



Focus on safety and quality

Care to Share

Working in partnership:
The Royal Wolverhampton
NHS Trust
Walsall Healthcare NHS Trust

Issue 18
Summer 2023



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Framework
launch
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PSIRF has
arrived
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Pathway to tackle DNA for outpatients with a Learning Disability

Rebecca Lane, Sister, RWT

The Learning Disability Team is passionate about ensuring that people with a Learning Disability have equitable access to healthcare in our Trust.

Did Not Attend (DNA) rates in outpatient departments are higher than the general population. This led to the development of our pathway with the aim of reducing DNA rates and ensuring better health outcomes.

The pathway was trialled at the Orthopaedic Fracture Clinic and proved successful in reducing DNAs. Building on this work, it was introduced in other outpatient areas including Urology.

As part of the pathway we ensure that reasonable adjustments are offered to patients. This includes sending out easy read information on procedures, sending photos of the different clinic areas or offering a look around at a time that suits patients. They are also led straight into a consultation room instead of being in a busy waiting room which can cause distress. Most months, an attendance rate of 100% for Learning Disability patients is achieved thanks to this approach.

I'm really proud that it's working, and I hope that other departments do it too as it makes a huge difference.



Sister Rebecca Lane



Welcome to your Care to Share summer edition

Martina Morris, Deputy Director of Nursing (interim), RWT and WHT

#Hellomyname is Martina, and I work across both The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT), as a Deputy Director of Nursing (interim). I am delighted to have been provided with the opportunity to outline some of the key aspects both organisations are focusing on from a quality and safety perspective.

Over recent months, we have continued to drive improvements in the quality of patient care and safety, whilst maximising the opportunities our collaborative working provides. This has included, for example, establishment of the joint Falls Steering Group and Tissue Viability Steering Group and standardisation of how we review falls and pressure ulcer incidents and maximise the resultant learning.

An implementation of the national Patient Safety Incident Response Framework later this year, will further shape our approaches to incident investigation and learning.

Both organisations have continued to strengthen their approaches to preventing and managing patient deterioration and have seen positive improvements in patient observations completed on time. In addition, we have continued to grow our Professional Shared Decision-Making Councils, which are supporting sharing of best practice and improvements with regards to documentation and digital future, falls, medicines safety, observations, nutrition and hydration and clinical accreditation and we have plans to further grow these councils.

April and May 2023 saw the launch of two key documents - the first joint Quality Framework (QF) for Nursing, Midwifery, Health Visitors and Allied Health Professionals and the first joint Quality and Safety Enabling Strategy. In addition, a Single Delivery Plan for Maternity and Neonatal Services was launched nationally and both organisations are undertaking a gap analysis to identify further opportunities for improvement.

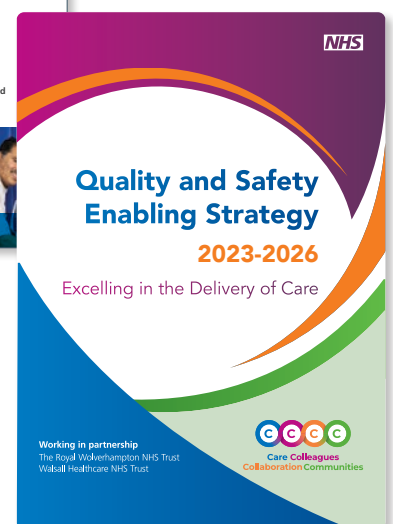
The QF has replaced the Clinical System Framework, which was in place at RWT previously. It outlines our objectives for the next two years and focuses on five key pillars including, Excellence in Care, Workforce, Culture and Organisational Development, Communication, Education and Research and Innovation. This edition includes five separate plans for the following services: Paediatrics, Maternity, Acute Adult,

Allied Health Professionals and Community, which have been co-produced with approximately 700 staff across both organisations.

The Quality and Safety Enabling Strategy includes specific plans pertaining to the Care objective of the Trust Strategy (six in total) and fundamental aspects (10 in total), for example, deteriorating patient, timely sepsis recognition, medicines management, maternity, and neonates, amongst others.

This April, we launched our Clinical Accreditation Programme, and started to undertake accreditation visits at both organisations. This programme of work and the clinical accreditation awards will be overseen by the newly established Clinical Accreditation Board, chaired by our Chief Nurses.

As you can see, there remains a strong focus on quality and safety across both organisations and I hope you enjoy reading this edition, which is specifically focusing on these two aspects.





Our Quality Framework launch

The Quality Framework - Nursing | Midwives | Health Visitors | Allied Health Professionals

Our shared vision for continuous improvement, providing safe, effective, and high-quality care for all our service users.

The new two-year work plan, combining the aims and objectives of RWT and WHT including clear and measurable goals with the focus on quality and the patient experience was launched in the spring.

There have been a few changes to the original including "The Quality Framework" or QF, which is new. It includes an overall milestone plan but now features five bespoke plans to reflect the goals of each service areas for Paediatric, Maternity, AHP - Allied Health Professionals, Acute Adult and Community Services. We have built these plans with input from all levels of the organisation through a series of listening events, surveys, and development days. Nurses, Midwives, Health Visitors and AHPs have all contributed.

The QF is built on foundation blocks which overlap and are integrated with one another. Good care includes:



Excellence in care



Workforce



Culture and organisation structure



Education



Communication



Research and innovation



What does the QF provide?

- It enables strategic vision to be translated into an open and transparent plan which can be replicated over timeframes
- It provides challenges, direction, and scope for improvements
- It provides a road map for the workforce
- It supports governance and can integrate an organisations quality and safety agenda
- It has patients' outcomes as a central theme.

Together our vision is to deliver exceptional care to improve the health and wellbeing of our communities. Excelling in the delivery of care is central to everything we do within our organisations. The quality of care we provide continues to be underpinned by best practice that is evidence based and innovative with measurable outcomes.



Quality Away Days

Katrina Creedon, Head of Nursing – Quality, WHT and RWT

Several, Quality Away Days took place during March and April for Band 6 and 7 colleagues across both Trusts.

Attendances were on average 100 members of staff per day from both organisations.

This gave attendees an opportunity to have their say on what we should call levels of Clinical Accreditation via a survey.



These away days provided the opportunity to network and come together, to hear about what good care looks like and the exciting new initiatives being introduced at both Trusts.

The sessions included the launch of the Quality Framework for Adult Nursing, Paediatrics, Community, Allied Health Professionals and Midwifery as well as The Clinical Accreditation Framework and programme; including what it entails and the timeframes of phases for implementation.



We discussed roles and responsibilities in relation to delivery of care which included tips for balancing managerial and clinical responsibilities. The sessions finished with an awareness session about the new Patient Safety Incident Response Framework (PSIRF) and how this approach differs to the existing process when an incident occurs. Evaluations about the days were very positive.





The Maternity and Neonatal Single 3-year Delivery Plan update

Tracy Palmer, Director of Midwifery and Neonatal Services, RWT

Maternity Services across England are now under significant scrutiny following on from Kirkup's Independent review into Maternity Services at University Hospitals of Morecambe Bay, East Kent and Ockenden's independent review into Shrewsbury and Telford Hospitals. Concerns were raised into the quality of care and safety within these services. These concerns led NHSE into mandating Immediate and Essential Actions (IEAs) that all Maternity Services across England had to implement.

Now NHSE has amalgamated recommendations from both Kirkup's and Ockenden's findings into **The Maternity and Neonatal Single 3-year Delivery Plan**. This plan sets out how the NHS will make the quality of Maternity and Neonatal care safer, more personalised and more equitable for women, babies, and families.

For the next three years NHSE is requesting Maternity leaders focus on four high level Quality and Safety Themes:



1. Listening to women and families with compassion



2. Supporting Workforce



3. Developing and sustaining a culture of safety to benefit everyone



4. Meeting and improving standards and structures that underpin the national ambition set out in Better Births

Maternity and Neonatal leaders will be focusing on delivery of the four high level themes over the next three years to continue to commit to Improving quality safety within Maternity and Neonatal Services at RWT and WHT.

Birth Trauma study day

Tracy Denmade, Patient Experience Midwife, WHT

A study day to raise awareness of birth trauma, how it may be prevented and how parents and staff can be well supported in the aftermath proved a successful session for both Trusts.

I am a Birth Trauma Resolution Practitioner and in Walsall I've set up a Birth Reflections Service for women and their birth partners. Listening to their experiences made me pledge to act upon the feedback.

Birth trauma is an individual response to a situation or set of circumstances that has the potential to have physical and/or emotional, harmful effects that can be long lasting.

A birth can become traumatic because of a medical intervention such as an emergency caesarean, or a complication, and women may fear they are going to lose their baby. They may also fear for their own lives. These fears can continue to affect their mental health for months and years later. This trauma can also be experienced by their partners and the staff supporting them, known as vicarious trauma.

The study day was aimed at Midwives, Maternity Support Workers and Health Visitors across both Trusts and there was good uptake from teams.

It's vital for staff to have awareness and the tools they need to help prevent trauma where possible as well as know how best to support women and families afterwards. For our patients, I hope that having a well-informed workforce will improve their

experience and have a positive impact as trauma can affect bonding with the baby, feeding, relationships and planning for another baby.



Tracy Denmade

I am incredibly passionate about raising awareness of birth trauma and very proud of the service we can offer our women and families. This was our first study day on this important topic and it went really well – it was amazing to see so many staff from different specialties across both Trusts.

Listening to the women's experiences was a really powerful exercise, and the whole group benefited from it.

All staff in attendance also made a pledge.



Images supplied by the Communications Team.



Health and Safety update

John Frazer, Health and Safety Manager, RWT

A letter was sent to NHS Trusts from the Health and Safety Executive (HSE) back in March stating changes around two specific, targeted areas throughout 2023.

The areas are **Musculoskeletal Disorders (MSKs or MSDs)** and **Violence and Aggression incidents (V&A)**.

The steps that have been instigated are as follows:

- Step one - HSE Inspectors will make several high-level interventions by appointment between NHS Trust Chief Executives and HSE Field Operations Division (FOD) Operational Managers, to discuss what is being done at senior management level to address the risks from MSDs and V&A incidents
- Step two - Inspectors will carry out several site inspections to seek assurance that what was described to us, in the high-level interventions, is being delivered at an operational level

How will this affect you and your colleagues?

- Are your own display screen equipment and individual assessments up to date? (DSE assessments) – we recommend that this information is recorded as part of the appraisal process

If you are a manager, we also ask you to review your team's V&G risk assessment/s.

Managers - How to support your teams

Please ensure that Moving and Handling training is up to date. And Incident (Datix) reports are being reported promptly following any adverse event as well as feedback from any investigations shared with your teams.

The management of violence and aggression (MOVA) policy is central to your understanding of V&G and yellow and red cards need to have been considered for both patients and their families. You can also use the Occupational Health/ Employee Assistance Programme to support staff who may be struggling in the aftermath of any V&G incident.

If you need any support, please contact the Health and Safety Team or the Moving and Handling/Security Team.

**WORK
SAFETY**

A graphic featuring a hand with the index finger pointing upwards, set against a blurred background of blue and yellow lights. The words 'WORK SAFETY' are written in large, bold, blue capital letters within a white rectangular box with a thin yellow border.

Feedback drives improvements

Bradley Cox, Patient Relations Manager, WHT

Learning from feedback is important as it helps our Trust to improve safety and quality. Here are some recent complaints whereby patients have helped us to make important changes in our services.

Improving communication in ED

The team conducted a thematic review of the concerns raised around the Emergency Department (ED) over a six-month period. This involved the review of more than 100 contacts (excluding compliments), ranging from formal complaints to informal concerns and queries.

The overall theme that emerged was around communication, at varying points throughout the patient journey. And it became clear that patients do not have a clear understanding of the role of the Urgent Treatment Centre in comparison to ED. The feedback also suggested that delays and waiting times are not always communicated in an effective way and the offer of refreshments in the event of a delay doesn't always happen.



As a result, the team worked with the ED team to develop a leaflet: "What to expect when you attend the Emergency Department." This work was in collaboration with our Patient Involvement Partners who provided valuable feedback to shape the final version of the leaflet.

Thorough investigation reassures parents

A complaint was received from the parents of a child who were unhappy with the Doctor who heel pricked their son for blood. They felt excessive force was used and their son's foot was bruised as a result. They were shocked to see this and questioned if too much force was used.

Following the findings of the complaint handler's investigation, there has been a formal heel prick training session for all postgraduate Doctors including the member of staff concerned.

The member of staff concerned also reflected on the incident and the importance of communication with parents before and after any procedure.

Following receipt of their complaint response, the family wrote back to the Trust to thank the team for the detailed investigation and expressed their gratitude that their complaint was investigated thoroughly and that actions had been implemented to prevent a similar occurrence in future.

Printing issues remedied

A formal complaint was received in relation to a patient receiving the discharge paperwork of another patient in the post. A clinical incident was raised at the time and the patient returned the document.

During the investigation it was identified that the printer within the department had unfortunately malfunctioned at the time of printing. There was a recognised delay in printing which subsequently created duplicate copies of the reports being printed.

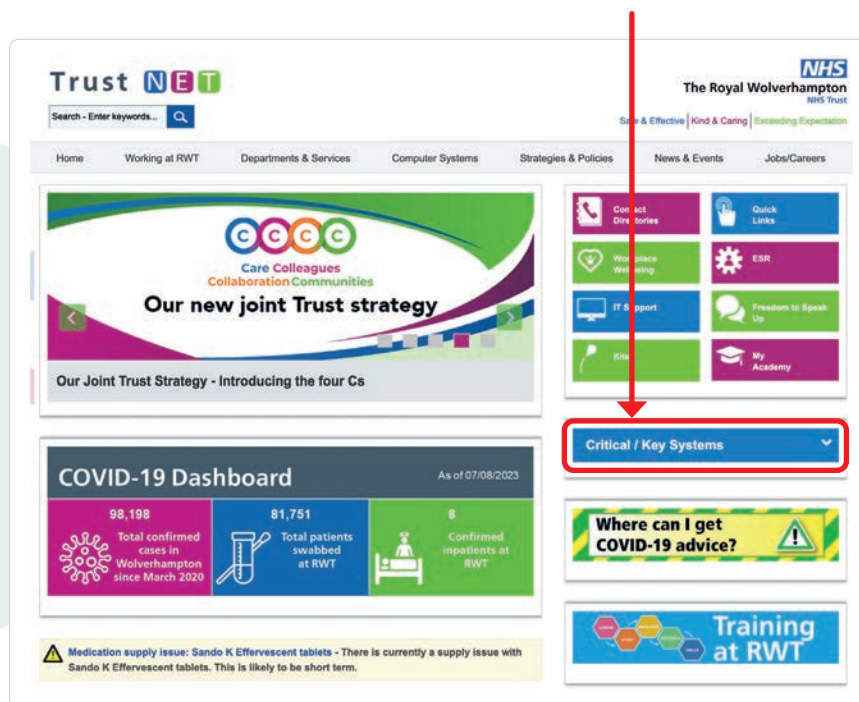
Unfortunately, Nurses did not follow the departmental procedure, and although they signed to say they had checked the reports, they didn't notice that they were for the same patient. As a result of the complaint, the team has purchased new printers to prevent a similar issue in future and a teaching session around documentation and – specifically - the signing of documentation was arranged for the department involved.

Must on Vitals dashboard

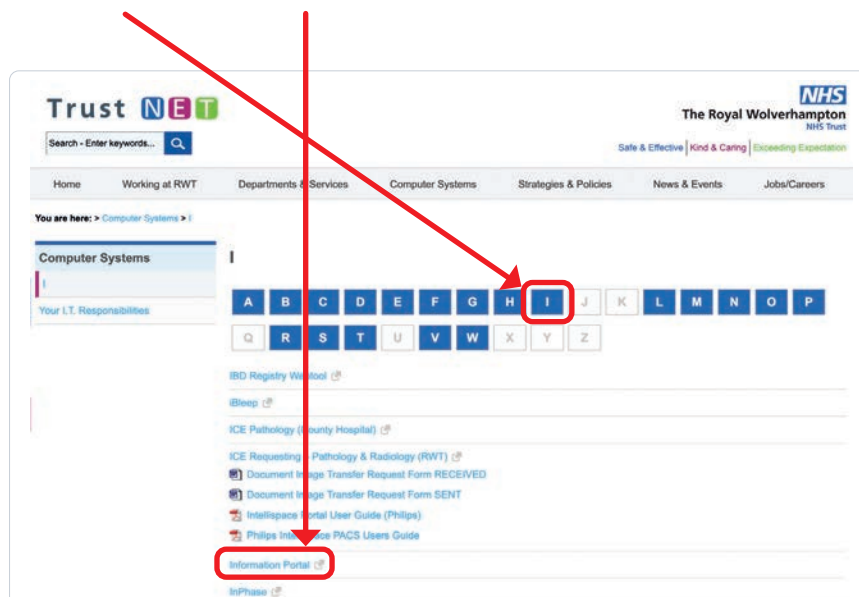
At RWT, a Must on Vitals dashboard is being launched. The dashboard has been developed through a collaboration between the Informatics, Dietetics and Nursing Quality Teams and can be found on the **Information Portal** under **Computer Systems** on the Trust **Intranet**. You will need a RWT Windows account to log on to the dashboard.

This dashboard is updated at the start of each month and shows the Trust's compliance with MUST on Vitals assessments. An accurate MUST assessment must be completed on Vitals within 24 hours of admission to the Trust and every seven days thereafter, as per Trust policy.

To access the dashboard, go to the Trust **Intranet** home page and click on **Computer Systems**:



Click on **I** and then **Information Portal**



Dashboard launch

Click on **Vitals – MUST Nutrition**

Information Portal

Please contact the Information Team (Mike Harris in the first instance) if you have any queries relating to how any data items on the information portal are collated and presented

The Information Department			Useful Links	Select Report Category
Jayne Lawrence	Head of Information	85483	Better care better value indicators	6-19 Healthy Child Programme
Stan Routes	Deputy Head of Information	8484	Birmingham & Black Country Area Team - QOF disease prevalence	A&E
Angela Ankratt	Information Administration Officer	86527	Care Quality Commission Reports	Beds
Sarbjit Uppal	Clinical Information Manager - Div 1	85461	Data Set Change Notices	Cancer
Jennifer Mazzy	Clinical Information Manager - Div 2 & Contracting	81669	Dr Foster	Clinic Utilisation
Chris Neuman	Senior Information Specialist	88139	Health & Social Care, Information Centres	Contracting and Commissioning Subgroup
Helen Latham	Senior Information Specialist	85490	Hospital Episode Data (HED)	Costs19
Jasbir Khun-Khun	Senior Information Specialist	88139	Hospital Episode Statistics (HES) online	Data Quality
Jason Mchtyre	Senior Information Specialist	85919	HRG4 Charter Documents	Directorate Packs
Julia Wentworth	Senior Information Specialist	81670	HRG4 Guidance	ERS Reporting
Lorraine Langman	Senior Commissioning Contract Analyst	88475	Information Strategy (IDBAIT)	Eye
Babs Patel	Senior Information Specialist	86528	NHS choices clinical indicators	Mortality
	Information Officer	85917	NHS COMPARATORS	Outpatient Programme
	Development & Datasets	86434	NHS Data dictionary	Performance Management
	Data Warehouse Architect and Systems Manager	86434	Payment by Results - A simple guide	Referrals
	Information Development Manager	81666	PhR Guidance 2013/14	Service Line Reports
	Information Development Analyst	81666	PhR Guidance 2014/15	SLA Monitoring
	Data Development Analyst	81668	PhR National Benchmark	Stroke
	Senior Information Analyst	81668	PhR National Prices 2014/15	Vitals - Alcohol
			PhR National Prices 2013/14	Vitals - MUST Nutrition
			SUS Data Quality Dashboard	Vitals - Pain
			UoW	Vitals - PVC
			Wolverhampton CCG GP practices - QOF disease prevalence	Vitals - Sepsis
				Vitals - Smoking
				Vitals - Standard Observations
				Vitals - VTE
				Waiting Lists
				Winter Pressures

Click on **MUST Dashboard**

Information Portal

Please contact the Information Team (Mike Harris in the first instance) if you have any queries relating to how any data items on the information portal are collated and presented

The Information Department			Useful Links	Select Report Category	Vitals - MUST Nutrition
Jayne Lawrence	Head of Information	85483	Better care better value indicators	6-19 Healthy Child Programme	MUST Dashboard(50091)
Stan Routes	Deputy Head of Information	8484	Birmingham & Black Country Area Team - QOF disease prevalence	A&E	SubjectAssessments50091b
Angela Ankratt	Information Administration Officer	86527	Care Quality Commission Reports	Beds	
Sarbjit Uppal	Clinical Information Manager - Div 1	85461	Data Set Change Notices	Cancer	
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	Data Warehouse Architect and Systems Manager	86434	Payment by Results - A simple guide	Referrals	
	Information Development Manager	81666	PhR Guidance 2013/14	Service Line Reports	
	Information Development Analyst	81666	PhR Guidance 2014/15	SLA Monitoring	
	Data Development Analyst	81668	PhR National Benchmark		
	Senior Information Analyst	81668	PhR National Prices 2014/15		
			PhR National Prices 2013/14		
			SUS Data Quality Dashboard		
			UoW		
			Wolverhampton CCG GP practices - QOF disease prevalence		

You will be greeted with a user guide, and this will explain what the report is about and the agreed rules.

Information Department

Vitals - MUST Assessment Report

The Royal Wolverhampton NHS Trust

Please contact the Information department if you have any queries with this report and reference 500091 MUST Dashboard - call: 01902 950000 ext 2

Please click on one of the below Dashboards:

- Overall Trust Compliance to MUST
- Trust MUST Score breakdown
- Overall MUST Assessment Compliance by Ward
- Ward Initial and Subsequent Assessment Compliance
- Trust Initial & Subsequent Assessment Compliance
- Patient Detail on MUST Assessment
- Monthly MUST Assessments (Expected Vs Actual)
- User Guide

How to use this report?

At the top of this report is a filter called 'Wards'. By default all the wards will be selected in this list. If you are only interested in a select few wards then please can you select the wards that you are interested in and then click on the View Report Button. You must click on the View Report Button before you click on any of the above sections (in blue). If you do not, the wards you are interested in will not appear. The report will show all the wards that are there by default.

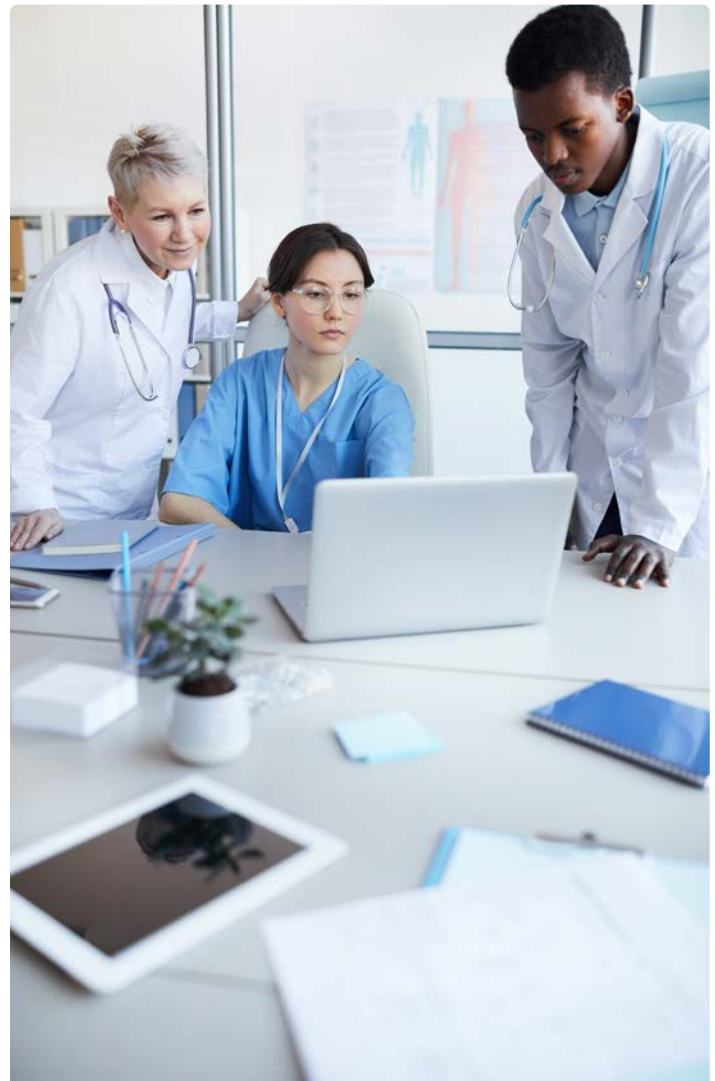
What does this report tell me?

This Dashboard has been developed by the Information Department and the Nutrition & Dietetics Team. This Dashboard highlights how well the Trust is performing their MUST Assessments. The Maintenance Universal Screening Tool (MUST) was developed by the Maintenance Advisory Group, a steering committee of SAPEN and supported by the British Dietetic Association and the Royal College of Nursing. It is a validated tool and categorises patients according to their risk of malnutrition. It is reproducible & internally consistent and requires training for accurate assessment.

As per CP 17 identification and management of patients at risk of under nutrition https://www.nhs.uk/its/its/its/its/CP_17_Policy_Printable_Version.pdf All patients at RWT must be assessed within 24 hours of admission and every 7 days thereafter.

This Dashboard has been split into 7 sections:

- Overall Trust Compliance to MUST
- Overall MUST Assessment Compliance by Ward
- Initial Assessment within 24 hours - This is the first MUST Assessment which is due within the first 24 hours of admission.



If you have any queries about the MUST Dashboard, please contact:

Jasbir Khun-Khun, Information Team
Jasbir.khun-khun@nhs.net

Jaci Chapman, Deputy Head of Dietetics
jacichapman@nhs.net

Ruth Stokes, Senior Sister Nursing Quality
ruth.stokes2@nhs.net

Spreading the message via Infection Prevention

Josena Josekutty, Senior Infection Prevention Nurse, RWT

The RWT Infection Prevention Team explored ways to reduce the number of Clostridium difficile (C.diff) infections in the Trust, resulting in the development of awareness roadshows.

C.diff is a germ (bacterium) that causes diarrhoea and colitis (an inflammation of the colon) and can be very problematic for patients.

It was an exciting and practical week with lots of multidisciplinary staff engagement, learning and discussion. We also used the opportunity to include patients and their visitors.

Each day the delivery team focused on various activities to promote prevention of C.diff infection within the Trust.

Day 1: Staff and Patient engagement with Hand Hygiene



Day 2: Let's Break the Chain

Staff were shown an animated video which discusses the Chain of Infection with explanation of the process to break the chain with standard precautions.



Day 3: Check out the video

A video on Faecal-oral route transmission was shown, with an example of a patient admitted to hospital then acquiring C.diff. Staff engaged well during these sessions and picked up the key messages of how C.diff can be easily transmitted on surfaces, hands, and equipment.



Images supplied by the Communications Team.

Infection Prevention C.diff roadshow

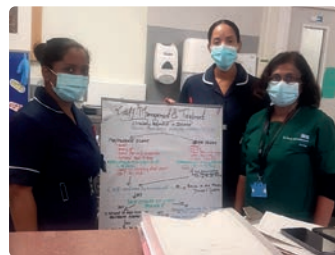
Day 4: Did you know?

This session focused on the SIGHT, mnemonic, and Isolation Precautions for C.diff.



Day 5: Think and Learn

This session explained to multidisciplinary teams the principles of the management and treatment of C.diff.



Day 6: Tease your brain.

Questions on C. diff were taken around the wards and staff picked out a question and gave an answer. The quiz winners scooped a prize.

A token of appreciation was given to all staff who participated in the roadshow week.



See Policy IP06 Prevention, Control and Management of Clostridium difficile for more information on the RWT Intranet.

If any teams would like to host their own C.diff roadshow, contact the IP Team on ext: 88754 or email rwh-tr.InfectionPrevention@nhs.net or j.josekutty@nhs.net directly.

Images supplied by the Communications Team.



Clinical Accreditation

Katrina Creedon, Head of Nursing – Quality, WHT and RWT

Accreditation programmes facilitate the development of a set of standards against which to measure quality of excellence in Nursing and Midwifery care and this is central to demonstrating improvement.

Clinical Accreditation brings together key measures of Nursing, Midwifery, and clinical excellence in care into one overarching framework to enable a comprehensive assessment and evaluation of the quality of excellence in care at ward, unit or team level. When used effectively, it can drive continuous improvement in patient outcomes, and increase patient satisfaction and staff experience at a ward and unit level. With a clear direction and a structured approach, it creates the collective sense of purpose necessary to help communication, encourage ownership

and achieve a robust programme to measure and influence excellence in care delivery (NHS England 2019).

The key objectives of an accreditation programme are to:

- Bring a sense of pride in what staff do and where they work
- Create positivity and encourage aspiration of staff
- Promote a quality improvement culture and shared purpose

During 2022/23, the Quality Team has led the development of a joint Clinical Accreditation programme, which was launched in April 2023 and the first wards have been accredited by the newly established Clinical Accreditation Board.

There are three phases:






Phase 1 inpatient wards and emergency portals – 2023/2024 – underway

Phase 2 Introduction of paediatric, midwifery and community accreditation alongside inpatient wards and departments – 2024/2025

Phase 3 Other clinical areas introduction – 2025/2026

The accreditation levels were co-designed with staff through surveys. The visits will be unannounced as a result of the first survey results and feedback from Ward Managers on the pilot wards. The second survey focused on what the accreditation levels should be named.

Of 300 participants, 119 voted for different gemstones as follows:

	Working towards accreditation	5 standards or more in total in this category Triangulation of data and soft intelligence suggest that a re-assessment is required (for example, occurrence of significant incidents; patient safety concerns, patient experience concerns, workforce concerns, leadership concerns).	Reassess in 2 months
	Ruby Meets the basic standards for that area	3 - 4 working towards accreditation standards and/or less than 8 blue standards in total Triangulation of data and soft intelligence suggest that a re-assessment is required (for example, occurrence of significant incidents; patient safety concerns; patient experience concerns, workforce concerns, leadership concerns).	Reassess in 4 months
	Emerald Meets all the standards expected with a clear plan and evidence of improvement	0- 2 working towards accreditation standards and a minimum of 8 Sapphire standards in total Triangulation of data and soft intelligence suggest that a re-assessment is required (for example, occurrence of significant incidents; patient safety concerns; patient experience concerns, workforce concerns, leadership concerns).	Reassess in 9 months
	Sapphire Meets the standard and is deemed excellent	0 working towards accreditation standards and a minimum of 8 Sapphire standards in total Triangulation of data and soft intelligence suggest that a re-assessment is required (for example, occurrence of significant incidents; patient safety concerns, patient experience concerns, workforce concerns, leadership concerns).	Reassess in 12 months
	Diamond Has sustained Sapphire status for more than 1 year	Reassessed after 12 months and retained Sapphire on clinical accreditation assessments Triangulation of data and soft intelligence suggest that a re-assessment is required (for example, occurrence of significant incidents; patient safety concerns, patient experience concerns, workforce concerns, leadership concerns).	Reassess 12 monthly



Some of our awards so far

Well done to the following teams across RWT and WHT which are driving improvement through our Clinical Accreditation programme. Look out for more successes on our Trusts' social media channels and in our Trust Brief and Dose bulletins.



Images supplied by the Communications Team.

Quality Improvement Team

Joyce Bradley, Head of Quality Improvement, WHT

The Quality Improvement Team is joint across both Wolverhampton and Walsall. Working together we promote the adoption of a Quality Improvement culture across the two organisations with the application of consistent QI methodology. With Quality Improvement being promoted via NHS England and expected when the CQC inspects, we are tasked by the Trust Board to increase the capacity and capability to deliver quality Improvements across the organisations and to support Quality Improvement projects.

What we do

- Deliver in-house training in Quality Improvement tools, techniques and methodology
- Support the roll out of Quality Improvement Huddle Boards
- Support colleagues undertaking QI projects and wider improvement programmes
- Collate all known QI Projects on an accessible Project Register
- Deliver introductory training sessions for Health Care Systems Engineering
- Co-ordinate the QI Awards

Our QI Training Programmes


The QI Team delivers the nationally recognised Quality, Service Improvement and Redesign (QSIR) programmes. The three Programmes varying depth of learning levels available.

1. **QSIR Virtual** - Four two-hour sessions delivered via MS Teams - one session per week over four weeks. (Delivered via Walsall). Completion includes eight CPD points – good introductory level training
2. **QSIR F QSIR Fundamentals** - a one day face-to-face programme. Completion includes seven CPD points – good introductory level training
3. **QSIR Practitioner** - Five-day face to face training over a three-month period. Completion includes 35 CPD points – comprehensive training, applying the QI methodology to a live project as you go


For more information, please contact wht.QITeam@nhs.net or rw-h-tr.cqi@nhs.net


QI Awards 2023

Earlier this year the Trusts ran their first Joint QI Awards which was an opportunity to celebrate and recognise all the hard work in the world of Quality Improvement.



QI Huddle Board



<p>Our Team</p>	<p>Ideas for improvement</p>	<p style="color: green;">Just do it - things we can just do</p>	<p>Is the change still working?</p>													
<p>Next Huddle</p> <p>Date _____</p> <p>Time _____</p>	<p>What type of idea?</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50px;">↑ Impact</td> <td>JDI</td> <td>Challenge</td> </tr> <tr> <td></td> <td>Possible</td> <td>Not now</td> </tr> <tr> <td></td> <td colspan="2">→ Difficulty</td> </tr> </table>	↑ Impact	JDI	Challenge		Possible	Not now		→ Difficulty		<p style="text-align: center; color: blue;">Working on it</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"> <p>Understanding Explore the issue. What is the problem?</p> </td> <td style="width: 25%;"> <p>Planning What are we going to do?</p> </td> <td style="width: 25%;"> <p>Doing Testing it out</p> </td> <td style="width: 25%;"> <p>Measuring How do we know it's working?</p> </td> </tr> </table>		<p>Understanding Explore the issue. What is the problem?</p>	<p>Planning What are we going to do?</p>	<p>Doing Testing it out</p>	<p>Measuring How do we know it's working?</p>
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<p>Board Rules</p> <p>We need to:</p> <ul style="list-style-type: none"> - Meet once a week - One discussion at a time - No more than 15 mins 	<p>Parked</p> <p style="font-size: small;">Idea not for now</p>	<p>Request Help</p> <p style="font-size: small;">Ask for support e.g. QI, IT, Estates</p>	<p>Outside Scope</p> <p style="font-size: small;">Project wider than department</p>													
 <p>The Four Cs:</p> <ul style="list-style-type: none"> Excel in the delivery of Care Support our Colleagues Effective Collaboration Improve the health & wellbeing of our Communities 	<p style="text-align: center; color: orange;">Celebrating and Sharing</p> <div style="border: 1px solid orange; padding: 5px; text-align: center; font-size: small;"> Number of completed improvements so far </div>															

AHP, Midwife and Nurse Preceptorship

Victoria Taphouse, Preceptorship PEF, RWT

The first year in the career of a registered healthcare professional can be an exciting and promising period. But we understand this time also comes with big challenges.

We offer a 12-month, Health Education England (HEE) approved support programme for all newly qualified and international healthcare professionals here at RWT and WHT. The Preceptorship programme has a learner-centred approach in terms of its delivery, structure, application, and content wherein the new healthcare colleague (Preceptee) will take ownership of their own Preceptorship programme.

Combined with bespoke training relevant to your practice as required, the programme consists of four main mandatory study days:

- Making the Transition: From student to registered professional
- Learning to Learn at Work
- Inter-professional Collaboration
- Leadership and Quality Improvement

During the programme, Preceptees are supported by allocated Preceptors.

Preceptors are members of staff with more than 12 months' experience who have undertaken the HEE-approved, online training, alongside the RWT/WHT Preceptor Masterclasses:

- Preceptor Induction
- Preceptor Coaching
- Preceptor Assessing and Feedback

We have also introduced "Preceptor Champions" to our organisations. Champions work with the Preceptorship Team to promote any relevant training updates and will help us relay back and assist with implementing changes required into their team/area of work. Champions do not have to undertake any extra training for their role, just a commitment to attend our regular meetings.

The Preceptorship Team also offers:

- Access/ referral to Professional Nurse and Midwifery Advocates (PNA/PMA)
- Pastoral support
- Development Forums
- Support in working/clinical areas
- Health and Wellbeing check-ins
- Development Signposting

To book training please visit My Academy and search: Preceptorship/Preceptor

If you would like to become a Preceptor, or a Preceptor Champion, or need support or information, contact the Preceptorship Teams:

WHT FORCE ext. 5789

RWT Nurse Education ext. 85364



Better involvement for carers in patients' care

Andrew Rice, Patient Experience & Voluntary Services Manager, WHT

Family & Carers Support Service

A pilot scheme to better involve carers whose loved ones are patients at Walsall Manor Hospital, and at the Stroke Rehabilitation Unit at Hollybank House, has started.

"Partners in Care" is an initiative being run through The Family & Carers Support Service at WHT and it aims to ensure carers are recognised and supported to continue their role as and how they wish.

The pilot scheme is running across seven hospital wards and at Hollybank House in the community. It is planned to be rolled out across the whole Trust by October.

It is hoped that Partners in Care will help those being cared for to feel safer in an

unfamiliar place, such as a busy hospital ward or unit.

Staff discuss the following with the patient's carer, once confirmed:

- What care do you usually give at home?
- Have you been trained in delivering care?
- What do you feel you are able or not able to do?
- Is there any special equipment that could be brought in to support the patient?

Patients able to give consent are asked if they want their carer to continue to support them while under the Trust's care.

Our staff will ensure carers feel comfortable and safe on a ward, or in a unit, and establish the level of care they can provide. This will be around

mealtimes and supporting with washing/bathing for example and helping staff to understand their likes and dislikes. We will also involve carers in our efforts to prevent falls if the patient is at risk.

Carers will be given a lanyard to access the ward during their time spent supporting the patient and we will also work with them to complete a Carers' Passport that is recorded on our systems and will help us to identify any additional help they may need, now or in the future."

We also understand and appreciate the important role of young carers who will also be involved as much as possible.

If patients are unable to give consent or have power of attorney in place, staff will share information in line with the current legislation and will also agree an appropriate level of carer involvement, always acting in the best interests of the patient.

Back to BaSICPs

Standard Infection Control precautions protect you, as well as patients, colleagues and visitors. Infection Prevention is an integral part of effective risk management and patient safety for every member of staff.

Patient placement/assessment

Assess patients for infection risk on arrival to your area or before transfer.

Patients presenting with symptoms of diarrhoea, vomiting, unexplained rash, fever or respiratory symptoms are placed in appropriate areas such as isolation rooms. Clinical need also influences placement decision.

Hand Hygiene – Bare Below the Elbow

The easiest way to protect yourself and reduce the risk of transmission of

infection to others.

Respiratory and cough hygiene

Catch it, Bin it, Kill it.

Personal protective equipment (PPE)

Avoid overuse or inappropriate use of PPE, this is a risk-based approach and minimises its environmental impact.

Safe management of care equipment

Clean equipment between use and use a sticker as an indicator. Equipment requiring inspection, service or repair must also be decontaminated.

Linen management

The management of linen is effectively done by segregating clean, used, and infectious linen. Training and education in the processes of pathogen control,

disinfection, and hygiene (including hand hygiene), exposure to blood borne viruses, health and safety, and infection risk reduction (including waste disposal) is an integral part of staff induction programmes and is recorded in staff training records. These are key aspects of safety and service quality.

BBV

There is a potential risk of transmission of a BBV (blood borne virus) from a significant occupational exposure and staff understand the actions they should take when a significant occupational exposure incident takes place.

Staff are trained and responsible for safe disposal of waste (including sharps). All wastes are categorised and segregated appropriately.

PSIRF has arrived at our Trusts

Dee Johnson, Group Patient Safety Specialist

NHS England has introduced the Patient Safety Incident Response Framework (PSIRF) **which sets a new direction for how we respond to patient safety events within the NHS.** It focuses on effective learning and improvement, compassionate engagement and embedding a patient safety culture.

How is PSIRF different?

Under the Serious Incident (SI) Framework, a small number of incidents meeting a set criteria became a serious incident, and all SIs had to be formally investigated and reported. This led to some incidents being repetitively investigated leaving no opportunity to gain new learning.

With PSIRF, we will set out our 'patient safety incident profile' and review existing improvement work to identify the areas that will benefit most from learning responses and maximise the opportunities for improvement.

PSIRF has no classification of SI or harm thresholds, providing greater flexibility, and not all serious events will have a

patient safety incident investigation (PSII). Instead, alternative responses, such as after-action reviews, swarm huddles, or open conversations involving teams will be indicated. Where it is clear why the incident happened, our focus will be on continuing improvement work.

Essentially, there will be fewer PSII's, but more involvement in other approaches to learn from incidents and improve patient safety.

PSIRF is underpinned by a just and learning culture that recognises we work in a highly complex environment where things do not always go to plan. It allows us to learn using a compassionate approach that assumes good intention, understands the impact of the system we work in and why decisions made sense at the time. It allows room for staff and patients involved to speak up, to be curious about 'what happened' and ask: 'How do we learn?'

For more information visit <https://www.england.nhs.uk/patient-safety/incident-response-framework/>

The infographic consists of a 3x3 grid of rounded rectangular boxes, each containing an illustration and a text label. The boxes are color-coded: green, blue, orange, and purple.

- Top Left (Green):** Illustration of hands holding a clipboard with a checklist and a pen. Text: "Easier approaches to patient safety incidents".
- Top Middle (Teal):** Illustration of three healthcare professionals in white coats, one holding a magnifying glass. Text: "Fewer formal investigation of incidents".
- Top Right (Light Blue):** Illustration of a person pointing at a whiteboard. Text: "Maximising learning opportunities".
- Middle Left (Orange):** Illustration of a person at a computer monitor displaying charts. Text: "Analysing trends".
- Middle Middle (Yellow-Orange):** Illustration of a family (man, woman, child) talking to a healthcare professional. Text: "Compassionate engagement".
- Middle Right (Yellow):** Illustration of a group of people in conversation. Text: "Listen to patients, families and staff".
- Bottom Left (Purple):** Illustration of hands holding a small globe with a hospital icon. Text: "Focusing on the system".
- Bottom Middle (Dark Purple):** Illustration of a person at a desk with a laptop and a red cross icon. Text: "Supportive oversight".
- Bottom Right (Dark Purple):** Illustration of a bar chart with an upward-pointing arrow. Text: "Making more room for Quality Improvement".

Our Quality and Safety Enabling Strategy

Our Quality and Safety Enabling Strategy defines how we will strive to excel in the delivery of care – one of the four strategic aims of the joint Trusts’ Strategy.

Its development was led by Martina Morris, Deputy Director of Nursing (interim), and it is the first joint strategy for RWT and WHT.

As part of the closer working relationship between the two Trusts, we aim to deliver exceptional care together to ensure the communities we serve are provided with the safest, high-quality and evidence-based care.

This strategy describes the aspects we will focus on, including the success measures to drive continuous improvement in quality and safety.

The document is informed by, and aligned to, the key joint drivers such as the Trust Strategy, the Patient Experience Enabling Strategy (2022-25), Quality Framework (QF) for Nursing, Midwifery, Health Visitors and Allied Health Professionals (2023-25), Quality Accounts (2021-22), National Patient Safety Strategy (2019) and the NHS Long Term Plan Priorities (2019).

To shape this document, we have used recent feedback received from staff, patients and the public as part of the

Trusts’ Strategy, QF, Patient Experience Enabling Strategy and Quality Accounts.

This is to ensure what matters to our staff and patients is reflected in it and used to formulate our long-term commitment and improvement plans.

This is our commitment to quality and safety ensuring we work with staff and patients as our joint partners to improve patient outcomes and their experience.

Key priorities include:

- Our people
- Embedding a culture of learning and continuous improvement at all levels of the organisations
- Prioritising the treatment of cancer patients, focused on improving the outcomes of those diagnosed with the disease
- Delivering safe and responsive urgent and emergency care in the community and in hospital
- Delivering the priorities of the National Elective Care Strategy
- Delivering financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations
- Fundamentals – based on internal and external priorities, which include:

- Prevention and management of patient deterioration
- Timely sepsis recognition and treatment
- Medicines management
- Adult and Children Safeguarding
- Infection Prevention and Control
- Eat, drink, dress, move to improve
- Patient discharge
- Maternity and Neonates
- Mental Health
- Digitalisation

The Quality Governance Assurance Committee at RWT and Quality, Patient Experience and Safety Committee at WHT will have overall oversight of progress with key priorities and receive an annual update on progress.

Taking into consideration the wide breadth of programmes of work informing the key priorities of this strategy, individual actions and success measures will form part of the existing programmes and their delivery plans, rather than there being a separate delivery plan.

Pharmacy supports safety



For more information or advice please contact Arlene Cuaycong, Medication Safety Nurse, RWT

Telephone: 01902 695757
Pharmacy office extension 85795

Email: arlene.cuaycong@nhs.net



Monique Sinclair, Medicines Governance Advisor, WHT



Pharmacy Department 7 Minute Briefing



Walsall Healthcare
NHS Trust

How do I access medicines out of hours?



Points to consider:

- Check if the patient has brought in their own medication from home?
- Check if another ward stocks the required drug(s)?

- Check the pharmacy out of hours emergency cupboard.
- Ensure to take your ward access card with you.

Alternatively

- Check the Hospital Drug Stock list on the intranet.

[Wards drugs are stocked on - OOH Report - Report Viewer](#)



Consult/contact the on call pharmacist via switchboard



Consult the medical team who will consider an alternative route of administration or alternative medicine.

Points to consider:

- Is the required medicine(s) a critical medicine?
- Is it clinically necessary that the patient receives the dose before Pharmacy opens?
- If the item is a non-formulary drug is there a suitable alternative stocked?

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Pressure ulcer and moisture associated skin damage - a collaborative approach

Lorraine Jones, Tissue Viability Lead Nurse, RWT

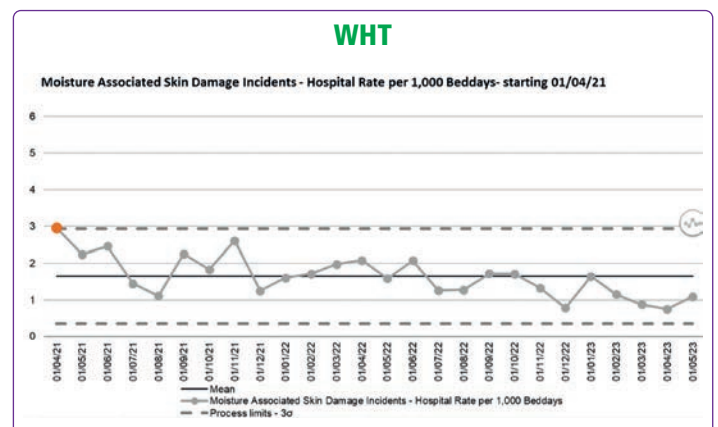
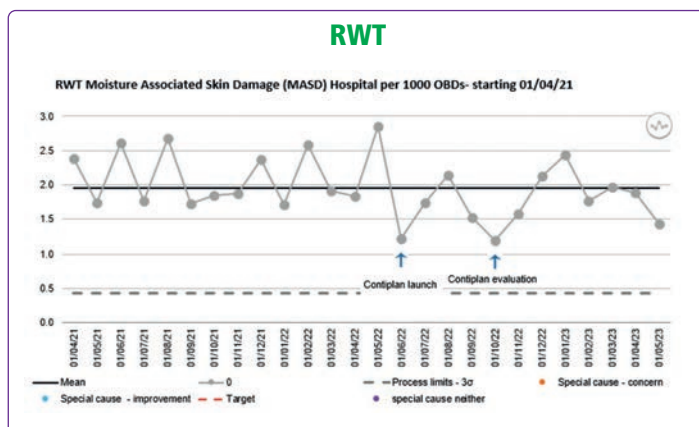
The Tissue Viability (TV) Service sits within the Nursing Quality Team of the Corporate Division.

Both TV teams for Walsall and Wolverhampton started to collaborate in September 2021. Many of our systems and processes have been aligned and all team members can work on either site if required, providing a seamless service. Collaboration aligns best practices and standards. It also improves communication and opportunities to benchmark incident data and share important lessons from practice, good or bad.

Pressure ulcer incidence has been challenging. Both Trusts had a pressure ulcer summit to agree actions, which is supported by the overarching wound prevention and healing action plan in 2023. There are recurrent themes associated with pressure ulcer prevention, the key messages are:



A	Assessment - REACT TO RISK! Most services should be using the PURPOSE T risk assessment tool and pathways
S	Skin inspection - if there are any signs of darker or inflammatory skin changes, record it and re-inspect
S	Surface - hybrid mattresses are now available for WHT inpatient areas and new ones are being purchased by RWT. Hybrid mattress will also soon be available for Walsall community teams
K	Keep moving - is an ongoing risk for patients. Initiatives like the "Get up, Get dressed, Get Moving" campaign are available to us. Patients require frequent position changes to offload pressure to high-risk areas such as sacrum, ischium, and heels
I	Incontinence and moisture - We promote the toilet first approach. Both Trusts have achieved a sustained reduction of hospital-acquired moisture-associated skin damage incidents through the introduction of continence cleansing wipes, impregnated with a skin protectant
N	Nutrition and hydration - is an integral part of recovery and healing
G	Giving information - patient advice leaflets to aid self-care. These are available and more are being developed. Teams must communicate risks and plans during handovers. Teamwork helps to reduce harm



Feedback on Back to the Floor initiative

Martina Morris, Deputy Director of Nursing (interim), RWT and WHT

What is Back to the Floor?

The concept has been in existence for many years and utilised by Nursing Teams across a wide range of healthcare organisations. The aim is to improve patient experience through strengthened, visible, senior clinical Nurse, Midwife and Allied Health Professional (AHP) leadership.

It can support the aims and objectives of an organisational Nursing, Midwifery and AHP strategy, which in the case of RWT and WHT is the Quality Framework. Colleagues across both organisations work together to standardise approaches to health and care delivery as far as possible and Nursing and Midwifery is no exception to this.

Evaluations of Back to the Floor at other organisations have found that it has had a positive impact on staff and patients, for example, by improving senior team visibility, empowerment, learning together, professional networking, responding to problems collectively and effectively, strengthened communication and championing and implementing change effectively.



What did we do?

Following the difficult COVID-19 pandemic period it was recognised by the Senior Nursing and Midwifery Leadership Team (SNMLT) that a collective re-set and more focus on the fundamentals of care was required. As a result, a variety of actions were taken. These included, for example, development of a joint Quality Framework and quality and leadership development days for ward/department leaders.

To further enhance our approach, the decision was made in November 2022 to introduce Back To The Floor, to enable Nursing and Midwifery colleagues who work predominantly in non-frontline facing roles to allocate one day a week within clinical areas, directly working with staff and patients. This was in addition to the already established SNMLT's presence within clinical areas across both organisations. The concept was championed by the Group Chief Nurse, Directors of Nursing at both organisations and the wider organisational leadership teams.



How does it work?

Each week, a variety of Nursing and Midwifery leaders do a Back To The Floor shift. Colleagues choose their day/night to suit their professional and personal commitments.

Divisional Directors of Nursing/Heads of Nursing/Midwifery maintain oversight of this activity in their areas, including collation of key themes and actions required. In addition, a feedback proforma has been developed for colleagues to utilise as part of sharing their findings to the leaders in each clinical area and enable collation of key themes centrally. This is then used to produce thematic reports, which are shared at relevant Nursing and Midwifery forums and both Trust boards.

How do we know whether the process has been beneficial?

Ongoing reviews take place and a formal evaluation was conducted in June 2023. In summary, from 43 colleagues who participated in the evaluation, 67% have confirmed that they have been able to undertake their shifts every week. ►

Images supplied by the Communications Team.

Care to Share

As part of the evaluation, colleagues have cited that improved communication, improved staff and patient engagement, increased visibility of senior leaders, better appreciation of pressures and challenges, support with problem solving and regular patient and staff contact as positive outcomes of the approach.

Has the approach had a positive impact on patient outcomes and patient and staff experience?

Whilst it is not possible to solely attribute improvements in patient outcomes and experience to the introduction of this concept, it is thought to have positively contributed to various

improvements across both organisations. These include more patient observations being completed on time (compliance increasing by more than 10%), sustained and improved rate of patient falls (May saw the lowest rate of falls at RWT in two years), improvements in the rate of pressure ulcer incidents and positive feedback from staff as a result of a more regular senior Nursing leadership team presence within clinical areas/ departments.

Next steps

We will explore its feasibility with other colleagues such as Allied Health Professionals.

ECG update

Tim Jones, Associate Practitioner in Cardiac Investigations, RWT

Not all electronic ECG records are reaching the MUSE electronic ECG storage system based in Cardiac Investigations due to Wi-Fi blackspots within the Trust.

It is imperative for patient care that when a paper copy ECG is obtained, the electronic record instantaneously reaches MUSE, CV Web and Clinical Web Portal.

The Cardiac Investigations and Medical Physics Teams are presently highlighting the best Wi-Fi spots on each ward by way of a notification sticker placed on the floor, with the Heart

and Lung Centre, the Emergency Department and some A wards being the first to receive these. This will be continued throughout the rest of our departments and wards.

For wards that have GE-Mac2000 ECG machines, the correct ECG download process must be carried out, every Sunday, by the Nurse in Charge. This will ensure all records download to the relevant clinical systems. Find full details via the intranet, quick links, click E, ECG bulletins, cardiac rehabilitation spring 2021, pages 12-14.

Editorial Board

Editors:

Vanda Carter

Tina Faulkner

Design:

The Department of Clinical Illustration

The Autumn edition of Care to share will be themed around Infection Prevention and Control. Care to Share welcomes our IPC Teams as guest editors.

All articles need to be in by Friday 22 September.

All articles to be NO MORE than 250 words long if accompanied by a photo or 300 words maximum if not.

Please note all photos within this newsletter have been taken within social distancing guidelines or prior to COVID-19.

