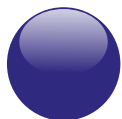




Walsall Healthcare  
NHS Trust

# Quality Accounts 2021/22





# Contents

<b>Why are we producing a quality account?</b> .....	1	<b>Looking forward 2020/21 - Our Priorities for Improvement</b> .....	16	<b>Review of Quality</b> .....	42
<b>Statement on Quality from the Chief Executive</b> .....	2	<b>Mandatory statements of assurance from the Board</b> .....	16	Our performance on 2020/21 .....	42
<b>Vision and Values</b> .....	4	Review of services .....	16	Performance against the National Operational Standards .....	43
<b>Part 2: Looking back 2019/20</b> .....	6	Participation in clinical audit .....	16	A consolidated annual report on rota gaps.....	44
<b>Priorities for improvement</b> .....	7	<b>Statements from on the performance of national audits</b> .....	25	<b>Engagement in the developing of the Quality Account</b> .....	46
Harm free care.....	7	Participation in clinical research .....	27	Statement from Black Country and West Birmingham (BC&WB) Clinical Commissioning Group (CCG) statement on Walsall Healthcare NHS Trust (WHT) Quality Account 2021/22 .....	47
Falls and deconditioning.....	7	CQUIN (Commissioning for Quality and Innovation Payment Framework) .....	28	Statement from Healthwatch Walsall Response To: Walsall Healthcare NHS Trust Quality Account 2021/2022.....	48
Nutrition and hydration .....	8	Information on registration with the Care Quality Commission .....	28	<b>Statements of directors' responsibilities</b> .....	49
Mouth care .....	8	Information on the quality of date - Secondary User Services .....	29	<b>Statement of Limited Assurance from the Independent Auditors</b> .....	51
Deteriorating patient and sepsis.....	8	Clinical coding error rate .....	29	<b>How to give comments</b> .....	52
Health associated infections.....	9	Information governance toolkit attainment levels .....	29		
Improve learning from medication errors.....	10	Statement regarding progress in implementing the priority clinical standards for seven day hospital services .....	29		
Continenence.....	10	National Core Set of Quality Indicators Core Quality Indicators - SHMI .....	30		
VTE.....	11	Core Quality Indicators - Summary of Patient Deaths with palliative care.....	31		
Safeguarding .....	11	Core Quality Indicators - Learning from Deaths.....	32		
Mental Health .....	11	Core Quality Indicators - Summary of Patient Reported Outcome Measures PROMS.....	33		
<b>Patient priorities</b> .....	12	Core Quality Indicators - Readmission Rates.....	34		
<b>Learning from deaths</b> .....	13	Core Quality Indicators - Venous Thromboembolism (VTE).....	35		
<b>Learning from COVID-19</b> .....	14	Core Quality Indicators - Clostridium difficile .....	36		
<b>Improving cancer pathways</b> .....	14	Core Quality Indicators - Incident Reporting.....	37		
<b>Health inequalities</b> .....	15	Core Quality Indicators - National Inpatient Survey ..	38		
<b>Other priorities</b> .....	15	Core Quality Indicators - Supporting our staff .....	39		
Pathways to excellence ward accreditation .....	15	Details of ways in which staff can speak up .....	40		
Launch of the care excellence strategy.....	15				
Establish and maintain safe, sustainable staffing.....	15				
Collaboration.....	15				





## Why are we producing a quality account?

All NHS Trusts are required to produce an annual Quality Account, to provide information on the quality of the services it provides to patients and their families.

Walsall Healthcare NHS Trust (WHT) welcomes the opportunity to be transparent and able to demonstrate how well we are performing, considering the views of service users, carers, staff, and the public. We can use this information to make decisions about our services and to identify areas for improvement.



## Getting involved

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

Patient Experience Team  
Walsall Healthcare NHS Trust  
Moat Road  
Walsall  
WS2 9PS  
0300 456 2370

email: [PatientExperienceTeam@walsallhealthcare.nhs.uk](mailto:PatientExperienceTeam@walsallhealthcare.nhs.uk)

# Part 1: Statement on Quality from the Chief Executive



I am pleased to present Walsall Healthcare NHS Trust's Quality Account 2021/22. This document is an honest reflection of our performance, challenges and achievements and describes the quality improvement priorities for 22/23.

This has been a year of learning to live with COVID-19 and looking at how we can recover and move forward as an organisation. The last 12 months have again been challenging for us all, but since taking over as chief executive, I have been impressed by the commitment and resilience shown by all our staff, they are truly inspirational.

Making Walsall Healthcare NHS Trust an excellent place work and to receive care is incredibly important to the Board. In 2021, we launched our nutrition ambition, setting out our approach and journey to ensuring high quality nutrition for all. We have seen new patient menus introduced, which have received some excellent feedback, and this is something we will continue to embed throughout 22/23 and will form part of our new patient experience strategy which will be developed in partnership with The Royal Wolverhampton NHS Trust.

The Trust has continued to be challenged by an increase in patients presenting at our emergency department with acute mental health illness and we know that peoples' mental health will continue to suffer for years to come, not only because of the pandemic but also the cost-of-living crisis that we are currently facing. We have now appointed a lead mental health nurse who works across both Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust, who will be supported by a new mental health team to ensure that we are best equipped to support mental health patients.

## Statement on Quality from the Chief Executive



We also appointed a new clinical nurse specialist for paediatrics, as we continue to face the national challenge of access to Tier 4 beds for children and young people in crisis. This means they are being admitted to our paediatric wards as they await assessment and placement. This new role will provide support to both the emergency department but will also play a key liaising role with the mental health trust.

I fully recognise the immense pressure colleagues have been under for a prolonged period, which unfortunately currently shows no signs of letting up. The wellbeing and welfare of patients, carers and colleagues is a priority for me, and the Trust and it is only right that Workforce is one of our key quality priorities for 2022/23.

Patients and staff of Walsall deserve the best and it has been fantastic to see the new Cf40m Urgent and Emergency Care Centre at the Manor Hospital edge closer to completion. The new building will significantly improve our emergency care facilities and capacity.

The Urgent Treatment Centre and Emergency Department, includes Resus, Rapid Assessment and Treatment areas, a dedicated Children's Emergency Department, co-located Paediatric Assessment Unit, an Acute Medical Unit and provision for Ambulatory Emergency Care services in a future phase.

The project should be completed later this year and I know staff are already looking forward to delivering outstanding care in what will be an outstanding building.

The development of Walsall Together has shown how important partnerships are in delivering better health and social care outcomes and 2022/23 will see us further our collaboration with The Royal Wolverhampton NHS Trust, as well as wider developments across the NHS, with the formation of the Black Country Integrated Care Board and continuing our involvement in the acute care collaboration.

My thanks go to our partners and stakeholders for their continued support and encouragement throughout this time and to our wonderful staff for their loyalty, dedication, and unrelenting commitment to deliver high quality services.

Thank you to all those who supported the development of this Quality Account and I hope you enjoy reading the achievements of the last year. To the best of my knowledge, the information in this document is accurate

Signed:







David Loughton CBE, Chief Executive

May 2022





## Vision and Values

<p><b>Provide Safe High-Quality Care</b></p> 	<ul style="list-style-type: none"> <li>• Delivery of safe, high-quality care through the promotion of harm free care.</li> <li>• Pathways to Excellence ward accreditation.</li> <li>• Launch of the Care Excellence Strategy.</li> <li>• Establish and main safe, sustainable staffing.</li> </ul>
<p><b>Care at Home</b></p> 	<ul style="list-style-type: none"> <li>• Fully established seven-day service for the Integrated Assessment Hub.</li> <li>• Establish third and fourth locality teams to support delivery of continuity of carer for maternity.</li> <li>• Outpatient service redesign co-produced with public involvement.</li> <li>• Digitally enhanced support for clinical services.</li> </ul>
<p><b>Work Closely with Partners</b></p> 	<ul style="list-style-type: none"> <li>• Work in collaboration with the Royal Wolverhampton NHS Trust on the delivery of urology and haematology services.</li> <li>• Development of a Black Country and West Birmingham (BCWB) micrographic surgery for skin cancer in collaboration with BCWB partners.</li> <li>• Lead the development of a collaborative Bariatric service.</li> </ul>
<p><b>Value our Colleagues</b></p> 	<ul style="list-style-type: none"> <li>• Leadership development, in collaboration with The Royal Wolverhampton NHS Trust and embedding a just and learning culture.</li> <li>• Embed the Equality, Diversity, and Inclusion Strategy.</li> <li>• Maintain enhanced health and wellbeing support for staff.</li> <li>• Consolidate the Trust as an anchor employer.</li> </ul>
<p><b>Use Resources Well</b></p> 	<ul style="list-style-type: none"> <li>• Recovery and restoration of elective services post COVID-19.</li> <li>• Maintain and enhance 62-day cancer performance.</li> <li>• Maintain and improve same day emergency care performance.</li> </ul>
<p><b>Governance and Well-Led</b></p> 	<ul style="list-style-type: none"> <li>• Integrated Performance reporting.</li> <li>• Development and implementation of an Accountability Framework.</li> <li>• Implementation of Risk Management framework.</li> <li>• Enhance Information Governance and Data Quality Assurance.</li> <li>• Development of the Corporate Governance Handbook</li> </ul>



# Part 2: Looking back 2021/22 Priorities for Improvement







## 2.1 Looking back 2021/22 Priorities for improvement

### What we said

Harm free care

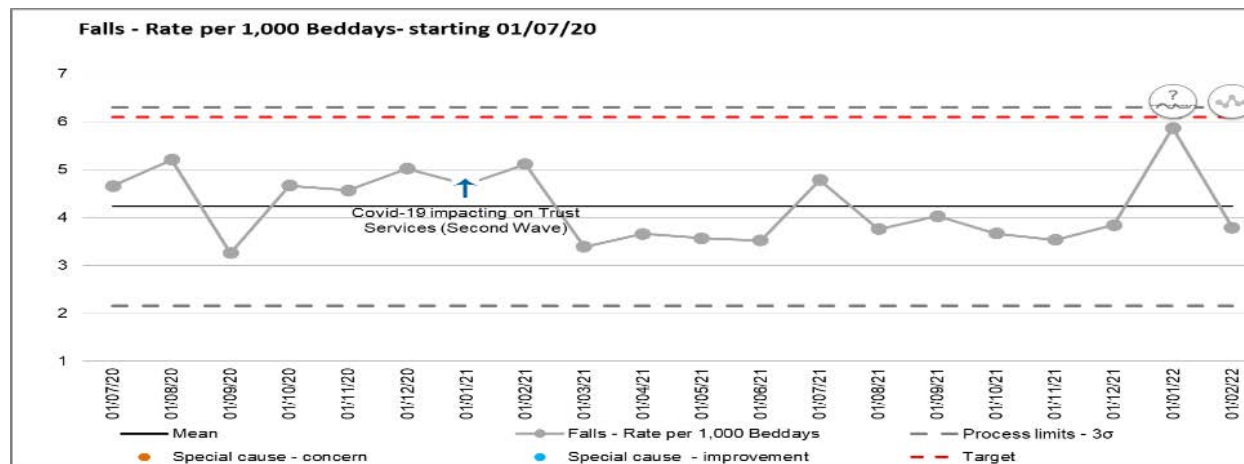
*We will focus improvement and delivery of care excellence on the following aspects of harm free care*

### What we did:

- Tissue viability
- Falls and deconditioning
- Nutrition and hydration
- Mouth care
- Deteriorating patient and sepsis
- Healthcare associated infections
- Improve learning from medication errors
- Contenance
- VTE
- Safeguarding
- Mental health

### Falls and deconditioning

The Royal College of Physicians average performance of 6.63 falls per 1000 occupied bed days has been achieved continuously over the year. The quality team has worked in collaboration with their counterparts at RWT to standardise the approach to learning from falls and sharing good practice.





## Looking back 2021/22

### Nutrition and hydration

The Trust launched its Nutrition Ambition in 2021 which links to the DH and Age UK hospital food standards. The ambition sets out our approach and journey to ensuring high quality nutrition for all 2021-2024.

A nutritional steering group has been developed and advises on nutrition from food provision to intravenous nutrition support.

Menus have been revised and though or collaboration with RWT catering services have been aligned.

Compliance with MUST (Malnutrition Universal Screening Tool) is audited monthly and reported via the Tendable App.

We will continue to focus on embedding the ambition throughout 2022/23.

### Mouth care

A mouth care matters business case has been developed in the last quarter of the year in conjunction with RWT and will be presented to the trusts during early 2022/23.

### Deteriorating patient and sepsis

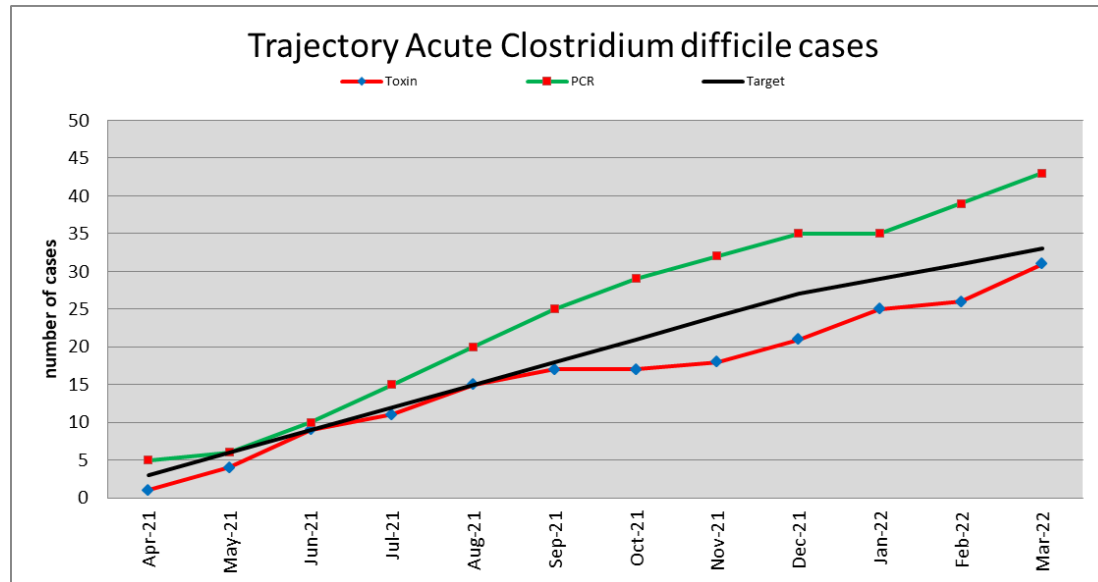
A sepsis team commenced in post in January 2022. This team review all patients with suspected or diagnosed sepsis to support the ward and departmental teams in delivering appropriate, timely care in line with national guidelines.





Healthcare associated infections

C.Diff



Nationally the ceiling target for the number of C. Diff cases within a Trust is set at 33. The Trust set an internal ceiling of 29 for the year. The Trust has reported 31 cases in the year 2021/22

2021/22	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Max Cases per Month	3	3	3	3	3	3	3	3	3	2	3	2
Actual acute cases	1	3	5	2	4	3	0	1	3	4	1	4
Cumulative YTD projected	3	6	9	12	15	18	21	24	27	29	31	33
Acute Cumulative actual	1	4	9	11	15	18	18	19	22	26	27	31



## Looking back 2021/22

### Improve learning from medication errors

The medicines management group audit compliance with medicines management.

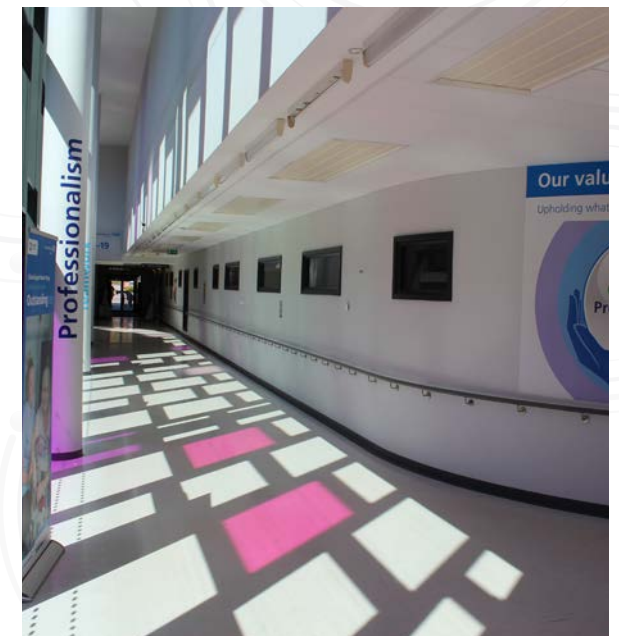
There have been clear improvements achieved through a collaborative effort between pharmacy, divisions and care groups. Electronic drug storage units have been purchased for the Acute Medical Unit, Wards 14-17, Maternity & Wards 24/25.

Controlled Drug record keeping is monitored closely, and electronic solutions are being sourced to replace the current paper system.

### Contenance

The Trust launched the Contenance Ambition in 2021 setting our strategic priorities for the next three years. During 2021/22 several key developments aligned to this ambition have been developed:

- The principles of catheterisation and continence assessment and management has been included in the Trust fundamentals of care e-learning package
- Continence competencies have been reviewed to ensure they reflect best practice
- Catheter audits have continued and a reported through the Tendable App with feedback to care groups and ward managers
- Continence care plans are being added to 'Total Mobile' for district nurses to use
- Faecal incontinence and constipation care plans have been developed
- Training sessions on urinary tract infection (UTI) monitoring have taken place for hospital staff led by the infection control team.





**VTE**

The Trust has not achieved the target of 95% of all patients receiving a VTE assessment within 24 hours of admission. VTE has been a focus of improvement and a ‘quality improvement’ project is underway within the division of surgery. Consultants receive a daily report of compliance and divisions receive a monthly report to enable a focus on improving timely patient assessments.

	May - 21	June - 21	July - 21	Aug - 21	Sept - 21	Oct - 21	Nov - 21	Dec - 21	Jan - 22	Feb - 22	Mar - 22	Apr - 22
Community	93.75%	86.96%	84.21%	87.50%	94.74%	87.50%	94.74%	89.47%	68.47%	72.73%	100.00%	100.00%
Medicine and Long Term Conditions	89.44%	91.92%	90.04%	88.02%	88.92%	84.88%	82.43%	76.99%	84.46%	86.26%	90.32%	82.85%
Surgery	94.30%	91.57%	92.90%	90.90%	91.31%	93.99%	91.70%	94.22%	90.91%	93.25%	92.56%	91.45%
Women and Childrens Clinical Support	96.77%	98.49%	97.45%	97.54%	97.89%	97.96%	97.94%	98.90%	98.16%	98.66%	97.98%	97.96%
<b>Total</b>	<b>93.79%</b>	<b>94.01%</b>	<b>93.57%</b>	<b>92.46%</b>	<b>93.00%</b>	<b>92.93%</b>	<b>91.29%</b>	<b>91.11%</b>	<b>91.60%</b>	<b>93.22%</b>	<b>93.87%</b>	<b>91.66%</b>

**Safeguarding**

The trust’s head of safeguarding works across both Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust. The safeguarding group meets monthly, and the commissioners and local authority are core members. The commissioners have provided support in reviewing safeguarding systems and processes and with staff training. A development plan is in place which provides assurance on the safeguarding systems and processes that are in place.

**Mental Health**

The Trust has a lead mental health nurse who works across both Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust, supported by a new mental health team. A Trust wide training programme on mental health has been developed and is being delivered.

The Older People’s Mental Health Team (OPMHLT) are developing their services focusing more on Dementia and Delirium.

The Trust continues to see a rise in patients with mental health needs attending the Emergency Department. This is in line with the national increase in the number of people experiencing mental health symptoms.

Children and Young People (CYP) in crisis and access to Tier 4 beds is a national challenge and this results in children and young people being admitted to the paediatric wards awaiting assessment and placement. A Clinical Nurse Specialist for Paediatrics commenced in post at the end of 2021/22 and will provide support to the Emergency Department and Paediatrics. This post is a key role liaising with the mental health trust.



## Patient priorities

What we said:	What we did:
<p>Patient experience is an essential part of understanding whether we are delivering safe, effective, and personalised care. We are committed to learning from the experience of those using our services and have developed a set of 12 patient priorities based on patient and public feedback that will support development of detailed plans to support the organisation to improve in the identified areas during 2020/21.</p>	<p>Blue - fully implemented, Green - achieved, Amber - plan in place, Red - not achieved</p> <ol style="list-style-type: none"> <li>1 Audit programme (Perfect Ward Application) - Patient and carer experience elements/reporting. Insights and themes. <span style="float: right;">●</span></li> <li>2 Co-ordinate and maintain the Friends and Family Test Trust wide feedback programme. Systems and process are in place. <span style="float: right;">●</span></li> <li>3 Coordinate the Patient and Carer Experience story programme (Hear 2 Care) - baseline minimum of six stories per year. <span style="float: right;">●</span></li> <li>4 Patient and service user involvement (co-production/co-design/collaboration) - Baseline Emergency Department New Build Project. <span style="float: right;">●</span></li> <li>5 Co-ordinate the National CQC Patient Surveys. Systems and processes are in place. <span style="float: right;">●</span></li> <li>6 Support and monitor the Divisions development and delivery against plans to address themes identified in the National CQC Patient Surveys through Patient Experience Group, Care Groups, Divisional Quality Teams. <span style="float: right;">●</span></li> <li>7 Develop and design the understanding of roles and inter-dependencies for engagement, communications, involvement, co-production, and co-design. <span style="float: right;">●</span></li> <li>8 NHSE Self-Assessment for Patient Experience (Self-assessment framework). <span style="float: right;">●</span></li> <li>9 Review and redesign the volunteer roles following the COVID19 learning, including corporate social responsibility. <span style="float: right;">●</span></li> <li>10 Identifying key partners and establishing relationships (Health Watch, One Walsall, etc). <span style="float: right;">●</span></li> <li>11 Scope and define the Excellence in Discharge programme. <span style="float: right;">●</span></li> <li>12 Scope #WalsallFoodFaves campaign - menus/ snack options/ red trays. <span style="float: right;">●</span></li> <li>13 Review patient information. <span style="float: right;">●</span></li> <li>14 Review and scope current communication with staff around religious and cultural needs of patients. <span style="float: right;">●</span></li> <li>15 Virtual clinic communication and outpatient department letters. <span style="float: right;">●</span></li> <li>16 Review signage and identify improvements required. <span style="float: right;">●</span></li> <li>17 Inclusiveness, people with disabilities, harder to reach population needs review. <span style="float: right;">●</span></li> <li>18 Revisit status of listening to carers (adult and children). <span style="float: right;">●</span></li> <li>19 Scope mental health support. <span style="float: right;">●</span></li> <li>20 Care of the dying patient - Evaluate 'Blossom Initiative' and scope End of Life volunteers. <span style="float: right;">●</span></li> <li>21 Develop compassionate care staff recognition 'Dora Awards' - Patient and Public involvement process. <span style="float: right;">●</span></li> <li>22 Review ward patient/visitor notice boards. <span style="float: right;">●</span></li> </ol>



## Learning from deaths

What we said:	What we did:
<p>The Trust aims to be in the top quartile for the peer group in preventing avoidable deaths. Priorities have been set through a thematic review of lessons learnt from the Learning from Deaths Programme in the last year to meet this aim and include:</p> <ol style="list-style-type: none"> <li>1. Improvements in pathway for patients with fractured neck of femur.</li> <li>2. Early detection and escalation of deterioration through the use of NEWS2 and appropriate escalation and standardised clinical management.</li> <li>3. Improvement in cancer pathways to reduce delay and clinical variation in order to support best outcomes.</li> <li>4. Improved end of life care to support end of life discussions and planning including DNAR MCA.</li> <li>5. Improved prevention, diagnosis and treatment of hospital acquired pneumonia and adoption and spread of effective, evidence-based practice - chronic obstructive pulmonary disease discharge care bundle.</li> <li>6. Implementation of Emergency Department (ED) safety checklist to reduce mortality from long waits in ED.</li> </ol>	<p>Deaths at the Trust are recorded using the Clinical Outcomes Review System (CORS). This enables review and discussion at service and directorate morbidity and mortality meetings. A proportion of deaths also undergo a more detailed review.</p> <p>Detailed case record reviews are undertaken using the Royal College of Physician's Structured Judgement Review (SJR) methodology for any death meeting one of the defined categories below:</p> <ul style="list-style-type: none"> <li>• All deaths where bereaved families and carers or staff have raised a significant concern about the quality-of-care provision</li> <li>• All patients with a learning disability</li> <li>• All patients with a mental health illness</li> <li>• All maternal deaths</li> <li>• All children and young people up to 19 years of age</li> <li>• All deaths where an alarm has been raised with the provider through SHMI, CQC, audit work</li> <li>• All elective surgical patients</li> <li>• All non-elective surgical patients</li> <li>• All unexpected deaths</li> <li>• Deaths where learning will inform improvement work</li> <li>• Where there have been external concerns about previous care at the Trust.</li> </ul> <p>Specialties may also undertake additional detailed case record reviews as part of their own mortality review processes and feed any lessons learned from these into the Mortality Surveillance Group.</p> <p>Paediatric and maternal or neonatal deaths are reviewed using the Child Death Overview Panel (CDOP) and MBRRACE tools respectively.</p> <p><b>Sharing of learning</b></p> <p>Learning from reviews of deaths, including those reviewed by detailed case record review, is discussed, and shared through local specialty and directorate mortality meetings. Themes from these meetings are shared at the Trust Mortality Surveillance Group.</p>



## Looking back 2021/22

### Learning from COVID-19

What we said:	What we did:
<p>We recognise the need to learn from our experience:</p> <ol style="list-style-type: none"> <li>1. Updating pathways based on our audits and new research</li> <li>2. Participation in research nationally</li> <li>3. Sharing best practice through fast Learning groups and grand rounds</li> <li>4. Maintaining national best practice with regards to personal protective equipment (PPE)</li> <li>5. Ensuring PPE is available at all relevant areas</li> <li>6. Carrying out risk assessments in clinical and non-clinical areas</li> </ol>	<p>Throughout the year the Trust has followed national guidance for the management of COVID-19. Air disinfectant units were hired and placed in all clinical areas where ventilation was deemed inadequate. The Trust has now purchased these as part of the strategy of living with COVID. The Trust led the vaccination programme across Walsall and will continue to support this over the next year.</p>

### Improving cancer pathways

What we said:	What we did:
<p>Through a focus on lung cancer and colorectal pathways through 2020/21 we will introduce new ways of working to support the implementation of 28-day fast diagnosis target. We will streamline cancer referral pathways both internally and with external partners, ensuring every patient has the best possible standard of care based on national best evidence by setting and implementation of MDT standards. For patients who have a delay in the cancer pathway, we will implement a robust mechanism to review all 104-day breaches.</p>	<p>A new 104-day harms process has been established with executive oversight to address the continued impacts of Covid. The lead cancer nurse (LCN), lead cancer clinician (LCC), with independent input from the commissioners primary care nurse, commenced the independent clinical review of patients that have breached 104 days on their cancer pathway.</p> <p>Improvements have been made as a result to the urology cancer pathway with:</p> <ul style="list-style-type: none"> <li>• One stop haematuria clinic and direct access to cystoscopy</li> <li>• MRI access and reporting improved due to timely cancer tracking and new role of navigator support to the team</li> <li>• Improved 'hot clinic capacity'</li> <li>• Cancer navigators have been appointed to most speciality cancer pathways to ensure streamlined and timely access.</li> <li>• The Trust cancer team has been strengthened with a dedicated cancer manager.</li> </ul>





## Health inequalities

What we said:	What we did:
<p>Through the Walsall Together partnership develop collective responsibility to reduce health inequalities and provide better outcomes for the people of Walsall, through the development of a Population Health and Inequalities Strategy for Walsall</p>	<ul style="list-style-type: none"> <li>Production of the 'Population Health and Inequalities Strategy' has been delayed due to delays in the publication of the Joint Health &amp; Wellbeing Strategy from the Health &amp; Wellbeing Board.</li> </ul>

## Other priorities

### Pathways to excellence ward accreditation

In 2021/22 the Trust made the decision not to pursue the pathway to excellence. A Ward accreditation programme is in development in conjunction with Royal Wolverhampton NHS Trust and is expected to be launched during 2022/23.

### Launch of the care excellence strategy

The care excellence strategy was not formally launched or embedded due to the operational challenges of the COVID-19 pandemic. In Q4 of 2021/22 the strategy was reviewed, and the decision was made that there was an opportunity to build on the work that had been completed and evolve to develop a Clinical Systems Framework for nursing, midwifery and AHPs. The first engagement event was held in March 2022 with the senior nursing, midwifery and AHP team and wider staff engagement and the launch will take place during 2022/23

### Establish and maintain safe, sustainable staffing

A review of acuity and dependency across all ward areas utilising the nationally recognised Safer Nursing Care Tool was undertaken in June 2021. Subsequently the Trust Board approved revised increased establishments for all wards.

International recruitment has been a focus during 2021/22 with 203 nurses taking up positions from overseas in the year. Overseas recruitment will continue during 2022/23. At the end of March 2022, the RN and midwifery vacancy position was less than 1%. The Trust has recruited 30 doctors through the clinical fellowship programme, supporting the medical workforce through Covid. An associate medical director for workforce has been appointed to focus on building a resilient medical workforce as well as an associate medical director for consultant development to support medical wellbeing and continual training.

The Trust has worked with Walsall Housing Group to recruit Care Support Workers. This has been very successful with all areas being fully established with Care Support Workers at the end of March 2022.

Agency usage has continued throughout 2021/22 whilst recruitment to the revised establishments was underway. The intention had been to cease all agency use before the end of the financial year but increased absence due to COVID-19 has resulted in the need to maintain some agency use to ensure safe staffing levels.

### Collaboration

Walsall Healthcare NHS Trust is working in collaboration with the Royal Wolverhampton NHS Trust. In Q4 of 2021/22 WHT appointed to a second deputy director of nursing post resulting in two deputies on each site. These deputies have site based operational responsibilities and each a portfolio across both organisations.

The portfolios are:

- Quality
- Patient voice
- Workforce and education
- Digital and innovation

The nursing, midwifery and AHP teams are working collaboratively to support the delivery of evidence-based care and to align systems, processes, monitoring and improving clinical outcomes.

The collaboration has worked on a stronger merged service for Urology after public consultation, appointed a joint director of postgraduate medical education and delivered joint training in medical leadership.

# Looking forward 2022/23 Priorities for Improvement How we chose our priorities



## **Our Quality Priorities for 2022/23**

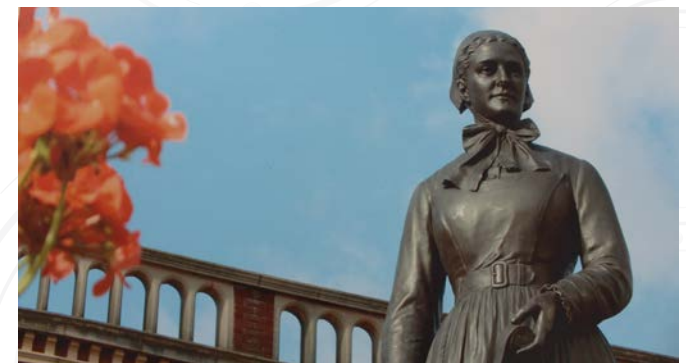
### **How we chose our priorities**

Each year the Trust is required to identify its quality priorities. We consulted on both the quality strategy and annual quality priorities. The draft priorities were shared with commissioners, Healthwatch, the Trust Management Committee, the executive teams within the divisional management teams. The final priorities for 2022/23 were agreed by the Trust Board.



The chosen priorities support several quality goals as well as three key indicators of quality:

Patient safety	Workforce	Patient experience
Develop and implement the Clinical Systems Framework for nursing, midwifery and AHPs and quarterly reporting on progress/achievement to board	Work with partners to improve mental health services for our patients	With our colleagues at RWT we will publish a Patient Experience Strategy for 2022-2025
Develop implementation of standardised ward/dept/care group/divisional dashboards to enable visibility of quality standards, harm free care, action, and improvement	Develop our staff to deliver best standards of care	As early adopters, with our colleagues at RWT we will continue to develop and implement the new complaint standards.
Develop and implement a ward accreditation programme	Build a resilient clinical workforce	PHSO Complaints Standards including e-learning training modules and tracking progress against each Trust's self-assessment
Cessation of agency staff in general wards	Reduce avoidable harm	We will introduce a PALS Chatbot - as a virtual web assistance for key queries
Undertake a timely review of national reports and guidance (e.g., national maternity reports), develop action plans and monitor progress through reports to board		Improvement matters - we will shift some emphasis from measurement matters to improvement matters
		Patient involvement - we will continue to recruit, engage, and involve patient partners in organisational decision making.
		We will provide new and varying voluntary opportunities for the public, hosting community recruitment events and developing a process leading to employment for those who want it.



# Mandatory statements of assurance from the Board



## Review of services

During 2021/22 Walsall Healthcare NHS Trust provided 136 NHS services.

The income generated by the NHS services in 2021/22 represents 100 per cent of the total income received for the provision of NHS services in 2021.

## Participation in clinical audit

During 2021/22, there were a number of national clinical audits programmes and national confidential enquiries covering NHS services that Walsall Healthcare NHS Trust provides that were suspended due to COVID 19 subsequent waves.

During 2021/22 Walsall Healthcare NHS Trust participated in 100% of the national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.



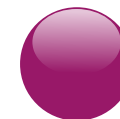
The national clinical audits and national confidential enquiries that Walsall Healthcare NHS Trust was eligible to participate in during 2021/22 are as below.

National Audit Title (n=65)	Trust Participation (54)	% of the No of cases Submitted	Actions / Comments
Serious Hazards of Transfusion (SHOT)	<input type="checkbox"/>	Data submission in progress	In progress
National Asthma and COPD Audit Programme (NACAP) - COPD	<input type="checkbox"/>	Data submission in progress	In progress
National Asthma and COPD Audit Programme (NACAP) - Asthma	<input type="checkbox"/>	Data submission in progress	In progress
National Asthma and COPD Audit Programme (NACAP) - Pulmonary Rehabilitation	<input type="checkbox"/>	Opens March 2021	In progress
National Asthma and COPD Audit Programme (NACAP) - Paediatric Asthma - Secondary Care	<input type="checkbox"/>	Data Submitted	In progress
National Diabetes Audit- Inpatient Audit including national inpatient audit - Harms	<input type="checkbox"/>	Data submitted	Postponed due to COVID till 2022
National Diabetes Adult - Foot Care Audit	<input type="checkbox"/>	Data submission in progress	In progress
National Diabetes Adult - Pregnancy	<input type="checkbox"/>	Data submission in progress	In progress
National Diabetes Adult - Core	<input type="checkbox"/>	Data submission in progress	In progress
National Paediatric Diabetes Audit	<input type="checkbox"/>	Data submission in progress	In progress
National Lung Cancer Audit (NLCA)	<input type="checkbox"/>	100%	Not yet reported
Pain in Children - CEM	<input type="checkbox"/>	100%	Not yet reported
Sever Sepsis and Septic Shock - CEM	<input type="checkbox"/>	100%	Not yet reported



## Statements of Assurance

National Audit Title (n=65)	Trust Participation (54)	% of the No of cases Submitted	Actions / Comments
Major Trauma Audit - TARN	<input type="checkbox"/>	100%	Not yet reported
Cleft Registry and Audit Network	X	N/A	Not undertaken at the Trust
National Audit of Heart Failure	<input type="checkbox"/>	Data Submission in progress	In progress
National Audit of Adult Cardiac Surgery	<input type="checkbox"/>	Data Submission in progress	In progress
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	<input type="checkbox"/>	Data Submission in progress	In progress
National Congenital Heart Disease	X	N/A	Not undertaken at the Trust
Cardiac Rhythm Management	<input type="checkbox"/>	100%	In progress
National Audit of PCI	X	N/A	Submitted as part of New Cross data
National Gastrointestinal Programme, National Oesophago-gastric cancers	<input type="checkbox"/>	100%	Not yet reported
National Gastrointestinal Programme, National Bowel Cancer Audit	<input type="checkbox"/>	100%	In progress
UK IBD Audit Programme	X	N/A	Suspended due to COVID
Mental Health Clinical Outcome Review Programme	X	N/A	Not undertaken at the Trust
Sentinel Stroke National Audit - Community	<input type="checkbox"/>	100%	In progress



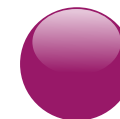
National Audit Title (n=65)	Trust Participation (54)	% of the No of cases Submitted	Actions / Comments
BAUS Urology Audits - Cytoreductive Radical Nephrectomy Audit	<input type="checkbox"/>	Data submission in progress	In progress
Management of the Lower Ureter in Nephroureterectomy Audit	<input type="checkbox"/>	Data submission in progress	In progress
National Prostate Cancer Audit	<input type="checkbox"/>	Data submission in progress	In progress
Case Mix Programme (CMP) - ICNARC	<input type="checkbox"/>	100%	In progress
National Audit of Breast Cancer in Older People	<input type="checkbox"/>	On-going data submission	Not yet reported
National Emergency Laparotomy Audit	<input type="checkbox"/>	65%	Not yet reported
National Vascular Registry	X	N/A	Not undertaken at the Trust
Elective Surgery (National PROMs Programme)	<input type="checkbox"/>	Data Submission in progress	In progress
Falls and Fragility Fractures Audit programme (FFFAP) - National Hip Fracture Database	<input type="checkbox"/>	Data Submission in progress	In progress
Falls and Fragility Fractures Audit programme (FFFAP) - National Audit of Inpatient Falls	<input type="checkbox"/>	100%	In progress
Fracture Liaison Service Data Base	<input type="checkbox"/>	Data Submission in progress	In progress
National Clinical Audit of Rheumatoid and Early Inflammatory Arthritis	<input type="checkbox"/>	Data Submission in progress	In progress
Transurethral Resection and Single instillation mitomycin C Evaluation in bladder Cancer Treatment	X	N/A	Not undertaken at the Trust



## Statements of Assurance

National Audit Title (n=65)	Trust Participation (54)	% of the No of cases Submitted	Actions / Comments
MBRACE-UK	<input type="checkbox"/>	100%	In progress
National Maternity and Perinatal Audit (NMPA)	<input type="checkbox"/>	100%	In progress
National Comparative Audit of Blood Transfusion -Audit of the perioperative management of anaemia in children undergoing elective surgery	<input type="checkbox"/>	100%	Not yet reported
Audit of Patient Blood Management & NICE Guidelines	<input type="checkbox"/>	100%	Not yet reported
National audit of Seizures and Epilepsies in Children and Young People	<input type="checkbox"/>	Data Submission in progress	In progress
National Audit of Care at the End Of Life	<input type="checkbox"/>	Data Submission in progress	In progress
National Neonatal Audit Programme	<input type="checkbox"/>	Data submission in progress	In progress
Paediatric Intensive Care	X	N/A	Not undertaken at the Trust
Learning Disability Mortality Review Programme	<input type="checkbox"/>	100%	In progress
National Audit of Dementia	<input type="checkbox"/>	100%	Report received internal review in progress
National Cardiac Arrest Audit (NCAA)	<input type="checkbox"/>	Data submission in progress	In progress
Prescribing Observatory for Mental Health	X	N/A	Not undertaken at the Trust
UK Cystic Fibrosis Registry	X	N/A	Not undertaken at the Trust





National Audit Title (n=65)	Trust Participation (54)	% of the No of cases Submitted	Actions / Comments
Child Health Clinical Outcome Review	<input type="checkbox"/>	Data Submission in progress	In progress
National Clinical Audit of Psychosis	X	N/A	Not undertaken at the Trust
National Joint Registry (NJR)	<input type="checkbox"/>	96%	In progress
Neurosurgical National Audit Programme	X	N/A	Not undertaken at the Trust
National Audit of Pulmonary Hypertension	X	N/A	Not undertaken at the Trust
Out of Hospital Cardiac Arrest Registry	X	N/A	Not undertaken at the Trust
Peri Operative Quality Improvement Programme	X	N/A	Not undertaken at the Trust
Society Acute Medicine Bench Marking Audit (SAMBA)	<input type="checkbox"/>	N/A	Data Differed due to COVID
Chronic Kidney Disease Registry	<input type="checkbox"/>	100%	Submitted as part of New cross submission
SARI - Data Submission	<input type="checkbox"/>	100%	In progress
Medical and Surgical Outcome Review Programme	<input type="checkbox"/>	Data Submission in progress	In progress
National Audit of Cardiac Rehabilitation programme	<input type="checkbox"/>	Data Submission in progress	In progress
National Audit of National Cardiovascular Disease Prevention	<input type="checkbox"/>	Data Submission in progress	In progress
National Child Mortality	<input type="checkbox"/>	Data Submission in progress	In progress



## Statements of Assurance

National Audit Title (n=65)	Trust Participation (54)	% of the No of cases Submitted	Actions / Comments
National Perinatal Mortality Review Tool	<input type="checkbox"/>	Data Submission in progress	In progress
Respiratory Audit - National outpatient Management of Pulmonary Embolism Audit	<input type="checkbox"/>	Data Submission in progress	In progress
National Smoking Cessation Audit	<input type="checkbox"/>	N/A	Differed due to COVID



## Statements from on the performance of national audits

### Fracture Liaison Service (FLS)

This was the first submission for Walsall Healthcare NHS Trust with 11 key standards that measure against NICE CG161, NICE QS86 and the outputs from the FLS-DB are being used by the Getting It Right First Time (GIRFT) programme as part of wider activity to improve the effectiveness of musculoskeletal services.

Out of the 11 standards the Trust was comparable with three of the standards with seven requiring improvement and work has been initiated to improve outcomes in these areas, this was the first year that the Trust FLS inputted data into the report thus making a complete case ascertainment. Only 5% (24% report average) of patients received DXA scans within 90 days of fracture. Although this is lower than standard, it is higher than other local NHS Trusts who also inputting data. Actions are being taken to address and revise ways for earlier identification of patients and for the trajectory to be within timeline. FLS assessment 'back log' has already been addressed with additional clinics undertaken and the current wait time within FLS trajectory is 6 weeks.

### National COPD Audit

No individualised reports were received, however based on the national picture, NIV was started in division of medicine ward 17, to drive improvements and compliance to the quality standards of 120 minutes. It is anticipated that this will see a significant improvement in the service and compliance for patients.

### National Bowel Cancer

Walsall Healthcare NHS Trust submitted a total of 116 cases for the audit; case ascertainment was noted as good overall for data submissions. A regional comparison of Trusts identified that the Trust was comparable overall with the majority of standards.

### SAMBA National Audit

82% of patients had their early warning score recorded within 30 minutes, with this increasing to 100% when being admitted directly to Acute Medical Unit. This is above the national average of 77.4% following improvements made to the post take clerking. Patients were seen in the Emergency Department & Ambulatory Emergency Care Unit and this standard was met in 81% and 100% of cases. 100% of patients who required a

consultant review were seen within the target time (this was in comparison to the national average of 67%). A clinical audit is completed on patients who have more than 48 hours stay in Acute Medical Unit as part of the quality improvement project initiated from the national audit.

### Cardiac Arrest

The overall data completeness remains high for the Trust, an improvement drive has been introduced to ensure the mandatory fields are completed on submissions and the team continue to encourage the use of the revised form. Further action has been initiated into the introduction of an electronic form to support submissions to capture data on patients in real time.

### National Audit of Inpatient Falls - Audit report 2020

Links have been made from the national audit and actions have been taken and included in the Improvement Programme for falls. Regular reviews are undertaken, and reporting occurs to the Trust falls steering group and actions then taken.

### Children and Young People Asthma

Poor outcomes were noted overall nationally, and actions are in place and being driven into the quality improvement programme to drive changes for the combined clinical and organisational audit.

### 2018 Audit of the use of Fresh Frozen Plasma

Cryoprecipitate and Transfusions for bleeding in neonates and children. The audit only reviewed one case and the outcomes have been fed into the transfusion committee.

### Seventh Patient Report - National Emergency Laparotomy Audit

Positive outcomes were identified from actions taken following the last report and improvements identified in areas of risk documented before surgery, arrival in theatre appropriate to urgency and consultant anaesthetist and consultant surgeon in theatre documented and submitted. Improvements in case ascertainment have been taken by introducing a prospective data collection system to enhance data submission and a monthly assurance check is to be reported on.



## Statements of Assurance

### Local Clinical Audit

The number of local clinical audits reviewed and completed by Walsall Healthcare NHS Trust was initially stalled due to the COVID pandemic and as a result the organisation has a number that are either ongoing or have been transferred to the next fiscal year. Walsall Healthcare NHS Trust initially registered 128 audit projects of which; 47 are in progress and 53 have been completed. Reports from these audits are presented at multi-speciality meetings where recommendations and actions are derived to improve the care delivered. Some examples are detailed below:

Title	Outcome	Action
NatSSIPs, LocSSIPs, Emergency Care	The audit identified compliance within the emergency team had limited compliance	Electronic data capture enabling live status was successful and implemented across the service and demonstrated improvement QIP was initiated that focused on training and awareness.
Epidural safety in wards	Low compliance in adherence to standards	Training programme to be initiated and made mandatory Awareness and communication of the standards to be shared
Fluid Prescribing in General Surgery	Low compliance was noted against the standard	Areas for improvement identified for input and output charts and fluid prescription
MDFT audit	Outcome shows compliance with the standards.	Funding agreed ongoing to continue the service following the outcomes of the audit and options appraisal to be sent to ensure consistence in service delivery to maintain outcome for Walsall.
Audit of Management of Febrile Convulsion to compare current practice with NICE standards	Moderate to good compliance was noted with low awareness forming the action plan	Awareness was targeted within the team. Inclusion of guideline in the induction programme Development of parental information leaflet
Early onset of neonatal sepsis risk calculator implementation audit	Training was identified as needed in surrounding the introduction of the Screening tool	Training plan was developed, and introduction has commenced re audit for the improvement on completion of the action plan
Assurance of NICE Guidance NG188	Good Compliance was noted overall	The majority of patients received a long term follow up with a clinician.
Assessing the use of Bronchiolitis pathway during a respiratory surge	Documentation around referral was noted to be poor	Standardise documentation in A&E to ensure indication for referral is documented. Review the criteria for amber risk factors, give clearer advise to staff on how to grade work of breathing



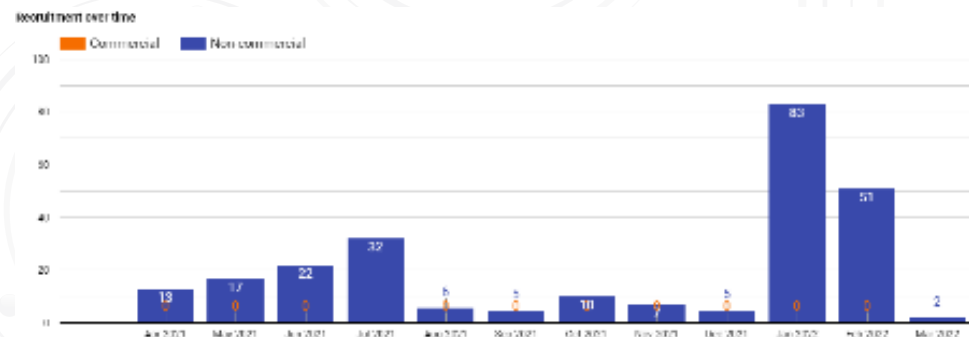
### National Patient Safety Alerts

The Department of Health and its agencies have systems in place to receive reports of adverse incidents and to issue alert notices and other guidance where appropriate. These alerts provide the opportunity for Trusts to identify deficiencies in their systems and to correct them by learning lessons from identified risks. All NHS bodies have a duty to promptly report adverse incidents and take prompt action on receipt of alert notices.

For the period 1 April 2021 to 31 March 2022 Walsall Healthcare NHS Trust has been issued with a total of 12 Patient Safety Alerts (NPSA) from the Central Alerting System. Eight of these alerts have been completed in line with the stipulated completion periods. Three were deemed not applicable to the Trust and one remains in progress.

### Participation in clinical research

The total number of patients receiving relevant health services provided or subcontracted by Walsall Healthcare NHS Trust in 2021/22 that were recruited during that period to participate in research approved by a research ethics committee is 253 across 10 different studies.



The following table illustrates the Speciality areas Walsall Healthcare NHS Trust are currently research active in:

Specialities Opened	Specialities In Set up	Specialities in the pipeline
Cancer	Gastroenterology	Maternity/Womens
Critical Care	Maternity / Womens	Paediatrics
Surgery	Cancer	
Gastroenterology	Dermatology	
Dermatology	Paediatrics	
Cardiovascular	Metabolic & Endocrine	
Maternity/Womens		

Reproductive health and child birth is one of the main growth areas currently, Dermatology is an expanding area and the Trust is in the process of setting up a phase 111 adolescents clinical trial.

Cardiovascular disease research is increasing and the Trust is currently running the SISMIC trial in orthopaedics.

The table below shows research across the Trust currently in early stages:

Study	Specialty
CLIP Trial	FORCE
Health Visitor -New birth contacts at 21 days and the evidence around this	Maternity
Research study on Knowledge Sharing among Estates and Facilities departments	Estates
Hip Arthritis, Qualitative Investigative Project Exploring Inequalities in Planned Hospital Care	Orthopaedic
Kerry Matthews - DXA Scans	Radiology



## Statements of Assurance

The table below shows research projects across the Trust currently in progress:

Study	Specialty
During sudden onset major incidents affecting NHS acute hospitals, what decisions are made by hospital tactical commanders, and how are they made?	A&E
Provision of local information pack to Black Country Hospitals	Organ Donation
Pharmacy Study-Exploration of digitalisation of patient care	Pharmacy
C-Skin - An investigation of the role of Covid-19 in atypical skin changes over bony prominence areas at risk of pressure ulceration: a retrospective observational multi-centre study	Tissue Viability
HEXITIME-A feasibility and pilot study to increase the diversity and inclusion of research expertise through use of a time banking platform.	BAME study

## CQUIN (Commissioning for Quality and innovation Payment Framework)

All CQUINs were suspended in 2021/22 due to the COVID-19 pandemic. National guidance stated that the operation of CQUIN targets would remain suspended for all providers until 31 March 2022 and trusts were therefore not required to gather or submit performance data.

Walsall Healthcare NHS Trust income in 2021/22 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework. This was due to NHS England/Improvement issued a publication on 26 March 2020 advising of the revised arrangements for NHS contracting and payment during the COVID-19 pandemic, including the operation of CQUIN was suspended for all providers.

## Information on registration with the Care Quality Commission

Walsall Healthcare NHS Trust is required to register with the Care Quality Commission (CQC) and its current registration status is "registered without conditions"

The CQC has taken enforcement action against Walsall Healthcare NHS Trust during 2021/22.

Overview and CQC inspection ratings

Click for key ✓ ✗ ⚠ ⚡ ☆ ● ● ● ● ●

**Overall Requires improvement**  
Read overall summary

Category	Rating	Service	Rating
Safe	Requires improvement ●	CQC inspections & ratings of specific services	
Effective	Requires improvement ●	Community health services for adults	Good ●
Caring	Outstanding ☆	Community health sexual health services	
Responsive	Requires improvement ●	Community end of life care	Outstanding ☆
Well-led	Requires improvement ●	Community health services for children, young people and families	Good ●
Use of Resources	Requires improvement ●		
<b>Requires improvement</b>	Combined rating ⓘ		
	Combined rating summary		

The Trust received an unannounced focussed inspection of its maternity services on 21 July 2021.

The purpose of the inspection was to determine if the maternity services at Walsall Healthcare NHS Trust had made the improvements highlighted following previous inspection and if the requirements of the warning notice had been met.

Walsall Healthcare NHS Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Previous reports and full details of our inspections of Walsall Healthcare NHS Trust are available on the CQC website ([www.cqc.org.uk](http://www.cqc.org.uk)).



## Information on the quality of data - Secondary User Services

Walsall Healthcare NHS Trust submitted records during 2021/22 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

- 99.87% for admitted patient care
- 99.95% for outpatient care and
- 99.51% for accident and emergency care

which included the patient's valid General Medical Practice Code was:

- 99.99% for admitted patient care;
- 99.99% for outpatient care; and
- 100.00% for accident and emergency care

## Clinical coding error rate

Walsall Healthcare NHS Trust was not subject to the Payment by Results clinical coding audit during 2021-22 by the Audit Commission.

## Information governance toolkit attainment levels

### Data Security and Protection Toolkit

Walsall Healthcare NHS Trust's Data Security and Protection Toolkit (DSPT) for the period of 2020/21 was submitted with a status of standards met. The submission for 2021/22 is due for submission at the end of June 2022.

Walsall Healthcare NHS Trust is a recognised and registered Data Controller with the Information Commissioners Office and has current Data Protection Registration.

## Statement regarding progress in implementing the priority clinical standards for seven day hospital services

National reporting on 7-day service has been suspended since March 2020. However, Walsall Healthcare NHS Trust continues to monitor against the standards, completing two audits in 2021/2022. The results of the audits are reported to the Quality, Patient Experience & Safety Committee which is a subcommittee of the Trust Board.

The last audit took place in January 2022, see below for detail in relation to the four core standards. Although the Trust did not meet the following standards, results did evidence significant improvement on the previous audit.

- 2 (time to first consultant review, within 14 hours in the acute admission setting)
- 8 (on-going consultant review, all patients to be reviewed every 24 hours)

**Standard 2** - Time to first consultant review, within 14 hours in the acute admission setting:

Walsall Healthcare NHS Trust achieved an overall compliance of 52% (against a standard of 90%) of patients reviewed by a consultant within 14 hours of admission. This is an improvement on the previous audit result of 43%. Compliance was as follows: weekday 53% and weekend 46% (compared to previous results; weekday 44%/weekend 38%).

**Standard 5** - Assesses the availability of six diagnostic tests for weekdays and weekends. Overall compliance (i.e. achievement of the 90% threshold) is based on a combination of these weekday and weekend assessments, with 50% weighting given to each. Walsall Healthcare NHS Trust met this standard.

**Standard 6** - Timely 24-hour access seven days a week to nine consultant-directed interventions:

Assesses the availability of each of the nine interventions for weekdays and weekends. Overall compliance (i.e. achievement of the 90% threshold) is based on a combination of these weekday and weekend assessments. This overall score is based on a 50% weighting for weekday and weekend availability. Walsall Healthcare NHS Trust met this standard.

**Standard 8** - On-going consultant review, all patients to be reviewed every 24 hours: Daily review compliance is at 53% (compliance at last report was 52%), against the 90% compliance target. Compliance was as follows: weekday 47% and weekend 53%. No direct ITU admissions were indicated within this audit period.



## Statements of Assurance

The results of the audits identified areas for improvement and Walsall Healthcare NHS Trust has introduced a number of quality measures which should have a positive effect on the next audit.

In February 2022 NHS England published an updated Board Assurance Framework which reduces internal data collection burden for Trusts and simplifies reporting. No date has been provided for the reintroduction of national reporting, however Walsall Healthcare NHS Trust will continue to audit twice yearly.

## National Core Set of Quality Indicators

### Core Quality Indicators - SHMI

The summary hospital level mortality indicator (SHMI) is a mortality measure that takes account of a number of factors, including a patient's condition. It includes patients who have died while having treatment in hospital or within 30 days of being discharged from hospital. The SHMI score is measured against the NHS average which is 100. A score below 100 denotes a lower than average mortality rate and therefore indicates good, safe care.

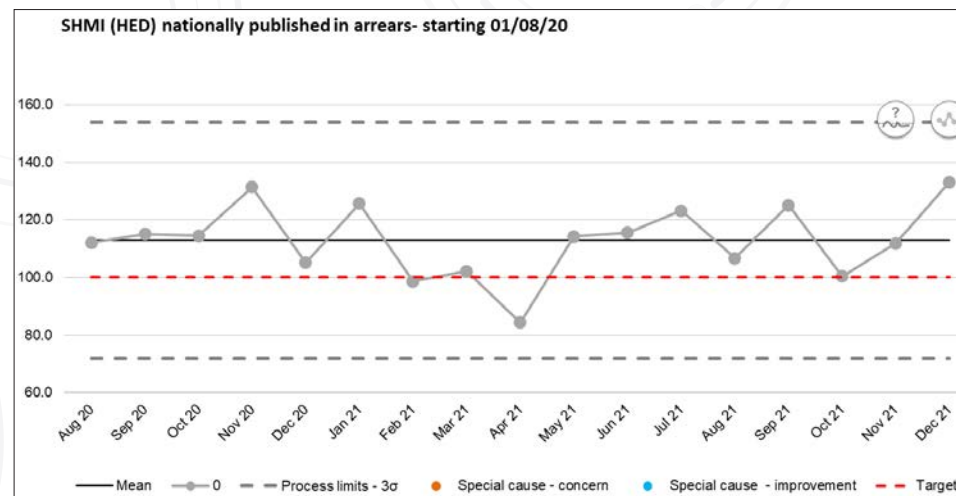
The most recent published SHMI value for the Trust for the 12 month rolling period (published March 2022) January 2021 to December 2021 is 117.78, this remains within the expected range.

SHMI trend (available data from HED)

Time period	SHMI Value	SHMI Crude Mortality %
Jan - March 2021	108.25	2.35
April - June 2021	103.99	2.12
July - September 2021	118.36	2.38
October - December 2021	115.71	2.70

Goscote Hospice was added as an admitting ward when the Trust took over management of the hospice. As Goscote is a hospice the number of deaths is high, although the National system only gives an expected rate of death as around four per month (out of a bed capacity of around 60). This makes the observed : expected death

rate estimated 2000. The Trust's on-site palliative care facilities greatly improves the standard of service available to patients who are at the end of their lives.



We continue to monitor mortality data by ward, speciality and diagnosis. Reviews of deaths in hospital are carried out to identify any factors that may have been avoidable so that these can inform our future patient safety work. Deep dives are carried out if a SHMI alert is received and reports are presented at the Mortality Surveillance Group outlining issues identified and action plans as necessary. This is monitored on a monthly basis.







## Core Quality Indicators - Summary of patient deaths with palliative care

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

Walsall Healthcare NHS NHS Trust considers that this data is as described for the following reasons:

Percentage of deaths with palliative care coding	August 2021	September 2021	October 2021
WHT	34	34	34
England Average	39	39	39

### Data Source

<https://digital.nhs.uk/data-and-information/publications/statistical/shmi/2022-03>

The Trust has an established medical examiner and mortality reviewer service so that all deaths are scrutinised, and a significant selection undergo a structured judgement review (SJR). This means that learning from deaths is now an established part of the Trust's governance process and has provided important information on the care of patients who were in the last months and weeks of life. This information has contributed to improving the Trust's ability to identify key areas of focus. This process will be further developed for review of deaths in community settings.

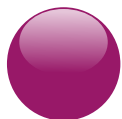
Walsall Healthcare NHS Trust provides integrated specialist palliative care and end of life services, with the hospice unit, community teams and hospital team all part of the Trust. This means that we are able to provide care across boundaries. The Trust intends to take/ has taken the following actions to improve the quality of its services in 2021/22 by:

- Expansion of Specialist Palliative Care Team with the appointment of advanced nurse practitioners and specialty doctors. In addition, the role of the specialist nurse practitioner, end of life has been developed within the Hospital Palliative Care Team.
- Development of Virtual Ward for palliative care patients who are suitable for fast track discharge home from hospital. This will aim to facilitate earlier discharge and prevent unnecessary hospital admissions.
- Development of an electronic care co-ordination system (EPaCCS) to work across the borough, in all care settings, to improve information about patients and provide

better co-ordinated care.

- Establishment of an end of life group within the hospital to focus on how we provide the best end of life care to those who die in hospital, and support those who want to move elsewhere to do so. We plan to introduce the Gold Standards Framework into the Manor Hospital to facilitate this work.
- Collaboration with Compton Care in areas such as pharmacy support, research and workforce development and training.
- MDTs for patients with chronic conditions such as heart failure, chronic kidney disease, end stage respiratory disease. These will be supported by palliative care in collaboration with disease specialists. We are also working with the ICS on chronic breathlessness management and development of education programmes.
- Re-establishing End of Life Strategic Group with representation from WHT, Walsall Place base commissioners, Healthwatch, Children's/Paediatrics commissioner, St Giles Hospice, PCN colleagues & Walsall Together EoL workstream Project Manager. This will provide oversight and direct link to the Walsall End of Life Strategy
- Collaborative work with Healthwatch Walsall, to hear views from bereaved relatives around care delivered by services across Walsall.





## Statements of Assurance

### Core Quality Indicators - Learning from Deaths

Deaths at the Trust are recorded using Clinical Outcomes Review System (CORS). This enables review and discussion at service and directorate morbidity and mortality meetings. A proportion of deaths also undergo a more detailed review.

Detailed case record review is undertaken using the Royal College of Physician’s Structured Judgement Review (SJR) methodology for any death meeting one of the defined categories below:

- All deaths where bereaved families and carers or staff have raised a significant concern about the quality-of-care provision
- All patients with a learning disability
- All patients with a mental health illness
- All maternal deaths
- All children and young people up to 19 years of age
- All deaths where an alarm has been raised with the provider through SHMI, CQC, audit work
- All elective surgical patients
- All non-elective surgical patients
- All unexpected deaths
- Deaths where learning will inform improvement work
- Where there have been external concerns about previous care at the Trust.

Specialties may also undertake additional detailed case record reviews as part of their own mortality review processes and feed any lessons learned from these back to the Mortality Surveillance Group. Paediatric and maternal or neonatal deaths are reviewed using the Child Death Overview Panel (CDOP) and MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) tools respectively.

#### Sharing of learning

Learning from reviews of deaths, including those reviewed by detailed case record reviews, is discussed, and shared through local specialty and directorate mortality meetings. Themes from these meetings are shared at the Trust Mortality Surveillance Group.

During the period April 2021 to March 2022

	Q1	Q2	Q3	Q4	Total
Number of deaths	294	310	425	363	1392
Number of SJRs	5	213*	26	50	294
Estimate of the number of deaths thought to be more likely than not due to problems in the care provided	0	22	3	Pending	Pending

\*All covid related deaths reviewed during this period

Specialties report to the Mortality Surveillance Group to set out themes, lessons learned and action plans. These are reviewed regularly and has resulted in the following improvements:

- Implementation of the ReSPECT process.
- Training around the management of complex pleural effusion and a dedicated Pleural Service.
- Inpatient mortality for patients with fractured femur continues to decline. In January 2022 mortality is reported at 5.2%, where this was 6.2% in January 2021 and 14% in December 2019.

Improvements to care continue to be seen in a number of domains- 120-day orthogeriatric reviews, identification and management of delirium through delirium training, use of standardised care protocols for fractured femur, and use of cell saver equipment in theatres to optimise post-operative physiology.

- An improved telephone triage process used by the oncology team and a move to a 7-day service has demonstrated better door-to-needle times for patients at risk of neutropenic sepsis.
- Cardiology have made improvements to the diagnostic pathway by implementing an early referral and treatment pathway, supporting same day emergency care and changes around conscious sedation for cardiology procedures
- Monthly teaching and simulation sessions have been introduced to the Emergency Department to embed the learning.
- All alerts from Healthcare Evaluation Data (HED) are the subject of a deep dive by relevant specialists with results reported to the Mortality Surveillance Group.



## Core Quality Indicators - Summary of Patient Reported Outcome Measures PROMS

Patient Reported Outcome Measures (PROMS) assess the quality of care delivered to NHS patients from their perspective, regarding the health gains for the following two surgical interventions using pre- and post-operative survey questionnaires:

- Hip replacement surgery
- Knee replacement surgery

The questionnaire does not differentiate between first time intervention or repeat surgery for the same procedure.

The table outlines the post-op score by procedure based on the EQ-5D Index.

	April 2019 - March 2020	April 2020 - March 2021	National Average 2020 - 2021
Hip Replacement Surgery	0.72	0.67	0.79
Knee Replacement Surgery	0.67	0.65	0.75

Walsall Healthcare NHS Trust considers that this data is as described for the following reasons:

For completed hip replacement, 25 patients completed the questionnaire. 21 completed the EQ-5D-3L section - 90.48% of these patients reported improvement, 4.76% unchanged and 5.76% worsened. 18 completed the VAS section - 66.67% of these patients reported improvement, 11.11% unchanged and 22.22% worsened. 25 completed the Oxford Hip Score section - 92% of these patients reported improvement and 8% worsened with an average health gain of 22.63.

This has resulted in a score for the reporting period of 0.03 above the national average and 5% less patients reporting an improvement.

For completed knee replacements, 35 patients completed the questionnaire. 32 completed the EQ-5D-3L section - 75% of these patients reported improvement, 6.25% unchanged and 18.75% worsened. 27 completed the VAS section - 59.26% of these patients reported improvement, 11.11% unchanged and 29.63% worsened. 33 completed the Oxford Knee Score section - 93.94% of these patients reported improvement and 6.06% worsened with an average health gain of 15.32.

This has resulted in a score for the reporting period of 1.48 below the national average and 3.06% less patients reporting an improvement.





## Statements of Assurance

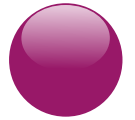
### Core Quality Indicators - Readmission Rates

Using data from the Healthcare Evaluation Data (HED) system, Walsall Healthcare NHS Trust are able to access full year information for 2021/22. The former provides national average performance rates, and the capacity to benchmark performance against peers.

Walsall Healthcare NHS Trust believes the performance reflects that:

- Walsall Healthcare NHS Trust has a process in place for collating data on hospital admissions, from which the readmissions indicator is derived
- The data is collated internally and then submitted on a monthly basis to NHS Digital via the Secondary Uses Service (SUS). This data is then used by the Healthcare Evaluation Data system to calculate readmission rates. Data comparing the performance to peers, and highest and lowest performers, is not available for the reporting period.

Date	0-15	16 & Over	Date	0-15	16 & Over
Apr-20	6.15%	12.43%	Apr-21	16.58%	11.34%
May-20	6.31%	14.25%	May-21	16.99%	11.14%
Jun-20	4.88%	14.06%	Jun-21	13.91%	11.15%
Jul-20	7.25%	13.89%	Jul-21	15.35%	10.74%
Aug-20	10.23%	14.51%	Aug-21	16.09%	10.51%
Sep-20	12.56%	13.38%	Sep-21	17.30%	10.70%
Oct-20	15.97%	13.22%	Oct-21	16.84%	10.68%
Nov-20	17.74%	12.44%	Nov-21	17.62%	10.98%
Dec-20	13.60%	12.17%	Dec-21	15.99%	10.45%
Jan-21	13.99%	12.65%	Jan-22		
Feb-21	16.56%	12.73%	Feb-22		
Mar-21	18.15%	11.61%	Mar-22		



## Core Quality Indicators - Venous Thromboembolism (VTE)

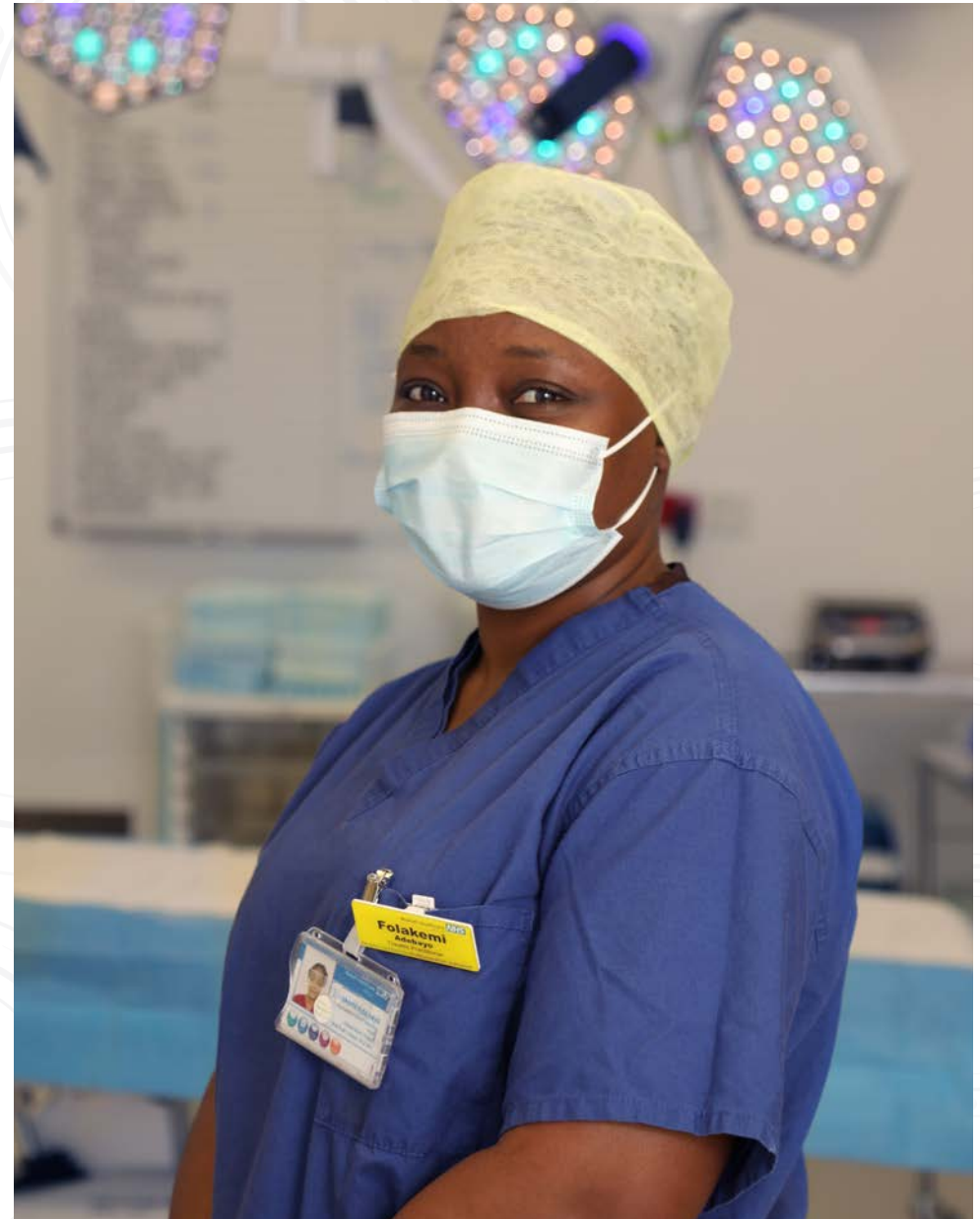
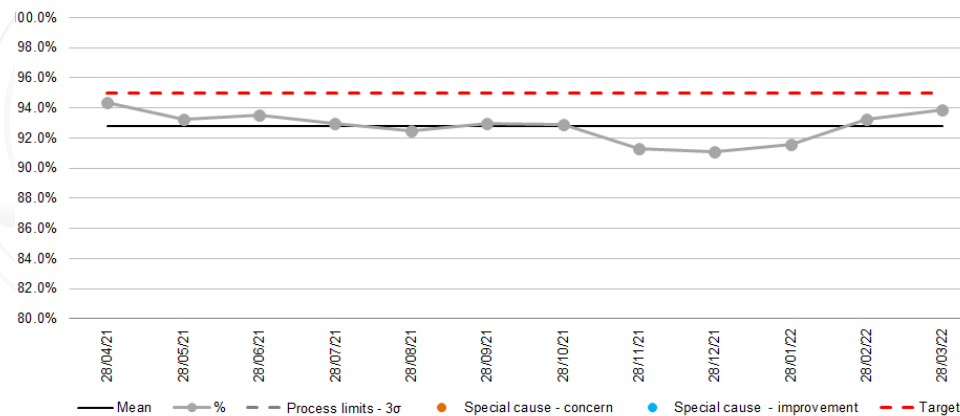
National reporting on VTE assessment was suspended in March 2020 and therefore benchmarking is not available for the period of this report. The Trust has continued to monitor and report internally on a monthly basis. See graph below for performance for 2021/2022.

VTE assessment remains below the required compliance target of 95%, however results improved towards the end of 2021/2022, and this will be audited to ensure improvement is sustained. Clearer and improved reporting has been developed to ensure specialties are kept informed of performance to ensure safe patient care.

Medicines and long-term conditions division implemented a quality improvement programme to review practice for completion of VTE assessments which has shown an increase in compliance. This will be audited and when sustained improvement is achieved and the changes to process will be shared with other divisions.

The thrombosis group meets monthly and provides the opportunity to discuss compliance and share ideas for improvement. All incidents of PE/DVT are reported together with the outcome of investigations that have been carried out.

VTE Compliance-Trustwide starting 28/04/21





## Statements of Assurance

### Core Quality Indicators - Clostridium difficile

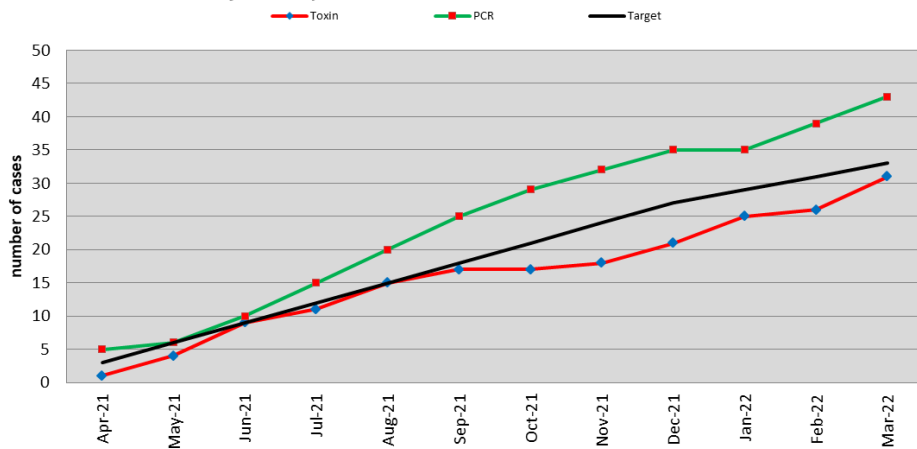
Walsall Healthcare NHS Trust considers that this data is as described for the following reasons: The Trust collates numbers monthly and submits to UKHSA. Figures for apportioned cases, apportioned cases (hospital onset only), rate per 100,00 bed days and national figures have all been taken from the UKHSA Healthcare Associated Infection Mandatory Surveillance Data Capture System. Bed days have been calculated using the apportioned cases (hospital onset only) and the rate per 100,00 bed days.

Walsall Healthcare NHS Trust has implemented a C. difficile action plan, to include ongoing weekly C difficile and antimicrobial stewardship ward rounds, education of ward staff, C. difficile toolkits monthly to assess cases, thematic review of cases and the annual deep clean programme.

Between April 2021 and March 2022 there have been 31 cases confirmed of acute C.difficile Toxins against annual trajectory of 33.

Total Acute Toxin cases	31
Avoidable	5
Unavoidable	26

Trajectory Acute Clostridium difficile cases



#### Avoidable cases

- Two inappropriate acute prescribing of antibiotics with failure to review therapy
- Two community onset with delay in obtaining specimens, which led to meeting the acute acquired criteria
- One case community prescribed antibiotics

#### Common Trends in Risk Factors

- Multiple antibiotics within last six weeks
- Over 65
- Proton Pump Inhibitor (PPI)
- Previous history of C. difficile

#### Trend issues and learning in the Trust from avoidable cases

- Delay in sending specimens for C. difficile testing
- Failure to isolate patients when specimens were obtained (due to unavailable isolation facilities, these are captured in incident reports).
- Failure or delay in sending clinical specimens to confirm correct antibiotic therapy / confirmation of infective organism
- Inconsistent review of antibiotic therapy

#### Actions that have been taken to address the issues have included:

- Feedback of learning to divisions
- Ward based education
- Antimicrobial Stewardship
- Daily side room checks by IPC team
- Capacity access to ICNet (Clinical Surveillance Software)
- Planned increase in side room availability using installation of segregation pods



## Core Quality Indicators - Incident Reporting

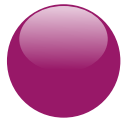
A positive safety culture remains essential for the delivery of high-quality care. Walsall Healthcare NHS Trust continues to submit its incident data to the National Reporting and Learning System (NRLS) which is publicly available and provides comparative data with like-sized trusts.

This data shows that since the same period the year before, the Trust has seen a slight decrease in incidents reported per 1000 bed days and the severity of those incidents has

also decreased. However, the number and percentage of incidents resulting in severe harm or death remains similar with the national average.

Serious incidents continue to be reported to the commissioners and investigated using root cause analysis methodology. Outcomes of root cause investigations from patient safety incidents are used to develop quality improvement projects which aim to improve the quality and safety of services.

Walsall Healthcare NHS Trust	October 2018 - March 2019	April 2019 - September 2019	October 2019 - March 2020	April 2020 - March 2021
Total Reported Incidents	5,238	5,993	5,989	9,113
Per 1000 bed days	65.09%	78.5%	71.6%	67.7%
National Average (acute non specialist)	46.06%	49.8%	50.2%	55.7%
Highest Reporting Rate	95.94%	103.8%	110.2%	118.7%
Lowest Reporting Rate	16.9%	26.3%	15.7%	27.2%
Incidents Causing Severe Harm and Death	25	32	33	55
% Incidents Causing Severe Harm and Death	0.5%	0.53%	0.55%	0.6%
National Average	0.3%	0.5%	0.3%	0.4%
Highest Reporting Rate	1.9%	1.2%	1.7%	1.8%
Lowest Reporting Rate	0%	0%	0%	0%



## Statements of Assurance

### Core Quality Indicators - National Inpatient Survey

The 2020 Inpatient Survey was part of a National Survey Programme run by Care Quality Commission (CQC) to collect feedback on the experiences of inpatients using the NHS services across the country. The results contribute to the CQC's assessment of NHS performance as well as ongoing monitoring and inspections. The programme also provides valuable feedback for NHS trusts, which they can then use to improve patient experience.

The CQC National Inpatient Survey for 2020 was postponed during the peak of COVID-19 Pandemic. However, during January 2021, the survey commenced, and patients were contacted to provide feedback, although results were not available until CQC released the official results late in 2021.

Our score for the five questions in the national inpatient survey relating to responsiveness and personal care is 60.2% based on the data for the sample year this shows the Trust as an outlier against the national average score of 67.5%.

Results for the Adult Inpatient 2020 survey are not comparable with results from previous years. This is because of a change in survey methodology, extensive redevelopment of the questionnaire, and a different sampling month.

The Adult Inpatient 2021 benchmark reports (due in October 2022) will include an overview of the number of questions at which the trust's performance has significantly improved, significantly declined, or not significantly changed compared with the result from the previous year.

The following data is the confirmed performance from 2021/22.

We believe that patient recommendation to their friends and family is a key indicator of the quality of care we provide. We believe our performance reflects that:

- The Trust has a process in place for collating data on the Friends and Family Test
- Data is collated internally and then submitted monthly to the Department of Health and Social Care
- Data is compared to our own previous performance, as set out in the table below

The friends and family test recommendation scores are illustrated in the tables below. These include percentage changes on 2020/21 and the 2021/22 response rates. The Trusts average recommendation score for 2021/22 was 82%. When looking at the different touchpoints, there is a fluctuation of 24% with scores ranging between 97% and 73%.

Friends and Family Test	Inpatients				Outpatients				ED				Community			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2021/22	87%	84%	85%	85%	91%	92%	90%	92%	80%	76%	78%	77%	94%	94%	95%	97%
Change from 2020/21	-2%	-3%	-1%	-2%	+4%	+1%	-1%	+1%	-6%	-1%	=	-5%	**			+4%
Response Rate	22.3	23.6	19.4	19.6	16.3	15.2	16.8	15.6	15.6	15.2	14.6	14.6	7.7	8.6	7.0	13.9

Friends and Family Test	Antenatal				Birth				Postnatal Ward				Postnatal Community			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2021/22	74%	68%	74%	84%	83%	87%	82%	78%	73%	86%	79%	84%	88%	30%	67%	79%
Change from 2020/21	**	-23%	+4%	+10%	**	+2%	-2%	-4%	-10%	+4%	+2%	+7%	**	-49%	-7%	-13%
Response Rate	7.3	5.5	4.4	8.7	16.3	12.6	12.5	15.7	8.9	8.9	6.9	11.3	5.3	4.3	6.2	6.9

\*\* No comparable data reported during 2020/21 to enable a comparison





The below table illustrates the percentage difference between the Trusts average annual recommendation score for each touchpoint and the local STP and National results. Whilst some areas require improvement when compared locally and national,

Outpatients, ED and Community all perform better on average locally, with community also outperforming the national average.

	Inpatients	Outpatients	ED	Community	Antenatal	Birth	Postnatal Ward	Postnatal Community
<b>STP*</b>	-2.4%	+0.7%	+6.6%	+2.8%	-2.6%	-5.8%	-3.1%	-14%
<b>National</b>	-8.8%	-1.8%	-0.8%	+0.8%	-15%	-11.4%	-14.7%	-24.9%

\* The Black Country and West Birmingham STP

## Core Quality Indicators - Supporting our staff

The 2021 NHS Staff Survey benchmark report for Walsall Healthcare NHS Trust contains the results of the 2021 staff survey. This year the result of the survey are aligned to the People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:

- We are Compassionate and Inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

The themes of staff engagement and Morale remain key performance indicators.

The results for Walsall Healthcare NHS Trust are benchmarked other against 126 'combined acute and community Trusts'. The response rate was 53% against 47% for the national average for the benchmark group.

Our 2021 Staff Survey results provided a staff engagement score of 6.6 which is a slight decline against the 6.7 score of 2020. Across the benchmark sector of 'combined acute and community trusts' the average staff engagement score for 2021 declined to 6.8 from 7.0 in 2020. Overall this demonstrates that the gap between the experience of staff at

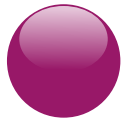
Walsall Healthcare NHS Trust and the experience of NHS staff in general is narrowing.

Our 2021 staff survey results show that more of our staff feel involved in decisions regarding their work and encouraged by line managers and that increased staffing levels will enable them to feel more supported to provide high levels of care and subsequently recommend the Trust as a place to work and a place to be treated.

Our results for we are always learning, we work flexibly and we are a team match the sector benchmark average, this is a significant improvement for Walsall as our baseline was in the lowest 20% of Trusts nationally.

The majority of the People Promise scores for the 2021 NHS Staff Survey for Walsall Healthcare NHS Trust are in line with the average sector scores. This is an improvement on previous performance for Walsall.





## Statements of Assurance

### Details of ways in which staff can speak up

There are three 'freedom to speak up' (FTSU) guardians, supported by nine FTSU team members. Members of staff can arrange a face-to-face meeting with a guardian; use a contact form on the Trust intranet; telephone a guardian or be signposted by a FTSU member.

The guardians play an active and visible role in raising awareness, supporting staff, and dealing with cases.

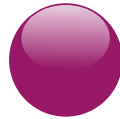
This year the organisation is reviewing the 'Raising Concerns' policy to include its commitment to supporting individuals who speak up and may be worried about reprisals. The policy includes how detriment will be addressed by the Trust. It sets out ways staff could be treated unfairly or harmed because of speaking up. Support is offered to such individuals and could include the allocation of a 'buddy'. Anyone found to be involved in causing harm/ detriment will be subject to the Trust's resolution policy.

Between 1 April 2021 to 31 March 2022 the FTSU team have received 110 contacts, highlighting employees increasing confidence to use FTSU to discuss items that may be affecting them at work. 16% of contacts raised relate to patient safety and quality and 35% relate to bullying and harassment.

The guardians work with Trust leaders to regularly review cases that fall within their remit. They also highlight any themes and work proactively with the Trust leaders to resolve issues.

The guardians will attend events organised in the Trust to highlight the importance of 'speaking up' to improve patient and staff safety. The director of people and culture shares FTSU data with the People and Organisational Development Committee (a subcommittee of the Trust Board) quarterly and with an annual report presented to the Trust Board.





# Review of Quality



## Our performance in 2020/21

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



## Performance against the National Operational Standards:

	2019 / 2020	2020 / 2021	2021 / 2022	2021 / 22 Target
18 Weeks RTT - Incomplete Pathways	83.93% (Mar 20)	68.72% (Mar 21)	63.10% (Mar 22)	92%
Total time spent in ED - % within 4 hours - Overall (Type 1 and 3)	81.77%	85.07%	82.56%	95%
Cancer -2 week wait from referral to first seen date	83.03%	83.49%	72.88%	93%
Cancer -2 week wait for breast symptomatic patients	57.17%	60.77%	32.80%	93%
Cancer 31-day wait for first treatment	99.40%	97.87%	95.57%	96%
Cancer 31-day wait for second or subsequent treatment - Surgery	100.00%	97.79%	92.06%	94%
Cancer 31-day wait for second or subsequent treatment - Anti cancer drug	100.00%	99.07%	98.33%	98%
Cancer - 62-day referral to treatment of all cancers	80.54%	72.18%	72.26%	85%
Cancer - 62-day referral to treatment from screening	97.91%	92.54%	95.08%	90%
Cancer 62-day wait- Consultant upgrade (local target)	84.15%	79.11%	80.72%	85%*
% Of Service Users waiting 6 weeks or more from Referral for a Diagnostic Test	1.63%	14.92%	5.30%	1%
Mixed sex accommodation breaches	0	210	0	0

\* Local target



## Performance against the National Operational Standards

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

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

	2019 / 2020	2020 / 2021	2021 / 2022	2021 / 22 Target
Number of C Difficile Case	36	32	30	33
MRSA	4	2	3	0
VTE Risk Assessment	92.00%	91.56%	92.63%	95.00%
Ambulance handover breaches - 30-60 minutes	2122	1090	1556	0
Ambulance handover breaches - 60 minutes or more	312	177	211	0
Trolley waits in A&E - no more than 12 hours	4	8	33	0
Referral to treatment - no one waiting longer than 52 weeks	0	768 (March 21)	1043 (March 22)	0

## A consolidated annual report on rota gaps

Junior doctors are allocated to the Trust by Health Education England (HEE). The Trust is an attractive place to work and train, and this is reflected in the fill rates for training posts. In the past year the Trust has averaged a fill rate of approximately 95.5% of training grade posts. Any unfilled posts are recruited to with local Trust grade posts. The Trust does not keep a central record of rota gaps, but there are no specialties that have consistent difficulties in recruiting to vacant positions. As we are dependent on HEE providing details of vacant posts, the systems for informing Trusts of rotations are being reviewed and improved.



# Engagement in the developing of the Quality Account



Prior to the publication of the 2021/22 Quality Account, we have shared this document with the following:

- Our Trust Board, including combination of Non-Executive and Executive Directors
- Council Health Scrutiny Panel
- Walsall Clinical Commissioning Group
- Trust staff
- Healthwatch
- Council of Members

In 2022/23 we will continue to share our progress against the quality improvement priorities and continue to work closely with the users of our services to improve the overall quality of care offered.

We would like to thank all the patients, community representatives for their feedback and members of staff who gave their time to help us select our priorities and ensure that the document is clear and accessible.

- Statement from Commissioners
- Statement from Healthwatch





## Black Country and West Birmingham (BC&WB) Clinical Commissioning Group (CCG) statement on Walsall Healthcare NHS Trust (WHT) Quality Account 2021/22

BC&WB CCG welcomes the opportunity to provide this statement for Walsall Healthcare NHS Trust Quality Account for 2021/2022. Like 2020/21, the Trust has experienced a challenging and pressured 2021/22, and we genuinely recognise the efforts made to maintain quality whilst acknowledging the uncertainties and the challenges faced throughout the year. The CCG would like to thank all staff at WHT for their outstanding commitment to responding to the pandemic and restoring services to deliver different ways of working to ensure patient care is continuously delivered to a high standard. In addition, we commend the Trust for their exceptional contributions and their collaborative approach as a key system partner in our response to COVID-19.

We recognise and support the strategic collaboration between Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust, which is a positive step for system working collaboratively at scale to benefit local populations by improving efficiency, sustainability, and quality of care. It is positive to see workforce as one of the key quality priorities along with the investment in the wellbeing and welfare of patients, carers and colleagues.

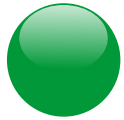
We are proud of the CCG's effective working relationship with the Trust across the quality and safety agenda, and we recognise the Trust's achievements against the quality priorities and their individual and collective engagement with the commissioners. Upon reviewing this Quality Account, we note that this Quality Account complies with national guidance and demonstrates a wide range of areas where there has been achievement and areas where improvement is required. Throughout 2021/2022, BC&WB CCG continued to hold regular Clinical Quality Review Meetings with the Trust, which were well attended and provided positive engagement for the monitoring, reviewing, and mitigating of any safety and quality issues, whilst restoration and recovery took place. Due to the significant workload pressures within the system, it was identified that an element of discontent was developing between Primary and Secondary Care Clinicians, with pressures and working relationships within the healthcare system becoming increasingly strained. In October 2021, the Trust committed to bringing together clinical representatives to re-establish, maintain and foster continued cordial relations between both Primary and Secondary Care, to facilitate closer working and ultimately, improve patient care. The forum was set up in October 2021 and has so far demonstrated effective collaborative working and identified future initiatives to improve quality and patient experience across Walsall.

The CCG are pleased to note that clinical quality remains a priority for the Trust in 2022/23, focusing on three main areas: Patient safety, workforce, and patient experience. The CCG fully endorses the priorities outlined by the Trust for 2022/2023, as they are in line with the broad domains of Quality and Safety and focused on improving the patient experience by strengthening existing and future workforce arrangements. The CCG would particularly like to note the following key achievements for 2021/2022:

- The launch of the Nutrition ambition setting out an approach and journey to ensuring high quality nutrition for all. The Trust have set up a Nutritional Steering Group along with menus being revised, working collaboratively with RWT. The initiative will continue throughout 2022/23.
- The development of a Safeguarding Improvement plan following a number of concerns across the Trust. The Trust worked collaboratively with the CCG and Local Authority which was further strengthened by the appointment of a Head of Safeguarding across both Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust. There has been a noted improvement in terms of staff training, greater awareness of safeguarding and improved policies and processes.
- The successful international recruitment of nurses. At the end of March 2022, the RN and Midwifery vacancy position was <1%. The Trust has also recruited 30 doctors through the clinical fellowship programme, supporting the medical workforce through COVID-19.
- The Trust has worked with Walsall Housing Group to recruit Care Support Workers. This has been successful with all areas being fully established with Care Support Workers at the end of March 2022.
- The Trust has a Lead Mental Health Nurse who works across both Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust, supported by a new mental health team. A Trust wide training programme on mental health has been developed and is being delivered.

Whilst we recognise these achievements, we would like to see the sustainable improvements in the following areas for 2022/23:

- The Trust's intention to continue improving VTE risk assessment compliance is noted, and commissioners look forward to seeing a further improved picture of VTE compliance and the positive impact of this work over the coming year.



## Engagement

- CCG acknowledges the significant impact that COVID -19 has had on the Cancer Performance and RTT waiting times but are pleased to note that the Trust continues to work collaboratively with system partners to reduce the backlogs with particular attention to cancer patients.
- Sustained 104-day harms process with independent input from the CCG in undertaking the clinical reviews of patients that have breached 104 days on their cancer pathway. In addition, we would expect that any learning identified from these harm reviews is shared across the organisation and wider system.
- Leadership development, in collaboration with The Royal Wolverhampton NHS Trust and embedding a just and learning culture.
- Establish and Maintain Safe, Sustainable Staffing and reduce agency usage following the approved revised increased establishments for all wards.

Throughout the COVID-19 pandemic, the Trust maintained the delivery of all emergency activity and many urgent and life-extending services. However, we recognise the long waits that routine patients may have had to endure as the system restores will have inevitably impacted the patient experience and potentially patient outcomes.

The decreased performance for many cancer targets has been a significant challenge for the Trust, acknowledging the increased volume of referrals overall and activity on some diagnostic services. The CCG is actively working with the Trust and the wider system to restore and recover services, drawing on wider system initiatives to improve overall performance.

The CCG confirms that the Annual Quality Account information is an accurate and fair reflection of the Trust's performance for 2021/2022. It is presented in the format required and contains information that accurately represents the Trust's quality profile and reflects quality activity and aspirations across the organisation for the forthcoming year. The CCG looks forward to working in partnership with the Trust to ensure the quality of services commissioned in 2022/23.

Sally Roberts, Chief Nursing Officer, Black Country and West Birmingham CCG and Black Country and West Birmingham ICS Lead Nurse.



## Healthwatch Walsall Response To: Walsall Healthcare NHS Trust Quality Account 2021/2022

Healthwatch Walsall welcomes the opportunity to comment on the Trust's Quality Account for 2021/2022 which due to the pandemic was a challenging year for the Trust and service users alike.

Healthwatch Walsall continues to enjoy a positive and candid working relationship with the Trust at both delivery and strategic level and we look forward to continuing and strengthening these relationships.

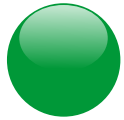
As noted in the Quality Accounts, patient experience is an essential part of the Trust's understanding about delivering safe, effective and personalised care. Healthwatch Walsall is pleased to work closely with the Walsall Healthcare NHS Trust and being able to capture patient experiences about services offered. It is good to note that the Trust is committed to learning from patient experience and that a set of 12 priorities was developed based on public feedback.

Healthwatch Walsall were pleased to be part of the Learning Matters Group and to be able to have an input into this initiative from which learning is disseminated across all Departments in the Trust and copies of the Newsletters are available for service users.

We were very pleased to be able to resume face-to-face engagement at the Trust and have undertaken regular weekly outreach sessions at the Hospital. These sessions allow Healthwatch Walsall to gather public intelligence which is included in our overall intelligence reports which are shared with the Trust on a quarterly basis. We do acknowledge the productive partnership working that the Trust and Healthwatch Walsall have been able to develop and grow for mutual benefit. We thank the Trust for enabling us to gain the views of service users and to feed these back.

We welcome the candid overview of the Trust's performance against the National Operational Standards as shown in the comprehensive dashboards. We also note the positive work being undertaken to ensure targets are met, whilst acknowledging the challenges still being faced

The Freedom to Speak Up initiative is acknowledged and pleasing to note that this is supported throughout the Trust allowing staff to speak up without the worry of reprisals or repercussions. The increasing confidence to use the FTSU guardians is noted and that this is leading to resolution of issues that have arisen.



## Statement of Directors' Responsibilities

### Statement of directors' responsibilities

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011 and the National Health Service (Quality Accounts) Amendment Regulations 2012)). In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The Quality Accounts presents a balanced picture of the Trust's performance over the period covered.
- The performance information reported in the Quality Account is reliable and accurate.

There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.

The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance. The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the board

Professor David Loughton, CBE

Chief Executive

8 June 2022

Professor Steve Field, CBE

Chairman

8 June 2022



## **Statement of Limited Assurance from the Independent Auditors**

NHS England/Improvement have confirmed in the Quality Accounts requirements for 2021/22 that there is no national requirement for NHS Trusts or NHS Foundation Trusts to obtain external auditor assurance on the Quality Account.



## How to give comments

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

Please contact us as indicated below:

Patient Experience Team

Walsall Healthcare NHS Trust

Moat Road

Walsall

WS2 9PS

0300 456 2370

email: [PatientExperienceTeam@walsallhealthcare.nhs.uk](mailto:PatientExperienceTeam@walsallhealthcare.nhs.uk)





### English

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

### Punjabi

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

### Polish

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

### Russian

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

### Lithuanian

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

### Kurdish

ئەگەر ئەم بەلگەنامەیه بە شیوازیکی دیکه دمخوازیت بو نمونه چاپی گهورتر، زمانیکی دیکه هتد. تکایه یهکێک له کارمەندانی سهەرپهرشتی تهندهروستی ناگادار بکەر هو.

