Wye Valley
NHS Trust

Quality Account 2022-23

Contents

Introduction to Quality Accounts

What is a Quality Account?

A Quality Account is an annual report about the quality of services provided by an NHS healthcare organisation. Quality Accounts aim to increase public accountability and drive quality improvements in the NHS. The Quality Account for Wye Valley NHS Trust (the Trust) reflects on the achievements made in the past year against the goals set. It also looks forward to the year ahead and defines what the priorities for quality improvements will be and how the Trust expects to achieve and monitor them.

How will the Quality Account be published?

In line with legal requirements, all NHS healthcare providers are required to publish their Quality Accounts electronically on the NHS Choices website by 30th June 2023. The Trust also make the Quality Account available on the Trust website.

About the Trust

The Trust are an acute and community service provider, with a wide range of services to people of all ages living in Herefordshire and some of the population of mid- Powys. To do this, the Trust employs over 4000 staff who operate from the County Hospital, many community sites and in people's homes.

The Trust deliver joined up services, helping people to remain independent at home for as long as possible by providing the care and support that best meets the needs of our patients, in the most suitable location. From early years to end of life, the Trust offer a wide range of services to keep you and your family well.

The Trust work as a member of a Foundation Group that includes South Warwickshire University NHS Foundation Trust, George Eliot Hospital NHS Trust and Worcestershire Acute Hospitals NHS Trust (associate member).

Having been rated as 'Requires Improvement' by the Care Quality Commission the journey to 'Good' is continuing and the Quality Account illustrates what the Trust are doing to achieve this.

Wye Valley NHS Trust Mission and Values

Our Mission:

To provide a quality of care we would want for ourselves, our family and friends.

Our Values:

Compassion - We will support patients and ensure that they are cared for with compassion.

Accountability - We will act with integrity, assuming responsibility for our actions and decisions.

Respect - We will treat every individual in a non-judgemental manner, ensuring privacy, fairness and confidentiality.

Excellence - We will challenge ourselves to do better and strive for excellence

Introduction from the Chief Executive

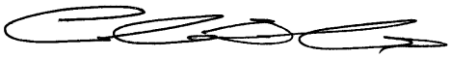
The last year has been a positive year for Wye Valley NHS Trust with much to celebrate with improvement in our services as we continue to recover from the COVID-19 pandemic. I am proud to see so many good news stories in the Quality Account for 2022-23.

During the year, the Trust moved into its Integrated Care System across Herefordshire and Worcestershire. This saw the opportunity to develop forums to focus on improvement in quality and safety. The introduction of Safety in Sync has proved to be a great success in bringing together colleagues across Herefordshire to work together on tackling service issues that span across our organisational boundaries, putting the patient at the heart of our improvement efforts.

A visit from the Care Quality Commission in November 2022 saw improvements in our surgical and medical services being recognised by our inspectorate. The Trust saw the ratings in the 'Safe' and 'Well led' domains move from Inadequate to Requires Improvement for the surgical core services, reflecting the hard work and dedication of our staff in improving the services they provide.

The Trust continues to have a focus on improving waiting times and ensuring patients are seen in a timely manner, in the right place at the right time. This includes a continued focus on recruitment and making Wye Valley NHS Trust a desirable place to work. Our recruitment of international nurses is testament to this and we are delighted to see more overseas nurses joining the Wye Valley team.

I welcome the Quality Priorities we have set for 2023-24 and recognise the need for improvement in these domains.



Glen Burley, Chief Executive

Celebrating Change - Shared Learning

To support the One Herefordshire Partnership priority for Quality Improvement and Learning, the Trust has seen the introduction of two exciting initiatives to facilitate the sharing of learning across organisations within Herefordshire and Worcestershire.

Transformation Tuesday and Safety in Sync have grown from strength to strength over the past twelve months and will continue to flourish into the future.

NHS Wye Valley NHS Trust

Herefordshire General Practice – Taurus Healthcare

Safety in Sync

Herefordshire (PLACE) Shared Learning Forum for Quality

Who is the forum aimed at?

Herefordshire and Worcestershire colleagues including colleagues from;

- WVT
- General Practice
- Taurus Healthcare
- ICB
- Herefordshire and Worcestershire Care Trust
- Herefordshire Council

Format

This forum is held once per month and usually contains two topics per meeting. The speakers will present the issue/project/improvement idea leading to a system wide discussion to how we can work together to create improvements. This format supports and aids discussion and involvement from as many participants as possible.

A one page summary newsletter is circulated after each meeting.

One of the priorities of the One Herefordshire Partnership is Quality Improvement and Learning. As a result of this, we have developed a PLACE based quality forum as part of the ICS Governance structure named Safety in Sync.

What is the purpose of this forum?

- To facilitate sharing of learning across organisations with a positive blame free culture.
- Find solutions (improvements)/ generate learning from quality and safety issues that span across the healthcare system.
- Create relationships between colleagues to improve quality of patient care.

The topics presented allow us to share/ celebrate changes demonstrating improvement, collaboratively identify opportunities for improvement, seeking solutions to issues affecting patients across our system and discussing significant issues for a particular sector that requires wider support to solve, always with the intention to be inclusive.

So far...

10 meetings

22 topics

45 Average No. of attendees

New specialist groups

Recruitment

Sharing technology

Educational support

New processes

Improvement projects

Digital systems


ALL WELCOME
Hosted by
NHS
Wye Valley
NHS Trust
TRANSFORMATION TUESDAY
A bi-weekly virtual meeting to collaborate, motivate and celebrate improvement across Herefordshire
In 2022...
91 topics discussed over 23 sessions
Idea
Average participants 63, with the largest attendance being 109
Attended by 12 different organisations across health, care and wellbeing

CELEBRATING EXTERNAL RECOGNITION

Covid Vaccination team highly commended at HSJ Awards 2022

The Covid Vaccination Programme delivered across Herefordshire and Worcestershire has been highly commended at the HSJ Awards 2022 for the Covid Vaccination Programme Award.

The inspiring multi-partner vaccination programme, which was launched in December 2020, with the roll-out of the Covid Vaccine nationally, was an example of how partners came together to ensure that people across the two counties could access and receive their Covid vaccination. This ensured one of the highest vaccination rates in the country.

Simon Trickett, Chief Executive for NHS Herefordshire and Worcestershire comments; "This recognition from the esteemed judges at the HSJ Awards in the Covid Vaccination Programme Award category means a huge amount to everyone involved in this project – what an honour! The impact of being awarded Highly Commended at the 2022 HSJ Awards will really drive our system of health and care partners to build on this success and encourage us and our colleagues to keep exploring ways of improving outcomes and implementing new innovations to help enhance our future partnership working.

The HSJ Awards is the largest annual benchmarking and recognition programme for the health sector. Over the last 42 years the awards have been celebrating healthcare excellence through huge political, technological and financial challenges within the sector. Through a rigorous, fair and transparent two-step judging process (including a Live presentation) the Awards produce a roll call of the best organisations, teams and people in the NHS and the wider health sector.

The winners and those highly commended were announced across 25 categories during the HSJ Awards ceremony held at Evolution London on November 17

Sue elected onto the BASL British Liver Nurse Committee

Huge achievement for WVT made by Sue Eldred recently as she has been successfully elected through a national vote onto the BASL British Liver Nurse Committee which will give her the chance to actively participate in National Initiatives, and Guideline and National Policy Development. She has also been accepted onto the Haemochromatosis Specialist Interest Group who work on producing revised National Clinical Guidelines. We are very proud of Sue for representing WVT and helping raise the profile for WVT Gastroenterology/Hepatology. Well Done Sue!

Queen's Nurses

Last week, two of our nurses headed to London for the Queens Nursing Institute Annual Awards ceremony.

Del Thomas, Lead Multiple Sclerosis CNS and Community Neuro CNS Team Manager was given the prestigious title of Queen's Nurse by community nursing charity The Queen's Nursing Institute (QNI).

The title is not an award for past service but indicates a commitment to high standards of patient care, learning and leadership. Nurses who hold the title benefit from developmental workshops, bursaries, networking opportunities, and a shared professional identity.

Many congratulations to Del.

Rachael Hebbert, Associate Chief Nursing Officer, who is also a Queen's Nurse, received an award for successful completion of the QNI Executive Nurse Leadership programme. Funded by the National Garden Scheme, this programme focusses on community and primary care nursing systems leadership with an emphasis on leading compassionately throughout the pandemic and supporting the wellbeing of the workforce going forward.

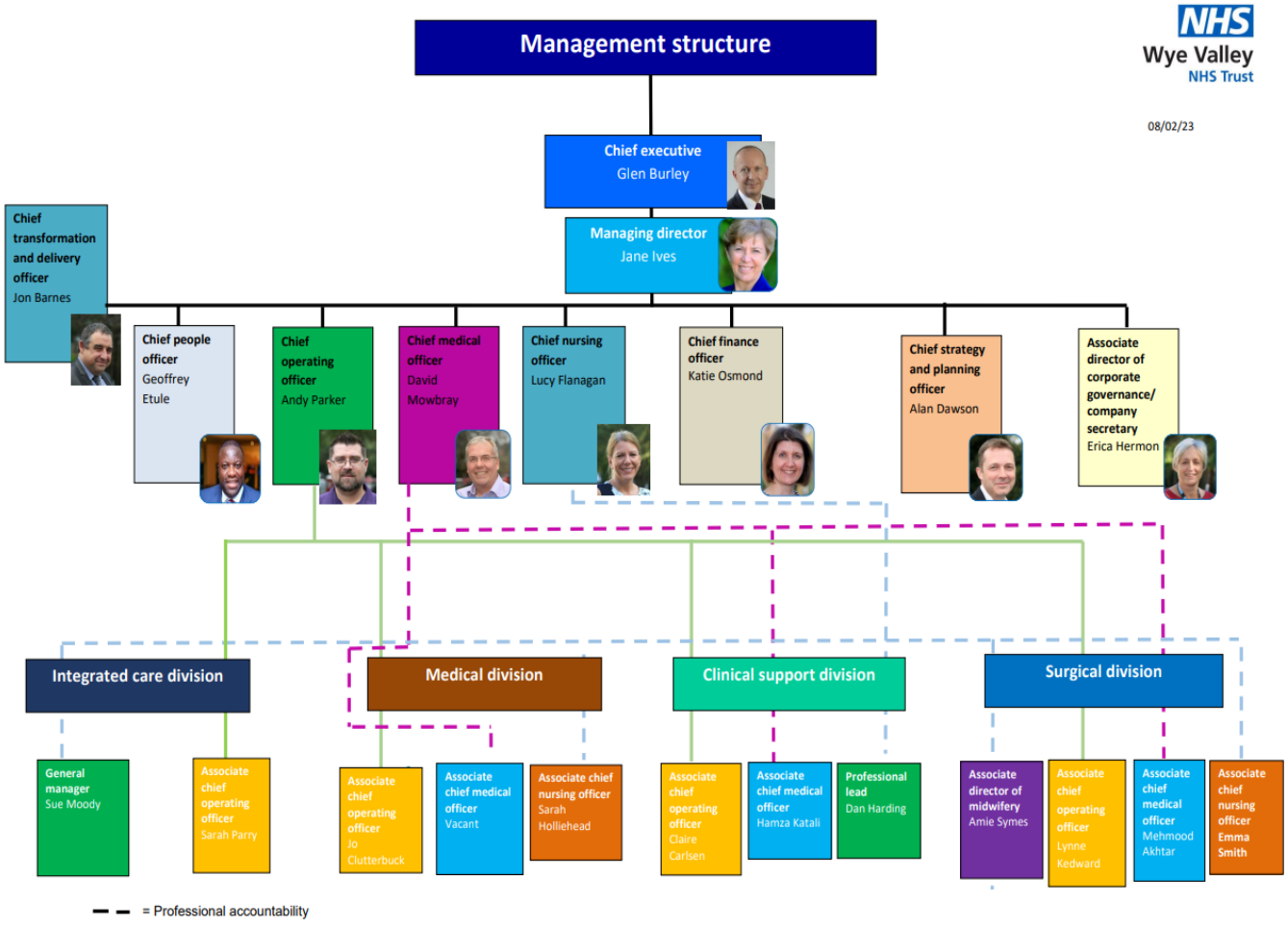
Many congratulations to Rachael for completion of this programme.

Core Areas of Assurance

Organisational Change

Wye Valley NHS Trust is part of a Foundation Group that also includes South Warwickshire NHS Foundation Trust, George Eliot Hospital NHS Trust. Each Trust retains its own Trust Board with the common link being a shared Chief Executive Officer and Trust Chairman. Worcestershire Acute Hospitals NHS Trust joined the Foundation Group as an associate member more recently, retaining their full board membership.

The Foundation Group enables the Trust to strengthen opportunities available to help secure a sustainable future for all three organisations and allows each Trust to maintain its own governance while benefitting from scale and learning across the wider group.



Statement of Assurance

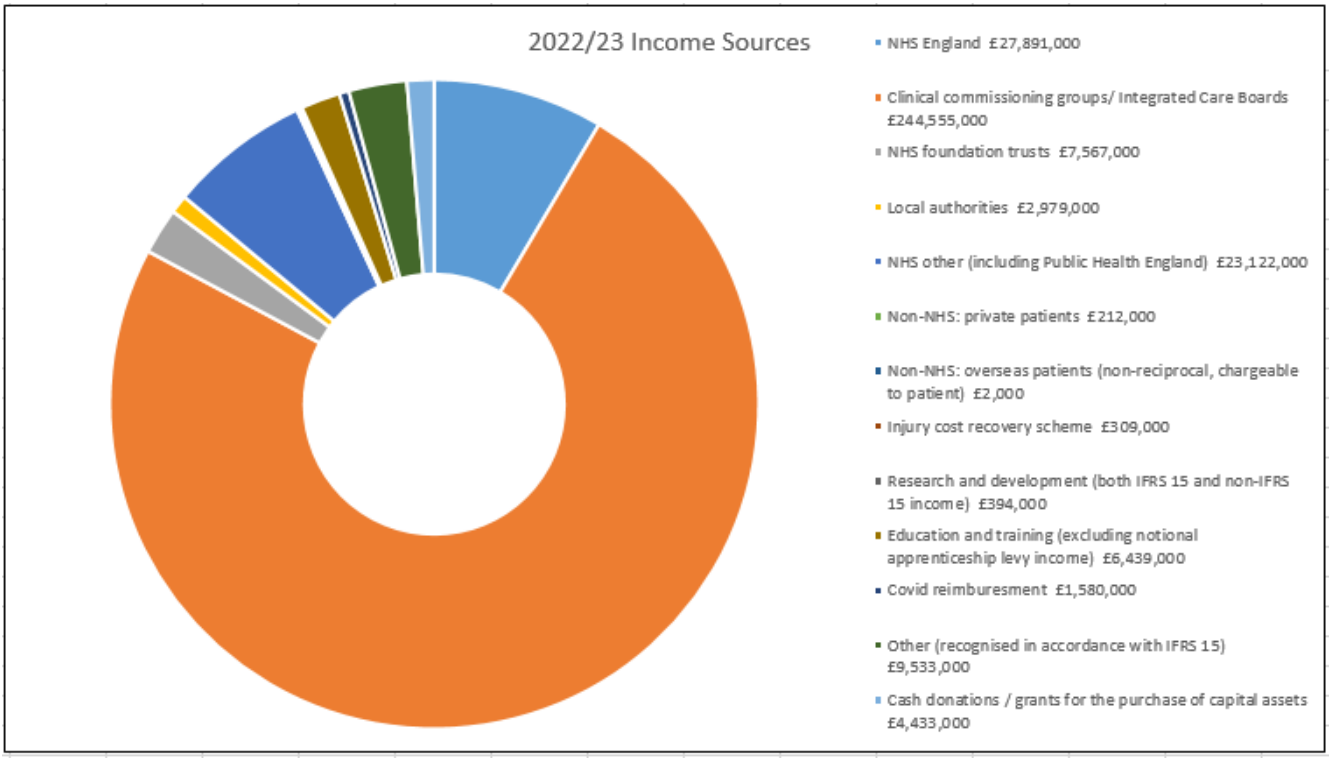
Review of services and income:

The Trust provided and/or subcontracted 58 acute and community services for the population of Herefordshire, bordering English counties, and mid- Powys (details on these services is provided in Appendix 4). The Trust has reviewed all the data available on the quality of care in all of these services.

More detail on the income of the Trust can be found in the Annual Report 2022-23.

The income generated by Wye Valley NHS Trust for services reviewed in 2022-23 represents 100% of the total income generated from the provision of relevant health services.

A breakdown of income received from each body for 2022-23 is illustrated below.



Care Quality Commission (CQC) Overview of Progress

In October 2022, the Trust welcomed a team of inspectors from the Care Quality Commission who undertook an unannounced focused inspection of the trusts surgical and medical core services at the County hospital.

During the inspection, inspectors visited all wards in medicine and surgery including older people's care, plus theatres and day case unit.

The focus of the inspectors was on the safety domain in medicine and surgery and the well led (how the division is being managed) domains in surgery.

The good news for patients is that the inspectors found improvements have taken place and they have upgraded the "inadequate" ratings to "requires improvement" in the safety, well-led and overall domains for surgery.

In its report, the team of inspectors noted that the service had enough staff to keep patients safe; staff had received training and understood how to protect patients from abuse. The hospital was also commended on the way it controlled infection risk well.

Jane Ives, WVT Managing Director
"It's not an end in itself, and there is still work to do, but it confirms our ambitions to be an NHS Trust which is rated "Good" overall in the coming years".

"We are an ambitious Trust and this report signals another positive step on our journey to provide the kind of quality service for local people that we want to provide for our family and friends"

The inspection team were pleased to note that staff felt respected, supported and valued and were focussed on the needs of patients receiving care.

In its report, the inspectors listed less than ten 'must do' requirements, some of which were easy to fix and have been addressed already, and for the remainder the Trust already has detailed improvement plans in place.

The County hospital's overall rating remains requires improvement. For the full breakdown of service ratings see Appendix 1.

The Trust is currently registered with the Care Quality Commission without any compliance conditions and is licensed to provide services.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Mar 2020	Requires improvement →← Mar 2020	Good →← Mar 2020	Requires improvement →← Mar 2020	Requires improvement →← Mar 2020	Requires improvement →← Mar 2020

National Audit and National Confidential Enquiries (NCEPOD)

We participated in 45 (94%) of National Clinical Audits

Data submission ranged between 25-100% of eligible cases for individual audits

Clinical teams present reports and improvement action plans to their Specialty Audit Meetings

During 2022-23, there were 48 national clinical audits that Wye Valley NHS Trust were eligible to participate in based on the services provided.

There were 3 eligible audits that the Trust did not participate in during 2022-23:

1. National Ophthalmology Audit Database

2. National Cardiac Arrest Audit

3. Inflammatory Bowel Disease (IBD) Registry

The Trust participated in 45 (94%) of national clinical audits and 100% of National Confidential Enquiries. Detailed in Appendix 2.

National Data opt-out

The national data opt-out is a service that allows patients to exclude their confidential patient information being used for research and planning.

Before the Trust submits data to the relevant national audits, a process is followed to identify and remove patients who have opted out. In some cases this means that the number of patients who are included in the audit is reduced, and in the event of low patient numbers, this can have an impact on the results of the audit, which will be considered when reviewing outcomes and putting in place actions.

Learning from Audit

In 2022-23 the Trust Clinical Audit Programme included a total of 268 projects (national & local combined). The programme is monitored by the Trust's divisional and directorate governance groups on a monthly basis with oversight through the Clinical Effectiveness & Audit Committee. Within Wye Valley NHS Trust the results from national and local clinical audits are reviewed by the clinical teams involved in the audit at specialty level. If the review indicates that improvements are required, action plans are devised and monitored within the divisions.

Highlights from Various Published National Audit Reports during 2022/23

There were 35 national clinical audits that published an annual report in 2022-23 and 7 reports for the National Confidential Enquiry programme. These have been sent for review by the relevant specialty and, where appropriate, action plans have been developed.

A number of these reports are highlighted, including areas of good practice and what the Trust intends to do where standards are not met.

Your baby's care

Measuring standards and improving neonatal care

NNAP
National Neonatal Audit programme

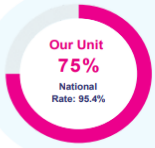
Wye Valley Trust takes part in the National Neonatal Audit Programme (NNAP), which monitors aspects of the care that has been provided to babies on neonatal units in England and Wales. The information below shows how the 2021 results for this hospital compared with national rates, as indicated in the NNAP Summary report on 2021 data.

How our unit did across 12 NNAP measures:

Antenatal steroids
Nationally, 92.1% of mothers of babies born at less than 34 weeks' gestation were given antenatal steroids.

Neonatal nurse staffing
Nationally, 73.9% of shifts were staffed according to recommended levels.

Antenatal magnesium sulphate
Nationally, 86.9% of mothers of babies born at less than 30 weeks' gestation were given antenatal magnesium sulphate.



On time screening of retinopathy of prematurity
Nationally, 95.4% of eligible babies were screened on time for retinopathy of prematurity (ROP).

Deferred cord clamping
Nationally, 43% of babies born at less than 32 weeks' gestation had their cord clamped at or after one minute from birth.

Bronchopulmonary dysplasia (BPD)
Nationally, 38.8% of babies born at less than 32 weeks' gestation developed bronchopulmonary dysplasia (BPD) or died between 2019-2021.

Temperature on admission
Nationally, 73.2% of babies born at less than 32 weeks' gestation were admitted with a temperature within the recommended range of 36.5-37.5°C.

Early breastmilk feeding
Nationally, 80.5% of babies born at less than 32 weeks' gestation received their mother's milk at 14 days of age.

Parental consultation within 24 hours of admission
Nationally, 96.3% of parents had a documented consultation with a senior member of the neonatal team within 24 hours of their baby's admission.

Breastmilk feeding at discharge
Nationally, 60.6% of babies born at less than 32 weeks' gestation received their mother's milk at discharge home.

Parental presence at consultant ward rounds
Nationally, a parent was present on the consultant ward round at least once during the admission for 85.8% of admissions. The proportion of ward rounds with at least one parent present was 44.1%.

Medical follow up at two years
Nationally, 72.6% of babies born at less than 30 weeks' gestation had a documented medical follow up at the right time.

Areas reflecting good practice:

- The Trust has continued to perform well with above average rates in the audit measures of administration of steroids, magnesium sulphate and admission temperatures for babies. The Trust have also this year been one of the top performing trusts for delayed cord clamping in these babies. This suggests that the local work around these measures is embedded in practice and the Trust continues to monitor this and review all cases where this is not achieved.
- The Trust have regained the high rates of breast milk at discharge following the dip in 2020 and are focusing on further improvement by working towards the neonatal baby friendly initiative and Maternal and Neonatal Safety Programme work on early breast milk expression.
- All of these measures have been shown to improve outcomes for preterm babies. Along with the local level work the Trust also utilise the neonatal network and the Local Maternity and Neonatal Systems (LMNS) to look at cases when babies are not able to be transferred prior to delivery.

Areas requiring improvement:

- On time screening of retinopathy in premature babies.
- Documentation of parental consultation within 24 hours of their babies' admission.
- The 2-year developmental follow up of babies born less than 30 weeks gestation.

Local actions to be taken:

- Retinopathy of prematurity screening results do not show any significant concerns however there is a need to stay mindful that as a small unit there are a limited number of staff who can deliver this screening and that any absence of these staff could impact the provision of the service.
- The documentation of parent's discussions - As a neonatal unit the Trust would like to pursue the use of the Badgernet platform as Electronic Patient Record EPR for the neonatal unit. This would improve the consistency of documentation as when the record is accessed, staff would be able to see a notification to remind them of the need to document any update with parents.
- The 2 year developmental follow up - A formal business case to be developed once the resources required to deliver this service have been identified.

Report based on Procedures from April 2020 to March 2021

The aim of the National Audit of Cardiac Rhythm Management (NACRM) is to examine and improve service delivery for and outcomes of patients undergoing therapeutic electrophysiology procedures (ablations) or electronic device implantation to manage cardiac rhythm disturbances.

Areas reflecting good practice:

- Lower than expected complication rates.
- Short waiting times for simple and complex implants.
- Regular weekly multi-disciplinary team meeting for device issues and timely planning of implants.
- Early adoption of advanced implant techniques: mentoring of implanters from neighbouring Trusts in these techniques.

Areas requiring improvement:

- The Cardiology 'getting it right first time' (GIRFT) strategy document requires expansion of the service to allow at least 5 day working for implants, discussions are ongoing as to how this might be achieved.
- Improvement in validity of data upload to NICOR, and correlation with local audit.

Local actions to be taken:

- Ensuring timely and accurate data upload to NICOR in accordance with regulations.
- Recruitment of admin support for Cardiology audit to assist with data entry.
- Availability of Cath lab for emergency pacemaker implants 5 days a week.

Key Results demonstrated from a local audit report

Operatives Notes in General surgery are we doing well?

Operation notes are essential to ensure continuity of care between the operating team and other colleagues. It also provides a medico legal record of a patient's care and hence quality of operation notes is crucial. The aim of the audit was to review current quality of documentation and to achieve a standardisation of operative notes of surgery performed at the Trust.

Areas reflecting good practice:

- All operation notes audited included the type of procedure and specified the procedure side as required; including type of anaesthetic used.
- All operation notes audited have a section with a post-operative plan for the patient.
- Most operation notes (98-100%) included incision details, findings, and detailed surgical steps, as well as skin closure.

Areas requiring improvement:

- The General Medical Council (GMC) number was not documented in any operation notes.
- Names and grade were legible in only 72% of the 50 operation notes analysed.
- Factors such as estimated blood loss and requirement of prophylaxis antibiotics were documented in less than 40% of the operation notes.

Local actions to be taken:

- To achieve a good level of documentation, the introduction of an operation note template on the new clinical noting system would help to ensure clear and concise communication between the operating team and the ward team looking after the patient post-operatively.

  It would also electronically generate name and grade of the clinician creating the operation note and improve the consistency of documentation.

Trust Research Participation Overview

The Trust has continued to offer opportunities for patients to participate in national clinical research studies to improve health, treatment, care and diagnoses. In total, 620 patients at the Trust were recruited into 23 studies on the National Institute Health Research (NIHR) Portfolio approved by the Health Research Authority. This included 76 patients who were recruited into interventional studies, and 30 recruited into a commercial study. Many more patients also had contacts as part of their follow up in ongoing studies.

This research included interventional and observational studies into reproductive health and midwifery, anaesthesia, stroke, critical care, cancer, hepatology, dermatology and musculo-skeletal disorders.

Safety Alerts

Safety alerts are issued when there is a specific issue that without immediate actions being taken could result in serious harm or death.

In 2022-23, the Trust continued to receive the patient safety alerts through the Central Alerting System (CAS) and Medicines & Healthcare products Regulatory Agency (MHRA). These were managed appropriately through the established process, which includes checking for relevancy, and recording completed actions.

All historic alerts have been actioned and completed.

The Trust are in the process of implementing a new risk management system which will provide the functionality to triangulate safety alerts with internal intelligence such as incidents and risks. This will allow for a broader view of safety across the Trust and strengthen assurance in our management of safety alerts.

Field Safety Notices (FSNs) are important communications about the safety of a medical device that is sent to customers by a device manufacturer or their representative.

The management of FSNs has been reviewed and the number of open notices has reduced from 25% of the total number down to 3% of the total number in 2022-23.

As part of the improvement in the process the trust has added to the external web page an email address to make it easier for manufacturers to send the notices in.

Best Practice Guidance

NICE
National Institute for Health and Care Excellence

In year, 2022-23 the Trust has developed a new standard operating procedure for the implementation of NICE guidance (PR.S.21), developed by the Trust through a co-production group from staff across the Trust and members of the public.

Some of the key elements that have been adopted and implemented into practice are:

1. The use of the Risk Register to track and monitor the completion of baseline assessments.
2. All baseline assessments for guidance referenced NG and CG are completed

with the guidance lead and member of the Compliance Team:

- Ensures consistency and completeness.
- Assists the leads by offering admin support.
- Has seen an increase in responses received.

3. For all guidance where any recommendations are identified as non-compliant the guidance lead and compliance team complete a risk assessment, adding to the risk management system and creating an action plan:
   - Enables a centralised process for monitoring NICE actions and identifying which recommendations the Trust are working towards with timeframes for achievement.
   - Allows greater oversight and scrutiny of any risks related to not meeting NICE recommendations. With the possibility of identifying new risks for inclusion in business planning.

4. New process for the management of Technology Appraisal Guidance (TAG) following consultation with the Specialist Medicines and Clinical Policy Adviser at Herefordshire and Worcestershire ICB and Trust colleagues:
   - Removes the overlap of work being carried out in regards to medication TAGs.
   - Simplifies the Trust process by only sending out TAG guidance to leads once the medication is confirmed as being added to the Herefordshire and Worcestershire Formulary and funding pathway is in place for the implementation of the intervention.
   - Allows the clinician the ability to directly contact the pharmacy team for inclusion of the medication, knowing all processes are in place for pathway production.

For 2023-24, a process is in development to revisit past NICE guidance every 5 years. This will provide ongoing assurance that the Trust is still compliant with the released NICE guidance. Also, allowing opportunity to audit and review processes in place and providing specialties the opportunity to revisit previous recommendations that may have been accepted as not able to be implemented, with the potential to provide new opportunity to evidence business cases and improvement projects.

Information Governance

Information Governance is how an organisation handles patient and staff information which may be of a sensitive nature. This includes ensuring all information, especially personal, is held legally, securely and confidentially.

The Data Security Protection Toolkit (DSPT) was introduced in 2018-19 and replaces the Information Governance Toolkit (IGT).

The DSPT is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards.

The Trust's end of year position is shown in the table below.

Progress Dashboard and Reports			
Mandatory Reporting – **101/113 mandatory evidence items provided.**		Baseline submission (end of Feb) Current position - Approaching Standards Final submission due – 30/06/23	
Assertions 15/36		Confirmed	
Approaching Standards**: January 2023** **Staff % pass rate for the data security and protection mandatory test**	Current – (Feb 23) 86%	Target 95%	Action to address: *Trust action plan remains in place to deliver 95% by June 23.*

Clinical Coding and Error Rate

Clinical coding is the translation of medical terminology (written by the clinicians) that describes a patient's complaint, problem, diagnosis, treatment or other reason for seeking medical attention into standard codes that can then be easily tabulated, aggregated and sorted for statistical and financial analysis, in an efficient and meaningful manner.

Clinical codes can be used to identify specific groups of anonymised patients (for example, those who have had a stroke, or those who have had a hip operation) so that indicators of quality can be produced to help improvement processes.

The Trust has a constant focus on data quality and the need to meet the organisation's reporting requirements against the National Data Security and Protection Toolkit.

Data Quality Standard 1. The Trust uses a variety of systems and processes to ensure poor data quality does not undermine the information being reported. Data quality (DQ) checks are performed on all main reporting domains (including quality, finance, operational performance, and workforce). The Trust makes use of internal and external benchmarks to highlight areas potentially requiring improvement to data quality.

As part of a Foundation Group-wide Information Group review, specifically around the longer term Information strategy, there is a theme around data quality, which will become a focus over the next 12 months. The Trust has started to implement a Data Quality Kite Mark across a small number of indicators within the main Board Key Performance Indicators (KPIs) and a plan is in place to have this across all indicators by the end of the year. This Kite Mark aims to give assurance, and highlight, the quality of the data which supports each indicator.

The following illustrates the percentage coding accuracy at Wye Valley NHS Trust in 2022-23 of which all mandated standards were met as set by NHS Digital.

	WVT results	Mandatory	Advisory
Primary diagnosis	90%	90%	95%
Secondary diagnosis	92%	80%	90%
Primary procedure	93%	90%	95%
Secondary procedure	89%	80%	90%

The Trust is committed to ensuring staff are aware of their responsibility for data quality and the accurate recording of data on Trust electronic systems and paper held records. The Trust have included this responsibility in all job descriptions and regular audits are undertaken. We work closely with our partner IMS Maxims who are supporting with electronic patient record development. The Trust's commitment to data quality is demonstrated by implementing the following principles:

- All staff should be fully trained in the use and recording of data on electronic systems – access should not be given until training has taken place.
- All managers are responsible for data quality within their services.
- Staff are aware of the reporting mechanisms for data quality issues and complaints.
- The Trust has a dedicated team for each electronic system, for managing data quality issues, system management, system configuration in line with national standards and advising staff on managing data quality issues.
- Regular reports are sent out for managers to ensure missing data and errors are actioned and regular meetings are held to discuss and report actions of the same.
- Summary data quality dashboard produced weekly and discussed at weekly Trust wide patient tracking list (PTL) meeting.
- Additional steps added to commissioning data sets processing to identify incorrectly recorded data and passed to the Electronic Patient Record Support Team to correct for the IMS MAXIMS system.

The Patient's NHS number

A patient's NHS number is a key identifier for patient records, and the National Patient Safety Agency has found that the largest single source of nationally reported patient safety incidents relates to the misidentification of patients.

The Trust submitted records during 2021-22 to the Secondary Uses Service (SUS), for inclusion in the Hospital Episodes Statistics (HES), which are included in the latest published data.

The percentage of records in the published data, which included the patient's valid NHS number for the period April 2022 to March 2023, is detailed below.

NHS Number 22-23				
	Has NHS	No Number	Total	%
IP	72605	105	72710	99.9%
OP	319537	171	319708	99.9%
AE	68877	679	69556	99.0%

The Patient's Registered GP Practice Code

Accurate recording of the patient's GP practice is essential to enable the transfer of clinical information from the Trust to their GP.

The Trust submitted records during 2022-3 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data.

The percentage of records which included the patient's valid General Medical Practice Code reached 100% in both Inpatient and Outpatients.

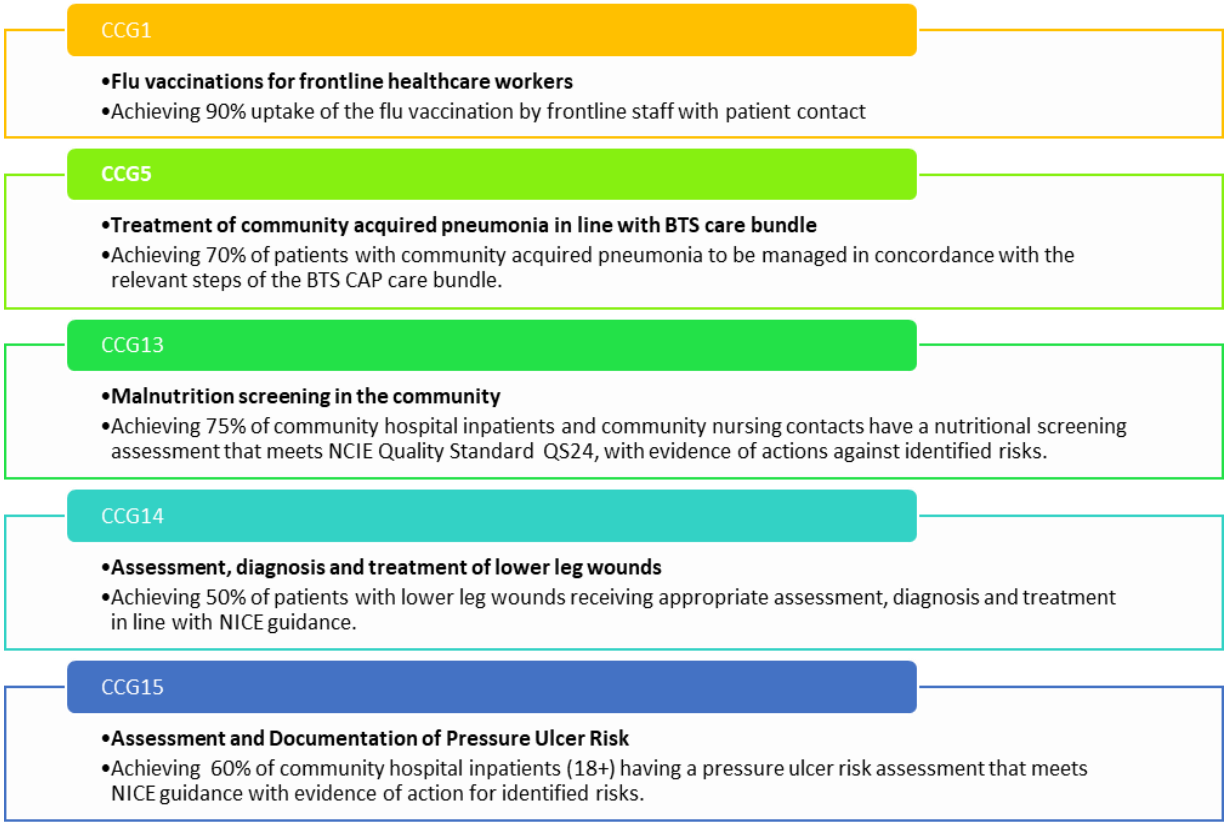
GP Code 22/23				
	GP code	No Number	Total	%
IP	72692	18	72710	100.0%
OP	319690	18	319708	100.0%
AE	67786	1770	69556	97.5%

Commissioning for Quality and Innovations (CQUIN) 2022-23

The Commissioning for Quality and Innovation (CQUIN) is a framework within the NHS that supports improvements in the quality of services and the creation of new, improved patterns of care including transformational change.

Each year a number of CQUIN schemes are identified across areas of care. This is linked to targets which may have a financial reward for achievement. With a proportion of the Trust's income provided by meeting these set CQUIN targets. These are nationally reported throughout the financial year.

For 2022-23 the Trust, in agreement with Commissioners have selected five priority CQUIN projects that link directly to the Trust objectives or quality priorities and are as follows:



Wye Valley Trust have submitted the following results throughout the year for the 2022-23 CQUIN programme.

No	Area	CQUIN	Compliance Measure	Q1	% Q1	Q2	% Q2	Q3	% Q3	Q4	% Q4
CCG1	Trust wide	Flu vaccinations for frontline healthcare workers	70% - 90%	N/A	N/A	N/A	N/A	🔴	42.5%	🔴	47.6%
CCG5	Medical	Treatment of community acquired pneumonia in line with BTS care	45% - 70%	🔴	5%	🔴	14%	🔴	37%	🟡	48%
CCG13	Integrated Care	Malnutrition screening in the community (Community Hospitals)	50% - 70%	🔴	39%	🟢	85%	🟢	91%	🟢	94%
CCG14	Integrated Care	Assessment, diagnosis and treatment of lower leg wounds	25% - 50%	🔴	0%	🟡	38%	🟢	71%	🟢	71%
CCG15	Integrated Care	Assessment and documentation of pressure ulcer risk (Community Hospitals)	40% - 60%	🟡	52%	🟢	87%	🟢	87%	🟢	88%
PSS5	Medical	Achieving priority categorisation of patients within selected surgery and treatment pathways according to clinical guidelines	74% - 98%	N/A	No Cases for inclusion	N/A	No Cases for inclusion	🟢	100%	N/A	No Cases for inclusion

Looking forward, the agreed selected indicators for 2023/24 will be as follows, with planning already commenced:

CQUIN05

- **Identification and response to frailty in emergency departments**
- Achieving 30% of patients aged 65 and over attending A&E or same-day emergency care (SDEC) receiving a clinical frailty assessment and appropriate follow up.

CQUIN06

- **Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service**
- Achieving 1.5% of acute trust inpatients having changes to medicines communicated with the patient's chosen community pharmacy within 48 hours following discharge, in line with NICE Guideline 5, via secure electronic message.

CQUIN07

- **Recording of and response to NEWS2 score for unplanned critical care admissions**
- Achieving 30% of unplanned critical care unit admissions from non-critical care wards having a timely response to deterioration, with the NEWS2 score, escalation and response times recorded in clinical notes.

CCG12

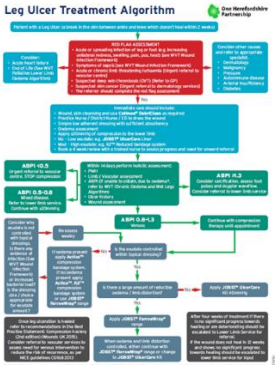
- **Assessment and documentation of pressure ulcer risk**
- Achieving 85% of acute and community hospital inpatients aged 18+ having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks.

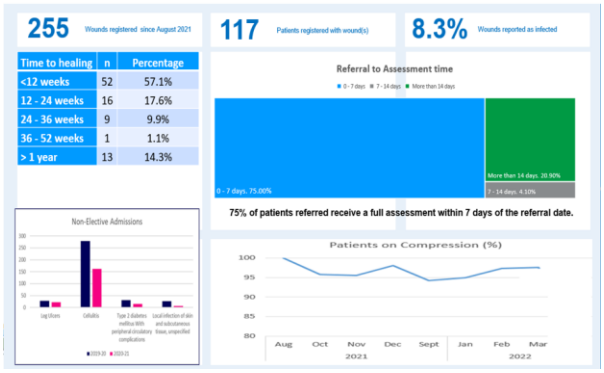
CCG14

- **Malnutrition screening for community hospital inpatients**
- Achieving 90% of community hospital inpatients having a nutritional screening that meets NICE Quality Standard QS24 (Quality statements 1 and 2), with evidence of actions against identified risks

CELEBRATING IMPROVEMENT
Lower Limb Service – Wye Valley NHS Trust

The Wye Valley NHS Trust Lower Limb Service became a National Wound Care Strategy Programme First Tranche Implementation Site for Lower Limb Recommendation in 2020. They shared the view that improvements in data capture and information available to clinicians could support clinical decision-making and enable quality improvements. The WVT Lower Limb team wanted to investigate if digital technology in addition to robust clinical pathways and clear referral processes would enable them to improve healing rates, prevent unplanned admission and improve data capture and reporting.





The Lower Limb Service is now part of the Integrated Neighbourhood service and works closely with primary care providing education to practice nurses and running satellite clinics within GP practices and community hospitals. There is now a consistent approach to the assessment and management of patients with lower limb conditions in line with national recommendations.

At Wye Valley NHS Trust, we are leading the way nationally with the implementation of a Wound Management Digital System (WMDS) and with the innovative Leg Café model at Kington medical centre. This encompasses gold standard clinical care with the very important social elements involved for people who often become socially isolated with their leg ulcers.

Mrs A, is an 89-year-old female with a leg ulcer to the left leg. The ulcer had been present for around 12 months prior to her coming to the Lower Limb clinic. On presentation at the clinic Mrs A was fully assessed, a Doppler done, and the necessary compression applied. She did struggle with concordance to her compression treatment because she felt that it was not achieving any benefits or results. She was not confident that her wound was improving.

The nurse began to use eKare WMDS to digitally document wound assessments, image and measure her wound. It allowed them to easily look back at photographs and treatment plans and adjust accordingly. We were able to share the relevant information with Mrs A.

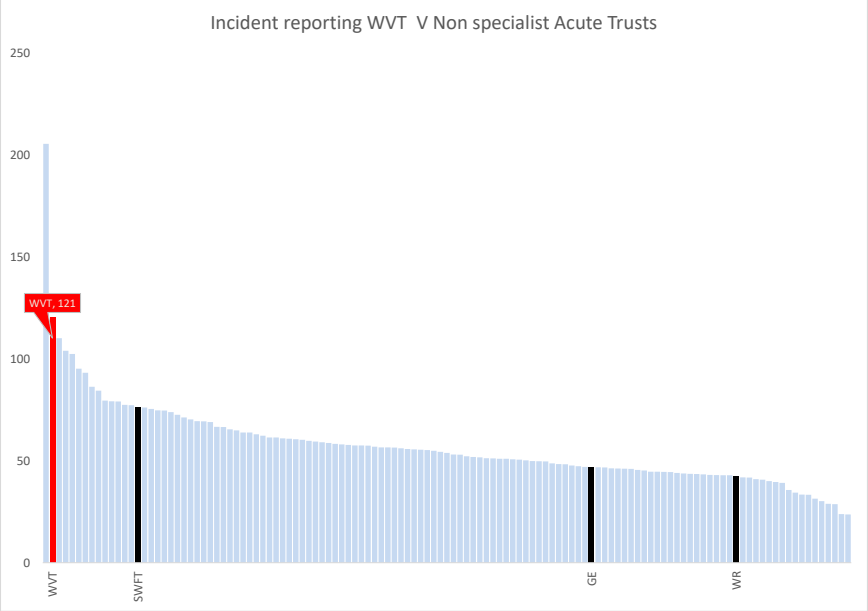
For the first time, Mrs A was able to see a clear picture of the progress of her wound from the photos and the healing trajectory graphs. She was able to see that her ulcer was healing! This really improved her understanding, through pictures, of how compression does help to heal the ulcer. The ulcer healed within 6 months of presentation to the lower limb team and she is now able to self-care applying her own cream and daily wrap.

Quality of Services - Key Areas

Clinical Incident Reporting

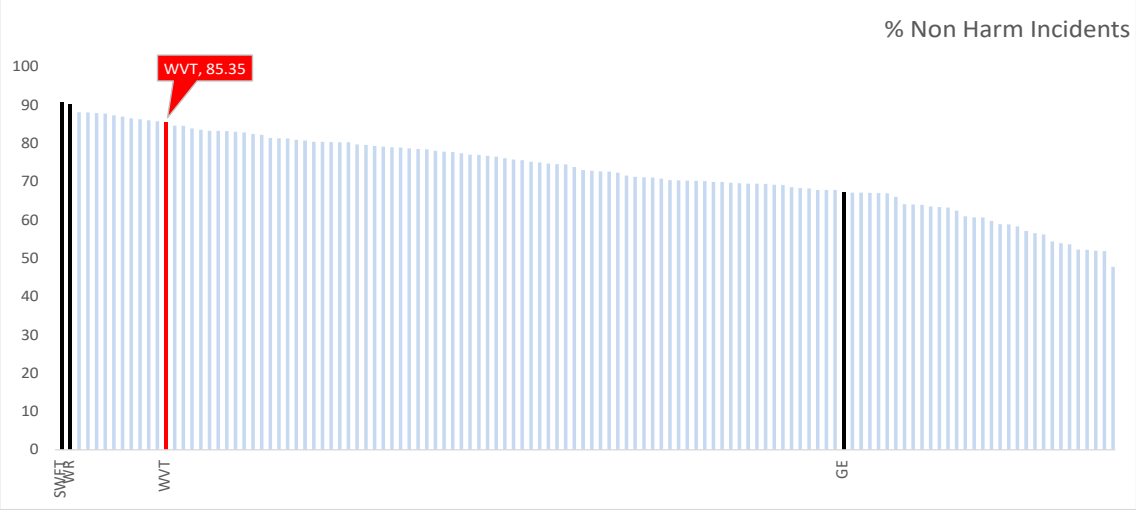
The Trust promotes a culture of safety where staff are encouraged to report actual or near miss incidents. The chart below is taken from the National Reporting Learning System (NRLS) and demonstrates a high level of reporting. The Trust is ranked second against all English Trusts for incidents reported per 1000 bed days, with an improvement seen in rate of reporting from the previous year.

Source NLRS October 2022(Incidents April 2021-March 2022)
Wye Valley NHS Trust is represented by the red bar in the table above. The black bars are the Trusts in the foundation group South Warwickshire Foundation Trust (SWFT) & George Elliot Trust (GE), also shown is Worcester Royal (WR)



Of those incidents reported the level of harm is low, as demonstrated by the next chart, which shows the percentage of no harm incidents 85.4%, compared to the previous year of 83.7%. The Trust is in the top 25% of English trusts for the proportion of incidents that do not cause harm.

Source NLRS October 2022(Incidents April 2021-March 2022)
Wye Valley NHS Trust is represented by the red bar in the table above. The black bars are the Trusts in the foundation group South Warwickshire Foundation Trust (SWFT) & George Elliot Trust (GE), also shown is Worcester Royal (WR)



The charts below provides a breakdown of the level of harm of incidents reported nationally to the NRLS. Diagram one, has the latest available information relating to incidents April 2021 to March 2022, of all the incidents reported that are attributable to the Trust 1% were reported as moderate harm or greater, this compares favourably in comparison to the national average for England of 2% (Diagram two).

Diagram 1

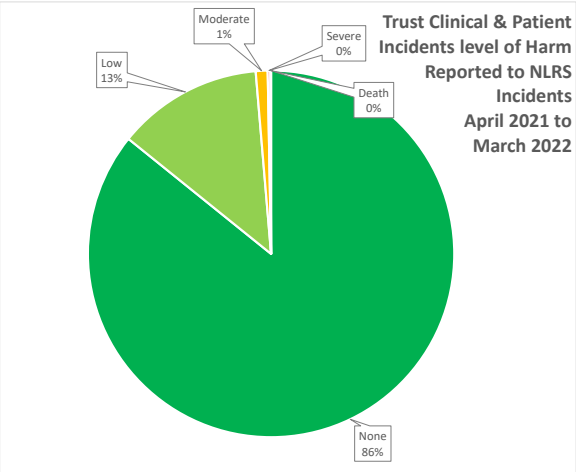
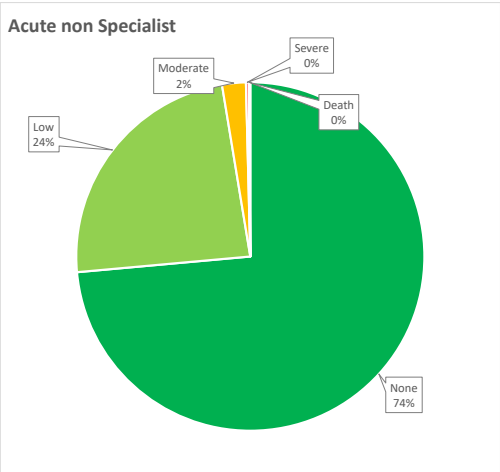
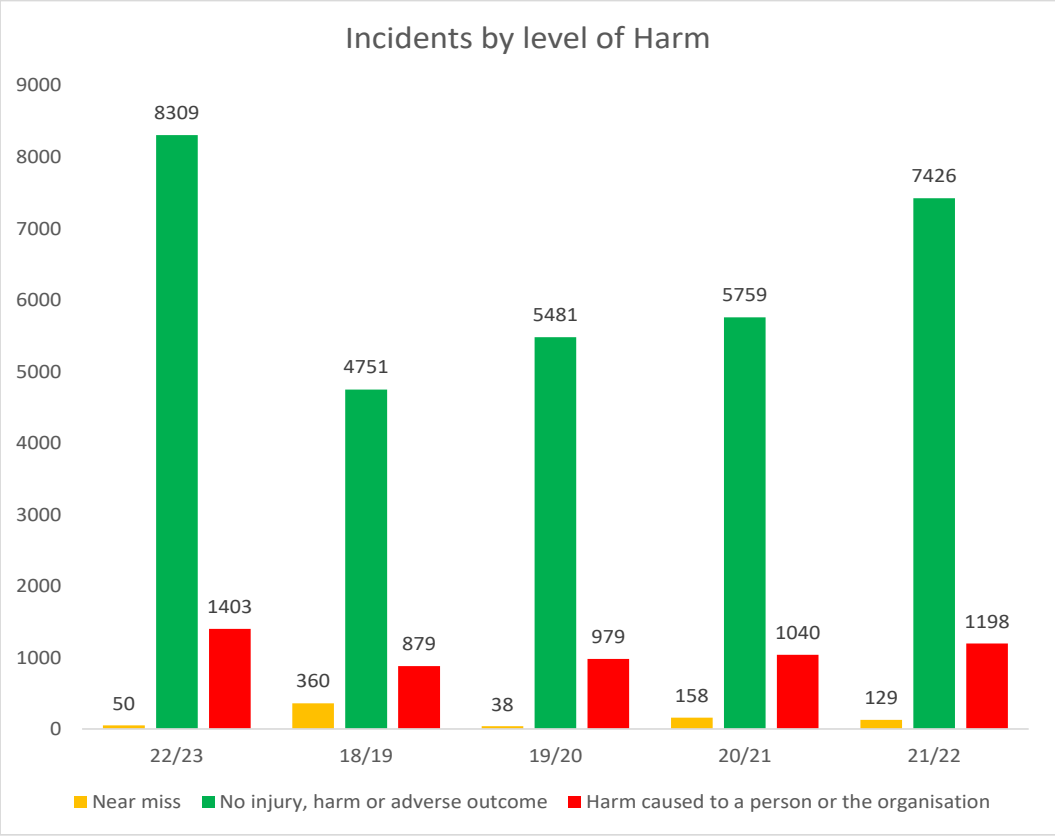


Diagram 2



The chart below shows all incidents reported by the Trust on the incident reporting system. The number of patient and clinical incidents reported increased during 2022-23 by 11.5%. This shows no harm incidents account for 86% of incidents. This increase in reporting is reflective of the increase in activity within the Trust whilst still managing with the impact of the COVID-19 pandemic.



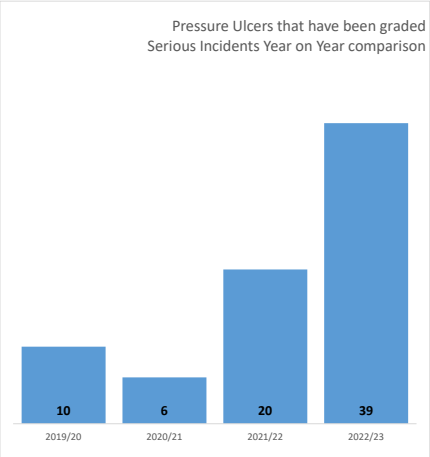
The top five categories of all incidents reported in 2022-23 on the incident reporting system are shown in the next table. The top five remain the same as the previous year.

Category	2021-22	2022-23	% change
Tissue Viability Incident	1926	2384	24%
Infrastructure (inc staff, facilities, environment)	1281	1257	1.87%
Falls	1010	1129	11.8%
Meds Total	931	978	5%
Admission, access, appointments, transfer, discharge	766	900	17.5%

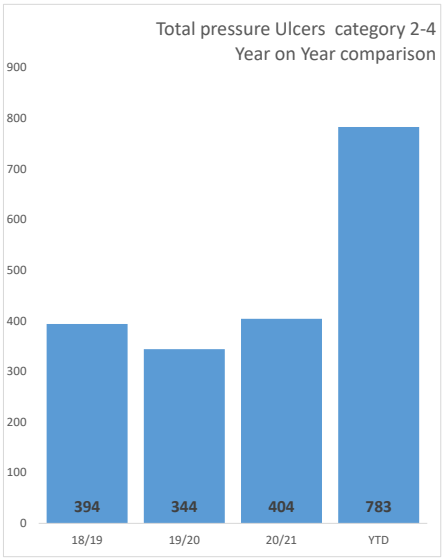
Reducing Harm to Patients

Pressure area care management

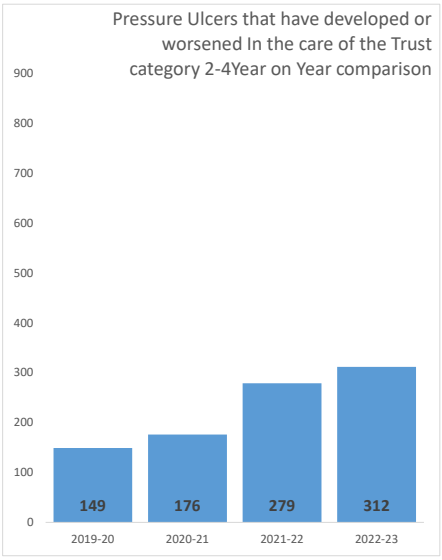
The number of Serious Incidents requiring investigation have increased from the previous year.



There was a 94% increase in pressure ulcers, graded 2-4 in 2022-23.



There was a 12% increase in the number of pressure ulcers that were acquired or advanced in our care



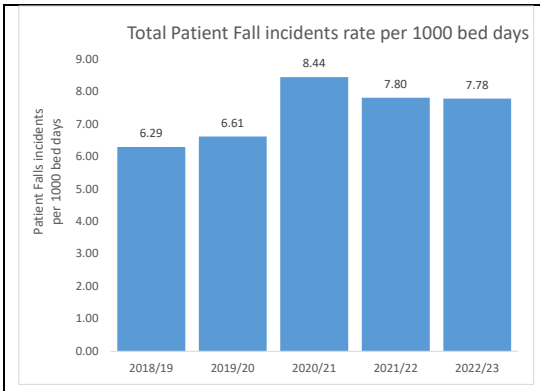
- The Pressure Ulcer Panel reviews all Category 3, Category 4 and unstageable pressure ulcers and deep tissue injuries (DTI) on a weekly basis and evaluate the information to determine if further investigation is warranted.

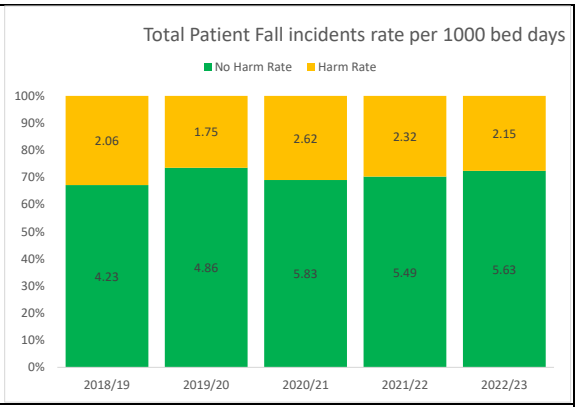
- Pressure ulcer incidence has increased nationally during the pandemic (data source Model Hospital). The Trust has seen an increase in the numbers recorded through patient clinical coding of attributable pressure damage with the impact of COVID-19 on capacity and availability of staff. The Trust has implemented a quality improvement to support the ongoing quality priority to reduce pressure ulcers.

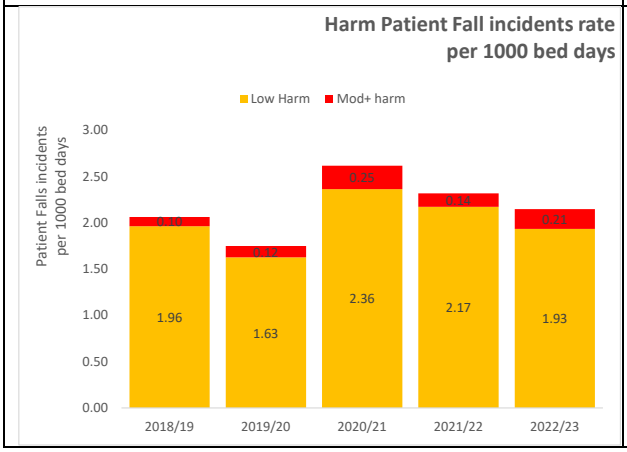
Reduce patient falls

In 2022-23 the Trust saw the following changes in comparison to 2021-22:

The number of falls is measured in relation to the workload of the Trust, the number of patients occupying beds, known as bed days. The charts below show the number of falls in this context.







- The total falls rate per 1000 bed days is very slightly lower than last year.
- Falls resulting in harm is also slightly lower.
- Low harm falls has shown a reduction of 11%.
- Greater harm falls rate has increased by 13%.

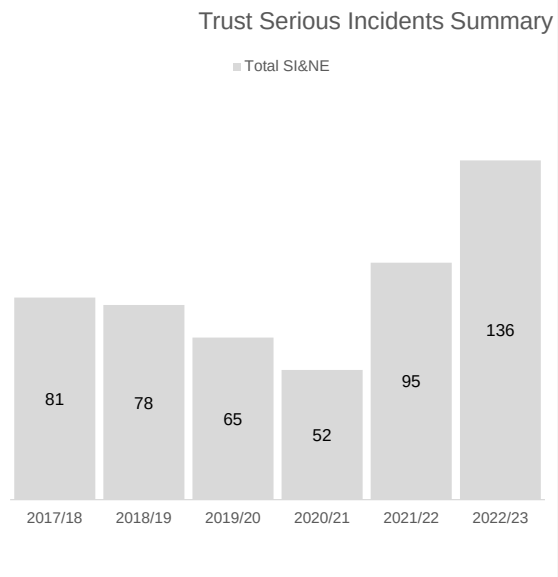
Serious Incidents

A Serious Incident (SI) is defined in the NHS Serious Incident Framework (2015) as an incident that has resulted in:

- The unexpected or avoidable death of one or more people
- The unexpected or avoidable injury to one or more people that has resulted in serious harm
- The unexpected or avoidable injury to one or more people that requires further treatment by a healthcare professional in order to prevent the death of the service user; or serious harm.
- Actual or alleged abuse; sexual abuse, physical or psychological ill-treatment, or acts of omission which constitute neglect, exploitation, financial or material abuse, discriminative and organisational abuse, self-neglect, domestic abuse, human trafficking and modern day slavery where healthcare did not take appropriate action/intervention to safeguard against abuse occurring; or where abuse occurred during the provision of care.

During 2022-23, the Trust has seen an increase in serious incidents to 136 with two never events (shown in the chart, opposite). This is a 43% increase, from the 95 incidents and one never event in the previous year.

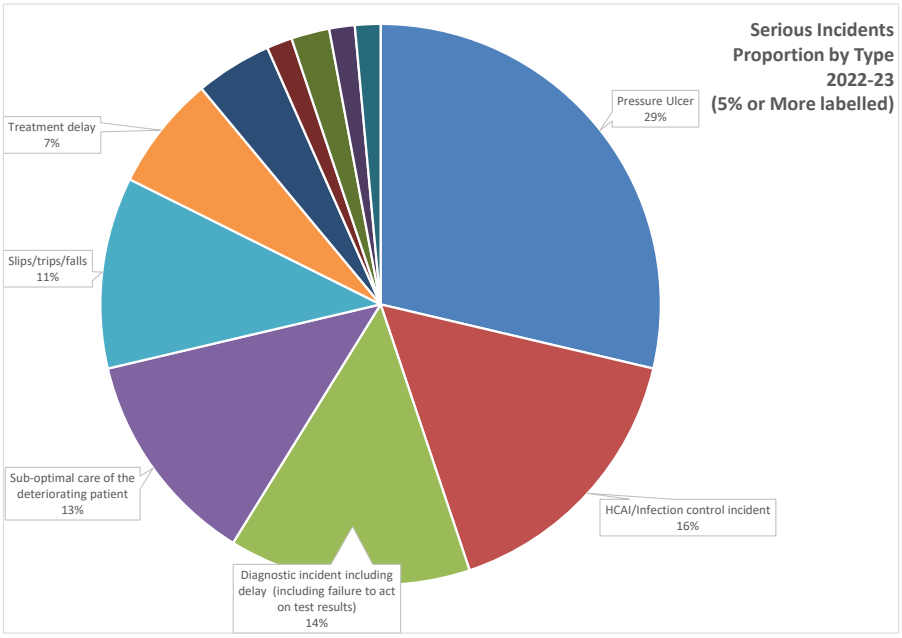
A summary of the cases and some changes to reporting are detailed below, but this increase is also attributed to a more robust discussion of individual cases at the weekly executive-led Serious Incident Panel and collaborative working with the Integrated Care System (ICS) Quality team to ensure the appropriate investigations are undertaken.



Top reported incidents

-Pressure Care (ulcers) 29%
-Healthcare associated infections 16%
-Delayed diagnosis 14%
-Sub optimal care of a deteriorating patient 13%

The chart below shows a breakdown of serious incidents by type for 2022-23.



During 2022-23 the guidance associated with managing the COVID-19 pandemic was continuing to have an impact on serious incidents reporting due to the continued need to report Covid 19 deaths as serious incidents where COVID-19 was acquired in a healthcare setting and died within 28 days of the diagnosis. Until mid-year COVID-19 outbreaks were also reportable as a serious incident. These cases accounted for 26 incidents of the 136 total serious incidents for the year.

In addition, there has been an increase in activity across the Trust with reduced staffing capacity due to the effects of the COVID-19 on sickness levels.

There has been an increase in maternity/obstetric related incidents and this relates to changes focussed on learning and review of processes within the speciality leading to better reporting of incidents that occur. Diagnostic incidents and delays remain at similar level to the previous year.

A reduction in serious incidents relating to falls is consistent with the Trust's clinical focus in these areas.

Management of Serious Incidents

In 2022-23, the serious incident panel has continued to meet on a weekly basis to review patient safety incidents that have been reported as moderate or above harm. The introduction of new ways of focusing on learning have commenced within the Trust, with the principles of the Patient Safety Incident Response Framework (PSIRF). Developing the approach to maintain effective systems and processes for responding to patient safety incidents.

The following developments have been implemented:

- Cluster reviews of incidents that present with similar themes.
- Focussing on learning and robust actions.
- A balanced approach to the level of investigation required.
- Engaging patients and their relatives in the reviews and investigations.

The Trust continues to triangulate with complaints, claims, mortality reviews, safety alerts and quality improvement to ensure thorough reviews are completed.

During 2022-23, the Trust reported two Never Events both related to ophthalmology procedures.

These incident have been investigated fully under the current Serious Incident Framework (2015) using the Root Cause Analysis methodology. The outcomes of these investigations are monitored through the Patient Safety Committee.

Duty of Candour

It is the legal duty of all health and social care providers to be open and transparent with people using services. To ensure the Trust do this for every patient every time, our incident reporting system has a prompt which directs the handler of the incident to record relevant information to fulfil duty of candour.

Duty of candour is then monitored through monthly divisional and corporate reports up to the Trust Board.

The Trust endeavours to put the patient at the heart of our processes and provide a transparent decision making process for how we investigate incidents and complaints. In addition to ensuring we apologise to patients when something has gone wrong or harm caused, the Trust continues to provide an opportunity to patients and their families to be involved in the investigation whether that is by sending a list of questions or face-to-face meetings.

In 2022, the Trust aligned the patient safety and complaints team under the same leadership. A primary reason for this was to create stronger links in intelligence in relation to patient harm. Patients could be reporting incidents when raising a complaint. The aligned teams can therefore better make a decision how best to investigate individual cases and ensure collaboration occurs where a complaint has been received relating to a known incident. This is to provide one single point of contact for the patient and families and ensure they feel included in the investigations if they choose to do so.

SAFEGUARDING

Adult Safeguarding

Adult Safeguarding means protecting a person's right to live in safety and free from abuse and neglect and is everybody's business. This remains a high priority for the Trust and we continue to work with partner agencies across Herefordshire and beyond to ensure best practice.

The Trust ensure the principles of empowerment, prevention, proportionality, protection; partnership working and accountability have been applied preserving the individual's wellbeing at its core. The outcomes being that people are:

- Safe and able to protect themselves from abuse and neglect.
- Treated fairly and with dignity and respect.
- Protected when they need to be
- Able to easily get the support, protection and services that they need.

Making Safeguarding Personal (MSP) continues to remain a high priority and the Trust have ensured the adult, their wishes, choices and desired outcomes have remained at the centre of the safeguarding process as much as possible

Staff are supported in all aspects of safeguarding and in understanding and applying the Mental Capacity Act and Best Interests process in everyday practice. The Trust has an adult safeguarding performance dashboard, which is monitored and discussed at the Trust's Overarching Safeguarding Committee. Adult Safeguarding reports are produced quarterly for the Trust Quality Committee, with a report produced for the Trust Board annually.

The Trust has maintained their commitment to be an active member of the Herefordshire Safeguarding Adult Board and associated sub-groups, contributing to multi-agency audit,

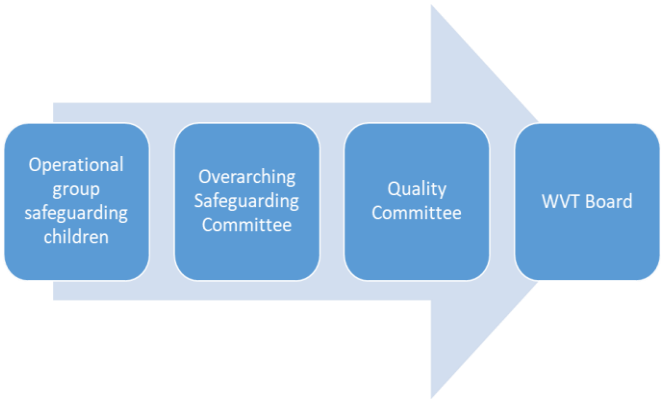
Safeguarding Adult Reviews and Domestic Homicide Reviews.

The Trust has equally maintained their commitment to work collaboratively with out of county Safeguarding Boards.

Children Safeguarding

A child and/or young person is defined as anyone who has not yet reached their 18th birthday.

Safeguarding children and young people is central to the quality of care provided to patients by the Trust. The Trust has a duty in accordance with the Children Act 1989 and Section 11 of the Children Act 2004 to ensure that its functions are discharged with regard to the need to safeguard and promote the welfare of children and young people. The Trust recognises the importance of partnership working between children/young people, parents/carers and other agencies to prevent child abuse, as outlined in Working Together to Safeguard Children and their Families, 2018. All NHS trusts are required to have effective arrangements in place to safeguard vulnerable children and to assure themselves, regulators and their commissioners that these are working. All health providers must be registered with the Care Quality Commission (CQC) and are expected to be compliant with the fundamental standards of quality and safety. The Chief Nursing Officer is the Trust's Executive Lead for Safeguarding Children and the Associate Chief Nursing Officer oversees the management of and the work undertaken by the safeguarding children team. The Trust has maintained a robust focus on Safeguarding Children through the governance arrangements depicted below.



The work of the safeguarding team is multi-faceted and relies heavily on partnership working, both internally and externally. The Trust strive to deliver a seamless integrated service to safeguard children from abuse and neglect. The Child Safeguarding team continues to provide a range of activities to support key areas of safeguarding work, embrace change, respond to emerging themes and strive to ensure all safeguarding processes are robust and effective.

The core functions of the team are to:

- Provide clinical leadership in respect of safeguarding to support high quality safeguarding practice.
- Offer support for practice development through:
  - Providing a robust training and development strategy utilising education forums, light bite sessions as well as formal training.
  - Supervision.
  - Coaching.
  - Share learning from safeguarding practice reviews.
  - Support and advise on case management, including attendance at complex meetings.

- Provide oversight and assurance regarding how the Trust is meeting its obligations in respect of Safeguarding Children.
- To provide oversight and development of policy and procedures.
- To provide challenge and scrutiny of safeguarding practice internally and externally.
- To support staff to provide high quality statements for court, the police and if attendance at court is required.
- To undertake internal management reviews and contribute to multi-agency practice learning / serious case reviews.
- Support the business of the multi-agency partnership.

The Trust has an established safeguarding children quality framework, which includes a safeguarding children performance dashboard and an annual audit plan. The Trust's Overarching Safeguarding Committee monitors this framework. A report summarising activity and priorities is produced for the Trust Board annually. Learning from single and multi-agency audits, child safeguarding practice reviews and practice learning reviews is embedded into practice in a number of ways, including supervision and education.

Ensuring staff receive the required safeguarding children training continues to be a priority and compliance rates for Levels 1, 2, 3, 4 and Board level, are shown in the table below.

Training	At 28th Feb 2023	Target
% staff trained at level 1	88%	85%
% staff trained at level 2	88%	85%
% staff trained at level 3	82%	85%
% Staff trained to level 4	100%	85%
% Board Level	87%	85%

The Trust continues to support the business of the Herefordshire Safeguarding Children Partnership in a number of ways for example; by aligning safeguarding children priorities to those of the partnership; contributing to the work of the various subgroups and task and finish groups and by providing trainers for various learning and educational events. Additionally, the Trust provides the health practitioner within the multi-agency safeguarding hub (MASH) which is often the first point of contact for professionals, family members or the public when they have concerns about a child's welfare or safety.

National Safety Standards for Invasive Procedures and Local Safety Standards for Invasive Procedures (NatSSiPs and LocSSiPs)

Over the past twelve months, the Trust has continued to embed LocSSIPs into practice with the:

- Introduction of a centralised Trust register for LocSSIPs.
- Following a review of existing documentation, the introduction of an updated. LocSSIP standard operating procedure template and new 'how to guide'.
- Commenced uploading LocSSIP templates onto 'Maxims' to enable electronic completion of documentation, in line with the shift to a paperless system.

National Safety Standards for Invasive Procedure 2 (NatSSIPs). Published January 2023

For 2023-24, the Trust will focus on implementation and embedding the recently published guidance 'NatSSIPs 2' by the Centre for Perioperative Care (CPOC).

This publication has seen NatSSIPs guidance evolve, containing less emphasis on tick boxes or rare 'Never Events', to now including cautions, priorities and a clear concept of proportionate checks based on risk with the focus being on implementation.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

RIDDOR is the law that requires employers, and other people in control of work premises, to report and keep records for:

- work-related accidents which cause death
- work-related accidents which cause certain serious injuries (reportable injuries)
- diagnosed cases of certain industrial diseases
- certain 'dangerous occurrences' (near miss – incidents with a high potential to cause death or serious injury)

The reporting requirements relating to cases of or deaths from, COVID-19 under RIDDOR apply only to occupational exposure, that is, because of a person's work.

The Trust has a legal duty to report all RIDDOR reportable incidents in a timely manner. Work related accidents which lead to a member of staff unable to work, or are unable to perform their normal duties for a period of more than seven days need to be reported within 15 days of the incident. More serious incidents including deaths, fractures, breaks need to be reported within 48hrs.

During 2022-23, there were a total of 13 RIDDOR reportable incidents, an increase of 4 compared to 2021-22. Of the 13 incidents, there was 1 staff and 12 patient incidents.

All patient incidents were due to falls, 10 of which were unwitnessed. The list below provides an outline of some of the injuries sustained from these incidents:

- 6 fractured neck of femurs.
- Fractured left pubic rami.
- Fractured humerous.
- Displaced orbital fracture.
- Multiple rib fracture.
- 2 fractured neck of greater tronchanter.

The staff incident was a slip on level ground, when rainwater had egressed during a heavy storm into the corridor. The staff member slipped on the wet floor and sustained a wrist fracture.

Patient Related Outcome Measures (PROMS)

What do we do?

Participation in the national patient Reported Outcomes (PROMs) programme is mandatory for Trusts in England where the relevant operative procedures are undertaken. The procedures included within the programme are: Hip replacements and knee replacements.

Patients are asked to complete a questionnaire pre-operatively and then at 6 months post-surgery. The questionnaires include general quality of life measures and some condition specific measures. Comparison is then made of scores pre- and post-surgery to gauge the level of health gain following the operation. Results are usually publicly available through the NHS & Social Care Information Centre website.

How are we doing?

Reporting has currently been paused due to a national issue and NHS digital has not yet given a date when publications will resume but the Trust continues to submit data to the programme.

Statement from NHS Digital relating to report availability

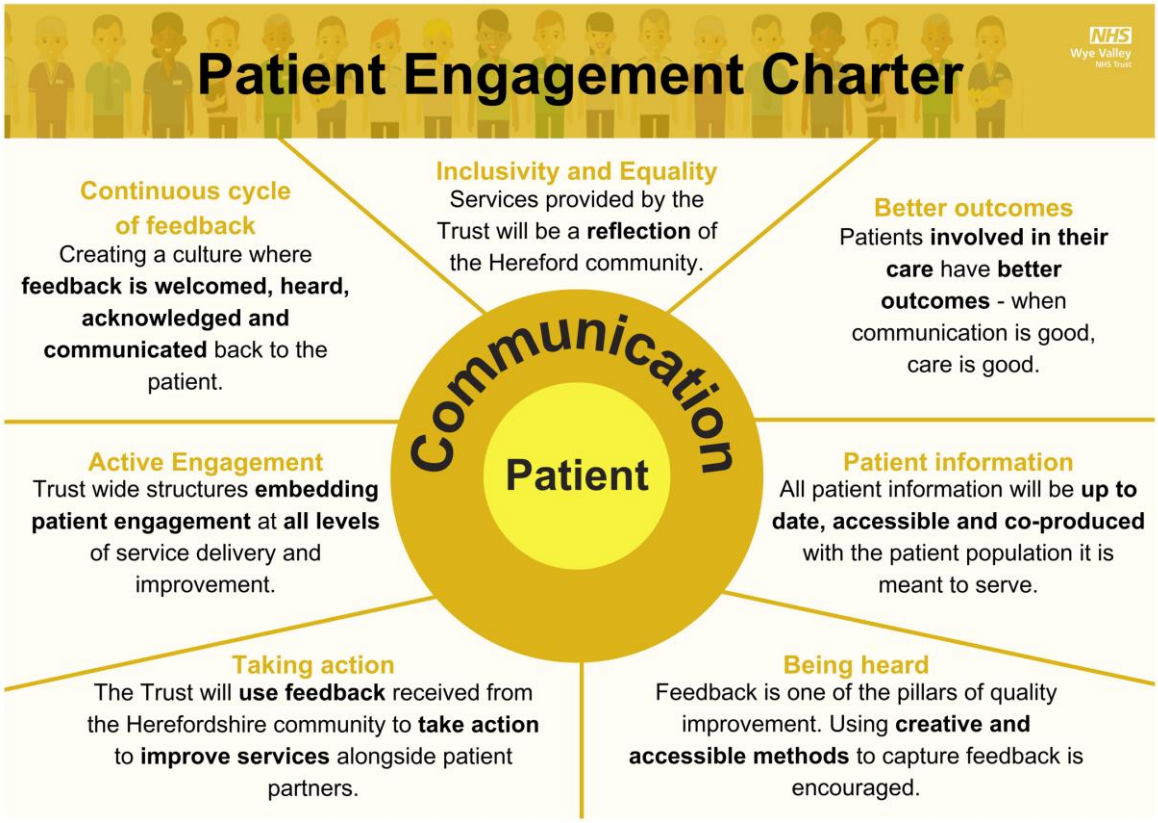
"In 2021 significant changes were made to the processing of Hospital Episode Statistics (HES) data and its associated data fields which are used to link the PROMs-HES data. Redevelopment of an updated linkage process between these data are still outstanding with no definitive date for completion at this present time. This has unfortunately resulted in a pause in the current publication reporting series for PROMs at this time.

We endeavour to update this linkage process and resume publication of this series as soon as we are able but unfortunately are unable to provide a timeframe for this. We will provide further updates as soon as this is known".

Improving Patient Engagement

The Trust receives feedback on its services through a number of different sources. This includes direct engagement and survey results as well as friends and family test (FFT), compliments, concerns and complaints data.

The patient engagement charter, co-produced with the trust wide patient Engagement group, was presented to and approved by the Trust Board as part of a wider patient experience workshop in July 2022. At this workshop a new framework for patient engagement was also presented that defined levels of engagement as well as the recruitment processes and training required at each level.



Within the Trust our engagement representatives supported the reinstated PLACE (patient led assessment of the care environment) audit. This saw service users joining staff to carry out the audit across both Acute and Community sites. Once published these results will be shared with those who participated. Service users also joined the Chief Nursing Officer at a workshop to develop user-friendly posters to share the cleanliness star ratings with service users.

Service users also continue to support review of patient information resources as part of our virtual reader panel, to ensure patient information is understandable and accessible to end users.

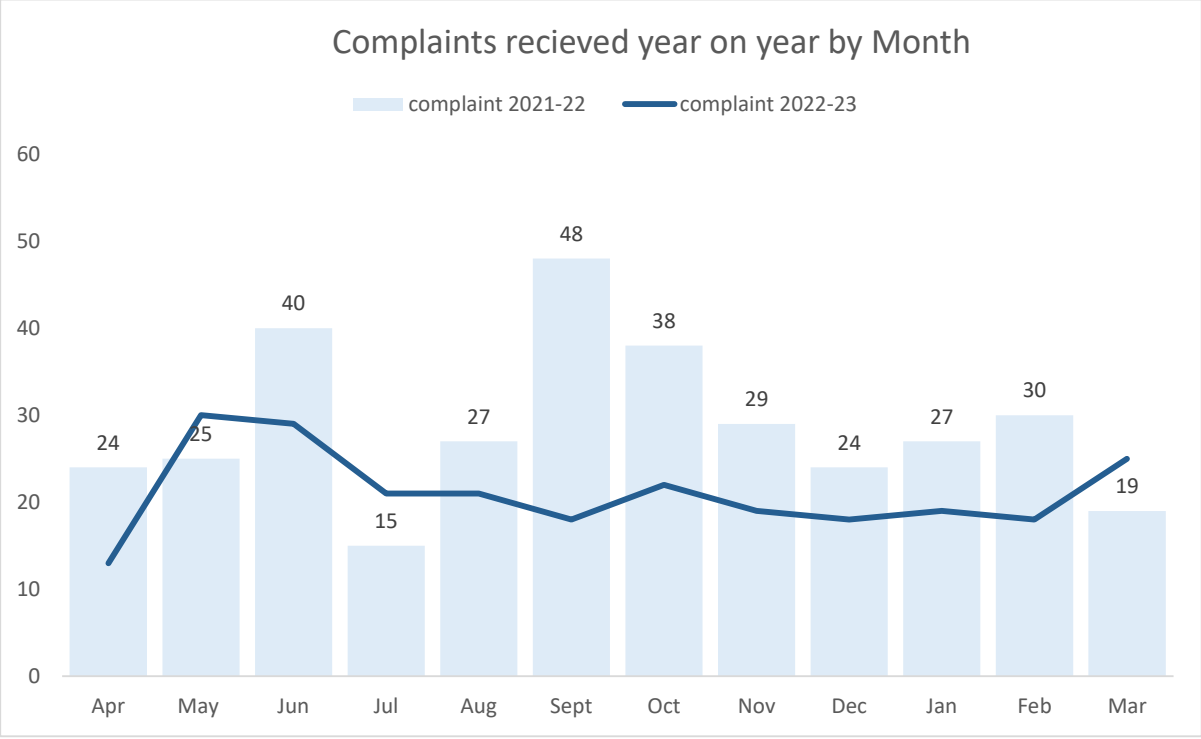
In addition, the Trust continues to work with both healthcare and voluntary sector partners, through the Maternity Partnership Voices Forum (MVPF), Herefordshire Community Partnership and as part of the wider ICS Herefordshire Engagement Network to share learning and support the embedding patient engagement in all areas of service development.

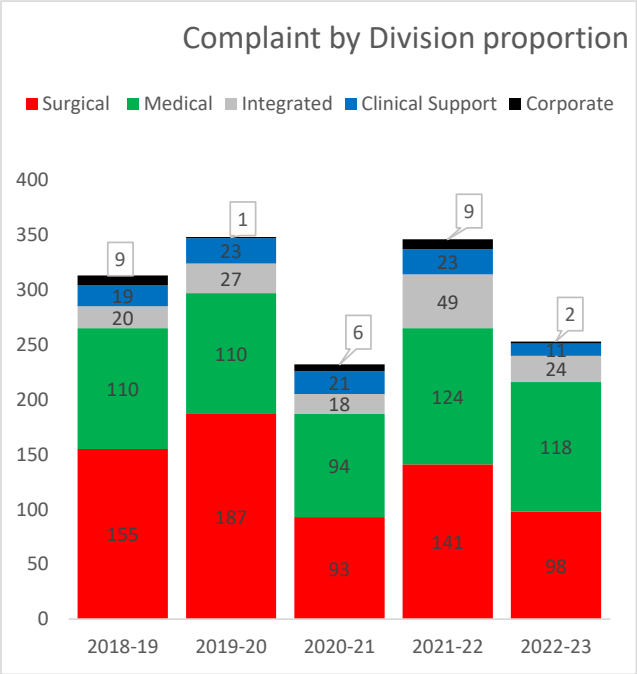
Complaints

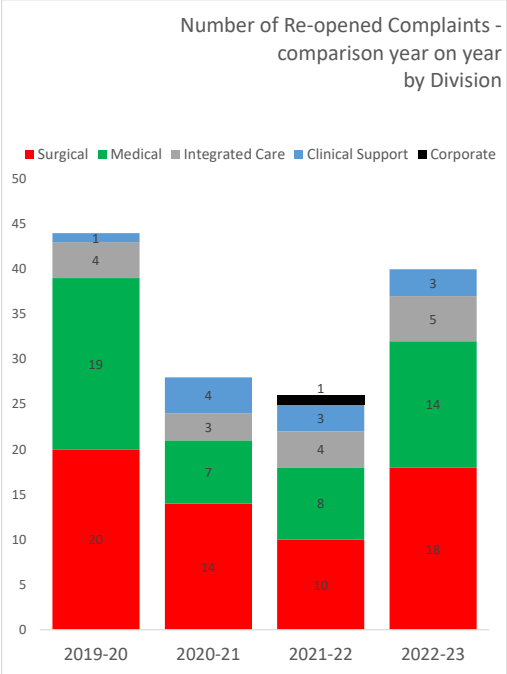
During 2022-23 the procedure for logging complaints has been reviewed and there is now a robust triage process to analyse complaints in more depth, identify themes and triangulate with multiple sources of patient safety information, which improves our understanding of safety, and our patient safety culture as well as patient experience.

The overall number of complaints received during 2022-23 saw a 27% reduction (or 93 complaints less) when compared to the previous year. The medical division received the highest proportion of complaints, with a significant reduction in complaints relating to surgical services this year.

Whilst an overall reduction in complaints has been noted, there has been an increase of complaints that have been reopened, from 21 in 2021-22 to 41 in 2022-23 (95%). In addition, the number of complaints being investigated by the Parliamentary and Health Service Ombudsman (PHSO) in 2022-23 was 2, compared to 0 in the previous year.







Complaint categories

In 2022-23 73% of complaints received related to reported issues with the following categories by complainants:

- Communications.
- Clinical treatment.
- Patient Care.

1. Communication:

There may be more than one communication issue within a complaint e.g. communication with patient or carer, between departments or with the GP. Overall, from late 2020 the number of communication issues identified within a complaint has increased, whilst the number of complaints has decreased which may reflect the more detailed complaint examination process.

2. Clinical Treatment:

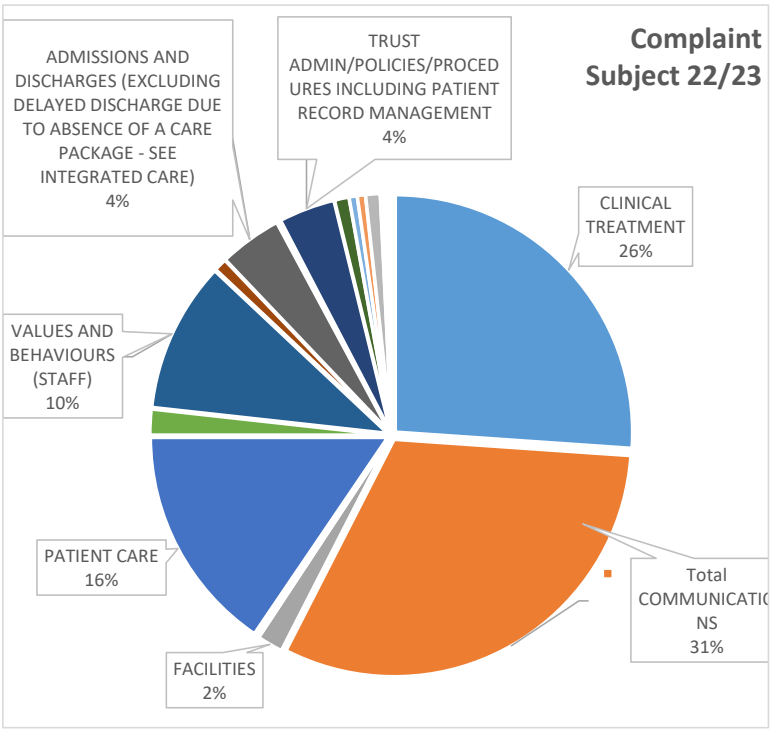
A review of complaints in terms of subcategory shows delay in treatment or diagnosis accounts for 63% of complaints and concerns within a Clinical Treatment category.

Triangulating this data with patient safety incidents shows us that Clinical assessment (including scans, tests, assessment and treatment) accounts for 7% of total incidents, almost 800 incidents and 8% of harmful incidents.

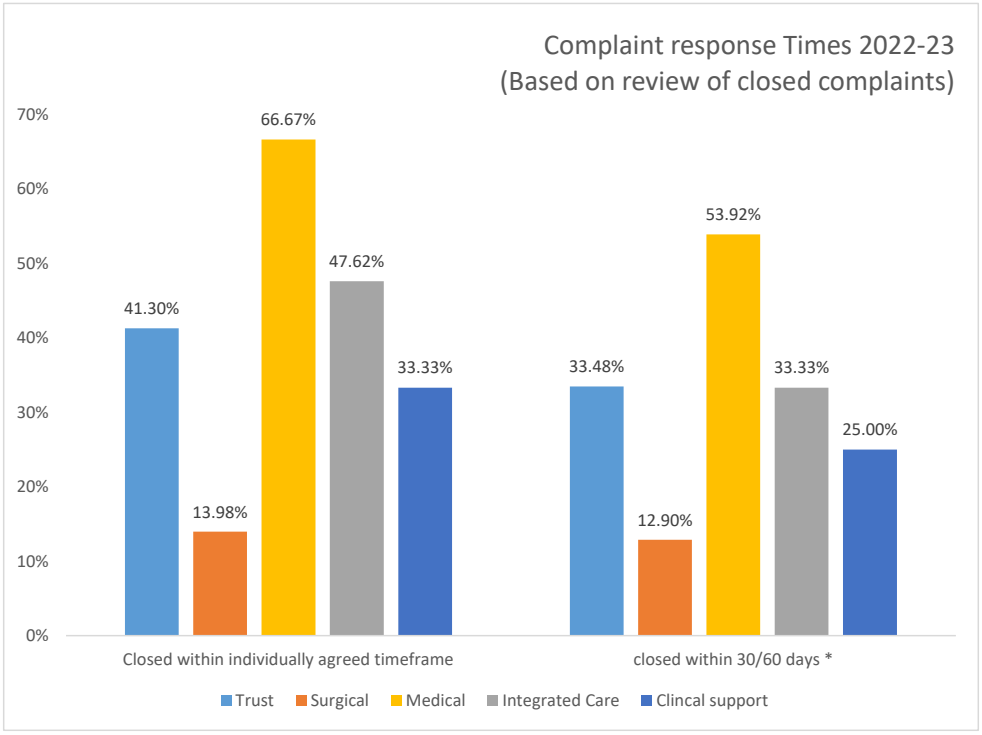
3. Patient Care:

There are 36 sub-subjects within the patient care category. A review of the complaints received within the patient care category shows the most frequent are falls, issues with access to or assistance with food and hydration and care needs not being adequately met.

There is now a standing session in the corporate induction programme regarding complaints management and the support that the complaints team can offer colleagues and there are plans to also incorporate a session on incident and complaint management and governance into the revised medical induction programme.



Complaint response times:



Due to the increase in operational pressures experienced by the Trust at the beginning of 2023, complaint response times were increased from 30 days to 60 days for the months of January and February.

Over all, the number of complaint responses that are completed within the agreed 30-day timeframe is low at only 33%. This increases when a response timeframe has been agreed that differs from the 30 days but remains poor at 41%.

Despite having the highest proportion of complaints, the Medical Division has the best compliance with complaint timeframes with the Surgical Division having the lowest compliance. Work is underway to further understand the barriers to timely responses and to learn from better performing divisions.

Given that trust wide compliance requires improvement overall, work is also underway in partnership with the ICB to refine processes for complex or multi-organisation complaints. This will also be presented at Safety in Sync to discuss responsiveness to complainants and ways of improving PLACE level responses.

The changes proposed in the National Patient Safety Strategy will also influence the Trusts processes for management of complaints over the coming year. The strategy implementation work was one of the drivers for the Trusts decision to move to an alternative digital risk management system from April 2023. The new provider 'InPhase' will have additional functionality within its platform to effectively triangulate data from all modules. Being able to analyse emerging themes and trends will enable effective oversight and early action to support safety improvement work.

In late March 2023 the Trust transitioned from our previous risk management system; Datix to InPhase Oversight.

Inpatient and National Surveys

Two national survey reports were released by the CQC in 2022/23 for the following areas:-

Inpatient Survey

A total of 1250 patients who had an overnight stay in an acute bed in the hospital during November were given the opportunity to participate in the survey. A total of 571 responses were received, representing a 48% response rate. The results of the survey were issued by the CQC in October 2022.

1. When compared to results from all Trusts nationally, WVT performed 'about the same' as other Trusts in 43 areas.
2. There were four questions where we performed lower than average. These were:-
    - Being given food that met your dietary requirements.
    - Rating of the hospital food
    - Information with respect to your condition or treatment .
    - Giving views on quality of care.

The Trust is actively working with our PFI partners and food providers to regularly monitor and audit our food services, to include engaging and working with patients and obtaining regular patient feedback.

In response to our patients being given the opportunity to comment on the quality of their care, the Trust has invested in the use of text messaging to obtain feedback and this is being rolled out to all areas. In addition, the Trust has implemented a rolling programme of local surveys to capture more real time feedback and drive improvement of our services for patients in our care.

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National Surveys 2022/23

There were three national surveys, commissioned by Care Quality Commission (CQC) and carried out during 2022/23; the annual inpatient survey, maternity survey and Adult and Emergency Care Survey.
The results of these will be received later in 2023.

Maternity Survey

A total of 244 mothers who gave birth during January and February 2022 were given the opportunity to participate in the survey. A total of 117 responses were received, representing a 49% response rate. The results of the survey were issued by the CQC in November 2022.

1. When compared to results from all Trusts nationally, WVT performed. 'about the same' as other Trusts in 47 of the 50 questions asked.
2. The Trust performed worse than expected in the following two questions:
    - At the start of your labour did you feel you were given appropriate advice and support when you contacted a midwife?
    - Were you told who you could contact if you needed advice about any changes to your mental health?
3. The Trust performed better than other Trusts in the following question:
    - On the day you left hospital, was your discharged delayed for any reason?

The results have been shared with the maternity team for review and to develop improvement plans

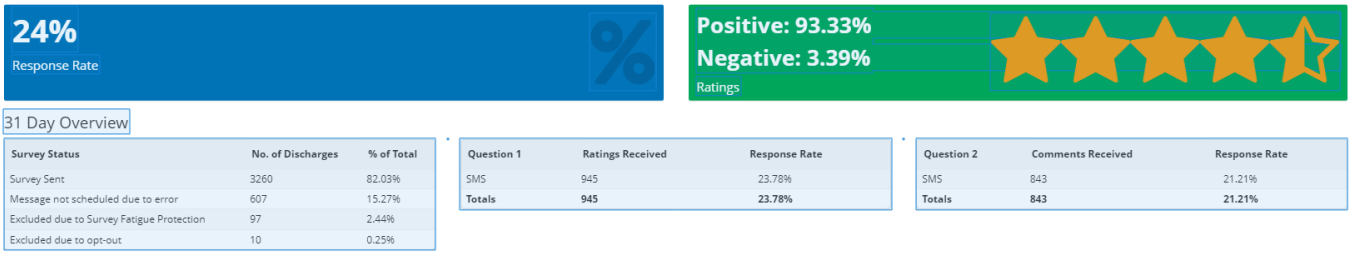
Friends and Family Test (FFT) – National Data Collection

In July 2022, the Trust introduced a new system for receiving feedback from patients for the Friends and Family test. The Trust now sends a text message to patients to receive their feedback. The service has now been rolled out to outpatient, inpatient and day case services.

Since its introduction, a total of 3576 ratings have been received. This represents a 22% response rate from our patients and service users. Over 92% of ratings were positive. Whilst Trusts are no longer monitored on response rate we know that the more feedback we receive the more opportunity we have to improve patient experience. Prior to using the text messaging service the Trust response rate was between 1% and 6%.

The plan for 2023/24 is to continue the roll out to all areas (Emergency Department, Maternity and Community Services).

The benefits of the new system include live data dashboards. Staff have real time access to feedback specific to the service they provide which allows for meaningful, focused improvement initiatives. The next year will focus on staff training ensuring that the dashboards are being used for this purpose. The Patient Experience Committee will oversee how the feedback is being used to improve service provision for patients.



Survey Status	No. of Discharges	% of Total
Survey Sent	3260	82.03%
Message not scheduled due to error	607	15.27%
Excluded due to Survey Fatigue Protection	97	2.44%
Excluded due to opt-out	10	0.25%

Question 1	Ratings Received	Response Rate
SMS	945	23.78%
Totals	**945**	**23.78%**

Question 2	Comments Received	Response Rate
SMS	843	21.21%
Totals	**843**	**21.21%**

Freedom to Speak Up (FTSU)

The requirement for Trusts to have a FTSU Guardian, as a mandated post in NHS Trusts continues as an outcome of the public enquiry in 2016 chaired by Sir Robert Francis QC into serious failings at Mid Staffordshire NHS Foundation Trust.

There are now over 900 FTSU Guardians in over 500 NHS primary and secondary care, independent sector organisations and national bodies. FTSU guardians have handled over 75,000 cases since the National Guardian's Office first started collecting data in 2017. In 2022-23 WVT had over 70 cases with each providing an opportunity to learn and improve to benefit the wellbeing of our colleagues and the care we provide to our service users. Research and data shows that an open culture in a Trust provides the safety needed for staff to speak up in the confidence that their voice will be heard.

After a year in post Dr Jayne Chidgey-Clark, the second National Guardian for the NHS, said:

"The Freedom to Speak Up movement has been a catalyst for positive change but there is still much more to be done"

FTSU and Civility Saves Lives

The Guardian alongside the team of FTSU Champions at the Trust continue to work together striving to meet the National Guardian's call to *'do as much as possible to push for positive change'*.

The Guardian leads on this by promoting FTSU, Civility Saves Lives (CSL) and the need for teams to create a space of physiological safety. This has all been promoted across the Trust in a number of ways both virtually and increasingly face to face:

- Mandated eLearning for Speaking Up for all WVT staff. This is one of the KPIs for measuring staff awareness of how to raise concerns and what they can expect.
- Delivering CSL sessions to almost 400 staff both Trust wide and bespoke to teams.

National Speaking Up Month

In the National Speaking up Month, October 2022, a presentation was made to a Board Workshop including a gap analysis and full review of Speaking Up at WVT. The work for this and the discussion within the session framed the FTSU action plan for 2022 and 2023.
In addition, the FTSU team contributed to Staff Wellbeing week and attended the Foundation Group FTSU conference hosted by SWFT as well as promoting FTSU via the Trust's Safety Bites Bulletin within Trust Talk (the global weekly newsletter for staff).

FTSU Quality Indicators

- Delivering awareness of FTSU and CSL at every Corporate Induction as well as other bespoke training. This includes timetabled sessions with foundation doctors, doctors in training, preceptorship nurses.

FTSU quality indicators include the Trust's National FTSU Index score. The score is currently calculated using four questions from the NHS National Survey.

Year of the Staff Survey	WVT Score	National/ Sector Score	Position Nationally
2021 Model Hospital /Staff Survey report	6.7	6.4 [2]	Quartile 3 Mid to High
2022 Model Hospital/Staff Survey report	6.5	Awaiting publication	Awaiting publication

Six data points are included in the quarterly returns to the NGO by the FTSU Guardians that include Worker Safety (new in 2021-22) and Inappropriate Attitudes and Behaviours added for 2022 -23.

Totals for year 2022-23

(Note numbers will not match number of cases as some have more than one data point associated with the case and some have none)

Anonymous Reports	6		Suffered a Detriment	2
Bullying and Harassment	5		Worker Safety/Wellbeing	23
Patient Safety / experience	16		Inappropriate Attitudes and Behaviours	22

Staff Friends and Family Test

The Staff Friends and Family Test is no longer run separately, with the questions now included in the national quarterly pulse survey and annual staff survey.

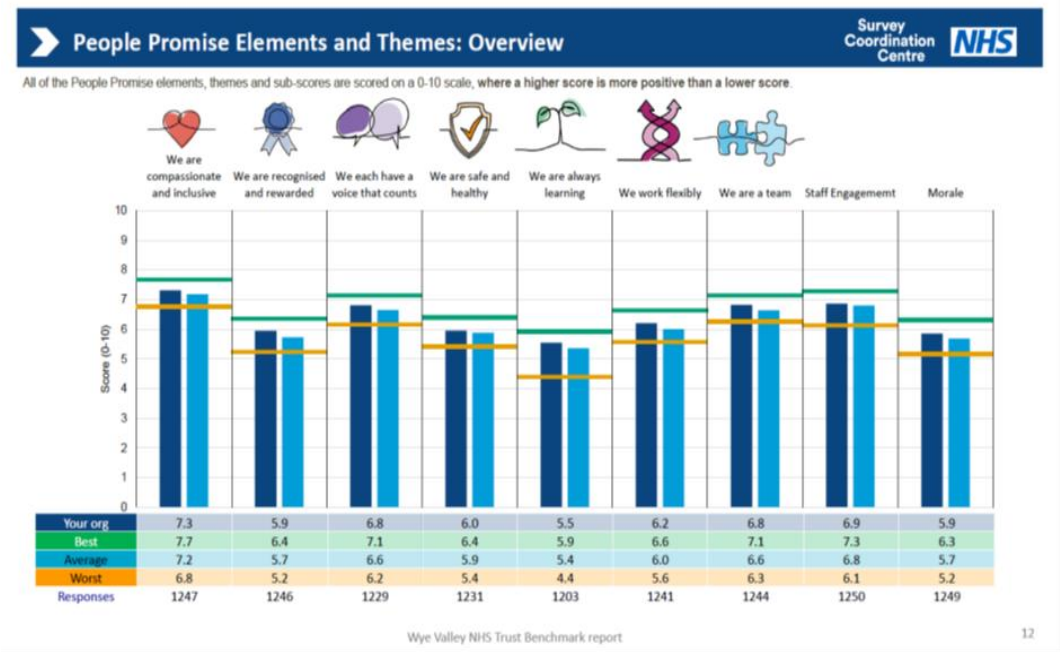
NHS Staff Survey 2022

The 2022 NHS Staff Survey ran from September to November 2022 and 35% or our staff (1,255) participated in the survey. From the 2021 survey, onwards the questions in the NHS Staff Survey are aligned to the People Promise i.e. key elements that would most improve the working experience for staff.

WVT has above average results in all 9 areas which are:

- Compassionate and Inclusive.
- Recognised and Rewarded.
- Voice that Counts.
- Safe and Healthy.
- Always Learning.
- Work Flexibly.
- We are a Team.
- Staff Engagement.
- Morale.

The following chart details the Trust's performance against the seven People Promise elements, benchmarking WVT results against the best and the worst performers within the benchmark group of Combined Acute and Community Trusts.



The two themes of Staff Engagement and Morale are directly comparable over a number of years dating back to 2018 and both have remained at similar levels and higher than the average benchmark throughout.

Whilst the Trust have achieved above average scores across the nine areas, we know that there continues to be more to do to make improvements and a refreshed action plan has been produced for the year ahead both at organisational level and with bespoke plans at Divisional and Directorate levels. The Staff Survey Working Group will continue to monitor progress against the plan and ensure sharing and regular communication of good practice.

Health & Wellbeing

This last year has continued to present a challenging time and despite this our staff have continued to go above and beyond in providing care for our patients and support for our colleagues.

Health and Wellbeing of our staff remains a high priority, and the Trust continue to have in place support and interventions accessible to all staff which include the Mental Health & Wellbeing Hub, Employee Assistance programme, access to NHS apps and support lines, face to face counselling and clinical psychology. In addition, we are now delivering regular Schwartz Rounds to support emotional and psychological wellbeing of staff and Halo Leisure instructors have expanded their presence and wellbeing programme across our Community Hospital sites.

As part of our wellbeing programme, the Trust signed up to the Menopause Workplace Pledge to demonstrate our commitment to creating a supportive environment for all employees affected by the menopause at work.

The WVT Health & Wellbeing group and the Menopause Working group with Occupational Health, Human Resources and Halo leisure representatives will continue working on actions to provide more support to staff over the coming year.

Appraisals and Mandatory Training

The table below shows the Trust's performance against statutory and mandatory training and appraisal as at end of January 2023.

	Target	Actual January 2023
Statutory and Mandatory Training	85%	89.3%
Appraisals	85%	74.5%

Recruitment and Retention

Recruitment and Retention has been a key focus as part of the Trust's organisational strategic objectives, we have made good progress throughout the year in particular in reducing our vacancy levels of Healthcare Support Workers, and have recruited to target our international nurses.

The Trust has forged a strong collaborative working approach with DWP and other partners on our local recruitment strategy as well as joint events with partners across the ICS.

We are extremely proud to have won the Hereford Times Health & Social Care Awards 2022.

Workforce and Organisational Development (OD) Strategy

Our Workforce & OD Strategy identifies the Trust's 5-year workforce priorities through to 2026 and is designed to support the delivery of the Trust's vision, mission and strategic objectives. It sets out our strategic workforce priorities and the approach we will take to deliver them.

The key enablers within the strategy to support its delivery are themed as:

- Health, Wellbeing and Staff Engagement
- Equality, Diversity and Inclusion
- Leadership and Management Development
- HR Policies and Procedures
- Education and Development

In addition to this, for the year ahead one of our Workforce strategic objectives is 'To be a very flexible employer' which will link strongly to the Trust's ability to attract, recruit and retain.

NHS Doctors and Dentists in Training

Schedule 6, paragraph 11b of the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 requires a consolidated annual report on rota gaps and the plan for improvement to reduce these gaps.

Our Medical and Surgical Divisions maintain detailed rotas identifying gaps. Detailed improvement plans are in place to address gaps, actions within these plans include Divisions

undertaking a targeted piece of work on our Junior Doctor requirements to ensure that the Trust has sufficient baseline numbers to cover all the specialties with agreed numbers of staff. In addition, a review of the rotas had how they work together will be undertaken to ensure cover is sustained. Pre-emptive recruitment is undertaken for predicted gaps with robust processes being in place to manage short notice gaps.

Table A – 1st rotation 03/08/2022 – 06/12/2022
Deanery Doctors

Grade	Entitled To	Filled	Gap
Medicine FY1	17	13	4
Medicine FY2/IMT	3	3	0
GPST	3	2.6	0.4
ED FY2	3	2.8	0.2
ED GPST	3	2.6	0.4

Table B – 2nd rotation 07/12/2022-04/04/2023
Deanery Doctors

Grade	Entitled To	Filled	Gap
Medicine FY1	17	13	4
Medicine FY2/IMT	3	3	0
GPST	3	2	1
ED FY2	3	2.8	0.2
ED GPST	3	1	2

Celebrating Change

Over the past 12 months, our community hospitals have undertaken extensive quality improvement work that they wish to shout about!

NHS Wye Valley NHS Trust

Integrated Services Directorate

Safe

- Introduction of Community Hospital Tri to cover Clinical and operational requirements
- Weekly CD Audits at 100%
- Weekly senior nurse ward assurance checklist
- Monthly Matrons ward assurance checklist
- Improvement in compliance seen in Documentation audits
- Lessons learnt from individual CHs DATIX implemented across all 3 sites

Effective

- Daily clinical oversite of staffing across all three Community Hospital sites
- CQUIN audit improved above 90%
- Bi Monthly Sisters meetings bringing CH together instead of individual sites
- Development of CH Quality Board and development of robust governance and assurance reporting processes
- Reduction in overdue incidents overall – improvement plan in place to target remaining incidents.

Caring

- Positive feedback in PLACE Audits with improving trajectories seen in all areas
- Civility Saves Lives Sessions completed in each CH site
- Staff engagement events completed in each site
- Reintroduced weekly Chaplaincy visits to the wards.
- Both ICD Matrons qualified as Professional Nurse Advocates and provide regular Restorative Clinical Supervision to support staff resilience

Responsive

- MDT Daily Board Rounds implemented within all CHs to identify and action any medical, clinical and therapy requirements for each patient
- Criteria to reside and Length of stay collected and monitored daily.
- Successful recruitment events across all CHs resulting in reduction in agency spend and continuity of care for patients
- Recruitment of the first 10 OSCE nurses across the 3 sites. Further 6 OSCE nurse recruitment agreed for 2023

Well Led

- Appraisals over 85% in all 3 sites
- Monthly ward meetings implemented to ensure key information is shared with all members of the team
- Daily focus of risk assessments including MUST Monday, Training Tuesdays, Waterlow Wednesday, Thirsty Thursday, Falls Friday to
- Excellent feedback from student Community pathway
- Increase in compliments from Patients and families
- Increase of Band 6 Junior sisters roles to provide leadership across all sites

Quality Priorities:

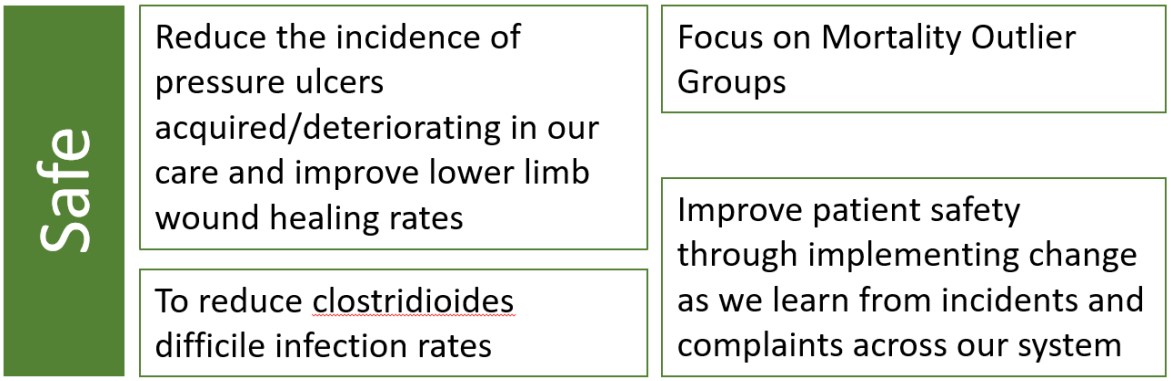
Review of the Previous Twelve Months

Quality Priorities for 2022-23

The Trust identified ten quality priorities for 2022-23 which are detailed below. This section explains the progress made for each priority over the previous 12 months.

Safe	Effective	Experience
1. Reduce the incidence of pressure ulcers acquired/ deteriorating in our care and improve lower limb wound healing rates. 2. Focus on Mortality Outlier Groups 3. To reduce Clostridioides Difficile infection rates. 4. Improve patient safety through implementing change as we learn from incidents and complaints across our system.	5. Ensure the Trust meets best practice requirements for nutrition. 6. Improved compliance with VTE assessment and prevention in line with best practice.	7. Demonstrate overall improvement and improve our scores on all aspects of the inpatient survey and experience of community service users (district nursing). 8. Improving the discharge experience from all services (acute and community based) for our patients and their families/carers. 9. Patients will have an up to date shred RESPECT form accessible via EMIS.

Quality Priorities - Safe



1. Reduce the incidence of pressure ulcers acquired/deteriorating in our care and improve lower limb wound healing rates.

The Trust has seen a sharp increase in pressure ulcers acquired or worsened in our care**,** mirroring both the regional and national trend particularly during the pandemic. The causes of this are wide ranging and work is already underway to understand in more detail the root causes of this increase.

The Trust has a Lower Limb Wound lead, with great improvements already made in this area by participation in a national improvement programme, further detail is provided in the good news story on page 27 of this document.

The Trust continues to strive for excellence in this area and in addition to the national improvement; the Trust has included the CQUINs for improving pressure ulcer care and the assessment and documentation of pressure ulcer risk, in our annual programme of quality improvement initiatives.

Assessment, diagnosis and treatment of lower leg wound scores CQUIN for patients treated in the community nursing service (CCG14)

The CQUIN criteria includes patients treated in the community nursing service with a wound on their lower leg and the requirement for lower limb nurses to refer through to Vascular services. Effective leg wound management is fundamental to the provision of high quality care. This CQUIN was selected as the improvement work undertaken supports this quality priority.

Whilst the lower limb nurses continue to refer patients that need to see a vascular consultant in the same way, they have also introduced referring all other lower leg wound patients to the Vascular clinical nurse specialist (CNS). These patients are being successfully treated with compression therapy by the lower limb nurses, in addition by providing instruction of the treatment initiated allowing the CNS to assess and take any further action if required. This, along with an improved data capture and the process now embedded in eKare has made significant improvement to the CQUIN performance throughout Quarters 1-3.

Assessment and documentation of pressure ulcer risk in Community Hospitals (CCG15)

The assessment and documentation of pressure ulcer risk, also known as 'Waterlow' is a screening tool to identify adults at risk of pressure damage and support the development of an individualised care plan. It is for use in hospitals, community and other care settings and can be used by all care workers. Effective pressure ulcer risk screening and care planning is fundamental to the provision of high quality care. This CQUIN was selected in order to identify correct application of the assessment tool and documentation.

Results for 2022-23 have shown a clear sustained improvement made following the successful implementation of an improvement plan following the initial Q1 results with the Trust exceeding the CQUIN targets quarter on quarter.

To build on the success achieved in 2022-23, reducing pressure damage will continue as a Quality Priority for the Trust into 2023-24.

2. Focus on Mortality Outlier Groups

Introduction

Following the recent pandemic, Wye Valley NHS Trust showed a concerning period of sustained and slowly increasing mortality rates, and by the end of 2021 (*Jan-Dec*) we were reporting in the bottom ten for mortality rates in England – *see Chart 1*.

Consequently, there was a renewed focus around the mortality programme, with deep dives into key areas of the data and our mortality outlier groups, developing a clear action plan to address areas of concern. The Trust have since managed to consecutively report a reduction in the mortality for the past 11 months. The latest position, as highlighted in *Chart 2,* shows Wye Valley at 105.16 which equates to 76th out of 122 NHS Trusts.

Chart 1: A bar chart to show WVT's position for the 12 month rolling period from January 2021 to December 2021 – SHMI – HES Based - ***115.64.***

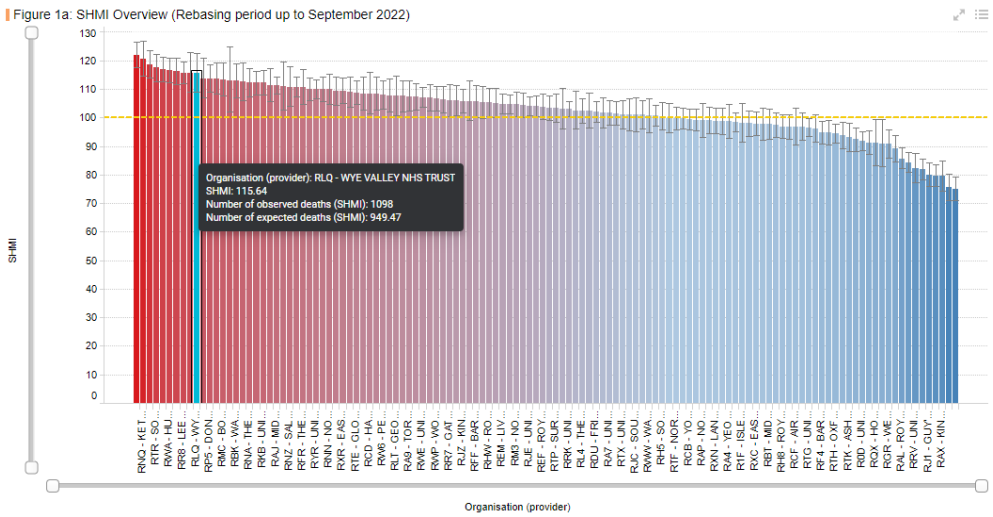
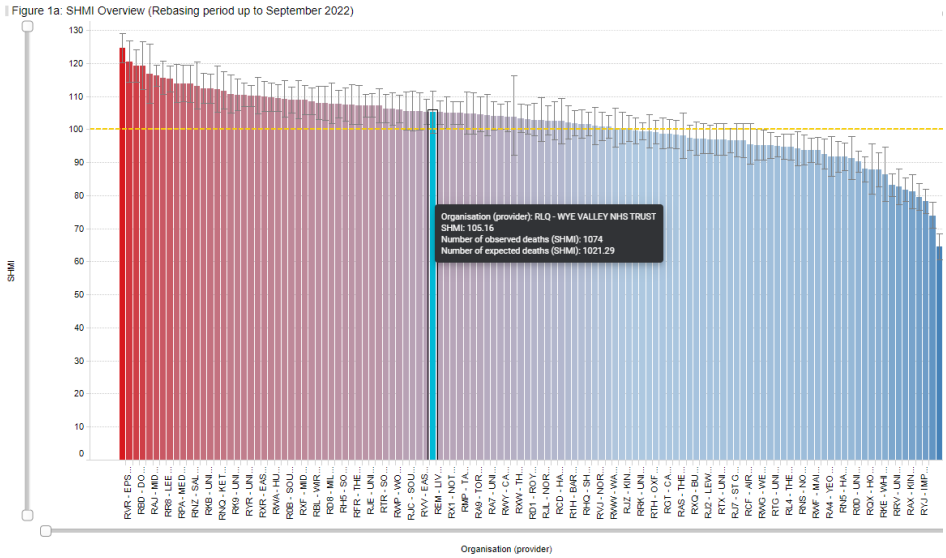


Chart 2: A bar chart to show WVT's position for the latest 12 month rolling period from December 2021 to November 2022 – SHMI – HES Based – ***105.16*** ***(-10.48)***



Mortality Outlier Updates

The progress with our key mortality outlier groups has been overall a positive reduction in areas of excess deaths. In 2021, for the five key mortality outlier groups alone, there were 45 excess deaths in total. In comparison with the latest data, which covers the majority of 2022, reports only 10 excess deaths.

12 month rolling SHMI

	Jan 2021 to Dec 2021 *(Excess Deaths)*		***Dec 2021 to Nov 2022*** *(Excess Deaths)*	
Overall SHMI:	**115.64**		**105.16**	
Pneumonia	118.52	+23	96.60	-5
Heart Failure	109.58	+5	113.10	+7
Sepsis	116.93	+11	112.30	+9
#NOF	93.23	-2	132.20	+8
Stroke	115.38	+8	90.50	-9

+45 deaths → **+10 deaths**

The two biggest groups of deaths, which contribute towards the overall Trust mortality, are Pneumonia and Stroke. Over the past 12 months, these two areas alone have managed to reduce their deaths by 45, which has had the biggest impact on the overall SHMI at Wye Valley NHS Trust NHS Trust.

The majority of our groups have undertaken thematic audits of the deaths, working with our clinical leads and clinical coding department, using a structured judgement review approach to extract learning and build in local improvement plans.

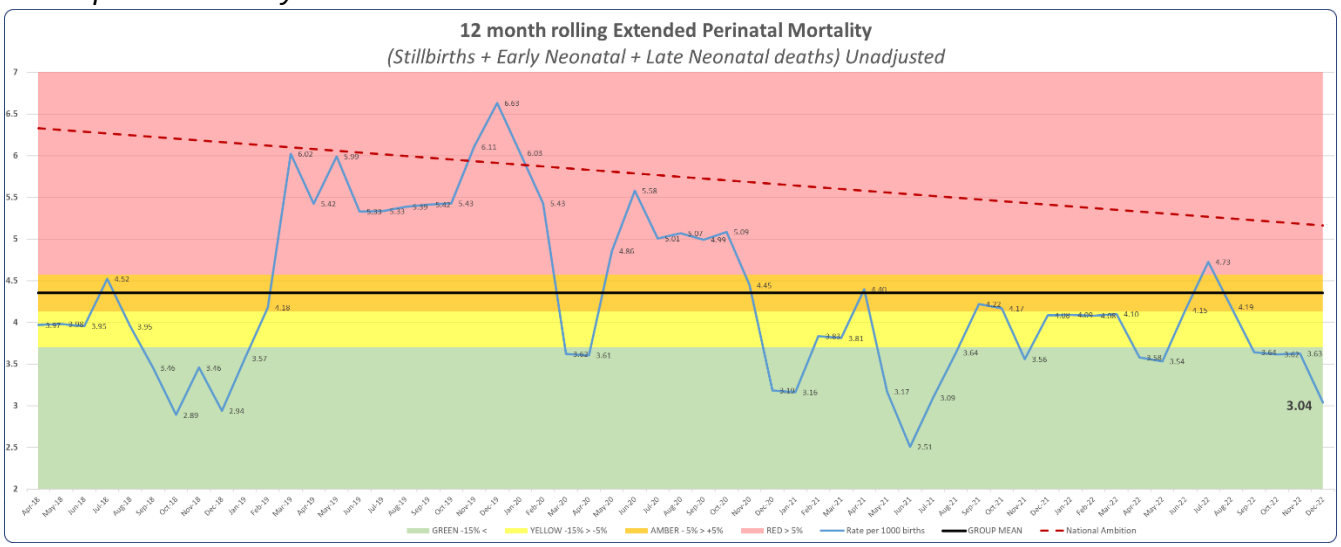
In addition to reviewing our clinical work, we have established a working group to fully understand the data quality for mortality. One of the key aims of the group is to develop a simple dashboard for monitoring our data quality and clinical coding, allowing us to identify any areas for further investigation.

Perinatal Mortality

Over the past few years, the Trust has developed robust local systems to monitor our latest mortality rates for Neonates. Through these systems, which replicate the national measures, the Trust are able to track rates in a real time fashion as opposed to the two-year delay from national reports. Using our surveillance, any 'spikes' or increases in deaths at a point in time can be to be investigated promptly, identifying any areas of concern and addressing them.

The latest 12 month period, January 2022 to December 2022, is amongst one of the lowest ever reported extended perinatal rates at the Trust, and continues to report well below the expected level of mortality for a trust our size – *see Chart 3.* At 3.04 deaths per 1000 live births, this remains firmly on track to achieving the national ambition of a 50% reduction in neonatal mortality. In addition, the latest period reports 1.82 stillbirths per 1000 live births, which is amongst some of the lowest rates in country.

Chart 3: A SPC chart showing the rolling 12 month extended perinatal rate at WVT: Latest 12 month period: January 2022 to December 2022.



Medical Examiner Service

In 2022-23 the Trust have managed to recruit a full complement of Medical Examiners, including hospital and community doctors, to provide the expertise required to scrutinise the cases but also to provide support to our clinicians when completing death certification paperwork. In addition, there have been clear robust pathways and processes to support our community colleagues to refer their patient in to the service.

The medical examiner service currently reviews over 90% of all hospital deaths, supporting bereaved families through a streamlined process to reduce the delays to get their loved ones death certificates and cremation paperwork. There are significantly better relationships developed with our local Coroner and Registry Offices, reducing any delays or issues with issuing death certificates.

Based on feedback from the Regional Medical Examiner Office, the rollout across all community-based deaths is delayed to the summer 2023. The Trust will commence the roll out of the service prior to the national start date, in order to embed and refine the processes earlier. There has been strong engagement from all key stakeholders, and the team are looking forward to expanding their service to offer an equitable service to all Herefordshire's families.

Objectives

With the positive progress made so far in our mortality rates during 2022-23, we would like to build on these further in 2023-24, and utilising a simple but effective approach of achieving the following:

- Embedding a robust Learning from Deaths process, ensuring a clear flow for learning, and escalation any causes for concern.
- Sustain an 'as expected' level of mortality within the Trust.
- Successfully implement a Medical Examiner Service across Herefordshire.
- Sharing good practice and learning from mortality reviews and audits amongst our colleagues within the Foundation Group and across the ICS.
- Continued support for our key mortality outlier groups, working with the clinicians and operational team to identify and address areas of concern.
- Develop a local surveillance system to monitor the rates of infant mortality within Herefordshire, allowing us to take a proactive approach to responding to any significant changes with the rate.

3. To reduce Clostridioides Difficile infection rates

The Trusts most recent inspection of the hospital in relating to Infection Prevention practices was in October 2022 and consisted of a review team of specialist advisors to NHS England (NHSE), Hereford and Worcestershire Integrated Care Board (ICB) and UK Health Security Agency (UKHSA). This inspection was following on from previous inspections in October 2021 and March 2022.

The Infection Prevention Improvement Plan (IPIP) 2022-2024 has been developed following this inspection, with the support from National Health Service England (NHSE) and NHS Herefordshire & Worcestershire Integrated Care System (ICS) Infection Prevention leads.

The creation of the Infection Prevention Improvement Plan allowed the ability to:

- Streamline workload and focus.
- Remove the duplication of information.
- Review all action plans, combining into the one overall improvement plan.
- Introduce realistic timeframes for completion of elements of the action plan.
- Align content and actions to and as national guidance is updated.
- Establish a Task and Finish Group to ensure continued trajectory against targets.

The plan contains 46 actions, which can be categorised by theme:

- CDI management.
- Cleaning.

- Standard Infection Control Precautions.
- Estates.
- Water management.
- Quality.

Action deadlines have been set throughout the remainder of the financial year 2022-23 and 2023-24. Additional actions may be added as work progresses and following the introduction/changes of any national or local guidelines.

In addition to the Infection Prevention Improvement Plan, the past twelve months have seen several initiatives introduced to help reduce our Clostridioides difficile infection rates:

- The Lead Infection Prevention Nurse and Consultant Microbiologist continue to work with Integrated Care Board colleagues to develop a joint Clostridioides difficile reduction strategy.
- The Lead Infection Prevention Nurse participates in the NHSE Regional Task and Finish Group focusing on Clostridioides difficile infection improvements.
- The Infection Prevention annual campaign #WyeClean was launched in May 2022. Promoting the techniques and practices required to maintain clean safe patient equipment and environment.

Whilst progress has been made over 2022-23 with this quality priority the Trust and Infection Prevention team continue to take our Clostridioides difficile infection rates seriously. 2023-24 will see work continue on achieving targets set through the Infection Prevention Improvement Plan, reduction strategy and reduction plan. Support continues to be provided to the Trust by NHSE working closely with our Infection Prevention team, Matrons and Senior Nurses highlighting where practice can be improved.

4. Improve patient safety through implementing change as we learn from incidents and complaints across our system.

NHS Trusts investigate patient safety incidents (reported by staff) and complaints (reported by persons affected by the services we provide). Traditionally separate teams, with clear frameworks and standards applied to how they should be managed, oversee these processes. However, both types of feedback can detail potential harm to a patient, or, an incident and complaint about the same issue can be reported and both requiring investigation. In order to ensure that learning is sought from these cases, and importantly a timely and detailed apology is offered to the persons affected the Trust has taken a different approach to managing incidents and complaints.

The patient safety team and complaints team now work under the leadership of the Trust Quality and Safety Matron. This allows for efficient review of the content of incident reports and complaints to ascertain the correct form of investigation required. It allows intelligence from complaints to feed into the Trust Serious Incident panel, recognising that patients are also raising potential incident within a complaint.

This change supports the future directions for Trusts in improving their patient safety culture by ensuring we are listening to our patients and using their feedback to improve the services we provide and acknowledge where things went wrong for them. A principle of the National Patient Safety Strategy.

Implementation of the National Patient Safety Strategy continued in 2022-23, with the Trust meeting all the national milestones including;

- Launching the National Patient Safety Syllabus.
- Recruitment of Patient Safety Partners.
- Patient Safety Specialists creating links with their Trust Board to ensure implementation met the local and national objectives.

To support the Trust to meet the new reporting standards for patient safety incidents, and to better triangulate the feedback from staff and patients in relation to patient safety, the Trust invested in a new clinical governance system replacing DATIX with InPhase Oversight. The new system not only meets the national requirements for how incident should be reported but allows the Trust to review incidents and complaints alongside clinical risk, providing a more efficient way to understand how safe are our services and develop more meaningful and targeted improvement opportunities.

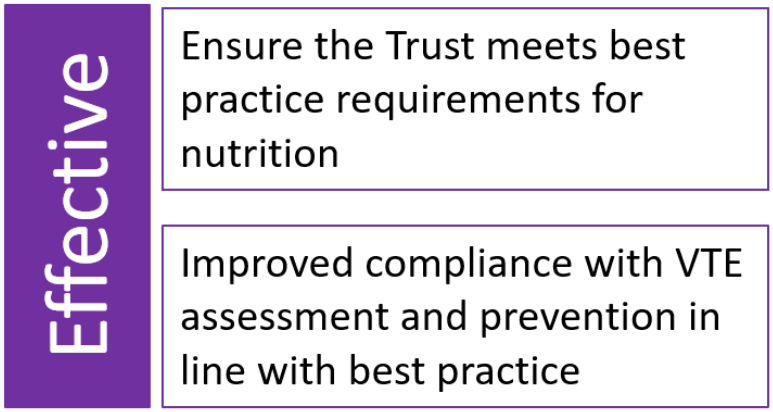
The Trust, alongside Primary Care partners, launched the 'Safety in Sync' forum providing a space for colleagues from healthcare organisations across Herefordshire to discuss quality and safety issues and work collaboratively to drive improvement with the patient at the heart of those discussions. Staff reported that discussing quality and safety concerns at Safety in Sync had allowed them to;

- Link to key contacts in the system to drive improvement.
- Have access to wider resources (IT, comms, etc.) to support their project.
- Gain additional project team members.
- Link to networks and other forums to support the project.
- Increase their knowledge and understanding of how system partners work.
- Provide direct solutions and actions as a result of forum discussions.

This way of working allows for issues arising from complaint and incidents to be reviewed and improvements accelerated by working together as a system rather than individual organisations.

In 2022-23 the Trust also re-launched its Safety Bites bulletin to share learning with all staff from key cases or thematic review of incidents and complaints that could apply across the Trust.

Quality Priorities - Effective



5. Ensure the Trust meets best practice requirements for nutrition

Nutrition has continued to be a quality priority for the Trust for 2022-23. The scope of the priority for 2022-23 included the following measures/projects:

- Improve oversight (governance) of meeting nutritional standards.
- Nasogastric feeding management.
- MUST scores CQUIN for community beds.
- MUST scores CQUIN measures to be applied to acute hospital beds.
- Improved food scores within in patient surveys, PLACE and other sources of patient feedback.

Developments so far have seen progress made with this quality priority.

Improve oversight of nutrition

The Nutritional Steering Group (NSG) now meets quarterly with agreed terms of reference and good engagement. This group has an oversight of all elements related to nutrition from patient meal survey reviews to complex clinical nutritional management. A Nutritional Care Group and a Nutritional Support Group meeting has now commenced in the intervening months, which report into NSG quarterly. NSG reports into Clinical Effectiveness and Audit Committee within the WVT governance structure to ensure appropriate escalation.

The Nutritional Care Group is led by our Lead Dietician and focusses on all aspects of food and meal provision within Wye Valley. Due to operational pressures, a sufficient level of engagement in the Nutritional Care Group has been difficult to attain. Therefore, the Lead Dietician has developed a roving meeting model visiting individual ward areas in order to gain traction and real time feedback. The Nutritional Support Group focusses on the more complex areas of nutritional support including parenteral and nasogastric feeding and is led by one of the gastroenterology consultants alongside the Nutrition Specialist Practitioner.

Nasogastric (NG) feeding management

A cross-divisional business plan for a Nutrition Specialist Practitioner (NSP) post was successful. The Nutrition Specialist Practitioner, recruited this year, is leading on NG placement/ management and leads the Nutrition Support Team alongside the

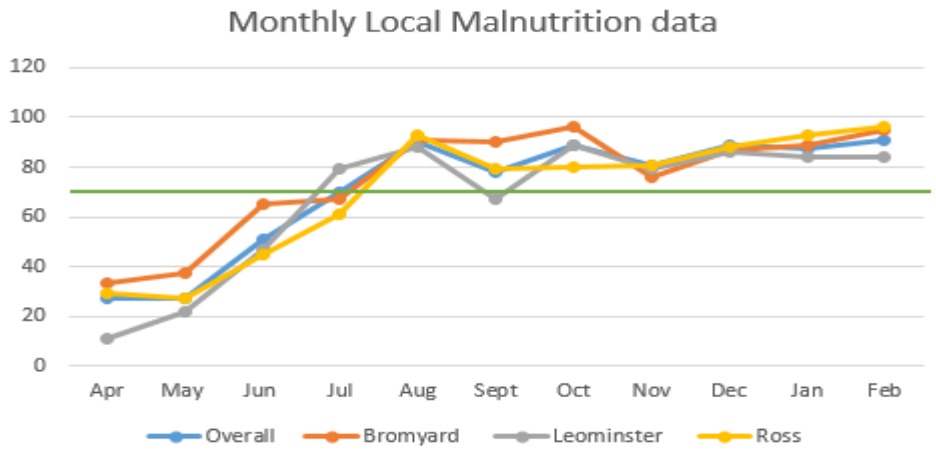
Gastroenterology consultant lead. Following feedback from HM Coroner in relation to a never-event of a misplaced NG tube, the NSP is working with the Deputy Chief Medical Officer to develop an agreed process for checking of tube placement.

MUST (Malnutrition Universal Screening Tool) scores CQUIN for community beds

'MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines that can be used to develop a care plan. It is for use in hospitals, community and other care settings and can be used by all care workers. Effective nutritional screening and care planning is fundamental to the provision of high quality care. This CQUIN was selected in order to identify correct application of the assessment tool and documentation thereof.

Quarter 1-3 results indicated clear improvement made following the successful implementation of an improvement plan following the initial Q1 results. The Community Hospital staff are to be commended for their efforts with this.

The table below details the monthly improvement trajectory for individual community hospital sites.



MUST scores CQUIN measures to be applied to acute hospital beds

As part of the quality focus on nutrition, WVT have decided to measure completion of MUST scores across the acute hospital bed base on a random selection of cases. This will allow a comparison to be made, identification of good practice and dissemination across the organisation. The first quarter of 22/23 has focused on the Community Hospital CQUIN, as this is a contractual requirement. The data for the acute hospital is now being collected. The Dietetic team are now auditing MUST assessment for patients on the County Hospital site and results will be reported back into the Nutritional Steering Group and Quality Committee.

Improved food scores within in patient surveys

The re-introduction of Patient-Led Assessments of the Care Environment (PLACE), which include ward food assessment, will provide additional information to enable us to address these issues. The first of our PLACE inspections was carried out in November 2022 and the full report is expected at the end of March 2023.

The development of the Nutritional Care group as an adjunct to NSG in the next few months will enable sufficient time and effort to discuss food provision and to produce an action plan for improvements. Food safety will continue to report through the IPC committee structure.

The NHS England publication "National Standards for healthcare food and drink" has now been launched containing eight key standards the Trusts will be required to deliver. Sodexo colleagues are currently undertaking a gap analysis against the standards and will make recommendations for actions required to meet these standards which will progress through the Nutritional Steering Group for escalation.

The focus on nutrition as a quality priority has been a key driver in the progress made during the year, however there is more work to do to embed and ensure improvements provide consistency in relation to patient safety and experience. The Trust recognises this and nutrition continues to be a Quality Priority for the Trust going into 2023-24.

6. Improved compliance with VTE assessment and prevention in line with best practice

For 2022-23, the Trust has continued to make improvements with VTE assessment and prevention in line with best practice, focusing on continuity with stable, improved and sustained practice and compliance in addition to working towards meeting the VTE exemplar framework.

At the beginning of 2022, the Trust were able to identify:

Areas of good practice:

- VTE strategy in place.
- Risk assessment tools utilised.
- Auditing has been carried out in some areas, with the plan to continue this across all areas.

Areas requiring further action:

- VTE champions to be implemented.
- Improvements required to achieve 95% completion of risk.

The Trust is now in a position where it is felt they are meeting, or have plans to meet all the criteria of the Exemplar Site Status with the exception of the requirement 'to consistently achieve a 95% completion of VTE risk assessment', in line with the National Quality requirement.

What we have achieved

- The introduction of electronic risk assessment and reporting systems and tools that are fully embedded into practice.
- The past 12 months have witnessed the commencement of implementing VTE champions; with a VTE Champions Role Description being created and plans to commence recruitment for a range of staff including Nurses, HCA's, Doctors, and Pharmacists.
  Badges and promotional material have been supplied by Thrombosis UK to support with this.
- An updated patient information leaflet has been developed and approved in line with NICE guidance. The patient reader panel were involved in reviewing and

contributing to the design, with changes made to reflect their comments. Paper copies of the leaflet will be available to patients and via the WVT website.

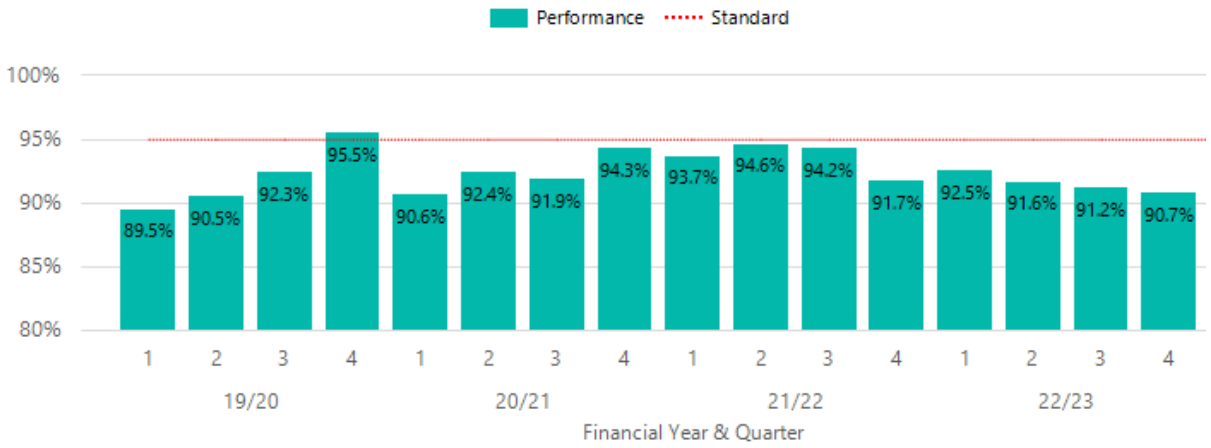
- VTE training is now available via the intranet, with plans for it to become mandatory from April for relevant staff groups.
- Clinicians reviewing reported VTE cases have made good progress. Originally the Trust had a backlog of 62 cases when the process was commenced using the electronic reporting system, by March 2023 there was just one remaining in the system awaiting review. The Trust is now in a position where the number of cases at all stages remain at acceptable levels.

What we still need to achieve

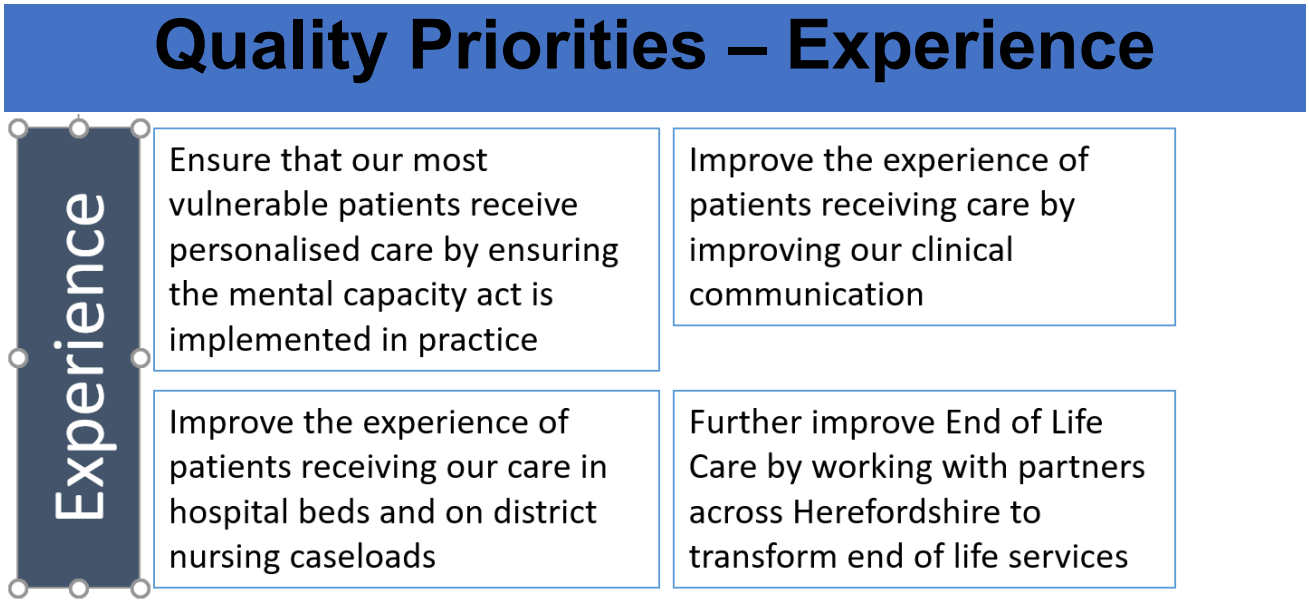
- Groups of patients were identified who were 'assumed' to have had an assessment. The groups under this category are currently being reviewed to reduce the number of those with 'assumed compliance'. Getting this right is key to achieving exemplar status and focus will continue through to 2023-24 to ensure our reporting issues are resolved and we no longer "assume compliance" when a patient enters a clinical area.
- The Duty of Candour process is currently under discussion prior to implementation.

2022-23 saw the Trust report 0 avoidable cases out of the 90 reported, reviewed and closed since January 2022. Clearly reflecting an improvement in the preventative care carried out at the Trust.

The Trust are currently achieving 90.7% compliance with VTE risk assessments for the period January to March 2023.



Moving forward into 2023-24, the Trust understands the importance of VTE assessment and prevention and VTE will continue as a Quality Priority for the next twelve months.



7. Ensure that our most vulnerable patients receive personalised care by ensuring the mental capacity act is implemented in practice.

The Mental Capacity Act 2005 (MCA) was introduced in 2007 to empower and protect vulnerable persons over the age of 16 years in England and Wales. It enables people to plan ahead for a possible loss of capacity and provides a framework for decision-making on behalf of those who are unable to make at least some decisions for themselves.

It has two overarching aims:

- To promote autonomy of decision making for all.
- To protect vulnerable adults from harm.

The Act was amended in 2009 to provide safeguards for people who need to be cared for or treated under significant restrictions (the Deprivation of Liberty Safeguards, DoLS).

During the pandemic, our services had adapted and changed to meet the new needs of patients in our care. This includes patient's cared for in different ward areas for longer periods of time, and virtual clinics being used. These changes have exposed areas of our system that require improvement to ensure that patients are being cared for appropriately in line with the Mental Capacity Act; being consented correctly and personalising the care we deliver to vulnerable individuals with complex needs. Following our recent unannounced CQC inspection in October 2022, whilst we were highly commended for our new MCA/DoLS policy and associated flow charts the CQC also highlighted the same areas of our system that require improvement.

The Trust acknowledges this is a wide-ranging improvement initiative and over the coming 12 months, the following actions will be taken:

- Analysis of uptake of training in order to target education.
- Include MCA/DOLs education in clinical practice week schedules.
- Focus on MCA/DOLs training compliance through F&PE.

- MCA/DOLs medical champion proposed for each division to promote training attendance and act as a local resource.
- Re-audit of patient records.
- Attendance at training sessions will be mandated following any escalation of concern or incident reported via our electronic reporting system.
- Offer further bespoke training sessions for medical staff and wider multi-disciplinary team.

To enable us to deliver against the action plan, it has been agreed that the implementation of the mental capacity act will continue as a quality priority into 2023-24.

8. Improve the experience of patients receiving our care in hospital beds and on district nursing caseloads

The Trust receives a wealth of feedback from patients and their carer's in relation to the services we provide. However, there is often a data lag in relation to the when the patient received care and when we receive the feedback. In order to improve the care of our patients we first needed to ensure we were getting real time feedback to proactively respond to concerns raised or share learning on what went well.

During 2022-23 the Trust rolled out a series of local patient surveys bespoke to the service they had used; inpatient (acute), inpatient (community), district nursing and outpatients. This feedback shows an improvement in some of the key areas that were routinely scoring low on the national inpatient survey. Key areas of concern were around waiting times and food quality. The feedback in relation to the District nursing service was very positive with patients satisfied with the service and the communication in relation to their visits.

The Trust also implemented a text messaging service to receive real time feedback from patients in line with the national Friends and Family test initiative. As highlighted in section 2 the feedback is largely positive.

The Trust, in collaboration with patient partner, developed a Patient Engagement charter to set out the vision for engaging with patients in a meaningful for way for both patients and the Trust.

9. Improve the experience of patients receiving care by improving our clinical communication

A key area of concern for a number of years has been clinical communication. This includes;

- Staff and patient interactions during care and treatment.
- Discharge information.
- Sharing information between health care providers.
- Communication with carers.

The Trust continues to focus on this, understanding that communication is a big challenge and good communication is key to good experiences of care. The National Inpatient Survey noted that the Trust has made an improvement in clinical communication in the last 12 months, however information on discharge and between health care providers specifically was still a concern.

In 2022-23 the Trust launched the Valuing Patients Time programme board which seeks to address these issues and empower patients to know what their plan of care is, when they should expect to be discharged to their preferred place of care and what happens after discharge. Each division contributes a bespoke improvement plan to the programme which is monitored centrally by the Trust Transformation team. Links have been made with the programme board and the Patient Experience Committee to assess the impact of the improvement plans on patient experience going into 2023-24.

10. Further improve End of Life Care by working with partners across Herefordshire to transform end of life services.

WVT have made a commitment during 22/23 to further improve End of Life Care by working with partners across Herefordshire to transform End of Life services.

- ReSPECT (Recommended Summary Plan for Emergency Care & Treatment) plans are now used widely throughout Herefordshire to capture conversations and recommendations made for care and treatment in an emergency.

  As patients are often not able to make decisions about their priorities of care or treatment in an emergency, discussing what they would want to happen in advance is important. ReSPECT forms are currently paper copies which are the property of the individual patient and should accompany them wherever they go. Many respect forms originate in primary care and can now be produced digitally and held on their Shared Care Record (SCR). There will shortly be an opportunity to view this through WVT digital systems.

  ReSPECT now has a home in the reformed WVT End of Life forum and this year a member of the medical team presented an audit of forms including both quantitative and qualitative data. Recommendations from this audit will help to inform education sessions to be planned.

- NACEL (National Audit of Care at End of Life) audit. An action plan was developed following the audit findings to target our improvements. Some of the areas to be addressed were
  - to enhance quality of care provided to families/carers by recognising the importance of their needs;
  - recognising dying patients earlier and support for staff providing End of Life care.

  A medical and non-medical clinical fellow for End of Life care are currently being recruited who will provide education to target these areas in our action plan and effectiveness will be monitored through the End of Life Forum.

- Single point of access and service transformation. Several meetings have taken place between key partners focussing on a single point of access for end of life care. Colleagues from St Michael's Hospice, Integrated Care and Specialist Palliative Care are currently discussing what is required and how this might be amalgamated into current community service provision. This important aspect of End of Life Care will be continued into 23/24.

- ICS self-assessment as a baseline for improvement. WVT engaged in several workshop sessions with the ICS in 22/23 in order to inform their work on the NHSE

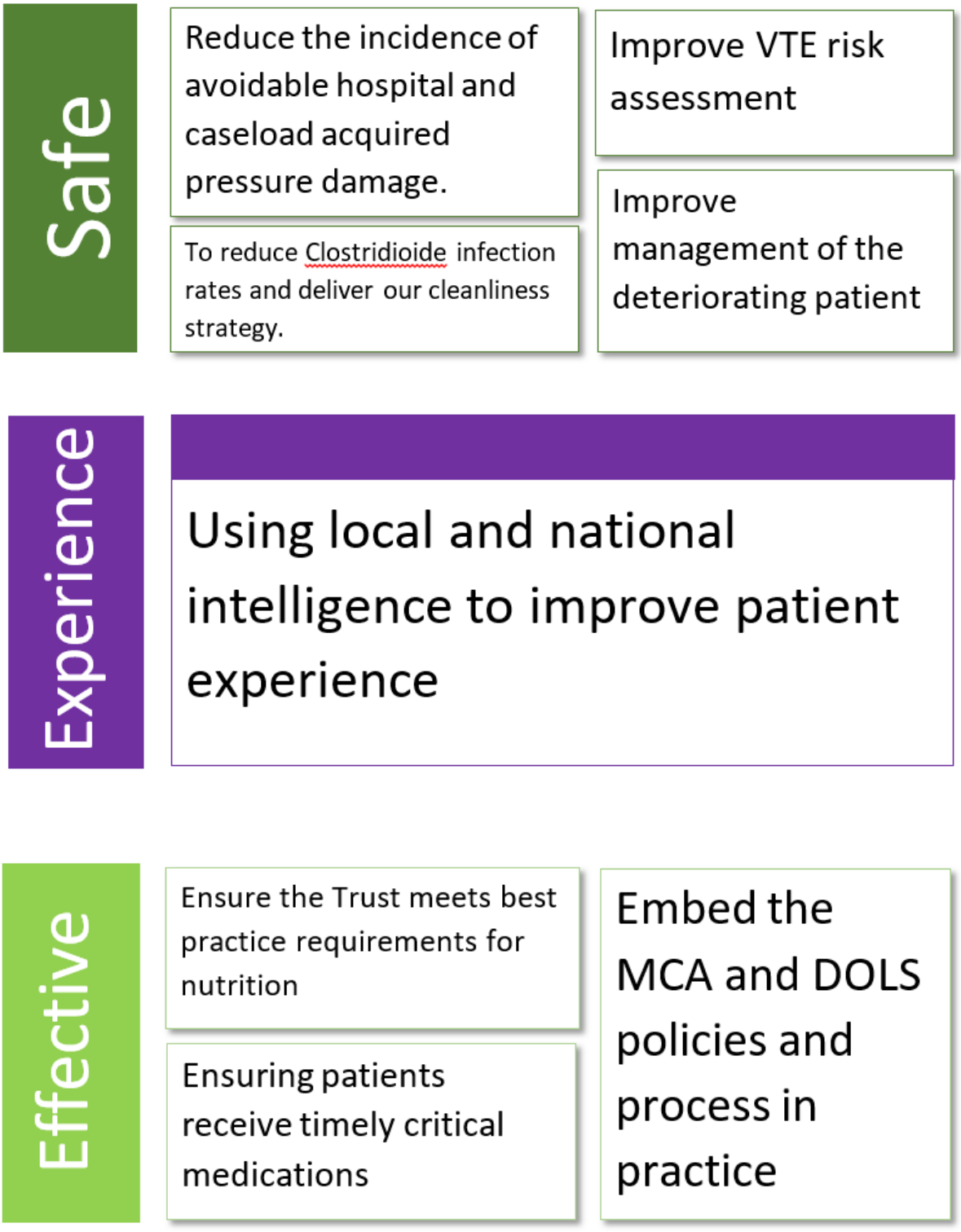
Ambitions for End of Life care. Feedback from the ICS with a compilation of results and focus on actions is awaited.

Quality Priorities:

The Year Ahead

Trust Objectives 2023-24

QUALITY PRIORITIES 2023-24



External Statements of Assurance

Statement of Assurance from NHS Herefordshire and Worcestershire ICB regarding Wye Valley Trust Quality Account for 2022-2023

A significant component of the work undertaken by NHS Herefordshire and Worcestershire Integrated Care Board (HWICB) involves supporting the continuous improvement of health services provided for the population of Herefordshire. We therefore welcome the opportunity once again to provide assurance for the public on the content of the Quality Account 22/23 for Wye Valley NHS Trust ('the Trust').

The past year has seen the continued influence of the ongoing recovery from the COVID-19 pandemic and its impact on people and services. It is positive then to note the continued commitment across the local Healthcare system to support actions to achieve the best outcomes for patients across Herefordshire.

Work streams have continued to nurture a positive learning and safety culture within the Trust including the success of Transformation Tuesday and Safety in Sync which have seen joint working and shared learning events across the local system. It is pleasing to have seen the wide-ranging topics discussed during these forums and to observe the significant multi agency attendance fostering healthy working relationships to benefit staff and patients. The ICB is pleased to play a key part in these forums.

The Trust have continued to develop a healthy improvement culture, with continued focus upon the importance of staff engagement and the subsequent positive impact upon staff morale demonstrating consistent and sustained improvements reflected in the NHS Staff Survey. In addition, the Trust has celebrated the achievement of teams and individuals shining a light on good practice and when things go well which has been acknowledged at a National level.

The Quality Account demonstrates how the Trust, supported by the ICB, have ensured comprehensive oversight of learning from serious incidents, complaints and feedback to inform and develop improvement programmes. Examples of this are seen throughout the account demonstrating a strong quality improvement ethos and culture of transparency and candour.

It has been encouraging to see areas of improvement for WVT including perinatal mortality rates and progress towards the national ambition in a reduction of neonatal mortality. The Trust have identified future improvement priorities, including plans for the introduction of BadgerNet Neonatal EPR.

The Trusts commitment to the "Valuing Patients Time'' programme board signifies the recognition of the patient being at the centre of their care journey. The

introduction of the patient engagement charter has demonstrated the commitment to improved patient experience and co production.

We are reassured that the Trust's quality improvement methodology has been demonstratable when driving improvement through transformation of services in CQUINS and in End-of-Life services. The CQUIN schemes overview illustrates the progress made in a range of areas towards the required measures with the majority having reached the set target range. However, the Trust has recognised the need for continued focus for 23/24 on the improvement programme around tissue viability.

Whilst not yet achieving national standards for Venous Thromboembolism (VTE) assessment, significant improvement has been seen in cases viewed and a positive outcome in achieving a low number of patient reviews that reflect avoidable factors. The account demonstrates a strong assurance of commitment to address potential for avoidable harm and to move towards reaching the goal of achieving exemplar site status.

The resulting movement from a CQC rating of inadequate to requires improvement for several areas of provision has demonstrated the Trust are committed to undertaking required improvements. These included actions focussing on supporting staff to deliver personalised and responsive care we would all expect, through protecting those who cannot protect themselves with enhanced mental capacity awareness and individualised assessment and support.

Based on our existing assurance processes, and information made available to us throughout 2022/23, we believe this Quality Account provides a representative and balanced overview of the quality of healthcare services provided by Wye Valley NHS Trust. We look forward to continuing to work with colleagues across Wye Valley Trust to enable further improvement across 2023/24.

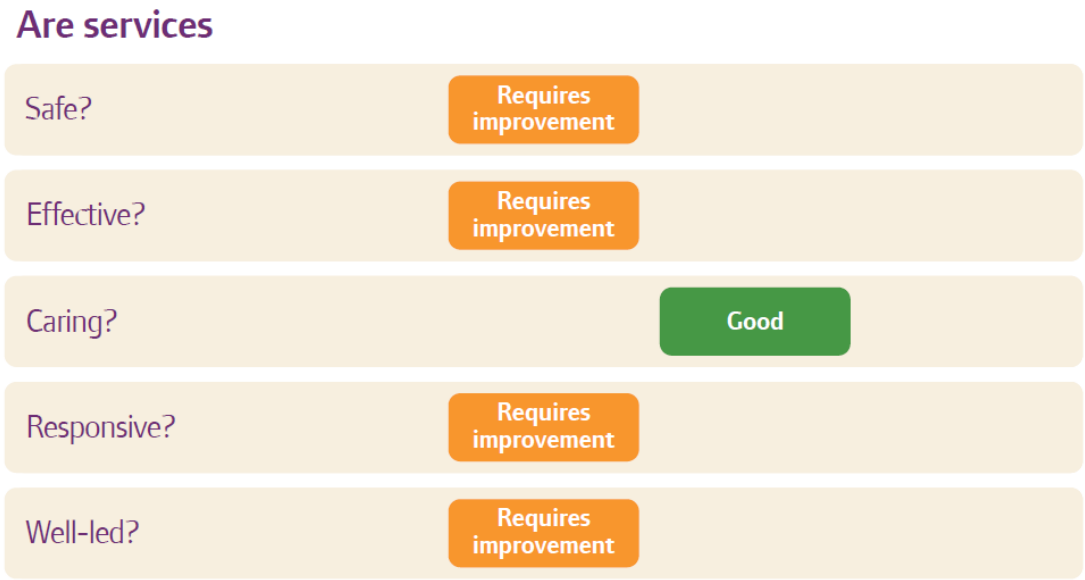
Simon Trickett
Chief Executive, NHS Herefordshire and Worcestershire

Appendices

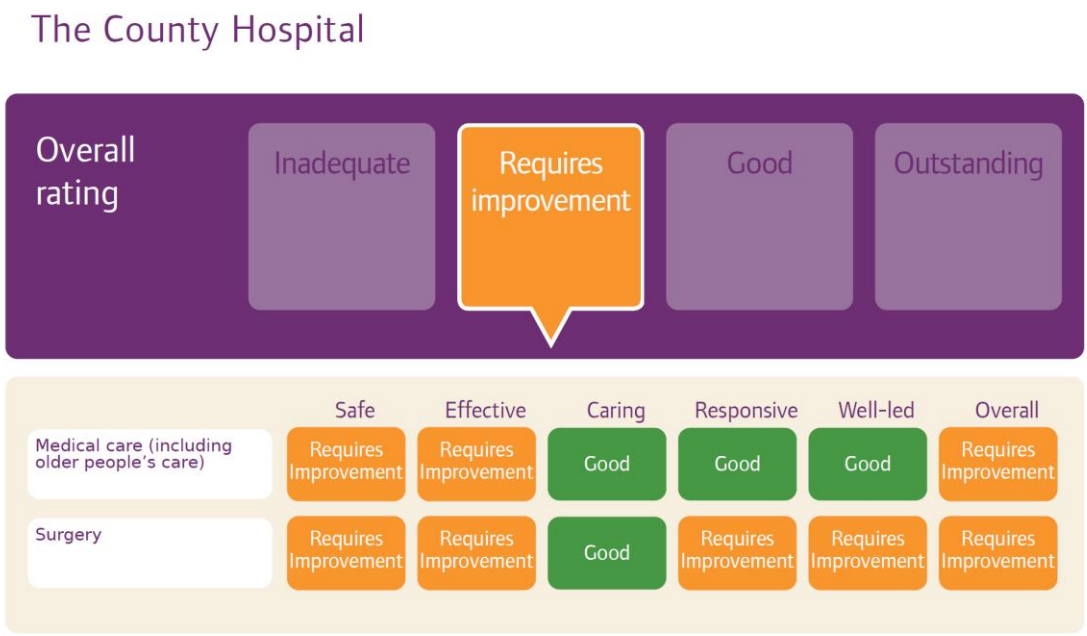
Appendix 1

CQC Ratings Tables

Acute Site ratings



Most recent inspection rating changes



Community Services

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good →← Mar 2020	Good →← Mar 2020	Good ↓ Mar 2020	Good →← Mar 2020	Good →← Mar 2020	Good →← Mar 2020
Community health services for children and young people	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Community health inpatient services	Requires improvement →← Mar 2020	Requires improvement →← Mar 2020	Good →← Mar 2020	Good ↑ Mar 2020	Good →← Mar 2020	Requires improvement →← Mar 2020
Community end of life care	Good ↑ Mar 2020	Good ↑ Mar 2020	Good →← Mar 2020	Good →← Mar 2020	Good →← Mar 2020	Good ↑ Mar 2020
Community dental services	Good Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015
Overall*	Good ↑ Mar 2020	Good ↑ Mar 2020	Good →← Mar 2020	Good ↑ Mar 2020	Good →← Mar 2020	Good ↑ Mar 2020

Appendix 2
National Audit & NCEPOD Compliance

Eligible National Audits	WVT participation in 2022-2023	% of required cases submitted (where applicable) (position at 31/03/2023)	Comments
College of Emergency Medicine (CEM) Infection Prevention	✓	N/A	Report not yet due to be published
College of Emergency Medicine (CEM) Mental health self-harm	✓	N/A	Report not yet due to be published
Major Trauma Audit (TARN)	✓	All eligible cases submitted	Continuous data collections – all eligible cases submitted Data published quarterly online
Case Mix Programme (CMP)	✓	100%	Data reported quarterly - National Annual Report not yet due to be published
National Lung Cancer Audit (NLCA)	✓	N/A	Report not yet due to be published
Oesophago-gastric Cancer (NAOGC)	✓	100%	National Oesophago-Gastric Cancer Audit (NOGCA) 2022 Report - published January 2023
National Audit of Breast Cancer in Older Patients (NABCOP)	✓	100%	National Audit of Breast Cancer in Older Patients: Annual report 2022 – published May 2022
Bowel Cancer (NBOCAP)	✓	94%	National Bowel Cancer Audit Annual Report 2023 - published January 2023
Prostate Cancer	✓	N/A	Annual report 2022 – Prostate cancer services during the COVID-19 pandemic (NPCA) - published January 2023
Cardiac Rhythm Management (CRM)	✓	All eligible cases submitted	Continuous data collection – National Audit of Cardiac Rhythm Management: 2022

			Summary report – published June 2022
National Audit of Cardiac Rehabilitation	✓	100%	Continuous data collection – all eligible cases submitted National report published October 2022
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	✓	25%	MINAP - Management of Heart Attack: 2022 Summary Report – published June 2022
National Heart Failure Audit	✓	83%	National Heart Failure Audit: 2022 Summary report – published June 2022
National Diabetes Audit - Care processes and treatment targets	✓	All eligible cases submitted	National Diabetes Audit, 2020-21 Report: Care processes and treatment targets – report published July 2022
National Pregnancy in Diabetes Audit	✓	All eligible cases submitted	Report not yet due to be published
National Diabetes Foot Care Audit	✓	N/A	National Diabetes Foot Care Audit Interval Review: July 2014 - March 2021 – published May 2022
National Diabetes Inpatient Safety Audit	✓	All eligible cases submitted	National Diabetes Inpatient Safety Audit: An annual survey of GIRFT recommended staffing, systems and pathways – published July 2022
UK Parkinson's Audit	✓	N/A	Report not yet due to be published
National Audit of Dementia	✓	N/A	Report not yet due to be published
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	✓	All eligible cases submitted	Annual SHOT Report 2021 - published July 2022
National Maternity and Perinatal Audit (NMPA)	✓	All eligible cases submitted	National Maternity & Perinatal Audit Clinical Report 2022 - published June 2022
National Hip Fracture Database	✓	All eligible cases submitted	The National Hip Fracture Database report on 2021:

			Improving understanding - published September 2022
Fracture Liaison Database	✓	N/A	Rebuilding FLSs to meet local patient need (FLS-DB) – published January 2023
National Inpatient Falls Audit	✓	All eligible cases included	National Audit of Inpatient Falls Annual Report 2022 – published November 2022
National Joint Registry (NJR)	✓	All eligible cases included	National Joint Registry 19th Annual Report 2022 – published November 2022
National PROMS Programme	✓	N/A	Reporting has currently been paused and a date has not yet been given when publications will resume but Wye Valley continue to submit data
NPDA National Paediatric Diabetes	✓	All eligible cases included	National Paediatric Diabetes Audit Annual Report – published April 2022 Parent and Patient Reported Experience Measures (PREMs) 2021 – published September 2022
National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special Care)	✓	All eligible cases included	National Neonatal Audit Programme (NNAP) Summary report on 2021 data – published November 2022
National Audit of Seizures and Epilepsies in Children and Young People	✓	All eligible cases included	Epilepsy12 Report (England and Wales 2019-21) Children and Young People – published July 2022
UK Cystic Fibrosis Registry (Adults & Children)	✓	Data only collected on Children	UK Cystic Fibrosis Registry 2021 Annual Data Report - published September 2022
National Paediatrics Asthma Secondary Care	✓	All eligible cases included	Child and Young person asthma 2021 organisational audit - summary report Published June 2022

National Child Mortality Database	✓	N/A	Thematic Report: Sudden and Unexpected Deaths in Infancy and Childhood – published December 2022
Cleft Registry and Audit NEtwork (CRANE)	✓	All eligible cases included	Cleft Registry and Audit NEtwork Database 2022 Annual Report – published December 2022
National Asthma & COPD Audit Programme (NACAP) Adult Asthma and COPD 2021 Organisational audit	✓	N/A	Adult Asthma and COPD 2021 organisational audit – published June 2022
National Asthma & COPD Audit Programme (NACAP) Combined reports	✓	N/A	Drawing breath, a single 'state of the nation' view of the care of people with asthma and COPD in England and Wales. This report is the first to combine data on asthma, COPD and pulmonary rehabilitation across primary and secondary care services – published January 2023
National Pulmonary Rehabilitation Audit	✓	N/A	Pulmonary Rehabilitation 2021 Organisational Audit: Summary report – published July 2022
National Smoking Cessation Audit	✓	N/A	National Smoking Cessation Audit 2021_ Management of Tobacco Dependency in Acute Care Trusts – published July 2022
National Outpatient Management of Pulmonary Embolism	✓	N/A	Report not yet due to be due to published National Outpatient Management of Pulmonary Embolism Audit 2021 – published October 2022
National Audit of Rheumatoid and Early Inflammatory Arthritis	✓	All eligible cases included	National Audit of Rheumatoid and Early Inflammatory Arthritis Year Four Annual Report – published October 2022
Sentinel Stroke National Audit programme (SSNAP)	✓	All eligible cases included	Sentinel Stroke National Audit programme (SSNAP) Post-Acute Organisational Audit

			Report - published December 2022
National Emergency Laparotomy Audit (NELA)	✓	All eligible cases included	NELA 8th Annual report (Jan 2020 to November 2021) – published February 2023
Society for Acute Medicines Benchmarking Audit (SAMBA)	✓	All eligible cases included	Society for Acute Medicines Benchmarking Audit (SAMBA) National Audit of Acute Medical Care in the UK 2022 - published November 2022
BAUS Urology Audits – Muscle Invasive Bladder Cancer Audit	✓	N/A	BAUS Muscle Invasive Bladder Cancer at Transurethral REsection of Bladder (MITRE) Audit National Summary Results published August 2022
National Audit of Care at the End of Life	✓	All eligible cases included	National Audit of Care at the End of Life Third round of the audit (2021/22) report - England and Wales – published July 2022
UK Kidney Association – Acute Kidney Injury Registry	✓	N/A	Report not yet due to be published
National Ophthalmology Database Audit	X	N/A	The Trust does not participate in this audit but cataract outcome data is collected and reported locally
Inflammatory Bowel Disease (IBD) Registry	X	N/A	The Trust has temporarily withdrawn participation in this audit due to staff resources within the gastroenterology team, with a plan to re-join currently under review
National Cardiac Arrest Audit (NCAA)	X	N/A	The Trust has temporarily withdrawn participation in this audit due staff resources within the resuscitation team, with a plan to re-join as soon as possible

National Confidential Enquiries (NCEPOD)			
Eligible National Audits	**WVT participation in 2022-2023**	**Cases submitted**	**Eligible National Audits**
Maternal, Newborn and Infant Clinical Outcome Review Programme	NCEPOD	N/A	The Trust contributes all maternal and child deaths to programme **Maternal, Newborn and Infant Clinical Outcome Review Programme: Saving Lives, Improving Mothers' Care Report** - Published November 2022 **MBRRACE-UK Perinatal Mortality Surveillance Report 2020 -** Published: October 2022 **Perinatal Mortality Review Tool – Fourth Annual Report** Published: September 202
Medical & Surgical Clinical Outcome Review Programme	NCEPOD	N/A	Contributed to the programme via **Disordered Activity?** **A review of the quality of epilepsy care provided to adult patients presenting to hospital with a seizure** - Published December 2022 **National Confidential Enquiry into Patient Outcome and Death: Review of Health Inequalities Short Report** – published April 2022 **A Picture of Health** - **Bridging the gap between physical and mental healthcare in adult mental health inpatient settings** – Published May 2022
Mental Health Clinical Outcome Review Programme	NCEPOD	N/A	The Trust contributes to Mental Health Clinical Review Programme when required **National Confidential Inquiry into Suicide and Safety in Mental Health – Annual Report–** published April 2022

Child Health Clinical Outcome Review Programme	NCEPOD	N/A	The Trust contributes to Child Health Clinical Review Programme when required – This year the studies are as follows: **Testicular Torsion** – not yet due to be published **Transition from child to adult health services** – not yet due to be published

Appendix 3

Comparable data summary from data available to the Trust from NHS Digital

NHS Digital provides the following data relating to national reporting requirements in the Quality Account. The coordinated March Release of data has been postponed due to the merger of NHS Digital and NHS England

> *"The NHS Outcomes Framework (NHS OF) is a set of indicators developed by the Department of Health and Social Care to monitor the health outcomes of adults and children in England. The framework provides an overview of how the NHS is performing. This report provides information about the indicators updated in this release.*
>
> *Following the merger of NHS Digital and NHS England on 1st February 2023 we are reviewing the future presentation of the NHS Outcomes Framework indicators.*
>
> *As part of this review, the annual publication which was due to be released in March 2023 has been delayed. Further announcements about this dataset will be made on the publication page in due course."*
>
> *See link NHS Outcomes Framework Indicators - March 2022 release - NHS Digital*

A number of sites were visited to allow us to include as much data information as possible, which highlighted that a number of national data collections systems had been suspended. Resulting in the content of the table being condensed compared to 2021-22.

Indicator	WVT latest available	WVT previous	NHS E Ave	NHS E max	NHS E min	Remarks
NHS Outcomes Framework - Indicator 5.2.i - Incidence of healthcare associated infection (HCAI) - MRSA (2021/22)	0	1	1.7	10	0	Hospital Onset cases. Latest 2021-22 Previous 2020-21 (29/09/2022 release) ***Complete***
MRSA bacteraemia: annual data - GOV.UK (www.gov.uk)						
Wye Valley NHS Trust is taking the following actions to reduce incidence of MRSA and so improve the quality of services, by ensuring its strict cleaning, hygiene, hand-washing regimes, and bare below the elbows practice is adhered to. The trust also has a robust antibiotic prescribing policy and ongoing screening of all people that we admit to hospital.						
Indicator	**WVT latest available**	**WVT previous**	**NHS E Ave**	**NHS E max**	**NHS E min**	**Remarks**
NHS Outcomes Framework - Indicator 5.2.ii - Incidence of healthcare associated infection (HCAI) - C. difficile	43	31	42.3	186	0	Trust cases. Hospital onset & . Latest 2021-22 Previous 2020-21 (Hospital & Healthcare associated)

Clostridioides difficile (C. difficile) infection: annual data - GOV.UK (www.gov.uk)

Wye Valley NHS Trust is taking the following actions to improve the rate of C.Diff infection and so the quality of services, by learning lessons from these investigations, sharing with the clinical areas and presenting at the Trust's Safety Summit meetings.

Indicator	WVT latest available	WVT previous	NHS E Ave	NHS E max	NHS E min	Remarks
NHS Outcomes Framework - Indicator 5.6 Patient safety incidents reported October 2019 - March 2020	76.1	69	25.4	110.2	0.00	Reported as per 1,000 bed days. Acute non specialist Trust s 2019-20.Previous period October 2018 - March 2019
NHS Outcomes Framework - Indicator 5.6 Patient safety incidents reported Severe or death October 2019 - March 2020	0.20	0.18	0.10	0.50	0.00	Reported as per1000 bed days. Previous period October 2018 - March 2019

5.6 Patient safety incidents reported (formerly indicators 5a, 5b and 5.4) - NHS Digital

Wye Valley NHS Trust is taking the following actions to improve the rate of patient safety incidents (including those that result in severe harm or death) and so the quality of services, by organisational learning from incidents including serious incidents, the outcome of investigations are shared throughout Divisional and Directorate governance meetings. Serious incident investigation key findings and actions are presented to the Quality Committee each month to ensure there is robust scrutiny.

Indicator	WVT latest available	WVT previous	NHS E Ave	NHS E max	NHS E min	Remarks
Summary Hospital-level Mortality Indicator (SHMI) - SHMI data at Trust level (current November 2019 - October 2020 Band 2	1.0130	1.0098	1.0130	1.1775	0.6782	Data is banded 1-3 high to low Previous period October 2019 – September 2020 lower numbers improvement
Summary Hospital-level Mortality Indicator (SHMI) - The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period November 2019 - October 2020	31%	30%	36%	59%	8%	Reported as a percentage of all deaths. Previous time period (Oct 2019 - Sept 2020

https://digital.nhs.uk/data-and-information/publications/clinical-indicators/shmi/current

Previous data
https://digital.nhs.uk/data-and-information/publications/statistical/shmi/2021-02

Wye Valley NHS Trust is taking the following actions to improve its mortality rates and so the quality of services, by maintaining the implementation of the Mortality strategy and supporting quality improvement work in relation to mortality alerts and learning from deaths.

Indicator	WVT latest available	WVT previous	NHS E Ave	NHS E max	NHS E min	Remarks
National Inpatient Survey: Responsiveness to inpatients' personal needs 2020/21	74.5	64.2	74.5	85.4	67.3	NHS Outcomes Framework indicator 4.2 - the average weighted score of 5 questions relating to responsiveness to inpatients' personal needs. Trusts were asked to select a sample of patients who were discharged from hospital in July. Previous data 2019/20 ***Updated***

Link to National Inpatient Survey
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/february-2021/domain-4-ensuring-that-people-have-a-positive-experience-of-care-nof/4.2-responsiveness-to-inpatients-personal-needs

Wye Valley NHS Trust is taking the following actions to improve the score and so the quality of services by developing local action plans which will focus on areas identified as requiring for improvement

Indicator	WVT latest available	WVT previous	NHS E Ave	NHS E max	NHS E min	Remarks
d) If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. (Q21d – 2021)	63	71	67	90	44	Percentage of staff taking part in the survey. Selection of Community & Acute Trusts Current data 2021 Previous December 2020
Staff recommendation: Key Finding 1. Staff recommendation of the organisation as a place to work (Q21c-2021)	61	70	58	78	39	Percentage of staff taking part in the survey. Selection of Community & Acute Trusts Current data 2021 survey latest available

NHS Staff Survey 2021 Benchmark Reports (nhsstaffsurveys.com)
Wye Valley NHS Trust is taking the following actions to improve the score and so the quality of services by developing local action plans which will focus on areas identified as requiring for improvement.

Appendix 4

Contracted Services 2022-23 - Contract Monitoring Services

SURGICAL	MEDICAL	INTEGRATED CARE	CLINICAL SUPPORT
General Surgery	Plastic Surgery	Physiotherapy	Palliative Medicine
Urology	Accident & Emergency	Occupational Therapy	Anti Coagulant
Breast Surgery	General Medicine	Dietetics	Chemical Pathology
Colorectal Surgery	Gastroenterology	Orthotics	Haematology
Upper GI	Endocrinology	Speech & Language	Radiology
Vascular Surgery	Hepatology	Podiatry	Audiology
Trauma & Orthopaedics	Diabetic Medicine	Medical Inpatients (Community Beds)	Pathology
ENT	Rehabilitation	Community Nursing Inc. Specialist Com.Nursing	
Ophthalmology	Cardiology		
Oral Surgery	Transient Ischaemic Attack		
Orthodontics	Dermatology		
Anaesthetics	Respiratory Medicine		
Paediatrics	Respiratory Physiology		
NeoNatology	Thoracic Surgery		
Gynaecology	Nephrology		
Obstetrics	Neurology		
Midwifery	Clinical Neurophysiology		
ITU	Rheumatology		
SCBU	Geriatric Medicine		
Community Child Health	Minor Injury Units		
Community Dental	High Dependancy Unit		
Podiatric Surgery			