Safe & Effective | Kind & Caring | Exceeding Expectation

Quality Account 2016-17

The Royal Wolverhampton NHS Trust

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.[1]

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

[1] *Quality Account (2009) Health Act*

Getting involved

We would like to hear your views on our Quality Account. If you are interested in commenting or seeing how you can get involved in providing input into the Trust's future quality improvement priorities, please contact:

Patient Experience Team

The Royal Wolverhampton NHS Trust

New Cross Hospital

Wednesfield Road

Wolverhampton

WV10 0QP

Email: rwh-tr.yourcomments@nhs.net

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

Statement on Quality from the Chief Executive

INTRODUCTION

Everyone working at RWT has a common goal: to make sure that patients are at the centre of all we do. We want patients to have access to top quality services when they need them; we want our staff to feel valued and supported at all times in a working environment that they can thrive and we want our local community and partner organisations to be confident in The Royal Wolverhampton NHS Trust as provider of excellent care and an employer of choice.

In the current financial climate, all public sector services are grappling with how to meet the increasing and multi complex needs of the population with the limitations of funding. We believe the best way is to secure sustainable, effective and high quality services through our new approach to care with our innovative model. This means significant change in how we deliver care and will take a period of transition in the forthcoming years.

Since June of last year, we have started to put some foundations in place on which our future care model will be based. We have engaged with local GP's, Commissioners and Local authority regards working better together at a local level. As this new model continues to grow and develop we will start to see the benefits of these changes for our communities.

Our greatest challenges over the past 12 months has been our ability to meet the national target of first assessment in our Emergency department within 4 hours, which can at times result in a poor patient experience and we are sorry that this has been the case on some occasions. Recruitment of Nursing and Medical staff has also been a challenge and we are yet to see whether there will be any impact on national issues such as bursary changes. We know our staff are working extremely hard when faced with these real pressures and recognise their dedication during these difficult times.

The Trust are committed to improving patients' experiences and outcomes and many of the initiatives are already now making a difference – our Teletracking 'Safe Hands System' has assisted in improved bed flow. Overseas and local recruitment campaigns have provided nurse staffing for a number of areas optimising staffing ratios.

Following our CQC appeal in November 2015, we finally received an outcome in October 2016, although the changes made to some ratings of services didn't change the overall Trust rating, we were pleased that our appeal had received due consideration.

The Trust's priority remains to ensure patient safety as its overarching principle and we continue to strengthen our learning from incidents, complaints and feedback with a focus on the following priorities:

Achieving safe nurse staffing levels across the Trust

Ensuring safer care by reducing the instances of harm caused

Improving the experience of patients who use our service

This report provides information on progress against the above quality priorities and key performance indicators for the past year and sets out quality improvement priorities and plans for 2017/18.

To the best of my knowledge, the information contained within this Quality account is accurate.

Signed:

David Loughton CBE

Chief Executive

Date: 26th June 2017

‘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 & 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


PALS


breast cancer care
YORK
PHYS ED

Looking back 2016/17

PRIORITIES

for Improvement

Safe Nurse Staffing Levels

We aim 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.

Safer Care

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) by making safe quality care a whole-system approach for every patient that accesses the Trust and its services.

Patient Experience

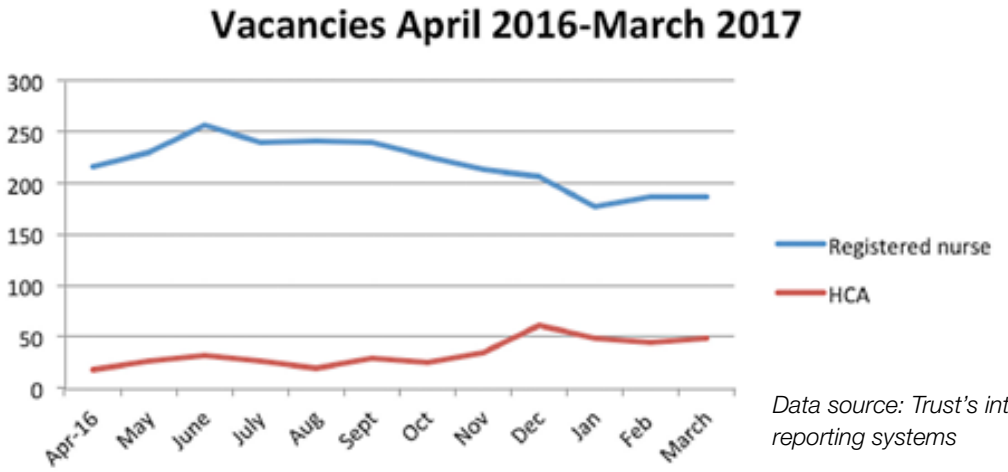
We are committed to providing high quality clinical care and aim to provide an excellent experience for patients, their relatives and carers.

Priority 1: Safe Nurse Staffing Levels

The organisation is committed to ensuring that the right staff are in the right place, at the right time.

The Royal Wolverhampton NHS Trust monitors staffing information on a daily basis by various means and is also supported by the innovative technology of Teletracking – 'Safe Hands'.

How have we performed against 2016/17 plans?



Data source: Trust's internal reporting systems

The recruitment and retention plans we put in to place last year have yielded a reduction and slowing, particularly of the registered nurse vacancies. At the time of this report 28 registered nurses from the Philippines have joined the nursing teams within the Trust during the year and there are a few more in the pipeline to join them. The Trust provided a range of pastoral support to enable the overseas recruits to adapt to their new surroundings.

These included:

- Provision of a identified buddy to assist with orientation to the area
- Support with accommodation, registering with health services and financial arrangements
- Each subsequent group received support and contact details of the previous group to aid community development

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

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

	Apr 2016	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan 2017	Feb	March
RN day	89.5	90.4	90.0	90.4	88.2	89.1	91.9	93.9	93.9	95.5	96.5	92.5
RN night	89.4	89.4	90.8	89.7	88.9	89.0	88.7	90.0	88.7	90.8	88.4	89.1
HCA day	115	113.6	110.2	113.8	107.7	107.0	103.6	105.9	105.8	108.8	110.5	110.1
HCA night	132.8	139.1	124.4	136.2	136.7	132.2	134.3	134.6	134.1	133.6	137.1	133.5

The average fill rate for registered nurses particularly on days has seen an improvement this year and we have achieved over 90% for the last 5 months of the year. The overfill rate for unregistered staff helps to offset the deficiency of registered nurses.

What else have we achieved?

The Trust launched its Nurse Recruitment and Retention strategy in early July 2016. Within this strategy we outlined how we would Enable, Attract and Retain. Within the Enabling we developed a micro website; open adverts for online applications; Saturday assessment centres; enhanced our use of social media to promote our services. Within the Attract section we reviewed flexible working patterns, established a career pathway, extended our learning and development opportunities and established a staff transfer/rotation programme. Within the Retain section we developed a managed progression route and expanded our mentorship programme.

Another strand which we have identified which we know makes 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 the introduction of a Trainee Nursing Associate (TNA) role into the ward teams. We were one of the first waves of 11 Trusts who are piloting the new TNA programme. Our first 19 TNAs commenced their training programme in January 2017 and are due to qualify January 2019.

The Nursing and Midwifery Council have confirmed the role will be regulated. This is an innovative approach and role within the workforce.

Care Certificate

The Care Certificate is a nationally recognised programme. At RWT any Health Care Assistant new to the Trust and healthcare commences this programme at the start of their employment. The course is 3 months and contains both theoretical and practice learning which are collated into a portfolio. During 16/17 over 108 have commenced the programme. This course is also open to current staff if they wish to apply.

Overseas recruitment – Attainment of NMC Pathway

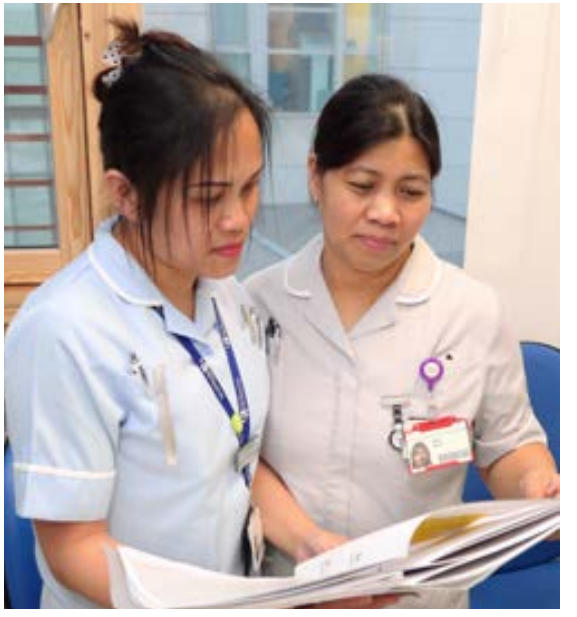
Nurse education staff provide an Objective Structured Clinical Examination (OSCE) boot camp to prepare overseas nurses for the NMC examination process at Northampton.

22 staff have completed OSCE boot camp and gained NMC registration

1 candidate completed a university program and gained NMC registration

Timeframe	NMC report 1st attempt pass rate	RWT 1st attempt pass rate	NMC report 2nd attempt pass rate	RWT 2nd attempt pass rate	NMC Combined 1st & 2nd	RWT Combined 1st & 2nd
Aug 16-Oct 16	42%	40%	69%	83%	61%	92%
Nov 16-Jan 17	51%	30%	70%	83%	60.5%	94%

Local passes for second attempts significantly exceed the national average.



Priority 2: Safer Care

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 2017 there is 1 investigation overdue. In the financial year April 2016 to March 2017 the Trust has reported 124 serious incidents and 263 reportable incidents through the serious and reportable incident system (STEIS), this does not include incidents that have since been agreed for removal.

Accumulated Totals (Acute and Community) Serious Incidents – April 2016 to March 2017	
Confidential Breach	41
C.Diff	9
Delay Diagnosis/Treatment	19
Drug Error	2
Failure to Act	2
Infection	8
MRSA	2
Missed Diagnosis	11
Referral Not Received	1
Radiology	1
Sub Optimal Care	2
Surgical	6
Treatment Given Without Consent	1
Unexpected Death	11
Unexpected Injury	3
VTE	3
Near Miss	2
Total	124

Reportable Incidents April 2016 to March 2017	
Pressure Injuries (grades 3 and 4)	208
Maternity	8
Slip/Trip/Fall (with harm)	47
Total	263

These figures are accurate at the time of writing the report and will not include any since de-escalation following investigation

Numbers and Themes of Never Events

There have been five Never Events reported in the financial year April 2016 to March 2017.

Date	Location	Category
May 2016	Obs & Gynae	Retained Foreign Object
September 2016	Radiology	Wrong Site Surgery
October 2016	Ophthalmology	Wrong Site Surgery
December 2016	Critical Care	Retained Swab
March 2017	T&O	Wrong prosthesis

Late 2016 saw the launch of National Safety Standards for Invasive Procedures (NatSSIPs), these were aimed at supporting Trusts to localize safety procedures to ensure they were specialty specific and thus enabling them greater purpose. The Trust embraced these standards and have worked with departments to develop local standard operating procedures aimed at embedding a safety culture across the organisation.

The Trust reports monthly on the national 'Safety Thermometer' tool, which captures point prevalence data regarding the four harms, which are:

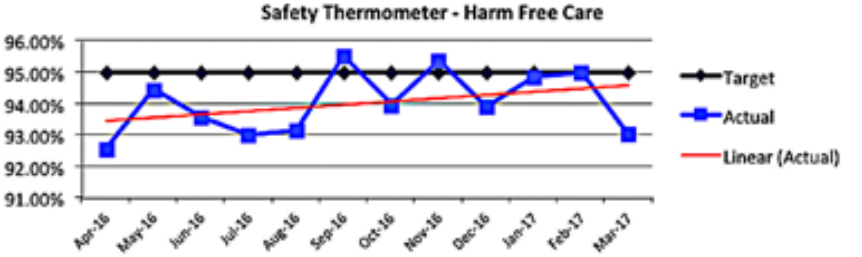
- Falls
- Urine infections in patients with a catheter
- Venous Thromboembolism
- Pressure injuries

It is captured on a given day each month.

During the financial year April 2016 to March 2017, 5 NE incidents have been reported, 4 incidents did not cause patient harm and 1 incident has identified to have caused moderate patient harm.

For the 4 investigations completed the following lessons have been learnt, please view a summary below:

- Training and Assessment has been refined to include scenarios where there is an increased likelihood of an error occurring i.e. change in operator/ transfer to theatre/emergency; PPH, baby needing resuscitation, collapse of mother, partner or visitor
- Production of a short update video to cover swab/tampon/needles/ Instruments which is available on the KITE site as an annual update for staff to access. This would also constitute mandatory training for all obstetric doctors, midwives, HCA's and support staff
- Consistent use of whiteboards and the theatre teams generally need to acknowledge their collective contribution to the process
- Improvements to consent process and staff reminded of the procedure to follow in the absence of a consent form on the day of a procedure.
- Routine marking the site and side of an interventional radiological procedures, particularly where this involves a limb
- Reminder of the importance of not solely accepting the patient's statement as to the side to be injected but check through the medical records, and where uncertainty exists call a halt to the list until full clarification has been obtained.
- Full utilisation of the WHO checklists
- Reminder that there must be silence and concentration of the whole theatre team during key events such as the WHO checklist and the final swab count
- A final count should be done for each wound closed
- Review and update of SOP for marking of eye to be injected
- Re-education of all theatre staff (including surgical)
- Formal feedback/ debrief to staff involved



Data source: NHS England

How have we performed against 2016/17 plans?

Falls

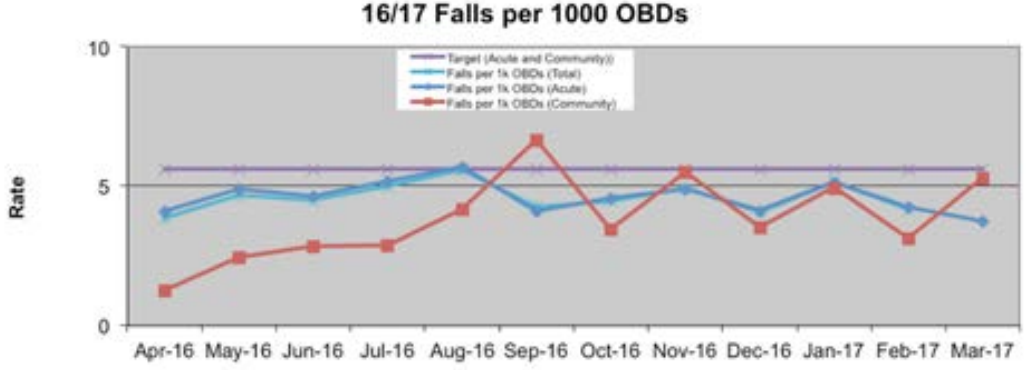
The Trust continues to see a decline in the number of falls per 1,000 occupied bed days (table 1), however this is beginning to plateau. The Trust has reviewed its falls policy in line with NICE recommendations and this was re-launched late 2016.

The new policy incorporated:

- Teach back
- Arms-length care
- Call before you fall posters
- Cohorting and nurse tagging of high falls risk patients

The Trust requested to take part in the National Falls collaborative led by National Health Service Improvement (NHSI), of which commenced January 2017, to further enhance work already underway, with the aim of further reducing the number of falls occurring.

The Trust continues to work closely with our commissioners and public health on this initiative, with attendance from both at our Falls prevention group and through accountability meetings, whereby our falls with serious harm are reviewed in detail to identify any further learning which may be identified.



The Trust has participated in the National Inpatient falls audit, and awaits the findings to identify any actions that may be indicated, this will further inform the work of the falls prevention group. To further drive down the number of falls, the Trust has started to capture data for falls without harm also with the aim of understanding themes for falls.

Table 1

(Trusts own data – actual falls per 1,000 occupied bed days)

Through the work of the collaborative, the Trust implemented a number of initiatives in 2 pilot areas (see tables 2 & 3) which have included:

- Multidisciplinary presence in the bays at all times to ensure patients are observed
- Fall 'grab bags' placed in toilets to minimise staff having to leave patients unattended
- Toilet signs - 'call before you fall' in situ
- Communication posters which raise awareness of achievements
- Medical assessment of patients in relation to falls' risk
- Staff training
- Teach back initiative – the patient demonstrates how to use the patient buzzer to the nurse

Table 2

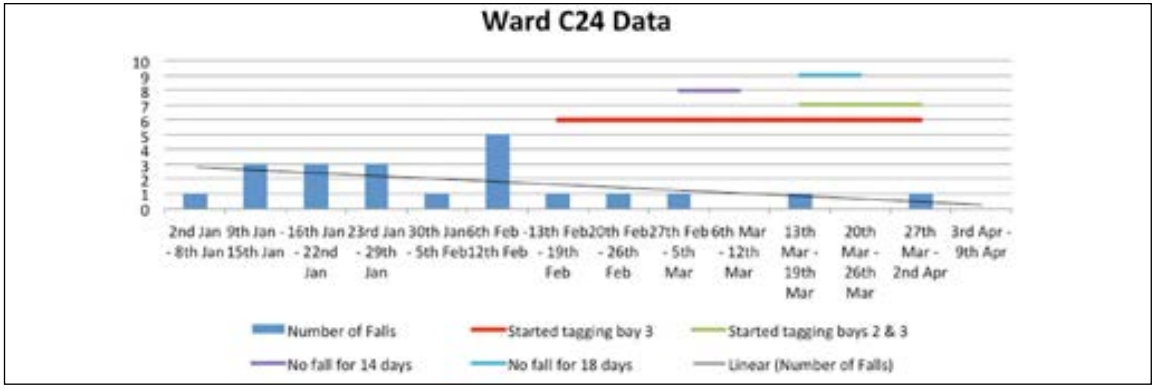
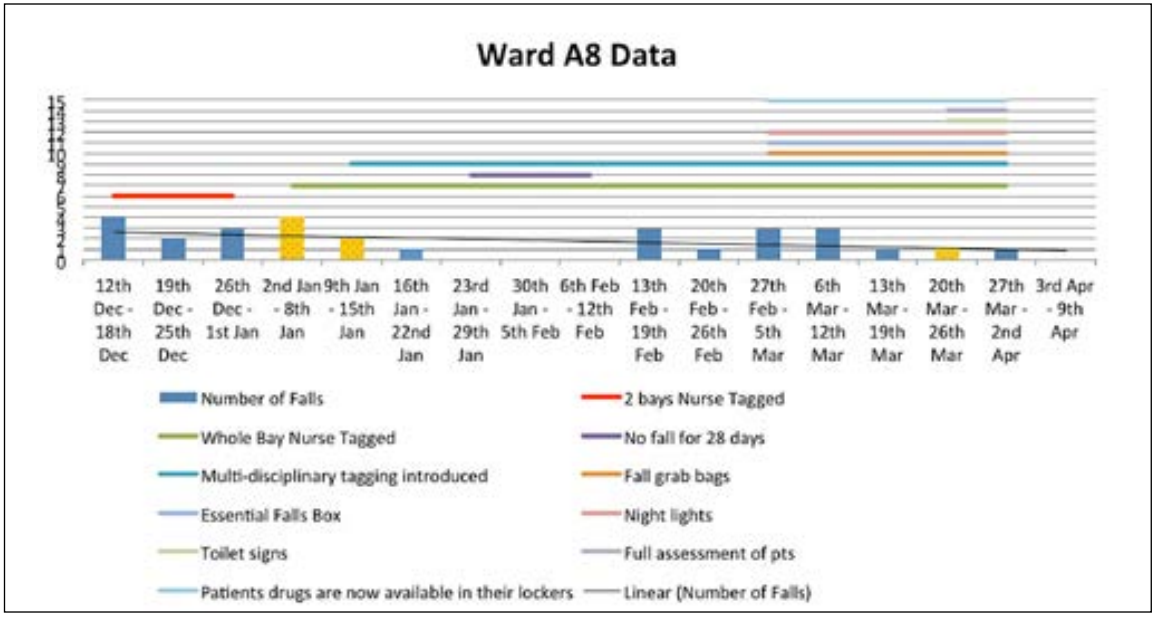


Table 3



Data sources: Trust's internal reporting systems

Preventing Infection

Infection Prevention remains a high priority for the Trust and this is echoed by Wolverhampton CCG and Wolverhampton City Council Public Health Service which is demonstrated by a continued collaborative working approach throughout 2016/17.

- The work of the Infection Prevention Team includes education, research and development, standard and policy setting, establishing assurance processes and, most importantly ensuring patient safety in the prevention of spread and acquisition of new infections across the city.

We have very proudly forged close links with care homes, very sheltered housing accommodations, local authority and independent contractors (including GP's and dentists) and we have been working on several projects within these settings to further build on the successes of previous Quality Improvement work undertaken for example:

- A prevalence project commenced in July 2015 to explore the prevalence of infections and antimicrobial use in Wolverhampton Nursing Home beds. The project group continues to meet between the quarterly data collection phases, of which there has been 9 to date. Year 2 of quarterly data collection phases have included a proportion of residential beds
- The Infection Prevention Team has continued the work across the health economy to reduce the MRSA carriage and support patients through the treatment for Clostridium difficile
- The project continues to support care homes through the Wolverhampton PREVENT Model, a triad of targeted MRSA screening, education training and auditing of key standards
- Assisted Wolverhampton care homes with the management of 26 outbreaks; with the aim of preventing admissions and reducing the impact on the acute Trust

Increased risk factors for healthcare acquired infections (HCAI) are acknowledged in the ageing population, alongside the changes in use of health services and the rising threat of highly resistant organisms and this is recognised as part of the strategy for preventing HCAI. 2016/17 has been a productive, yet challenging year, across Wolverhampton in relation to HCAI.

For new organisms such as Carbapenemase Producing Enterbacteriaceae (CPE), antimicrobial stewardship, design innovation regards infection prevention and ensuring clinical practice such as hand hygiene is optimized at all times, is key to the control for both new and familiar organisms alike.

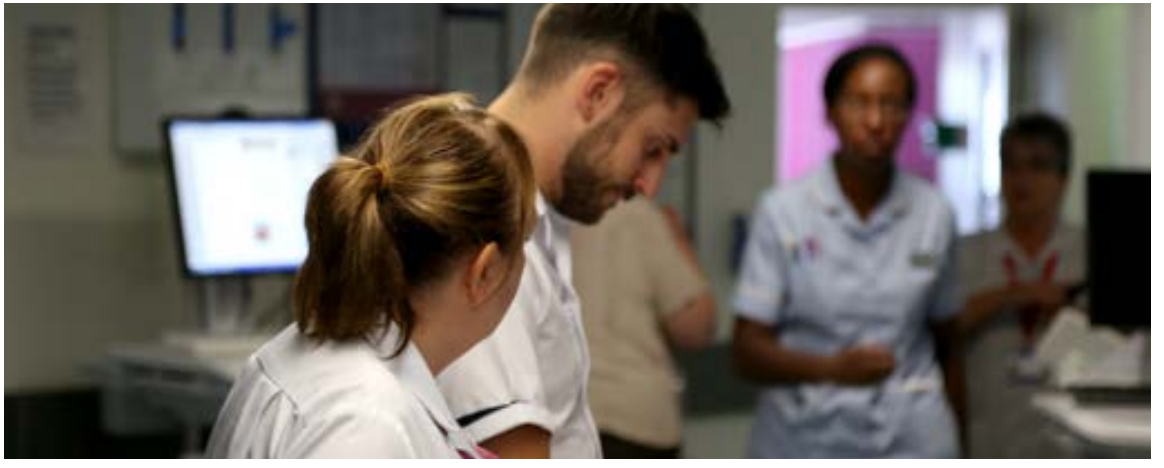
A care home infection prevalence project has been delivered during 16/17 with assurance data held on care home standards for Infection Prevention. GP's have been supported to further improve their environments and practice, again building on improvement that have been achieved over the last 10 years of collaborative working.

What we set out to achieve:
The Trust acknowledges the current challenges surrounding infection prevention. By working in partnership with colleagues across the health economy to deliver nine agreed strategic objectives, delivered through a health economy Infection Prevention 5 year Strategy. Strategic objectives focus on consistent high standards and innovation to sustain and further reduce avoidable infection in healthcare.

The strategic objectives underpin the health economy annual programme of work and the ambition for the year was to fully deliver this programme.

- The challenges with Clostridium difficile seen in Q1 and Q2 of 2016/17 were remedied by September, with monthly incidence reduced to just 1 or 2 cases per month. We ended the year just slightly over trajectory.
- An increased focus on standard precautions, to include splash and sharps awareness to support a reduction in associated incidents.
- Improved liaison with TB Services
- Implementation of the EU legislation surrounding safer sharps across the Organisation to further improve staff safety.
- Implementation of specific risk assessment and screening protocols to detect carriage of Carbapenemase Producing Enterbacteriaceae on admission.

- 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 was delivered in 2016/17 which allowed the team to expand to further cope with demand on the service.
- Surgical Site Infection (SSI) Surveillance data is shared with Consultant Surgeons via a monthly dashboard. MSSA screening and decolonisation for patients undergoing cardiac surgery was trialled during the year and the benefits to this will be evaluated and considered going forward.
- We have seen the lowest year on year record for device related bacteraemia in the Trust and continued communication of community acquired related device related bacteremia cases.
- Streamlining of catheter usage and care across the city using a standardised agreed formulary
- Continued support to care homes and very sheltered housing establishments across the Wolverhampton health economy, ensuring a seamless service across healthcare facilities throughout the city and reducing norovirus related hospital admissions to acute services.
- Introduction of an Infection Prevention Scrutiny process, which involves clinical areas presenting their investigations for each incidence of infection, to identify themes, risk, lessons learnt and to support with strengthening Governance processes in relation to HCAI.
- Partnership working with Walsall Healthcare Trust to develop electronic sharing of infection risks.



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.

Venous Thromboembolism (VTE)

2016/2017 saw a number of events to focus attention on ensuring patients are risk assessed correctly and to identify barriers to completing individual risk assessments.

- A process mapping event was held for Junior Doctors and allowed them to feedback directly to VTE group their experiences of completing risk assessments.
- An audit project undertaken by a junior Doctor in gynaecology allowed an opportunity to increase VTE risk assessment in that patient group and develop a model that can be used in other struggling areas and ensure changes are sustainable when Doctors rotate.
- Members of the VTE group spoke at a Junior Doctors teaching sessions and an educational day for pre op assessment nurses. Ensuring that patients receive the care indicated in their VTE risk assessment has always been a priority and monitored through the VTE prevention audit and learning outcomes from route cause analysis (RCA's).
- This year with the help of the governance department we have been able to disseminate all ward audit results monthly in full to ward managers, directorates and divisional teams by including VTE on the information governance report (IGR) and developed 4 key questions to be used as a key performance indicator.

Pressure injuries

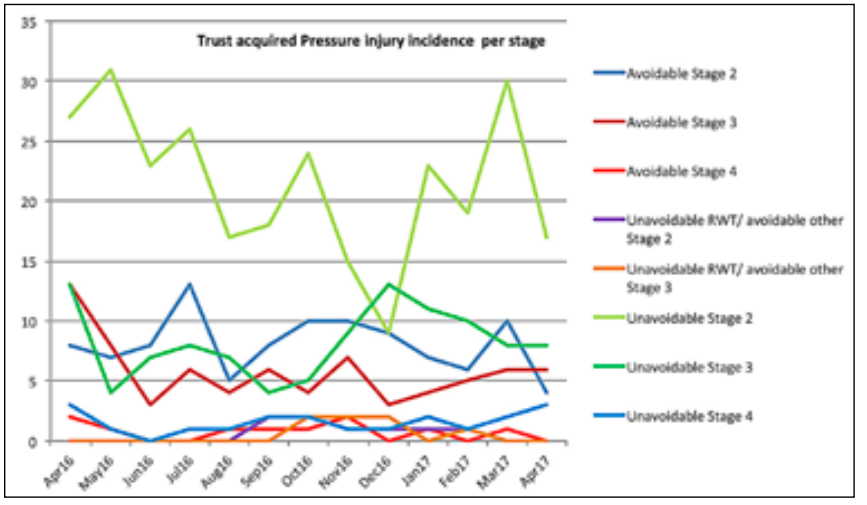
In July 2016 the Trust started to use the new term "pressure injuries" based on the recommended changes reported by National Pressure Ulcer Advisory Panel (NPUAP) 2016. Each grade is now termed as a stage, showing how a pressure injury can evolve, either due to systemic changes and or prolonged pressure. There has been positive feedback from staff, who continue to put in great effort to prevent avoidable pressure injuries on a daily basis. There has been a 16% reduction of total incidents and a reduction of 28% reduction across inpatient areas and community services of avoidable incidents.

Despite some incidents showing omissions in holistic assessment or repositioning on occasions, the reports have shown an impressive leadership approach to drive quality preventative measures. In the adult areas, new documentation has been launched to help record accurate interventions during the patients' journey.

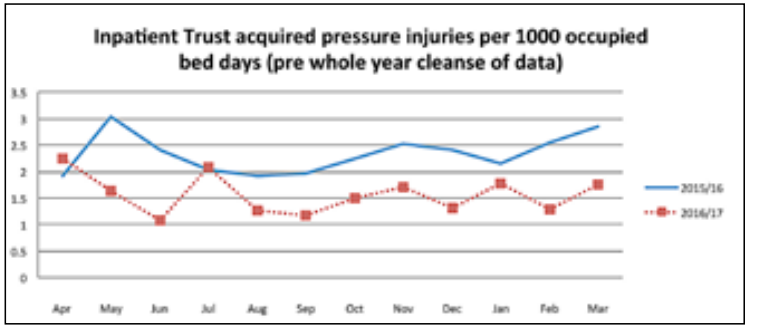
The Trust has a Tissue Viability strategy, which is a 3 year plan to improve prevention of all types of wounds and improved wound healing across the health economy, hospice and local authority. The pathways that have been developed and launched with training are:

- Exudate pathway
- Compression therapy pathway

These pathways have been launched across the Trust, Nursing homes and General Practices to ensure the patients journey is consistent.



Data sources: Trust's internal reporting systems



Sign up to Safety

As part of the Sign up to Safety initiative the Trust has committed to improving the safety culture and team effectiveness through a number of complimentary interventions which addressed human factors, staff and team communication, emotional intelligence and well-being. The Trust has already invested in related training for Human factors, Clinical Simulations, Emotional intelligence, Process Communication (PCM) and Leadership and the project funding is used to accelerate training interventions focusing on improving and enhancing communication in the 3 prioritised areas i.e. Maternity, Emergency Department (ED) and Orthopaedics (T&O).

A team optimisation model has been in development and will be a key intervention of the Sign up to Safety Project. The intended benefits of the project are expected to include improved patient experience and outcomes as a result of an enhanced safety culture and climate at team level, improved staff well-being and morale. For patients there is improved empathy in communication and skills to get the message across and an overall better team environment to receive care.

The Sign up to Safety campaign was launched by the Secretary of State for Health in June 2014. Its intention is to share best practice of project outcomes 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.

Between 2014 and the end of this financial year (2016/17) 918 staff in total have signed up for the Process Communication Training. This figure includes a total of 145 staff representing the Sign up to Safety 3 priority areas i.e. Maternity, ED and T&O.

PCM Intervention	2014	2015	2016	2017	Total
Total SU2S staff signed/trained @31.03.2017 (High risk areas Inc. Maternity/ED/T&O)	4	9	86	46	145
Total staff signed/trained across Trust (Non -high risk areas)	64	179	365	165	773
Total staff trained Trust wide	68	188	451	211	918

Initial diagnostic work covering the review of formal Complaints, PALS data, File closure reports, Quarterly CLIP Reports, Chat back results 2015, FFT data and NHSLA Scorecards has been completed and data packs produced for priority areas to share the key emerging themes.

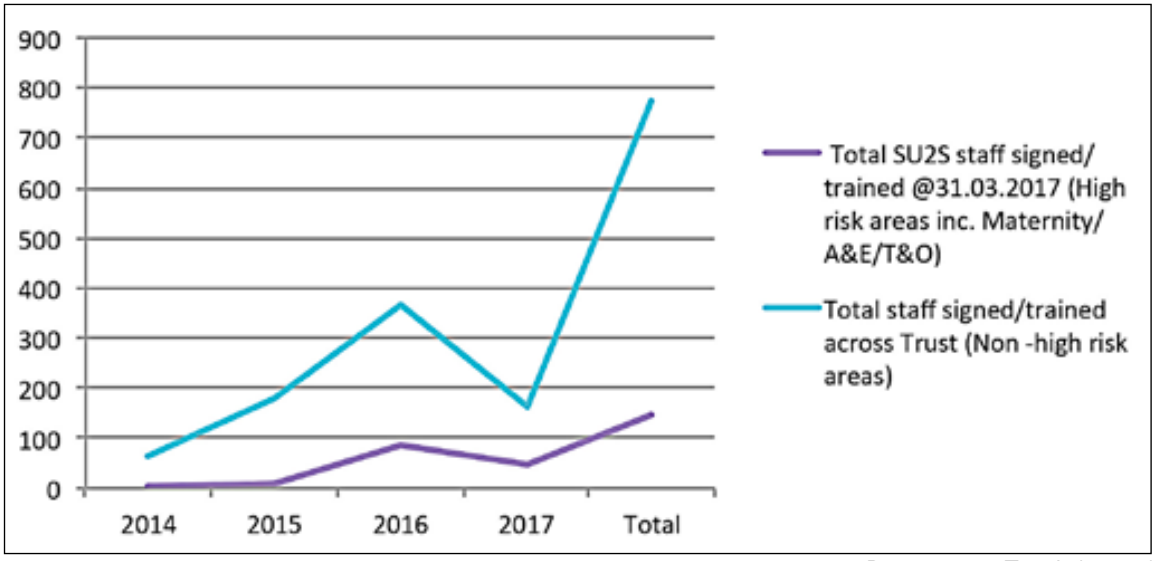
During 2016/17 staff engagement has continued with the three priority areas to communicate and share the Sign up to Safety plans to encourage support and participation.

Trust wide staff engagement events raising awareness and commitment to the Sign up to Safety Campaign aims of reducing avoidable harm and saving patients' lives by putting patients first, continually learning, being collaborative being honest and being supportive took place in October 2016, jointly with Maternity staff in December 2016 and Trust wide during March 2017.

The initial deep dive review of T&O clinical negligence claims data has been completed and shared with T&O for review, discussion and targeted action to improve the quality of care.

During 2016/17 the project team conducted the Sign up to Safety Team and Safety Climate Survey with each of the three priority areas and received 116 returns from Maternity, 117 staff returns from Orthopaedics and 59 completed surveys from ED.

The survey findings have been shared with each of the areas to review and take action to continually monitor and improve the team and safety culture within their areas.



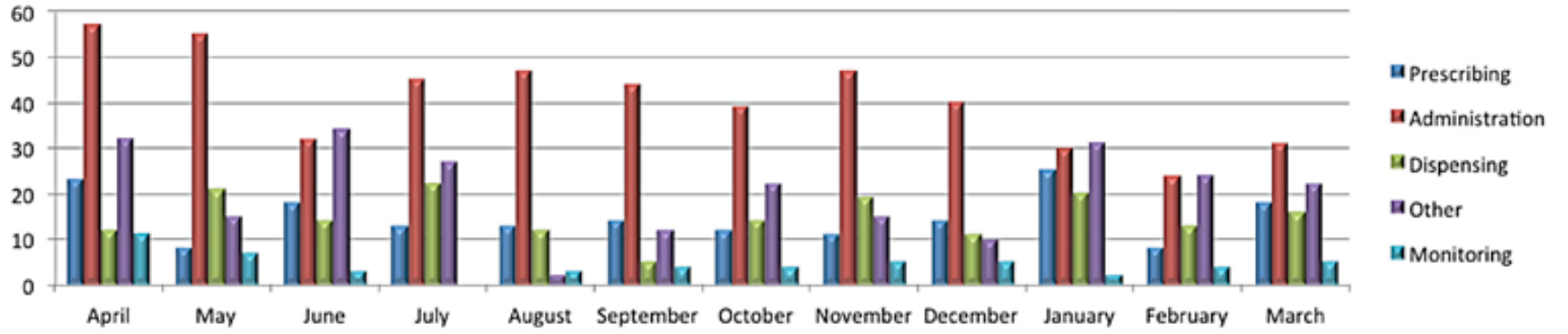
Data source: Trust's internal reporting systems

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 us to learn from them and further improve safety and outcomes for our patients.

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Medication Incidents Reported in line with Trust Policy (i.e. within 5 days)	137	108	94	107	78	79	91	97	80	108	73	92
Medication Incidents Reported/ Approved outside of Trust Policy	-	-	-	2	17	13	18	18	40	19	10	20
Level of Harm Caused	130	102	90	107	81	87	104	110	117	125	80	109
	5	5	4	2	8	3	5	3	3	2	2	3
	2	1	0	0	0	1	0	1	0	0	1	0
	0	0	0	0	0	0	0	1	0	0	0	0
Number of Admissions	13268	13940	13979	13561	13218	13365	13333	13741	13201	13690	12566	14187
Rate of Medication Error (%)	1.03	0.77	0.67	0.80	0.67	0.68	0.82	0.84	0.91	0.93	0.66	0.79

Data sources: National Reporting Learning Systems (NRLS)

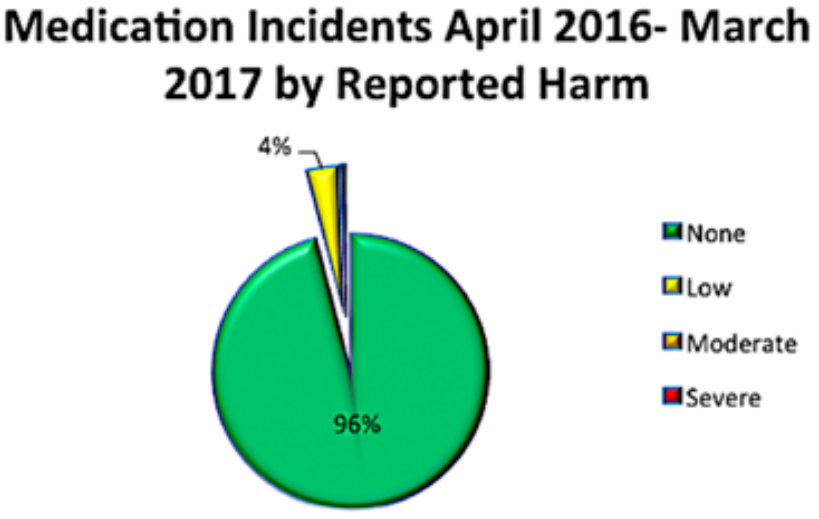


We have increased the number of technicians onto wards to undertake medicines' reconciliation when patients are admitted.

The pharmacist leading on antimicrobial resistance has led teaching sessions for a range of clinicians on improving antibiotic prescribing.

The Medication Safety Officer has established the Medicines' Safety Group to provide leadership and a multidisciplinary view on medicines' safety.

The hospital Pharmacy Team and the Primary Care Management Team are working together to exchange information about patients to improve medicines use in both primary and secondary care.



Data sources: National Reporting Learning Systems (NRLS)

Sepsis

As part of the Trust's overarching 'Sign up to Safety' plan, the Trust has committed to further improve how we diagnose and treat patients with serious infections (sepsis) at an earlier stage in their illness as a further priority. The Deteriorating Patient Group has focused on 'big data' and analytics to improve data visualisation, more reliably measure quality and outcomes, and to utilise this information for further improvement which include the following elements of work:

- Refining and drawing upon sources of data from the electronic patient observation system (VitalPAC) database, Early Warning Score (EWS) audit and interaction between the Resuscitation group and Mortality Review group
- Trust wide re-launch of sepsis awareness promoting Sepsis during National Sepsis Week
- Launch of community care bundles for the recognition of sepsis
- Continued Trust wide Sepsis study days with excellent attendance and feedback.
- Implementation of Sepsis awareness session provided within Nurse Induction and HCA training
- Currently reviewing the Trusts sepsis screening tool to incorporate new evidence based guidance.

Responding to Safety Alerts

The Trust is moving towards the Health Assure Central Alert System to better manage safety alerts.

Safety alerts continue to be monitored by external bodies and the Trust works to ensure compliance within the tight time-frames. Although at the time of writing there were no alerts outstanding, throughout the year 2016/17 two alerts were late in being responded to, 1 Medical Device Alert and 1 Estates Facilities Notice (EFN) both due to administrative oversight.

The Patient Safety Alerts (NHS/PSA's) fall into 3 categories:

Stage 1 = Warning

Stage 2 = Requires Resource

Stage 3 = Directive giving instruction on implementation of protocols

In the main the alerts require an action plan for implementation of the alert actions; the Trust is then required to monitor the action plans to completion. Action plans are monitored at the relevant local Governance meeting until it is agreed all actions are complete.

Health & Safety Steering Group also monitors the alerts and response times and this is reported to the Quality Standards Action Group.

2016/17 has been a busy year particularly for Estates Facilities alerts, however many of them are for information enabling a swift response.

The Trust continues to work towards full and prompt compliance.

12 months April to March 2016/17:

The table below provides the number /type of alerts received within the last financial year 2016/17, RWT responses and any overdue.

To Date received (financial year)	
MDA's	23
EFN's	76
NHS/PSA/	10
EFA	6
DH	0
SDA	0
Total	115

Year To Date Closed	
MDA's	23
EFN's	76
NHS/PSA/	7
EFA	6
DH	0
SDA	0
Total	112

Year To Date Open	
MDA's	0
EFN's	0
NHS/PSA/	3
EFA	0
DH	0
SDA	0
Total	3

Open (Year To Date & Previous years still open)	
MDA's	3
EFN's	0
NHS/PSA/	4
EFA	0
DH	0
SDA	0
Total	7

Overdue MDA alert	0

All NHS organisations receive safety alerts these come under several headings each described below:

MDA (medical device alerts)	These are about equipment or sundries used in patient care; if users have experienced problems whilst using the equipment /sundry and there is potential harm to patients they are bound to inform the MHRA (Medicine and Healthcare Products Agency) who will assess the risk and when relevant issue an MDA.
EFN (Estates Facilities Notice)	Issued to inform Trusts of problems highlighted following incidents relating to Plant and Equipment e.g. valves, light fittings etc. most are relating to the electrical systems
EFA (Estates Facilities Alert)	Normally to do with procedures undertaken relating to other Estates Facilities services/equipment.
NHS/PSA/W	Stage 1 – Typically issued in response to a new or under-recognised patient safety issue with the potential to cause death or severe harm. We aim to issue warning alerts as soon as possible after becoming aware of an issue and identifying that healthcare providers could take constructive action to reduce the risk of harm. Warning alerts ask healthcare providers to agree and coordinate an action plan, rather than to simply distribute the alert to frontline staff.
NHS/PSA/Re	Stage 2 – Typically issued in response to a patient safety issue that is already well-known, either because an earlier warning alert has been issued or because they address a widespread patient safety issue. Resource alerts are used to ensure healthcare providers are aware of any substantial new resources that will help to improve patient safety, and ask healthcare providers to plan implementation in a way that ensures sustainable improvement. Highlighted resources will usually have been developed by national bodies, professional organisations or networks.
NHS/PSA/D	Stage 3 - Typically issued because a specific, defined action to reduce harm has been developed and tested to the point where it can be universally adopted, or when an improvement to patient safety relies on standardisation (all healthcare providers changing practice or equipment to be consistent with each other) by a set date.
FSN (Field Safety Notice)	Issued by suppliers/manufacturers to inform users of issues identified with their products.
SDA (Supply Disruption Alert)	Issued to inform organisations of major disruption to supply of equipment/sundries.

All alerts issued except the FSN's come via the CAS (Central Alert System) which is monitored by external bodies (Department of Health) and it can be viewed by the public, it is therefore in our best interest to ensure we respond to them within the timeframes set.

MDA's can affect several departments and will be directed to the relevant areas for action, responses collated to enable a suitable response onto the CAS system.

EFN's tend to be specific to electrical and are therefore responded to by the Electrical Manager.

NHS/PSA's are more specialised, a lead will be appointed to co-ordinate an action plan and suitable response to ensure we comply with the actions within the relevant time period.

Alert responses are reported and monitored through HSSG (Health and Safety Steering Group) and via Divisional reporting.

Priority 3: Patient Experience

The Trust measures patient experience via feedback in a variety of ways. This includes local and national surveys, 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 need.

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. The Trusts visions and values should be evident in everything we do, towards each other as colleagues/employees and to the patients and public we serve.

How have we performed in 2016/17?

This year, as was the previous year, has been a period of transformation for patient experience at the Trust. This is on-going into 2017/18.

Following last year's full review of the Trust's policies and strategies in relation to patient experience, this year has primarily focused on ensuring that those policies and strategies have been embedded into everything the Trust does to improve the patient experience.

This has included:

- An external full complaints audit
- Internal quarterly complaints compliancy audit
- A full analysis of the complaints that breach
- Setting up of an Equality, Diversity and Inclusion Group
- Focus on the gathering of patient stories used as a learning tool
- Increased level of engagement with our stakeholders including quarterly meetings between CCG, Healthwatch, RWT and the Black Country Partnership Foundation Trust
- Support and promote a series of engagement workshops with stakeholders
- Publication of the Trust's Equality, Diversity and Inclusion report.[2]

The Patient Experience Team continues to provide supportive and informative measures to assist the Directorates. This includes the design and implementation of the Divisional dashboards, which also includes information in relation to a variety of patient feedback metrics including complaints and the Friends and Family Test. The information provided on the dashboards will help to identify and triangulate key themes.

[2] *http://www.royalwolverhampton.nhs.uk/patients-and-visitors/patient-experience-team/equality-diversity-and-inclusion/equalities-information/*

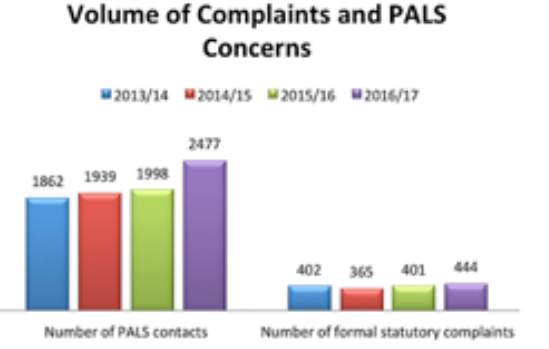
Complaints' Management

Formal complaints are managed in accordance with the relevant statutory regulations[3]. With the amendments made to the Complaints' Management Policy in March 2016, and following bespoke training, we have seen a dramatic improvement in the timeliness of complaint handling and informing the complainants of the progress of their complaint.

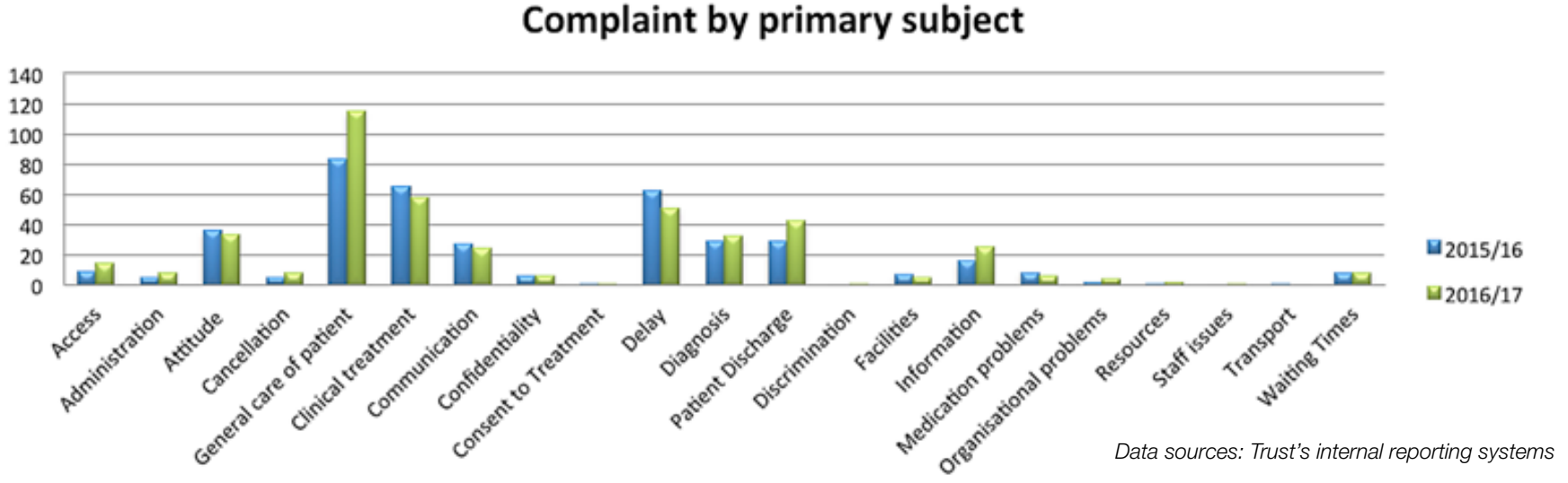
Prior to the amendments to the policy in March 2016, statistics show that in Q4 2015/16 that overall 67% of complaints were closed either within the organisational time-frame of 25 working days or were given consent to breach due to extenuating circumstances or complexity. This has now increased to 92% (as at Q4 2016/17) and measured on the amended time-scale of 30 working days.

In terms of volume, 2016/17 has seen an 11% increase in comparison to the previous year for formal complaints made through the statutory process, and 24% increase in the volume of PALS concerns raised.

3. *http://www.legislation.gov.uk/uksi/2009/309/pdfs/uksi_20090309_en.pdf*



Data source: Trust's internal reporting systems

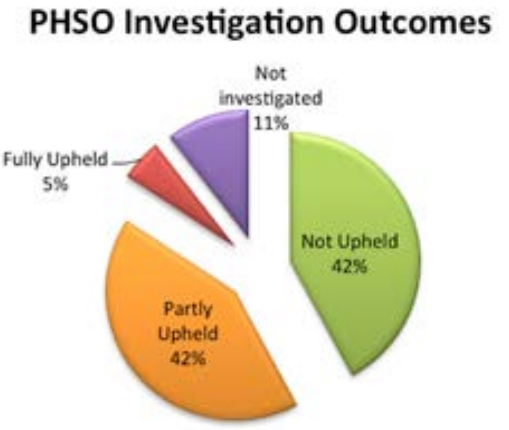


Data sources: Trust's internal reporting systems

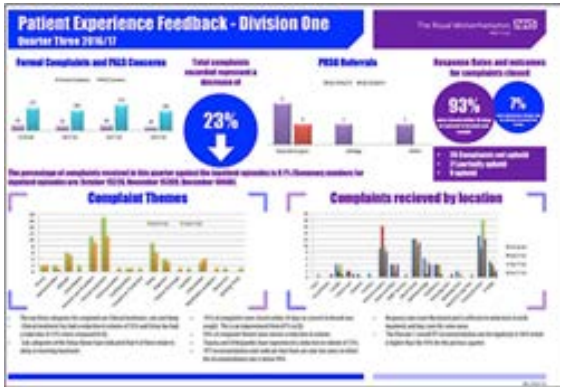
During 2016/17, 18 complainants referred their complaints to the Parliamentary Health Service Ombudsman (PHSO) for their consideration. This represents 4% of the total of complaints received. Pleasingly this is an indication of the thoroughness of the response letters provided and of the remedial work undertaken by directorates to bring complaints to a satisfactory resolution.

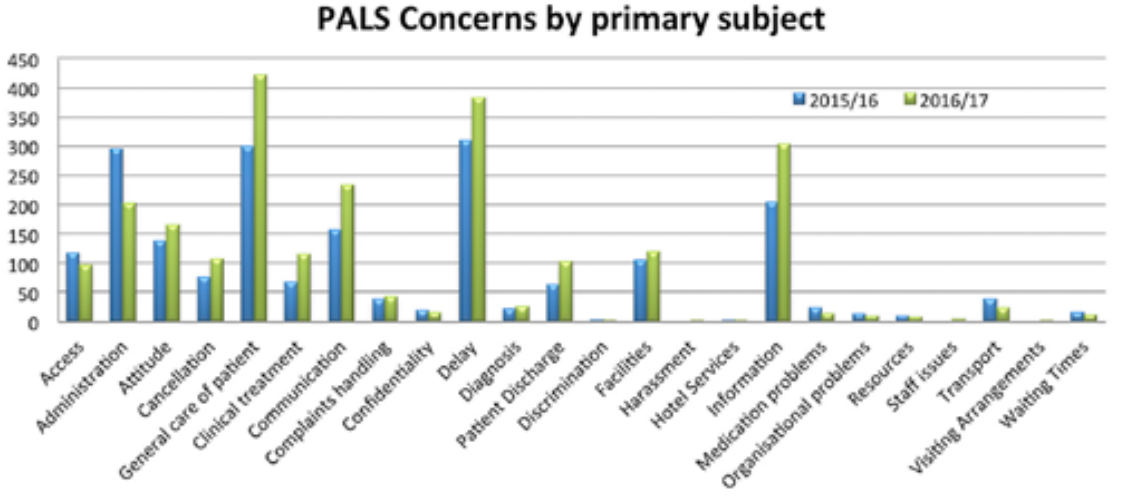
The volume of complaints received for the year (444) represent 0.02% of the total volume of admissions, emergency activity, outpatient attendances and community contacts for the year of 2,058,106.

The PHSO took the decision not to investigate two of the eighteen cases as it would not achieve the remedy the complainant was seeking.



Examples of internal dashboards:





Data sources: Trust's internal reporting systems

The Friends and Family Test (FFT)

As the FFT has activity formed the basis of the commissioning for quality and innovation national goals (CQUIN) for this year, work has focused on ensuring that the test is inclusive and provides information to ensure an improved patient experience. Key principles given by NHS England on making the test inclusive have been adopted[4].

Improvements have included:

- A comprehensive review and analysis of 2015/16 scores and additional patient feedback provided on the FFT.
- Ensuring FFT inclusivity across ED, Inpatient, Outpatient, Day Case, Community Services and Maternity. This includes implementation for Children and Young People, Learning Disabilities, Dementia, Deaf, Blind or visually impaired and people with little or no English.
- Hand held devices used to capture FFT responses in real time on wards.
- Monthly metrics are analysed and the lowest five performing areas for response and recommendation rate are targeted with direct work for improvement.

[4] *https://www.england.nhs.uk/ourwork/pe/fft/fft-inclusive/*

Patient and Public Engagement

Patient and public engagement (or involvement) is a continual process of working with patients, carers and other stakeholders (including relatives and advocates) to design, shape and develop services to improve services for its patients and their representatives. The Trust has a rolling 3 year strategy for Patient and Public Engagement which identifies the benefits of local engagement, and provides us with a framework to achieve our objectives.

Initiatives for the year have included:

- Bi - monthly Patient Experience Forum, which is open to patients and public members to seek their views on our services, and help us shape future developments.
- The creation of an Equality and Diversity Steering Group, run with significant input from the Patient Experience Team. This group considers matters important in the Trust from an Equality Diversity and Inclusion perspective, in which we encourage participation from local stakeholders, to ensure voices of marginalised groups are listened to and understood in our service delivery and policies.
- Representatives from the Trust, including from the Patient Experience Department attends regular meetings with the Vertical Engagement Patient Participation Group to extend our engagement with GP surgery patients.
- The Patient Experience Team have been pro-active in attending local events to publicise the work of the Patient Experience service and seek local views on the way Trust delivers care.
- We encourage patients and carers to share their 'Patient Stories' with us by recording their experience of care and allowing us to share these recordings at Trust Board and Senior Management Forums, as both a staff learning tool, and opportunity for patients to express how it feels to receive care from RWT.

Volunteering

The last year has again been a busy year for Volunteer Services and has provided many new developments and opportunities in extending the support we offer to patients and staff. Across RWT, volunteers help hospital cafés, run hospital radio, fund raise, help visitors find their way, provide information and emotional support, run a mobility scooter service, help patients at meal times, support patients who have dementia and their carers, and the list goes on.

In addition to their regular roles volunteers also help out in emergencies and on short term projects such as assistance with ward cleanliness audits. Volunteers are located across all our sites including New Cross, Cannock, West Park, and other community buildings.

In the last year new roles we have placed volunteers into include:

- Further expanding 'Play Assistant' volunteers on the Children's ward, Paediatric Assessment Unit and Children's Outpatients
- At Cannock Chase Hospital- placing volunteers within Cancer services, Outpatients, and Rheumatology
- Pathology at New Cross Hospital- placing 'Meet and Greet' volunteers at the building entrance to act as a visitor guide
- At West Park Hospital- developing ward based Patient Activity volunteers who provide a range of activities from a games group to gentle art and reminiscence activities

We currently have 450 active volunteers with up to a further 75 on a waiting list. In the last 12 months combined volunteer hours across the Trust was approximately 129,600 hours. The Trust is very thankful for all the help the volunteers give, we do hope that they help us give that 'little bit extra' in the services we offer to our patients and hospital visitors.

In November 2016 a joint event was held between volunteer services and the Trust Charity. The two services are linked quite closely due to the Trust Charity funding volunteer activity, for example, volunteer travel expenses and support with our volunteer's patient buggy service at New Cross.

Both Volunteering and The Trust Charity celebrated milestones in 2016- 20 years of the Trust Charity being in existence, and 10 years of Volunteer Awards ceremonies being held in the Trust.

The joint event was held at the Molineux Stadium, Wolverhampton, in the presence of the Mayor of Wolverhampton, Councillor Barry Findlay, and Executives of RWT.

148 Volunteers attended the event which provided thank you speeches, lunch, and an awards presentation, and 10 lucky individual volunteers/ volunteer teams were selected to receive awards on the day.

Equality, Diversity and Inclusion

The Trust has a genuine commitment to equality, diversity and inclusion. We understand that our diverse workforce is our greatest asset, so we strive to create working environments in which people are valued, able to reach their full potential and flourish, this in turn will help us deliver high quality accessible services that are truly inclusive.

Services that treat people fairly, with respect, care, dignity, compassion and that are flexible, should improve the overall patient experience and health outcomes of the diverse population that we serve. Everyone should feel confident when accessing our services or joining our workforce that we are committed to eliminating discrimination, bullying, harassment, victimisation and that we promote equality, diversity, inclusion and fairness.

Previously in the Quality Accounts the Trust has included progress on actions contained within its Equality Objectives, however, a range of equality information is available within various reports which are published on the Trust's website (Equality, Diversity and Inclusion page). The Trust is moving towards a 'one stop shop' showing its equality information in one place, to make access, comparisons and analysis easier.

The Annual Equality, Diversity and Inclusion Report (http://www.royalwolverhampton.nhs.uk/patients-and-visitors/patient-experience-team/equality-diversity-and-inclusion/equalities-information/) contains a plethora of information which has been broken down into protected characteristics (as per the Equality Act 2010) as far as possible, including information such as; workforce, access to services and complaints data. A range of actions have been pulled from this report and will form part of the Trust's Equality Objectives. The report also contains summary information on the:-

- Workforce Race Equality Standard.
- Inclusivity of the national Friends and Family Test.
- Service user engagement activities.
- Accessible Information Standard.
- Equality Delivery system.
- Equality Objectives.
- Interpreting and translation services.
- Meeting religious and cultural needs of service users.
- Equality analysis.
- Learning disability.

The Trust realises it has some challenges ahead on its journey towards inclusion, but is totally committed to making a difference to our workforce and to the people we serve.

Equality is not just about our legal obligations, we have moral and social responsibilities, treating people fairly is the right thing to do

PLACE Inspections

Patient Led Assessments of the Care Environment (PLACE) offer a non-technical view of buildings and non-clinical services. It is based on a visual assessment by patient assessors.

The assessment falls into 5 broad categories:

- Cleanliness
- Condition, appearance, maintenance
- Food
- Privacy, dignity and well-being
- Dementia
- Disability

The details for the inspection process were as follows;

In addition all sites had an external and internal inspection of general areas. The inspection process was led by the patient assessors supported by a staff member acting as scribe. Each team comprised of 50% patient assessors as a minimum.

The patient assessors 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 submitted.

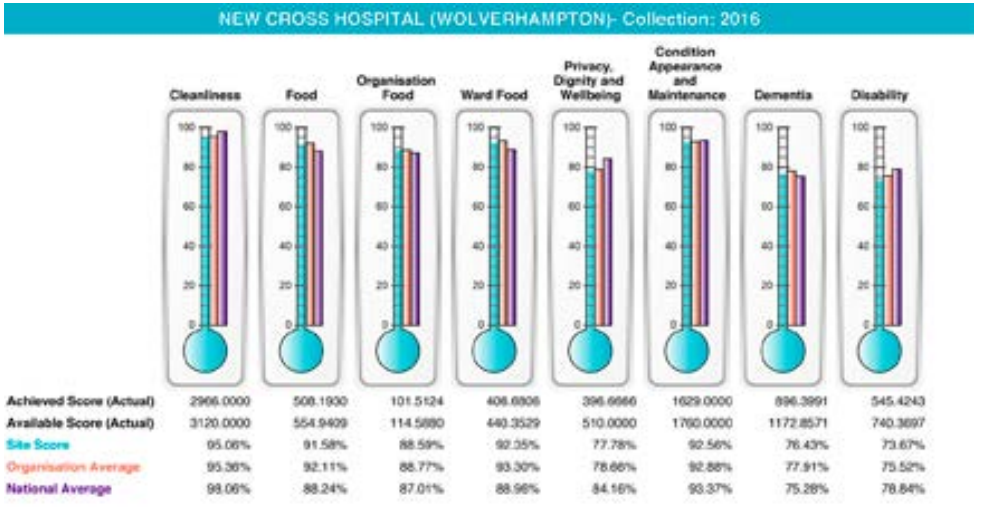
The inspection process was not a technical audit; this is the patient's perception of the environment based on the training given to them.

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

	Date	No of Patients Assessors	No of Staff	No of Wards inspected	No of Outpatients inspected	No of food tastings
New Cross	7.4.16	15	8	10	10	5
West Park	2.3.16	6	3	4	2	3
CCH	12.4.16	7	4	2	6	1

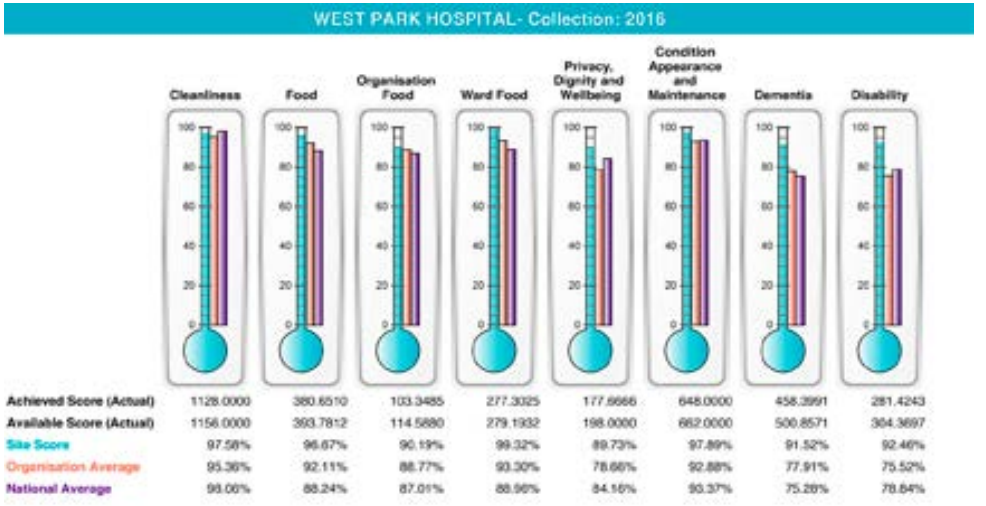
For the following three tables the site scores are shown in blue; National average is in purple and organisational average in red.

Results - New Cross

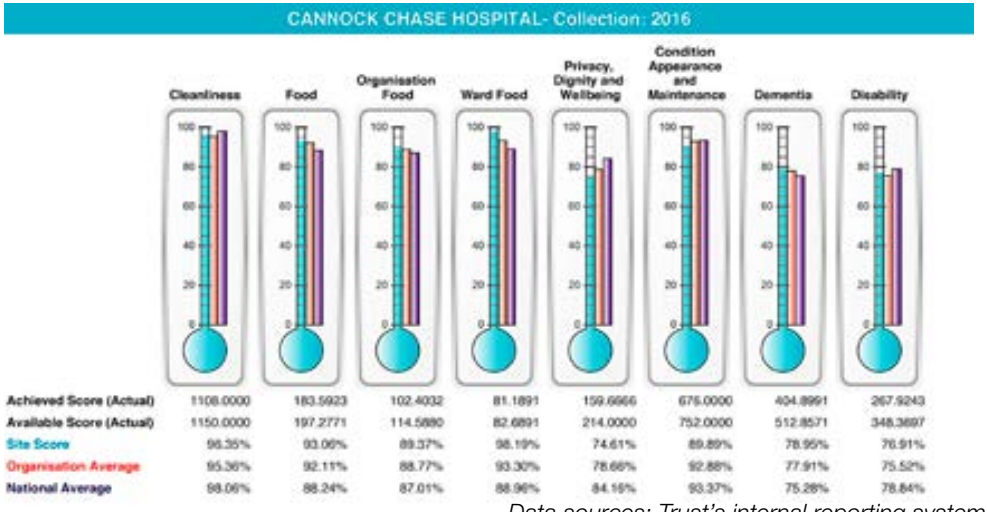


Data sources: Trust's internal reporting systems

Results - West Park



Results - Cannock Chase Hospital



Data sources: Trust's internal reporting systems

Of the 24 assessment scores carried out across all three hospital sites, 15 (62%) achieved above the national average score.

On the New Cross Hospital site Dementia, and Condition Appearance and Maintenance, have seen a marked increase from the previous year. This is a clear reflection of the Estates work that has been undertaken over the last year.

The Trust average score for Cleanliness was 95.36% against the national average of 98.06%, which was a disappointing result. However having reviewed the cleanliness scores nationally, 23%(299) of all organisations assessed (1291), returned a cleanliness score of 100%, which will of significantly impacted on the average score.

All three of the food assessments across all sites achieved above the national average.

West Park Hospital has achieved above the national average in 7 or their 8 areas of assessment.

Vertical Integration

In 2016 the Trust commenced the journey of Vertical Integration, as of 1 April 2017, five GP Practices are now part of the Trust which will see the Trust directly responsible for the delivery of care.
The vertical integration (VI) Programme offers a unique opportunity to redesign services from initial patient contact through on-going management and end of life care.

As a single organisation the issues of scope of responsibility, funding, differing objectives and drivers will be removed and clinicians are in a position to design effective, high quality clinical pathways which will improve appropriate access and positively impact on patient outcomes.

There have been a number of key challenges to date that have been identified across the VI practices as single entities. Whilst they remain challenging as we have integrated we have been able to develop and implement de fragmented processes and procedures and develop plans for the future to be able to provide the best care possible for our patients.

Continuous Quality Improvement 2016/17

Use of the CQUIN payment framework
A proportion of the Trust's income is conditional on achieving quality improvement and innovation goals through the CQUIN Payment Framework.

CQUINs enable the organisation to look at the quality of the services delivered, ensuring that we continuously improve and drive transformational change with the creation of new, improved patterns of care. These will impact on reducing inequalities in access to services, improve the experiences of the patients using them and the outcomes achieved. CQUIN initiatives are owned by identified service leads who develop SMART action plans to ensure the required changes are delivered.

CQUINs are agreed during the contract negotiation rounds with input from Clinical leads and the Deputy Chief Nurse. Any areas of clarification or concern are highlighted to Commissioners during this negotiation period to ensure the CQUIN requirements are relevant and achievable to the organisation.

The CQUINs agreed for 2016/17 are detailed below:

Commissioner	CQUIN Title	Purpose of CQUIN	Achievement
CCG	Introduction of health and well-being initiatives (option B)	The introduction of health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with MSK issues.	100%
CCG	healthy food for NHS Staff, visitors and patients	Providers will be expected achieve a step-change in the health of the food offered on their premises in 2016/17	100%
CCG	Improving uptake of Flu Vaccinations for Front line clinical staff	Achieving an uptake of flu vaccinations by frontline clinical staff of 75%	50%
CCG	Timely identification and treatment for sepsis in ED & Timely identification and treatment for sepsis in acute settings	Timely identification of patients who present with severe sepsis, Red Flag Sepsis or septic shock and were administered intravenous antibiotics within the appropriate time-frame and had an empiric review within three days of the prescribing of antibiotics.	End of year outcome awaited
CCG	Reduction in Antibiotic Consumption	1% reduction in antibiotic consumption.	End of year outcome awaited
CCG	Empiric review of antibiotic prescriptions	Review of antibiotic prescriptions within 72 hours for inpatients.	100%
CCG	Cancer Survivorship A	Improving the Experience of Cancer Survivorship - patients with a treatment summary record at the at the end of the first definitive treatment.	100%
CCG	Cancer Survivorship B	Embedding of Health and Wellbeing event/sessions into cancer pathway for cancer patients	100%
CCG	Friends & Family Test	Improvement in Friends & Family Test scores across all areas where the % of patients who would/would not recommend the service is worse than that of regional average Ensuring that the Friends & Family Test is inclusive across all areas of care - A&E, Inpatients, Outpatients, Community Services, Daycase and Maternity	End of year outcome awaited
CCG	Frail Older People	To deliver seamless care for Frail Older People with an increased focus on targeted prevention, supporting people to remain independent and prevent social isolation.	End of year outcome awaited
CCG	Paediatric Asthma	Reduction/Prevention of A&E admissions for Paediatric Asthma	100%

CCG	Blueteq	To support the further development of systems and processes in relation to the Wolverhampton CCG Procedures of Low Clinical Value Policy and embedding of the Blueteq software solution.	100%
Specialised Services	EGFR Monitoring	Early identification and notification of declining kidney function via eGFR monitoring	End of year outcome awaited
Specialised Services	Term Admissions to NICU	Reduce separation of mothers and babies and reduce demand on neonatal services by improving learning from avoidable term admissions (≥37wk gestation) into neonatal units.	End of year outcome awaited
Specialised Services	Systemic Anti-Cancer Therapy dose banding	A national incentive to standardise the doses of Systemic Anti-Cancer Therapy (SACT) in all units across England in order to increase safety, to increase efficiency and to support the parity of care across all NHS providers of SACT in England.	End of year outcome awaited
Specialised Services	Improving Haemoglobinopathy Pathways through ODNs.	To improve appropriate and cost-effective access to appropriate treatment for haemoglobinopathy patients by developing Operational Delivery Networks (ODN) and ensuring compliance with ODN guidance through MDT review of individual patients' notes.	End of year outcome awaited
Specialised Services	Reducing Non-elective Cardiac Surgery Waiting	The scheme aims to ensure that patients referred for coronary artery bypass grafting (CABG), semi urgently, have CABG as an inpatient (with or without transfer) within five days of an angiogram (wherever that takes place) or within five days of transfer to a non-elective pathway (whichever is the later).	End of year outcome awaited
NHSE Public Health	Secondary Car Clinical Attachment in Oral Surgery	Support decrease of inappropriate referrals to secondary care providers of oral surgery services.	End of year outcome awaited
NHSE Public Health	Bowel Cancer Screening	Improving access and uptake through patient and public engagement	End of year outcome awaited
NHSE Public Health	Bowel Scope	Improving access and uptake through patient and public engagement.	End of year outcome awaited

Progress of the CQUIN programme is monitored via the Contracting and Commissioning Forum chaired by the Director of Strategic Planning and Performance. Any areas of concern or risk are discussed at this forum and actions identified for mitigating or escalating the risks.

Financial progress is also monitored via the Finance and Performance Committee.

Each of the Service Leads is required to submit a quarterly report via the Contracts Team providing relevant data and any additional evidence which provides assurance that the goals outlined within the CQUIN have been achieved.

These reports are collated and submitted to each of the three Commissioning bodies. These reports are scrutinised and where needed additional clarification is requested from the Trust before the Commissioners provide feedback as to levels of achievement.

Looking forward 2017/18

PRIORITIES

for Improvement

Safe Nurse Staffing Levels

We aim 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.

Safer Care

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) by making safe quality care a whole-system approach for every patient that accesses the Trust and its services.

Patient Experience

We are committed to providing high quality clinical care and aim to provide an excellent experience for patients, their relatives and carers.

Priority 1 – Safe Nurse Staffing

Nationally there is a shortage of nurses and applications to nurse training are not going up. With the withdrawal of the Nursing bursary from September 2017 it is essential the Trust works in partnership with Higher Educational Establishments to recruit the right students with the right attitude and retain students on the training programme by providing high quality placements. Employ students upon completion of the course demonstrating commitment to 'home grown' and invest and offer educational opportunities with career progression to retain the skills within the Trust, to provide safe and effective care to patients.

Ensuring the pipeline of students from all professions is essential for the future workforce, however it is essential to focus on maximising our workforce. The Trust needs to be flexible and innovative to enable staff to have work life balance, a focus on wellness and manage the impact of having four different generations, with different expectations and needs, working side by side within a work force[5].

With considerations given to the above the Nurse Recruitment and Retention Strategy (2017-2020) embraces the concepts of 'Enable', 'Attract' and 'Retain'. Below is a snap shot overview of actions:-

Enabling staff

- Design Career Pathways
- Review of skill mix and future roles
- Design an outreach programme for school college and university leavers to take the step into health care / nursing profession.
- Review opportunities for sponsorship and scholarship into the profession for the local area
- Align with the apprentice strategy
- Work with Higher Educational establishments to design higher level apprenticeships within the nursing career path
- Review and invest in the graduate curriculum to support roles for the future.

Attract staff

- 'The Grass is Greener'- demonstrating the opportunities, benefits and investment in staff provided by the Trust.
- 'The Sky is the limit' – investing in education and career paths within the Trust
- 'The Future is Rosy' - promoting a positive working and learning environment, for all, where care is delivered safe and effectively, demonstrating a kind and caring attitude which enables a culture of support, personal growth and promotes care delivery which exceeds expectations.
- Engage with national incentives i.e. Return to Practice.
- Bespoke education and training
- Streamline recruitment processes and internal transfers
- National and International campaign.

Retain

- Internal work force investment
- Review leadership and team work, provide a frame work to support excellence and recognise effective team.
- Analyse workforce data and anticipate projections for retirement
- Offer coaching mentoring and support / clinical supervision
- Focus on workplace well-being
- Review exit interviews
- Review structures of working weeks and flexibility
- Review employee benefits and well-being offers

Although the above are not exhaustive, the Trust, with partners, are committed to ensuring safe staffing levels which, through education, training and new role development, deliver effective care. Promoting a culture of well-being, work life balance and recruiting staff with the right attitudes and behaviours, will enable the Trust to provide services which demonstrate a kind and caring environment, where patients experience and expectations are be exceeded.

[5]*Jones, A. Warren, A. Davies, A (2015) Mind the Gap - Exploring the needs of early career nurses and midwives in the workplace. NHS HEE.*

Priority 2 – Safer Care

The Trust will continue to identify learning from incidents following robust investigation processes and disseminate this learning through tried and tested measures throughout the organisation.

The mortality review group will look to develop processes to ensure that structured judgement reviews are carried out for those deaths (where required) within the organisation as part of its mortality review process and publish this data in line with national guidance recently issued[6].

Falls

The Trust will continue to engage with the National Falls Collaborative, sharing best practice and embedding learning/innovation obtained through this route to continue to reduce not only the incidence of falls with harm but the overall number of falls deemed avoidable within the Trust. The Trust is committed to:

- Roll out of positive learning from the National falls collaborative
- Introduce mandatory training re: falls prevention for medical staff
- Review of nurse staffing in relation to period of high falls incidence
- Continue to up skill volunteers to engage with patient activities
- Embed the newly revised policy & practice in line with national guidance with regards to falls prevention to identify omissions and best practice
- Continue to utilise a recognised improvement methodology to inform falls prevention, thus positively impacting the number of falls that incur serious harm
- Embed falls prevention knowledge to develop a culture of falls prevention approaches across the Trust.

Preventing Infection

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 CCG.

A detailed annual programme of work has been developed, which includes the specific projects below:

- Increased awareness of antimicrobial resistance through delivery of an Antimicrobial Stewardship Programme.
- A strategy for reduction in gram negative bacteraemias (in particular E.coli) through a range of measures.
- Robust prevention and management of Carbapenemase Producing Enterbacteriaceae.
- Renewed focus on the environment and sustaining improvement made during 16/17.
- Influenza preparedness and prevention for patients and staff.
- 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 evaluation of the MSSA screening programme in Cardiac Services.
- Strengthened education delivery to include forging links with the University of Wolverhampton
- Sustain Clostridium difficile reduction with a lower tolerance of individual cases.
- Review of the city wide strategy for Infection Prevention by September 2017.
- Evaluation of the IV Resource Team impact.

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, to include care agencies and hospice settings

Zero tolerance to avoidable health care associated infection

Expand research activity of the Infection Prevention Team

Sustain the Trusts' good reputation for Infection Prevention through team members participation in national groups and projects

[6] *National Quality Board (2016) National Guidance on Learning from Deaths: A Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care. London: HMSO.*

Venous Thromboembolism (VTE)

Building on last year's work of maintaining patient safety through accurate and timely VTE risk assessment will continue. A review of systems and processes used for the data collection to calculate the number of VTE risk assessments undertaken and a process of internally validating that data will devised.
The forthcoming year will see a continuation on the focus of the quality VTE prevention via the following workstreams:

A key area requiring attention is to reduce the number of patients who miss doses of prescribed thromboprophylaxis. This will be continued to be monitored though weekly VTE prevention audit.

New educational programmes for medical and nursing staff are in development and will be implemented over the year.

A larger scale audit is again planned for May.

VTE group will continue to update patient pathways and protocols adapting to new ways of working and opportunities to integrate more widely with the community teams.

Pressure Injuries

The Trust has a Tissue Viability strategy, which is a 3 year plan to improve prevention of all types of wounds and improved wound healing across the health economy, hospice and local authority. The Trust is working on a number of priorities including:

- Reviewing the wound formulary, a pathway at a time. This will then have quality outcomes to measure against.
- Wound product orders are being monitored on a weekly basis to ensure changes are made to comply with the formulary and pathways. The CCG also submits drug tariff reports to be analysed to have a consistent approach across the city

Many other pathways will be launched in 17/18 including:

- Venous, arterial and lymphoedema pathway, which has been designed in collaboration with the Vascular, Dermatology and Wolverhampton Lymphoedema service. The assessment document has been redesigned to support the pathway and will be launched along with the new wound assessment process for the Adult Community services.
- Moisture associated dermatitis prevention pathway
- Debridement and biofilm prevention pathway
- Managing and infected wound pathway
- Wound exit site pathway
- Post operation wound pathway
- Perianal abscess and pilonidal sinus pathway
- Burns pathway

The Trust is working collaboratively with the CCG to design education pathways for the local authority, with an aim to prevent some of the inherited pressure injury incidence. There is also a working group looking at the patient's journey for wound care with an aim to have a wound care centre of excellence process within the community setting.

Sign up to Safety

As we enter 2017/18 our actions are to work more closely with Maternity, ED and Orthopaedics to roll out the Team optimisation model in addition to increasing the participation of staff from the high risk areas in the current intervention PCM. The intended benefits of the Project are expected to include improved patient experience and outcomes as a result of an enhanced safety culture and climate at team level, improved staff well-being and morale. For patients there is improved empathy in communication and skills to communicate the message across and overall better team environment to receive care.

Medication Errors

The Trust will continue to embed the role of the recently appointed Medication Safety Officer who will support the following initiatives:

- The Medicines Safety Group will run campaigns across the year on missed doses and allergy status.
- Pharmaceutical input to all wards is being reviewed to increase the clinical input in line with the Carter report recommendation (80% of pharmacist time on clinical duties)[7]
- The Controlled Drug Accountable Officer will deliver a report on controlled drug usage from safe storage to effective prescribing following full Trust audit.
- The number of trained independent prescribers will be increased and utilised in clinics
- New model of medicines supply closer to patients being tested using satellite dispensing on wards
- Medication error categories will be updated on Datix to allow more targeted analysis and increase shared learning.

Sepsis

The Trust has recently appointed two members of the medical team to lead the work streams to increase timely identification of sepsis within patients and ensuring that the necessary interventions are timely, they will also lead and support the following initiatives:

Involvement in the Deteriorating Patient Group with a clear remit of sepsis focus

Review of Case Studies/RCA's/Audits to identify key learning regarding sepsis management

The continuation of Trust wide Sepsis study days

Trust wide launch of the new sepsis screening tool

A Trust premier of the "Starfish" movie launched by Dr Ron Daniels Chief Executive of The UK Sepsis Trust and CEO of the Global Sepsis Alliance to raise awareness

The launch of a bespoke e-learning package and educational programmes for all practitioners

An Emergency Department sepsis working group feeding into the Deteriorating Patient group

This is one of the key areas that the Trust will focus on as part of the patient safety agenda in the forthcoming year, recognising that there is important work to be done.

[7] Lord Carter (2016) Operational productivity and performance in English acute hospitals: Unwarranted variations. London: HMSO.

Priority 3 – Patient Experience

1. **Increased Patient and User Engagement (carried forward from last year and will include building on current links within the community in particular the marginalised groups and embedding the patient voice at strategic level).**

Whilst the Trust has made some significant improvement with increasing patient and user engagement, in particular the setting up of an Equality, Diversity and Steering Group, it is felt that there is still room for improvement.

Finding ways to improve meaningful patient involvement and engagement with patients at the centre of the services we provide is paramount, and we wish to explore how we can improve their involvement and have meaningful engagement with our patients.

To achieve this we will implement a broad range of initiatives to encourage patient involvement. These will include reviewing how we can make it easier for our patients to feedback on their experience, improving patient information, including them in relevant working groups with our staff and inviting them to participate in the design, planning and delivery of any new services.

Our aim during 2017/18 is to increase public and patient engagement, in particular to create a Council of Members in replace of its current Patient Experience Forum which will ensure that the voice of the patient is embedded throughout the organisation at a strategic level.

The suggestion of a Council of Members is being proposed to drive forward and actively contribute to:

- Providing a patient and carer perspective on Trust patient related strategies and initiatives
- Reviewing performance monitoring data with regards to patient safety, quality and experience issues
- Reviewing and commenting on the Trust's compliance with the Care Quality Commission's (CQC) five quality domains and responsibilities
- Reviewing the implementation of the patient experience and engagement strategies for effectiveness
- Advising the organisation on how patient experience could be improved
- Engaging with the organisation where required in terms of providing membership views on identified projects and work streams
- Representation at internal forums such as the Leadership Council and Patient Safety Improvement Group (PSIG).

The benefits of using a Council of Members to help us achieve these objectives, are they are patients and members of our local community who have an outsider view of the organisation and can act as our 'critical friend'. It is felt that with their support and

input, throughout the organisation, the strategic objectives can be achieved and our relationship with those we engage with will be broadened. It is hoped that by applying a targeted recruitment and selection process to membership, this will differ to Patient Experience Forum as appointed members will need to demonstrate key skills and attributes relevant to the remodelled role.

In particular we will be focusing on improving patient involvement and user engagement through the creation of a Council of Members

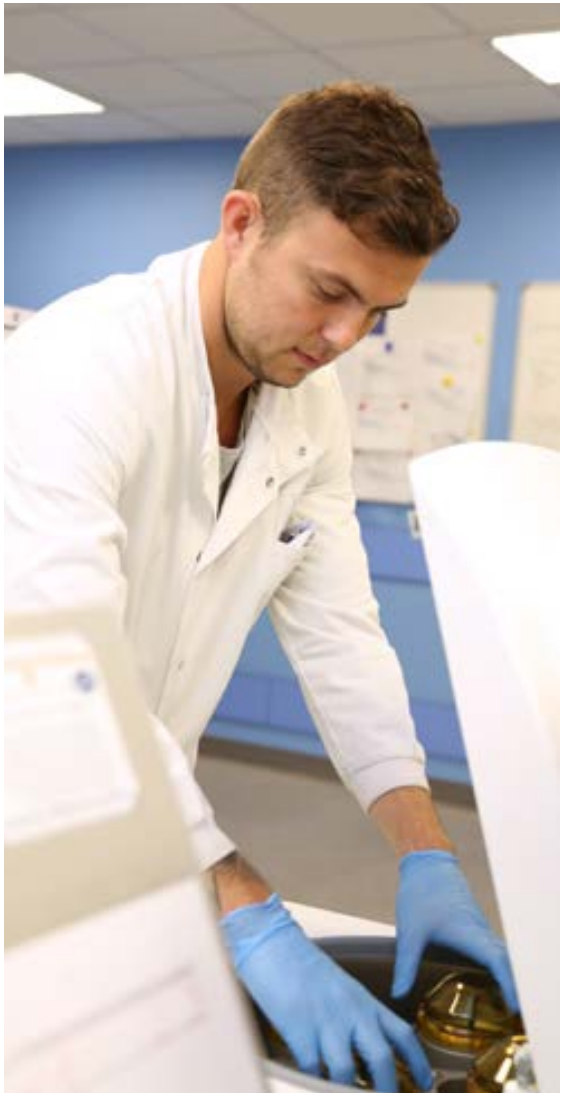
2. To review the PALS and Complaints services

This will include:

- Refining the complaints policy further to enhance how the Trust responds to complaints and other forms of patient feedback.
- Review how the Trust supports the organisation on how it handles complaints and other forms of patient feedback effectively and efficiently whilst ensuring that the volume of complaints escalated to the Parliamentary Health Service Ombudsman remains low.
- Implementing an additional level of scrutiny for cases where complainants remain dissatisfied, and incorporating this into the complaints management process

3. Continue to introduce and enable technology to support the overall patient experience feedback mechanism.

- Introduce an effective and timely telephony system for the public to have direct access to the complaints and PALS team
- Explore different software packages to assist in the administration of recording of patient feedback



Vertical Integration

Demographic differences: End of Life Care
When comparing the age profile of patients, it is identified that VI practices have a higher proportion of patients aged 65 and over. Due to having more elderly patients, this will impact when comparing activity indicators such as emergency admissions and length of stay due to these cohorts of patients being more complex As a result of a more elderly population, this will mean that VI practices face challenges for treating end of life patients.

Activity and Future Plans:
Joint working with the Gold Standards Framework by utilising data analytics to not only identify end of life patients earlier but also to implement policy and procedures for best practice when treating end of life patients.

Disease Prevalence:
The 2015/16 Quality and Outcomes Framework (QOF) Disease registers identify that overall the VI practices have a higher prevalence of diseases compared to the Wolverhampton average for Obesity, smoking, Diabetes and Mental health related conditions. This will be influenced by the demographic differences between the VI practice population and the overall practice population for Wolverhampton.

Activity and Future plans:
Collaborative working with Public health to understand our patient population and working together improve the above areas. Key to improvement will be data analysis of primary, secondary and community care data to monitor performance

GP Patient Survery Results July 2016

GP Patient Survey	MGS	Alf Sq	Lea Road	Warstones	West Park	VI Average % Of Patients	CCG Average % Of Patients
Appointment when last tried	67.00%	87.00%	82.00%	90.00%	87.00%	82.60%	80.00%
Describe overall experience in practice as Good	84.00%	92.00%	89.00%	88.00%	93.00%	89.20%	83.00%
Don't normally have to wait long for appointment	60.00%	57.00%	43.00%	76.00%	68.00%	△ 60.80%	56.00%
Easy to get through Surgery phone	70.00%	47.00%	76.00%	88.00%	85.00%	△ 73.20%	70.00%
Experience of making Appointment is Good	64.00%	68.00%	69.00%	88.00%	80.00%	△ 73.80%	70.00%
find receptionists helpful	85.00%	80.00%	90.00%	91.00%	87.00%	△ 86.60%	84.00%
Had confidence in last GP seen	94.00%	97.00%	99.00%	98.00%	97.00%	97.00%	93.00%
Had confidence in last Nurse seen	98.00%	98.00%	93.00%	100.00%	100.00%	97.80%	96.00%
Last Appointment convenient	84.00%	92.00%	84.00%	98.00%	93.00%	90.20%	92.00%
Last GP saw as good at listening	90.00%	93.00%	97.00%	95.00%	95.00%	94.00%	85.00%
Last GP saw involved me in decision making	76.00%	88.00%	89.00%	97.00%	-	87.50%	78.00%
Last GP saw treated me with care and concern	77.00%	92.00%	91.00%	94.00%	84.00%	87.60%	81.00%
Last GP saw was good with time keeping	86.00%	92.00%	92.00%	95.00%	94.00%	91.80%	83.00%
Last GP was good at explaining treatment	86.00%	89.00%	92.00%	93.00%	90.00%	90.00%	83.00%
Last Nurse saw as good at listening	94.00%	94.00%	93.00%	93.00%	99.00%	94.60%	91.00%
Last Nurse saw involved me in decision making	88.00%	85.00%	88.00%	95.00%	85.00%	88.20%	84.00%
Last Nurse saw treated me with care and concern	90.00%	90.00%	95.00%	92.00%	92.00%	91.80%	88.00%
Last Nurse saw was good with time keeping	94.00%	98.00%	94.00%	93.00%	91.00%	94.00%	91.00%
Last Nurse was good at explaining treatment	90.00%	93.00%	96.00%	93.00%	91.00%	92.60%	89.00%
Recommend their practice to someone new in area	72.00%	95.00%	78.00%	94.00%	91.00%	△ 86.00%	73.00%
Satisfied with practice opening Hours	73.00%	72.00%	75.00%	89.00%	86.00%	△ 79.00%	77.00%
Speak/see usual GP	65.00%	35.00%	57.00%	83.00%	66.00%	△ 61.20%	59.00%
Usually wait 15 minutes or less after appointment time	71.00%	66.00%	49.00%	74.00%	65.00%	△ 65.00%	49.00%

KEY
△ = Areas for Improvement

GP Patient Survey:
The patient survey carried out in July 2016, identified areas for VI practices to improve on. These areas include patient access for opening times and getting through on the phone and also improving waiting times.

Activity and Future plans:
The Trust has invested in the latest IP telephony service by implementing a new phone system at two of the practices. Monitoring outcomes and statistics of this new system will inform the Trust of the benefits in order to make an informed decision whether to implement at the other VI practices. Along with the new hardware, the call handling set up has also been revised to adapt to the new system and maximise the full benefits including releasing capacity within the practices.

Patient Access – Booked appointments
Prior to integrating with the Trust VI practices generally closed for half a day during the week. Following integration access has increased for VI practices from 4.5 days to 5 days. It can be seen below that the number of booked appointments pre and post integration increased by circa 700 appointments per month.

Activity and Future plans:
To standardise appointments across the practices to ensure consistency across VI. We will also work toward delivering regular weekend access which will decrease some of the burden placed on clinicians during the normal working week in tern freeing capacity within the practices.

Integrated data
The flow of data and communication of key information across the different settings of primary, secondary and community care needs to improve greatly. This will allow for clinicians in these care settings to have the best possible information when making decisions relating to patient care. Previously, data relating to patients was not routinely shared and often kept in isolation due to organisational boundaries.

Now that the VI practices are integrated with the Trust, integration of data is being developed by creating datasets which will provide a platform of distributing key information across all care settings in a timely manner.

Total Phase 1 VI Appointment breakdown by Day of week

Month	Mon	Tue	Wed	Thu	Fri	Grand Total
Jan-16	2,617	2,507	1,344	2,116	1,998	10,582
Feb-16	3,236	2,529	1,375	2,190	1,986	11,315
Mar-16	1,877	3,256	1,751	2,546	1,534	10,964
Apr-16	2,580	2,499	1,392	2,178	2,348	10,998
May-16	1,923	3,221	1,497	2,223	1,935	10,799
Jun-16	2,609	2,826	1,750	2,635	1,968	11,788
Jul-16	2,599	2,482	1,306	2,039	2,191	10,618
Aug-16	2,231	2,792	1,401	1,965	1,650	10,039
Sep-16	2,795	2,362	1,752	2,756	2,430	12,095
Oct-16	3,682	2,724	1,842	2,338	2,045	12,631
Nov-16	2,668	3,259	2,091	2,204	1,918	12,140
Dec-16	1,977	1,945	1,702	2,348	2,241	10,213
Jan-17	2,806	3,220	1,711	2,136	2,033	11,906
Feb-17	2,590	2,356	1,660	2,103	1,899	10,608
Average Jan 16 - Aug 16	2,459	2,764	1,477	2,236	1,951	10,888
Average Sep 16 - Feb 17	2,753	2,644	1,793	2,314	2,094	11,599
Diff	294	-120	316	78	143	711

Notes:
All appointments are included above
Data source is from EMIS Appointments diary
Data for phase 1 VI practices only (Alfred Squire, Lea Road and MGS Medical)

Activity and Future plans:
Key data held in hospital systems will be made available in GP systems so that GP's do not have to access multiple systems. This will save time and reduce the chance of missing key information.

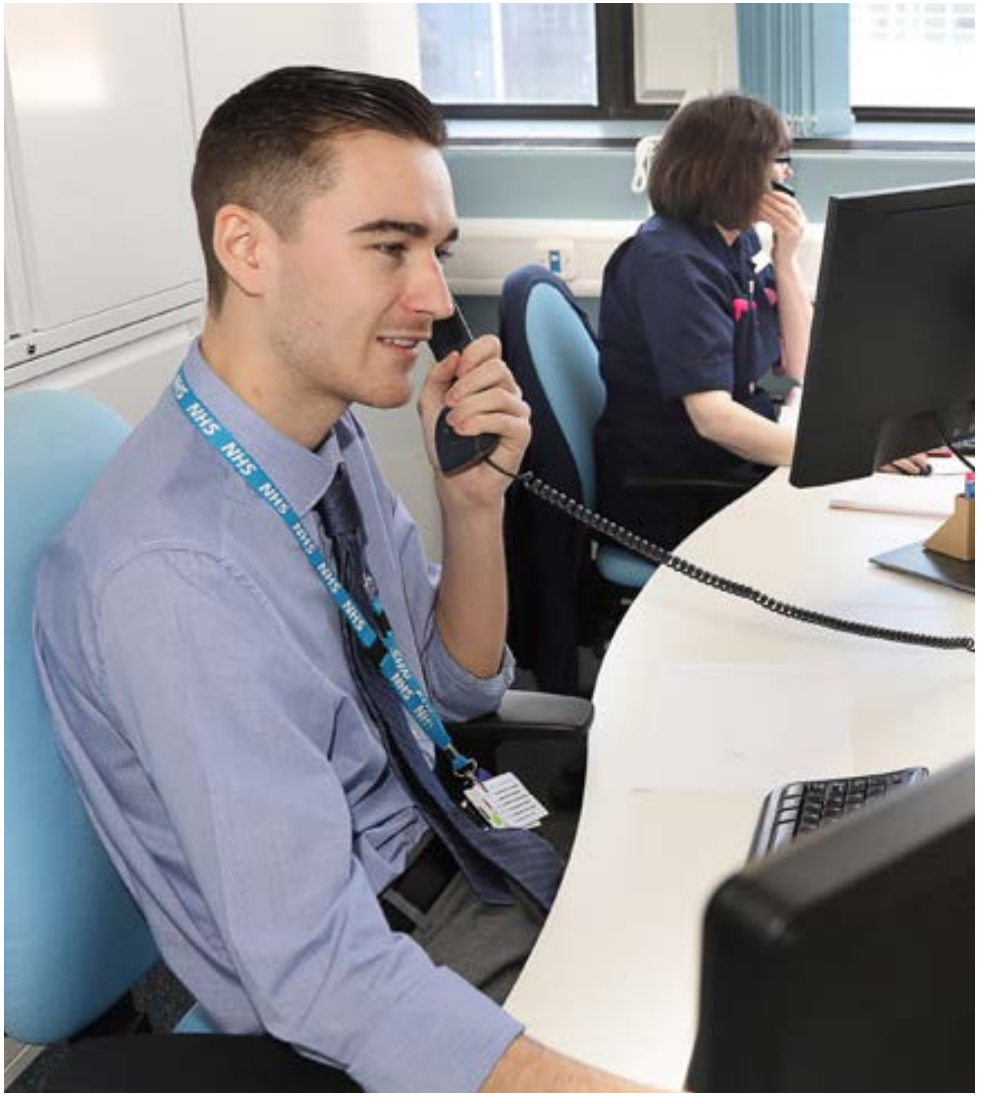
By integrating data from primary, secondary and community care the Trust will be able to better understand a patient's 'journey' and therefore be able to identify underlying issues earlier with patients.

We have also successfully relocated Tettenhall Rd Surgery to the purpose built surgery in the Jessie Fowke wing of West Park Hospital. The surgery is now operating in a modern purpose built setting where innovative care can be provided for patients.

Key Future Focus Areas:
There is a key focus on developing and supporting primary care nationally. The Trust is dedicated to ensuring that patients receive the right care, in the right place by the right person. Due to the unique position that vertical integration presents it places the Trust in a strong position think outside of the traditional primary care delivery to implement the requirements of the Five Year Forward View as well as the Ten High Impact Actions for Primary Care.

Some of the key areas we will focus on are:

- Active Signposting: Up skilling first point of contact staff whether face to face or on the phone, raising awareness of services available for signposting and the use of social prescribers for practices to help with social needs.
- New Consultation types: Standardisation of appointments (face to face, home visits and telephone) across practices, implementation of 20 minute appointment slots for high risk / complex cases. Use of software to support online use, reduction of DNAs improvement in clinics such as Flu uptake.
- Develop the team: Introduction of physician associates, clinical pharmacists, expanding social prescribing presence in all practices. Also the development of HCAs. Increase the use and consistency of MDT meetings
- Partnership working: Implement new innovative ways of working across primary, community and secondary care
- Self-care: To develop self-help videos, applications and utilise the practice / RWT website.
- Productive workflows: centralised call and recall systems for long term conditions, clinical pharmacists to deal with repeat prescription issues
- Personal productivity: Pooled resource where necessary and support from central team of managers and administrative duties to be taken away from clinicians freeing up capacity.
- Improving access and Working at scale: Implementation of extended access in the form of bank holiday and regular weekend access across VI practices and working collaboratively across the healthcare system to improve the patient journey and experience.



Statements of Assurance

MANDATORY QUALITY STATEMENTS

All NHS providers must present the following statements in their quality account; this is to allow easy comparison between organisations.

Review of services

Overall 38 services are provided and/or subcontracted by the Trust. There are a significant number of sub specialties and contracts in place which deliver these overarching services.

The Royal Wolverhampton NHS Trust has reviewed all the data available to them on the quality of care 38 of these relevant health services.

The income generated by the relevant health services reviewed in 2016/17 represents 83% of the total income generated from the provision of relevant health services by The Royal Wolverhampton NHS Trust for 2016/17.

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

Participation in Clinical Audits

During 2016/17 there were 61 applicable national clinical audit projects (and their respective work streams) and 3 National Confidential Enquiries covering relevant health services that The Royal Wolverhampton NHS Trust provides.

During 2016/17 The Royal Wolverhampton NHS Trust participated in 89% 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, and for which data collection was completed during 2016/17 are shown in the tables below

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 2016/17 are as follows:

National Confidential Enquiries	Participated
Chronic Neurodisability (2967)	Yes – In Progress
Young People's Mental Health (2968)	Yes – In Progress
Non-invasive ventilation (2993)	Yes – Awaiting Report

The 7 national clinical audits that The Royal Wolverhampton NHS Trust did not participate in during 2016/17 are as follows including rationale as to why the Trust did not participate:

National Clinical Audit, Enquiry or Programme	Workstream/ Component	Directorate	Rationale
Child Death Database	Database Development - Feasibility Study	Paediatrics	The Trust has not been invited to participate in this audit by the provider. Project is Database development only.
Endocrine and Thyroid National Audit		Head & Neck	MDT lead for Thyroid Cancer reported that the Trust had not been invited to participate in this audit.
National Cardiac Arrest Audit (NCAA)		Resuscitation Team	Resuscitation Team advised that data captured would be of extremely limited value to the Trust and that assurance is evidenced via local audit.
National Complicated Diverticulitis Audit (CAD)	Acute surgical services	General Surgery	The Trust was unable to participate in this audit due to its complexity and the time commitment involved.
National Diabetes Audit - Adults	National Pregnancy in Diabetes Audit	Obstetrics	The Trust was unable to participate in this audit due to limited resources.
National Ophthalmology Audit	Adult Cataract surgery	Ophthalmology	New electronic system installed so currently insufficient data available. A minimum of 6-12 months data would be required for a meaningful audit.
Stress Urinary Incontinence Audit		Gynaecology	The Trust did not participate due to the complexity and expense of subscribing to this audit, due to individual medics having to purchase their own licence to input their own data onto the database. The relevant assurance on stress incontinence is determined locally.

The national clinical audits that The Royal Wolverhampton NHS Trust did participate in during 2016/17 are shown in Appendix 1.

The national clinical audits that The Royal Wolverhampton NHS Trust continues to participate in since 2016/17 (remain in progress) are shown in Appendix 2.

The reports of 20 completed National clinical audits projects that were reviewed by the provider in 2016/17 are shown in Appendix 3 with the action the Trust intends to take to improve the quality of healthcare provided:

Clinical Audit Activity

In total 438 clinical audits were conducted across the Trust, 84% of which were completed by the end of the financial year. The adjusted completion rate for 2016/17 (excluding national audits) was 92%.

Clinical Audit Outcomes

The reports of 369 clinical audits (completed to date) are shown in Appendix 4 were reviewed by the provider and a compliance rating against the standards audited agreed. The following 59(16%) 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 and will re-audit against these standards in 2017-18.

Participation in Clinical Research

National studies have shown that patients cared for in research active acute NHS Trusts have better clinical outcomes. The availability of research across clinical services at RWT provides a number of complementary additions to existing patient care and treatment. Ensuring patients are given an option to participate in clinically appropriate research trials is a national and local target and identified by patients as an important clinical choice.

The Trusts' performance in research continues to be on a par with the large acute Trusts within the West Midlands region. The research culture, enhanced through the Trust's hosting of the West Midlands Clinical Research Network, has continued to be developed during the year.

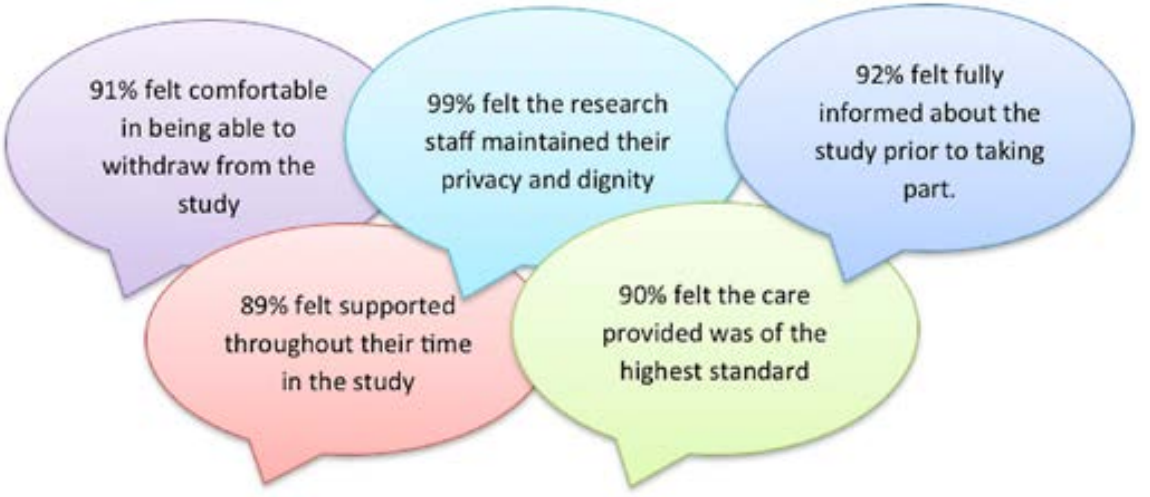
The Trust is measured against a range of national performance indicators covering recruitment into studies, increasing access to commercially sponsored research and reducing the time to set-up studies. The Trust has worked hard to improve its performance in these key areas, whilst ensuring that the high quality of care experienced by research patients is maintained.

The number of patients receiving health services provided or sub-contracted by The Royal Wolverhampton NHS Trust in 2016/17 recruited to participate in research approved by a research ethics committee was in excess of 2,600. Over 260 studies have been active during the past year. Of these participants, more than 2,300 were recruited into studies adopted onto the National Institute of Health Research (NIHR) Clinical Research Network Portfolio, exceeding the target of 2000 set at the beginning of the year. This represents a 19% increase in recruits compared to 2015/16.

There was also an increase in the number of NIHR adopted industry sponsored clinical research studies opened at RWT during 2016/17 – 42 compared to 39 in 2015/16.

The Trust research teams have this year received national recognition for their recruitment into studies within a number of clinical areas including Cardiology, Rheumatology and Dermatology. In addition, two staff members have received Clinical Research Network (CRN) and Trust awards respectively in recognition of their achievements and exceeding expectations in supporting research at RWT.

The R&D Directorate at RWT activity seeks feedback from research participants on their experiences of research activity at the Trust. Our most recent patient experience questionnaire, including 512 participants of research during 2016/17, showed the following levels of satisfaction:



- 97% of participants felt research is important to improve healthcare services.
- 74% would consider participating in research again.
- 87% would recommend participating in research to a friend or family member.

Clinical Practice and Innovation research highlights 2016-2017

A number of pieces of work have been undertaken which has led to major publications around organ donation particularly in minority ethnic groups.

A project has been completed with regards a case study looking at the first year of settlement experiences of EU nurses which has led to the development of best practice guidelines in pastoral care for international recruits.

A five year (2017-2021) research strategy for RWT health professionals working in the caring sciences has been launched which aims to raise the profile and engagement of research within the Trust further.

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 2016/17.

The Royal Wolverhampton NHS Trust has participated in an announced review of the Walk-In Centre based at the Phoenix Site. The report is currently in draft, undergoing factual accuracy however, overall the feedback appears to be extremely positive.

The Trust received a Notice of Contravention issued on the 28th April 2016 to Nuclear Medicine for a contravention of :

- The Management of Health & Safety at Work Regulations 1999 Regulation 3 risk assessment,
- Ionising Radiation Regulations 1999 Regulations (7), prior risk assessment, (14) Information, instruction & training, (17) Local Rules & Radiation Supervisors, (32) equipment used
- An Advisory visit for Pathology for the Brucella incident, no formal notice received at the time of this document being produced.

The Royal Wolverhampton NHS Trust last participated in an announced hospital inspection in June 2015.

This resulted in an appeal being submitted in October 2015, disappointingly the outcome of this appeal was not received until October 2016. Within the outcome findings there was acknowledgement from the Care Quality Commission of process errors made in the original review findings.

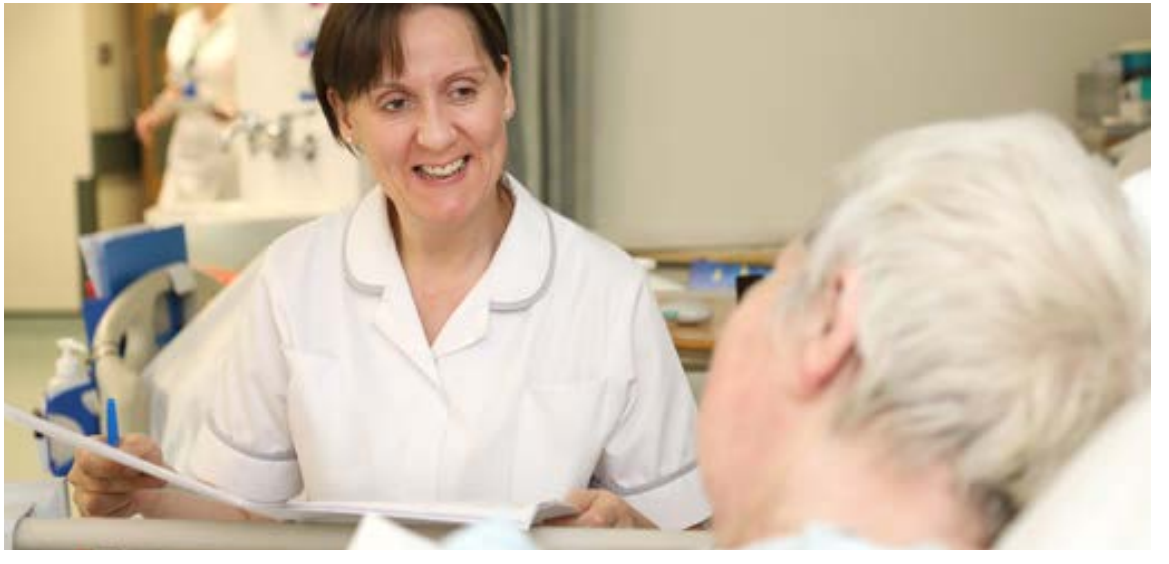
The following ratings were amended as follows:

New Cross Hospital
Children and Young People - Safe and Well Led both changed from Requires Improvement to Good. Changing the overall service rating of Requires Improvement to Good.

Cannock Chase Hospital
Urgent and Emergency Care – Safe and Well Led changed from Requires Improvement to Good. Increasing the overall rating from Requires Improvement to Good.

Community Services
Children and Young People Services – Changed the rating for Caring and Well Led from Good to Outstanding. Changing the overall service rating from Good to Outstanding

The overall rating for this Trust remains 'Requires improvement'.



The detailed action plan which was subsequently developed to address concerns raised has subsequently been closed with some of the more substantive actions being monitored through other routes. For example safer staffing levels being actioned through the recently launched Nursing Recruitment and Retention Strategy.

	Safe	Effective	Caring	Responsive	Well Led	Overall
Urgent and Emergency Services	Requires Improvement	Good	Good	Good	Good	**Good**
Medical Care	Inadequate	Good	Requires Improvement	Good	Requires Improvement	**Requires Improvement**
Surgery	Good	Good	Good	Good	Good	**Good**
Critical Care	Requires Improvement	Good	Good	Good	Requires Improvement	**Requires Improvement**
Maternity and Gynaecology	Requires Improvement	Good	Good	Good	Good	**Good**
Children and Young People	Good	Good	Good	Good	Good	**Good**
End of Life Care	Requires Improvement	Good	Good	Good	Good	**Good**
Outpatients and Diagnostic Imaging	Requires Improvement	Inspected but not rated	Good	Requires Improvement	Requires Improvement	**Requires Improvement**
Overall	**Requires Improvement**	**Good**	**Good**	**Good**	**Requires Improvement**	**Requires Improvement**

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

The Royal Wolverhampton NHS Trust will be taking the following actions to improve data quality in accordance with the relevant information governance toolkit standards.

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

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 General Medicine.

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 2%
Primary Procedures Incorrect 4%

General Medicine Admitted Patient Care diagnoses and procedures coding (clinical coding) were:
Primary Diagnoses Incorrect 1%
Primary Procedures Incorrect 1%

The overall Healthcare Resource Group error rate for the audit was 1.5% of the total number of episodes, which is a change of 0.6% absolute and -0.2% net.

All recommendations following the audit have been completed.

NHS Number and General Medical Practice Code Validity Updated as per Month 10 2016/17

The Royal Wolverhampton NHS Trust submitted records during 2016/17 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 2015/16 submission, which included the patient's valid NHS number:

- 99.9% for admitted patient care;
- 99.9% for outpatient care; and
- 98.2% 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
- 100% for accident and ED

Information Governance Toolkit

Information Governance Toolkit Return 2016/ 2017

The annual self-assessment submission (V14) on the Information Governance Toolkit to the Department of Health for 2016/17, the overall scores are as follows:

- RL4 - The Royal Wolverhampton NHS Trust – 79% Satisfactory (45 requirements)
- M92654 - MGS Medical Practice – 100% Satisfactory (13 requirements)
- M92007 - Lea Road Practice - 100% Satisfactory (13 requirements)
- M92002 - Alfred Squire Practice - 91% Satisfactory (13 requirements)
- M92640 - Tettenhall Road Practice - 94% Satisfactory (13 requirements)

Looking forward to 2017/18 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.

The Trust has started a programme of work to ensure compliance with the new General Data protection regulation 2016 (GDPR) in readiness for May 2018 when the regulation comes into force. The Trust is also working closely with GP Partnerships that have joined the organisation to align practices and share good practice.

Core Quality Indicators - Summary Hospital Level Mortality Indicator (SHMI)

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 2016/17;

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

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.*

For 2013-2015 the SHMI for RWT has been lower than or equal to the England average and banded “as expected”. For the past 18 months the SHMI for RWT has increased at decimal level and was banded “as expected” (Fig. 1).

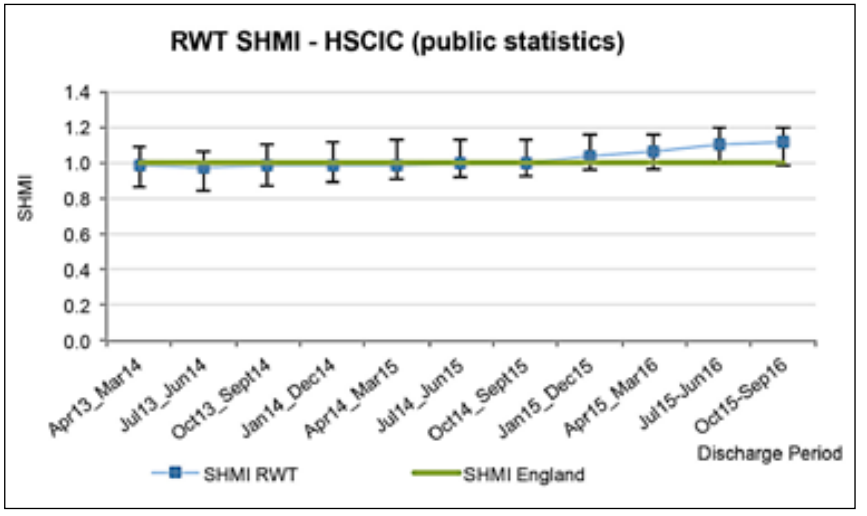


Fig. 1 RWT’s SHMI by publication period (Data source HSCIC)

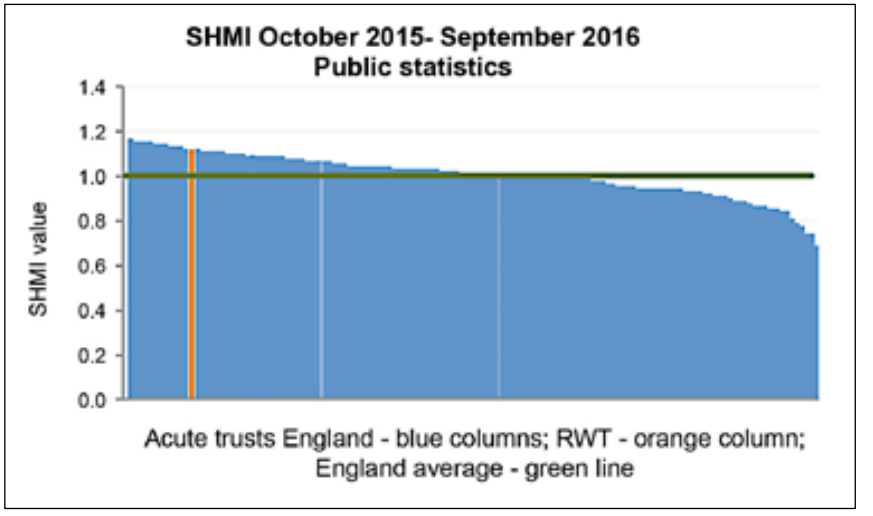


Fig. 2 RWT’s SHMI for the latest 12 months (Data source HSCIC)

For the latest publication (October 2015 to September 2016) the SHMI for the Trust is 1.1, and banded “as expected”. Fig. 2 shows the SHMI for RWT in the national context for the latest publication.

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.

	Reporting Period	
Indicator	October 2015 - September 2016	July 2015 - June 2016
RWT SHMI	**1.1**	**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 Trust intends to take/ has taken the following actions to improve this, and so the quality of its services in 2017/18 by:
The Trust has implemented its own methodology for retrospective case note reviews of deceased patients, drawing on national research conducted in England. Following the publication of the new national guidance on learning from deaths in late March 2017, the Trust is in the process of reviewing its internal processes in order to align them with the newly released guidance. The plan and revised mortality review policy will be published in due course. The Trust has opted to be an early adopter, together with other 39 acute Trusts in England, of the structured mortality review methodology developed by the Royal College of Physicians.

Clinical and executive committees continue to 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 in the process of commissioning external reviews of clinical pathways and mortality case note reviews for additional assurance in relation to clinical care.

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. A program of external reviews is currently being rolled out to provide additional assurance in relation to data quality.

Core Quality Indicators - Summary of Patient Death with Palliative Care

The data made to the Trust by the information centre with regard to the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period

The Royal Wolverhampton NHS Trust considers that this data is as described for the following reasons:
This contextual indicator shows the percentage of deaths reported in the SHMI dataset, where the patients 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.

The Trust has seen a decline in the overall palliative care rate when compared to the national rate following the introduction of the new end of life care pathway. The variation could be explained by different recording and coding practices for specialist palliative care employed across England.

	Reporting Period	
Indicator	October 2015 - September 2016	July 2015 - June 2016
Percentage of spells reported in the SHMI with palliative care coding at either diagnosis or specialty level - RWT	1.25	1.28
Percentage of spells reported in the SHMI with palliative care coding at either diagnosis or specialty level - England	1.53	1.51
Percentage of deaths reported in the SHMI with palliative care coding at either diagnosis or specialty level - RWT	22.8	22.8
Percentage of deaths reported in the SHMI with palliative care coding at either diagnosis or specialty level - England	29.7	29.2

The Royal Wolverhampton Trust intends to take/ has taken the following actions to improve this, and so the quality of its services in 2017/18 by:

- The Trust is currently reviewing the processes of palliative care coding with regards to a multidisciplinary approach
- Each case that receives treatment from the principal management team will be cross referenced with the Somerset database for accuracy
- Each member of the multidisciplinary team that provides specialist palliative care will record, with the use of a stamp in patient's notes, to aid the coding process
- Those end of life patients who require additional support from the specialist palliative nursing team will have activity coded at source

Core Quality Indicators - Summary of Patient Reported Outcome Measures (PROMS)

The data made to the Trust by the information centre with regard to Patient Reported Outcome Measures (PROMS)

PROMs measures health gain in patients undergoing

- hip replacement,
- knee replacement,
- varicose vein
- groin hernia surgery

in England, based on responses to questionnaires before and after surgery.

All four procedures have scores for the EQ-5D™ Index and EQ VAS. Hip replacement, knee replacement and varicose vein procedures each have their own condition-specific measure, which combine into a single score a patient's answers to a number of health questions of particular relevance to their procedure.

This provides an indication of the outcomes or quality of care delivered to NHS patients. Provider level PROMs data is published quarterly in February, May, August and November.

The questionnaire doesn't differentiate between first time intervention or repeat surgery for the same procedure.

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

Hip Replacement

For hip replacement there was a participation rate of 83.3% (higher than the 75.6% national average) and a response rate of 71.4% (marginally lower than the 73% average).

Knee Replacements

For knee replacement the Trust experienced a participation rate of 92.5% (higher than the 75.6% national average) and a response rate of 70.7% (marginally lower than the 73% average).

For both hip and knee surgery the data demonstrates the RWT score to be above the national average with a slight reduction in performance for hip replacement and a slight improvement for knee surgery.

Groin Hernia

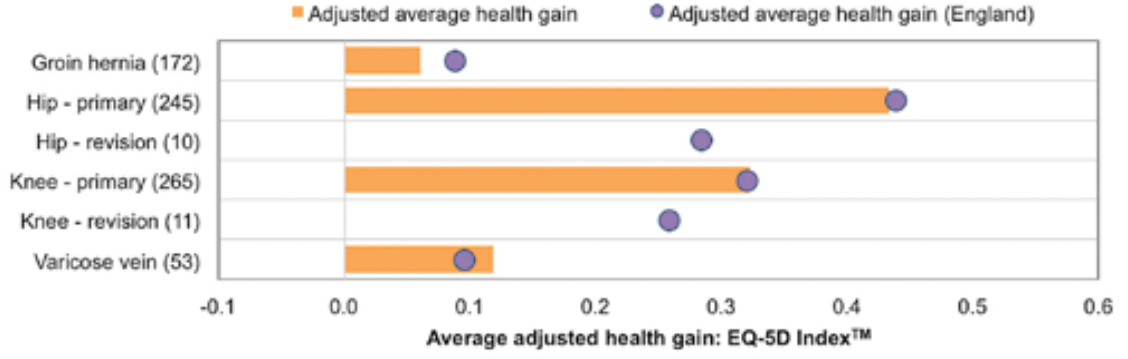
The RWT average pre-operative score was 77.61 against a national average of 80.21. Although the pre-op quality of life score was lower than the national average, the results of the post op questionnaire indicate a health gain post-surgery of 0.722 which is 0.5 higher than the average health gain in England.

Post op score has improved by 1.5 when comparing the latest figures (Apr-Dec 16) against April 15 to March 16

35.1% of patients reported an improvement in their quality of life which is just below the national average of 39.3%.

Data available from NHS Digital

Figure 1: Adjusted average health gain on the EQ-5D™ Index by procedure



Varicose Veins
The RWT average pre-operative score was 79.68 which is slightly higher than the national average of 77.53. The results of the post op questionnaire indicate a health gain post-surgery of 3.142 which is 2.5 higher than the average health gain in England.

Post op score has improved by 3.2 when comparing the latest figures (Apr-Dec 16) against April 15 to March 16

46.9% of patients reported an improvement in their quality of life which is above the national average of 41.1%

The Royal Wolverhampton Trust intends to take/ has taken the following actions to improve this, and so the quality of its services in 2017/18 by:
PROMs data is reviewed at the Trauma and Orthopaedic governance meetings with the following actions identified:

- Education for patients continues to be provided pre operatively and the PROMs questionnaire explained and provided to patients at their pre-operative appointment
- Alongside commissioners the Trust is reviewing its Orthopaedic pathways to ensure optimum care is provided to patients post operatively through follow-up

Both groin hernia and varicose vein are procedures deemed to have low clinical value, as outlined in the Procedure of Low Clinical Value Commissioning Policy dated April 2015. Compliance with this policy is monitored monthly to ensure that only patients meeting the agreed criteria are listed for surgery.

Although for both procedures the health gain for patients undergoing surgery at RWT is better than the health gain nationally, the following action has been identified

- Education for patients continues to be provided pre operatively
- The PROMs questionnaire explained and provided to patients at their pre-operative appointment.

Core Quality Indicators - Readmission Rates

The data made available to the Trust by the information centre with regard to Re-admission Rates
Emergency readmissions within 28 days

Readmissions			Grand Total
Age	**2015/16**	**2016/17**	
Aged 4-14	405	463	**868**
15yrs and over	5971	5466	**11437**
Grand Total	6376	5929	**12305**

Total Admissions			Grand Total
Age	**2015/16**	**2016/17**	
Aged 4-14	4945	5025	**9970**
15yrs and over	115631	118992	**234623**
Grand Total	120576	124017	**244593**

Percentage Readmissions			Grand Total
Age	**2015/16**	**2016/17**	
Aged 4-14	8%	9%	**9%**
15yrs and over	5%	5%	**5%**
Grand Total	5%	5%	**5%**

The Royal Wolverhampton NHS Trust considers that this data is as described for the following reasons:
Health and Social Care Information Centre (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.

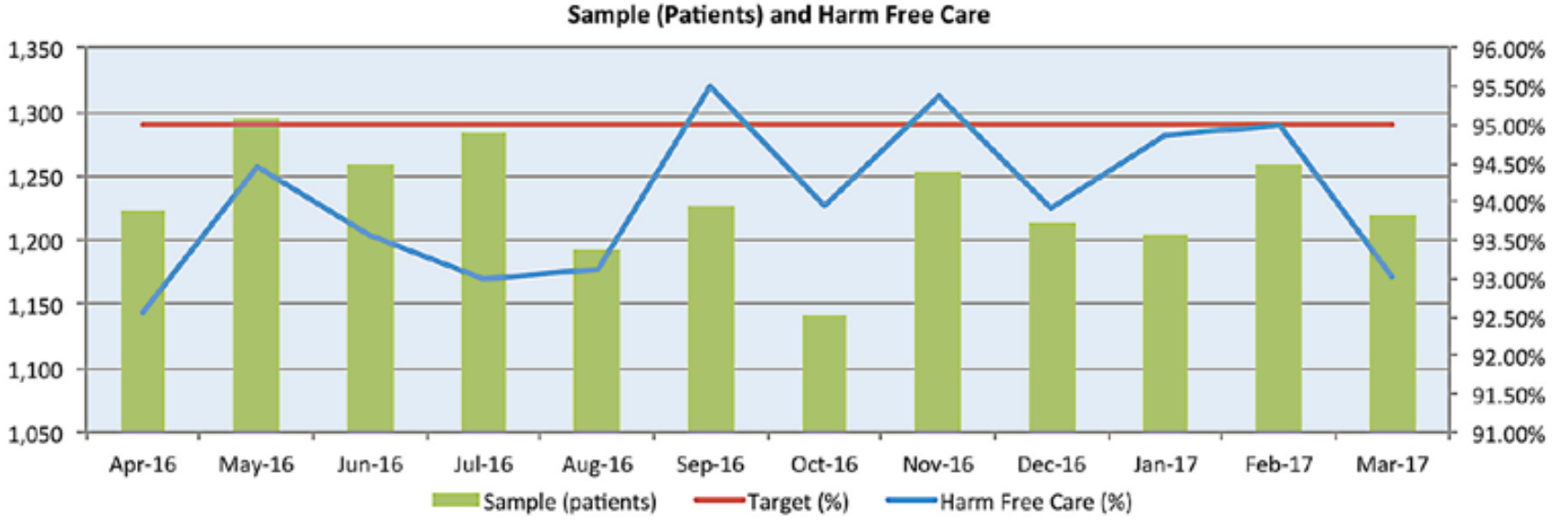
This data forms part of the Chief Operating Officer's report to the Trust Board and Trust Management Team on a monthly basis.

The Royal Wolverhampton Trust intends to take/ has taken the following actions to improve this, and so the quality of its services in 2017/18 by:

- Reviewing its discharge information provided to patients and relatives
- Ensuring that full and accurate details are included in the discharge summary
- Reviewing the discharge checklist
- Reviewing the current standardised letter templates
- Undertake regular conversations with patients and/or significant others regards discharge planning

Core Quality Indicators - Safety Thermometer

The data made available to the Trust by the information centre with regard to Safety Thermometer



Data sources: Trust's internal reporting systems

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

- The data is collected monthly by each inpatient area and verified by the Senior Sister and Matron upon submission.
- Safety Thermometer data is distributed and discussed on a monthly basis, as part of a suite of key performance metrics used by the Trust to analyse and triangulate performance.
- Data for each of the 4 harms is triangulated with that of internal incidence data reported via the Trust's datix system.

The Royal Wolverhampton Trust intends to take/ has taken the following actions to improve this, and so the quality of its services in 2017/18 by:

- The Senior Nurses reenergised the Safety Thermometer collection tool in autumn 2016, to promote awareness of the prevalence of harm and associated learning in the Trust.
- Pressure injuries and falls are scrutinised using an accountability model, whereby root cause analyses are reviewed together with our commissioners for those with serious harm, this thereby ensures root causes are evidenced and lessons learnt explicit for communicating in to the Trust.
- Training regarding specific developments and learning for the 4 individual harms will be delivered through a range of forums and methods to ensure current evidence is used in practice
- The Trust will continue to work with its stakeholders to ensure that a city wide approach is taken.

(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 patient on one day each month.)

Core Quality Indicators - VTE Prevention

The data made available to the Trust by the information centre with regard to VTE Prevention

	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17
RWT	96.69%	96.82%	95.49%	95.90%	95.54%	95.29%	96.73%	96.60%
National Average	96.05%	95.86%	95.48%	95.53%	95.73%	95.51%	95.57%	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	86.08%	75.04%	61.47%	78.06%	80.61%	72.14%	76.48%	63.02%

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

- 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 and day case etc.).

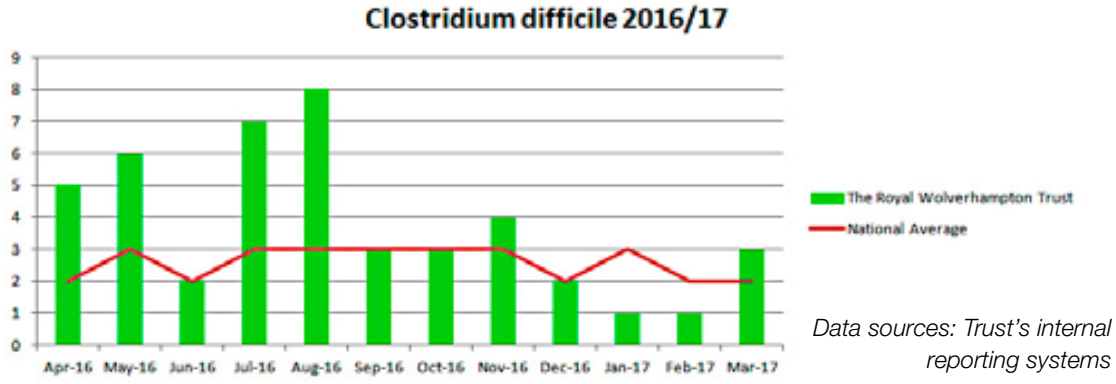
The Royal Wolverhampton Trust intends to take/ has taken the following actions to improve this, and so the quality of its services in 2017/18 by:
The VTE leads have the support of the Executive team to assist in promoting the importance of undertaking VTE assessments across the organisation. The Trust is consistently meeting national targets and exceeding previous figures.

Multiple measures have been put in place to increase awareness of VTE prevention and management amongst all healthcare staff and some of the measures include-

- Creation of a bespoke intranet webpage to house all VTE and anti-coagulation related information in one place.
- Process mapping exercise to identify hurdles to better performance
- Building up links to individual directorates to better understand local issues which act as barriers. For example, this led to a local audit in Gynaecology and underpinned consistent improvement in VTE assessments achieved by this directorate.
- Trust-wide audits for a minimum of twice a year are now in place in addition to the focused rolling monthly audits both of which serve to inform and assure the Trust regarding not only completion of VTE assessments but the actual care provided at individual patient level with respect to VTE management.
- Rolling RCA process to identify errors and disseminate the learning derived to the Trust.

The Royal Wolverhampton NHS Trust intends to continue its efforts to become a VTE exemplar site and to maintain its percentage as close to 100% and seek on-going assurance not only regarding completed VTE assessments but also appropriate prescribing and use of VTE prevention measures and to reduce patient harm. Measures are currently underway to improve clinical pathways and guidance and tighten up on other aspects of VTE prevention and anti-coagulation including the use of newer oral anti-coagulants.

Core Quality Indicators - Clostridium difficile



Data sources: Trust's internal reporting systems

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Totals
The Royal Wolverhampton Trust	5	6	2	7	8	3	3	4	2	1	1	3	45
National Average	2	3	2	3	3	3	3	3	2	3	2	2	31

	2014/15	2015/16	2016/17
RWT	17.6	24.9	15.5
National Average	14.6	14.8	13.3
Trust with highest score	62.3	64.4	77.8
Trust with lowest score	0.00	0.00	0.00

The data made available to the Trust by the information centre with regard to C difficile

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

There are robust Governance structures for monitoring delivery of the Infection Prevention annual programme of work, and this is supported by surveillance and indicator data, to include:

- 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

The Infection Prevention Team feed data, assurance and risks into various reporting structures, to include but is not limited to; Patient Safety Improvement Group, Quality Standards Action Group, Environment Group, Health and Safety Steering Group, Decontamination Committee, Trust Management Committee and Trust Board.

The Royal Wolverhampton Trust intends to take/ has taken the following actions to improve this, and so the quality of its services in 2017/18 by:
The challenge of acute and community incidence of Clostridium difficile meant that new approaches were required in order to improve patient safety. These included:

- Novel treatment therapies; Fidaxomicin, a new antibiotic choice for Clostridium difficile
- Human Probiotic Infusion (HPI) has been used more frequently during the year. These have been incorporated into the treatment algorithm which ensures they are used more often with recurrent disease for improved outcomes.
- Environmental controls have been a top priority in our approach in tackling Clostridium difficile; the deep clean schedule has been completed with great effect, disposable mop heads have been introduced in the last year and a new wipe for decontamination of the environment and equipment was introduced within inpatient and health centre settings.

Core Quality Indicators - Incident Reporting

The data made available to the Trust by the internal systems with regard to Incident Reporting

2015/16 (Full Year Data)			2016/17 (April – September)		
Incidents	**% resulting in death**	**% resulting in severe harm**	**Incidents**	**% resulting in death**	**% resulting in severe harm**
10407	0.2% (19)	0.2% (16)	4571	0.3% (12)	0.1% (3)

The Trust defines severe or permanent harm as detailed below:

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

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

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

- The Trust has a well embedded and healthy reporting culture and promotes the reporting of near miss incidents to enable learning and improvement
- The Trust undertakes data quality checks to ensure that all patient safety incidents are captured and appropriately categorised in order to submit a complete data set to the National Patient Safety Agency.
- The Royal Wolverhampton NHS Trust has taken the following actions to improve risk management and reporting and so the quality of its services
- The Trust has reviewed its policy and training to facilitate swift reporting and management review of incidents (including serious incidents)

The Royal Wolverhampton Trust intends to take/ has taken the following actions to improve this, and so the quality of its services in 2017/18 by:

- Trust will continue to communicate lessons learnt via Risky Business newsletter
- Governance officers will continue to share route cause analysis summaries across all directorate governance meetings where applicable

Core Quality Indicators - National Inpatient Survey

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

The National Inpatient Survey for 2016 surveyed patients who were discharged from hospital during July 2016.

Summary

- With 495 surveys returned completed, the Trust had a response rate of 42%.
- The Trust scored an average score of 76.7 which is lower than in 2015.
- The Trust scored in the top 20% of Trusts on 2 questions and the bottom 20% of Trusts on 11 questions.
- Compared with the 2015 survey, the Trust showed a 2.5% or greater improvement on 1 question score and a 2.5% or greater reduction in score on 19 questions. No question showed a statistically significant improvement and 5 questions showed a statistically significant worsening in score.

There were 620 patient written comments.

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

- In your opinion, how clean was the hospital room or ward that you were in?
- While staying in hospital, did you ever use the same bathroom or shower area as patients of the opposite sex?

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:

- After leaving hospital, did you get enough support from health or social care professionals to help you recover and manage your condition?
- Before the operation or procedure, did the anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain in a way you could understand?
- Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?
- Did a member of staff tell you about medication side effects to watch for when you went home?
- Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?
- Do you feel you got enough emotional support from hospital staff during your stay?
- Do you think the hospital staff did everything they could to help control your pain?
- During your hospital stay, were you ever asked to give your views on the quality of your care?
- How do you feel about the length of time you were on the waiting list before your admission to hospital?
- How many minutes after you used the call button did it usually take before you got the help you needed?
- Were you told how to take your medication in a way you could understand?

Areas to consider for further review and potential improvement include:

- Waiting for admission to hospital.
- Provision of explanations and information.
- Aspects of care: emotional support, pain management, responsiveness to call bells.

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

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Involved as much as want to be in decisions about care definitely/to some extent	90%	89%	88%	89%	91%	92%
Treated with respect and dignity always/sometimes	97%	96%	98%**	97%	98%	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	2016/17
Overall care rated as excellent/ very good/good	93%	92%	94%	94%	95%	95%

The Trust's A and E survey results for 2016 are due to be released in July/august 2017, and the Children and Young Patients Survey for 2016 in October 2017. Results from both surveys will not feature in this report but will be reported through the relevant reporting committees at the appropriate time and published on the Trust website when available.

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

Please note that 2016/17 figures shown are yet to be confirmed by NHS England and are based on the survey provider results only, however full details are publicised nationally by the Care Quality Commission.

The Royal Wolverhampton Trust intends to take/ has taken the following actions to improve this, and so the quality of its services in 2017/18 by:

- An action plan is currently being developed to address the key findings of the report which are yet to be agreed. This will be reported on in due course and monitored through the Trust's governance arrangements to ensure that appropriate improvement are made.

Core Quality Indicators - Friends & Family Test

The data made available to the Trust by the information centre with regard to Patient Friends and Family Test

The Friends and Family Test (FFT) is a nationwide initiative which is a simple, single question survey which asks patients to what extent they would recommend the service they have received at a hospital department to family or friends who need similar treatment.

The tool is used for providing a simple, headline metric, which when combined with a follow up question and triangulated with other forms of feedback, can be used across services to drive a culture of change and of recognising and sharing good practice. The overall aim of the process is to identify ways of improving the quality of care and experience of the patients and carers using NHS services in England.

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 and improvement plans implemented

Friends and Family Test Survey Response Rate

	Q1 2016/17				Q2 2016/17				Q3 2016/17				Q4 2016/17				2016/17 Average				2016/17 Average			
	RWT	Eng	Highest	Lowest	RWT	Eng	Highest	Lowest	RWT	Eng	Highest	Lowest	RWT	Eng	Highest	Lowest	RWT	Eng	Highest	Lowest	RWT	Eng	Highest	Lowest
Emergency Department	18%	13%	44.4%	0.4%	19%	13%	43.6%	0.5%	19%	12%	43.3%	0.3%	14%	13%	44.6%	0.50%	17%	13%	44%	0.4%	21%	14%	44.7%	0.3%
Inpatients	25%	25%	91.9%	4.8%	28%	24%	81.8%	6.0%	30%	24%	96.7%	4.9%	26%	25%	91.6%	3.4%	27%	24%	91%	4.8%	28%	25%	100%	6.3%
Maternity	14%	25%	72.2%	0.7%	12%	23%	59.8%	0.3%	15%	24%	81.7%	0.0%	11%	23%	-	-	13%	-	-	-	18%	23%	73.7%	0.7%
Outpatients	21%	6%	90.0%	0.1%	18%	6%	48.3%	0.2%	19%	9%	56.3%	0.1%	19%	7%	84.3%	0.0%	19%	7%	69.7%	0.1%	19%	6%	78.2%	0.1%

Data source: NHS England

Percentage of Patients who would recommend the Trust

	Q1 2016/17				Q2 2016/17				Q3 2016/17				Q4 2016/17				2016/17 Average				2016/17 Average			
	RWT	Eng	Highest	Lowest	RWT	Eng	Highest	Lowest	RWT	Eng	Highest	Lowest	RWT	Eng	Highest	Lowest	RWT	Eng	Highest	Lowest	RWT	Eng	Highest	Lowest
Emergency Department	80%	86%	98.7%	42.8%	82%	86%	98.0%	45.0%	84%	86%	98.0%	58.0%	85%	87%	100%	46.3%	83%	86%	98.7%	48%	82%	87%	99.9%	47%
Inpatients	92%	96%	99.7%	71.3%	93%	95%	99.0%	77.0%	94%	95%	99.0%	76.0%	96%	96%	100%	79.0%	94%	95%	99.4%	76%	91%	95%	100%	75%
Maternity	94%	96%	99.5%	87.0%	94%	95%	99.0%	71.0%	97%	96%	100%	82.0%	96%	96%	-	-	95%	-	-	-	95%	95%	100%	77%
Outpatients	93%	93%	99.8%	77.5%	93%	93%	100%	67.0%	93%	93%	100%	74.0%	93%	93%	100%	73.2%	93%	93%	100%	73%	92%	92%	100%	51%

Data source: NHS England

Percentage of Patients who would not recommend the Trust

	Q1 2016/17				Q2 2016/17				Q3 2016/17				Q4 2016/17				2016/17 Average				2016/17 Average			
	RWT	Eng	Highest	Lowest	RWT	Eng	Highest	Lowest	RWT	Eng	Highest	Lowest	RWT	Eng	Highest	Lowest	RWT	Eng	Highest	Lowest	RWT	Eng	Highest	Lowest
Emergency Department	12%	8%	37.7%	0.7%	11%	8%	33.0%	1.0%	10%	8%	33.0%	0.0%	9%	7%	30.8%	0.0%	10%	7%	34%	0.4%	9%	6%	29%	0.4%
Inpatients	4%	2%	10.6%	0.1%	3%	2%	10.0%	0.0%	3%	2%	7.0%	0.0%	2%	2%	8%	0.0%	3%	2%	9%	0.0%	5%	2%	11%	0%
Maternity	2%	1%	10.0%	0.3%	3%	2%	14.0%	0.0%	2%	1%	12.0%	0.0%	2%	1%	-	-	2%	-	-	-	4%	2%	12%	0%
Outpatients	3%	3%	14.3%	0.1%	3%	3%	26.2%	0.3%	3%	3%	26.0%	0.0%	3%	3%	12.6%	0.0%	3%	3%	20%	0.0%	3%	3%	29%	0%

Data source: NHS England

The Royal Wolverhampton Trust intends to take/ has taken the following actions to improve this, and so the quality of its services in 2017/18 by:

- Continue with work to ensure that the test is inclusive to all and meets the demographics of the patients we serve
- Continue to assess areas where the Trust do not meet national standards,and where possible take remedial action

Core Quality Indicators - Supporting Our Staff

The data made available to the Trust by the information centre with regard to Supporting Our Staff
(Staff FFT, National NHS Survey and Chatback)

The Trust is one of the largest employers in its local community, employing over 8000 people. The detailed workforce profile is shown in section 1 of the Annual Report.

The Trust follows a number of established ways of engaging with staff in order to improve employee engagement and to support staff to continuously strive for excellence in patient care. These include the annual national NHS Staff Survey and the quarterly national Friends and Family Test. In addition, the Trust conducts an annual local staff survey called Chatback.

The data below is collected nationally each quarter and shows the percentage of staff employed by, or under contract to, the Trust who would recommend the Trust as a provider of care to their family or friends. In addition the percentage of staff who would recommend the Trust as a place to work is shown for quarters Q 1 2015/16 to Q 4 2016/17.

Staff Friends and Family Test

Recommendation Rates - Work

	Q1 2015/16	Q2 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q4 2016/17
RWT	70%	70%	68%	70%	72%	70%
England	62%	62%	61%	64%	63%	64%
Highest	90%	90%	87%	89%	97%	85%
Lowest	22%	21%	27%	30%	29%	20%

Recommendation Rates - Care

	Q1 2015/16	Q2 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q4 2016/17
RWT	79%	80%	83%	79%	86%	82%
England	79%	79%	78%	80%	80%	79%
Highest	100%	100%	100%	100%	100%	98%
Lowest	44%	48%	51%	50%	44%	44%

Not Recommended - Work

	Q1 2015/16	Q2 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q4 2016/17
RWT	12%	14%	16%	13%	12%	14%
England	18%	19%	19%	18%	18%	18%
Highest	66%	61%	60%	57%	57%	78%
Lowest	4%	3%	4%	1%	0%	4%

Not Recommended - Care

	Q1 2015/16	Q2 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q4 2016/17
RWT	5%	7%	4%	5%	5%	7%
England	7%	7%	7%	6%	6%	7%
Highest	32%	27%	27%	28%	41%	27%
Lowest	0%	0%	0%	1%	0%	0%

Data source: NHS England

Summary of 2016 National Staff Survey Results

The Trust surveyed a sample of staff for the 2016 National NHS staff survey. The response rate at 32% was below the average for combined acute and community trusts in England). The overall staff engagement measure for the Trust (based on response to 3 questions – Key Findings 1, 4 and 7) was 3.86 which is above (better than) average when compared with Trusts of a similar type.

TOP FIVE RANKING SCORES	
KF4.	Staff motivation at work Trust score 2016 4.01 v National average 3.94
KF14.	Staff satisfaction with resourcing and support Trust score 2016 3.43 v National average 3.28
KF2.	Staff satisfaction with the quality of work and care they are able to deliver Trust score 2016 4.03 v National average 3.92
KF6.	Percentage of staff reporting good communication between senior management and staff Trust score 2016 38% v National average 32%
KF16.	Percentage of staff working extra hours (lower is better) Trust score 2016 68% v National average 71%

BOTTOM FIVE RANKING SCORES	
KF22.	Percentage of staff experiencing physical violence from patients, relative or the public in the last 12 months Trust score 2016 16% v National average 13%
KF31.	Staff confidence and security in reporting unsafe clinical practice Trust score 2016 3.60 v National average 3.68
KF25.	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months Trust score 2016 30% v National average 26%
KF11.	Percentage of staff appraised in last 12 months Trust score 2016 83% v National average 86%
KF26.	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months Trust score 2016 26% v National average 23%

Data sources: Trust's internal reporting systems

Local Chatback survey 2017

In addition to the national survey, the Trust conducts an annual survey of staff for its local staff survey, called 'Chatback'. For 2017 Local Staff survey, the questions focused on staff experience of the Trust values in practice at work. The full detailed results will be available later in the year and will be used to plan follow up work aimed at improving staff experience and patient experience. The high level results from Chatback 2017 are detailed below with benchmark comparisons with previous year where these exist:

	2017	2016	Difference
The number of staff likely to recommend RWT to friends and family for care or treatment has increased by 2% to 83% compared to this point last year.	**83%**	81%	2%
The number of staff likely to recommend RWT to friends and family as a place to work has increased by 2% to 73% compared to this point last year.	**73%**	71%	2%
86 % of staff feel their team shares lessons learned to help others improve safety	**86%**	n/a	n/a
82% of staff feel safe to raise concerns with their manager	**82%**	n/a	n/a
92% of staff are aware that what they say and do affects how safe others feel	**92%**	n/a	n/a
87% of staff feel their team goes out of its way to make people feel welcome	**87%**	n/a	n/a
88% of staff are proud to tell people they work for the Royal Wolverhampton NHS Trust	**88%**	86%	1%

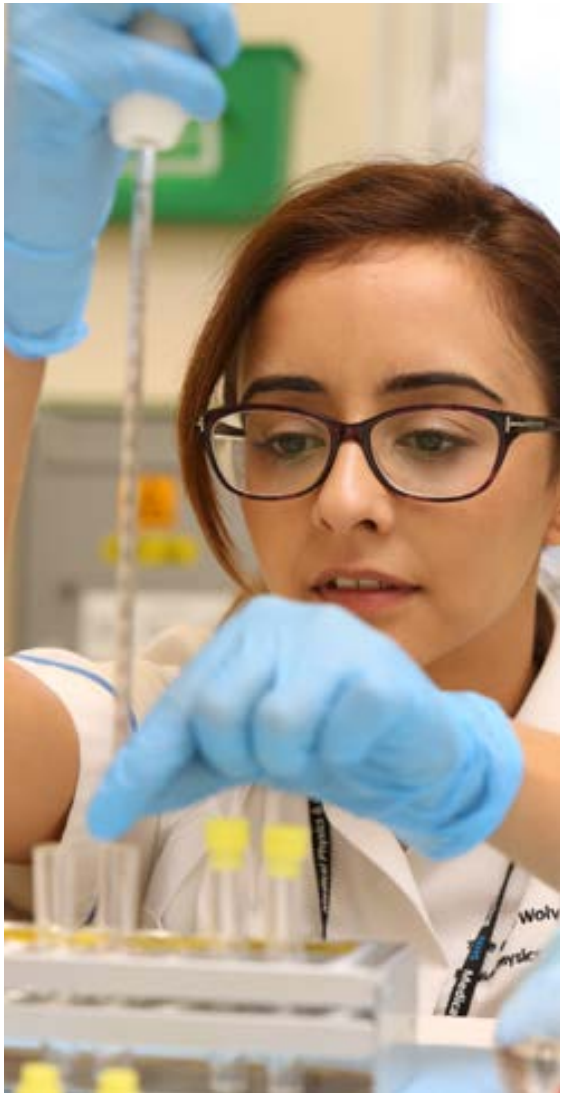
Data sources: Trust's internal reporting systems

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

- Results are communicated by the management structure to all local areas
- Results are discussed at monthly governance meetings
- Analysis of results resulting in action plans being formulated
- The action plans are monitored through divisional gonvernance structures

The Royal Wolverhampton Trust intends to take/ has taken the following actions to improve this, and so the quality of its services in 2017/18 by:

- Continuing to provide a supportive framework for staff to help staff continuously improve patient experience of care within the Trust.
- Ensure the following standards are in place: The Workplace Wellbeing Charter, The Workforce Race Equality Standards, The Equality and Delivery Scheme 2 and the Trust is working on The Workforce Disability Equality Standard. The Trust has also been recognised for the following Charters which demonstrate commitment to developing the workforce, thus ensuring that staff work within and experience a positive, caring environment in line with the Trust vision and values.



Review of Quality

OUR PERFORMANCE IN 2016/17

The Royal Wolverhampton NHS Trust is one of the largest acute and community providers in the West Midlands providing more than 800 beds on the New Cross site, a further 54 beds at Cannock Chase Hospital and rehabilitation beds at West Park Hospital.

We employ more than 8,000 staff, providing services from the following locations:

- New Cross Hospital - secondary and tertiary services, maternity, Accident & Emergency, critical care and outpatients.
- West Park Hospital - rehabilitation inpatient and day care services, therapy services and outpatients.
- More than 20 Community sites - community services for children and adults, Walk in Centres and therapy and rehabilitation services.
- Cannock Chase Hospital – general surgery, orthopaedics, breast surgery, urology, dermatology, and medical day case investigations and treatment (including endoscopy).
- Primary Care - 7 GP practices have now joined the Trust and will be opening extended opening hours.

We provide services to a wide range of people covering Wolverhampton and The Black Country, Staffordshire, Shropshire and further afield by patient choice and clinical necessity. In order to do this safely, the Trust has established two Divisions through which all operational activity is supported and delivered. Both have a comprehensive management structure and are jointly led by a senior clinician, nurse and manager. The Divisions meet regularly and are held to account on a quarterly basis by the Executive Team through the Divisional Performance Review process which looks at all areas of operational delivery.

Whilst being responsible for our patients and the communities we serve, the Trust is accountable to the regulatory bodies and the commissioners of service. Monitoring arrangements are in place with each of these bodies to ensure we meet our statutory obligations, as determined by the regulators, along with the contractual requirements as identified by commissioners. In summary, these are:

Healthcare Regulators	Commissioners of Services
Care Quality Commission	NHS England
NHS Improvement	Clinical Commissioning Group(s)
	Local Authorities

As previously identified, we also have a duty through our Board to our patients, and the communities we serve, to provide the most effective and efficient services as we strive continuously to improve patient experience and outcomes.

In order to achieve this, we have put in place robust governance arrangements ensuring performance is assessed across a wide range of forums and involving ward to Board level data.

The Board receives an integrated report that provides an assessment of the quality and performance of the services delivered across the organisation. This is taken to the public session of the Trust Board on a monthly basis and covers a range of metrics. Under the quality domain these include patient safety, clinical effectiveness and patient experience. Specific metrics are also included for mortality and maternity. Performance metrics updates show progress against the waiting times standards for urgent care, cancer and RTT along with a number of other organisational efficiency metrics including stroke and Human Resources. By creating the integrated report the Trust Board are able to view the totality of the performance for the organisation which allows for greater scrutiny and challenge.

Additional challenge is provided through the Board sub-committee structure where more detailed discussion takes place. This includes the Finance and Performance Committee and Quality Governance Assurance Committee both of whom are chaired by Non-executive Directors.

The Trust has a constructive relationship with its regulators. The CQC undertake periodic inspections, both announced and unannounced, and the Trust publishes the results of all such inspections on its website. NHS Improvement undertakes a desk based assessment of the Trust through the Strategic Oversight Framework. This aligns with the CQC assessment but also includes more detailed assessments of performance and finance measures. Again this is published by NHSI and details are available on their website. This assessment is further supported by a monthly meeting with the Trust to review delivery against a range of themes including quality, performance and finance to identify any areas for improvement. Any concerns following these discussions are escalated through to the Trust Board for consideration.

The Trust meets with its main commissioners on a monthly basis to share information, provide updates and discuss performance against the contractual requirements. This model works well for both parties as it enables issues to be discussed and considered within an appropriate timeframe.

As part of the standard NHS contract, the Trust is required to monitor and report performance against a set of key metrics. These indicators are all reported to the Trust Board on a monthly basis.

Performance against the National Operational Standards:

Indicator	Target 2016/17	2016/17	Performance 2015/16	2014/15
*Cancer two week wait from referral to first seen date	93%	93.62%	94.71%	93.61%
*Cancer two week wait for symtomatic breast patients	93%	95.34%	95.77%	80.84%
*Cancer 31 day wait for first treatment	96%	96.47%	96.75%	97.15%
*Cancer 31 day wait for second or subsequent - Surgery	94%	86.51%	92.80%	91.05%
*Cancer 31 day wait for second or subsequent treatment - Anti cancer drug	98%	99.72%	99.85%	99.89%
*Cancer 31 day wait for second or subsequent treatment - Radiotherapy	94%	98.03%	99.76%	99.89%
*Cancer 62 day wait for first treatment	85%	77.47%	75.89%	84.07%
*Cancer 62 day wait for treatment from Consultant screening service	90%	86.97%	86.45%	90.20%
*62 Day Wait - Consultant Upgrade (Local Target)	88%	91.03%	91.50%	92.73%
Emergency Department - total time in ED	95%	90.66%	91.76%	93.27%
Referral to treatment - incomplete pathways	92%	90.89%	93.07%	93.87%
Cancelled operations on the day of surgery as a % of electives	<0.8%	0.42%	0.69%	0.91%
Mixed Sex accommodation breaches	0	1	0	0
Diagnostic tests longer than 6 weeks	<1%	1.10%	0.0%	1.6%

*Forecast final performance as March figures are not finalised at the time of publication.

Data source: NHS England

Cancer Performance

The Trust managed to hit six of the nine (including one local) cancer standards during 2016/17.

The single biggest issue affecting the trust performance is late tertiary referrals. The operational protocol states that external providers must refer into the Trust by day 42 of the pathway. Evidence suggests that this is not happening frequently enough and leads to a number of breaches for the 62-day standard. Capacity issues impacted upon the Urology department which has led to problems seeing all patients within standard. However, this has been resolved towards the back end of the year.

The Trust has also hosted a review by the national intensive support team to identify areas for improvement and is currently partnering with Leeds Teaching Hospitals NHS Trust to identify other areas of good practice and learning.

Emergency Care

A new Urgent Care Centre opened within the ED department at the start of the 2016/17. This is managed by a private provider and saw the introduction of revised clinical pathways and new ways of working around triage and assessment. The benefits of this new approach took a while to embed and it was not until September 2016, following the implementation of the joint clinical triage process, that the full benefits of this have been felt.

There has been a 16% increase in attendances compared to the contracted activity across the quarter. This has led to operational pressures and is the primary reason for the Trust not being able to achieve the overall standard.

The Trust is committed to the “Physician A” model which has demonstrated reduced emergency admissions. This has enabled the Trust to maintain the number of beds it has open across the year and has resulted in significantly less pressure on bed stock across the winter period as a whole.

The Trust has already asked the Intensive Support Team (IST) to undertake a review and offer support and advice for improvement in 2016. The action plan developed a result of this is now fully embedded. To further support this, the Trust commissioned a “Human Factors” report to identify additional actions that could be taken to improve performance and are currently looking to implement these findings.

Referral To Treatment (RTT) Performance

The pressure on the Trust has grown again during 2016/17 with referrals 6% above planned levels. This has given rise to a number of specialties facing difficulties in achieving the 92% threshold. This is combined with a capacity issues with some specialties unable to recruit, despite repeatedly advertising and exploring networks and contacts. For RWT the capacity issue is most strongly felt in General Surgery and Urology.

Recovery Action Plans (RAPS) have been developed for a number of specialties and shared with commissioners for monitoring purposes and support for demand management.

The Trust has also invested in a capacity management tool that will provide more detailed support to operational teams in managing the workflow across the year.

There are a number of other quality indicators that the Trust uses to monitor and measure performance. Some of these are based on the National Quality Requirements and others are more locally derived and are more relevant to the city of Wolverhampton and the wider population we serve.

Similar to the National Standards, these metrics are also reported to the Trust Board alongside a range of other organisational efficiency metrics. This gives the Board an opportunity to have a wide ranging overview of performance covering a number of areas

Performance against other National and Local Quality Requirements:

Indicator	Target 2016/17	2016/17	Performance 2015/16	2014/15
Clostridium Difficile	35	45	73	51
MRSA	0	0	0	2
Referral to treatment - no one waiting longer than 52 weeks	0	10	0	0
Trolley waits in A&E not longer than 12 hours	0	0	1	0
VTE Risk Assessment	95%	96.00%	96.20%	96.90%
Duty of Candour - failure to notify the relevant person of a suspected or actual harm	0	3	1	1
Stroke - 90% of time spent on stroke ward	80%	89.16%	84.00%	86.00%
Maternity - bookings by 12 weeks 6 days	>90%	90.40%	89.10%	87.00%
Maternity - Breastfeeding iniated	>64%	65.20%	64.60%	63.80%

Data source: NHS England

Healthcare-Associated Infection (HCAI)
The Trust has a well-established reputation for high standards in relation to HCAI. This can be evidenced with the second consecutive year of zero MRSA infections. Whilst not quite achieving the target for Clostridium Difficile, the Trust managed to reduce the number of cases by nearly 40% and had the best performance in any of the last three years.

Duty of Candour (DoC)
The Trust operates a "Being Open" principle with regard to incidents that occur around patient care and treatment. This includes the statutory Duty of Candour which provides that where an incident has resulted in moderate or severe harm or death, NHS Trusts have a formal duty to notify patients/ relatives that the incident is being investigated, and to share the outcome of that investigation with the patients/ relatives. This is to keep patients informed when things have gone wrong, and to give them assurance around what the Trust has done to reduce the risk of a similar incident happening again in future.

The Trust has systems in place to monitor implementation of the Duty of Candour via weekly reports, escalation procedures and supporting information and tools to assist staff.

Compliance is reported on a monthly basis to the Trust Board and where breaches have occurred, what is being done to improve compliance in future.

In 2016/17 there were 494 applicable Duty of Candour targets of which the Trust met 486 (8 breaches) giving us an overall compliance rate of 98%.

There is a patient leaflet available for Duty of Candour which explains to patients and relatives what they can expect from the process.

Referral to Treatment (RTT) Performance
During 2016/17 the trust identified a reporting issue within Orthodontics. A full investigation was conducted that was able to provide assurance that no harm had come to any patients. However, whilst patients were being monitored and treated, not all of these were included within the reported numbers. As a result of this the Trust reported a number of breaches against the over 52 week RTT target during the year.

A robust recovery plan has been implemented which has seen this number managed and the plan is to have no patients waiting greater than 52 weeks by June 2017.

ENGAGEMENT IN THE DEVELOPING OF THE QUALITY ACCOUNT

Prior to the publication of the 2016/17 Quality Account, we have shared this document with the following:

- Our Trust Board, including combination of Non-Executive and Executive Directors
- City of Wolverhampton Council Health Scrutiny Board
- Wolverhampton, Cannock Chase, South East Staffordshire and Seisdon Peninsula, Stafford and Surrounds Clinical Commissioning Groups
- Trust staff
- Healthwatch

In 2016/17 we will continue to share our progress against the quality improvement priorities and continue to work closely with the users of our services to improve the overall quality of care offered.

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

CITY OF WOLVERHAMPTON COUNCIL

Statement from City of Wolverhampton Council Health Scrutiny Panel

The Health Scrutiny Panel has the power to comment on the Royal Wolverhampton NHS Trust (RWT) Quality Accounts before it is published. The Health Scrutiny Panel has a responsibility to scrutinise the accuracy of data and conclusions detailed in the draft document. This check is necessary in order to provide reassurance to service users and members of the public about the reported progress being made by the hospital against local and national performance and quality standards.

The Health Scrutiny Panel met on the 25 May 2017 to consider and comment on the Quality Accounts report.

The panel agreed that based on the evidence presented during the year the content of the report provides an accurate picture of the hospital performance against core standards and progress towards key priorities for improvement.

The Health Scrutiny Panel support the continued focus in the report on making progress on the previously reported key priorities for improvement – listed below:

- Nurse staffing levels
- Safer care
- Patient experience

The panel welcome the timely presentation of reports and the willingness of the Chief Executive and Chairman of RWHT to make themselves available to attend meetings and to respond directly to questions on a range of local and national health issues and concerns. Representatives from RWT have actively participated and contributed to the health scrutiny work programme and attended meetings to respond to emerging issues of public concern and contribute to discussions on local health issues.

The panel welcome the stated commitment to prioritise the use of resources to the benefit of the residents of Wolverhampton. The issues of delayed discharge is a concern but the panel welcome the commitment of RWHT to work with other agencies to devise suitable care packages so that people can either return home or be moved to a more appropriate alternative care setting.

There is clear evidence from the various reports presented to the panel by senior staff that the quality of clinical care provided continues to be delivered to a high standard, despite the difficulties in recruiting additional nursing staff levels across the hospital with the required skills and experience.

In addition, there is clear evidence from reports that the hospital is being well led and managed and all those involved should be congratulated in responding to the challenges facing the health service and continuing to deliver quality care.

The hospital is managing finances well and continues to invest in maintaining clinical standards and new facilities. The action taken by RWT has helped to reduce pressure on the urgent and emergency care system.

The opening of the Urgent Care Centre in April 2016 is very much welcomed. RWT have consulted with panel in good time at key stages of the planning process and have responded positively to comment

There is evidence of the strong governance arrangements and a focus on encouraging a learning culture among staff across the hospital.

The panel welcomed the openness and reliability of information provided and noted that attending officers have been refreshingly frank in the challenges facing the service and have responded positively to comments from the panel and also to requests for further information. The panel acknowledge the challenge facing RWT in managing the patient expectations of the service and in persuading people to use alternative provision – particularly at a time of great demand pressure on the health and social care sectors.

The panel welcome the focus on reducing the number of never events and the monthly reporting of other performance data to the Board to monitor and review progress against key measures against regional and national benchmarking.

The evidence from Wolverhampton Healthwatch shows that the hospital continues to deliver a high quality patient experience. This finding is based on an analysis of a small number of reported complaints which give the panel confidence that the hospital is meeting the needs and expectations of the vast majority of patients. Furthermore, that this information is being used to further improve the quality services.

The Panel welcomed the focus in the draft to reflect local health priorities and concerns voiced by their constituents about access services and the quality of provision.

The Panel remain concerned about the implications of proposals detailed in The Black Country Sustainability and Transformation Plan to reconfigure health services and changes in provision of services locally. The panel welcome the reassurance given by the Chief Executive about the future of the minor injuries unit at Cannock Hospital – which has been rightly praised for the quality of care provided.

The priorities for improvement are sufficiently challenging and there are clear and reliable measures to show progress towards targets to assess progress.

The panel would like a future document to include specific reference to the work being done by RWT to support efforts with other partner to tackle the six main causes of death in Wolverhampton, as part of wider patient and public engagement strategy to agree its key priorities.

The health scrutiny panel will continue to foster an open and positive working relationship with RWT. The panel will review progress against three priorities listed for improvement detailed in the Quality Account and provide the necessary challenge to deliver better health outcomes for the residents of Wolverhampton.

Councillor Jasbir Jaspal

Chair of the Health Scrutiny Panel

08/06/17

NHS
Wolverhampton
Clinical Commissioning Group

Statement from Wolverhampton & Staffordshire Clinical Commissioning Groups

As lead commissioner Wolverhampton Clinical Commissioning Group (CCG) welcomes the opportunity to provide this statement for The Royal Wolverhampton Trust quality account for 2016/2017.

Wolverhampton Clinical Commissioning Group is committed to ensuring that the services it commissions provide the very highest standards in respect of clinical quality patient safety, patient experience and clinical effectiveness. During the year we have maintained and strengthened our working relationship with colleagues from the Trust in order to monitor service delivery and review performance throughout the year. 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.

In the quality accounts for 2016/17 the Trust has demonstrated its passion and determination to continually improve the quality of care it delivers across the healthcare economy, following their common goal "to make sure that patients are at the centre of all we do". We note the new approach to care and the CCG would have liked to have seen the information relating to vertical integration within the report, unfortunately this was not made available to Commissioners in the draft quality account we received.

Whilst reviewing the quality account we were pleased to note many of the specific areas that the Trust has addressed during 2016/2017 to improve its services and the quality of care that it provides. In 2016/17 the Trusts overarching principle to ensure patient safety is one the CCG shares along with high quality services. The Trust has addressed key areas to impact on the priorities:

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

During the year as evidenced in the quality account the urgent care system has provided many challenges. Demand has risen and performance has fluctuated. The impact is felt further with staff recruitment and the Trust should be congratulated for its success with recruiting international nurses.

Safer Nursing Staff Levels

The quality account commits to ensuring that the right staff are in the right place, at the right time. We hope the innovative technology of teletracking 'safe hands' helps to ensure real time live staffing feeds are available to monitor the importance governance and maintain the nurse to patient ratios.

The pilot for the trainee nursing associate programme is one the CCG has participated in and it is good to read about the 19 trainees that commenced in January this year, we look forward to reading about their success in January 2019.

Safer Care

In 2017 commissioners invited the Trust to participate in the CCG's Serious Incident Scrutiny Group, this has promoted learning from themes and implementation of the lessons learnt from serious incidents and never events. We would however in the report, have liked to see some context and the plans to assure patients of the actions taking place to learn from the incidents, particularly the five never events that have been reported.

We welcome the involvement of the national inpatient falls audit and the CCG is pleased to see that falls have reduced, we hope to see a further reduction with involvement of the pilot and new initiatives that reduce both falls with and without harm.

The launch of the tissue viability strategy was welcomed and we are pleased to have worked collaboratively across the health economy to see a reduction in total incidents of pressure injuries. We will continue our joint venture to increase our reach on the health economy to get more education and training to professionals,

carers and patients on the preventative measures to reduce pressure injuries occurring.

Preventing infections, like our approach to pressure injuries, is another area we have remained committed to with the Trust and the City of Wolverhampton Council Public Health Service. It has been an enormous challenge but one the Trust continues to excel at on a local and regional level.

The CCG welcome the Trust's commitment to 'sign up to safety' and its work around the human factors training, we look forward to seeing the succession of this project and training interventions in the three prioritised areas and we will be keen to discover how this is implemented across the organisation. The other component of the 'sign up to safety' includes improving diagnosis and treating patients with serious infections and the CCG welcome the new evidence based guidance sepsis tool. Along with other developments such as the sepsis movie "starfish", this will have a positive impact for patients.

Patient experience

The continued transformation of the patient experience agenda is noted and this has been taken forward now from 2015/16, 2016/17 and to the forthcoming year. It will be interesting to see how the work is progressed once the transformational phase has been completed.

The CCG acknowledge the continued patient and public engagement, the work that has expanded in the volunteer services and the commitment to the equality, diversity and inclusion objectives. Equality requires commitment at every level and is not just a legal obligation, the Trust recognise this in their quality accounts and include the moral and social responsibilities, treating people fairly is the right thing to do.

Looking forward

Going into 2017/18 the CCG will continue to work with the Trust to seek further improvements in all areas of clinical quality including falls, pressure injuries, healthcare acquired infection, safe discharge and mortality. Through monitoring meetings, quality visits and findings of other stakeholders, including those undertaking peer reviews and considering findings from national clinical audits, information and feedback received from patients and public, we will continue to seek the assurance that we require about the safety, experience and effectiveness of the services that our patients are accessing.

The CCG welcomes the action plan in response to the CQC rating of requires improvement and will support the Trust with getting CQC ready for the follow-up visit.

The quality account is comprehensive and welcomed. There are notable areas of success as well as areas that continue to require focus and improvement.

2017/18 will be a year that will bring further change and challenge for the Trust, as commissioners we believe that the trust's values will drive forward the objectives and they will continue to improve quality across the breadth of services we commission, their continuous improvement will benefit our patients in the care they receive when they need it.

Yours sincerely

Dr Helen Hibbs

Chief Officer

Wolverhampton Clinical Commissioning Group

Statement from Wolverhampton Healthwatch

Healthwatch Wolverhampton and Healthwatch Staffordshire are pleased to have been invited to comment on the Quality Account for the Trust.

Healthwatch Wolverhampton and Healthwatch Staffordshire continue to work closely with the Trust. The Quality Account outlines the key areas which the Trust has focused on over the last year, and the format of the report clearly outlines where further work is required with the continued focus remaining on the three areas being carried forward into 2017/18, being Nurse staffing levels, safer care and patient experience.

We recognise the changes and improvements that have taken place over the past 12 months and the challenging landscape that currently exists and welcome the focus remaining firmly on the patient being at the heart of everything the Trust does. The Trust have outlined areas of innovation that they have implemented to improve patient experience, most notably the Tele tracking "Safer Hands System" in assisting in improved bed flow, the impact of which we hope will be evident in next years' Quality Account.

Healthwatch Wolverhampton and Healthwatch Staffordshire have worked collaboratively with the Trust over the past 12 months on patient engagement and patient experience initiatives; regularly attending and participating in the Patient Experience Forum, PLACE Assessments and conducting our own Enter & View visits into services. It has been pleasing to note the positive experience patients have fed back to Healthwatch, particularly on Royal Wolverhampton NHS Trust services delivered at the Cannock Hospital site.

With one of the Trust's priorities remaining on improving patient experience for the year ahead, we note the continued transformation of the Patient Experience services, particularly the end of the Patient Experience Forum, being replaced by a Council of Members. The Council of Members sets out a more strategic role for patients to engage with the Patient Experience team which we feel may prevent some previously engaged patients from maintaining an active role in patient participation. We will observe the future developments here to ensure that the future forum established for patient experience is robust and accessible for all. It is evident from the work that has been done by the Trust that continued efforts are being made to address the increase in the volume of formal complaints received in 2016/17 compared with the previous year and we welcome the Trust's open approach to learning from complaints to inform service improvements.

We acknowledge the continued efforts the Trust are making to ensure there are safe staffing levels throughout its services through its staffing recruitment and retention plans and acknowledge the difficulties being faced in recruitment of staff, which is not an issue isolated to Wolverhampton. It is pleasing that the focus is being retained in this area as a priority for the year ahead.

With five never events being reported in 2016/17, the continued focus on Safer Care is welcomed by Healthwatch. The initiatives outlined in the Safer Care elements of the Quality Account, particularly looking at the area of falls prevention are a positive step, most notably, the reported decline in the number of falls, and the Trust's continued commitment to improve on this further in the year ahead and share their acquired knowledge and best practice.

The Quality Account clearly acknowledges the need for transformation and sustainable changes to be made across service delivery through the development of new models of care and Healthwatch welcomes the opportunity to work with the Trust to ensure there is meaningful and ongoing dialogue and engagement with patients and members of the public incorporated into future service models to sustain and improve its service provision.

The report format ensures that the priorities for the year ahead are easily identified as the ongoing programme of work. Healthwatch Wolverhampton and Healthwatch Staffordshire look forward to having the opportunity to review the progress against the forthcoming years priorities and to review the outcomes measured in the 2018/19 Quality Account next year to be able to assess the impact of the priority areas.

Yours sincerely

Elizabeth Learoyd
Chief Officer
Healthwatch Wolverhampton

Jan Sensier
Chief Executive
Healthwatch Staffordshire

Statement of Directors Responsibilities in respect of the Quality Account 2016/17

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 2017

Jeremy Vanes

Chairman

29th June 2017

Statement of Limited Assurance from the Independent Auditors

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 2017 ("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 2017 subject to limited assurance consist of the following indicators:

- Venous thromboembolism risk assessment (VTE indicator)
- Healthcare acquired infection (HCAI) measure clostridium difficile infections (C-Diff)

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 2016 to June 2017;
- papers relating to quality reported to the Board over the period April 2016 to June 2017;
- feedback from the Commissioners dated 14/06/2017;
- feedback from the City of Wolverhampton Council Health Scrutiny Panel dated 16/06/2017;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, and presented to the Trust Board on the 31 October 2016, 28 November 2016, 27 February 2017 and 22 May 2017;
- the latest national patient survey dated 31/05/2017;
- the latest national staff survey dated 07/03/2017;
- the Head of Internal Audit's annual opinion over the trust's control environment dated 19/04/2017;
- the annual governance statement dated 01/06/2017;
- the Care Quality Commission's Inspection Report dated 13/12/2016; and
- any other relevant information included in our review.

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;
- analytical procedures;
- 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.

Basis for adverse conclusion

Our testing of the Trust's VTE indicator found that:

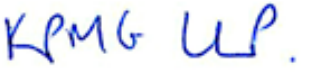
- the Trust's processes to identify instances of VTE from its database did not identify all VTE instances; and
- when we compared the Trust's Unify submission to the VTE database reports we were unable to agree records to the source data from the supporting systems.

We therefore, cannot conclude that we have sufficient assurance as to the accuracy or completeness of the indicator. For this reason we are unable to issue a limited assurance opinion on this indicator included in the Quality Report for the year ended 31 March 2017.

Adverse conclusion

Based on the results of our procedures, with the exception of the matters reported in the basis for the adverse conclusion paragraph above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- 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 C-Diff indicator in the Quality Account subject to limited assurance has 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
One Snowhill
Snowhill Queensway
Birmingham B4 6GH
28 June 2017

Actions following the Statement of Limited Assurance from the Independent Auditors

Issue, Impact and Recommendation	Management Response / Officer
VTE Indicator: Reconciliation and consistency checks • the Trust's processes to identify instances of VTE from its database did not identify all VTE instances; and • when we compared the Trust's Unify submission to the VTE database reports we were unable to agree records to the source data from the supporting systems.	**Action** The Trust is reviewing its process along with other systems that may be utilised to collate and validate data by multiple means.
Issue, Impact and Recommendation	Management Response / Officer
C-difficile Indicator: Data entry omissions • the C-Diff indicator in the Quality Account subject to limited assurance has 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.	**Action** Requirements to identify rationale regards C.diff testing have been implemented since this has been identified.

How to give comments

We welcome your feedback on this Quality Account and any suggestions you may have for future reports.

Please contact us as indicated below:

Alison Dowling

Head of Patient Experience & Public Involvement

The Royal Wolverhampton NHS Trust

New Cross Hospital

Wednesfield Road

Wolverhampton

WV10 0QP

Email: rwh-tr.yourcomments@nhs.net

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

Appendix 1 – National Clinical Audits that RWT participated during 2016/17

National Clinical Audit, Enquiry or Programme	Workstream/ Component	Lead Directorate	Status of Audit
6th National Audit Project of the Royal College of Anaesthetists	Perioperative Anaphylaxis in the UK	Critical Care	Completed
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)		Cardiothoracic Services	Completed
Adult Asthma		Respiratory	Awaiting Report
Adult Cardiac Surgery		Cardiothoracic Services	Completed
Asthma (paediatric and adult) care in emergency departments		Emergency Department	Awaiting Report
Cardiac Rhythm Management (CRM)		Cardiothoracic Services	Completed
Case Mix Programme (CMP)		Critical Care	Completed
Congenital Heart Disease (CHD)	Adult	Cardiothoracic Services	Completed
Consultant Sign-off (Emergency Departments)		ED	Awaiting Report
Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions (PCI)		Cardiothoracic Services	Completed
Cystectomy Audit		Urology	Completed
Diabetes (Paediatric) (NPDA)		Paediatrics	Completed
Elective Surgery (National PROMs Programme)		Trauma & Orthopaedics/ General Surgery	Completed
Falls and Fragility Fractures Audit programme (FFFAP)	National Hip Fracture Database	Trauma and Orthopaedics	Completed
Medical and Surgical Clinical Outcome Review Programme	Non-invasive ventilation	Respiratory	Awaiting Report
National Audit of Dementia	Care in general hospitals	Care of the Elderly	Awaiting Report

National Comparative Audit of Blood Transfusion programme	Audit of Patient Blood Management in Scheduled Surgery	Pathology	Completed
National Comparative Audit of Blood Transfusion programme	Use of blood in Haematology	Pathology	Completed
National Comparative Audit of Blood Transfusion programme	Audit of Patient Blood Management in Scheduled Surgery	Pathology	Awaiting Report
National Emergency Laparotomy Audit (NELA)		Critical Care	Completed
National Heart Failure Audit		Cardiothoracic Services	Awaiting Report
National Joint Registry (NJR)	Hip replacement	Trauma and Orthopaedics	Completed
National Joint Registry (NJR)	Knee replacement	Trauma and Orthopaedics	Completed
National Lung Cancer Audit (NLCA)	Lung Cancer Consultant Outcomes Publication	Respiratory	Awaiting Report
National Prostate Cancer Audit		Urology	Completed
Nephrectomy audit		Urology	Completed
Radical Prostatectomy Audit		Urology	Completed
Sentinel Stroke National Audit programme (SSNAP)		Stroke	Awaiting Report
Smoking Cessation		Respiratory	Completed
Society for Acute Medicine's Benchmarking Audit (SAMBA)	Acute Internal Medicine / General Internal Medicine	AMU	Completed
UK Cystic Fibrosis Registry	Adult	Respiratory	Awaiting Report

Appendix 2 – National clinical Audits that RWT continues to participate in and which remain in progress since 2016/17

National Clinical Audit, Enquiry or Programme	Workstream/ Component	Directorate	Status of audit
Bowel Cancer (NBOCAP)		Cancer Services	In Progress
Child Health Clinical Outcome Review Programme	Chronic Neurodisability	Paediatrics	In Progress
Child Health Clinical Outcome Review Programme	Young People's Mental Health	Paediatrics	In Progress
Falls and Fragility Fractures Audit programme (FFFAP)	Fracture Liaison Service Database	Rheumatology	In Progress
Head and Neck Cancer Audit		Cancer Services	In Progress
Inflammatory Bowel Disease (IBD) programme		Gastroenterology	In Progress
Major Trauma Audit		Emergency Department	In Progress
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	In Progress
Maternal, Newborn and Infant Clinical Outcome Review Programme	Maternal mortality surveillance	Obstetrics	In Progress
Maternal, Newborn and Infant Clinical Outcome Review Programme	Perinatal mortality and morbidity confidential enquiries (term intrapartum related neonatal deaths)	Obstetrics	In Progress
Maternal, Newborn and Infant Clinical Outcome Review Programme	Perinatal Mortality Surveillance	Obstetrics	In Progress
National Audit of Management of Intra-abdominal sepsis	Acute surgical services	General Surgery	In Progress

National Chronic Obstructive Pulmonary Disease (COPD) Audit programme	Pulmonary rehabilitation	Respiratory	In Progress
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme	Secondary Care	Respiratory	In Progress
National Diabetes Audit - Adults	National Core	Diabetes	In Progress
National Diabetes Audit - Adults	National Footcare Audit	Diabetes	In Progress
National Diabetes Audit - Adults	National Inpatient Audit	Diabetes	In Progress
Neonatal Intensive and Special Care (NNAP)		Neonates	In Progress
Oesophago-gastric Cancer (NAOGC)		Cancer Services	In Progress
Paediatric Pneumonia		Paediatrics	In Progress
Percutaneous Nephrolithotomy (PCNL)		Urology	In Progress
Renal Replacement Therapy (Renal Registry)		Renal	In Progress
Severe Sepsis and Septic Shock - care in emergency departments		ED	In Progress
UK Cystic Fibrosis Registry	Paediatric	Paediatric	In Progress

Appendix 3 – National clinical Audits reviewed by RWT in 2016/17 with actions intended to improve the quality of healthcare provided

Completed audits are reviewed by the provider to identify the outcomes of audits and confirm the compliance rating against the standards audited. It is crucial that where audits have identified moderate or significant non-compliance, that actions are taken to address gaps and implement changes to improve the quality of healthcare provided. All audits identified as moderate or significant non-compliance were (where appropriate) added to the 2017/18 audit plan for subsequent re-audit.

Audit Title	Directorate	Compliance Rating	Actions identified to improve the quality of healthcare provided
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Cardiology	Moderate Non-Compliance	Meetings to be held with ED teams both here and Walsall Manor Hospital and Russell's Hall Hospital to facilitate a quicker patient pathway.
6th National Audit Project of the Royal College of Anaesthetists - Perioperative Anaphylaxis in the UK	Critical Care	Not Applicable	No actions required. Purpose of audit was to inform development of new national standards.
Case Mix Programme (CMP)	Critical Care	Fully Compliant	Not applicable as results indicate that the ICU has performed above average for the past 5 years. ICU will continue to participate in ICNARC in order to maintain standards and provide the key quality benchmarking indicators.
Adult Cardiac Surgery	Cardiothoracic Surgery	Fully Compliant	No actions required. Cardiac surgery is well within safe practice in comparison with other units in the UK.
Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions	Cardiology	Fully Compliant	No actions required. Meeting standards stipulated by BCIS.
Radical Prostatectomy Audit	Urology	Fully Compliant	No actions required. Meeting standards stipulated by BCIS.
Cystectomy Audit	Urology	Fully Compliant	No actions required. Satisfactory Trust performance against national figures. Detailed local audits also undertaken, particularly with respect to robotic cystectomy, to provide further assurance.
Cardiac Rhythm Management (CRM)	Cardiology	Fully Compliant	No actions required. Audit demonstrated complication rates are low with no mortality for this period and a good patient service.

Nephrectomy audit	Urology	Fully Compliant	No actions required. Results demonstrated efficient and a safe service.
National Joint Registry (NJR) **- Hip Replacement** **- Knee Replacement**	Trauma & Orthopaedics	Fully Compliant	No actions required. Data reviewed to ensure all surgeons are performing to appropriate standards.
Elective Surgery (National PROMs Programme)	Trauma & Orthopaedics	Fully Compliant	No actions required. Satisfactory Trust performance against national figures.
Falls and Fragility Fractures Audit programme (FFFAP) - National Hip Fracture Database	Trauma & Orthopaedics	Moderate Non-Compliance	Junior Doctors to be made aware of the importance of good practice for hip fracture patients and mandatory tasks/data that has to be collated for all hip fracture patients in a timely fashion. This is done at junior doctor induction. Results to be reviewed monthly at Directorate Governance Meeting via the live NHFD website.
Society for Acute Medicine's Benchmarking Audit (SAMBA)	Acute medicine	Minor Non-Compliance	No actions agreed. Demonstrated significant improvement in compliance.
National Comparative Audit of Blood Transfusion programme - Use of blood in Haematology	Pathology	Significant Non-Compliance	Implementation of audit and monitoring of transfusion requests and challenging requests which are deemed inappropriate.
Diabetes (Paediatric) (NPDA)	Paediatrics Acute	Minor Non-Compliance	Increased educational input required from Diabetes Team. Need for database to collect data has been escalated to Divisional Management.
National Prostate Cancer Audit	Urology	Fully Compliant	Missing datasets have been identified and addressed with the relevant Departments.
National Emergency Laparotomy Audit (NELA)	Critical Care	Minor Non-Compliance	Reminder of importance of the NELA suggested standard of care to all those involved in care of patients undergoing emergency laparotomy. Dr Claxton is to present findings to a wider audience including general surgeons to further raise awareness. Anaesthetic chart may be altered to reflect the p-possum documentation.
Congenital Heart Disease (CHD)	Cardiology	Fully Compliant	No actions required. Excellent patient outcomes for PFO closure with procedural success at 100% and 30 day mortality at 0% demonstrating excellent patient care.
Smoking Cessation	Respiratory medicine	Minor Non-Compliance	Implementing a smoking cessation unit into the mandatory electronic induction, targeting teaching sessions to all Junior Doctors, nominating "Stop Smoking" champions within AMU and SAU with the aim of increasing awareness. Offer the use of Nicotine replacement therapy to current smokers by Introducing a ward supply of Nicotine replacement therapy on wards such as AMU and SAU to reduce delay due to orders from pharmacy. Refer those identified as smokers to the Healthy Living Team and develop a smoke free environment in and around the hospital.

Appendix 4 – Local clinical Audits reviewed by RWT in 2016/17 with actions intended to improve the quality of healthcare provided

Completed audits are reviewed by the provider to identify the outcomes of audits and confirm the compliance rating against the standards audited. It is crucial that where audits have identified moderate or significant non-compliance, that actions are taken to address gaps and implement changes to improve the quality of healthcare provided. All audits identified as moderate or significant non-compliance were (where appropriate) added to the 2017/18 audit plan for subsequent re-audit.

Directorate	Audit Title	Compliance Rating	Actions identified to improve the quality of healthcare provided
ED	Trust Wide OP07 Documentation Audit 16/17	Moderate Non-Compliance	The requirement for improved Documentation will be raised with staff via the Consultants meeting and also discussed at the Junior Doctors education sessions and local induction.
ED	Does the prescribing of Co-amoxiclav in the Emergency department follow Trust guidelines on prescribing?	Moderate Non-Compliance	Actions have been put in place to improve the availability of prescribing guidance and also to educate new doctors as they commence in ED re: which antibiotics to prescribe.
ED	Is the Emergency Department at New Cross Hospital following the Trust's neutropenia sepsis management protocol	Moderate Non-Compliance	Audit results to be presented to Junior Doctors and email to be circulated to all staff reminding them of the antibiotic requirements.
ED	Assessment of children with self-harm presenting to the emergency department (NICE CG16)	Moderate Non-Compliance	Email circulation to all ED staff the requirement to discuss with young people where they would prefer to be admitted
Acute medicine	Heart Failure	Moderate Non-Compliance	Inclusion in Junior Doctors training to reinforce the importance of undertaking BNP and also the importance of daily weights and fluid restriction in heart failure patients.

Acute medicine	Atrial Fibrillation	Moderate Non-Compliance	AMU consultants to counsel all patients around need for anti-coagulation if appropriate after assessment and offer choice of agent. If NOAC chosen, to initiate immediately. To liaise with the cardiology team about guideline update. Improve availability of informative leaflet about Atrial fibrillation and risk of stroke, NOAC.
Acute medicine	The initial assessment of delirium on AMU	Significant Non-Compliance	Delirium guidelines are currently in development for use across the Trust and the Acute Medical Units clerking booklet is currently being reviewed to incorporate a delirium stamp/ prompt to remind staff to undertake an assessment.
Cardiology	ECG Training and standards at RWT	Significant Non-Compliance	Access to training e-learning provided intranet site. Risk assessment to be undertaken. Liaise with medical Equipment Team particularly regarding the status of training. Increase awareness of the appropriate stock that the ECG Trolley should contain.
Cardiology	National Heart failure (HF) Audit - 2014/15 data	Moderate Non-Compliance	Additional Heart Failure Cardiologists employed.
Cardiology	National Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP) Audit - 2014/15 data	Moderate Non-Compliance	Meetings to be held with ED teams both here and Walsall Manor Hospital and Russell's Hall Hospital to facilitate a quicker patient pathway.
Cardiology	Weekend discharges: a look at delays in the pathway on the cardiology ward	Moderate Non-Compliance	Directorate to discuss if use of expedited (abridged) e-discharge would see a decrease in time from decision to actual discharge. All clinicians would be able to access and complete this when there are no medication changes.
Cardiothoracic Surgery	Compliance with IRMER regulations for CXR review on CICU (Previous audit ID 2426)	Moderate Non-Compliance	Do not report from the X ray machine due to poor resolution. Aim to report within an hour
Care of the elderly	Falls Assessment recording in West Park Hospital	Moderate Non-Compliance	Addition of Falls documentation training to locum induction; Medical staff reminded of their responsibilities in CP42

Care of the elderly	In-hospital prescribing of anti-psychotics and benzodiazepines to patients with dementia	Significant Non-Compliance	The Audit Convenor is going to share the findings with a Trust wide multidisciplinary group of staff (Clinical Audit Group). Delirium protocol to be developed and published. Consultant Nurse in Dementia to audit the utilisation of the 'About Me' document, presenting the findings on a regular basis and encouraging increased use of the document as a support to clinical care
Care of the elderly	Utilisation of the About Me document across the Trust	Moderate Non-Compliance	Documented reminder in clinical notes by Dementia Outreach Service Dementia Outreach Service to begin to provide carers with information pack and check 'About Me' compliance Dementia Outreach Service led spot compliance audits to be reinstated on a quarterly basis.
Care of the elderly	Trust wide OP07 Documentation Audit	Moderate Non-Compliance	Documentation is being flagged up in a number of situations; consequently the ward managers and matrons are dealing with omissions immediately when they are identified..
Critical Care	Adherence to recommended cuff pressure guidance - a snapshot audit	Significant Non-Compliance	Invest in manometers and test regularly and modify practice.
Critical Care	Audit of anaesthetic record keeping	Moderate Non-Compliance	Deficiencies in completing anaesthetic chart have been highlighted to staff. To improve/ modify anaesthetic chart to include prompts for: temperature, GMC number/ stamp and ventilator parameters.
Critical Care	Audit of unscheduled patient transfers from Cannock to New Cross Hospital	Moderate Non-Compliance	To present audit to the Board and medical division to highlight the deficiencies in the system. T&O CD to review documentation of decision-making for transferred patients.
Critical Care	Availability of emergency guideline folders in anaesthetic rooms and theatres	Moderate Non-Compliance	We have agreed that despite the plethora of apps available, it is still a good idea to have a paper copy of emergency procedures easily accessible wherever anaesthesia is performed.
Critical Care	Awareness of the location of the difficult airway trolley, resuscitation trolley, Dantrolene and Intralipid.	Moderate Non-Compliance	Clinical Director has written to the Anaesthetic faculty and Matron has communicated to ODP staff to increase awareness of the location of emergency trolleys and drugs prior to the start of the list. WHO Surgical brief includes verbal confirmation that staff are aware of the locations of the Difficult Airway trolley, the Resuscitation trolley and the location of emergency drugs.

Critical Care	NICE CG83 - Rehabilitation after critical illness in adults	Moderate Non-Compliance	The rehabilitation group is an evolving service which has only relatively recently received funding. The future plan is to apply for charitable status and develop it further. Data collection for new patients entering the service is likely to be increased.
Critical Care	Obtaining informed consent for elective orthopaedic procedures utilizing patient information leaflets.	Moderate Non-Compliance	Pre-assessment teams across both hospital sites to ensure patients are given procedure-specific leaflets at pre-assessment stage.
Critical Care	Perioperative Management of Diabetes in Elective Surgery	Moderate Non-Compliance	New guidelines developed. Audit author to convene with CD to determine if 2 hourly or 1 hourly blood sugar monitoring is required intra-operatively and reinforce this message within the department.
Critical Care	Safe extubation - are we following guidelines?	Significant Non-Compliance	Incorporate extubation teaching and utility of neuromuscular monitors in induction for junior staff and Airway days. Consideration of trainees raising awareness of use of nerve stimulators.
Critical Care	VTE prophylaxis for patients undergoing elective caesarean section	Moderate Non-Compliance	Obstetric Department have made appropriate changes to risk assessment forms and obstetricians have been reminded to use it.
Dental	Case Mix Audit	Moderate Non-Compliance	To set standards on how to be scoring in order to achieve more coherent scores. Undertake assessment of patients scoring 15-20 and the reasoning for this.
Diabetes	Inpatient management of hypoglycaemia	Significant Non-Compliance	Place hypoglycaemia guidelines on all medical and surgical wards and nursing staff rooms / notice boards. Since some hypo-boxes have no guidelines in place, place a laminated copy within or near the range of the hypo box to provide easy access for staff to refer to.
Gastroenterology	Confirming correct placement of nasogastric feeding tubes	Significant Non-Compliance	Specific chart for on-going confirmation of nasogastric and naso-jejunal tubes. Mandatory use of Nasogastric Feeding Tube Insertion Confirmation sticker and further training to be provided to ward staff to improve compliance with the use, care and documentation of Nasogastric tubes.

Gastroenterology	Management of upper gastrointestinal bleeding secondary to peptic ulcer disease	Moderate Non-Compliance	Endoscopists to comment on antithrombotic resumption on endoscopy report.
General surgery	Medical And Surgical Clinical Outcome Review Programme National: Sepsis in emergency general surgery admission: A multi-centre audit	Moderate Non-Compliance	Create a sepsis proforma to use in the notes. On-line module on sepsis/ group training sessions for staff in triage and SAU.
Gynaecology	A Service Evaluation: Standard of Clerking of Emergency Admissions (EGAU Documentation Audit)	Moderate Non-Compliance	A new clerking proforma that is comprehensive and user-friendly has been introduced.
Head & Neck	Fractured Mandible Time To Theatre	Moderate Non-Compliance	We as a team have requested an extra list for our speciality which is currently under review.
Head & Neck	Patient Medical Record Documentation	Significant Non-Compliance	Distribution of OP 07 Health Records Policy Increase availability of patient sticker in records Ensure all members have a working identification stamp Re-audit in the next quarter
Head & Neck	Seven day working: Review of acute ENT patient admissions.	Moderate Non-Compliance	Seven day working being implemented in April 2017
Head & Neck	Surgical Intervention in Otitis Media with Effusion: Adherence to NICE Guidance	Significant Non-Compliance	Reminder to staff to provide written documentation to patients and their parents/carers and document this in the notes. Cover all aspects of the history especially behavioural problems, hearing fluctuations and balance problems. Clinicians need to be aware that a bilateral hearing loss of over 25-30dB needs to be present to indicate surgery. Education of all staff relating to the relevant NICE guidance. Ensuring clinicians complete a guidance checklist before requesting a ventilation tube insertion.
Oncology & Haematology	Audit of Neutropenic sepsis	Moderate Non-Compliance	Meeting with ED team. Increase Education. Care bundle to be completed and filed in notes
Oncology & Haematology	Neutropenia care	Moderate Non-Compliance	Staff training in ED to be rolled out again Guidelines to be updated to a simpler format for easier use and understanding.

Paediatrics Acute	A National Audit: Facing the Future	Moderate Non-Compliance	The directorate is implementing new Ward Round arrangements and have submitted a Business Case for extending Consultant presence on the ward.
Pathology	National Comparative Audit of Red Cells and Platelet use in Haematology Patients	Significant Non-Compliance	Training on pre-transfusion Hb and adverse events. Clinicians have been advised of the requirement of adequate documentation on the reason for transfusion if outside the standard. National Blood transfusion committee (NBTC) indicator codes have been added to the intranet.
Pharmacy	An audit investigating the prescribing patterns of Triple Therapy within the Wolverhampton region assessing compliance against national NICE recommendations.	Significant Non-Compliance	To present audit findings at pharmacy meetings stipulating the key areas for improvement. Also, to encourage members of pharmacy team to educate medical staff on wards making them aware of the importance of stating duration of therapy on discharge. Team to create a Triple Therapy guideline accessible to both medical and pharmacy teams.
Pharmacy	An audit of the level of compliance to the local surgical prophylaxis antimicrobial guideline	Moderate Non-Compliance	Antimicrobial guidelines to be reviewed on a regular basis and local education /training is required by the directorate to help improve compliance against the guidelines.
Pharmacy	An audit to assess whether doctors are prescribing oxygen therapy correctly and whether nurses are completing their required documentation on the drug chart.	Significant Non-Compliance	Local discussions at clinical pharmacy meetings have been used to raise awareness of this audit. The Respiratory Pharmacist Lead, Pharmacists and Ward Doctors have been informed of the keeping accurate oxygen prescribing and monitoring on the ward.
Pharmacy	Evaluate prescribers' compliance with Antimicrobial guidelines in surgical prophylaxis for hysterectomy patients; and evaluate compliance with World Health Organization Surgical Checklist and NICE guidelines [CG74] Surgical site infections: prevention and treatment	Significant Non-Compliance	Team will feedback to colleagues regarding the outcomes highlighted in this report. Further awareness for antimicrobial pharmacist and antimicrobial consultants is planned. This interaction will be used to highlight the importance of prescribing prophylactic antibiotics as per RWH antimicrobial guidelines.

Radiology	Consent for tissue retention	Significant Non-Compliance	Communicate to consultant team the requirement to complete the section on the tissue removal on the consent form. Directorate are considering introducing a specific consent form for biopsy patients.
Radiology	IR(ME)R Audit : Compliance of Employers Procedure A. Identification	Significant Non-Compliance	All IR(ME)R operators have been presented with the results highlighting the areas of poor compliance. They have been provided with step by step instructions reminding them on how to complete patient identification.
Radiology	IR(ME)R Audit : Compliance of Employers Procedure D. Making Enquires of females of childbearing age to establish whether an individual is or may be pregnant	Significant Non-Compliance	All IR(ME)R operators have been presented with the results highlighting the areas of poor compliance. They have been provided with instructions on the six point check to remind them of the IR(ME)R Employers Procedure D regulation.
Radiology	Percutaneous nephrostomy salvage and tube exchange - are we following guidelines?	Significant Non-Compliance	Database has been set up to monitor appointments. Urologists have been informed that the Radiology Department need to be aware of patients with long term nephrostomies. Warning label in notes of all nephrostomies in use.
Radiology	To assess the number of patients presenting to New Cross with an acute deep vein leg thrombosis who should be considered for thrombolysis	Significant Non-Compliance	Consultant Radiologist has proposed writing a business case to offer catheter-directed thrombolysis therapy.
Rheumatology	An audit of management of osteoarthritis in adults (NICE CG177)	Moderate Non-Compliance	To record BMI. To make specific recommendations for analgesia and communicate that to GP. To document exercise advise given to patients. To consider use of questionnaires.
Rheumatology	National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis	Moderate Non-Compliance	Identify a robust process for capturing 3 months of data on enrolled patients.

Sexual Health	2015-16: NICE Audit - Audit of PH33 NICE Guidelines Increasing the uptake of HIV testing in Black Africans (carried over to 2016-17)	Significant Non-Compliance	Further actions are required to review barriers around testing in Secondary Care and improve education to staff working in medical unit of the Trust.
Trauma & Orthopaedics	An audit of trauma theatre utilisation at New Cross Hospital	Moderate Non-Compliance	Consider feasibility of implementing the 'Golden Patient' principle. Present findings in Anaesthetic directory meeting in order to maximise improvement to help with delays.
Trauma & Orthopaedics	National Hip Fracture Audit- 2014 data	Moderate Non-Compliance	Detailed action plan has been drawn up by directorate including; on-going recruitment and further teaching for Junior Doctors at induction.
Trauma & Orthopaedics	National Hip Fracture Audit 2015 data	Moderate Non-Compliance	Junior Doctors to be made aware of the importance of good practice for hip fracture patients and mandatory tasks/data that has to be collated for all hip fracture patients in a timely fashion. This is done at junior doctor induction. Results to be reviewed monthly at Directorate Governance Meeting via the live NHFD website.
Trauma & Orthopaedics	Reasons for Delays & average waiting times for ORIF of wrist & Ankle fractures	Moderate Non-Compliance	Introduction of ice packs to ward. Discuss amongst consultant body possibility of transferring and operating on more wrist fractures at Cannock Hospital.
Trauma & Orthopaedics	Referral time from ED to fracture clinic	Moderate Non-Compliance	ED are now reviewing soft tissue injuries reducing the amount of referrals therefore this may already have had an impact on results. A re-audit is going to be conducted.
Trauma & Orthopaedics	VTE Assessments: A Punctuality Audit	Moderate Non-Compliance	To include VTE check part of routine observations. Raise awareness. Directorate Governance Lead has spoken to VTE Lead Nurse regarding the issues with VitalPac in ED. At induction juniors are informed of the VTE requirements.
Trauma & Orthopaedics	VTE assessments: a punctuality audit	Moderate Non-Compliance	Increase awareness of guidelines to new junior doctor's cohort.

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

English

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Punjabi

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

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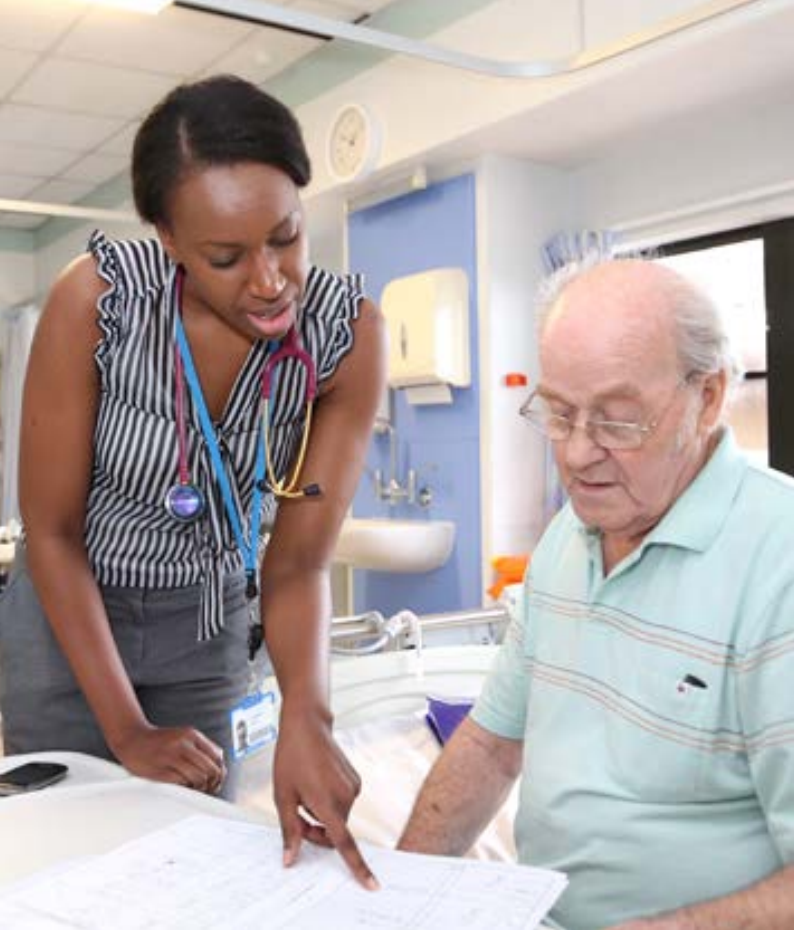

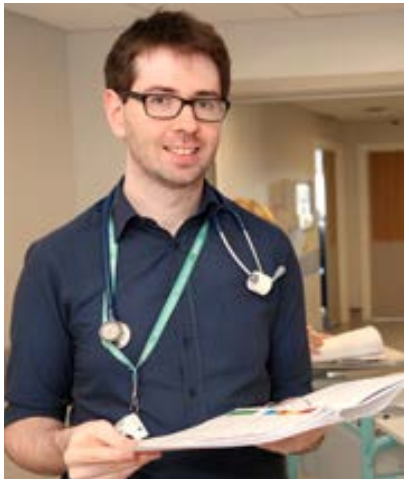

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