides qualifications and development for support staff bands 1-4 across the Trust including: Quality & Credit Framework [QCF] qualifications, adult apprenticeships, foundation degrees, development programmes and personal development support. The following table demonstrates the number of vocational based qualifications achieved during 2013 by RWT staff.

Courses	Apprenticeships	QCF/ In-house programmes	Foundation Degrees
Business & Administration	34		
OCR Word/Text		20	
Customer Service	7	2	
Foundation Degrees			8
Health & Social Care	35	9	
Laboratories	6		
Perioperative	4		
Phlebotomy	6		
Porters	2		
Receptionist Development Programmes		20	
Totals	94	51	8
Grand Total	153 support staff have accessed learning		

Adult Apprenticeships

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

Quality & Credit Framework (QCF)

The QCF is a single qualification course which is competence based, providing employed staff with underpinning knowledge relating to their role and duties.

Foundation Degrees

A Foundation Degree is a programme of learning which is a combination of work-based learning and academic study providing learners with the knowledge and skills required to support their individual work roles, thus benefiting service users.

This qualification further enhances the Adult Apprenticeship and often provides the potential for staff to undertake new/enhanced roles e.g. Assistant Practitioners.

In 2012/13 there were:

6 staff successfully completed foundation degrees in the following subjects

- 2 Community Health & Social Care
- 2 Audiology
- 1 Project Management
- 1 Administration in the NHS
- 2 new Radiology students embarking on their foundation degree.

Receptionist Development Programmes

The Work Based Learning team delivers this programme providing training and support for receptionists across the Trust covering specific topics e.g. customer service, effective communication, telephone skills, confidentiality, complaints, health records, a manager's perspective and dementia awareness.

20 receptionists attended courses 2013-2014



How we selected our 2014/15 priorities

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

Each Priority has a Director sponsor as shown 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

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

Working with 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. We will be re-launching a focused 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.

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.

Annexes

Statement of Directors Responsibilities in Respect of the Quality Account

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

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

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

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

By order of the Board



David Loughton, CBE
Chief Executive



Jeremy Vanes
Acting Chairman

Acknowledgements

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

Glossary

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

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
ED	Emergency Department	ONS	Office for National Statistics
ENT	Ear, Nose & Throat	OSC	Overview & Scrutiny Committee
EOLC	End of Life Care	OWL	Outpatient Waiting List
GP	General Practitioner	PALS	Patient Advice & Liaison Service
GMCRN	Greater Midlands Cancer Research Network	PEAT	Patient Environment Action Team
HCAAs	Health Care Assistants	PHSO	Parliamentary and Health Services Ombudsman
HRG	Healthcare Resource Group	PSIs	Patient Safety Incidents
HSMR	Hospital Standardised Mortality Ratio	PCT	Primary Care Trust
IHI	Institute for Healthcare Improvement	RRR	Rapid Response Report
IT	Information Technology	RWT	The Royal Wolverhampton NHS Trust
KITE	Knowledge, Information, Training and Education	SHA	Strategic Health Authority
KPI	Key Performance Indicator	SHMI	Summary Hospital Level Mortality
KSF	Knowledge and Skills Framework	UTI	Urinary Tract Infection
LCP	Liverpool Care Pathway	VTE	Venous Thrombo-embolism
LINK	Local Involvement Network	WHO	World Health Organisation
MLU	Midwifery Led Unit	WMNCLRN	West Midlands (North) Comprehensive Local Research Network
MRSA	Methicillin Resistant Staphylococcus Aureus	WMQRS	West Midlands Quality Review Service

Statements from our partners:

Wolverhampton CCG – Annual Quality Accounts 2013/14 : Commissioners Statement

Wolverhampton Clinical Commissioning Group (CCG) are committed to maintaining close working relationships with colleagues from the trust in monitoring the quality of care provided for Wolverhampton patients. Clinical quality is broken down into 3 core areas patient safety, clinical effectiveness and service user/patient experience. We continue to maintain strong links with the trust to monitor the standards of quality they are achieving across the vast array of services we commission from them and in doing so encourage them to strive to continuously improve.

The trust continues to work hard to improve the quality of care it provides to patients during a very busy period for the healthcare sector. The trust is committed to patient safety as an overarching priority a priority that the CCG is wholly supportive of as well as the trusts vision & values, these are:-

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;

- Working together we deliver top quality services
- We will be innovative in how we work
- We create an environment in which people thrive

Both the CCG and trust continue to share the same vision with priorities including urgent care, older people and end of life care. These were priorities in 2013/14 and will continue to be so during 2014/15.

During 2013/14 there were many successes including Ambulatory Assessment Area, Introduction of a See and Treat Workstream, some of their key quality achievements are associated with scrutiny of falls causing serious harm, pressure ulcer care, work on infection prevention, community screening, friends and family test(s), duty of candour and the trusts commitment to implement the recommendations from national reports & inquiries including

Winterbourne View Concordat, Francis II a Year On, Hard Truths, Berwick - all of which seek to ensure improved patient safety and have a range of recommendations that the trust has embraced.

We will continue to maintain close liaison with the trust through our established quality monitoring meetings and associated arrangements that enable us to work jointly to drive up standards of patient care, our areas of interest and focus during 2014/15 will continue to be falls resulting in serious harm but also step down, safe discharge, ward rounds, seven day services, distinguishing between weekday and weekend mortality, patient experience, service quality reviews & visits to wards and departments within the trust. Our consideration of findings by other stakeholders including those undertaking peer reviews, findings from national clinical audits and information available through attendance at the trusts patient safety meetings as well as feedback from patients and the public will continue to provide us with the information and assurance we require about the safety, experience & effectiveness of the services our patients are using.

The Trust were one of the first to be inspected by CQC as part of their new in-depth hospital inspection programme in September 2013 and during the visit consideration was given to services and whether they were safe, effective, caring, responsiveness to people's needs and well-lead. A range of departments were considered including accident & emergency, medical care (including older people's care), surgery, intensive/critical care, maternity & family planning, children's care, end of life care and outpatients. The inspection resulted in action being taken to improve responsiveness for care of older patients, recruitment of more midwives & establishment of a pool of maternity staff. A further visit is due to be undertaken imminently to review progress made by the trust in the areas identified for improvement. We are confident that the trust will be able to share with CQC the progress they have made to improve safety across the hospital.

Yours sincerely

Dr Helen Hibbs

Chief Officer

Wolverhampton Clinical Commissioning Group

Healthwatch Wolverhampton

Re: Healthwatch Wolverhampton response to the

Royal Wolverhampton NHS Trust – Quality Account 2013 - 2014

Thank you for allowing Healthwatch Wolverhampton input into the Royal Wolverhampton Trust Quality Account. This extensive report outlines some very positive initiatives being achieved by the Royal Wolverhampton Hospitals NHS Trust. Everyone involved should be congratulated on the advancements made during the last year.

Healthwatch Wolverhampton has, over the past twelve months, seen much improvement in its working arrangement with RWT Board and key staff members. Importantly, initiatives are now being discussed at the Patient Experience and at Creating Best Practice fora.

Our response to the Quality Account covers a number of valuable areas and brief comments, which are set out below.

Priorities for Improvement 2014/15

Priority 1: Urgent Care

Healthwatch Wolverhampton has witnessed the Urgent Care Strategy being developed including the significant consultation regarding the new Urgent and Emergency Care Centre on the New Cross Hospital site. We have responded fully to the consultation and since then have been privy to the ongoing developments, post Business Case.

Priority 2. Care of the Older Person

The continued focus on Care of the Elderly is especially welcome. Healthwatch Wolverhampton as part of its remit, receives queries regularly on a range of health and social care issues, from the over 60s in Wolverhampton.

We are encouraged that RWT is furthering its work surrounding Falls, Pressure Ulcers, Nutrition and Preventing Infection. We would like to see continued improvement with regards safe and timely discharge for this vulnerable group with appropriate social care packages in place. Plans for more integrated working should support this aim.

Priority 3. End of Life Care

Patients and families should continue to be supported with understanding their options with regards End of Life Care.

Patient Experience

We welcome the Trust's ongoing work to monitor, collate and review the experience of patients. Utilising a variety of methods and engagement tools including reporting and feedback at Board level; including the use of patient stories have had significant impact. This is particularly successful when patients attend the Trust Board meeting.

It is critical that feedback from outpatients and those in the community is collated and reviewed.

The continued work in relation to the Trust's mortality rates is vital as the Trust moves forward.

We would welcome evidence on how learning from patient experience has informed practice and ultimately improved outcomes.

Additionally, we would like to see greater involvement with patients and the public especially with regards engagement and consultation and in the publication of achievements including timely information surrounding challenges or difficulties experienced.

Our ongoing relationship continues to develop with the Healthwatch Chair having played a part in the selection process of an RWT Non-Executive Director.

As stated previously, we will continue to monitor the priorities for quality improvement for 2014/15 and would welcome the opportunity of further cementing our continued role as 'critical friend' to the Royal Wolverhampton NHS Trust.

Yours sincerely
Maxine Bygrave
Healthwatch Wolverhampton Chairperson

Wolverhampton Health Scrutiny Panel

Wolverhampton City Council Health Scrutiny Panel response to Royal Wolverhampton NHS Trust Quality Accounts 2013/14

The Health Scrutiny Panel welcome the opportunity to comment on the Quality Account Report. The Health Scrutiny Panel has as part of its work programme considered specific reports on the work of Royal Wolverhampton NHS Trust throughout the year. This change to the previous arrangements provided an opportunity for panel to better understand the issues detailed and reach much a more informed view when completing the Quality Account report.

The Health Scrutiny Panel has considered specific reports about the work of the Royal Wolverhampton NHS Trust in making progress against each of the priority improvement areas detailed in the 2012/13 Quality Accounts. In addition, the panel has considered detailed reports on patient satisfaction and experience data against national standards and had the opportunity to scrutinise the evidence presented.

The hospital has responded promptly to requests for information and has attended meetings to respond to emerging issues of public concern. During meetings officers have been open about the challenges facing the service and have responded positively to comments from the Panel.

The Panel reviewed the effectiveness of work done to record and respond to patient and staff complaints about the quality of services provided. The Panel has considered evidence from Wolverhampton Clinical Commissioning Group report outlining the content of a quarterly operational performance report in regards to its commissioning activity.

The Health Scrutiny Panel has invited Wolverhampton Healthwatch and Care Quality Commission to present evidence about their respective work and to identify areas for improvement. The information provided has helped to test the reliability of written and verbal evidence presented by the hospital.

The Panel is assured that the evidence and findings presented in the Quality Accounts report is a fair reflection of the range of health care services provided and the work done to actively involve patients, staff and the wider population in the process.

The Health Scrutiny Panel considers that the work done by the hospital to consult with it about planned service changes and major building projects at all the key stages of the process has been model of good practice.

The Health Scrutiny Panel visited the Accident and Emergency Department in response to concerns about the impact on the hospital as result of major increasing demand on the service

The hospital health priorities match those of the public and the issues highlighted by Councillors.

In response to the findings and recommendations of the Francis Inquiry the Health Scrutiny Panel has reviewed the governance arrangements. The Acting Chair of the Trust Board attended a panel meeting to discuss the governance arrangements and the work done to engage with the public.

The Health Scrutiny Panel will continue to review progress of the following:

- Cannock Chase Hospital consultation
- The Royal Wolverhampton NHS Trust –Foundation Trust Application
- Implementation of the Care Quality Commission Chief Inspector of Hospital Inspection Report action plan
- Joint and Emergency Care Strategy for Wolverhampton and the building of the new Urgent Care Centre
- Patient Experience – results of Friends and Family Test and patient complaints

An important issue missing from the Quality Account statement is a reference to the significant increase in the numbers of people attending accident and emergency and the work being done by the hospital to manage this demand and respond to the challenge.

At the panel meeting on 10.6.14 the panel made the following additional comments about the draft Quality Accounts report:

1. The work being done by the hospital to tackle important local healthcare issues of infant mortality relating to children aged less than two years and obesity (in particular the problem of increasing numbers of children diagnosed as clinically obese) is missing from the report.
2. The panel requested if further details could be added to include data on children under two years olds with

reference to the section about treating and caring for people in safe environment and protecting them from avoidable harm.

3. The panel would like the document to include specific reference to the work being done by the hospital to support efforts to tackle the top ten causes of death in Wolverhampton reflected in its future priorities.

Cllr Claire Darke
Chair Health Scrutiny Panel
10.6.14

In response to the Overview and Scrutiny Committee The Royal Wolverhampton NHS Trust sent this response:

‘The Overview and Scrutiny Panel have raised very valid health economy issues concerning our Quality Account in their review of the content and these will be prioritised through commissioning with the Clinical Commissioning Group we will continue to work collaboratively with both the CCG and Public Health to ensure we play our part.’

The Royal Wolverhampton NHS Trust Shadow Council of Governors

Thank you for giving the shadow Council of Governors the opportunity to review and comment on the draft Quality Account for 2013/14. The Council took the opportunity to discuss the content at its meeting on 2nd June.

The document describes a lot of work undertaken across the Trust over the course of the year with some successes and also areas for further improvement. Those Governors present were familiar with the broad themes and felt they reflected the information presented to, and discussed by the Council over the course of the year.

The Council discussed the three key priorities and were supportive of these continuing for the coming year. It was felt that these overarching statements reflected a lot of the work of the Trust and would need to be in place for more than a couple of years to support delivery of the underpinning improvements.

We debated the reliance on some of the measures and methodology used in some of the patient surveys. There was a consensus that these measures do not give a fair reflection of the care and treatment provided because of the subjective nature of some questions for example buzzer response times.

Overall the document gives a good account of the work in the Trust and we look forward to seeing it in its final version and identifying where the Council can support the Trust in delivering against the priorities.

Michael Swan
Shadow Lead Governor
For and on behalf of the shadow Council of Governors, The Royal Wolverhampton NHS Trust

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 2014 ("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 2014 subject to limited assurance consist of the following indicators:

- Rate of Clostridium Difficile infections page 83
- Percentage of patients risk assessed for venous thromboembolism (VTE) pages 82
- 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 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 2013/14 issued by the Audit Commission in February 2014 ("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 2013 to June 2014;
- papers relating to the Quality Account reported to the Board over the period April 2013 to June 2014;
- feedback from the NHS Wolverhampton Clinical Commissioning Group (WCCG) dated 17/06/2014;
- feedback from Healthwatch Wolverhampton dated 13/06/2014;
- the Royal Wolverhampton NHS Trust has not yet published the 2013/14 complaints report under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009. We have reviewed the complaints risk report submitted to the Board in quarters 1 and 2 dated 22/07/2013 and 28/10/2013, and Litigation, Incidents and PALS (CLIP) Action Group reports for Quarter 3

and Quarter 4 dated February and May 2014;

- feedback from Wolverhampton City Council Health Scrutiny Panel dated 10/06/2014;
- the latest national patient survey dated 2013, "The Royal Wolverhampton NHS Trust National Inpatient Survey 2013. Patients discharged in August 2013";
- the latest 2013 National NHS staff survey;
- the Head of Internal Audit's annual opinion over the Royal Wolverhampton NHS Trust's control environment dated 31/03/2014;
- the annual governance statement dated 31/03/2014;
- Care Quality Commission quality and risk profiles dated November 2013 and October 2013 for the Royal Wolverhampton NHS Community Hospital;
- Care Quality Commission Intelligent Monitoring Reports dated 13/03/2014; and
- Feedback from the Council of Governors dated 17/06/2014.

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:

- reviewing the content of the Quality Account against the requirements of the Regulations;
- reviewing the Quality Account for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties ;
- considering significant judgements made by the management in preparation of the specified indicators;
- performing limited testing, on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosures; and
- reading 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 Royal Wolverhampton NHS 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 2014:

- 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 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
30/06/2014

The maintenance and integrity of the Royal Wolverhampton NHS Trust's website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

How to give your views on our Quality Account

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

Patient Experience Team

The Royal Wolverhampton NHS Trust

New Cross Hospital Wednesfield Road WOLVERHAMPTON WV10 OQP

Tel (01902) 695333

E-mail rwh-tr.yourcomments@nhs.net

Online – submit a comment to rwh-tr.yourcomments@nhs.net

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

Designed and produced by the Department of Clinical Illustration, New Cross Hospital, Wolverhampton WV10 0QP
Telephone: 01902 695377 Email: rwh-tr.medicalillustration@nhs.net

Mi 049614 27.06.14