



ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 15 October 2024

REPORT TITLE:	WIRRAL UNIVERSITY TEACHING HOSPITALS NHS FOUNDATION TRUST QUALITY ACCOUNT 2023 - 2024
REPORT OF:	MEDICAL DIRECTOR AND CHIEF NURSE

REPORT SUMMARY

The purpose of this report is to present the Quality Account (2023-24) of Wirral University Teaching Hospitals (WUTH) NHS Foundation Trust for approval.

The Quality Account highlights:

1. The progress of the quality priorities agreed for 2023-24.
2. Details of the agreed quality priorities for 2024-25
3. An update on work that had been undertaken, the progress made in improving the quality of WUTH's services and identifies areas for improvement.

The Quality Account is a key publication as it talks to the healthcare provided by WUTH to populations living in Wirral and the immediate surrounding areas.

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is requested to note the contents of this report for information and to approve it.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 Following a further year of sustained pressures through recovery of the Trust elective care programme, continued industrial action and significant progress with developments including the Trust Urgent and Emergency Care Upgrade Programme, Cheshire and Merseyside Surgical Hub and the Clatterbridge Diagnostic Centre, quality and patient safety have remained at the heart of all decisions.

1.2 The Trust progressed well with the 3 Quality Priorities set for 2023-24. These were:

- 1) To empower patients by increasing the opportunities to expand their role as partners in their own healthcare.
- 2) To improve planning and preparation for safe transfer of care from hospital when a patient's period of inpatient admission is no longer required.
- 3) To build upon recent progress and further improvement management of the Deteriorating Patient.

Quality Priority 1 was fully achieved. Patient engagement was a strength with huge value added by the generous voluntary support from our local population. This supported co-production of various initiatives including: a discharge checklist, needle phobia film, voice of the child consultation, health and carer passport signage, ward folders and mental health privacy notice for ED. The recruitment of 3 patient safety partners enabled valued support of patient safety activity across the Trust.

A Self Medication working group was established enabling pilot wards to champion the self-medication process and enabling patients to manage their own medications where appropriate. This is a key driver in maintaining independence, joint care planning and shared ownership of care.

Partnership working with Wirral Mencap, Wirral Multicultural Organisation, WIRED and Merseyside Society for Deaf People has identified new opportunities for reducing inequality in accessing Trust services.

Quality Priority 2 was fully achieved. During 2023/24 the Trust revised the transfer of care process. The Trust led Transfer of Care Hub saw a marked reduction in the number of patients who no longer meet the criteria to reside. Our approach has been noted as an example of good practice by NHS England.

To support the safe and effective transfer of patients we have implemented a new discharge policy. A co-produced discharge checklist was developed and disseminated across all areas to support clear discharge planning and promote joint planning with staff and patients/carers. The Trust continues to monitor the uptake of joint planning using the discharge checklist and address areas for improvement.

Patient Ward Folders were co-produced to improve communication with patients about the discharge process, discharge preparation and post discharge support.

The National CQC Inpatient Survey banded the Trust 'Better' for the question about patient understanding of post discharge information; and the National CQC Maternity Survey banded the Trust 'Better' for the question about contact information if advice were to be needed post discharge regarding mental health.

Quality Priority 3 was partially achieved. The Trust has an active deteriorating patient group to support understanding of the challenges and leading quality improvement work in this area. There has been a significant reduction in incidents identifying delays in identification and management of deteriorating patients.

The recording of NEWS2 is currently undertaken in our Electronic Patient Record (EPR) system. To improve ease of recording, timeliness of entry and accuracy, we have implemented the Vitalslink system whereby upload is taken directly from the Welch-Allyn recording device. The Vitalslink Project was paused following a strategic decision to complete Identify Management (Single Sign On) as a prerequisite due to the need to replicate QR codes following account matching where main accounts are linked to other system accounts within the Trust. A pilot has taken place on ward 14 and ward 33 including the MET team. This has been deemed a success and the project now has approval from Patient Safety Quality Board (PSQB) to rollout Trust Wide.

The reporting tool on the Business Intelligence (BI) portal is active and well used. A group has been formed to look at updates required to all early warning scores (adult, paediatric and maternity) so we can ensure all scoring systems are up to date and the language is relevant. A review of Sepsis management has identified good compliance with 6 sepsis composite measures through the Advancing Quality Programme, leading to an overall top compliance across 15 North West Trusts.

- 1.3 **The quality priorities for 2024/25** have been co-produced with a range of internal and external stakeholders through workshops and surveys. Alongside the continuation of work around Management of Deteriorating Patients, further work around Documentation at Transfer and Discharge and work to further reduce Clostridium Difficile Infection rates have been identified as priorities for quality improvement. These areas recognise some of the most significant challenges within the Trust and demonstrate a shared understanding of focus and direction.
- 1.4 **Clinical Audit:** During 2023/24 the Trust participated in 94% (49/52) of National Clinical Audits applicable to Trust services. This is due to the wide range of Trust services with 52 out of a total of 71 national audits applicable to the Trust. The Trust did not participate in 3 of the audits applicable to the Trust. The rationale behind these were due to significant cost implications and staffing capacity issues. They are in review for participation in 2024-25. The Trust participated in 100% of eligible National Confidential Enquires.
- 1.5 **Participation in research:** The annual target for recruitment of patients under the care of Wirral University Hospital NHS Trust (WUTH) is 700 and the research team are pleased to have met this with recruitment of 740 at the end of the financial year. All studies are on the National Institute of Health Research (NIHR) portfolio.
- 1.6 **Commissioning for Quality and Innovation Scheme (CQUIN):** NHS England identified a number of clinical priority areas, where improvements were expected during 2023/4. Many of these were short-term clinical improvements that were selected due to their ongoing importance in context of Covid-19 recovery of the NHS. During 2023/24, the Trust was eligible to participate and report on 10 CQUINs. For each of these, there was a national target that had to be achieved. The Trust was unable to participate in the 'Compliance with timed diagnostic pathways for cancer' due to the software not being readily available within the Trust and gathering the specific data would require an inefficient manual process. During the year a technological solution has been developed to allow data oversight from April 2024.

The 'Flu vaccinations for frontline healthcare workers' CQUIN 1 has achieved 46% against a target range of 75% to 80%. Whilst this position has not achieved the threshold, the Trust has benchmarked in line with local peers.

All other CQUINs achieved well above the maximum target range set nationally:

- Staff Flu Vaccinations.
- Supporting patients to drink, eat and mobilise after surgery.

- Prompt switching of Intravenous (IV) antimicrobial treatment to the oral route of administration as soon as patient meets switch criteria.
- Compliance with timed diagnostic pathways for cancer services.
- Identification and response to frailty in emergency departments.
- Timely communication of changes to medicines to medicines to community pharmacists via the discharge medicines service.
- Recording of and appropriate response to NEWS2 score of unplanned critical care.
- Radical treatment for patients with Stage I-II Non-Small Cell Lung Cancer
- Assessment and documentation of pressure ulcer risk.
- Achieving high quality Shared Decision Making (SDM) conversations in specialised pathways to support recovery for Renal and Severe Asthma patients.

1.7 **Freedom to Speak Up:** WUTH developed the role of Freedom to Speak up (FTSU) Guardians in 2015, prior to National guidance being issued by Sir Robert Francis. Since then, the Trust has been significantly involved in shaping national policy and guidance around this agenda and has been working hard to improve the speaking up culture within WUTH. The profile of the FTSU Guardian in the Trust remains prominent and a variety of Trust wide communication mechanisms are utilised to promote the importance of speaking up and the support available, including leaflets, pull up banners and articles within the Trust's In-Touch magazine. Guardians form part of the staff induction process (including junior doctors) and FTSU training is now required for all staff at a level appropriate for their role, with compliance continuing to increase and subject to standard Trust monitoring processes.

Guardians conduct walkabouts within areas to heighten visibility and are linked to departmental cultural reviews as additional support. The Trust has seen an increase in the number of people speaking up this year with 104 people speaking up in 2023/24 as opposed to 90 people in 2022/23. This increase is seen as positive, and data now falls more in line with regional and national averages. Our 2023/24 data shows that people accessing the speak up service are across all Divisions and a range of occupational groups.

1.8 **Learning from Deaths:** During 2023/24, 1,873 of Wirral University Teaching University patients died during an inpatient episode of care. The Medical Examiners (ME) continue to maintain scrutiny of all mortalities within the Trust and escalate cases where potential concerns are identified, which are then reviewed by the Mortality Review Group (MRG). This is held fortnightly, and consideration given as to whether any additional type of review or investigation would be appropriate. The MRG discusses findings from these escalated mortality reviews, where key clinicians scrutinise the patient journey, including lessons learnt and whether their deaths could have been prevented.

Mortality reviews are also undertaken for all deaths where the patient has a learning disability, autism, or a history of serious mental health disorder. Further Quality Assurance mortality reviews are performed on a random sample (approximately 3% of all deaths). Those reports are shared at the MRG, and any concerns are highlighted and considered for further review. During 2023/24 a total of 164 mortality reviews received further review. This consisted of 60 Primary Mortality Reviews (PMRs), 75 Quality Assurance PMRs, 19 Structured Judgement Reviews (SJRs) including 16 LeDeR reviews. We continue to report all deaths of people who are service users with an established diagnosis of learning disability to NHS England's LeDeR Programme (Learning from lives and deaths – People with a learning disability and autistic people). Wirral University Teaching Hospital reported 16 LeDeR reviews between 1st April 2023 and March 31st 2024. The mortality review process allows for escalation to a more in-depth review following discussion at MRG if it is felt a deeper review is required.

- 1.9 **Patient Experience:** This is measured by scoring the results of a selection of questions from the National Inpatient Survey, focussing on the responsiveness to personal needs. Feedback indicated that personalisation and service responsiveness are important issues for inpatients. The data is produced by the Care Quality Commission (CQC) Inpatient Survey which is an official statistic and deemed to be of good quality. WUTH were banded as "Better" for one question which related to the provision of information provided when leaving hospital, all other questions were banded as about the same.

Regionally WUTH were identified as being in the top five regional hospitals in relation to the section on being asked to provide Feedback on the Quality of Care, however WUTH were identified as in the lowest performing hospitals regionally for the section in relation to Admission to Hospital. Patient flow is a key priority objective for WUTH; however it is also acknowledged that those regional organisations identified as the top performing hospitals for this section are specialist organisations focusing on cancer services and cardiology.

- 1.10 **The NHS Staff Survey** is a key tool to support the Trust to get it right for our workforce. The results of the staff survey have been mapped to the People Strategy and are being used to inform priorities for next year. In 2023 Wirral University Teaching Hospital submitted 2461 responses which equates to a 38% response rate.

From 2021/22, the survey questions moved to align to the seven elements of the NHS 'People Promise' and retained the two previous themes of engagement and morale. These replaced the ten indicator themes used in previous years. All indicators are based on a score out of 10 for specific

questions with the indicator score being the average of those. Scores for each indicator of the People Promise Element – ‘We are compassionate and inclusive’ benchmarked below the national average. However, for the 2 questions: ‘I would recommend my organisation as a place to work’ and ‘If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation’ the Trust scored higher than the previous year. To improve the percentage score and the quality of service the Trust will continue to hold Leaders in Touch meeting, conduct the quarterly pulse survey and maintain staff networks that have been established to ensure staff have the opportunity to gain access to results and contribute their ideas and shape plans.

- 1.11 **Clostridium Difficile Infections:** WUTH continue to work hard to reduce the number of patients identified with CDT by focusing on interventions as outlined below:
 - 1.11.1 Reactive and proactive decant – patients are moved to a designated area whilst their immediate environment undergoes Hydrogen Peroxide Vapour (HPV) treatment; this promotes a clean safe environment for all patients and reduces the risk of cross infection.

Development of an IPC Communication strategy – The proposal was to develop a plan of action with the overall aim of increasing awareness regarding CDT in the organisation using lots of different techniques. The underpinning project of the strategy was the launch of a five-month campaign focusing on 5 key priorities, Cleaning, Isolation, Sampling, Hand Hygiene, and the Environment.

PSIRF – from RCA to REC - Rapid evaluations of care replaced the traditional Root cause analysis in November 2023 and common themes identified included the use of Broad-spectrum antimicrobials, overlap of care with another patient diagnosed with CDT, limited assurance around domestic cleaning and missed opportunities to obtain a sample from the patient.

The new ‘National Standards of Healthcare Cleanliness 2021’ have been introduced within the Trust. The standards include monthly mandatory efficacy audits. The Trust has not been set a national tolerance for Clostridioides difficile however local tolerances have been discussed with ICB and a stretch target of less than 9 cases per calendar month has been agreed. This will be monitored through reports to the Trust governance structure detailing infection rates for Clostridium Difficile Infections alongside other Healthcare Acquired infections including MRSA Blood-stream infections, Klebsiella, Pseudomonas and E. Coli bacteraemia’s and Nosocomial Covid-19 infections.

Antimicrobial stewardship continues to be a key factor in prevention of avoidable Clostridium Difficile Infections and is reported through the Trust governance structure and with ICB oversight.

The Trust has implemented the National Infection Prevention and Control Manual and will monitor compliance with this.

- 1.12 **Patient safety Incidents:** Wirral University Teaching Hospital is committed to and promotes reporting and investigating adverse events and near misses, as it is recognised that this provides the Trust with opportunities to learn, improve the quality of services and reduce the risk of those types of events happening again. The Trust has fully embedded PSIRF with a greater focus on learning, alignment to quality improvement and patient engagement.

During this reporting period the design and frequency of NRLS reports changed from bi-annual to annual in preparation for the launch of Learning from Patient Safety Events (LFPSE). The Trust changed the way it reports incidents into a national system that impacts on patients in September 2023. This now allows organisations to assess its incident data by physical and psychological harm to each patient, rather than just a previous level of harm for the incident.

- 1.13 **Registration with the Care Quality Commission (CQC):** The Trust is fully compliant with the registration requirements of the CQC. Compliance data with the provisions of the Health & Social Care Act 2008 (Registration Regulations 2010) is co-ordinated by the deputy director of quality governance who oversees compliance by:
- reporting and keeping under review matters highlighted within the CQC Insight Tool and inspections.
 - liaising with the CQC and local services to address specific concerns.
 - engaging with the CQC on the inspection process, co-ordinating the Trust's response to inspections and recommendations/actions.
 - analysing trends from incident reporting, complaints, and patient and staff surveys to detect potential non-compliance or concerns in services.
 - reviewing assurances on the effective operation of controls.

There have been further focused CQC inspections including Maternity in 2023 and Urgent and Emergency Care in early 2024. The 2023 focused maternity inspection maintained a rating of good and the report following the Urgent and Emergency Care focused inspection in 2024 is yet to be finalised.

- 1.14 **Information Governance (IG)** ensures processes and safeguards are in place to support the appropriate use of personal data. The Trust has completed Phase 1 of the required annual audit of the Data Security and

Protection Toolkit (DSPT). This was undertaken by Mersey Internal Audit Agency at the beginning of March. Phase 2 of the audit is scheduled for later in the year.

Last year 'Substantial Assurance' was achieved in each of the 13 areas. This resulted in achieving 'Substantial Assurance' overall in the 2022/23 MIAA external audit. The main focus for the year has been to develop a new training needs analysis as part of the DSPT's updated requirements. This has included a focus on issuing key messages via communications and newsletters and developing a number of specific training PowerPoint modules based on the top incident categories that have been reported over the year. We continue to support the latest processes, technologies and clinical developments by risk assessing and enabling the personal data of patients and staff to be processed in a legal, efficient, and secure way.

Our processes are continuously reviewed in line with current good practice, guidance and legislation to ensure the most up to date advice is provided to reduce the information risk across the organisation. Five data breaches were reported to the Information Commissioner's Office (ICO) by the Trust (see table below) as they met the threshold for reporting. In addition, a data subject contacted the ICO directly regarding a letter that had been incorrectly addressed. The ICO requested a further final letter be sent to the patient outlining all actions already taken by the Trust, with no further action required.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 This paper is for information only regarding the development and delivery of the quality priorities for WUTH.

3.0 BACKGROUND INFORMATION

- 3.1 All NHS healthcare providers are required to produce an annual Quality Account, to provide information on the quality of services they deliver.
- 3.2 WUTH's workforce of over 6,000 staff serves a population of approximately 400,000 people across Wirral, Ellesmere Port, Neston, North Wales and the wider North West.
- 3.3 The Trust operates from two main sites:
- 3.3.1 Arrowe Park Hospital, Upton – delivering a full range of emergency (adults and children) and acute services for adults in the main hospital building. The Wirral Women's and Children's Hospital provides maternity, neonatal, gynaecology, children's inpatient, day case and outpatient units.
- 3.3.2 Clatterbridge Hospital, Bebington – undertaking planned surgical services, dermatology services, breast care and specialist stroke and neuro rehabilitation services.

- 3.4 Outpatient services are provided from community locations including:
- 3.4.1 St Catherine's Health Centre, Birkenhead – providing x-ray, community paediatric services, paediatric audiology and a range of outpatient clinics.
 - 3.4.2 Victoria Central Health Centre, Wallasey – providing x-ray, some outpatient services and antenatal clinic.
 - 3.4.3 Seacombe birthing centre, Seacombe - providing midwifery led birthing options.

4.0 FINANCIAL IMPLICATIONS

- 4.1 Not applicable

5.0 LEGAL IMPLICATIONS

- 5.1 Not applicable

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 Not applicable

7.0 RELEVANT RISKS

- 7.1 There may be risk to delivery that will be managed via the risk management process.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 The WUTH Quality Account includes the views of service users, carers, staff and the public. NHS Cheshire & Merseyside Integrated Care Board (NHS C&M ICB) and Healthwatch Wirral also contribute to its publication.

9.0 EQUALITY IMPLICATIONS

- 9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 Not applicable.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 As Wirral's largest employer, Wirral University Teaching Hospital NHS Foundation Trust is in heart of the local community. WUTH employs significant numbers of Wirral residents who contribute to the local economy.

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APPENDICES

Appendix 1 Quality Account 2023-24

BACKGROUND PAPERS

The Quality Account 2023-24 of Wirral University Teaching Hospitals NHS Foundation Trust.

TERMS OF REFERENCE

The paper is a summary of the quality account for WUTH which have been reviewed by patient quality safety board, quality committee and executive board.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date