The Royal Wolverhampton **NHS**
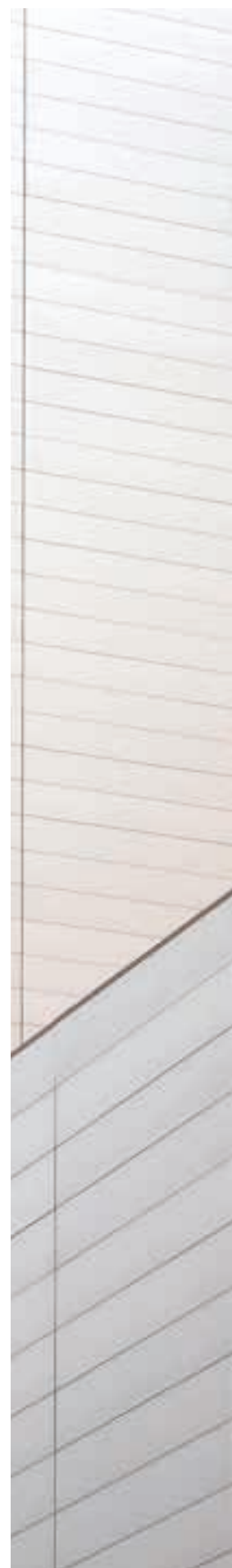
NHS Trust

Quality Accounts 2015-16

Safe & Effective | Kind & Caring | Exceeding Expectation

Contents

The Quality Account

Why are we producing a quality account?

All NHS Trusts are required to produce an annual Quality Account to provide information on the quality of the services it provides to patients and their families.

The Royal Wolverhampton NHS Trust welcomes the opportunity to be transparent and to be able to demonstrate how well we are performing, taking into account the views of service users, carers, staff and the public. We can then use this information to make decisions about our services and to identify areas for improvement.

Statement on Quality from the Chief Executive

Our Quality Account gives an overview of the Trust's performance in providing high quality care for the patients who use our services and their families and carers. It also sets out our plans to improve the quality of services in specific areas by identifying key priorities and how we intend to deliver them.

The experience that our patients and visitors have when using our services is crucial, and goes well beyond the health outcomes of their care and treatment. We know that our staff are highly motivated to care for patients with care and compassion, and that they also identify strongly with the idea that they should care for patients in a way they would want a member of their family to be treated. In publishing this Quality Account, we aim to be transparent about our own (and others) assessment of the quality of care we provide. The Board recognises that transparency, and the ability of our partners, commissioners and regulators, to assess and scrutinise our performance, helps us to focus on tracking evidence based performance on quality issues in a way that helps improve services. In addition, and of equal importance, it nurtures our already existing culture of continuous improvement and innovation.

The Trust's priority is to always ensure patient safety across the Trust and this continues to be the overarching priority; the Trust also has 3 further supporting priorities which are:

- Achieving Safe Nursing staffing levels across the Trust
- Ensuring safer care by reducing the instances of harm caused
- Improving the experience of patients who use our service

The Board has determined that the scale of these overarching priorities and the scope for improvement both within the Trust and with other partners continues to be relevant for future years. This Quality Account describes the work we have undertaken across all the Trust's sites and services, in a number of key areas including:

- Continued focus on infection prevention
- Reducing variation in clinical outcomes and mortality
- Increasing level of patient/visitor feedback received, and utilising this effectively to transform services

The quality of our services and the care we provide is of paramount importance to the Trust Board. At each meeting the Trust Board considers reports on:

- Quality and safety; Serious incidents;
- Board Assurance Framework and Trust Risk Register;
- Cost Improvement Programme (financial and qualitative delivery); Never Events (standing item on the public agenda);
- Mortality

The Board also receives a monthly Integrated Quality and Performance report. This report includes, metrics relevant to patient experience (such as medication incidents, infection prevention, Friends and Family Test scores and cancelled operations).

This information provides assurance to Board members and helps to focus on where we need to make improvements. You can read more information about the Trust's approach to risk management and about the committees that monitor quality performance in the Annual Governance Statement in the Annual Report.

2015/16 was an important year for the Trust, with one of the most significant developments in our history as we took on the management of Cannock Chase Hospital, and other services from Mid Staffordshire Foundation Trust. The Trust Board's primary reason for this business decision was the opportunity it gives us to improve the experience for our patients and to secure a wider range of services for local people. The coming year will bring further integration of services across all our hospital and community services. You can read more about the work we did in preparation for the transfer of services and our plans for the future in Section 1 of the Annual Report.

We recognise the value of involving our local community in decisions about our services and priorities for improvement, therefore we have listened to the feedback we have received, when things have gone well and when we could have done better. This feedback from a variety of sources has been influential in steering our direction for 2015/16.

To the best of my knowledge, the information contained in this Quality Account is accurate.

Signed:

David Loughton CBE
Chief Executive

Date: 27th June 2016
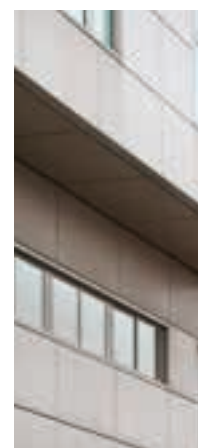
An organisation striving continuously to improve patient experience and outcomes. We pledge that we will always strive to be safe and effective, kind and caring and exceeding expectation.

Our Visions and Values

Safe & Effective	Kind & Caring	Exceeding Expectation
• We will work collaboratively to prioritise the safety of all within our care environment	• We will always demonstrate a person centred approach	• We will always look for ways to improve our evidenced based practice and performance
• We will always communicate clearly	• We will always act in a way that is respectful to others, our profession and ourselves	• We will always provide a learning and supportive culture
• We will always raise concerns immediately and constructively	• We will act in the best interest of others at all times	• We will demonstrate positive attitudes to inspire others to achieve outstanding experiences
• We will be open and candid with persons in our care and with colleagues	• We will always make time to listen	• We will not accept mediocrity
• We will always work within our sphere of competence and maintain our knowledge and skills	• We will go out of our way to make others feel valued for their efforts and achievements	• We will grow a reputation for excellence as our norm

Safe & Effective | Kind & Caring | Exceeding Expectation

Looking forward - Our priorities for improvement 2016/17

Our quality improvement priorities for 2016/17 will continue to focus on the key areas that affect patients, their families and carers'.

They were initially chosen after consulting both our staff and clinical teams who deliver our services, and looking at what patients and members of the public say about us and our services, in national and local surveys, in complaints and compliments, and recent inspections by regulators. 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 across many of the services we provide and remain our driving focus for the year ahead.

We have achieved much over the previous 12 months in these areas and there is more that we can further accomplish. The Trust has identified 3 quality priorities for 2016/17 following consultation with staff and patients, they are:

1. Nurse Staffing Levels

We recognise the impact that staffing levels have on safe care provision. The Trust has, and will continue, to pursue a range of approaches towards ensuring high calibre staff are recruited. Of equal importance, is the Trust's desire to maintain the current skilled workforce and as such we place a focus on staff retention. The organisation is working collaboratively with Higher Education institutions to ensure the approach to supporting our plans is the most aligned and effective.

2. Safer Care

Safe, quality care will be delivered within a culture whereby the leadership ensures that individualized patient care is at the heart of everything we do. By prioritizing safety we are committed to reducing avoidable harm. Patient safety and well-being are the critical considerations guiding all decision making and this will be evident in the systems and processes we implement.

The Trust is continuing to promote and develop staff with regards to 'Human Factors' training and the benefits this provides, promoting a transparent reporting culture through its 'visions and values', thus learning lessons as necessary and preventing repeated harms.

With the additions of NHS pledges, values and responsibilities to the NHS constitution, the Trust launched its own evidence based 'visions and values' in September 2015 to all staff. These are categorised into three domains:

- Safe & effective
- Kind & caring
- Exceeding expectation

These provide a framework of expected behaviour's and attitudes which support the values of the Trust, and will be the vehicle through which the Trust will use to drive culture change and transformation

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.

3. Patient Experience & Satisfaction

Outstanding patient experience (safe, effective, patient centred, timely, efficient, equitable and of the highest quality) will be measured and monitored by the Friends and Families Test (FFT) measure of willingness to recommend the hospital. This will be further supported and triangulated alongside complaints and national and local survey responses. The Trust is currently reviewing its internal processes regarding FFT data collection to ensure we are maximising our potential for feedback.

Priority 1: Safe Nurse Staffing Levels

The challenge for the organisation is to ensure the right staff are in the right place, at the right time, and, unlike other Trusts who undertake a nursing review only twice a year, RWT has this information every day through its innovative Teletracking technology.

Why is this a priority?

To deliver safe patient care and good patient experience our wards and departments need to have the right levels of staff and skill mix for the acuity of the patients for which they are caring.

How have we performed against 2015/16 plans?

The CQC inspection in June 2015 identified that 'nurse staffing' was an issue with both the use of bank and agency staff increasing.
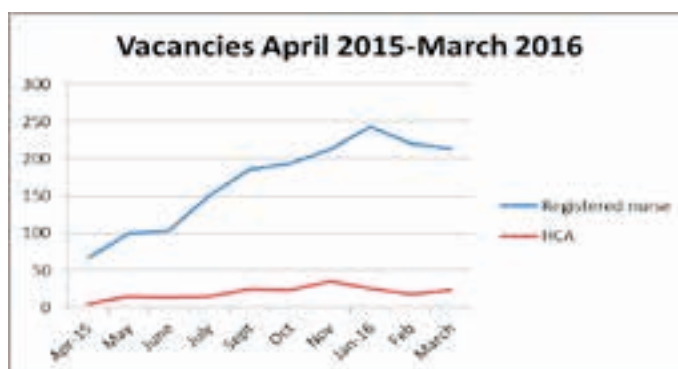
The CQC felt that staffing issues were having a negative effect on staff morale, and had also been a contributory factor in some incidents which had resulted in patient harm.

As part of the implementation of the 'Hard Truths' guidance (March 2014) associated with publishing nurse staffing data, the Trust reports monthly information on nursing and midwifery staffing levels. This is collated centrally and reported to the Trust Board and posted on the Trust intranet page and NHS choices monthly.

Monthly average % Trust fill rate for Registered and Unregistered staff:

	April	May*	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
RN day	92.5	92.5	92.9	91.4	91.3	91.3	90.0	89.2	89	89.6	87.3	88.4
RN night	91.9	90.9	90.4	91.4	88	91.2	88.9	88.1	87.2	87.6	87.8	87.1
HCA day	104.8	107.2	107	106.5	109.3	107.1	105.8	111.6	109.3	115.1	112.5	110.1
HCA night	116.2	122	123	117.9	122.5	118.1	121.7	131.4	131.5	130.5	132.1	131.7

The overfill rate for unregistered staff helps to offset the deficiency of registered nurses.
(Trust internal data reported to NHS England monthly)

The Trust is not alone in experiencing increasing numbers of registered nurse vacancies. In December 2015 there were 21,000 posts unfilled nationally with around 3,500 of those being within the West Midlands. The registered and unregistered nurses are the single largest role in the Trust and make up 41% of the workforce.

Our Midwifery service is currently fully established and is not part of the overseas recruitment campaigns, we continue to recruit from within the region including from our British graduate Midwives when vacancies arise.

What else have we achieved?

The Trust has had an active recruitment programme, including EU and international recruitment. In addition to the usual recruitment of newly registered British graduate nurses, to help address the shortfall in qualified numbers, with limited success to date. A six-strong team from the Trust recently went out to the Philippines to recruit over 300 qualified nurses. Candidates demonstrated a high quality of care delivery, excellent knowledge base, experience and evidence during interview processes. For NMC professional registration the Nurses are required to achieve International English Language Test for Students (IELTS) level 7 and complete a multi choice questionnaire before they can travel to England to complete their Observational Exam. Two members of nursing staff have attended the Northampton Objective Structured Clinical Examination (OSCE) University site and received training on how to prepare staff for the exam and what to expect. In addition we have been collaborating with Wolverhampton University to provide an 'OSCE' preparation programme in the skills lab. The programme commenced in April 2016.

All overseas recruits receive a six-week induction and orientation programme while awaiting confirmation of their Nursing and Midwifery Council (NMC) professional registration.

The 'Care Certificate'

From September 2014 all HCA staff new to the organisation and with little or no health care experience, or who had no evidence of competence, were commenced onto the 'Care Certificate

programme'. The theoretical aspect of the care certificate includes - Trust and a bespoke nurse induction programme for HCA's.

Individuals have 12 weeks (time given for annual leave) from commencing their employment to achieve the standards. A 6 week Master class (2 hours per week) supports HCA progress. Forty seven staff to date have commenced the programme and the first cohort of 9 have completed the programme.

Revalidation for Nurses and Midwives

From 1 April 2016 all nurses and midwives revalidating (3 year cycle) will be required to meet new standards. It is the nurses'/midwives' own responsibility to meet and produce the evidence for revalidation.

Access to NMC and Health Education England (HEE) resources were made available to staff on RWT Nursing and Midwifery Website. RWT hosted an Royal College of Nursing (RCN) Revalidation event on 27 August 2015 and contributed to a National Research network study day on 17 March 2016 to discuss Revalidation and raise awareness. To assist with the management of the revalidation process RWT ESR system provide Matrons and Heads of Nursing with staff revalidation dates for information.

Return to Practice (RTP)

The Trust continues to offer placements for Return to Practice (RTP) to support the Health Education West Midlands RTP recruitment drive. Six individuals have undertaken RTP placement within the last year.

Our plans for 2016/17

Our plans for 2016/17 are to continue to secure offers made during our overseas recruitment to the Philippines. To ensure opportunities remain for our support staff who, with registration from their native country wish to pursue registration status in the United Kingdom with the appropriate support. To work with our Higher Educational Establishment colleagues to ensure a good quality placement for Nursing students, particularly in light of bursary changes pending. To continue to explore the needs of our patients, ensuring we have a work force fit for the future, thus enabling new roles to be explored.

The Trust has an annual programme to review the in-patient nurse staffing levels, using a nationally recognised acuity tool. This occurred during January and June and where necessary changes are made to nursing establishments. From April 2016 a programme for the review of nurse staffing will be extended to include an annual review of all nursing services using, where available, a nationally recognised evidence based acuity tool.

We have acknowledged that a recruitment strategy alone would not be sufficient to support the Trust so are also looking at how we can retain our staff. The Trust has launched its Nurse Recruitment and Retention strategy in May 2016. Within this strategy we outline how we will Enable, Attract and Retain. Within the Enabling we are developing a micro website, open adverts for online applications, Saturday assessment centres, approaches to outreach marketing and recruitment events, and exploring the use of social media to promote services. Within the Attract section we are reviewing flexible working patterns, establishing a career pathway, exploring how we can extend our learning and development opportunities and establishing a staff transfer/rotation programme. Within the Retain section we are developing a managed progression route, expanding our mentorship programme, looking at how we can improve our health, wellbeing and resilience focus and how can we personalise learning and development.

Another strand we have identified, which can make a difference is a positive work environment. The elements that enhance the work environment are - clear leadership, team working, recognition, mentorship and career development. The Trust continues to remodel and design the parts that an

efficient and effective team should consist of; this has included exploring and introducing new roles for example the Advanced Clinical Practitioner role which has been introduced into the Emergency Services Directorate. There are plans to introduce an Associate Practitioner role into the ward teams. A Nursing Assessment and Accreditation Scheme has been developed. It is based on 13 clinical standards and will enable the Trust to showcase Gold Standard wards, this will also provide recognition to the nursing teams and provide reassurance to their patients. The Trust is rolling out an electronic rostering system which will support the efficient utilisation of staff, allow staff to plan and enhance their work/life balance. The Trust is supported by a dedicated Faculty of Nurse Education who has a passion for staff development.

Priority 2: Safer Care

The Trust reports monthly on 'safety thermometer', a National tool utilised to capture point prevalence data with regards to harm, relating to the number of:

- Falls
- Catheter associated infections
- Venous Thromboembolism
- Pressure Ulcers

on a given day each month.

Why is this a priority?

Patient safety is a priority for the Trust and underpins everything we do, with the aim of delivering high quality, safe care, at all times. We know that care is not always delivered in a consistent manner, 24 hours a day, seven days a week, therefore we need to take action to reduce avoidable harm, diminish variation in practice, and improve efficiency, whilst always ensuring safe and effective care is delivered to our patients. Developing the Trust's Safety Improvement Plan has enabled us to draw together and focus on the quality and safety areas which are aimed at significantly reducing patient harm within the Trust. Therefore, analysing our incident trends, complaints, claims and litigations provides us with a wealth of information, alongside that of our general patient feedback, to allow us to focus efforts on specific areas or issues.

The Trust is committed to:

1. Reduce the rate of patient safety incidents and the percentage resulting in severe harm or death.
2. Reduce the number of healthcare-associated infections (MRSA and C difficile infections)
3. Maintain the percentage of patients who have completed a VTE risk assessment above 95%.

How have we performed against 2015/16 plans?

Sample (Patients) and Harm Free Care
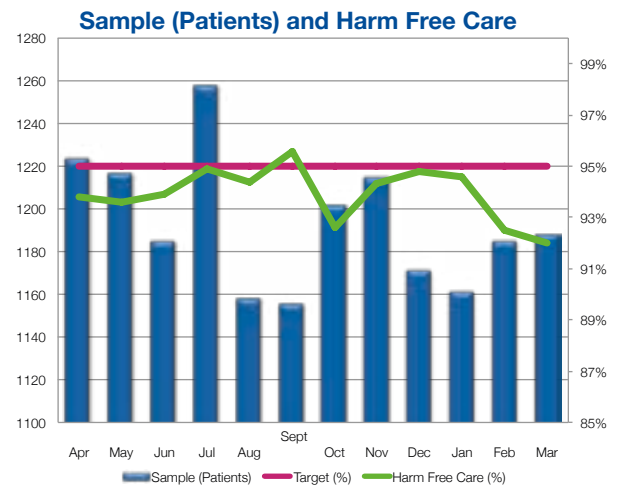
(Safety thermometer data 2015/16)

The Trust, via its Patient Experience, Quality and Safety strategy, has also identified the following areas for improvements:

- Reducing the number of avoidable falls with harm
- Reducing harm as a result of sepsis by improving pathways of care
- Reducing harm as a result of medication errors by having greater analysis of those particular incidents
- Undertake a detailed review of incidents in Maternity, Accident & Emergency and Trauma & Orthopaedic specialties and the introduction of human factors as part of its 'sign up to safety' campaign.

Sign up to Safety

The Sign up to Safety campaign was launched by the Secretary of State for Health in June 2014. Its intention is to get all hospitals working together to improve the safety of care and as a result save 6,000 lives making the NHS the safest healthcare system in the world. The Royal Wolverhampton NHS Trust has made its pledge to join the campaign and has published its improvement plan in support of this goal.

During the course of 2015 the Trust was successful in gaining funding and support from the NHS Litigation Authority (NHSLA) to roll out a programme of Process Communication Model (PCM) training across the organisation, with the aim to reduce harm and improve patient safety through focussing on people; their communication, behaviour and its impact on the healthcare environment, patient experiences and outcomes.

What has been achieved so far and actions for 2016/17 (Current position)

Throughout 2015/16 and moving into 2016/17 over 382 staff from front line to board level have participated in and completed the PCM training offered by the Trust.

As we enter 2016/17 our actions are to work more closely with Obstetrics, Accident & Emergency and Trauma & Orthopaedics, in order to accelerate training interventions for PCM and increase the participation of staff from these high risk areas.

Current service pressures and clinical commitments mean the take up of PCM are not currently viewed as an immediate priority but nevertheless it is still essential to improve patient/staff experiences, outcomes and to reinforce patient safety.

The challenges the Trust faces along with the rest of the NHS, are having an effect and impact on the areas participating and the uptake of the PCM training on offer. However, recognising and minimising the risks to each of the key services, and ensuring services and patients are not compromised, whilst participating in this initiative, remains a priority for the Trust during the roll out and implementation, of this type of intervention.

Drivers for change

It has been revealed, via the research of litigation claims conducted by the NHSLA, that a large majority of cases (within and outside high risk services), unexpected adverse events are shown to be due to Human Factors, specifically the actions and behaviours of those looking after patients.
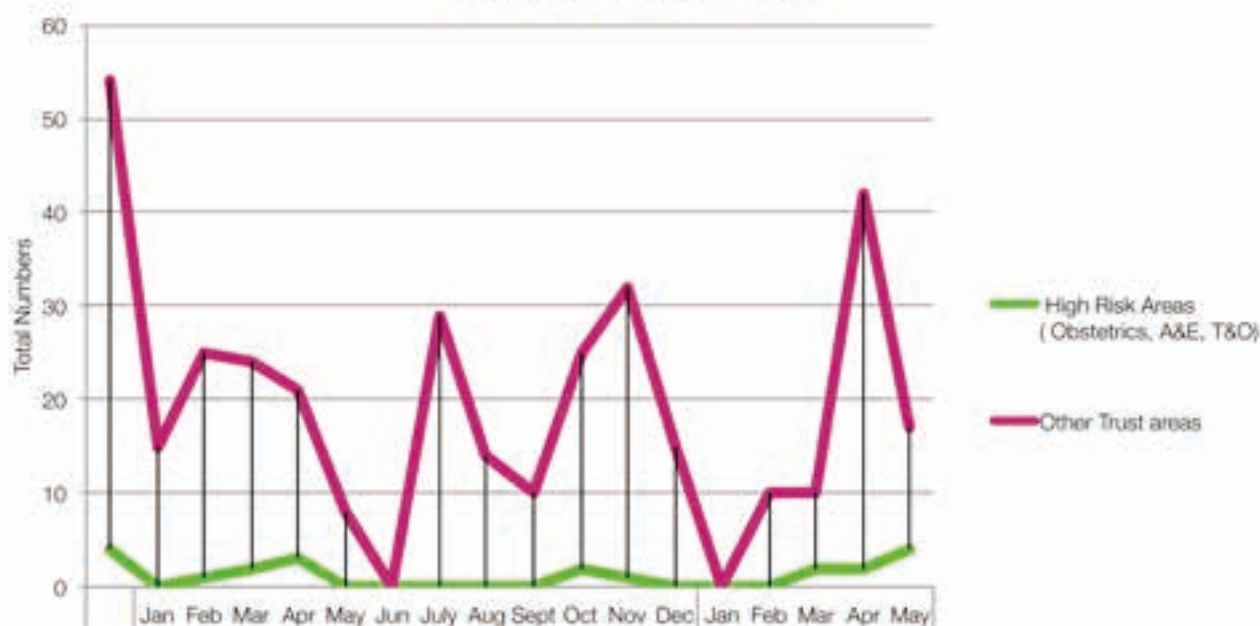
Although there are limits to what we can control as far as human capabilities and differences, evidence shows us that there is more that can be done in relation to understanding how, and why, medical errors occur, the contributions made by poor communication and behaviours, better insights and perceptions of self and others, behaviours in distress, and to reduce the effects which lead to adverse events, incidents, claims and complaints adversely impacting staff morale, safety culture and climate.

What are we doing differently?

As a Trust we are also investing time in conducting a bespoke piece of work, a 'deep dive' analysis of themes and trends in case findings, complaints and serious reportable patient safety incidents. This level of focused analysis has never been done before and is much needed in order to better analyse the myriad of causes and contributing factors leading to incidents and complaints. It can also provide the potential mitigating factors leading to proactive claim management.

The project will include an evaluation of claims, incidents and complaints managed by the Trust over a five year period (high value/low volume claims and high volume/low value claims). In effect this is an independent 'own account' study of intelligence data using research methodologies.

The benefits of deeply interrogating and analysing this data will enable the Trust to understand and define causative factors and will provide insights on symptoms which can then be used to address and alleviate recurring issues.

The expected benefits of implementing PCM

- Improving staff wellbeing, relationships (inc. behaviours) and communication amongst all members of the healthcare team and their patients
- Better insights of self and others, supporting and feeling supported during times of distress
- Increasing team effectiveness at a time when the NHS and staff are under immense pressure to deliver its services
- Meeting staff psychological needs to stay motivated in their roles

- Creating a supportive, open and transparent environment for staff and our patients
- Spotting and removing barriers within a team and environment which can affect the state of communication, patient and staff engagement and team dynamics all of which play a big part in experiences and outcomes for staff and patients along with the application of medical knowledge, skills and experience
- Better dialogue between staff and their patients
- Improved staff morale leading to better working environments where individuals feel empowered, safe and motivated
- Improved reputation of the services
- A reduction in risks, adverse events and incidents and claims resulting from poor communication
- Increased empathy throughout the process of providing and receiving care

Medication errors

The Trust continues to encourage incident reporting across all services, driving a culture of openness and honesty, this allows us to further understand incidents and how they occur, thus allowing we to learn from them and further improve safety and outcomes for our patients.

How have we performed?

General interventions April – December 20
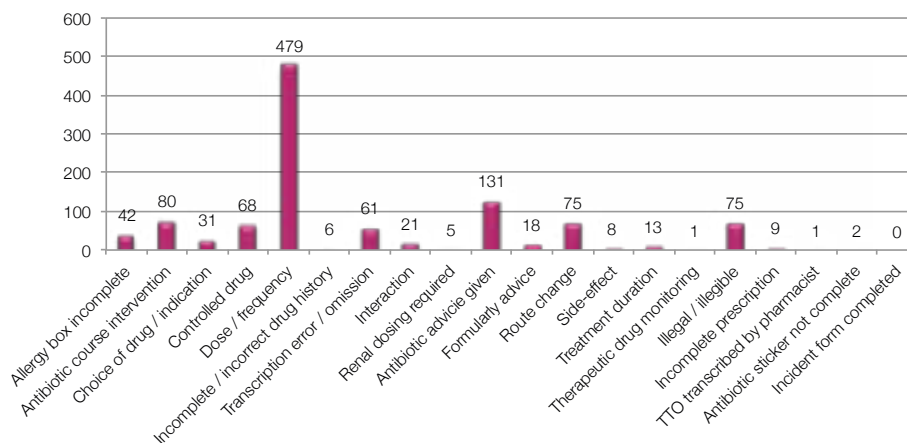
Medication incidents and harm caused April – December 2015
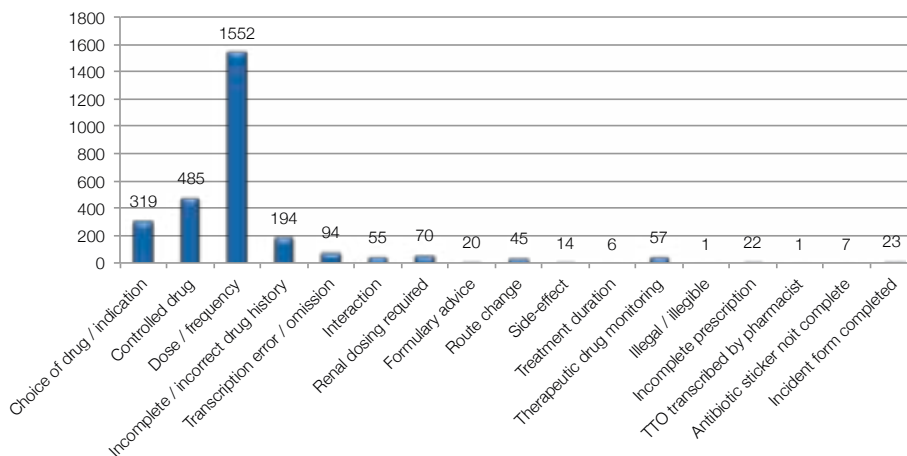
Antibiotic interventions April – December 2015

- Low
- Moderate
- None
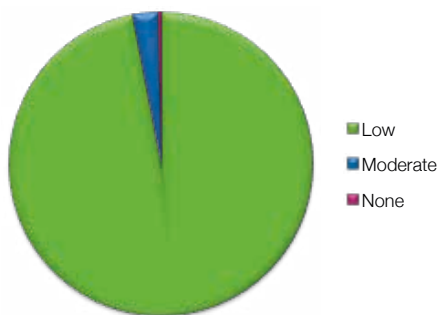
What are we doing differently?

- All wards have a daily visit by a pharmacist.
- The Dispensary is open every day of the year, including Christmas day.
- Mediwells have been installed in Paediatric General Surgery

- Review of all incidents relating to medication errors by a Senior Pharmacy technician
- Appointed a Multidisciplinary Medication Safety Group which commenced in April 2015

Plans for 2016/17

- Approval of electronic prescribing systems for our Oncolcogy / Haematology departments; this will be progressed through to implementation this forthcoming year.
- The Trust has recently appointed a Medication Safety Officer with the expertise to explore and analyse themes relating to medication incidents. Therefore ensuring we are learning the lessons from these incidents and improving practices relating to all aspects of medication.

Review of fields within our reporting system to ensure that appropriate information is collected to inform analysis and learning.

Falls

How have we performed so far?

The Trust has seen a reduction in the number of falls per 1,000 occupied bed days since April 2015 (table 2). The Trust's multidisciplinary Falls group which includes support from the Local Authority's Public Health Department and Wolverhampton Clinical Commissioning Group continue in its collaborative approach to reduce falls, and their associated impacts across the health Economy.

The Trust continues to link in with the National lead to ensure the Trust receives contemporary information regarding falls prevention. The falls group continues to meet bi monthly and has led on a number of developments in the last twelve months which include:

- The development of the Trusts 'Delirium' policy
- The development of a 'close observation' policy and assessment tool
- Trial of bespoke E- learning packages for medical and nursing staff

The point prevalence of falls that cause harm is measured via the NHS 'Safety Thermometer' (table 1) and has seen an increase as demonstrated in the graph below of falls. However the total number of falls causing serious harm reduced slightly from 34 in 2014/15 to 32 in 2015/16.

Every fall that causes harm is scrutinised via a multi-agency panel, factors including adherence to policy and what could have been done differently are considered. Reducing the numbers of falls that cause harm continues to be a challenge, however remains a high priority in caring for the older patient and those with a high risk of falls.
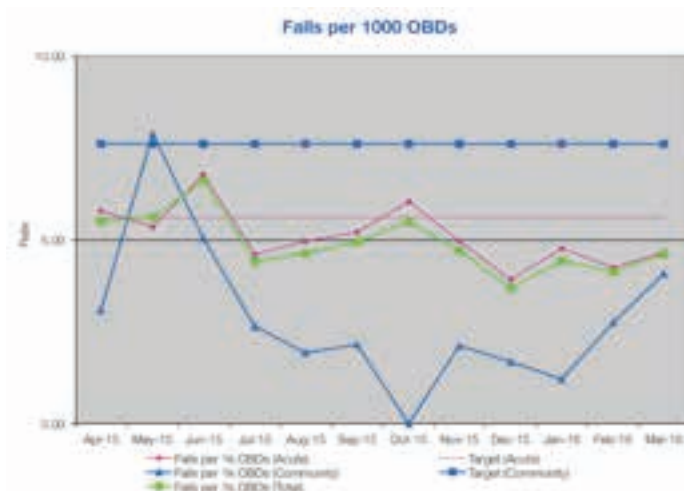
(Trusts own data – actual falls per 1,000 occupied bed days)

Our plans for 2016/17

The focus of the Trust is to reduce the number of falls resulting in harm by 55% by March 2017. The aims moving forward are:

- Analysing data from RCA's to ensure themes and trends are understood and are the basis for learning and improvements.
- Raising awareness of falls and their impacts via training events and e-learning packages
- Raising staff & public awareness regards falls prevention via promotional falls events
- Use of Trust technology to reduce falls and their associated risks
- Close observation assessment

(Safety thermometer data 2015/16)

Sepsis

As part of the Trusts overarching 'sign up to safety' plan, the Trust has indicated it's commitment to improving the Sepsis pathway to further enhance how we diagnose and treat patients with infections (sepsis) at an earlier stage in their illness. This has seen the development of a 'creating best practice' work stream, which is a familiar tried and tested methodology in the Trust aimed at improving the experience and safety of patients in our care, by using innovative ideas from front line staff and evidenced based practice.

How have we performed?

Via the creating best practice workstream there has been the introduction of;

- Sepsis 'administration boxes' are in place in all inpatient areas to facilitate early treatment
- Sepsis tool has been launched trust wide to prompt early recognition
- Development of a sepsis training video with a Human Factors focus to raise awareness

Our plans for 2016/17

The Trust has recently re–established its multi-disciplinary 'deteriorating patient' group, which will encompass sepsis as a theme and look to build on the work achieved to date.

Preventing Infection

Infection Prevention is an overarching priority for the Trust which is echoed by Wolverhampton CCG and Wolverhampton City Council Public Health Service. Increased risk factors for healthcare acquired infections are acknowledged in the ageing population, changes in use of health services and increasing technology requiring a high level of cooperation, communication and information to ensure healthcare associated infections are kept to a minimum.

2015/16 was another productive year both within the Trust and across Wolverhampton in minimising health care associated infections through partnership working. The challenge of rising community numbers of Clostridium difficile and further reductions in targets means new approaches are required. Novel treatment therapy, such as Fidaxomicin and Human Probiotic Infusion (HPI) have been used more frequently during the year, with 4 infusions being successfully undertaken to date.

Additional essential requirements are antimicrobial stewardship, innovation, maintaining a high standard of environmental cleanliness in healthcare facilities and ensuring best practice such as hand hygiene is constant. The strict adherence to such an approach is also beneficial in the reduction of other organisms and infections such as MRSA and emerging Carbapenemase Producing Enterbacteriaceae. The work of the Infection Prevention Team includes education, research and development, standard setting, assurance and, most importantly ensuring patient safety in the prevention of spread and acquisition of new infections across the City.

We have proudly forged close links with care homes, very sheltered housing accommodations, local authority and independent contractors and are working on several projects and initiatives to building on the successful reduction of MRSA transmission in care homes achieved between 2009 and 2014.

Sources of Data:

- NHS 'Safety Thermometer'
- Nursing quality metrics
- Laboratory data
- Domestic monitoring
- Mortality information
- National HCAI data capture system Monitoring
- Trust Infection Prevention and Control Group
- Environment Group
- Health and Safety Steering Group
- Clinical Quality Review Meetings
- Contract Monitoring Meetings
- Specific achievements against last year's objectives include the following:
- The Intravenous Resource Team continues to deliver a high standard of line care with increasing numbers of patients discharged on Outpatient Parenteral Antibiotic Therapy. A successful business case has supported the team's expansion to cope with increasing service demand.
- Surgical Site Infection Surveillance information is shared with Consultant Surgeons via a monthly dashboard.
- Continued focus on supporting high risk areas of infection.
- Delivery of a care home prevalence project
- Lowest year on year record for device related bacteraemia in the Trust and communication of community acquired related device related bacteraemia cases for the first time.
- Continued support to care homes and very sheltered housing establishments across the Wolverhampton health economy by the Infection Prevention Team, ensuring a seamless service across healthcare facilities throughout the city and reducing norovirus related hospital admissions to acute services.
- Introduction of care home scrutiny meetings with surveillance data triangulated with other sources of care home knowledge to target improvement actions.

Our Plans for 2016/17

The Trust will continue to work effectively with colleagues in primary, secondary and social care to develop work streams and individual projects that will deliver the values of the Trust and our CCGs. A detailed annual programme of work is developed, and include the specific projects below:

- Increased focus on Standard Precautions, to include splash and sharps awareness to support a reduction in associated incidents
- Increase awareness of antimicrobial resistance and robust prevention and management of Carbapenemase Producing Enterbacteriaceae
- Renewed focus on the Environment and sustaining improvements made
- Understanding the benefits of a real-time electronic hand hygiene monitoring system
- Streamline catheter usage and care across the City using a standardised agreed formulary
- Continue with HCAI prevalence study in Nursing Homes in Wolverhampton.
- Launch new annual training and recognition events for care homes and primary care providers.
- Development of the Surgical Site Infection Surveillance Team to include assurance of adherence to NICE guidance and further reductions in SSI rates through MSSA screening and decolonisation regimes
- Strengthened education delivery to include forging links with the University of Wolverhampton

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

Goals:

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

Action Required:

The Trust acknowledges the current challenges surrounding infection prevention by working in partnership with colleagues across the health community to deliver nine agreed strategic objectives through a health economy Infection Prevention Strategy. Strategic objectives focus on consistent high standards and innovation to sustain and further reduce avoidable infection in healthcare.

- Integral to this is the communication network established between the Acute Trust, independent contractors and community care settings, which, in the past two years, has seen improved control of outbreaks and has sustained the systematic follow up of MRSA colonised and Clostridium difficile infected patients, offering them a community pathway for treatment and support
- Maintain the approach to prevention of avoidable infection across the pathway through partnership working
- Implementation of an annual programme of work working towards the delivery of nine key strategic aims
- Implementation and encouragement of use of novel treatments for Clostridium difficile.
- Nominated Lead Chief Nursing Officer

Priority 3: Patient Experience

Why is this a priority?

The Trust measures patient experience via feedback in a variety of ways. This includes local and national survey's, Friends and Family Tests, PALS concerns, formal complaints, compliments and social media forums such as Patient Opinions and NHS Direct.

By effective analysis and use of patient and family feedback we will improve our services to ensure we meet their needs.

Royal Wolverhampton NHS Trust is committed to providing high quality clinical care and aim to provide an excellent experience for patients, their relatives and carers. We know that the patients' experience is formed through every contact they have with our organisation, from the porter who helps them find the right ward, to the consultant who talks them through the next steps in their treatment. That means every member of staff has a responsibility to help us provide the kind of care that we all want to deliver and would like to receive.

We know that staff can only provide the quality of care we expect if they work in an environment where they feel respected and valued, and are supported to deliver excellent care.

How have we performed in 2015/16?

This year 2015/16 has been a period of transformation for patient experience at the Trust. This is on-going into 2016/17.

A full review of the Trust's policies and strategies in relation to patient experience has been undertaken and this has involved the need to review the following:

- Complaints Management Policy
- Interpreting and Communication Policy
- Patient Engagement and Involvement Strategy
- Patient Experience, Quality and Safety Strategy
- Volunteering Policy

Each of these has been enhanced to improve the patient experience.

In terms of the volume of complaints and PALS concerns, a detailed analysis is shown further in this document.

Complaints activity formed the basis of the commissioning for quality and innovation national goals (CQUIN)for this year, and much of this has focused on accountability and improvements to processes and information for an improved patient experience.

This has included:

- An external scrutiny review on a quarterly basis of complaints handling and outcomes
- The implementation of an escalation process for non-compliance with statutory complaint timescales.
- Complaints performance dashboard for greater clarity
- Review of the complaints policy which now includes a greater level of support to directorates for the handling of statutory complaints and more information to complainants.

The Plans for 2016/17

1. Increased Patient and User Engagement (including improving links within the community in particular the marginalised groups).

The Trust has a long tradition of formal engagement with recognised patient groups, and in 1999 established a forerunner to the Patient and Public Forum that began in 2003. The Trust developed its first Patient and Public Involvement (PPI) strategy in 2006.

Patient and Public Engagement and Experience (PPEE)* is defined as the active participation of citizens, patients and carers and their representatives in the development of health services and as partners in their own health care. This includes the planning, designing, delivering and improvement of health services.

Our aim during 2016/17 is to increase public and patient engagement, in the hope to improve on previous national in-patient survey and Friends and Family results, and to ensure that our service developments meet the needs of our local community and the demographics of the patients we serve.

Patients and families will help us to define quality and develop new and improved services. We will gather their views in greater numbers; implement changes based on their feedback; and demonstrate that their voice makes a difference to others. We will embed the recently revised Patient Engagement and Public Involvement Strategy to widen the scope of our current engagement activities. The Strategy, 'Listen Learn Share', explains how we intend to encourage patient and public engagement and experience

through the active participation of citizens, patients and carers and their representatives in the development of our health services and ensure that they are partners in their own health care.

The Trust will be:

Clear, accessible and transparent

- We will make it clear to those opinions we seek as to what we are doing and why, and how their views and experiences will be used. We will also ensure that outcomes are measured and feedback is given to people who the Trust have engaged with.

- All employees in all parts of the Trust will be clear about what engagement means, have a shared understanding of its purpose and be clear about the difference between working for and working with patients and the public.

- As far as reasonably possible, the Trust will ensure that patients, carers and their representatives will have the necessary guidance, support and tools to become engaged with the Trust and feel empowered to report their experiences. This will include people who have protected characteristics and people from hard to reach groups.

Honest

- We will share information and knowledge so that people we engage can understand the issues, and this will be done in a clear and appropriate way to the needs of the individual.

- We will engage with people at an appropriate time during the development of services and be open about any involvement we need from them.

- We will be honest about what can change as a result of listening to the community and what is not negotiable providing the reasons why.

Inclusive

- Every practicable effort will be made to take account of the experiences and views of all of the diverse communities served by the Trust.

- Everyone who chooses to share their experiences and views will be treated with dignity and respect.

- We will recognise and acknowledge the right for all individuals to be given the option to share their experiences or express their views and will

make every effort to communicate with people who have protected characteristics in a way that they can understand.

Pro-active

- A pro-active approach will be taken to engage the population served by the Trust.

Responsive

- We will be responsive to the concerns of local people and demonstrate openly how these have been considered and responded to in the decisions made.
- We will give feedback in a timely manner on the ways in which we have listened to the population we serve.

This will be done through three key objectives:

- Develop the Trust's strategic approach to PPI - Create a culture where PPI is embedded and reflected in the work practices of the Trust and the services it delivers.
- Provide direct opportunities for people to get involved - Develop a more comprehensive approach to ensuring that patients and the public are involved in the design, management, delivery and review of the services the Trust provides by ensuring that they use a variety of approaches and best practice.
- Help people to learn about the Trust and how to get involved - Provide patients and members of the public with access to clear information about the Trust and changes to the health and social care system. Interest and engage the local community and with partnering agencies in understanding them so they can actively choose to be involved.

1. Ensuring Friends and Family Test (FFT) is inclusive

This is an area where the Trust recognise that there could be real area for improvement. In recognition of this, it has been decided that FFT for the Trust will form part of it's CQUIN's for 2016/17. A CQUIN framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

The specific goals for this year will focus on the following:

- The implementation of FFT in children's services at RWT in electronic and paper formats.
- Implementation of FFT in children's services for Community.
- Implementation for FFT to be available in top five languages (based on criteria from Interpreting provider) in paper format and electronically.
- FFT for children's services to be available for those with learning disabilities and for deaf/blind community in appropriate format.
- Real time dash boards for the Friends and Family will be set up allowing managers almost immediate access to the latest patient response figures, scores and patient comments. This will enable the Trust to easily identify the daily percentage response rate.

All milestones for each quarter will be analysed and improvement plans will be written where FFT is below the national average.

2. To raise more awareness of the PALS and Complaints services and ensure that both are accessible in a variety of mediums.

The Trust aim to be as transparent as possible, and realise the importance of valuable feedback through a variety of mechanisms. We will endeavour to raise the awareness to patients and the community of how they may give their feedback through the PALS informal route or the statutory complaints process. We will hold a series of workshops to raise awareness both within the Trust and throughout the community locations.

Our aim is to continuously improve all our services for patients and families. This will be done through the use of quality indicators for all of our activities in the Trust we will be able to monitor outcomes and seek continuous improvement.

Within all three specific goals, our overarching objective is to listen to, analyse, learn, act on and disseminate feedback from patients and carers, both quantitative and qualitative, through a variety of methods. This is then used to improve the quality of services, driven and led by patients, families and carers.

Statements of Assurance from the Board

Mandatory Quality Statements

Participation in Clinical Audit

During 2015/16 there were 62 national clinical audits and 2 National Confidential Enquiries covered relevant health services that The Royal Wolverhampton NHS Trust provides.

During 2015/16 The Royal Wolverhampton NHS Trust participated in 82% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that The Royal Wolverhampton NHS Trust were eligible to participate in during 2015/16 are shown in the tables below.

As requested, the Trust has submitted 100% of the required number of cases for all national audit projects. Please note that some audits do not have a set number of required cases and instead criteria must be met in order for a case to be audited and therefore submitted to the audit project.

The National Confidential Enquiries that The Royal Wolverhampton NHS Trust participated in during 2015/16 are as follows:

National Confidential Enquiries	Participated
Sepsis	Yes
Acute Pancreatitis	Yes

The national clinical audits that The Royal Wolverhampton NHS Trust did not participate in during 2015/16 are as follows including rationale as to why the Trust did not participate:

National Clinical Audit, Enquiry or Programme Title	Workstream / Component	Directorate	Applicable	Participating	If participating status of audit
Adult Asthma		Respiratory	Yes	No	Abandoned by British Thoracic Society
Inflammatory Bowel Disease (IBD) programme		Gastroenterology	Yes	No	Abandoned. National funding of audit by Provider has not yet been approved.
National Audit of Intermediate Care		Care of the Elderly	Yes	No	Wolverhampton CCG did not participate in this Audit Project.
National Cardiac Arrest Audit (NCAA)		Resuscitation Group	Yes	No	Directorate agreed that as the subsequent report would not be adjusted for case-mix, participation would be of limited value.
National Complicated Diverticulitis Audit (CAD)	Acute surgical services	General Surgery and Gastroenterology	Yes	No	Directorate agreed due to the complexity of the audit they would not be able to participate.
National Diabetes Audit - Adults	National Diabetes Transition	Diabetes	Yes	No	New audit project. Data collection will not take place during 2015/16 by any Provider.
Non-Invasive Ventilation - Adults		Respiratory	Yes	No	Abandoned by Audit Provider.
Paediatric Asthma		Paediatrics	Yes	No	Unable to collect and submit data within agreed timescale due to misunderstanding of data collection method and submission date.
VTE risk in lower limb immobilisation (care in emergency departments)		Emergency Department	Yes	No	Directorate agreed due to the resources required they would not be able to participate.
Child Health Clinical Outcome Review Programme	Chronic Neurodisability	Paediatrics	Yes	No	Data collection period had expired once the Directorate had agreed to participate.
Child Health Clinical Outcome Review Programme	Young People's Mental Health	Paediatrics	Yes	No	Data collection period had expired once the Directorate had agreed to participate.

The national clinical audits that The Royal Wolverhampton NHS Trust did participate in during 2015/16 are as follows:

National Clinical Audit, Enquiry or Programme Title	Workstream / Component	Directorate	Applicable	Participating	If participating status of audit
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)		Cardiothoracic Services	Yes	Yes	Completed
Cardiac Rhythm Management (CRM)		Cardiothoracic Services	Yes	Yes	Completed
Case Mix Programme (CMP)		Critical Care	Yes	Yes	Completed
Coronary Angioplasty/ National Audit of Percutaneous Coronary Interventions (PCI)		Cardiothoracic Services	Yes	Yes	Completed
Emergency Use of Oxygen		Respiratory	Yes	Yes	Data submitted - awaiting final report
Maternal, Newborn and Infant Clinical Outcome Review Programme	Maternal morbidity and mortality confidential enquiries (cardiac (plus cardiac morbidity) early pregnancy deaths and pre-eclampsia, plus psychiatric morbidity)	Obstetrics & Neonates	Yes	Yes	Data submitted - awaiting final report
Maternal, Newborn and Infant Clinical Outcome Review Programme	Maternal mortality surveillance	Obstetrics & Neonates	Yes	Yes	Data submitted - awaiting final report
Maternal, Newborn and Infant Clinical Outcome Review Programme	Perinatal mortality and morbidity confidential enquiries (term intrapartum related neonatal deaths)	Obstetrics & Gynaecology	Yes	Yes	Data submitted - awaiting final report
Maternal, Newborn and Infant Clinical Outcome Review Programme	Perinatal Mortality Surveillance	Obstetrics & Gynaecology	Yes	Yes	Data submitted - awaiting final report
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme	Pulmonary rehabilitation	Respiratory	Yes	Yes	Completed
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme	Secondary Care	Respiratory	Yes	Yes	Completed

National Clinical Audit, Enquiry or Programme Title	Workstream / Component	Directorate	Applicable	Participating	If participating status of audit
National Comparative Audit of Blood Transfusion programme	Audit of Patient Blood Management in Scheduled Surgery	Pathology	Yes	Yes	Completed
National Diabetes Audit – Adults	National Core	Diabetes	Yes	Yes	Data submitted - awaiting final report
National Emergency Laparotomy Audit (NELA)		Critical Care	Yes	Yes	Completed
National Heart Failure Audit		Cardiology	Yes	Yes	Completed
National Joint Registry (NJR)	Hip replacement	Trauma & Orthopaedics	Yes	Yes	Completed
National Joint Registry (NJR)	Knee replacement	Trauma & Orthopaedics	Yes	Yes	Completed
National Lung Cancer Audit (NLCA)	Lung Cancer Consultant Outcomes Publication	Oncology & Haematology	Yes	Yes	Completed
National Prostate Cancer Audit		Oncology & Haematology and Urology	Yes	Yes	Completed
Neonatal Intensive and Special Care (NNAP)		Paediatrics - Report has been published - awaiting local presentation and action plan.	Yes	Yes	Complete
Oesophago-gastric Cancer (NAOGC)		Oncology & Haematology	Yes	Yes	Data submitted - awaiting final report
Renal Replacement Therapy (Renal Registry)		Renal	Yes	Yes	Completed
Rheumatoid and Early Inflammatory Arthritis	Clinician/Patient Baseline	Rheumatology	Yes	Yes	Data submitted - awaiting final report
Sentinel Stroke National Audit programme (SSNAP)		Stroke	Yes	Yes	Completed
UK Cystic Fibrosis Registry	Adult	Respiratory	Yes	Yes	Data submitted - awaiting final report
UK Cystic Fibrosis Registry	Paediatric	Paediatrics	Yes	Yes	Data submitted - awaiting final report
UK Parkinson's Audit	Occupational Therapy	Neurology	Yes	Yes	Data submitted - awaiting final report
UK Parkinson's Audit	Patient Management, Elderly Care and Neurology	Neurology	Yes	Yes	Data submitted - awaiting final report

National Clinical Audit, Enquiry or Programme Title	Workstream / Component	Directorate	Applicable	Participating	If participating status of audit
UK Parkinson's Audit	Physiotherapy	Neurology	Yes	Yes	Data submitted - awaiting final report
UK Parkinson's Audit	Speech and Language Therapy	Speech and Language Therapy	Yes	Yes	Data submitted - awaiting final report
Bowel Cancer (NBOCAP)		Oncology & Haematology	Yes	Yes	Data submitted – awaiting final report
Congenital Heart Disease (CHD)	Adult	Cardiothoracic Services	Yes	Yes	Data submitted – awaiting final report
Diabetes (Paediatric) (NPDA)		Paediatrics	Yes	Yes	Data submitted – awaiting final report
National Diabetes Audit – Adults	National Footcare Audit	Diabetes	Yes	Yes	Data submitted – awaiting final report
National Diabetes Audit – Adults	National Inpatient Audit	Diabetes	Yes	Yes	Data submitted – awaiting final report
National Diabetes Audit – Adults	National Pregnancy in Diabetes Audit	Diabetes	Yes	Yes	Data submitted – awaiting final report
National Ophthalmology Audit	Adult Cataract surgery	Ophthalmology	Yes	Yes	Data submitted – awaiting final report
Rheumatoid and Early Inflammatory Arthritis	Clinician/Patient Follow-up	Rheumatology	Yes	Yes	Data submitted – awaiting final report

The national clinical audits that The Royal Wolverhampton NHS Trust continues to participate in since 2015/16 are as follows:

National Clinical Audit, Enquiry or Programme Title	Workstream / Component	Directorate	Applicable	Participating	Status of audit
Adult Cardiac Surgery Audit (ACS)		Cardiothoracic Services	Yes	Yes	In progress
Elective Surgery (National PROMs Programme)		Trust wide	Yes	Yes	In progress
Falls and Fragility Fractures Audit programme (FFFAP)	Fracture Liaison Service Database	Rheumatology	Yes	Yes	In progress
Falls and Fragility Fractures Audit programme (FFFAP)	Inpatient Falls	Care of the Elderly	Yes	Yes	In Progress
Falls and Fragility Fractures Audit programme (FFFAP)	National Hip Fracture Database	Trauma & Orthopaedics	Yes	Yes	In Progress
Major Trauma Audit		Trauma & Orthopaedics	Yes	Yes	In progress
National Comparative Audit of Blood Transfusion programme	Use of blood in Haematology	Pathology	Yes	Yes	In progress
Paediatric Pneumonia		Paediatric Acute	Yes	Yes	In progress
Procedural Sedation in Adults (care in emergency departments)		Emergency Department	Yes	Yes	In progress
Vital signs in children (care in emergency departments)		Emergency Department	Yes	Yes	In progress
Medical and Surgical Clinical Outcome Review Programme	Acute Pancreatitis	General Surgery and Gastroenterology	Yes	Yes	In progress
Medical and Surgical Clinical Outcome Review Programme	Non-invasive ventilation	Respiratory	Yes	Yes	In progress
Medical and Surgical Clinical Outcome Review Programme	Physical and mental health care of mental health patients in acute hospitals	Trust Wide	Yes	Yes	In progress

The national clinical audits and national confidential enquiries that The Royal Wolverhampton NHS Trust participated in, and for which data collection was completed during 2015/16 are shown in the tables above.

The reports of 14 completed National clinical audits were reviewed by the provider in 2015/16 and The Royal Wolverhampton NHS Trust intends to take the following actions to improve the quality of healthcare provided:

Completed National Clinical Audit	Directorate	Actions that we have identified to improve the quality of healthcare we provide in this Trust
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Cardiothoracic Services	Strategy meeting planned to further develop referral pathway including a training and education element.
Cardiac Rhythm Management (CRM)	Cardiothoracic Services	All standards met. Fully compliant. No specific actions identified.
Case Mix Programme (CMP)	Critical Care	Fully Compliant. No further action required as the clinical performance of ICCU exceeds national averages. This evidence supports that a high quality service is in place within this trust. The report has also positively impacted on recruitment and staff retention.
Coronary Angioplasty/ National Audit of Percutaneous Coronary Interventions (PCI)	Cardiothoracic Services	Protocol to be further developed to improve compliance. Meeting planned with management and interventional consultants to develop and implement required changes to protocol. Daycase unit should be made available for transfers.
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme - Pulmonary Rehabilitation and COPD Secondary Care	Respiratory	COPD Secondary Care - Meeting to take place with Hospital at Home team to discuss pathway and a respiratory smoking cessation MDT has been established with the aim of increasing referrals. PR COPD - Working together with the CCG to scrutinise COPD registers and increase GP/ PN education to improve PR referral rates. The written discharge plan has been amended to include a more rigorous exercise prescription.
National Comparative Audit of Blood Transfusion programme - Audit of Patient Blood Management in Scheduled Surgery	Pathology	Key recommendations identified by the audit include the introduction of time limits for pre-op assessment, the development of a pre-op pathway and policy for use of Tranexamic acid and the provision of written information for patients. These recommendations are currently being reviewed in line with NICE guidance to establish an implementation plan.
National Emergency Laparotomy Audit (NELA)	Critical Care	Further development of handover guidelines and checklists for high risk / complex patients.
National Heart Failure Audit	Cardiology	A recent business case has supported the expansion of the Heart Failure Team.
National Joint Registry (NJR) – Hip and Knee Replacement	Trauma & Orthopaedics	All standards met. Fully compliant. No specific actions identified.
National Lung Cancer Audit (NLCA) - Lung Cancer Consultant Outcomes Publication	Oncology & Haematology	Local analysis of patients receiving radiotherapy and continued work within Cancer Services to refine processes for data collection and quality assurance.
National Prostate Cancer Audit	Oncology & Haematology and Urology	All standards met. Fully compliant. No specific actions required.
Neonatal Intensive and Special Care (NNAP)	Paediatrics	All standards met. Fully compliant. No specific actions identified.
Renal Replacement Therapy (Renal Registry)	Renal	To monitor survival figures and analyse annually to define any potential issues leading to reduced survival-morbidity data
Sentinel Stroke National Audit programme (SSNAP)	Stroke	Action developed to arrange further and ongoing training, improve monitoring and increase staff presence.

Clinical Audit Activity

The completion rate for 2015/16 (excluding national audits) was 91%. In total 438 clinical audits were conducted across the Trust, 378 of which were completed by the end of the financial year.

Clinical Audit Outcomes

The reports of 284 completed clinical audits were reviewed by the provider and a compliance rating against the standards audited agreed. The following 51 audits demonstrated moderate or significant non-compliance against the standards audited. The Royal Wolverhampton NHS Trust intends to take the following actions to improve the quality of healthcare provided:

Directorate	Audit Title	Compliance Rating	Actions
Critical Care	Audit of the storage, use and prescription of strong potassium solutions in clinical theatre areas.	Moderate Non-Compliance	New policy is being written for the use of KCL concentrated in theatre. Available fluids have been changed and we are moving to new KCl preparations.
Critical Care	NICE MTG 3 Use of the CardioQ-ODM oesophageal doppler monitor in high risk surgical patients.	Significant Non-Compliance	Second monitor sourced and situated in CEPOD theatre.
Critical Care	Audit of Efficacy of Postoperative acute pain management for Elective Caesarean Section	Moderate Non-Compliance	To change the recipe for optimum pain relief. To educate midwives to administer regular analgesia.
Critical Care	Regular Postoperative Analgesia administration	Significant Non-Compliance	Audit Lead to meet Ward Sisters and Matron to highlight the importance of regular analgesic medication being given as prescribed.
Head & Neck	Prospective review of Fast Track referrals to ENT from the community	Significant Non-Compliance	Refine proforma to include reminder about CXR for hoarse voice. Discuss with team and update proforma and send to GPs to reduce DNA rate. Create leaflet and distribute to local GPs.
Head & Neck	Re-audit of awareness and knowledge of novel oral anticoagulants	Moderate Non-Compliance	Ensure that up to date guidelines are available within the department.
Head & Neck	Re-audit of Venous Thromboembolism compliance Head and Neck	Moderate Non-Compliance	Education of Clinical staff regarding National standards, Trust policy and timely VTE assessments.
Head & Neck	Re-audit of adherence to guidelines in clinical recording keeping.	Moderate Non-Compliance	All members of team to be reminded of Trust Guidelines regarding documentation. OP7 Health Records Policy to be distributed to new staff on local induction.
General Surgery	NICE CG074 Surgical site infection - Normothermia	Significant Non-Compliance	Add Temperature column to chart. Communicate protocol to all theatre staff, Anaesthetic Lead and Theatre Matron. Visual aid of NICE Guidelines in theatre.
General Surgery	NICE QS012 Breast cancer	Moderate Non-Compliance	Re-audit patients receiving adjuvant treatment within 31 days of surgery to identify the cause of any delay. Discuss with oncology to stream line referral process.

Directorate	Audit Title	Compliance Rating	Actions
Obstetrics	Antenatal Management of Hypertensive Disorder in Pregnancy (including audit on the blood pressure machine in the department, if they are validated for use in pregnancy).	Moderate Non-Compliance	The Medical Devices Trainer will check the equipment to ascertain if it is validated for use in pregnancy. If not validated, will request if it can be exchanged and the department supplied with suitable replacement equipment.
Dental	NICE CG19 : Audit to Review whether appropriate examination recall intervals are being set and whether they are being met	Significant Non-Compliance	Create a template for clinician notes which incorporates all information required to make appropriate risk assessment. Review clinician notes in 6/12 to see whether notes are including all information as suggested by the NICE dental recall guidelines (2004).
Dental	Appropriate Prescription of Fluoride within Wolverhampton Special Care Dental Service	Moderate Non-Compliance	Local protocols will be revised based on the National guidance and taking into account the specific patient group that is seen by Special Care Dental Services.
Dental	Re-Audit - provision of dietary advice to SCDS patients	Moderate Non-Compliance	Department to develop a more detailed diet proforma to be completed by clinical staff to provide further dietary advice to patients who require it.
Speech & Language Therapy	NICE CG 162 - Audit of 45 minute Stroke Rehab standard by SLT	Significant Non-Compliance	Business case to be developed to establish funding for another Speech and Language Therapist and for computers / software to use with patients on the stroke units for communication therapy.
Cardiology	NICE CG95 - Audit of Chest Pain Clinic to review types of Investigations undertaken against NICE guidelines	Moderate Non-Compliance	Specific proforma to be developed to include all the prompts necessary to meet the standards/ guidance. Teaching sessions to be provided on NICE CG 95 and available modalities for investigation
Cardiology	Call to balloon time for primary angioplasty by source	Significant Non-Compliance	Re-education of ED in WMH/RHH to be facilitated by cardiology leads in respective centres. Discussion with paramedics to enable ECGs to be reviewed in ambiguous cases.
Cardiology	Non-STEMI ACS waiting time from admission to coronary intervention (including QS68 standards).	Moderate Non-Compliance	Meetings between clinicians and management are ongoing to streamline the service (which will involve a greater CAT workforce and more ACS bed capacity)
Gynaecology	A NICE-related audit (NG 12 {CG27}): Assessing the Quality of Primary Care Fast Track Referrals for Suspected Gynaecological Cancer	Moderate Non-Compliance	To survey GP views on fast track referrals and help elicit the reasons for inadequate referrals. Amend current format of fast track form to be more user friendly. Only accept one type of referral form to the hospital Trust.
Critical Care	Audit on immediate and long term Follow up of Patients with Post Dural Puncture Headache	Moderate Non-Compliance	Due to inadequacies with IT system a handwritten diary is now used to improve follow up and continuity of care of patients with post-partum headache (and other possible complications relevant to the obstetric anaesthetic team).
General surgery	Are we compliant with Hyperparathyroidism information leaflets guidance?	Significant Non-Compliance	To create hyperparathyroid patient leaflets. Allocate someone to re-audit in one -two years' time.

Directorate	Audit Title	Compliance Rating	Actions
Head & Neck	Completion of questionnaires ascertaining Quality of Life post treatment of oral cancer	Moderate Non-Compliance	The efficiency of data collection could be improved by the use of electronic versions of the HRQOL forms but this would in turn necessitate both software and hardware support with a data input device such as a tablet.
General surgery	Are patient's fasting enough pre-operatively	Moderate Non-Compliance	Increase Medical and Paramedical Team awareness via dissemination of findings and guidelines. Pre-operative fasting poster to be displayed on Appleby Suite.
General surgery	Acute Pancreatitis	Moderate Non-Compliance	Education at departmental induction. Teaching slot in FY1/FY2 teaching
General surgery	An audit of abscess management in a DGH	Moderate Non-Compliance	Pathway being created Alternative theatres (e.g. Beynon) for operation of these patients need to be looked at.
Trauma & Orthopaedics	Referral rate and Quality of Referrals for Baby Hip Ultrasound Clinics	Moderate Non-Compliance	Update the Junior Doctor handbook for the Neonatal and Paediatrics departments to ensure that the NIPE guidance with regards to DDH screening and referral criteria is clearly explained. The implementation of a new standardised referral form.
Critical Care	Information and consent process for Peripheral nerve blockade	Moderate Non-Compliance	Introduction of nerve block leaflet with lots of information for the patients.
Trauma & Orthopaedics	National Confidential Enquiry into Patient Outcome and Death (NCEPOD) - Clerking and Examination Proforma Audit	Moderate Non-Compliance	Introduce a standard clerking proforma for non NOF T&O admissions
Trauma & Orthopaedics	Rates of pressure sores in neck of femur fracture patients	Moderate Non-Compliance	Continued recruitment and communicating to staff importance of good documentation.
Cardiology	VTE assessments on the cardiology ward	Significant Non-Compliance	VTE assessment to be added to junior doctor induction. Improvements being sought in IT system to facilitate higher uptake of recordings.
Trauma & Orthopaedics	Use of the integrated care pathway – Elective THR & TKR	Moderate Non-Compliance	The use of ICP is to be included in junior doctors local induction
Trauma & Orthopaedics	Cannock Elective Joint Replacement Integrated Care Pathway	Moderate Non-Compliance	A weekly Consultant Ward round to take place at Cannock chase hospital.
Pharmacy	Local Audit - A re-audit assessing Warfarin prescribing in medical and surgical patients following the introduction of the new anticoagulant prescription chart	Significant Non-Compliance	Redesign of the treatment chart and have the warfarin section directly underneath enoxaparin section to help improve record keeping by clinicians.
Oncology & Haematology	Chemotherapy delays on CHU and CHUDC	Moderate Non-Compliance	Consideration of use of flexi beds for chemotherapy treatment Ensure no delays in sending prescriptions to pharmacy 48 hours prior to treatment

Directorate	Audit Title	Compliance Rating	Actions
Acute medicine	Management of Sepsis in AMU (re-audit)	Moderate Non-Compliance	Change of practice so that all GP patients with ?sepsis are admitted via A&E
Acute medicine	Regional Audit - AKI (Acute Kidney Injury)	Significant Non-Compliance	An electronic alert system has already been added to the TD-web blood results system to flag up patients with AKI as per the national NHS England directive. Implementation of new fluid chart. Electronic requesting of ultrasound to be implemented.
Dermatology	NICE QS44 Audit atopic eczema in children. Cannock Chase Hospital.	Moderate Non-Compliance	Changed the Eczema assessment tool that is used in the department: more prominent place for the Dermatology Life quality index. Nursing staff will weigh every child that attends the eczema clinic.
Dermatology	WHO Checklist	Moderate Non-Compliance	Send a copy of the WHO Checklist audit presentation to all staff to remind them of their responsibilities with regard to the checklist. Ask Medical Secretaries to file the WHO Checklists and Consent Forms in each patient's Health Record before scanning them onto CWP.
Dermatology	Local Audit: Azathioprine	Moderate Non-Compliance	Highlight to dermatology department the need to undertake full screening prior to commencing immunosuppressant treatment and to elucidate a history of prior chicken pox infection. Ensure that there is full documentation in the medical notes when patients are advised of possible side-effects or given an information leaflet
Accident & Emergency	Re-audit of management of Urinary tract infections in children presenting to the emergency department against NICE guidance CG54	Moderate Non-Compliance	Teaching session to medical staff on the importance of appropriate follow up (including documenting Urine dip results in notes, Urine sent for culture correctly, correct Antibiotic choice)
Acute medicine	Other: Documentation Audit 2015/16	Moderate Non-Compliance	To remind clinicians the standards required for good quality documentation, including using a stamp or writing their ID number.
Care of the elderly	Local Re-audit: Correct documentation on warfarin prescribing charts on Care of the Elderly wards	Moderate Non-Compliance	Produce a letter template for patients on Warfarin. Present audit results at Divisional/ Trust level to consider widening scope of audit to include all Directorates.
Rheumatology	Local Audit of back in trouble clinic	Moderate Non-Compliance	Clinic slots not be used for overdue review Discuss the referral prior to booking to assess the need for urgent review and use the slot for patient who need an urgent review
Pharmacy	Prescription Chart Audit 2015/16 (Re-audit)	Moderate Non-Compliance	The audit report to be shared - specific Directorates to develop an action plan to address low compliance.
Respiratory medicine	Audit to investigate process of pleural drain insertion and subsequent pleuradesis in hospitalised patients attending Ward C19 for their procedure	Moderate Non-Compliance	Education of nursing and junior medical staff. To establish a clear pathway for the management of patients requiring pleural drainage based on best available evidence and audit results

Directorate	Audit Title	Compliance Rating	Actions
Rheumatology	A Local re-audit of the Early Rheumatoid Arthritis Clinic against NICE Guidelines (CG79)	Moderate Non-Compliance	Further review appointment in Early Rheumatoid Arthritis Clinic if the patients DAS scores 3.2 – 5.1 or have had a recent Intra-Muscular Depomedrone injection.
Adult Community Services	Specialist Services Skin Integrity Trigger Tool Audit	Moderate Non-Compliance	Further training via team meetings and Pressure ulceration workshops.
Oncology & Haematology	Management of malignant hypercalcaemia	Moderate Non-Compliance	Trust guidelines to be more readily available and easier to access. IT to provide hyperlinks to guidelines for easier access
Rheumatology	Exercise and Rheumatoid Arthritis – a service evaluation	Significant Non-Compliance	Set up Specialist Nurse annual review clinics Set up system to provide patients with keep moving leaflet in the annual review clinics Establish a departmental patient's education board in our waiting area
Rheumatology	Gout Best Practice Re-Audit-New Cross Hospital	Moderate Non-Compliance	Increase the proportion of patients achieving EULAR in clinic, in particular for those with tophaceous gout. To establish a more profound way to improve the associated metabolic syndrome risk factors including losing weight and treating blood pressure.
Renal medicine	Are Treatment Charts on C24 & C25 Written Safely?	Moderate Non-Compliance	Consultants to check all prescription sheets on ward rounds to highlight errors.

Use of the CQUIN payment framework

A proportion of the Royal Wolverhampton NHS income in 2015/16 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, common agreement or arrangement with for the provision of the relevant health services, through the commissioning for quality and innovation payment framework.

Further details of the agreed goals for 2015/16 and for the following twelve month period are available electronically from Simon Evans; Head of Performance email address - simon.evans8@nhs.net.

Statements from the Care Quality Commission

The Royal Wolverhampton NHS Trust is required to register with the Care Quality Commission and its current registration status is registered with no conditions.

The Care Quality Commission has not taken enforcement action against The Royal Wolverhampton NHS Trust during 2015/16.

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

In June 2015, The Royal Wolverhampton NHS Trust participated in an announced hospital inspection of its core services across all Trusts sites by the Care Quality Commission relating to the following areas of care:

Safe - Are people protected from abuse and avoidable harm?

Effective - Does peoples care and treatment achieve good outcomes and promote, a good quality of life, and is it evidence-based where possible?

Caring - Do staff involve and treat people with compassion, kindness, dignity and respect?

Responsive - Are services organised so that they meet people's needs?

Well-led - Does the leadership, management and governance of the organisation assure the delivery of high quality patient centred care, support learning and innovation and promote and open and fair culture?

The Trust received its final report in September 2015 which rated the Trust as 'requiring improvement' overall. A number of actions were completed at the time of the visit as soon as they were brought to the Trusts attention.

Overall rating for this trust is - Requires improvement.

The domains were rated as:

Are services at this trust safe?	Requires improvement
Are services at this trust effective?	Good
Are services at this trust caring?	Good
Are services at this trust responsive?	Good
Are services at this trust well-led?	Requires improvement

Core services were rated as:

The Trust was disappointed with the overall Rating from the CQC of 'Requires Improvement', especially as the CQC rated 75% of the domains as Good or Outstanding. The Trust submitted 294 factual accuracy challenges to the CQC following receipt of the draft report and acknowledges that the CQC accepted, clarified or amended 205 of these challenges (68%). The Trust is disappointed that the changes did not result in any substantive change to ratings across the 5 domains. The Trust considered the findings and outcome rating carefully and took the decision to submit an appeal with regards to the CQC process and how it reached its outcome, which was unanimously supported by our stakeholders. At the date of the Quality Accounts being published the Trust still awaits feedback on its decision from the CQC.

A detailed action plan was subsequently developed, of which significant progress has been made in addressing concerns raised, some of which are detailed below:

The action plan is monitored on a monthly basis and reported to the Trust board on a quarterly basis.

NHS Number and General Medical Practice Code Validity

Clinical Coding Error Rate

The Royal Wolverhampton NHS Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

Clinical Coding Audits were conducted and conformed to Information Governance Standards Level 3. The area Audited for this was Admitted Patient Care for General Surgery and Trauma & Orthopaedics. The error rates reported in the latest audit for that period are detailed below and were based on a small sample of 200 Finished Consultant Episodes.

General Surgery Admitted Patient Care diagnoses and procedure coding (clinical coding) were:

Primary Diagnoses Incorrect   1%

Primary Procedures Incorrect   0%

Healthcare Resource Groups changes   1.4%

All recommendations following the audit will be completed.

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

Primary Diagnoses Incorrect   2%

Primary Procedures Incorrect   6.9%

Healthcare Resource Groups changes   0%

All recommendations following the audit will be completed.

NHS Number and General Medical Practice Code Validity Updated as per Month 11 2015/16

The Royal Wolverhampton NHS Trust submitted records during 2015/16 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data shows an improvement in every area against the 2014/15 submission, which included the patient's valid NHS number:

- 99.8% for admitted patient care;
- 99.9% for outpatient care; and
- 98.5% for accident and emergency care.
- Which included the patient's valid General Practitioner Registration Code was:
- 100% for admitted patient care;
- 100% for outpatient care; and
- 99.4% for accident and emergency care

Information Governance Toolkit

Information Governance Toolkit Return 2015/ 2016

The annual self-assessment submission on the Information Governance Toolkit to the Department of Health for 2014/15, the overall score was 81% and was graded satisfactory all 45 requirements.

Looking forward to 2016/17 for Information Governance

The Trust are continuing to monitor patterns and trends of Information Governance incidents and implementing measures to reduce these to the lowest level practicable, in line with the Trusts Information Governance Strategy 2016-18. An IG risk profile is also being developed in order for the Trust to identify and manage IG risk.

Core Quality Indicators

Hospital Mortality

The Royal Wolverhampton NHS Trust (RWT) has a robust mortality governance system and is continuously striving to improve processes to help minimise avoidable in-hospital mortality. The Trust uses a variety of mortality monitoring measures such as unadjusted mortality rates, standardised mortality rates (Summary Hospital Level Mortality Indicator – SHMI*) and qualitative information from deceased patient case note reviews.

We benchmark our performance using the information published by the Health & Social Care Information Centre (HSCIC) and more sophisticated analysis provided by the Healthcare Evaluation Data (HED**).

The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes deaths which occur in hospital and deaths which occur outside of hospital within 30 days (inclusive) of discharge.

**The HED analytics system developed by the University Hospitals Birmingham NHS Foundation Trust is widely used across the West Midlands and nationally as a comprehensive surveillance tool for clinical outcomes as well as effectiveness.*

(a) The data made available to the Trust by the Information Centre with regard to the value and branding of the Summary Hospital-Level Mortality Indicator ("SHMI") for the trust for the reporting period;

For the past 3 years the SHMI for RWT has been lower or equal to the England average and banded "as expected" (Fig. 1).

Figure 1
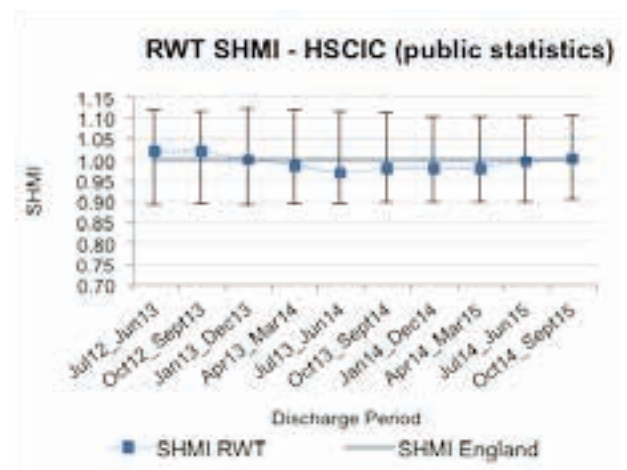
For the latest publication (October 2014 to September 2015) the SHMI for the Trust is 1, equal to England average, and banded "as expected". Fig. 2 shows the SHMI for RWT in the national context for the latest publication.

Figure 2

Acute trusts England - blue columns; RWT - orange column; England average - green line.
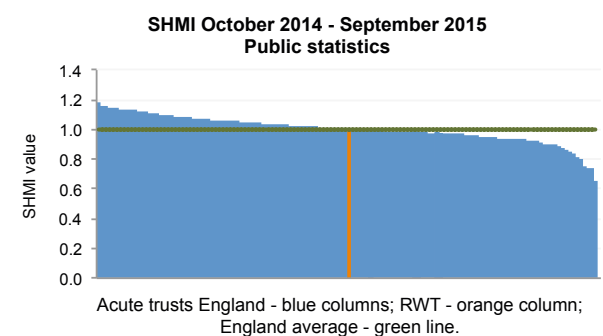
The table below shows RWT's SHMI for the last two publication periods, together with the highest and lowest SHMI values recorded in England and their banding.

Indicator	Reporting Period	
	October 2014 - September 2015	July 2014 - June 2015
RWT SHMI	**1**	**1**
Banding	as expected	as expected
England Average	1	1
Highest SHMI value in England	1.2	1.2
Banding	higher than expected	higher than expected
Lowest SHMI value in England	0.7	0.7
Banding	lower than expected	lower than expected

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

The Trust has implemented its own methodology for retrospective case note reviews of all deceased patients in line with the national requirements and drawing on national research conducted by NHS England. All deceased cases are reviewed by a consultant and where elements of suboptimal care are identified the case is referred for a further in-depth multidisciplinary review. The findings are shared with clinicians to facilitate learning.

Clinical and executive committees regularly monitor and review the mortality information, statistics and other available relevant information, to provide oversight of trust and directorates' outcomes and performance. The trust is looking to ensure continuous improvement in clinical outcomes by undertaking mortality reviews and we promote a culture of openness and learning.

Data quality and accuracy of clinical coding can affect to a very high degree the mortality statistics. The Trust has made sustained efforts to improve quality and accuracy of data so that the statistics reflect a true picture. Further work is on-going in this area to continuously improve data quality.

(b) The data made available to the Trust by the Information Centre with regard to Palliative Care Diagnosis

The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period.

This contextual indicator shows the percentage of deaths reported in the SHMI where the patient received specialist palliative care as identified by the clinical coding. This is an indicator designed to accompany the SHMI. The SHMI makes no adjustments for palliative care because there is considerable variation between trusts in the coding of palliative care, which will have an impact on the national average.

Indicator	Reporting Period	
	October 2014 - September 2015	July 2014 - June 2015
Percentage of deaths reported in the SHMI with palliative care coding at either diagnosis or specialty level - RWT	24	25
Percentage of deaths reported in the SHMI with palliative care coding at either diagnosis or specialty level - England	27	26

(c) The data made available to the Trust by the Information Centre with regard to Patient Reported Outcome Measures

Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient perspective. These currently cover four clinical procedures, PROMs calculate the health gains after surgical treatment using pre- and post-operative surveys.

They provide a mechanism to measure a patient's health status or health-related quality of life at a single point in time, and are collected through short, self-completed questionnaires. This health status information is collected before and after a procedure and provides an indication of the outcomes or quality of care delivered to NHS patients.

	April 13 - March 14	April 14 - March 15	National Average	Lowest Reported Trust	Highest Reported Trust
(i) Groin Hernia Surgery	0.84	0.86	0.085	0.015	0.979
(ii) Varicose Vein Surgery	0.84	0.84	0.093	0.023	0.99
(iii) Hip Replacement Surgery	0.76	0.74	0.438	0.319	0.991
(iv) Knee Replacement Surgery	0.67	0.69	0.319	0.187	0.974

Data produced by HSCIC 2016 (does not differentiate between first procedure or revision)

Case Mix average health gain by procedure (0.594 worst health – 1.0 full health – scores closer 1.0 would indicate greater health gain post procedure)

The Royal Wolverhampton NHS Trust considers that this data is as described for the following reasons
Groin hernia surgery, hip and knee replacements indicate greater health gains by procedure to that of the national average.

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

- Ensure initial consultation process ensures expected outcomes are clear and patient expectations are realistic.
- Ensure patient information encompasses risks and benefits and are outlined clearly

(d) The data made available to the Trust by the Information Centre with regard to Re-admission Rates

HSCIC no longer publish readmission data and therefore the Trust's internal data has been used, however this does not provide opportunities to allow benchmarking.

Emergency readmissions within 28 days.

Readmissions	Year		Grand Total
Age	2014/15	2015/16	
Aged 4-14	393	405	798
15 yrs and over	5328	6006	11334
Grand Total	5721	6411	12132

Total Admissions	Year		Grand Total
Age	2014/15	2015/16	
Aged 4-14	4525	4810	9335
15 yrs and over	104330	117272	221602
Grand Total	108855	122082	230937

Percentage Readmissions	Year		Grand Total
Age	2014/15	2015/16	
Aged 4-14	4525	4810	9335
15 yrs and over	104330	117272	221602
Grand Total	108855	122082	230937

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

Reported via Chief Operating Officer report.

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

- Ensure coding data accurately reflects readmissions and identifies those planned.

(e) The data made available to the Trust by the Information Centre with regard to Safety Thermometer

The NHS Safety Thermometer "Classic" allows teams to measure harm and the proportion of patients that are 'harm free' from pressure ulcers, falls, urine infections (in patients with a catheter) and venous thromboembolism This is a point of care survey that is carried out on 100% of patients on one day each month.

The data made available by NHS England with regard to harm free care is as follows:

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Sample (patients)	1,224	1,217	1,185	1,258	1,159	1,156	1,202	1,215	1,172	1,162	1,185	1,188

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

- The Trust reports safety thermometer monthly as part of its board reports
- Incidents data is also reported
- RCA's undertaken on all incidents with harm relating to pressure ulcer and falls

The Royal Wolverhampton NHS Trust intends to take/has taken the following actions to improve this, and so the quality of its services as laid out earlier in the document.

(f) The data made available to the Trust by the Information Centre with regard to VTE Prevention

	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16
RWT	97.28%	96.91%	96.98%	96.40%	96.69%	96.82%	95.49%	95.90%
National Average	96.15%	96.21%	95.96%	96.02%	96.05%	95.86%	95.48%	95.53%
Trust with Highest Score	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Trust with Lowest Score	69.23%	86.37%	81.19%	75.02%	86.08%	75.04%	61.47%	78.06%

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

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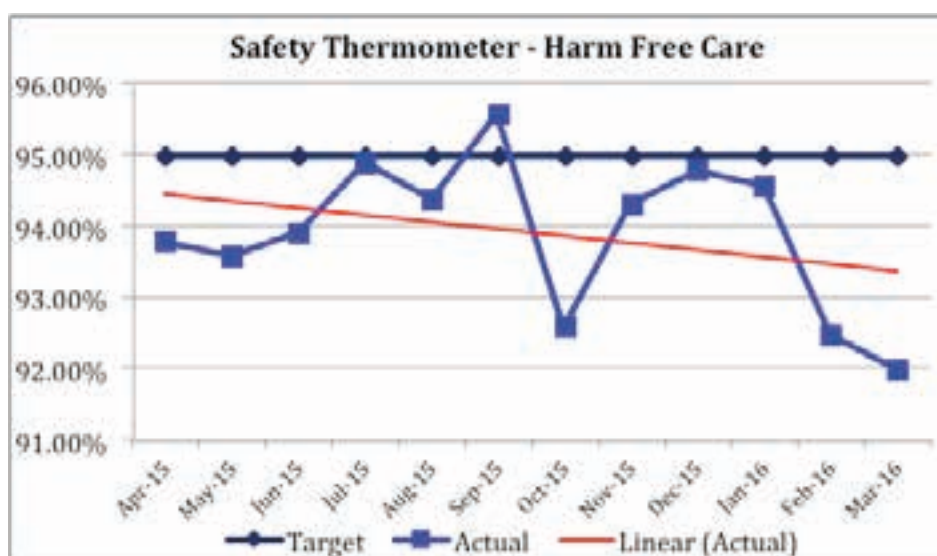
The Royal Wolverhampton NHS Trust intends to take/has taken the following actions to improve this, and so the quality of its services by:

- Daily emails to consultants with named detail of missed assessments from the previous day.
- RAG email to directorate managers, clinical leads & ward managers to highlight overdue assessments in their areas
- Targeted discussions with directorates with higher numbers of missed assessments
- A quality improvement exercise is planned for the 7th July to process map our current assessment pathways with Junior medical staff to identify issues/barriers that result in missed assessments.

(g) The data made available to the Trust by the Information Centre with regard to C. Difficile

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.

Rates were calculated using KH03 Bed Occupancy data for the appropriate year from NHS England (available at https://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/bed-data-overnight/).

5: Treating and Caring for People in a safe environment and protecting them from avoidable harm		
	2014/15	**2015/16**
RWT	17.55	24.9
National Average	14.6	14.8
Trust with highest score	62.3	64.4
Trust lowest score	0.0	0.0

For the above table comparator data was taken from PHE HCAI DCS System "Counts or Rates of Infection Episodes":
https://hcaidcs.phe.org.uk/WebPages/GeneralHomePage.aspx

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.
- Encouraged use of novel treatments during the weekly ward round
- Consistent monitoring and control of the in-patient environment including the use of hydrogen peroxide vapour.
- Promoting early treatment and isolation of patients affected.
- Community follow up of all patients with Clostridium difficile to minimise recurrence
- The adoption of a 3 stage testing algorithm in which all patients at risk of infection are followed up.
- Post discharge follow up to ensure any relapse/reoccurrence is managed optimally

The Royal Wolverhampton NHS Trust intends to take/has taken the following actions to improve this, and so the quality of its services as indicated earlier in the document.

(h) The data made available to the Trust by the Information Centre with regard to Incident Reporting that resulted in severe harm or death.

	2013/14			2014/15			2015/16 (Apr to Sep)		
	Incidents	% resulting in death	% resulting in severe harm	Incidents	% resulting in death	% resulting in severe harm	Incidents	% resulting in death	% resulting in severe harm
RWT	9024	0.1% (7)	0.03% (3)	9853	0.3% (25)	0.1% (9)	5333	0.2% (10)	0.1% (7)
National Average	3271	0.2% (5)	0.5% (16)	4366	0.1% (5)	0.4% (16)	4647	0.1% (5)	0.3% (15)
Trust with the highest score	15367	0.5% (40)	2.8% (182)	24804	0.7% (49)	1.8% (193)	12080	0.2% (22)	2% (89)
Trust with the lowest score	2395	0% (0)	0.03% (3)	3179	0% (0)	0.1% (2)	1559	0% (0)	0.1 (1)

Data source - National Reporting and Learning System.

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).

(i) The data made available to the Trust by the Information Centre with regard to National Inpatient Survey regards the Trusts' responsiveness to the personal needs of its patients during the reporting period are:

Responsiveness to patients' personal needs" (based on the 2014-15 survey):			
2014 Question	**2015 Equivalent Q number**	**2015 CQC Weighted Score**	**2014 CQC Weighted Score**
Q32: Were you involved as much as you wanted to be in decisions about your care and treatment?	Q33	76	73
Q35: Did you find someone on the hospital staff to talk to about your worries and fears?	Q36	57	62
Q37: Were you given enough privacy when discussing your condition or treatment?	Q38	86	84
Q57: Did a member of staff tell you about medication side effects to watch for when you went home?	Q61	48	47
Q63: Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	Q67	78	81
	Indicator Score	**69**	69.4

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

- Introduction individualised patient care planning
- Dignity principles incorporated into the Trusts Nursing & Midwifery Strategy
- Each ward has a liaison pharmacist
- Improvements noted in previous data from 2009/10 annually to date
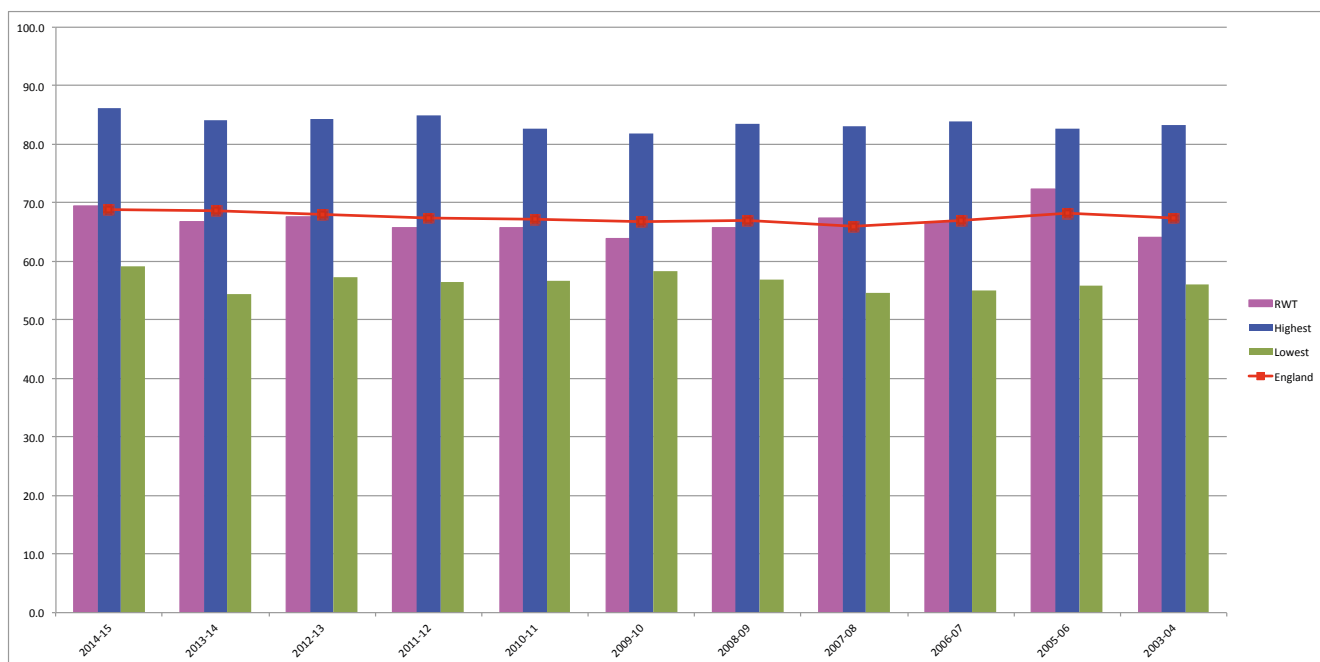
The table above shows the National Inpatient Survey Data Questions 32, 35, 37, 57 and 63 aggregated performance for RWT compared to National average and highest and lowest performing Trusts 2003 - 2015.

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

- Customer care training refreshed and relaunch
- Feedback of inpatient survey results to all staff to highlight key points
- Volunteer roles created specific to providing assistance on wards with mealtimes
- Nurse skill mix review undertaken annually – utilising acuity data captured daily in safe hands
- Promotional material purchased to enhance awareness regards patient feedback opportunities

Having considered the data available from the Information Centre in relation to Responsiveness to Patients' personal needs overall the Trust has favoured positively in 2014/15 compared to previous years.

3: Review of Quality Performance

Our performance against 2015/16 priorities

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

In addition to reports received by the Trust Board and the regular internal monitoring of our performance the oversight of Quality performance is managed by the committees below:

Quality Governance Assurance Committee: The Quality Governance Assurance Committee provides assurance to the Board that patient care is of the highest achievable standard and in accordance with all statutory and regulatory requirements.

The Committee relied upon the work of two sub groups:

Patient Safety Improvement Group - This Group reviews a range of reports on a periodic basis including Serious Untoward Incidents, the use of Safer Surgery Checklists, Ward Performance monitoring reports, various applications for new procedures/techniques and Quality Impact Assessments for Programme Initiation Documents for CIP schemes and Evaluating the Safety Culture Survey of the Organisation

Quality Standards Action Group - This Group's remit covers matters relating to compliance with standards and includes CQC on-going compliance monitoring reports, Safeguarding, NHS Litigation Authority (NHSLA) Risk Management Standard Compliance, external reviews and inspections, Clinical Audit (annual), Inpatient care and inpatient experience, National Audit Reports, and national reports.

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

Patient Safety

Pressure ulcers and skin integrity

Pressure ulcers

The Trust has experienced an increased number of pressure ulcer incidents over the last year despite continual education, audit, learning from incident reports and the introduction of alternating mattresses for each inpatient bed. The incidents continue to show a number of complexities the patients present with; however it has highlighted omissions in nursing documentation, particularly with repositioning in the inpatient areas. Adult community services have seen a decrease in avoidable incidents following bespoke training and commitment to looking at the holistic needs of the patient. The Trust worked collaboratively with the care home association and CCG to modify the SSKIN guide for care homes to ASSKINE. This stands for Assessment, Surface, Skin inspection, Keep moving, Incontinence and moisture, Nutrition and hydration, escalation and communication. This has proved to be more memorable for staff so will be cascaded across the Royal Wolverhampton NHS Trust when the new pressure ulcer prevention documentation and awareness will be launched. The aim is to continue to have a zero tolerance for all avoidable pressure ulcers.

The progress over the last 12 months:

Education

The tissue viability team continue to educate staff and the trust has 88% compliance with the pressure ulcer training. The team continues to use aids such as "Billy" the prosthetic bottom, to help staff understand the grading system and proactive care to prevent pressure ulcers. The team has also introduced a life sized doll to help guide staff on position suggestions and care. Bespoke training has been delivered to high risk areas experiencing multiple avoidable incidents, with positive outcomes.

Assessment

Staff are advised to focus on the holistic needs of the patient and assess their risk for pressure ulceration. The Tissue viability team led a "React to Risk campaign" on Worldwide Pressure Ulcer day and continue to highlight the importance of prevention every day.

Surface

The Trust invested in providing each inpatient bed with a hybrid mattress, to ensure patients at risk have an alternating system at a flick of a switch. The trust also introduced a "Help our heel" campaign along with a heel device to reduce heel pressure ulceration. Initially the incidents reduced, but the devices are not suitable for all patients, therefore alternative solutions are being reviewed both locally and nationally, as heels are a continual challenge to many boroughs. The Trust has worked collaboratively with the Independent Living Service, to improve access to equipment at home, supported by an out of hour's service within the Trust.

Skin inspection

There are a number of wards that have achieved no avoidable pressure ulcers for 12 – 18 months. Nurses continue to attend tissue viability training to improve their knowledge on wound care.

Keep moving

There have been incidences whereby there are omissions in recording interventions. Our documentation has been modified based on lessons learnt with a view to also reduce the amount of documentation required. Adult community services have successfully used TOTO (tilt and turn over) devices for bedbound patients with complex needs, as there is limited overnight care across agencies for those that wish to remain at home. There is also one device for the acute inpatient area for patients with very fragile skin or other complexities, whereby the TOTO can enhance the other aspects of care.

Incontinence and moisture

In March a collaborative project with the Continence Team, Tissue Viability Team and 3 residential homes in the city was launched. The aim of the project is to improve carer's knowledge and skills around continence management, to prevent moisture lesions. Outcomes for this project will be monitored throughout 2016. A model medical ward has set an

excellent example of trying to normalise the patient's day, by sitting them out of bed for breakfast if able, then attending bathrooms for personal care and toileting. This approach has successfully minimised moisture lesions and pressure ulcer incidents and will be shared with other ward leaders.

Nutrition and hydration

The Trust continues to work with the dietetics department to ensure patients nutrition and hydration is optimised.

Escalation and communication

The Trust continues to report and scrutinise acquired pressure ulcer incidents. Lessons learnt and action plans are shared and monitored. Patient non concordance with advice is a continual challenge to staff. Risk assessments are completed to ensure control measures are put in to place to minimise risks and gain concordance. Pressure ulcer risks and incidents are reported at handovers on the local safety briefings and concerns are escalated.

The future

The Trust will continue to implement new processes and strategies to minimise harm, working in partnership with other agencies to raise public awareness on pressure ulcer prevention. The Trust has collaborated with the CCG and other partners to review pressure ulcer prevention strategies for Wolverhampton in Primary Care, Social Care, Hospice, Care Homes and the Trust. This will also be supported with a Tissue Viability Strategy. The pressure ulcer policy will be modified in accordance to lessons learnt. Education will continue to enhance the patient experience.

Infection Prevention

- Surgical site infection surveillance reduced from 4.7% in Quarter 3 14/15 to 2.6% in Quarter 2 15/16 (latest available data)
- Device related bacteraemia reduced from 65 cases to 52 in 2015/16 (Year to date)
- MRSA colonisation rates in care homes sustained
- Infection Prevention Policy suite updated to reflect National Guidance.
- Partnership working with PREVENT in care homes and very sheltered housing establishments.

- Partnership working with independent contractors.
- Reduction in blood culture contaminants since an enhanced blood culture Phlebotomy service was introduced. The blood culture contamination rate has reduced from 5.96% prior to the introduction of this service to 1.32% in 2015/16 (year to date)

- Sustained environmental cleaning standards through audit and the use of hydrogen peroxide vapour decontamination for post outbreak and isolation rooms. Strengthened data capture via Health Assure and improved reporting via Environment Group monthly with an exception report to PSIG for low performing areas.

Patient Experience

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

It includes all interactions and their impact this has on a patient or carer, with a healthcare service and their resultant reactions to this service, setting or facility.

The method and scope of our data collection continues to be broadened significantly. In order to show transparency, detailed information is available outside each ward for staff, patients and the public to show what feedback we have received and what we have done following their feedback. Our patient stories are shared throughout the organisation as a training aid and features as a key component at both Trust induction and at Preceptorship training.

The Patient Experience and Quality and Safety Strategy

As an organisation that continually strives to improve patients' experiences and outcomes, Quality and Safety aligned with an outstanding patient experience that meets expectations is a primary focus of the Trust. Bearing this in mind, the Trust recently agreed a Patient Experience, Quality and Safety Strategy to make safe quality care a whole-system approach for every patient that accesses the Trust and its services.

Outstanding patient experience (safe, effective, patient centred, timely, efficient, equitable and of the highest quality) will be measured and monitored by the Friends and Family (FFT) willingness to recommend the hospital alongside, national and local survey responses.

We aim to be the safest NHS trust by 'always providing safe & effective care, being kind & caring and exceeding expectation' (Trust Vision & Values September 2015).

The Trust's Patient Experience, Quality and Safety Strategy sets out the way in which the Trust will continually review and evolve the way in which it delivers services to patients with a particular emphasis on actively seeking feedback and acting on it as well as measuring our performance and improvement actions.

Our strategy is to use what patients tell us as the basis for all we do in terms of how the Trust's culture reflects our vision and values and informs how we provide our services. We recognise the changing needs and wishes of patients and the public and we are setting our systems up to reflect this and to be responsive to these needs.

Relationships with Stakeholders

The Trust considers it to have good and effective relationships with all its key stakeholders. Key forum and contacts include: Overview and Scrutiny – the CEO and Chairman attend meetings of the HSP and also informal briefings as requested. Local MPs, the CEO and Chair meet regularly to discuss issues affecting their constituents.

Commissioners – there are a number of formal and informal meetings with commissioners at Director and Senior team level. A Director from the CCG attends Trust Board meetings.

Local Authority – there are formal and informal meetings with the local authority teams. The Trust continues to build positive relationships with the work undertaken by the Integrated Health & Social Care Team with Wolverhampton Local Authority.

Other providers - the Trust meets regularly with other providers through networks and more formal meetings at all tiers of the organization.

During 2015/16 the Trust has continued to develop its relationships with stakeholders and commissioners in Staffordshire post the transfer of Cannock Chase Hospital.

Social Media

The Trust continues 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, and has given the Trust's external public website an overhaul.

Patient feedback is routinely gathered from a variety of tools and these include the now established twitter and facebook accounts. Development work will be on-going to ensure that we can utilise these to the maximum potential during 2016/17. We will also use the website as a means of communicating how we are performing with regard to patient experience, publicising local information for each ward such as survey results, Friends and Family Test score, complaints and Patient Advice and Liaison feedback.

National Inpatient Survey

The National Inpatient Survey for 2015 surveyed patients who were discharged from hospital during July 2015. The headlines are shown in the Listening to Our Patients section in Section 1: Annual Report.

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

Please note that 2015/16 figures shown are yet to be confirmed by NHS England and are based on the survey provider results only.

	2011/12	2012/13	2013/14	2014/15	2015/16
Involved as much as want to be in decisions about care definitely/to some extent	90%	89%	88%	89%	91%
Treated with respect and dignity always/ sometimes	97%	96%	98%**	97%	98%

** This is an amendment to a figure of 96% quoted in the previous years' report.

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

	2011/12	2012/13	2013/14	2014/15	2015/16
Overall care rated as excellent/very good/good	93%	92%	94%	94%	95%

The headlines of the report are encouraging; the trust has 39 questions where improvements have been made. Some areas have shown improvements in every question – these are specifically around categories doctors and nurses.

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

- Was your admission date changed by hospital?
- When admitted, was it a mixed-sex room or bay?
- After moving ward, was it to a mixed-sex room or bay?
- Did you ever share mixed-sex bathroom or shower areas?
- How clean were the toilets and bathrooms?
- Were hand-wash gels available for patients and visitors to use?
- For important questions, did doctors answer in an understandable way?
- Did you have confidence and trust in the doctors treating you?
- For important questions, did nurses answer in an understandable way?
- Did you have confidence in the decisions made about your condition or treatment?

Our areas for improvement – the results showed we need to do more in some areas as we scored in the bottom 20% of Trusts for the following questions:

- Before your operation, did an anaesthetist explain understandably how they would control any pain?
- Was the purpose of medicines to take home explained understandably?
- Did doctors/nurses give family/friend all information needed to help care for you?
- During your stay, were you ever asked views on quality of care?
- Did you see/were you given any information explaining how to complain about care received?

We have a number of actions in progress which we believe will help us to make improvements in all these areas many of which are described elsewhere in this Report.

National Inpatient Survey of women's experiences of maternity services 2015

The survey of women's experiences of maternity services involved 133 NHS acute trusts in England. Responses were received from more than 20,000 service users giving a response rate of 41%.

The 2015 maternity survey involved 133 NHS trusts in England, who sent questionnaires to a total of 50,945 women. Responses were received from 20,631 women, a response rate of 41.2%. Women in the sample who had a live birth between 1 and 28 February 2015 were invited to take part, with the following exceptions:

- Women aged under 16 at the date of the delivery of their baby.
- Women whose baby had died during or since delivery.
- Any women who had a stillbirth, including where it occurred during a multiple delivery.
- Women who were in hospital, or whose baby was in hospital, at the time the sample was drawn from the trusts' records.
- Women who had a concealed pregnancy (where it was possible to identify from trust records).
- Women whose baby was taken into care (i.e. foster care or adopted), where this was known by the trust.
- Women who gave birth in a private maternity unit or wing.
- Women without a UK postal address.

During the summer of 2015, a questionnaire was sent to all women who gave birth in February 2015 (and January 2015 at smaller trusts). Responses were received from 116 patients at The Royal Wolverhampton NHS Trust.

The overall rating of the trust across all categories remains pretty consistent with the report that was issued in 2013.

The survey was split into 3 categories, Labour and Birth, Staff and Care in hospital after the birth. Based on the three overarching categories, generally the Trust rate on a similar scale to other regional NHS Trusts. However any comparisons do not take into consideration any demographical differences.
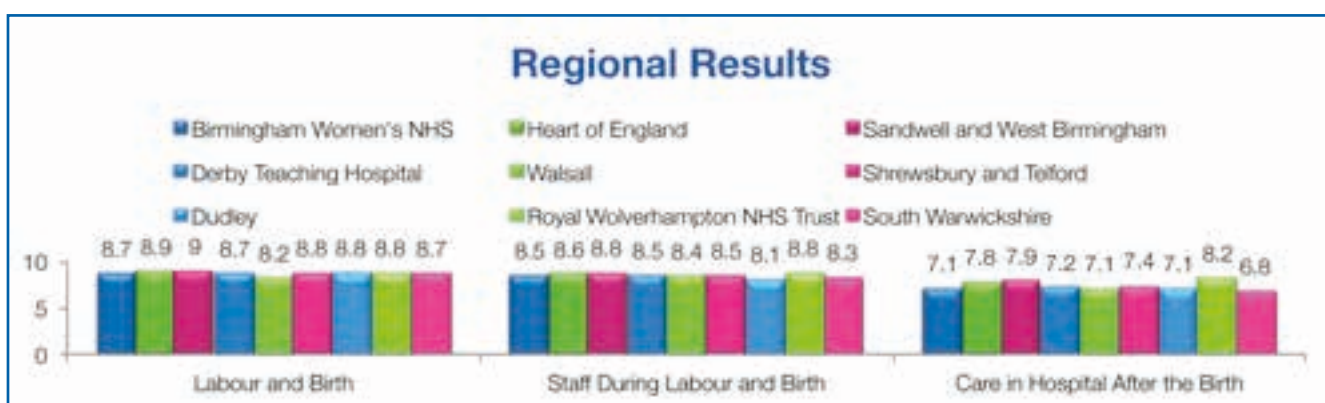
The survey highlighted that Intrapartum care showed some improvement in patient experience from the previous survey in 2013. However this recent report has highlighted that women's experience is less satisfactory for post natal care in hospital and post natal care at home following transfer to community Midwives. Work has already been undertaken and an action plan has been formulated and is being progressed and monitored.

Some of the issues that related to vacancies within the Community Midwifery service at the time of the survey and would have impacted on patient experience, have already been addressed with successful recruitment.

Patient Experience Metrics and The Friends and Family Test

The data made available to the Trust by the information centre with regard to The Friends and Family Test is a national survey looking at patient's satisfaction with our services by asking whether they would recommend us to their own friends and family.

Survey Reponse Rate

	Q1 2015/16				Q2 2015/16				Q3 2015/16				Q4 2015/16				2015/16 Average				2014/15 Average			
	% RWT	% England	% Highest	% Lowest	% RWT	% England	% Highest	% Lowest	% RWT	% England	% Highest	% Lowest	% RWT	% England	% Highest	% Lowest	% RWT	% England	% Highest	% Lowest	% RWT	% England	% Highest	% Lowest
Emergency Department	24	15	46.5	0.1	19	15	40.6	0.2	22	13	44.3	0.0	19	13	47.2	0.8	21	14	44.7	0.3	28	21	53.8	1.8
Inpatients	32	26	100	8.3	31	25	100	6.7	27	24	100	4.7	23	24	100	5.5	28	25	100	6.3	32	40	94	20.8
Maternity	24	24	76.3	0.0	20	23	71.5	1.0	15	21	76.9	0.7	13	23	70.1	0.9	18	23	73.7	0.7	20	25	91.1	0.9
Outpatients	12	6	79.5	0.1	21	7	81.4	0.1	21	5	84.9	0.1	20	6	66.9	0.1	19	6	78.2	0.1	N/A			

Percentage of Patients who would recommend the Trust

	Q1 2015/16				Q2 2015/16				Q3 2015/16				Q4 2015/16				2015/16 Average				2014/15 Average			
	% RWT	% England	% Highest	% Lowest	% RWT	% England	% Highest	% Lowest	% RWT	% England	% Highest	% Lowest	% RWT	% England	% Highest	% Lowest	% RWT	% England	% Highest	% Lowest	% RWT	% England	% Highest	% Lowest
Emergency Department	83	88	99	60	83	88	100	69	80	87	100	58	81	85	99	2	82	87	99.9	47	84	87	99	58
Inpatients	91	96	100	77	91	96	100	76	90	95	100	73	90	95	100	72	91	95	100	75	90	94	100	78
Maternity	93	95	100	85	95	95	100	86	96	95	100	65	94	95	100	73	95	95	100	77	99	97	100	79
Outpatients	91	92	100	43	91	92	100	50	92	92	100	69	93	92	100	42	92	92	100	51	N/A			

Percentage of Patients who would not recommend the Trust

	Q1 2015/16				Q2 2015/16				Q3 2015/16				Q4 2015/16				2015/16 Average				2014/15 Average			
	% RWT	% England	% Highest	% Lowest	% RWT	% England	% Highest	% Lowest	% RWT	% England	% Highest	% Lowest	% RWT	% England	% Highest	% Lowest	% RWT	% England	% Highest	% Lowest	% RWT	% England	% Highest	% Lowest
Emergency Department	8	5	27	1	8	5	23	0	10	6	29	0	10	7	36	0	9	6	29	0.4	8	5	24	0
Inpatients	4	2	17	0	4	2	9	0	5	2	8	0	5	2	11	0	5	2	11	0	6	2	10	0
Maternity	4	2	9	0	3	2	10	0	4	2	11	0	4	2	17	0	4	2	12	0	1	1	0	9
Outpatients	3	3	50	0	3	3	40	0	3	3	15	0	3	3	12	0	3	3	29	0	N/A			

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

- FFT Data is published monthly
- FFT Data forms part of nursing metrics
- Analysis undertaken regards low performing areas

The Royal Wolverhampton NHS Trust has taken the following actions to improve risk management and reporting and so the quality of its services:

- As indicated earlier in the document

Trust Feedback Cloud

One of the developments in how we present patient feedback is the Feedback Cloud. This gives a visual representation of the number of times a keyword appeared throughout the comments we receive about our services and the care we provide. The larger the keyword in the Feedback Cloud the more times it occurred in the comments, an example is shown below:

March 2016 data

PALS and Complaints

PALS outreach is being developed to increase the Trust's in various community locations. Patient representatives are encouraged to take an active role in various project groups so that they can influence new changes as they occur. We continue to actively recruit volunteers to assist with way finding and escorting patients around the hospital site, to helping with the Friends and Family Test collation.

The table below shows the number of PALS contacts and the number of complaints. PALS contacts have continued to rise year on year as we actively encourage people to talk to us about their experience. We believe this approach helps us to deal with concerns before they result in a formal complaint.

	2012/13	2013/14	2014/15	2015/16
Number of PALS contacts	1475	1862	1939	1998
Number of complaints	419	402	365	401
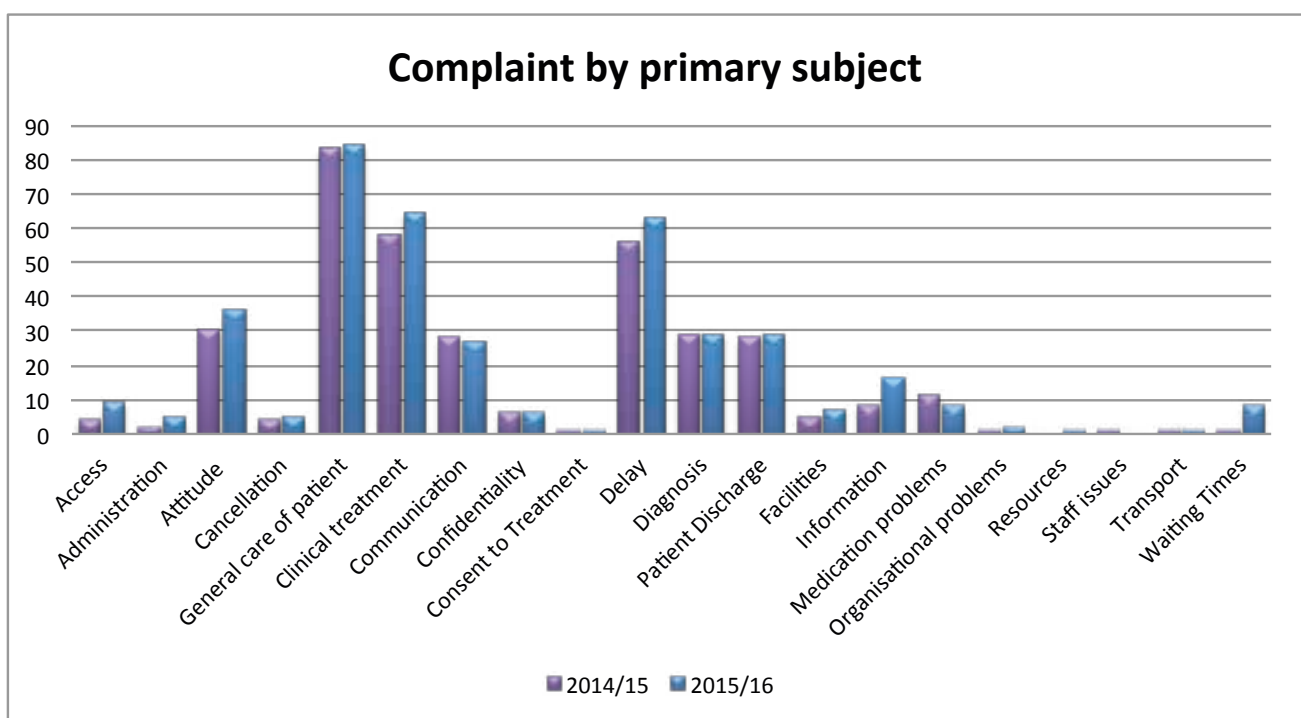
Complaints are recorded against the overarching primary subject of the nature of the complaint. The majority of complaints received by the Trust focus on general care of the patient. Although this category is broad as it encompasses a whole range of issues relating to patient care, the sub categories help to provide more specific feedback to drive forward service change.

During 2015/16 17 complaints were considered by the Parliamentary Health Service Ombudsman (PHSO) from complainants. Of the results received in this financial year, 1 case was upheld, a further 1 which was not upheld and 7 partially upheld.

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

Volunteering Services

The last year has again been a busy period for Volunteer services. During this time we strengthened our internal working relationships with the several independent charity groups who operate under the Trust, and volunteers who are based in West Park Hospital and Cannock Chase Hospital.

We continue to receive a lot of interest from members of the local community in volunteering for the Trust. We are therefore continually working with colleagues throughout the Trust to understand where the need for further volunteer recruitment lies and to prioritise new placements accordingly.

During the last 12 months we have supported the Rheumatology Outpatients Department at New Cross Hospital to pilot using a volunteer to triage calls to a patient's telephone helpline. We successfully recruited our first volunteer to this role and early indications are that this is working out well.

We have also begun to extend our volunteer patient meal time help service to Trauma and Orthopaedic wards at New Cross Hospital. We have found that with the move of the new Urgent and Emergency Care Centre the role of the Volunteer Wayfinders has been crucial with signposting visitors and new arrivals from the old emergency unit to the new.

In the next 12 months we hope to successfully expand in all of these volunteer roles, and also develop the role of the volunteer in providing activities on a ward level with patients. We will continue to work alongside the strategic vision of the organisation and colleagues in determining priority and focus of new volunteer placements.

Some statistical information about the volunteers we currently have is as follows:

- Current number of active volunteers in the Trust (including those on a break from service) - 598
- Number of new volunteers to the Trust in last 12 months - 125
- Number of volunteers who left the Trust in the last 12 months - 77
- Estimated number of volunteer hours provided to Trust in last 12 months - 138,336

Number of volunteers based within each location of the Trust:

- New Cross Hospital - 288 (48%)
- West Park Hospital/ Community Services - 212 (36%)
- Cannock Chase Hospital - 98 (16%)

Arts in Health

A vibrant and innovative arts service for The Royal Wolverhampton NHS Trust

The Arts in Health service continues to use art Trust-wide to contribute to improving patient experience and creating hospital environments that are welcoming and reassuring. The service works in partnership with the Trust Charity in which there is an Arts Fund. At New Cross Hospital it has been a very busy year with a number of arts in health projects completed for the new state of the art £38 million Urgent and Emergency Care Centre.

The Arts in Health Service has been included in the UECC Project Team winning a Royal Award 2015.

The numerous UECC arts initiatives included;

- The 'Inspired by Nature Art and Photography Competition' run in association with Axisweb and sponsored by Pertemps with winning nature themed work displayed in key locations throughout the UECC building to help promote a sense of calm for patients,

- Artwork with the theme 'My World' was commissioned for the children's areas of the emergency department, engaging 141 local children with artist Sarah Millin to create a series of artworks with the aim to provide our young patients with opportunities for distraction to help allay anxieties during treatment

- A commissioned Tactile Wall Mural for the children's emergency department waiting area supported by Wolves Aid.

- On-going projects include the Patient Wellbeing and Art Activity Programme which involves art volunteers facilitating arts activities for patients across the Dementia Care ward at New Cross Hospital and wards at West Park Rehabilitation Hospital, which over the next 12 months, we are further developing, to recruit more art volunteers and build sustainability.

Patient-Led Assessment of the Care Environment (PLACE)

In 2015 the PLACE assessment was changed to include Dementia and for the organisation to be scored on how Dementia friendly the environment is.

The ward inspection regime concentrates on things that matter most to patients and looks at how the environment supports patients 'Privacy and dignity', food, cleanliness and general building maintenance and décor. It focuses entirely on the care environment and non-clinical issues

Organisations are allocated a 6 week period to plan, undertake the inspection, and then an additional two weeks to submit the results.

Inspections

The details for the inspection process were as follows;

	Date	Number of patient assessors	Number of staff	Number of wards inspected	Number of outpatients inspected	Number of food tastings
West Park	29.04.15	7	3	4	2	1
New Cross	15.04.15	16	8	11	9	5
CCH	13.05.15	6	4	2	5	1

In addition all sites had an external and internal inspection of general areas.

The inspection process was very much led by the patient assessors supported by a staff member acting as scribe. Each team comprises of at least 50% patients.

The patient assessor had received training on how to conduct the inspection and it was made clear that it was their opinion, and not the staff members, that would be documented and counted. The inspection process was not a technical audit.

The scoring was made very clear and in most cases was either a pass (2 points), a qualified pass (1 point) or a fail (no points).

THE ROYAL HOSPITAL AKA NEW CROSS (WOLVERHAMPTON) Collection: 2015
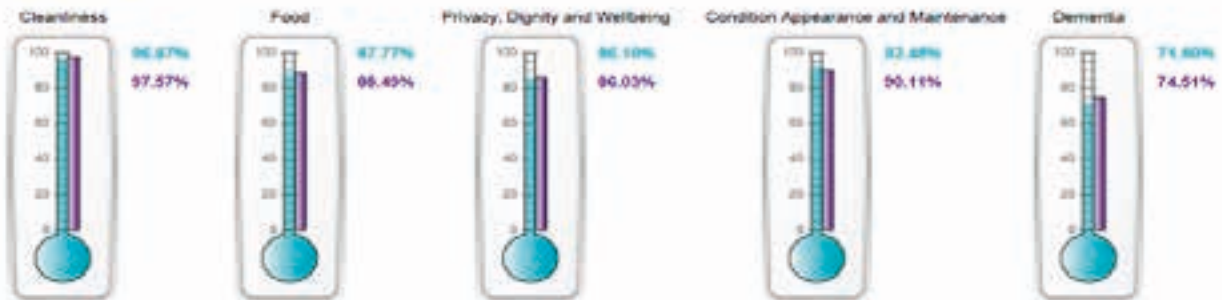
WEST PARK HOSPITAL Collection: 2015
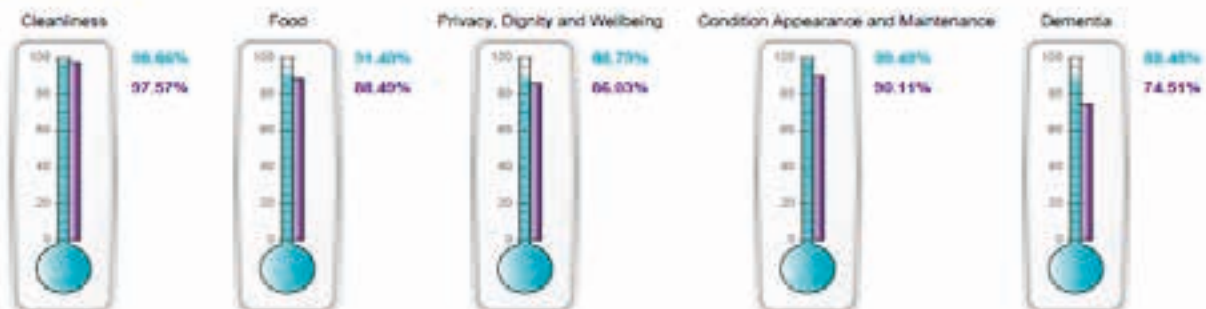
CANNOCK CHASE HOSPITAL Collection: 2015
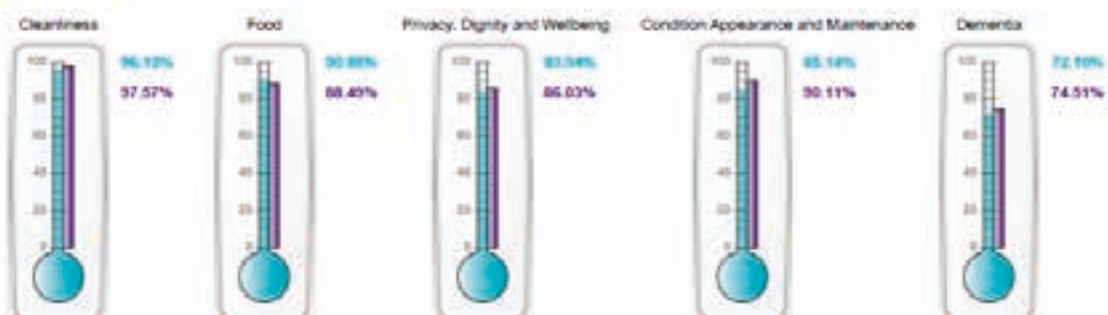
On the whole all sites scored well and obtained good results.

Following all PLACE inspections the Trust is required to produce an Action Plan.

1. Review disability access to car parking machines, also to include the distance machines are from buildings.
2. Develop a food and drink strategy for assessing the Trust's compliance against the 10 key characteristics of Good Nutritional Care.
3. Review the possibilities of providing patient Wi-Fi.

Equality and Diversity

The Trust has a genuine commitment to equality, diversity and inclusion. We are committed to providing a workplace where our staff can flourish. We also strive to provide quality services that meet the diverse needs of the community we serve by being flexible, having accessible services that treat people fairly with dignity and respect. Equality is not just about our legal obligations, we have moral and social responsibilities, treating people fairly is the right thing to do.

A summary of key progress made on the actions contained within the Trust's Equality Objectives (2012-2016) from April 2015 – March 2016 is below:-

Employment Action Plan

- A report was taken to Trust Board in October 2015, regarding the Equality Delivery System (EDS2) and the setting up an Equality and Diversity Steering Group. This was followed up by a meeting being held with the Trust's Chairman and other relevant staff and included the Accessible Information Standard.

- An Equality and Diversity Steering Group has been established, it is chaired by the Chairman of the Board and attended by senior managers across the Trust to provide assurance and progress on standards and compliance (Workforce Race Equality Standard (WRES) and the Equality Delivery System Standard) as well as helping to building a culture that celebrates equality and diversity.

- Work has commenced on the development of an Equality, Diversity and Inclusion Strategy.

- The Trust's patient experience induction presentation has been reviewed to have greater awareness of Equality, Diversity and Inclusion.

- The list of policies that may be used to address concerns, including those relating to Equality and Diversity, have been published on the website and are reviewed on a regular and planned basis.

- A mandatory on-line training package on bullying and harassment has been incorporated into the Trust induction programme attended by all staff.

- There has been consideration into inviting local groups and staff networks to support awareness training:-

- Equality and Diversity training is provided by the Patient Experience Department on Preceptorship sessions. External local groups could be invited as part of that training delivery.

- A new HCA Master class (which forms part of the Care Certificate) has Equality and Diversity discussed as part of their competency programme.

- A local group was approached to deliver training for the Trust, however, support was not secured at this time.

- A mandatory equality and diversity online training package is currently being developed with the intention of making it available on-line.

- Work continues to progress on gathering and publishing workforce equality information. Information (upto March 2015) has been published on the Trust's external website, this includes Workforce Race Equality Standard baseline data.

- The chair of the Trust's Black Minority Ethnic staff group has resigned, this group no longer runs.

Services Action Plan

- The Trust have reviewed its contracts to ensure compliance to equality legislation, in summary this is:

  - Below competitive quotation/tender threshold - All official purchase orders raised refer to the NHS Terms and Conditions of Contract for the Supply of Goods and/or Services, August 2013.

  - Above competitive quotation/tender threshold - New tender templates have been issued which incorporate the NHS Terms and Conditions of Contract for the Supply of Goods and/or Services, August 2013 for all tenders issued.

  - Framework Agreements - Established that HealthTrust Europe Framework Agreements in which the Trust participates, ensure compliance with

Equality legislation as they incorporate the NHS Terms and Conditions of Contract for the Supply of Goods and/or Services, August 2013 for all tenders issued.

- The tender template revision mentioned above, includes Public Procurement Regulations, February 2015 designed to encourage small to medium enterprise participation in/access to the Trust's contract portfolio.

- Work has commenced to publish the Trust's equality analysis register.

- Equality and Diversity is included within Customer Services training, and Trust induction.

- Work continues on the bedside folders, which is in the final draft stages.

- The PALS and Complaints internal systems have been re-designed to capture protected characteristic themed information where this becomes evident. Due to the nature of the PALS and Complaints services, protected characteristics are not specifically enquired about, this is in an effort not to inflame the complainant. Information will be included within current annual reporting processes.

- Patient menus were scheduled for a re-print (October 2015), the new menu format will contain a statement explaining that the menu is available in Punjabi, Polish, Urdu, Kurdish, English and as a picture menu.

- Patient menus available (October 2015) via the Catering Ward folder and the Trust Intranet. Picture menu is available at ward level.

- A policy is in place to protect patient's mealtimes.

- There is now a Sharing of Information agreement between the Trust and Wolverhampton Clinical Commissioning Group to allow the transfer of learning disabled patients status from GP registers to the Trust.

- There has been a review of the appointments system and the electronic texting of patients has commenced. Analysis for overall DNA (did not attend) rates will now be a monitoring exercise in terms of benefits realisation for Transformation Team.

- Work has commenced to investigate the possibility of providing services to help address health inequalities e.g., for people with learning disabilities. The Trust's governance department has initiated a working group to implement a process to ensure Easy Read versions are produced for all patient information. There is joint working between Black Country Partnership NHS Foundation Trust (BCPFT) and the Trust:-

- To ensure standardised information across Wolverhampton is produced.

- There is a specialist pathway for bowel scope for people with Learning Disabilities.

- There is a pathway to provide specialist dental services for people with Learning Disabilities.

- BCPFT has undertaken a new piece of work with screening services (cervical and breast) that will automatically identify people with Learning Disabilities to ensure reasonable adjustments are made in advance of appointments.

Additionally, we will be doing further work on the equalities agenda, such as equality reports, NHS England's; Workforce Race Equality Standard, Equality Delivery System and the Accessible Information Standard. These standards and systems will help us to really embed equality, diversity and inclusion and achieve significant change in our equality, diversity and inclusion performance.
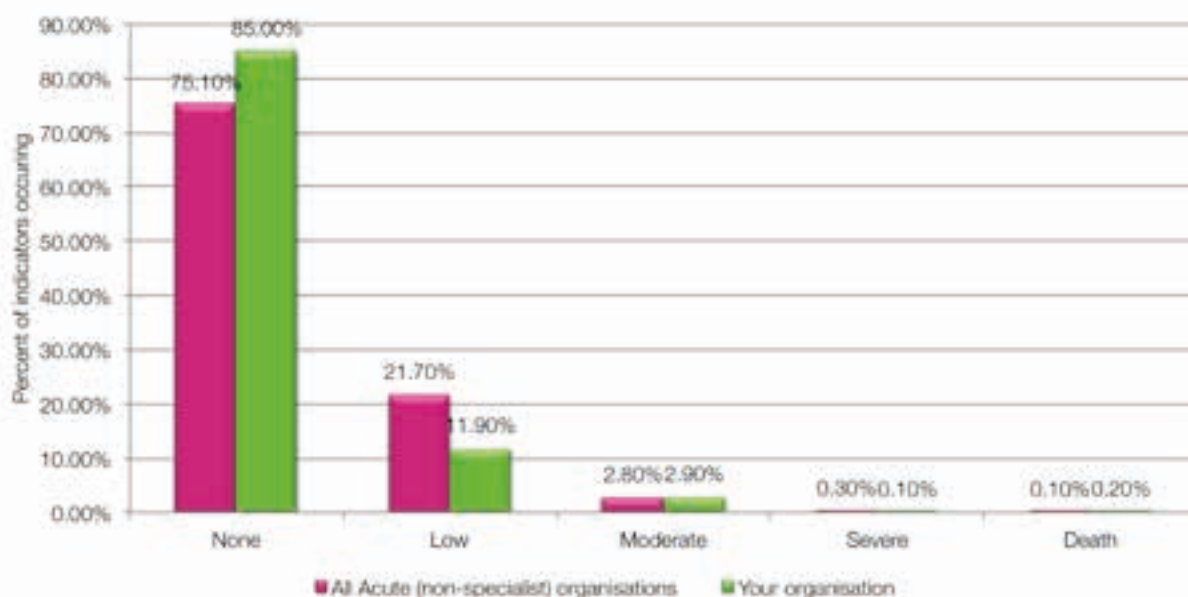
Patient Safety

In order to ensure and promote Patient Safety it is imperative that as an organisation we are transparent and encourage our staff to highlight and report when things are not as they should be. To have a high reporting culture of incidents enables us to explore and analyse incidents to support us to learn lessons and improve patient care and outcomes.

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 how Trust compares to similar sized organisations across the NHS.

The graph above shows the degree of harm to patients, and the Trust has a higher number of incidents where 'no harm' has occurred. This may be attributed to the high reporting culture which exists within the Trust.

Duty of Candour

The Trust has systems in place to monitor implementation of Duty of Candour element 1 – notifying patients/relatives of incidents and element 2 – feeding back to patients/relatives on investigations.

In 2015/16 there were 510 applicable Duty of Candour targets of which the Trust met 491 (19 breaches) giving us a compliance rate of 96%. Duty of Candour training has been delivered to staff along with a staff leaflet. A patient leaflet is also developed to explain to patients and relatives what they can expect of the process.

Reporting Culture

The Trust has well established systems for incident reporting. On average the Trust reports 785 patient safety incidents (35.1 incidents per 1000 bed days) to the NPSA per month. The Trust reviews its reporting performance against Trusts equivalent in size any make-up and this has continued to show a healthy reporting culture.

The Trust seeks to continually improve reporting through awareness raising and training as seen in the case of Information Governance within the last reporting year.

Category	All Acute (non-specialist) organisations	Your Organisation
All other categories	5.50%	7.00%
Medical device / equipment	5.30%	3.30%
Consent, communication, confidentiality	5.60%	4.30%
Clinical assessment (including diagnosis, scans, tests, assessments)	5.70%	6.50%
Infrastructure (including staffing, facilities, environment)	11.00%	6.60%
Documentation (including records, identification)	7.60%	7.40%
Access, admission, transfer, discharge (including missing patient)	10.40%	9.90%
Medication	11.60%	11.20%
Treatment, procedure	15.80%	12.20%
Implementation of care and ongoing monitoring / review	1.90%	13.30%
Patient accident	19.80%	18.40%

Percent of incidents

Legend:
- All Acute (non-specialist) organisations
- Your Organisation

Number and Themes of Serious Incidents

The Trust has a robust reporting mechanism communicated through policy, training and management lines. There remains timely reporting and completion of investigations. As at April 2016 there are 4 investigations overdue. In the financial year April 2015 to March 2016 the Trust has reported 110 serious incidents and 278 reportable incidents through the serious and reportable incident system (STEIS).

Accumulated Totals (Acute and Community SUIs- April 15 to March 16)	
12 Hour Breach	1
Alleged Child Abuse	1
Confidential Breach	29
C.Diff	11
Delay Diagnosis/Treatment	13
Drug Error	3
Failure to Act	2
Infection	9
MRSA	2
Missed Diagnosis	5
Outpatient Appt Delay	1
Radiation	1
Sub Optimal Care	6
Surgical	3
Treatment Given Without Consent	1
Unexpected Death	20
Unexpected Injury	1
VTE	1
Total	110
Pressure Ulcers	238
Maternity	7
Slip/Trip/Fall	33
Total	278

Numbers and Themes of Never Events

There have been three reported Never Events reported in the financial year April 2015 to March 2016.

Date	Location	Category
Jul-15	Critical Care	Retained Swab
Sep-15	Cardiac	Chest drain inserted in wrong side of body
Sep-15	Ophthalmology	Wrong eye injected

Responding to safety alerts

The Trust continues to work towards using the safety alert module within Datix, it has been challenging to implement this due to housekeeping issues, and assigning of alerts to the appropriate leads. The system is functional for some types of alerts (Estates & Facilities, Equipment), but the patient safety alerts have proved more challenging using this process so the Trust reverted to manually managing these. The team have continued to work towards the use of Datix for all safety alerts and will be in a position to run this from the beginning of June 2016.

There has been a new addition to the types of safety alerts received, this is SDA's which are Supply disruption alerts, issued when there are manufacturing/supply issues of equipment/sundries. The Trust is usually aware of the issues prior to receipt and already managing the situation, the SDA makes this a more formal process and provides support advice on what action to take.

Safety alerts continue to be monitored by external bodies and the Trust works to ensure compliance within the tight timeframes. Although at the time of writing there were no alerts outstanding, throughout the year 2015/16 5 of 98 alerts were late in being responded to, these were 3 Estates & Facilities Notices and 2 x Medical Device Alerts this was generally due to administrative oversight and there was no adverse outcome. The Trust continues to work towards 100% response rate.

Financial year 15/16 as at 1/3/16

YTD received (financial year)		YTD Closed		YTD Open		Open (YTD & Previous years still open)	
MDA's	29	MDA's	26	MDA's	3	MDA's	3
EFN's	49	EFN's	49	EFN's	0	EFN's	0
NHS/PSA/	10	NHS/PSA/	7	NHS/PSA/	3	NHS/PSA/	3
EFA	5	EFA	5	EFA	0	EFA	0
DH	1	DH	0	DH	1	DH	1
SDA	2	SDA	2	SDA	0	SDA	0
Total	96	Total	89	Total	7	Total	7

Overdue Alerts x NHS PSA	0
Overdue MDA alert	0

Note : SDA = Supply Disruption Alert – recently introduced when sundries/equipment availability is compromised.

Midwifery Supervision

There is an intention to change the current arrangements for statutory midwifery supervision and work is continuing with the Nursing and Midwifery council (NMC) and the Department of Health (DOH) to ensure that the legislative changes occur by the proposed date of March 2017. The Trust is in the process of reviewing its current reporting processes to ensure it aligns with the new requirements.

As part of their on-going registration, midwives will continue to undergo supervision which supports their clinical practice enabling them to reflect in a protective environment on the care they give to mothers and babies until such time as the new arrangements take effect.

Giving Children the Best Start in Life

The city wide infant mortality working group continues with active involvement from Midwives and Consultant Obstetricians. Midwives engaged with this stakeholder event organised by Public Health, which demonstrates our commitment to address the issues associated with infant mortality.

We are engaged in the Saving Babies Lives Care Bundle and are compliant with all aspects of the care bundle.

The Trust has actively promoted Best Beginnings charity and The Lullaby Trust smart phone apps to aid parents in caring for their newborn.

Maternity services were successful in the level 3 Baby friendly reaccreditation. We have a group of expert breast feeding peer support volunteers trained to offer support to those who require it.

The neo-natal service, in collaboration with Public Health, are in the process of introducing a targeting parent educational programme to provide information on key areas to the most vulnerable of infants. This includes a bespoke resuscitation programme to ensure parents are equipped with the right skills should the need arise.

SafeHands

In 2015/16 we implemented a real-time bed management solution; this has allowed us to match capacity and demand, whilst enhancing our discharge planning process.

It is helping us manage patient flow through the Trust by identifying and releasing beds sooner, and enabling us to admit patients to the right bed first time.

The system is also able to measure the contact time staff have with patients and we have shared some of our initial findings with the Department of Health.

Metrics provided by the SafeHands system allow us to monitor and further improve patient experience.

We are uniquely able to automate measurement of patient : staff contact time enabling us to further understand patient care and safer staffing. Both the Department of Health and HM Treasury have praised the work we are doing.

	Scorecard Indicators				2016		
	Measure	Source	Target	Jan-16	Feb-16	Mar-16	Apr-16
Discharges inpatient wards	Discharges Before 11am	Average Discharge/ Transfers Report	>25%	21%	23%	18%	18%
	Discharges between 11am and 4pm		>50%	38%	39%	42%	41%

Leadership Walkabouts

The newly revised approach to leadership walkabouts has enabled the Board to gain a full picture and real life experience of both patients and staff members at The Royal Wolverhampton NHS Trust (RWT) and further embrace the idea of visible leadership. Executive Directors and Non-Executive Directors undertake unannounced visits to pre-defined areas to talk to staff and patients on a wide range of issues. This enables feedback immediately to the area and a collation of information which feed into existing governance systems.

Other engagement opportunities include monthly meet the board sessions, back to the floor days for the senior nursing team, alongside existing peer review and nursing accreditation processes. This range of information and data collection enhances the existing assurance processes within the Trust.

Clinical Effectiveness

Care Quality Commission (CQC) Registration

The Trust is required to 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
- Surgical procedures
- Termination of pregnancy
- Treatment of disease, disorder or injury
- Caring for children (0 - 18yrs), Caring for adults under 65 yrs

CQC Quality Risk Profile

The CQC Outcomes position last reported (May 2015) to include CQC Outcomes transition to CQC Domains. Please note the Trust Self-Assessment position in April 2015 was submitted to CQC as part of the Provider Information Request as below, the other elements were for internal purposes only.

Safe	Effective	Caring	Responsive	Well-led	Overall trust
Good	Requires Improvement	Good	Good	Good	Good

Intelligent Monitoring Summary (May 2015).

Intelligent Monitoring is a tool which assesses risk within care services. It has been developed to support CQC's regulatory function and purpose of ensuring that health and social care services provide people with safe, effective, compassionate, and high-quality care. Intelligent Monitoring highlights those areas of care to be followed up through inspections and other engagements.

Intelligent Monitoring is built on a set of indicators for monitoring risks to the quality of care. These indicators measure outcomes that have a high impact on service users and relate to the five key questions that are asked during inspections, namely: are services safe, effective, caring, responsive, and well-led?

These results indicate that the Trust is recognised as having a low risk rating when all of the indicators the Trust report on are aggregated.

Priority banding for inspection	6
Number of 'Risks'	1
Number of 'Elevated Risks'	0
Overall Risk Score	1
Number of Applicable Indicators	95
Percentage Score	0.53%
Maximum Possible Risk Score	190

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

The Trust uses a process of baseline assessment, statements and action planning to review and implement compliance with all NICE guidance, including NICE quality standards. During the period between April 2015 and March 2016 NICE published the following guidance and the response by the Trust is shown below:

Type of Guidance	Compliant (fully implemented)	Partially Compliant	Not Implemented	Not Applicable	Assessment in Progress	Grand Total
Clinical Guidelines	2	0	0	1	3	6
Diagnostic Guidelines	1	0	0	3	2	6
Interventional Procedure Guidelines	1	0	4	18	11	34
Medical technical Guidelines	0	0	0	3	1	4
NICE Guidance	10	15	0	2	12	39
Public Health Guidelines	0	0	0	0	1	1
Quality Standards	12	8	0	6	10	36
Safe Staffing Guidelines	0	0	0	0	0	0
Technical Appraisal Guidelines	32	1	0	7	6	46
Highly Specialised Technologies Evaluation	0	0	0	1	0	1
Grand Total	58	24	4	41	46	173

The Trust response to NICE guidance is reviewed 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.

Supporting our Staff

The Workforce

With a workforce of 8,171 the Trust remains one of the largest employers in its local community. Details of our workforce profile are shown in Section 1: Annual Report

National Staff Survey Results

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.

Recommendation Rates - Work

	Q1 2014/15	Q2 2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q4 2015/16
RWT	66%	64%	62%	70%	70%	68%
England	61%	60%	61%	62%	62%	61%
Highest	90%	95%	91%	90%	90%	87%
Lowest	15%	22%	12%	22%	21%	27%

Recommendation Rates - Care

	Q1 2014/15	Q2 2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q4 2015/16
RWT	79%	78%	77%	79%	80%	83%
England	75%	76%	76%	79%	79%	78%
Highest	99%	98%	100%	100%	100%	100%
Lowest	46%	41%	45%	44%	48%	51%

Not Recommended - Work

	Q1 2014/15	Q2 2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q4 2015/16
RWT	16%	15%	17%	12%	14%	16%
England	19%	19%	19%	18%	19%	19%
Highest	71%	68%	72%	66%	61%	60%
Lowest	3%	3%	2%	4%	3%	4%

Not Recommended - Care

	Q1 2014/15	Q2 2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q4 2015/16
RWT	6%	6%	8%	5%	7%	4%
England	8%	8%	7%	7%	7%	7%
Highest	41%	39%	32%	32%	27%	27%
Lowest	1%	1%	0%	0%	0%	0%

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

The 2015 Data Analysis Report for NHS Trusts on NHS WRES (Workforce Race Equality Standard) published by The NHS Equality and Diversity Council in May 2016 offers local NHS organisations the tools to understand their workforce race equality performance. WRES highlights differences between the experience and treatment of white staff and BME staff in the NHS.

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

This information will be used in The Royal Wolverhampton NHS Trust to help the Trust focus on it position now on this agenda, where we need to be and how we can get there. The WRES requires NHS Trusts to self-assess against nine indicators. Four of the WRES Indicators relate specifically to workforce data and these four are based on data from the national NHS Staff Survey, the results for 2015 for the Trust on these four indicators are as follows:

The data made available to the Trust by the information centre with regard to and considers the data is as described for the following reasons

Indicator 5 – The percentage of staff who report experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

The Trust results show a higher percentage of BME staff (32%) experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months compared to white staff (21%). The Trust is within the 44% of acute trusts nationally that shows a higher percentage for BME staff. The average figure (all staff) of reported experience of harassment, bullying or abuse from patients, relatives or the public in the acute sector, published within the NHS Staff Survey 2014 is 42.3% - whereas for the Trust the percentage for all staff is 23.4% from the WRES report 2016.

Indicator 6 – The percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

The Trust shows a higher percentage of BME staff (24%) being harassed, bullied or abused by staff in comparison to white staff (21%). The Trust is within the 75% of acute trusts nationally that shows a higher percentage for BME staff. The average figure (all staff) of reported experience of harassment, bullying or abuse from staff in the acute sector, published within the NHS Staff Survey 2014 is 24% - whereas for the Trust the percentage for all staff is 21.9% from the WRES report 2016.

Indicator 7 – The percentage of staff who believe the trust provides equal opportunities for career progression or promotion.

The Trust shows a lower percentage of BME staff (83%) believing the Trust provides equal opportunities for career progression or promotion in comparison to white staff (90%). The Trust is within the 50% of acute trusts nationally that show a lower percentage for BME staff. The average figure (all staff) of belief that the trust provides equal opportunities for career progression or promotion for the acute sector, published within the NHS Staff Survey 2014 is 69.7% - whereas for the Trust the percentage is 88.9% from the WRES report 2016.

Indicator 8 – In the last 12 months have you personally experienced discrimination at work from any of the following? – Manager/Team Leader or other colleagues.

The Trust shows a higher percentage of BME staff (5%) personally experiencing discrimination at work from a manager/team leader or other colleagues in comparison to white staff (4%). The Trust is within the 81% of acute trusts nationally that shows a higher percentage for BME staff. The average figure (all staff) of reported discrimination at work from a manager, team leader or other colleagues in the acute sector, published within the NHS Staff Survey 2014 is 7.8% whereas for the Trust the percentage is 6.1% from the NHS Staff Survey 2015.

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

The Trust is fully committed to implementing the WRES milestones for implementation and to taking action to address the differences between the experience of BME and white staff. The Board committed to the standards in October 2015, and the Chairman leads an Equality and Diversity Steering Group within the Trust consisting of senior leaders from all areas within the Trust. The differences in reported experiences are being further diagnosed within the Trust through further engagement by a variety of means including small focus group work to understand the factors contributing to the differences. The Equality and Diversity Steering group will steer and monitor the action plans deriving from this work to ensure effective delivery and ultimately improvement in experience of all staff within the Trust.

Equality and Diversity - Employment Action Plan

The Trust's commitment to equality and diversity influences services for our staff as well as our patients. Key actions are detailed below:

- An Equality and Diversity Steering Group has been established, it is chaired by the Chairman of the Board and attended by senior managers across the Trust to provide assurance and progress on standards and compliance (WRES and the Equality Delivery System Standards) as well as helping to building a culture that celebrates equality and diversity.
- The list of policies that may be used to address concerns, including those relating to Equality and Diversity, have been published on the website and are reviewed on a regular and planned basis.
- A mandatory on-line training package on bullying and harassment has been incorporated into the Trust induction programme attended by all staff.
- Work continues to progress on gathering and publishing workforce equality information.
- A mandatory equality and diversity online training package is currently being developed with the intention of making it available on-line.

Educating our Staff

Education Academy
Faculty of Nursing, Midwifery and AHPs
RWT

Faculty of Nurse Education Incorporating Nurses, Midwives and Allied Health Professionals

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

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

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

The Nurse Education Department provides support, advice, information and development to Nurses, Midwives and AHP's (inc dieticians, physiotherapists, Occupational therapists, Operating Department practitioners, podiatrists, speech and language therapists) and Health care assistants.

In an ever changing environment the team endeavour to provide students with the placement and pathway exposures to inspire, promote innovation and research in practice, to learn management and leadership skills to prepare for the rewards and challenges of the future workforce.

Annually 90-100 student nurses commence their training at the Trust. The Trust can plan for and provide placements for between 220 – 260 students, from year one, year two and year three of the BNurs Programme. Six months prior to completing training the Trust co-ordinates a recruitment event.

The Trust recruits over 80% of the newly qualified students demonstrating ownership, investment and commitment to those students who have been assessed and trained within the clinical areas.

Preceptorship

All newly qualified Nurses, Midwifery and AHP's commence a 12 month programme to assist the transition from student to autonomous practitioner.

Heath Futures - University Technical College (UTC)

RWT has supported the development, opening and delivery of scenario based curriculum in the clinical skills laboratory. This UTC is the first in 'health' in England and will provide part of the future workforce for Health care. The UTC opened on schedule September 2015 and recruited to target for years 10 and 12. RWT developed scenarios for the curriculum and support its delivery within the class room at the UTC.

Making the Leap – Band 7 new to role induction programme

The programme was designed to meet the needs of a newly appointed Band 7 team/ward leader.

The Faculty of Nursing, Midwifery and AHP's.

The Faculty is responsible for the detailed review and monitoring of compliance with educational standards, quality performance and assurance, and related risks for its representative work groups.

It has been a very busy year for the Faculty of Management and Leadership!

Through the past year, we have welcomed 2 new members to our team and now boast the only 4 PCM trainers in the NHS!

Our focus and direction has been clear; to teach the essential skills of human behaviour management and self-awareness. This has been taught through a variety of courses and methods:

- Process Communication Model ®
- Applied Emotional Intelligence
- Management and Leadership Development
- 360 Feedback
- Coaching support

This year has seen our trainers continuing to develop. After a gruelling 2 week intensive and assessed training course our PCM Delivery Team grew by 3 people!

However, it doesn't end there. This year has seen the team become accredited in a wide range of personal constructs they continue to use, including:

- Emotional Intelligence (SRQ)
- Transactional Analysis
- PCM
- SDI
- 16PF
- StrengthScope
- Belbin
- Healthcare Leadership Model 360

Programmes

Regional Leadership Programmes

This year HEWM commissioned a cohort each of Process Communication Model and Applied Emotional Intelligence. These courses proved so popular that HEWM re-commissioned RWT for further cohorts of these programmes. They were very well received and it gave RWT the chance to show case our excellent programmes to wider Trusts.

RWT have been partners in developing and the delivery of the regional frameworks for the Career Development Centre and the Leadership Development Centre. RWT lead the Black Country wide project in the centres and associated master classes, coaching and formal qualifications thereafter.

Induction and Mandatory Training Compliance

The Trust is committed to a robust induction and mandatory training programme and during the last 12 months we have consistently exceeded the overall compliance target of 90%. Action plans to address low compliant areas are monitored closely through Induction and Mandatory Training Group.

Employees who have transferred from the former Mid Staffs Foundation Trust are now fully integrated into RWT's training provision and compliance reporting.

Clinical Skills & Resuscitation Training

The Trust offers one of the most comprehensive Clinical Skills services in the region. Encompassing multiple modalities of educational theory and practices we are able to respond to the needs of the staff employed within the organisation. In addition to the local staff we also deliver internationally renowned courses to candidates from around the globe.

Under the Clinical Skills umbrella we encompass:

- Resuscitation Training
- Procedural Skills
- National Courses
- Under Graduate Skills Training
- Simulation

Resuscitation Training

To support the Trust vision the department offers a comprehensive Resuscitation training programme. More than just mandatory training is provided to more than 5300 members of staff. In adult and paediatric sessions, staff are orientated to current Resuscitation Council practices and techniques applying particular attention to prevention rather than cure.

Education Academy
Faculty of Undergraduate Medicine

Undergraduate Medicine

We are an official teaching Trust associated with the University of Birmingham. During the academic year we have on placement 3rd, 4th and 5th year medical students. We have approximately 380 students who will have been taught in the Trust.

Educational Methods

Sim Ward Wolverhampton is an immersive high fidelity 3 bedded simulation ward which has been developed in the Wolverhampton Medical Institute. This experience prepares them for clinical practice after graduation.

Education Academy
Faculty of Postgraduate Medicine

Introduction

The Faculty of Postgraduate Medical Education has had a full year during 2015-16.

Trainee doctor numbers have increased in the Trust this year, mainly due to the reorganisation of hospital services at Stafford and Cannock.

The Faculty have focussed again on patient safety issues throughout the year working with the trainees to ensure that trends of issues are embedded into the curriculum, particularly for foundation doctors.

The Faculty has also been instrumental in welcoming a number of Physician Associate students from Wolverhampton University who have been completing their clinical placements with the Trust.

The Faculty has worked with Health Education West Midlands in terms of both quality visits and training post commissions and decommissions over the year.

Quality Assurance

The department focuses and prioritises quality of postgraduate medical education throughout the Trust. There are several elements to this.

- Quarterly departmental quality dashboard containing latest JEST scores and issues raised through departmental Junior Doctor Forum
- Internal QA visits - we continue to undertake internal quality visits to all departments, aiming to cover all on a rolling 2-yearly basis.

We received three quality visits from HEWM over the last 12 months in Cardiology, Oncology and Radiology. All programmes were approved subject to some conditions which are being monitored currently.

GMC Trainee Survey 2015

The Trust received a good result from the annual trainee survey. This was particularly so in Acute Medicine who received the highest scores in the UK for overall satisfaction, clinical supervision and supportive environment. High scores were also received by doctors in

- core medical training
- core surgical training
- cardiology
- anaesthetics
- emergency medicine
- obstetrics and gynaecology
- histopathology.

Lower scores were received in paediatrics, trauma and orthopaedics and urology – and since the report in June 2015 it is evident from monitoring of surveys and notes from junior doctor forum that these issues have very much improved.

Physician Associates

The PGME Team have been working with the University of Wolverhampton recently in setting up their new PA certificate course. We are currently hosting cohort 12 students at RWT for their placements.

Future Focus

The GMC have produced a new set of standards for medical education and training (Promoting excellence: standards for medical education and training http://www.gmc-uk.org/Promoting_excellence_standards_for_medical_education_and_training_0715.pdf_61939165.pdf)

Education Academy
Faculty of Support Services
RWT

Work Based Learning

Work Based Learning provides qualifications and development for support staff employed in bands 1 to4 across the organisation. Learning opportunities for these staff include Quality and Credit Framework (QCF) qualifications. Adult apprenticeships, foundation degrees, development programmes and personal development support.

Careers in Medicine

The Work Experience Team within RWT is aware that the Trust receives an excessive amount of applications for Medicine experience.

A programme for the event was agreed with the co-operation and commitment of several session leads from within RWT as well as the Director of Admissions from Keele University.

From April 2015 to March 2016 a total of 507 work experience opportunities were offered and commenced during this period (468 the previous year).

How we selected our 2016/17 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 accomplish. The priorities have been determined over the past 18 months as a result of feedback, external review and internal intelligence and consultation. We have developed a programme of work for the coming year which also reflects comments we have received from patients and their carers through direct feedback and in survey results, discussions we have with our commissioners and key stakeholders about what services should look like in the future and what our staff tell us about the services they provide for patients.

These three priorities, each with a Director sponsor, are detailed below:

Priority	Director Lead / Co-Sponsor
1. Safe Nurse Staffing Levels	Chief Nursing Officer/Head of Nursing – Workforce Planning
2. Safer Care	Chief Medical Officer / Head of Governance
3. Patient Experience	Chief Nursing Officer/Deputy Chief Nurse

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.

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

29th June 2016

Jeremy Vanes

Chairman

29th June 2016

KPMG

INDEPENDENT AUDITORS LIMITED ASSURANCE REPORT TO THE DIRECTORS OF THE ROYAL WOLVERHAMPTON NHS TRUST ON THE ANNUAL QUALITY ACCOUNT

We are required to perform an independent assurance engagement in respect of The Royal Wolverhampton NHS Trust's Quality Account for the year ended 31 March 2016 ("the Quality Account") and certain performance indicators contained therein as part of our work. 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 2016 subject to limited assurance consist of the following indicators:

- Percentage of patients risk-assessed for venous thromboembolism (VTE)
- Rate of clostridium difficile infections

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

Respective responsibilities of the Directors and the auditor

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 criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance ("the Guidance"); and

- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in 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 2015 to June 2016;
- papers relating to quality reported to the Board over the period April 2015 to June 2016;
- feedback from the Commissioners, Wolverhampton Clinical Commissioning Group dated 10/06/2016;
- feedback from Local Healthwatch organisations, Healthwatch Staffordshire and Healthwatch Wolverhampton dated June 2016;
- the Trust's quarterly Patients Experience report submission to the Trust Board for Quarter 4 dated May 2016, as the Trust has not yet published the 2015/16 complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009;
- the latest national patient survey dated 2015;
- the latest national staff survey dated 2015;
- the Head of Internal Audit's annual opinion over the Trust's control environment;
- the annual governance statement dated 02/06/2016; and
- the Care Quality Commission's Intelligent Monitoring Report dated May 2015.

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.

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 under the terms of the Guidance. Our limited assurance procedures included:

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

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

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria 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 2016:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;

- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and

- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

KPMG LLP.

KPMG LLP
One Snowhill,
Snow Hill Queensway,
Birmingham
B4 6GH

24 June 2016

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
HCAs	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

Technology Centre
Wolverhampton Science Park
Glaisher Drive
Wolverhampton
WV10 9RU

Tel: 01902 444878
Fax: 01902 444313
Email: WOLCCG.WCCG@nhs.net

Sent via email

Our Ref: HH/MP/292

10 June 2016

Cheryl Etches OBE
Chief Nursing Officer
The Royal Wolverhampton NHS Trust

Dear Cheryl

Re: Wolverhampton CCG Commissioner Statement for Annual Quality Accounts 2015/16

As lead commissioner Wolverhampton Clinical Commissioning Group (WCCG) welcomes the opportunity to provide this statement for The Royal Wolverhampton NHS Trusts' quality account for 2015/16.

Wolverhampton Clinical Commissioning Group is committed to ensuring that the services it commissions provide safe effective care for local people. Services are required to demonstrate compassionate and responsive care which means that patients receive the right care at the right time.

During the year we have reviewed information, held monthly clinical quality review meetings and have carried out a number of visits to clinical areas to gain assurance around the standards of care being provided. We have also provided challenge and scrutiny when performance has not met the expected standards.

Background

In the Quality Accounts for 2015/16 the Trust acknowledges that it has received services transferred from the dissolution of Mid Staffordshire NHS Trust and now delivers across a much bigger footprint including Staffordshire.   The transfer of services was well managed and there is on-going scrutiny to ensure safe care.

While reviewing the quality account we were pleased to note many of the specific areas that the Trust has addressed during 2015/16. These include progressive action plans to address feedback from CQC, implementation of education and training across the Trust and an external review which looked at human factors. Lessons learnt are being shared across the organisation to foster an organisational wide learning culture.

Key successes

- Improved levels of harm free care with reductions in falls
- Reduction in emergency readmission to hospital within 30 days of original discharge
- Assessment of patient risk of VTE completed is higher than national average
- Reduction in incidents resulting in death and sustained performance in incidents which caused harm
- Development of E & D strategy with progress to improve contracting, training for staff and outcomes for patients.
- Additional case review for all deaths to maximise learning and maintain lower levels of mortality.
- Development of clinical skills lab and trainers to support staff behaviour and emotional intelligence improvements in care delivery.

Overall RWT have made many improvements over the last 12 months and have a clear focus to triangulate information to ensure clear action planning to reduce the number and severity of incidents.

Key areas for improvement

- Clinical Staffing
- Pressure area care
- Implementation of best practice NICE guidance to ensure clinical staff are supported to deliver the best care possible
- Developing patient feedback to improve feedback actions collated from children, patients with learning disabilities and those whose first language is not English

Summary

We are pleased to note the areas of success and are confident that the Trust will sustain a continued focus on the key areas for improvement going forward into 2016/17.

The CCG is pleased that The Royal Wolverhampton NHS Trust is continually striving to improve the quality and safety of services they provide. We will continue to work with the Trust to embed continuous quality improvement. We also look forward to working with the Trust on the emergent new models of primary and community care with care provided across organisational boundaries and to working across the new system transformation footprints.

Yours sincerely

Dr Helen Hibbs
Chief Officer
Wolverhampton Clinical Commissioning Group

Copied to

Alison Dowling - Head of Patient Experience and Public Involvement, RWT

<div align="right">
Regent House
Bath Avenue
Wolverhampton
WV1 4EG
Telephone Number: 0800 470 1944
E.mail: info@healthwatchwolverhampton.co.uk
</div>

Email

Alison Dowling
Head of Patient Experience and Public Involvement
Royal Wolverhampton NHS Trust
New Cross Hospital
Wednesfield Road
Wolverhampton
WV10 0QP

Dear Alison

Re: The Royal Wolverhampton NHS Trust Quality Account 2015/16

Healthwatch Staffordshire (HWS) and Wolverhampton (HWW) appreciates our working relationship with Royal Wolverhampton Hospitals Trust (RWT). We acknowledge the work of the Trust in aiming to improve the quality of services for patients. As the independent consumer champion to gather views and represent patients, service users and the general public our key role is share experiences in order to influence organisations such as RWT in providing services and it is against this back drop that we comment on the 2015/16 Quality Accounts.

We note that whilst the quality improvement priorities have been chosen after consulting with staff and clinical teams along with looking at what patients and members of the public have said about the Trust, we can see no real evidence where patients and the public have been involved in any engagement or discussions about setting these priorities.

Whilst HWS and HWW supports the Trust's aim to make improvements in the three chosen areas. In particular increasing patient and user engagement by improving links with the community feedback received by us suggest many individuals don't always feel their concerns are listened too when raised and there are those whose voices are seldom heard who have little opportunity to engage with the Trust.

The Quality Accounts makes reference to complaints but we feel that there could be more information about some of the issues raised through complaints and what changes were made as a result.   During the year we have brought to the Trust attentions

individuals who have not had a very good experience when making a compliant. On many occasions the Trust failed to meet its own standards in responding to complaints.

We welcome the review of Trust policies and strategies and endorse the Patient Engagement and Involvement Strategy and look forward to the Trust requesting us to gather feedback on whether patients and representatives have been able to influence decisions.

The Quality Accounts states that measures such as the Friends and Family Test and other surveys are used to gain feedback from those using services, however we would like to see more engagement through co-production especially in those specialities where there are low response rates.

With respect to Safer Nursing levels we note the recruitment strategy that Trust has developed in order to increase nursing staff, which has been a concern shared with us around both the pressures and numbers of nurses on certain wards. We commend the efforts being made but recognise that there is still a lot to do. With respect to the overseas recruitment we can't emphasis too much importance of the induction programme particularly in certain specialities notably maternity and therefore would seek to support the Trust in gaining patient feedback in the coming year on the integration of these nurses within the Trust.

Concerning charts and graphs it would be useful that those seeking to demonstrate improvement some form of comparator should be shown whether against the previous year or some other benchmark.

HWS and HWW as stated in the response to last year's Quality Account would welcome the chance to give feedback at an earlier stage of the process of writing the Quality Account in future, as this may provide more opportunity for feedback to be incorporated.

Yours Sincerely

Jan Sensier
Healthwatch Staffordshire

Donald McIntosh
Healthwatch Wolverhampton

CITY OF
WOLVERHAMPTON
C O U N C I L

27 June 2016

Royal Wolverhampton NHS Trust Annual Quality Accounts

Our Health Scrutiny Panel met on the 23 June 2016 and discussed the Royal Wolverhampton NHS Trust (RWT) Quality Account report and felt that it was generally positive.

The Health Scrutiny Panel welcomed the production of quality accounts by the Trust and highlighted how Health Scrutiny work programme considered specific reports relating to priorities from the Royal Wolverhampton NHS Trust during 2015-16 as follows:

- The end of life strategy
- CQC RWT Inspection report
- Francis report progress of implementing actions
- RWT Accident and Emergency (A&E) site opening and progress
- Pressure and Tissue Viability

The overarching statements that we would make in respect to the report are as follows:

2016/17 priorities
The priorities reflect the key areas that were raised in the CQC report. There is a need to continue a focus on staffing and patient safety, which is reflected in the report. Staffing is often cited as a contributory factor within incidents and staffing levels in maternity and in the community midwifery services needs careful monitoring against a backdrop of increasing numbers and the additional workload of Walsall births.

Last year 2015/16 priorities
In respect of progress against priorities, on balance they appear to show improvement. There has been a good focus on infection prevention in the past 12 months, which contributes to quality and safety. However we have some concerns about staffing resource and capacity which is why we consider staffing to be an important priority for 2016/17.

Equality and diversity
A lot of work on equality and diversity appears to have been done this year so reasonably assured.

Patient experience
We are assured that this is being addressed and it is encouraging to see an emphasis on improved patient and public involvement for this year's priorities.

City of Wolverhampton Council
Insert Address and Postcode Here

w wolverhampton.gov.uk
@WolvesCouncil
WolverhamptonToday

Patient safety
There is clear commitment from the top to address patient safety, with Executive Directors providing strong leadership on Reviews of Serious Incidents, leadership of infection prevention across the Trust, and a real commitment to develop an evidence based approach to tackling emerging infections.

Hospital mortality
The Trust Mortality Review Group is led by the Medical Director and the Trust welcomes participation from partners, to ensure robust scrutiny and oversight of mortality.

The Health Scrutiny Panel welcomed nurse staffing levels as a priority and supported RWT by inviting evidence from other organisations such as The University of Wolverhampton to highlight the issue relating to training and levels of staffing. In relation to patient safety the Panel received evidence from the Head Nurse at RWT relating to tissue viability and pressure ulcers.

Chief Officers, the Chair and service lead officers from the hospital have actively participated and contributed to the Health scrutiny work programme by providing information and attending meetings to respond to emerging issues of public concern.

The panel welcomed the openness and reliability of information provided and noted that attending officers had been transparent about the challenges facing the service and have responded positively to comments from the panel.

The panel welcomed improved lines of communication between the two organisations and with other partner organisations around the Health Scrutiny meeting table, including Healthwatch, Clinical Commissioning Group (CCG) and Black Country Partnership Foundation Trust (BCPFT) colleagues.

The Panel indicated that the three priorities chosen this year seem appropriate and sensible and welcome the chance to scrutinise these matters. Health scrutiny panel will continue to foster an open and transparent working relationship with RWT for the future.

Yours sincerely,

Councillor Jasbir Jaspal

Chair of the Health Scrutiny Panel

w wolverhampton.gov.uk
@WolvesCouncil
WolverhamptonToday

City of Wolverhampton Council
Insert Address and Postcode Here

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.

English

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

Punjabi

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

Polish

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

Russian

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

Lithuanian

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

Kurdish

ئەگەر ئەم بەلگەنامەیە بە شێوازێکی دیکە دەخوازیت بۆ نموونە چاپی گەورەتر، زمانێکی دیکە هتد، تکایە یەکێك لە کارمەندانی سەرپەرشتی تەندروستی ئاگادار بکەرەوە.

Safe & Effective | Kind & Caring | Exceeding Expectation