



The Royal Wolverhampton
NHS Trust



Quality Account 2019-20 Summary



Introduction

Statement on Quality from the Chief Executive

During 2019/20, the Trust has continued to build upon its successful integrated care model in order to provide seamless care for our patients, at the right time and in the right place. The Trust has worked collaboratively with its partners, including Clinical Commissioning Group, Local Authority and General Practices to capitalise on our strengths and reduce care variation. Our vertical integration model has further expanded and we welcomed two new General Practices, Dr Bilas and Dr Fowler.

Workforce has continued to be one of our greatest challenges. However, persistent focus on recruiting to the nursing workforce has resulted in a significant reduction in nursing vacancies across the board. Our nationally recognised Clinical Fellowship programme for doctors has been successfully expanded to the nursing profession and subsequently the Trust won a national award for the Best Workplace for Learning and Development at the Nursing Times Awards. The Trust has also continued to invest in enriching its workforce by embedding specialist roles.

The Continuous Quality Improvement (CQI) model has continued to embed, with 143 staff having attended the Quality Service Improvement and Re-design (QSIR) fundamental training, 9 staff becoming QSIR trainers and 10 staff becoming QSIR practitioners. Having embedded the model of key trainers and practitioners, the Trust is now cascading this training across the organisation to ensure that the CQI approach is part of the culture, improvement and innovation across the organisation.

The Trust has continued to drive improvements with regards to a variety of safety indicators such as infection prevention, patient falls, sepsis, response to the deteriorating patient and pressure ulcers and these will remain as the areas of focus for 2020/21. The mortality improvement agenda has continued to be progressed, with the Trust working collaboratively with our Clinical Commissioning Group, to ensure that any learning is addressed across the system. As a result of this work, the Trust has seen the Summary Hospital-level Mortality Indicator (SHMI) reduce to an expected range. During 2019/20, the Trust scored, for the first time, above the national average for all categories of the Patient-Led Assessment of the

Care Environment at New Cross Hospital, West Park Hospital and Cannock Chase Hospital, which is highly commendable.

The Trust welcomed the Care Quality Commission (CQC) during the summer 2019/20 to undertake a well-led and core services inspection. As well as the Use of Resources and well-led inspections, seven core services were inspected and the Trust received an overall rating of Good. I am delighted with this outcome and the Trust will continue to build upon its achievements and address all of the areas we need to improve. In addition, the CQC conducted an Ionising Radiation (Medical Exposure) Regulations IR(ME)R inspection, which resulted in a positive outcome. Coalway Road Medical Practice and Penn Manor Medical Practice were also inspected and their overall rating was Good.

This Quality Account provides information on progress against the agreed key priorities, which include workforce, safe care and patient experience and sets out priorities and plans for the upcoming year.

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



Signed:

David Loughton CBE, Chief Executive

13th July 2020

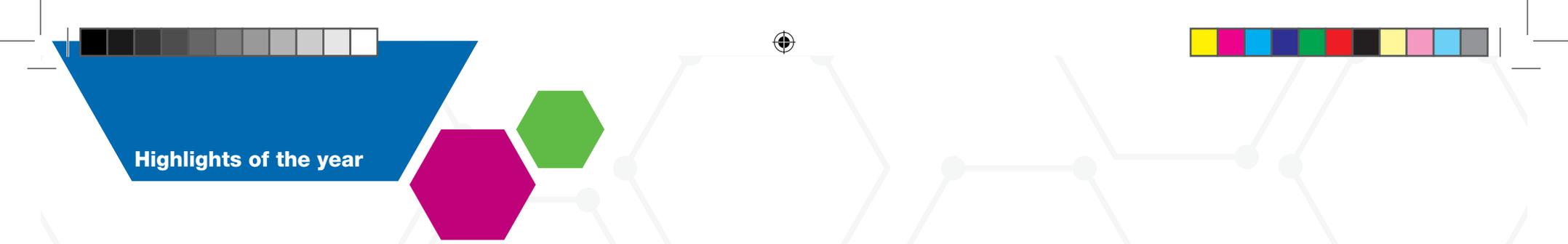




Achieving Our Vision - Strategic Objectives

‘Our vision is to be an NHS organisation that continually strives to improve the outcomes and experiences for the communities we serve’





Highlights of the year

Workforce

Nursing, Midwifery and Health Visiting Workforce

- A significant reduction in the registered nursing, midwifery and health visiting vacancies from 223.34 whole time equivalent (wte) in July 2019 to 87.13 wte at the end of March 2020
- Investment into 6 additional Practice Education Facilitator posts to provide pastoral and educational support to our new recruits and the existing staff
- 60% increase in student placements offered at the Trust to students from the Staffordshire, Wolverhampton and Birmingham universities
- Development of a retention strategy
- The Trust won a national award for the Best Workplace for Learning and Development at the Nursing Times Awards

Medical

Senior (consultant) medical staff

- Identification of areas where consultant staffing is nationally challenged and development of links with other organisations/ networks (e.g. oncology) and also planned development of fellows through Certificate of Eligibility for Specialist Registration (CESR) to consultant level in these specialties (oncology, radiology, ED)
- Robust job planning is being implemented and plan to introduce rostering to maximise efficiency of consultant workforce

Junior medical staff

- Deanery trainees – focus on maintaining high satisfaction levels in Job Evaluation Survey Tool (JEST) surveys, which are recognised as important in attracting trainees to work at the Trust as consultants in the future
- Fellowship programme – this award winning programme has increased in size with >140 fellows now employed at the Trust. The Trust has liaised with Health Education England (HEE) and the programme has now been approved as a HEE recognised training programme

Allied Health Professionals

- The Standard Operating Procedure (SOP) for Registered Health Care Professionals (non-nursing/medical) – Ensuring Safe Staffing Levels in Departments/Services was developed

NHS Staff Survey

- In 2019/20, there had been statistically significant improvements in scores for five of the eleven themes, which include: health & wellbeing, immediate managers, quality of care, safety culture and team working. In relation to the remaining six themes, five have seen an improvement, including: equality, diversity and inclusion, morale, quality of appraisals, safe environment – bullying and harassment, safe environment – violence, albeit not such that it can be regarded as statistically significant



Safe Care

- The Trust reported 64 serious incidents (2 less than the previous year) and 25 reportable incidents (11 less than the previous year) through the serious and reportable incident system (STEIS). The most significant changes being a reduction in the numbers of confidential breaches from 13 reported in 2018/19 to 3 in 2019/20
- There were 2 never events reported causing low harm. This is a reduction from the previous year when 4 never events were reported
- The rate of falls per 1000 occupied bed days remained below 5.6 (green), ranging between 2.19 to 3.84. In addition, there was a 50% reduction in the number of falls resulting in serious harm from 10 reported in 2018/19 to 5 in 2019/20
- Zero MRSA Bacteraemias were attributed to the Trust
- The Trust has continued to focus its efforts on further strengthening sepsis recognition and management. This included ongoing provision of a dedicated Sepsis Team to provide organisational steer and oversight of sepsis matters. This team has been further strengthened during 2019/20 by appointing an additional sepsis nurse
- An improvement plan was developed during early 2019/20 to enable focus and delivery of key actions. This included, for example, increasing sepsis awareness across the Trust; introduction of sepsis ward rounds by the Sepsis Team; strengthening the education and training aspects; provision and deliver of specific Continuous Quality Improvement projects to support improvement; introduction of a more comprehensive audit programme and development of a patient information leaflet. The majority of actions in this plan have been delivered, with some being ongoing actions as part of the continuous quality improvement approach
- The Trust has seen a reduction of SHMI to within the expected range (1.097 - October 2018 - September 2019 reporting period)
- The Trust has continued to move forward reporting VTE risk assessments completed within 24 hours of admission achieving 95% for 5 months of this

year. Further progress has been a challenge due to issues with IT systems following a system upgrade in December 2019. The external supplier has continued to work on rectifying these issues

- The Trust has participated in 23 Getting it Right First Time (GIRFT) visits to date across all 3 clinical divisions with each visit resulting in a subsequent action plan that is owned and developed with the individual directorates and specialities

Allied Health Professionals

- The Speech and Language Therapy Service has become an integral part of the Black Country Early Outcomes Fund project with partners in Health and Education across Wolverhampton, Walsall, Sandwell and Dudley at both operational and strategic levels
- First Contact Physiotherapy - a pilot project was initiated, which enabled the service to explore the development of the musculoskeletal (MSK) first contact physiotherapist role in partnership with our GPs, troubleshooting any issues and highlighting and optimising the benefits of First Contact Physiotherapy (FCPs) in our local vertical integration general practices
- Therapeutic Radiography - 2019/20 saw the introduction of 2 new Consultant Radiographers:
1 Consultant Therapeutic Radiographer for Head and Neck and 1 Consultant Therapeutic Radiographer for Breast. In 2020/21, the service will be recruiting a Consultant Therapeutic Radiographer for Urology (predominately prostate) and is hopeful to recruit a Consultant Therapeutic Radiographer in Radiotherapy Late Effects. The service is currently the only centre in the West Midlands with Consultant Therapeutic Radiographers.



Highlights of the year

Patient Experience

- Implementation of the Patient Experience, Engagement and Public Involvement Strategy with good progress made with regards to the year one milestones.
- A reduction in the number of cases Parliamentary Health Service Ombudsman (PHSO) has investigated from 23 in 2018/19 to 10 in 2019/20. In addition, no complaint cases were fully upheld
- Reduction in safeguarding complaints to 51 in 2019/20 from 72 in 2018/19
- Improvements associated with the adult inpatients survey – 10 questions were in top 20% as opposed to 5 in 2018; 48 questions in middle 60% as opposed to 51 in 2018 and 2 questions in bottom 20% as opposed to 4 in 2018
- Recruitment of volunteers and specifically during the Covid-19 period (350 volunteer applications were received)
- PLACE assessment results - all areas, across all sites, scored higher than the national average
- The NHS England Initiative of 'Always Events' was piloted within Paediatrics and key always events designed as part of a co-production approach with patients
- The Trust has worked in collaboration with Compton Hospice to introduce a bereavement hub on site at New Cross Hospital. This invaluable service is run by volunteers with support from both stakeholders to offer support to those who have lost their loved ones.
- The Trust has 10 General Practices that are part of the organisation and this has further strengthened the Trust's vertical integration agenda to provide seamless care for our patients and communities

Continuous Quality Improvement

- The Trust established a Continuous Quality Improvement (CQI) Team in April 2019
- The Trust has been accredited as a QSIR (Quality, Service Improvement and Redesign) Academy, which enables the Trust to train its staff in the methodology of quality improvement
- The CQI team has worked with clinical teams to focus on sepsis, stroke, heart failure, pneumonia, renal failure and liver disease. Additionally, through the use of Plan, Do, Study, Act (PDSA) cycles, the CQI Team has worked with ward teams to further reduce the number of patient falls being experienced under our care
- The CQI team has rolled out a 'huddle' tool across all of the medical wards. This tool provides accurate and unique data in a timely fashion about the constraints in the system and clear targets for improvement work internally and with our partners. In addition to this, 'long length of stay reviews' now take place routinely on patients who have been in the Trust for an extended period of time to explore the reasons for their delay (if any) and swift action to minimise this.



National Operational Standards

Performance against the National Operational Standards:

Indicator	Target 2019/20	Performance 2019/20	Performance 2018/19
Cancer two week wait from referral to first seen date	93%	82.11%	83.18%
Cancer two week wait for breast symptomatic patients	93%	35.19%	51.12%
Cancer 31 day wait for first treatment	96%	87.14%	90.15%
Cancer 31 day for second or subsequent treatment - Surgery	94%	84.84%	76.02%
Cancer 31 day for second or subsequent treatment - Anti cancer drug	98%	99.66%	100.00%
Cancer 31 day for second or subsequent treatment - Radiotherapy	94%	90.87%	87.95%
Cancer 62 day wait for first treatment	85%	58.07%	62.78%
Cancer 62 day wait for treatment from Consultant screening service	90%	60.18%	78.48%
Cancer 62 day wait - Consultant upgrade (local target)	88%	74.49%	81.90%
Emergency Department - total time in ED	95%	85.91%	91.12%
Referral to treatment - incomplete pathways	92%	84.31%	90.44%
Cancelled operations on the day of surgery as a % of electives	<0.8%	0.65%	0.47%
Mixed sex accommodation breaches	0	0	0
Diagnostic tests longer than 6 weeks	<1%	3.16%	1.5%

Highlights of the year

Performance against other national and local requirements

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.

Indicator	Target 2019/20	Performance 2019/20	Performance 2018/19
Clostridium Difficile	40	43	31
MRSA	0	0	2
Referral to treatment - no one waiting longer than 52 weeks	0	0	0
Trolley waits in A&E longer than 12 hours	0	38	7
VTE Risk Assessment	95%	94.48%	93.26%
Duty of Candour - failure to notify the relevant person of a suspected or actual harm	0	0	1
Stroke - 90% of time spent on stroke ward	80%	94.08%	93.55%
Maternity - bookings by 12 weeks 6 days	>90%	90.60%	90.80%
Maternity - breast feeding initiated	>64%	69.90%	64.90%



Workforce

- Continue to build upon our successful recruitment programme into the nursing, midwifery and health visiting posts, through our award winning Clinical Fellowship Programme and United Kingdom and international recruitment
- Continue to work with universities to offer an increased number of placements and attract students as our future workforce
- Further strengthen our focus on retaining our workforce
- Continue to develop internally trained consultant staff from fellowship programme
- Aim to strengthen links with neighbouring organisations where the national consultant resource is limited
- Ongoing development and expansion of fellowship programme
- Continue to further embed our health and wellbeing agenda and progress a variety of approaches to support the health and wellbeing of our workforce



Safe Care

- Evaluate the priority areas for 2019/20 in the Quality and Safety Strategy and develop more detailed milestones and outcome measures for 2020/21
- Identify further falls prevention related continuous quality improvement projects for specific aspects of care, or in specific clinical areas, and share our learning across the Trust
- Continue to hold the established accountability meetings with clinical leaders to review falls and pressure ulcer incidents, promoting shared accountability, learning and ownership
- To agree and launch an ambulatory wound services for patients with complex wounds such as leg ulcers and non-healing wounds
- The Trust plans to develop processes and will provide assurance for community leg ulcer management, in accordance with the national CQUIN guidance
- Further progress the pressure ulcer overarching action plans, to direct continued improvement to prevent preventable pressure ulcers and moisture associated skin damage
- Work on consistently meeting and exceeding the Key Performance Indicators (KPIs) for VTE assessments and initiation of appropriate prophylaxis
- Given the success of the anti-coagulation in-reach team, the aim is to expand the team to provide the service across other areas of the Trust
- A significant part of the Infection Prevention and Control Team's focus in Q1 and Q2 2020/21, will be managing the significant challenges and impact of COVID-19 (coronavirus) pandemic
- 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
- Maintain zero tolerance to avoidable health care associated infections

Forward View

Forward View

- Progress the plan for reducing the use of urinary catheters
- Ensure continued robust prevention and management of Methicillin Resistant Staphylococcus Aureus (MRSA), Methicillin Sensitive Staphylococcus Aureus (MSSA), Carbapenemase Producing Enterbacteriaceae (CPE) and C-Difficile
- Continue to develop our expertise, system and processes with regards to Human Factors and Team optimisation
- Ensure ongoing focus on strengthening our approaches to medicines safety and management and learning from incidents
- Review themes from FFT pertaining to groups with protected characteristics to identify potential improvements
- Take further actions to grow the co-production approach across the Trust
- Further expand the Council of Members
- Progress key milestones in the volunteer plan

Mental Health and Safeguarding

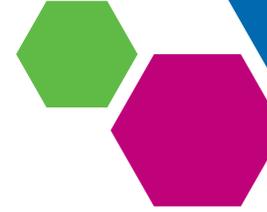
- During 2020/21, the Mental Health Operational Oversight Group will continue to progress actions outlined in the mental health operational plan, with the Board receiving regular updates throughout the year
- Ensure full compliance with the safeguarding agenda requirements, including staff training and learning from incidents

Patient Experience

The key priorities for the Patient Experience Team during 2020/21 will be to review milestones and outcomes for year 1 of the Patient Experience, Engagement and Public Involvement Strategy and progress year 2 milestones. Examples of these milestones include:

- A further roll out of the Observe and Act Initiative and Always Events
- Embed the concept of Patient Experience Champions
- Progress a variety of actions to strengthen community engagement
- Achieve key milestones associated with complaints management
- Develop new easy read patient surveys for Friends and Family Test (FFT), Patient Advisory Liaison Service (PALS) and complaints leaflets/posters





English

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

Punjabi

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

Polish

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

Russian

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

Lithuanian

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

Kurdish

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



Designed and produced by the Department of Clinical Illustration, New Cross Hospital, Wolverhampton WV10 0QP

MI_7354514_10.09.20_V_1

