



Walsall Healthcare
NHS Trust

Quality Accounts 2022/23





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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:

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Part 1: Statement on Quality from the Chief Executive



I am delighted to present the Quality Accounts for the year 2022/23, which represent our commitment to transparency, accountability, and the delivery of exceptional healthcare services to the people and communities we serve. This document outlines the work undertaken during the past financial year to deliver on the objectives we set for ourselves last year, which support our aim to foster a culture of continuous quality improvement across our organisations.

This has been an important year for us, with the launch of our joint Trust strategy. This formalises the strategic collaboration between The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust and sets out our vision for what we will achieve together. Working collaboratively with staff, partners and service users, we have agreed four overarching strategic aims, which we refer to as the "four Cs":

Excel in the delivery of **Care**

We will deliver exceptional care by putting patients at the heart of everything we do, embedding a culture of learning and continuous improvement.

Support our **Colleagues**

We will be inclusive employers of choice in the Black Country that attract, engage and retain the best colleagues reflecting the diversity of our populations.

Improve the health of our **Communities**

We will positively contribute to the health and wellbeing of the communities we serve.

Effective **Collaboration**

We will provide sustainable healthcare services that maximise efficiency by effective collaboration with our partners.

Statement on Quality from the Chief Executive



These four Cs are aligned to our overall vision, which is **“To deliver exceptional care together to improve the health and wellbeing of our communities”**. This year, everything we do across both organisations will contribute to achieving goals within at least one of these priority areas. You can read our strategy in full on our website.

The closer ways of working across Walsall and Wolverhampton have already delivered many benefits for our local communities – enabling us to use services more efficiently, share learning and best practice, and offer patients more choice and flexibility in how they receive care.

Our shared vision and strategy have informed the creation of our new shared Quality Framework. This plan sets out in detail, with milestones, the actions we will take over the next two years to put quality at the forefront of all we do – further developing and enhancing our workforce, their skills and knowledge, and ultimately the care that we provide. This document is also published on our website.

This year, we will celebrate and look back on 75 years of the NHS. The very fact that our two Trusts can look to the future and set ourselves such ambitious shared goals, is entirely down to the hard work of our staff. In my years as an NHS chief executive, I have witnessed many changes within our health service, but what never changes is how humbled I am by the dedication and passion displayed by all those on the front line, and all who support them behind the scenes, on a daily basis.

We saw the very best of our services during the height of the pandemic, when our resilience was tested to its foundations. But though the immediate pressures placed on us by COVID-19 may have lessened this year, a whole new set of challenges has emerged. This year has been about the need to restore services to pre-pandemic levels and renew our focus on diagnostics, timely access to treatment, and bringing down waiting lists for elective procedures.

As can be seen in this report, we have achieved a great deal. We have been able to eliminate 104-week waits, and as I write we have the next target of 78 weeks firmly in our sights. Our upward trajectory even continued during what was arguably the NHS’s most challenging winter on record, with staff pulling together to not only keep urgent and emergency care services running safely, but to consistently deliver some of the fastest ambulance turnaround times in the region.

This report is not just about what we have done well though. It underlines our commitment to transparency and accountability, and the importance of learning not just

from successes but from challenges too. This means that as well as charting the progress made across our three key areas of patient safety, clinical effectiveness and patient experience, we include here the steps taken to address areas for improvement from last year, and we identify where there is still work to be done.

We are clear that the pursuit of quality never stops. We remain committed to promoting continuous learning, evidence-based practice, and patient-centred care. We have comprehensive governance systems and quality assurance processes in place, as well as robust feedback and involvement mechanisms to ensure we are responding to the needs of our patients and their families, and that their voices will be at the forefront as we develop and evolve our services in future.

I extend my sincere thanks to every individual who has contributed to the delivery of safe and high-quality care across our organisation this year. You have made a real impact on the lives of so many. Together, we will continue to drive positive change and deliver better health outcomes for the people of Walsall and Wolverhampton.

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

Signed:

Professor David Loughton CBE, Chief Executive

May 2023



Vision and Values

Vision

Our vision is to “To deliver exceptional care together to improve the health and wellbeing of our communities”. Our vision has been updated to reflect the closer working of our organisation with local partners and to focus on our core purpose of improving the health and wellbeing of our communities. A vision is more than a few words - it reflects our aspirations, helps to guide our planning, support our decision making, prioritise our resources and attract new colleagues.

Our strategy includes a new vision, as voted on by colleagues. It is:

**To deliver exceptional care together to improve
the health and wellbeing of our communities**

A vision is more than a few words - it reflects our aspirations, helps to guide our planning, support our decision making, prioritise our resources and attract new colleagues.

Values

Our values reflect the culture we want to create and inform the behaviours we wish to demonstrate. The two Trusts each have their own set of values (shown in the two images below), each set was developed and co-produced with our colleagues. Over time we expect to move to a common set of values that covers both Trusts.



**Part 2:
Looking back
2022/23
Priorities for
Improvement**





2.1 Looking back 2022/23 Priorities for improvement

What we said

Patient Safety

- Develop and implement the Clinical Systems Framework for nursing, midwifery and allied health professionals (AHPs) and quarterly reporting on progress/achievements to board
- Develop implementation of standardised ward/department/care group/divisional dashboards to enable visibility of quality standards, harm-free care, action and improvement
- Develop and implement a ward accreditation programme
- Cessation of agency staff in general wards
- Undertake a timely review of national reports and guidance (e.g., national maternity reports), develop action plans and monitor progress through reports to board.

What we did:

Develop and implement the Clinical Systems Framework for nursing, midwifery and AHPs and quarterly reporting on progress/achievements to board

- The Quality Framework was launched across the Trust on 3 April 2023. Quarterly reporting against the planned milestones will be implemented from the end of Q1 2023/24

Develop implementation of standardised ward/department/care group/divisional dashboards to enable visibility of quality standards, harm free care, action and improvement

- Work has been undertaken to develop dashboards with visibility from ward to board. This data is reviewed at the Nursing Midwifery and Allied Health Professionals Forum. During 2023/24, quality boards will be standardised in all clinical areas to ensure visibility of data and actions being taken

Develop and implement a ward accreditation programme

- A clinical accreditation programme was piloted in 2022/23 and has launched across the Trust in April 2023

Cessation of agency staff in general wards

- The Trust has ceased agency use except in exceptional circumstances from 31 March 2023, with the exception of ED and Paediatrics whilst further recruitment takes place

Undertake a timely review of national reports and guidance (e.g., national maternity reports), develop action plans and monitor progress through reports to board

- The Trust has reviewed national reports and guidance such as the Ockenden Report 2022, developed action plans and is reporting on progress through the Quality, Patient Experience and Safety Committee

**What we said****Workforce**

- Work with partners to improve mental health services for our patients
- Develop our staff to deliver the best standards of care
- Build a resilient clinical workforce and reduce avoidable harm

What we did:**Work with partners to improve mental health services for patients**

- Worked in partnership with The Royal Wolverhampton NHS Trust to develop a best-in-class approach to mental health services for our patients
- Appointed a lead mental health nurse and developed a comprehensive training and development programme for our staff
- Worked with partners within Walsall Together (place-based partnership) and the Integrated Care Board and members, to make improvements to the system of care
- Worked with our local mental health trust Black Country Healthcare to provide support to patients and staff, with a particular focus on children and young people requiring mental health care and treatment
- Recruited mental health nurses to support patients and staff across the Trust. A team of mental health clinical support workers has been recruited to the bank to provide support for patients and teams

Develop our staff to deliver the best standards of care

- Invested in education, development and training for all staff, with an improved staff experience rating from external regulators and internal validation by survey
- Further developed the partnership approach with The Royal Wolverhampton NHS Trust to improve the standards and consistency of continuing professional development and standards of care
- Invested in our health and wellbeing offer to staff to improve staff experience and therefore impact positively on standards of care and patient experience
- A series of quality away days for senior nurses, midwives and AHPs have been held during 2022/23 focussing on what good looks like
- The Faculty of Research and Clinical Education has provided education and training opportunities for staff
- Worked with local universities to ensure access to education and training
- Our practice educator facilitators continue to support education in the clinical areas and support the fundamentals of care programme



Looking back 2022/23

Build a resilient clinical workforce and reduce avoidable harm

- Eliminated reliance on agency and locum resource by recruiting to revised establishments following safety review
- Appointed a fully substantive workforce across all work groups and achieved vacancy rates of three percent or below for clinical workforce, nursing, midwifery and medical
- Increased the clinical establishment and support roles by establishing new routes to employment, including clinical fellows and an outstanding approach to employing locally to those new to care as an anchor employer
- Improved performance against all quality and safety indicators in-year including reducing harm and improving the infection prevention rating to green
- Biannual skill mix reviews and investment in business cases for recruitment to the emergency department and acute medical unit have led to successful recruitment campaigns. The nursing and midwifery vacancy rate at the end of March 2023 was just under three per cent.
- Successfully recruited and welcomed more than 300 international nurses and midwives and supported them to obtain NMC registration and take up posts as registered nurses in the Trust
- Through the Patient Safety Group the Trust has focussed on reducing avoidable harm. Shared decision-making councils have enabled sharing of good practice and learning from where things do not go as planned
- Falls per 1,000 bed days was 3.38 in March 2023 (national mean performance 61 per 1,000 bed days)
- Monthly audits have demonstrated improvements in the management of sepsis, observations on time and medication management

What we said

Patient Experience

- With our colleagues at RWT we will publish a patient experience strategy for 2022-2025
- As early adopters, with our colleagues at RWT we will continue to develop and implement the new complaint standards
- PHSO (Parliamentary and Health Service Ombudsman) Complaints Standards including e-learning training modules and tracking progress against each Trust's self-assessment
- We will introduce a PALS chatbot as a virtual web assistance for key queries
- 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



What we did:

With our colleagues at RWT we will publish a patient experience strategy for 2022-2025

- We published our Patient Experience Enabling Strategy in collaboration with The Royal Wolverhampton NHS Trust. The strategy sets out our priorities for improving patient experience in the next three years. Three pillars of improvement have been identified: Involvement, Engagement, and Experience. These pillars have been guided and informed by the patient voice, using feedback and insight gained from our patients, families, and carers who either completed a national or local survey, took part in the Friends and Family Test, provided positive feedback, or raised a concern or complaint. We have set ourselves several priorities which will underpin each of the three pillars of improvement



As early adopters, with our colleagues at RWT we will continue to develop and implement the new complaint standards

- Adopted the model complaint handling procedure. This describes how the standards will be put into practice and will replace the existing complaints and concerns policy
- Reviewed the guidance modules and downloaded updated versions for dissemination
- Produced training modules around resolving concerns at a local level, a guide to an impactful local resolution meeting, with a further module around the formal complaint investigation process currently in development

PHSO Complaints Standards including e-learning training modules and tracking progress against each Trust's self-assessment

- Walsall Healthcare NHS Trust participated in the pilot of the new standards with early adopter status for implementation and collaborated with colleagues at the Royal Wolverhampton NHS Trust
- Undertaken a full review of our local templates to ensure compliance with the standards
- Completed the NHS assessment matrix. This breaks down the core expectations of the standards and allowed us to identify gaps in practice



Looking back 2022/23

We will introduce a PALS Chatbot - as a virtual web assistance for key queries.

- Since deciding on this action we have scoped the market but now feel we would be better served by an in-house version rather than an external one and this development is ongoing

Improvement Matters - we will shift some emphasis from measurement matters to improvement matters

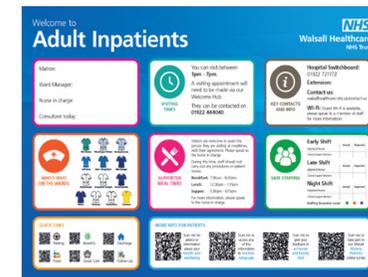
- Since the beginning of April 2023, we have embedded the “reflective shoes” process within our complaint process
- The process encourages complaint handlers to prompt a conversation with the staff members/teams involved in concerns around:
 - What were the patients / family's feelings at the time of the concern?
 - How do they feel?
 - What is their current situation?
- Following this discussion, staff are then prompted to discuss:
 - How it felt healing the concerns raised?
 - What can be learnt from the concerns?
 - How they will individually reflect on this?
 - If they require any support as individuals or as a team
- This conversation helps the complaint handler focus and agree on real time actions, helping us as a Trust to move away from retrospective actions and moving to “You said, We have”
- This also falls in line with the Parliamentary & Health Service Ombudsman (PHSO) complaint standards
- The PHSO standards have been in place since April 2023, however, due to our early adopter status, we have been able to work on initiatives such as reflective shoes prior to the standards coming into play





Patient Involvement - we will continue to recruit, engage, and involve patient partners in organisational decision making

- Patient partners have been involved in the development and co-design of new ward information boards completed in October 2022
- A patient partner and our new chaplaincy volunteers were actively involved in a faith-based improvement that has seen us provide faith resource boxes in key locations across acute and community
- The resource boxes include religious books, icons and key information to support staff and patients to access religious care by request
- The patient readers panel reviewed a combined VTE leaflet, the Goscote Hospice leaflet, patient initiated follow-up leaflet, lymphoedema, third primary dose of vaccine, post picc line insertion information leaflet
- In addition, our partners have been involved in PLACE assessments, quality improvement work and action monitoring in response to national surveys. The patient partners received a presentation on Duty of Candour explaining that the template followed is considered to not be user friendly. The partners attended a Duty of Candour workshop to co-design changes to the current process, to improve documentation and help produce a new leaflet



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.

- Throughout the year the trust has strengthened existing partnerships with Juniper Training, through the EWE programme, and Manor Farm Community Association, through the Manor Wellbeing Support lounge
- A new partnership for 2022/23 is with St John Ambulance and the NHS Cadets, a yearlong advanced programme supporting young people across the Black Country in the early stages of their career choices
- As we move into 2023, foundations have been laid for a new partnership with Walsall College, and we look forward to welcoming students to the hospital in the coming year. More than 20 students have signed up and begun their 12-week volunteer placement



Priorities for Improvement and Statements of Assurances



Our Quality Priorities for 2023/24

The priorities detailed below have been identified and agreed in the Quality and Safety Enabling Strategy and the Patient Experience Enabling Strategy. These are the first joint strategies for The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT). The strategies define in detail how we will strive to excel in delivery of care, which is one of the four strategic aims of the joint Trust Strategy.

Our key priority areas have been agreed based on information from various local, regional, and national sources, including recent engagement with our staff, patients, partners and the communities we serve.

The priorities identified below are specifically drawn from both above strategies.

The priorities are captured in the overarching themes of the Quality & Safety Enabling Strategy.

Our People

- Priority Area - The right workforce with the right skills, in the right place at the right time

Embed a culture of learning and continuous improvement at all levels of the organisation

- Priority area - Quality improvement
- Priority area - Patient safety
- Priority area - Patient involvement

Prioritise the treatment of cancer patients focused on improving the outcomes of those diagnosed with the disease

- Priority Area - Cancer treatment

Deliver safe and responsive urgent and emergency care in the community and in hospital

- Priority Area - Urgent and emergency care and patient flow

Deliver the priorities of the National Elective Care Strategy

- Priority Area - National Elective Care Strategy



<h2>Priority 1: Patient safety</h2>	
<p>Embed a culture of learning and continuous improvement at all levels of the organisation.</p> <p>Priority area - Patient safety</p>	<p>Key actions we will take:</p> <ul style="list-style-type: none"> • Transition to the Patient Safety Incident Response Framework (PSIRF) • Transition to Learn from Patient Safety Events (LfPSE) • Increase uptake of Level 2 syllabus training <p>The aim for 2023/24</p> <ul style="list-style-type: none"> • Transition to PSIRF achieved by the national deadline • 100% of incidents uploaded to LfPSE by the national deadline
<p>Deliver safe and responsive urgent and emergency care in the community and in hospital.</p> <p>Priority area - Urgent and emergency care and patient flow</p>	<p>Key actions we will take:</p> <ul style="list-style-type: none"> • Working with partners from across the system, we will support the flow of patients through UEC, by: • expanding and maintaining the use of same day emergency care (SDEC) services to avoid unnecessary hospital stays • expanding virtual wards, allowing people to be safely monitored from the comfort of their own homes • working with partners to speed up discharge from hospital and reduce the number of patients without criteria to reside <p>The aim for 2023/24</p> <ul style="list-style-type: none"> • Year on year improvement in the percentage of patients seen within four hours in A&E • Reduce adult general and acute bed occupancy to 92% • Consistently meet the 70% two-hour urgent community response time
<p>Embed a culture of learning and continuous improvement at all levels of the organisation.</p> <p>Priority area - Quality improvement</p>	<p>Key actions we will take:</p> <ul style="list-style-type: none"> • Produce a gap analysis on how both trusts (RWT/WHT) rank against the four components of a quality management system (quality planning, quality control, quality improvement and quality assurance), and review how we triangulate data to understand priorities • All members of divisional and care group/directorate leadership teams to attend one day quality service improvement and redesign fundamentals (sessions scheduled from January 2023) • Year-on-year roll-out plan for QI huddle boards across both trusts to targeted areas e.g., low evidence of improvement work, non-clinical areas <p>The aim for 2023/24</p> <ul style="list-style-type: none"> • Completed gap analysis by end of 2023/24 • Increase in the number of staff trained following triumvirate training • Introduction of 10 QI huddle boards per site/annum



Priority 2 - Clinical effectiveness

<p>The right workforce with the right skills, in the right place at the right time</p> <p>Priority area - Our people</p>	<p>Key actions we will take:</p> <ul style="list-style-type: none"> Recruit and retain staff using targeted interventions for different career stages Improve retention using bundles of recommended high impact actions Develop and deliver the workforce required to deliver multidisciplinary care closer to home, including supporting the rollout of virtual wards and discharge to assess models <p>The aim for 2023/24</p> <ul style="list-style-type: none"> To improve staff turnover by the end of 2023/24
<p>Prioritise the treatment of cancer patients, focusing on improving outcomes for those diagnosed with the disease</p> <p>Priority area - Cancer treatment</p>	<p>Key actions we will take:</p> <ul style="list-style-type: none"> Maintain focus on operational performance, prioritising capacity for cancer patients to support the reduction in patients waiting over 62 days Increase and prioritise diagnostic and treatment capacity for suspected cancer, including prioritising new community diagnostic centre capacity Implement priority pathway changes for lower gastrointestinal (GI), skin, and prostate cancer <p>The aim for 2023/24</p> <ul style="list-style-type: none"> Reduction in the number of patients waiting more than 62 days for treatment, and meeting the cancer faster diagnosis standard by March 2024 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed, or have cancer ruled out, within 28 days
<p>Deliver the priorities of the National Elective Care Strategy</p> <p>Priority area - National Elective Care Strategy</p>	<p>Key actions we will take.</p> <ul style="list-style-type: none"> Deliver an increase in capacity through the community diagnostic centre and theatre expansion programme Transform the delivery of outpatient services with the aim of avoiding unnecessary travel and stress for patients Increase productivity using the GIRFT (Getting it Right First Time) programme and improving theatre productivity <p>The aim for 2023/24</p> <ul style="list-style-type: none"> Eliminate waits of over 65 weeks by the end of 2023/24 Meet the 85% theatre utilisation expectation



Priority 3 - Patient experience

Embed a culture of learning and continuous improvement at all levels of the organisation.

Priority area - Patient involvement

Key actions we will take:

- The key priorities are outlined within the joint Patient Experience Enabling Strategy (2022-2025). These include:

Pillar one - Involvement

- We will involve patients and families in decisions about their treatment, care, and discharge plans.

Pillar two - Engagement

- We will develop our Patient Partner programme and use patient input to inform service change and improvements across the organisation

Pillar three - Experience

- We will support our staff to develop a culture of learning to improve care and experience for every patient.

Within the Quality and Safety Enabling Strategy there are also several priority areas identified under the overarching theme of “fundamentals”, which are based on internal and external priorities. The Trust will also be expected to deliver on the specific objectives linked to the strategy under this section.

Fundamentals - based on internal and external priorities:

- Priority Area - Prevention and management of patient deterioration
- Priority Area - Timely sepsis recognition and treatment
- Priority Area - Medicines management
- Priority Area - Adult and children safeguarding
- Priority Area - Infection prevention and control
- Priority Area - Eat, Drink, Dress, Move to Improve
- Priority Area - Patient discharge
- Priority Area - Maternity and neonates
- Priority Area - Mental health
- Priority Area - Digitalisation

The Quality and Safety Enabling Strategy also includes the following priority area, which is part of the “Care” strategic aim of the Trust Strategy:

Deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our communities and populations.

- Priority Area - Financial sustainability

This will focus on ensuring that we best use the finite resources available to us, which include (but are not limited to) people, physical capacity and finances, as well as maximising opportunities offered through collaborative working between RWT and WHT.

Mandatory statements of assurance from the Board



Review of services

Participation in clinical audit

During 2022/23, there were several national clinical audit programmes and national confidential enquiries covering NHS services. During that period Walsall Healthcare participated in 92% of the national clinical audit programmes and 100% of the national confidential enquiries in which it was eligible to participate.



The national clinical audits and national confidential enquiries that Walsall Healthcare NHS Trust was eligible to participate in during 2022/23 are as below.

National Audit Title	Trust Participation	% of the No of cases Submitted	Actions / Comments
Serious Hazards of Transfusion (SHOT)	Yes	100%	In progress
National Asthma and COPD Audit Programme (NACAP) - COPD	Yes	On-going data submission	In progress
National Asthma and COPD Audit Programme (NACAP) - Asthma	Yes	On-going data submission	In progress
National Asthma and COPD Audit Programme (NACAP) - Pulmonary Rehabilitation	Yes	On-going data submission	All national recommendations have been reviewed and an action has been put in place for the one recommendation noted
National Asthma and COPD Audit Programme (NACAP) - Paediatric Asthma - Secondary Care	Yes	On-going data submission	Report received - under care group review
National Diabetes Audit- Inpatient Audit - Safety Audit	Yes	Data submission in progress	In progress
National Diabetes Adult - Foot Care Audit	Yes	Data submission in progress	Report received, fully compliant with standards assessed
National Diabetes Adult - Pregnancy	Yes	On-going data submission	In progress
National Diabetes Adult - Core	Yes	Data submission in progress	In progress
National Paediatric Diabetes Audit	Yes	On-going data submission	Report received, good level of care, noted actions in place to assess any standard
National Lung Cancer Audit (NLCA)	Yes	100%	Not yet reported
Pain in Children - CEM	Yes	100%	Report received June 2022 - action plan in place
Assessing for Cognitive Impairment in Older People - CEM	Yes	On-going data submission	Not yet reported



Statements of Assurance

National Audit Title	Trust Participation	% of the No of cases Submitted	Actions / Comments
Major Trauma Audit - TARN	Yes	100%	Report received - good compliance to standards
Mental Health Self Harm - CEM	Yes	On-going data submission	Not yet reported
Cleft Registry and Audit Network	No	N/A	Not undertaken at the Trust
National Audit of Heart Failure	Yes	On-going data submission	Report received June 2022 - no actions necessary from the outcome
National Audit of Adult Cardiac Surgery	No	N/A	Not undertaken at the Trust
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Yes	On-going data submission	In progress
National Congenital Heart Disease	No	N/A	Not undertaken at the Trust
Cardiac Rhythm Management	Yes	100%	In progress
National Audit of PCI	No	N/A	Submitted as part of RWT data.
National Gastro Intestinal Programme National Oesopago - Gastric Cancer	Yes	Data submission in progress	Report received Jan 2023
National Gastro Intestinal Programme - National Bowel Cancer Audit	Yes	On-going data submission	Report received Jan 2023
Inflammatory Bowel Disease Audit	Yes	Data submission in progress	In progress
Mental Health Clinical Outcome Review Programme	No	N/A	Not undertaken at the Trust
Sentinel Stroke National Audit - Community	Yes	100%	Report received Nov 2022, good compliance
National Prostate Cancer Audit	Yes	Data submission in progress	Submitted as part of RWT data



National Audit Title	Trust Participation	% of the No of cases Submitted	Actions / Comments
Case Mix Programme (CMP) - ICNARC	Yes	100%	Report received Jan 2023, good compliance against the standards
National Audit Of Breast Cancer in Older People	Yes	On-going data submission	Report received May 2022, good compliance against the standards
Breast and Cosmetic Implant Registry	Yes	On-going data submission	Not yet reported for 22/23
National Emergency Laparotomy Audit	Yes	On-going data submission	Report received Feb 2023
National Vascular Registry	No	N/A	Not undertaken at the Trust
Elective Surgery (National PROMs Programme)	Yes	On-going data submission	In progress
Falls and Fragility Fractures Audit programme (FFFAP) - National Hip Fracture Database	Yes	On-going data submission	In progress
Falls and Fragility Fractures Audit programme (FFFAP) - National Audit of Inpatient Falls	Yes	TBC	Report received November 2022 actions aligned to the Falls Working Group
Fracture Liaison Service Data Base	Yes	On-going data submission	Report received Jan 2023, good compliance
National Clinical Audit of Rheumatoid and Early Inflammatory Arthritis	Yes	On-going data submission	Reported received Oct 2022, low case ascertainment, limitations on results
MBRACE-UK	Yes	100%	Report received Nov 2022, good compliance
National Maternity and Perinatal Audit (NMPA)	Yes	100%	Report received June 2022, good compliance
National Obesity Audit	Yes	Data Submission in progress	In progress
National audit of Seizures and Epilepsies in Children and Young People	Yes	On-going data submissions	Report received July 2022 - actions taken



Statements of Assurance

National Audit Title	Trust Participation	% of the No of cases Submitted	Actions / Comments
National Audit of Care at the End Of Life	Yes	Data Submission in progress	Report received July 2022, moderate compliance, action taken
National Neonatal Audit Programme	Yes	Data submission in progress	Report received Nov 2022, Good compliance, noted 10 standards achieved, four standards needed improvement
Paediatric Intensive Care	N/A	N/A	Not undertaken at the Trust
Learning Disability Mortality Review Programme	Yes	TBC	In progress
National Audit of Dementia	No	N/A	Not undertaken at the Trust
National Cardiac Arrest Audit (NCAA)	Yes	On-going data submissions	Report received April 2023, under care group review
Improving the Quality of Valproate Prescribing in Adult Mental Health Services	No	N/A	Not undertaken at the Trust
The use of Melatonin	No	N/A	Not undertaken at the Trust
UK Cystic Fibrosis Registry	No	N/A	Not undertaken at the Trust
Child Health Clinical Outcome Review	Yes	On-going data submissions	In progress
National Clinical Audit of Psychosis	No	N/A	Not undertaken at the Trust
National Joint Registry (NJR)	Yes	On-going data submissions	Report received Sept 2022, good compliance noted
Neurosurgical National Audit Programme	No	N/A	Not undertaken at the Trust
National Audit of Pulmonary Hypertension	No	N/A	Not undertaken at the Trust



National Audit Title	Trust Participation	% of the No of cases Submitted	Actions / Comments
Out of Hospital Cardiac Arrest Registry	No	N/A	Not undertaken at the Trust
Peri Operative Quality Improvement Programme	No	N/A	Not undertaken at the Trust
Society Acute Medicine Bench Marking Audit SAMBA	Yes	100%	In progress
Chronic Kidney Disease Registry	Yes	Data Submission in progress	Submitted
Muscle Invasive Bladder Cancer Audit	Yes	Data Submission in progress	Submitted
Medical and Surgical Outcome Review Programme	Yes	On-going data submissions	In progress
National Audit of Cardiac Rehabilitation programme	Yes	Data Submission in progress	In progress
National Child Mortality Database	Yes	Data Submission in progress	Report received July 2022, good compliance
National Perinatal Mortality Review Tool	Yes	Data Submission in progress	In progress
Adult Respiratory Support Audit	Yes	Data Submission in progress	In progress
National Smoking Cessation Audit - Maternity and Mental Health Services	Yes	N/A	Currently on pause with the national team
National Bariatric Surgery Registry	Yes	100%	In progress
National Ophthalmology Database Audit	Yes	Data Submission in progress	Submitted
UK Renal Registry Chronic Kidney Disease Audit	Yes	Data Submission in progress	Submitted
UK Parkinson's Audit	Yes	100%	Report received March 2023, with the care group



Statements of Assurance

The reports of 26 national clinical audits were reviewed by the provider in April 2022-March 2023 and Walsall Healthcare intends to take the following actions to improve the quality of healthcare provided. A Summary of the reports reviewed is noted in the table below:

National Audit Title	Actions taken
Pulmonary Rehab	Of the six recommendations in the report that are applicable to the service, there were five that were already being achieved giving WHT good compliance. There was one standard that required improvement relating to distance assessments. Action was taken to address walking distance assessments - this is now standard practice for all patients in our care.
National Audit of Care at the End of Life: Third round of the audit	Report and recommendations reviewed local action plan developed, including development and delivery of education programme to support communications training and introduction of end of life specialist nurse practitioner post.
SSNAP Annual report 2022	Report and recommendations reviewed, local actions developed; a good standard of care was noted overall with actions being taken to improve the speech and language service currently provided.
National Oesophago-Gastric Cancer Audit Short Report 2022	All national recommendations are reviewed, and a local action plan is in place to strengthen working between dieticians at Walsall Healthcare and dieticians at QE.
The 'So What' of Maternity Data	All recommendations have been reviewed; local actions to form part of the Ockenden report.
National Neonatal Audit Programme summary report on 2021 data	Report received and reviewed; actions taken include posters to raise awareness, educational sessions to all staff groups and the purchase of new equipment and training for safe use.
Case Mix Programme - ICNARC	Presentation and review of national data, no formal action plan required.
National Diabetes Foot Care Audit: Interval review	Presentation and review of national data, no formal action plan required.
Cardiac Arrest	The overall data completeness remains high for Walsall Healthcare. Action taken to further embed the electronic form to support submissions to capture data on patients in real time.
National Paediatric Diabetes Audit Annual Report 2022/23	All national recommendations are reviewed, and a local action plan is in place to address any areas of potential improvement
National Audit of Breast Cancer in Older Patients: 2022 annual report	Report reviewed and no areas of concern, no formal action plan required
National Cardiac Audit Programme 2022 Report: The heart in lockdown	Report reviewed and no areas of concern, no formal action plan required.
Fractured Neck of Femur - CEM	Presentation and review of national data has taken place. Actions were agreed by the care group to include education and training
Eighth Patient Report - National Emergency Laparotomy Audit	Report received and reviewed, actions and recommendations noted - a formal action plan is in development



Local Clinical Audit

Walsall Healthcare initially registered 123 audit projects, of which 39 are in progress and 76 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
Emergency Department Adherence to NICE guidance CT Imaging requests	59% had a CT image in accordance with NICE guidance thus indicating low assurance.	Work to incorporate the NICE guidance into the ICE requests is in progress with an aim to act as a prompt during the request process
Ward Round Audit	Based on RCP guidance - 5 key principles. 100% compliance in three of the standards, however two of these principles - patient involvement and education and development - were sitting below the recommended baseline	Audit was presented to the care group and actions taken around staff education around the key principles required for an effective ward round and improving patient involvement in the ward round discussion/process.
Rybelsus	Safe and effective drug in type 2 diabetes shared with the formulary management group for assurance	Recommendation and assurance shared with the formulary management group
Dermatology Vuval Clinic	To look at adherence to BAD guidelines on lichen sclerosis	Actions taken: improvements to the patient referral pathway, vulval clinic, to enhance the patient experience
Follow up" alert following abnormal Chest x-ray- Is it acted on by the requesting clinician?	Moderate compliance was identified to follow up arrangements	Action taken to develop Trust guidance to ensure the process around follow from chest x-ray is consistent. Shared the outcome of the audit through numerous forums and huddles to raise awareness
An audit to evaluate the accuracy of discharge summaries and scope of pharmacist intervention in discharge prescribing	Moderate compliance identified in relation to EDS compliance	Actions taken: active pharmacy participation in EDS redesign. Education and training enhancements for staff on prescribing requirements for EDS completion. Cascade audit findings in safety huddles for learning and embedment of the process.
Use of Interpreters	Limited compliance on the full use of interpreters	Improvement in the antenatal assessment for primary language. Improve documentation around plan following identification of the need for translation service involvement
VTE in the Postnatal Period	Moderate assurance noted in relation to assessment	Reinforce the policy in the safety huddles and ongoing monitoring of compliance to VTE and investigation if the current VTE dashboard can be expanded to incorporate the outpatient element.
Maternal pulse recording in labouring Women	Full compliance	Audit shared with the teams and at the safety huddle - no action required.
Syphilis Audit - Genito-urinary Medicine	Moderate compliance against the BASHH guidelines	Action taken - readjusted to proforma, to improve contact tracing.
To find out the timing of consultant review of children admitted in the Paediatric Ward	Good compliance to standards	Audit shared with the teams and at the safety huddle - no action required.
Prolonged Jaundice re audit for assurance of changes embed	Good compliance to standards and improvements noted	Audit shared with the teams and at the safety huddle - no action required.



Statements of Assurance

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 2022 to 31 March 2023 the Trust has been issued with a total of 14 Patient Safety Alerts (NPSA) from the Central Alerting System. All these alerts have been completed in line with the stipulated completion periods. Four of the 14 were deemed not applicable to the organisation.

Participation in clinical research

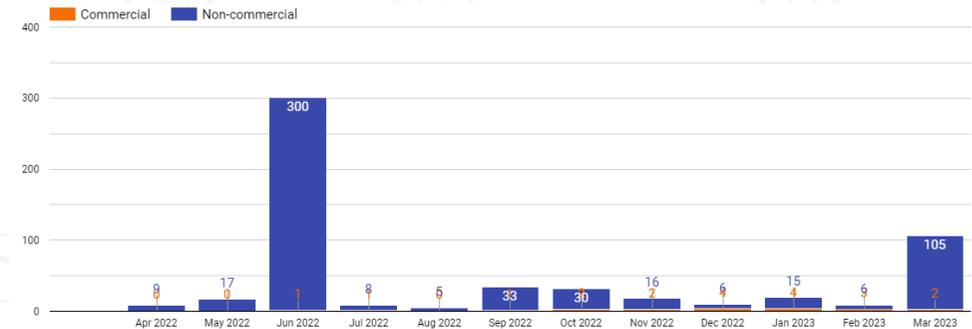
Opportunities for the population of Walsall to take part in research studies continue to grow year on year.

The total number of patients receiving relevant health services provided or subcontracted by Walsall Healthcare NHS Trust in 2022/23 who were recruited in research approved by a research ethics committee is 571, covering 14 specialities. Of this total, 21 participants took part in clinical trials.

This data shows that since the same period the year before (21/22), the Trust has seen an increase of 318 patients having the opportunity to be involved in research. Walsall Healthcare NHS Trust has seen a growth in the number of commercial trials opened during 22/23, in total eight - compared to two in the previous period. The predicted growth of clinical trials for 23/24 is already evident with five studies in the pipeline.

Opportunities for participants to be involved in clinical trials have also increased. Study types include interventional and observational, with clinical trials varying from phase 2b to phase 3.

The implementation of hybrid roles to support research growth in maternity and palliative care (working in collaboration with Compton Care) has seen a rise in research activity within these specialities.



The below table illustrates the varied speciality areas Walsall Healthcare NHS Trust is research-active in, with studies in set up or in the pipeline:

Specialities Opened	Specialities In Set up	Specialities in the pipeline
Cancer	Paediatrics/Children	Cardiovascular
Critical Care	Cardiovascular	Dermatology
Respiratory	Musculoskeletal	Rheumatology
Surgery	Surgery	Sexual Health
Dermatology	Dermatology	
Cardiovascular	Reproductive Health & Birth	
Reproductive Health & Birth	Cancer	
Emergency Medicine		
Paediatrics/Children		
Tissue/Viability/Diabetes		
Maternity		
Education Related		

Cardiovascular, dermatology and surgery dominate research activity across the Trust, having a number of studies opened, in set up or in the pipeline.

New growth areas include rheumatology, respiratory, sexual health, maternity, dietetics and emergency medicine.



CQUIN (Commissioning for Quality and innovation Payment Framework)

As part of the response to COVID-19, the NHS adopted special payment arrangements for 2020/21 and 2021/22, removing the requirement for trusts to sign formal contracts, and disapplied financial sanctions for failure to achieve national standards. The Commissioning for Quality and Innovation (CQUIN) financial incentive scheme was also suspended for the entire period. To support the NHS to achieve its recovery priorities, CQUIN was reintroduced from 2022/23.

Walsall Healthcare NHS Trust's income in 2022/23 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.



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 2022/23. The Trust was issued a Section 29a Warning Notice in relation to medicines management in November 2022.

Safe	Requires improvement	●
Effective	Requires improvement	●
Caring	Outstanding	☆
Responsive	Requires improvement	●
Well-led	Requires improvement	●
Use of resources	Requires improvement	●

Community health services for adults	20 December 2017	Good	●
Community health services for children, young people and families	20 December 2017	Good	●
Community end of life care	20 December 2017	Outstanding	☆
Community health sexual health services			



Statements of Assurance

Overview and CQC inspection ratings Click for key ✓ ✗ ⚠ | ☆ ● ● ● ●

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

Information on the quality of data - Secondary User Services

Walsall Healthcare NHS Trust submitted records during 2022/23 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:

- 99.88% for admitted patient care
- 99.95% for outpatient care and
- 99.54% for accident and emergency care

The percentage that included the patient's valid General Medical Practice Code was:

- 100% for admitted patient care
- 100% for outpatient care
- 100% for accident and emergency care

The Trust received an inspection of its medical services, surgical services, children's and young persons' services and Trust-wide 'Well Led' on 20 September, 4 October, 5 October, 9 November and 10 November 2022.

Previous reports and full details of our inspections are available on the CQC website (www.cqc.org.uk).





Clinical coding error rate

Walsall Healthcare NHS Trust was not subject to the Payment by Results clinical coding audit during 2022-23 by the Audit Commission. However, it did commission a Data Protection and Security Toolkit audit undertaken by 3M for coded data 2022/2023 and the results are in the table below.

The aim of the audit is to check that clinical coding processes are in place and to ensure the inputted data complies with national clinical coding standards. Coded clinical data will always be audited against the national clinical coding standards.

	Level of attainment Mandatory	Level of attainment Advisory	Trust percentage correct
Primary diagnosis	>= 90.0%	>= 95.0%	96.0%
Secondary diagnosis	>= 80.0%	>= 90.0%	87.5%
Primary procedure	>= 90.0%	>= 95.0%	96.8%
Secondary procedure	>= 80.0%	>= 90.0%	94.0%

Information governance toolkit attainment levels

Data Security and Protection Toolkit

The table below details the incidents reported on the NHS Digital incident reporting tool and to the Information Commissioners Office (ICO), within the financial year 2022-2023:

Date incident occurred (Month)	Nature of incident	No. of data subjects	Description/nature of data involved	Further action on information risk
April 2022	Unauthorised access	1	A member of staff allegedly accessed a patient's digital health record on the Trust's clinical information system.	Investigation undertaken with HR involvement.
March 2023	Cyber incident	Unknown	One single asset and a single account had been compromised and allowed access into the Walsall Healthcare NHS Trust infrastructure via a virtual private network (VPN).	Still under investigation.



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Incidents classified at lower severity level - Incidents classified at severity level 0/1 are aggregated and provided in table below. Please note this is not all incidents, just level 0/1 against the below listed categories:

Category	Breach type	Total
A	Confidential patient breach	38
B	Confidential information leak	4
C	Consent not gained	2
D	Post incorrectly sent/ addressed	12
E	Record keeping - incomplete	1
F	Missing records	10
G	Records lost in transit	2
H	Records not provided	1
I	Reports (results) - missing/unfiled	2
J	Loss of data via electronic transmission	2
K	Incorrect delivery of electronic data	3
	Total	77

Walsall Healthcare NHS Trust Data Protection and Security Toolkit return 2021/2022

The Trust submitted as "Standards Met". An internal audit of the DSP toolkit in February 2022 for the 2021/22 toolkit year had provided significant assurance of the processes and evidence that is in place to support the DSP toolkit submission.

Data Protection and Security Toolkit return 2022/23 - Is currently being ratified and will not be published until June 2023.

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

National reporting on seven-day service has been suspended since March 2020. However, Walsall Healthcare NHS Trust continues to monitor against the standards, completing two audits in 2022/2023. 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 February 2023, see below for detail on to the four core standards. The results evidenced significant improvement on the previous audit, with the Trust now meeting the following two standards where it had not the previous year:

- Standard 2 (time to first consultant review, within 14 hours in the acute admission setting)
- Standard 8 (ongoing 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 93% (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 60%. Compliance was as follows: weekday 94% and weekend 100% (compared to previous results: weekday 59% and weekend 73%).

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 - Ongoing consultant review, all patients to be reviewed every 24 hours.



Daily review compliance is at 91% (compliance at last report was 53%), against the 90% compliance target.

The results of the audits have significantly improved on the previous years. Previously identified areas for improvement and quality measures the Trust introduced should continue 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 the Trust will continue to audit twice yearly.

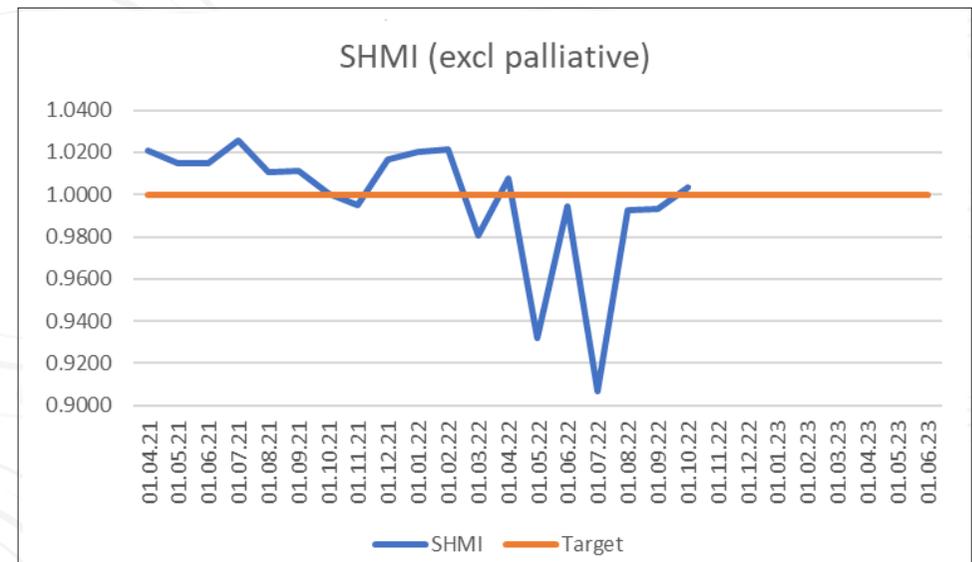


National Core Set of Quality Indicators

Core Quality Indicators - SHMI

The summary hospital level mortality indicator (SHMI) is a mortality measure that takes account of several 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 value is measured against the NHS average which is 1. A value below 1 denotes a lower-than-average mortality rate and therefore indicates good, safe care.

The published SHMI value for the 12-month rolling period (published by NHS Digital November 2022) July 2021 to June 2022 is 0.995, and the most recent published SHMI value for the 12-month rolling period (published by NHS Digital March 2023) November 2022 to October 2023 is 1.003. These values are within the expected range and relate to the acute Trust excluding palliative care.



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 an SHMI alert is received and reports are presented at the Mortality Surveillance Group outlining issues identified and action plans as necessary. This is monitored monthly.



Core Quality Indicators - Summary of patient deaths with palliative care

The data is provided to the Trust by the medical examiner team for patient deaths with palliative care at either diagnosis or specialty level for the reporting period as below:

Month	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Palliative Medicine Deaths	14	10	15	13	14	11	12	10	9	10	14	16	18	11	16
Total Hospital Deaths	139	104	120	125	120	106	105	105	113	124	109	164	168	113	149

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):

Month	Apr 22	May 22	June 22	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
SJR requested	7	7	8	3	3	11	16	16	26	13	15	9
Total deaths (hospital)	125	120	106	105	105	113	124	109	164	168	113	149

SJR outcomes (total deaths reviewed categorised by outcomes)

	Q1	Q2	Q3	Q4	Total
Number of deaths	349	322	395	429	1495
Number of SJRs	17	8	31	17	73
Estimate of the number of deaths thought to be more likely than not due to problems in the care provided	4	1	4	5	14

This data refers to the number of SJRs completed.

The total number of deaths in the Trust for 2022/2023 is 1,495.

Number of completed SJRs with scores of 1-3a is 14.

Percentage of avoidable deaths is 0.94%.

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.

The community ME programme continues to be rolled out to all Walsall GPs with 48% of Walsall GPs now part of the programme and meetings arranged in April to encourage

GPs to sign up in advance of the statutory date.

The ME programme in the community was due to become statutory in April 2023, however this has been moved to summer 2023 and we are awaiting notification of the exact date.

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 can provide care across boundaries.

The Trust will take/has taken the following actions to improve the quality of its services in 2022/23:

- The Gold Standard Framework programme in the hospital commenced in October 2022, helping to offer a systematic approach to end of life care on the wards
- The End-of-Life Task and Finish group is supporting the first cohort on two wards: a medical and surgical ward. Currently both wards are using their daily board rounds to discuss patients and support their wishes and preferences
- The second cohort of six wards will commence training in June 2023 and the final cohort of six wards in October 2023. This will include areas such as ITU and AMU.
- The ReSPECT group commenced in March 2023 with the aim to provide oversight, governance, training compliance, audit and reviewing incidents.



Core Quality Indicators - Learning from Deaths

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.

Detailed case record review is undertaken using the Royal College of Physicians' 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 this 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.

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:

Lung cancer

- The lung cancer service quality improvement programmes have led to a rapid access suspect referral process with new pathways to identify potential malignancies on imaging
- Appointment of lung nodule tracker and cancer navigation post
- Agreed business case to strengthen respiratory team
- Streamlining and clarifying function of lung cancer MDT
- Trust-wide cancer Power BI dashboard
- New ACP/CNS oncology clinics to support oncologists commenced 6 February 2023
- Fewer patients waiting excessive time for surgery: change of SLA September 2022
- Additional session providing bronchoscopy

Colorectal cancer

- The colorectal cancer service has implemented a mandated FIT test prior to GP referral since January 23 to streamline referrals, with guidance for urgent referrals circulated to major stakeholders
- Education session arranged with GPs/primary care in February/March 2023
- Additional CNS triage post advertised
- Additional ICB funding to support endoscopy capacity – delivering an additional 1,434 endoscopies per year
- Extra list through November 2022 to January 2023 to reduce backlog of colonoscopy requests
- Endoscopy equipment – approved (and now delivered) 38 scopes and four stack systems, costing £1.87million.
- Endoscopy suite business case – submitted to the Trust Investment Group, for a £781k expansion
- Endoscopy recovery action plan
- Cancer services have seen reduction of >62-day patients within the patient treatment list (PTL) for February 2023.



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Breast cancer

- The breast cancer team has expanded with an additional breast cancer nurse to help reduce delays in the cancer performance pathway

Oncology

- A seven-day acute oncology service has been established with a lead nurse

Emergency Department

- The Emergency Department has shown a sustainable significant improvement in ambulance handover and triage, ranking first in the West Midlands for 18 months
- A newly built urgent and emergency care centre (UECC) opened in March 2023 to improve patient care, experience, and flow
- A new online referral system to the acute medical team (Careflow Connect) has been implemented to expedite and minimise the time spent to refer patients

Renal

- A seven-day acute kidney injury (AKI) service commenced on 19 November 2022 in collaboration with the renal team from The Royal Wolverhampton NHS Trust
- A dashboard for AKI is also being developed in the Trust

Urology

- The prostate cancer service has introduced a 'one stop shop' clinic where patients receive trans-rectal ultrasonography and trans-perineal biopsy as needed rather than wait between assessment and investigation

Perinatal mortality

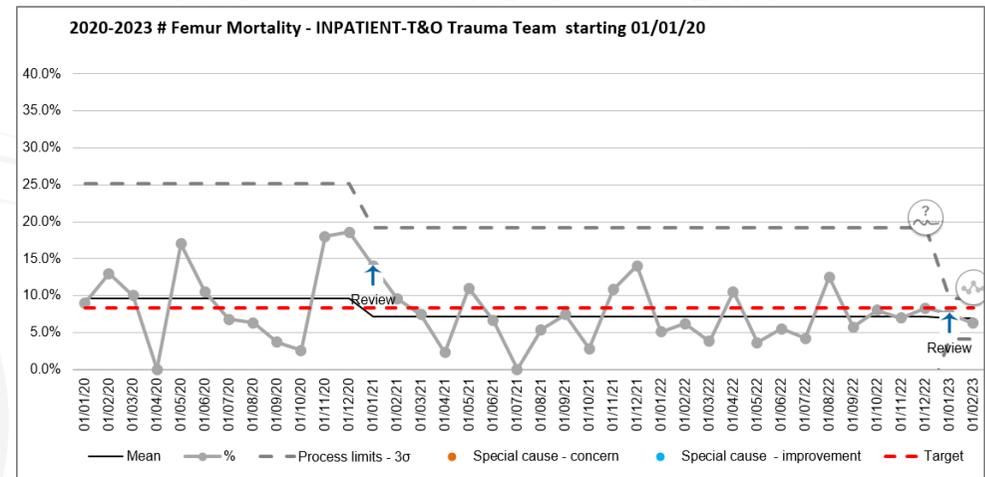
- Twice daily consultant obstetrician ward round has been implemented
- Themes for improvement were identified with improvement methodology and will be monitored on the PMRT action log monthly
- A working group to review the admission of gestation between obstetric care and gynaecology care to improve the care provided to patients in alignment with Local Maternity Neonatal Services (LMNS)

Deteriorating patient

- Sepsis Outreach Response Team (SORT) was introduced in January 2022 resulting in a significant improvement in the Trust-wide performance against delivery of the "Sepsis Six" and in particular administration of antibiotics within 60 minutes

- The Deteriorating Patient Group has submitted a business case to introduce a 24-hour service from the sepsis team

Fracture neck of femur



- Several improvement initiatives were undertaken to improve outcomes and reduce mortality which resulted in the team receiving a HQIP award in April 2022.





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	Date	0-15	16 & Over
Apr-20	6.15%	12.43%	Apr-21	16.58%	11.34%	Apr-22	15.02%	11.42%
May-20	6.31%	14.25%	May-21	16.99%	11.14%	May-22	16.95%	11.00%
Jun-20	4.88%	14.06%	Jun-21	13.91%	11.15%	Jun-22	18.25%	11.88%
Jul-20	7.25%	13.89%	Jul-21	15.35%	10.74%	Jul-22	19.27%	12.35%
Aug-20	10.23%	14.51%	Aug-21	16.09%	10.51%	Aug-22	14.32%	11.35%
Sep-20	12.56%	13.38%	Sep-21	17.30%	10.70%	Sep-22	15.48%	9.77%
Oct-20	15.97%	13.22%	Oct-21	16.84%	10.68%	Oct-22	18.49%	9.91%
Nov-20	17.74%	12.44%	Nov-21	17.62%	10.98%	Nov-22	18.64%	10.52%
Dec-20	13.60%	12.17%	Dec-21	15.99%	10.45%	Dec-22	15.09%	10.85%
Jan-21	13.99%	12.65%	Jan-22	14.94%	12.34%	Jan-23		
Feb-21	16.56%	12.73%	Feb-22	17.70%	11.51%	Feb-23		
Mar-21	18.15%	11.61%	Mar-22	17.41%	11.67%	Mar-23		



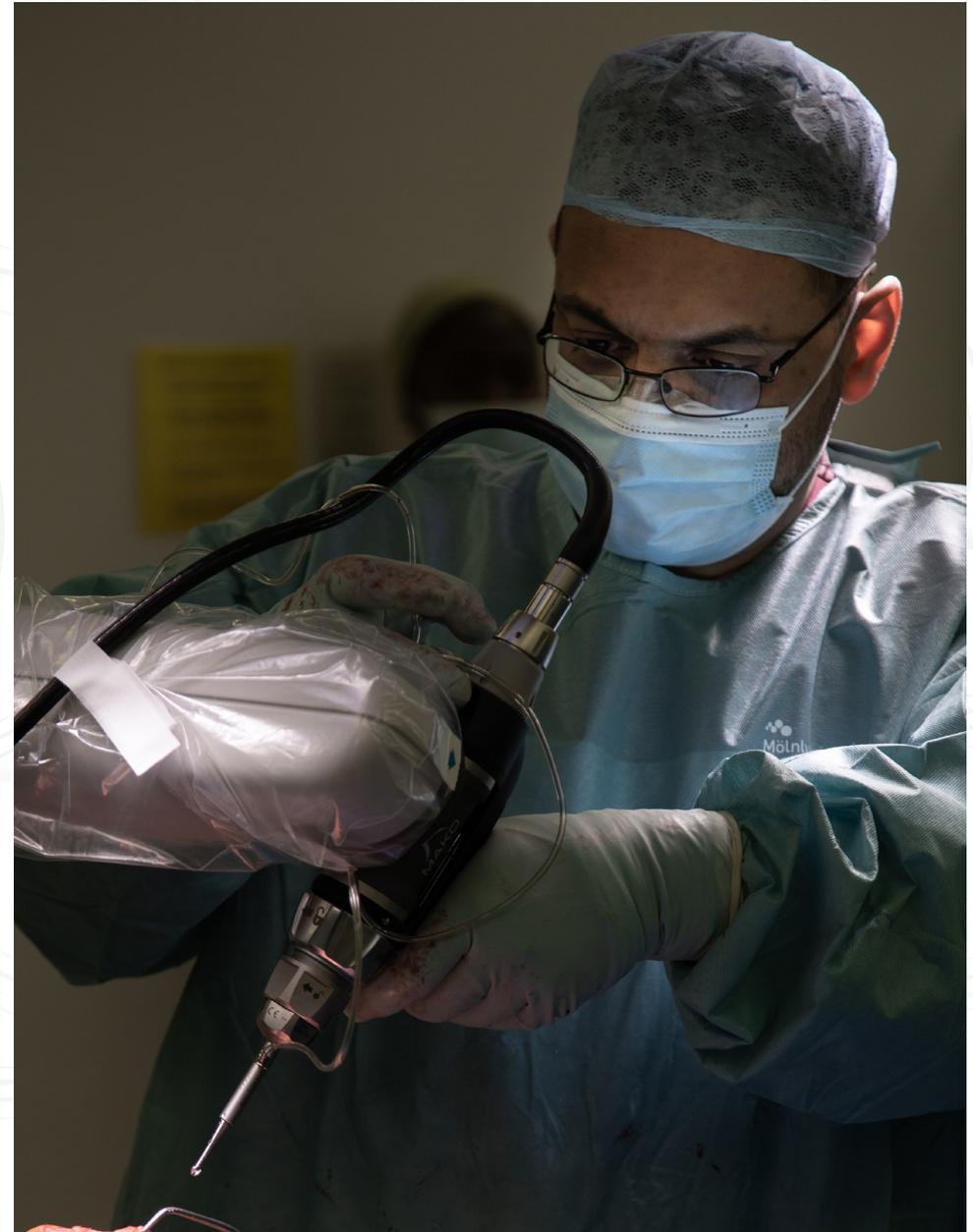
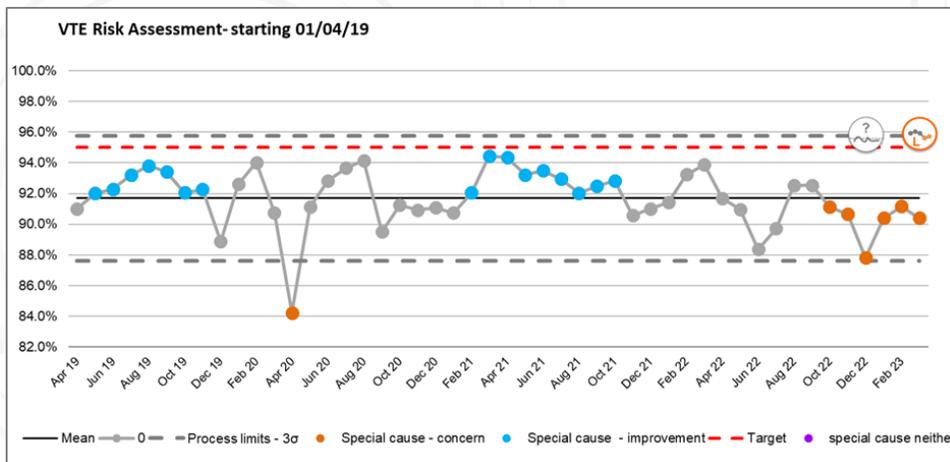
Statements of Assurance

Core Quality Indicators - Venous Thromboembolism (VTE)

National reporting on VTE (venous thromboembolism) 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 the graph below for performance for 2022/2023.

VTE assessment remains below the required compliance target of 95%. Monthly audits are embedded in practice with data shared with consultants and clinical teams to ensure specialties are kept informed of performance to ensure safe patient care.

The Thrombosis Group meets monthly and provides the opportunity to discuss compliance and share ideas for improvement. All incidents of pulmonary embolism and deep vein thrombosis are reported together with the outcome of investigations that have been carried out.





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.

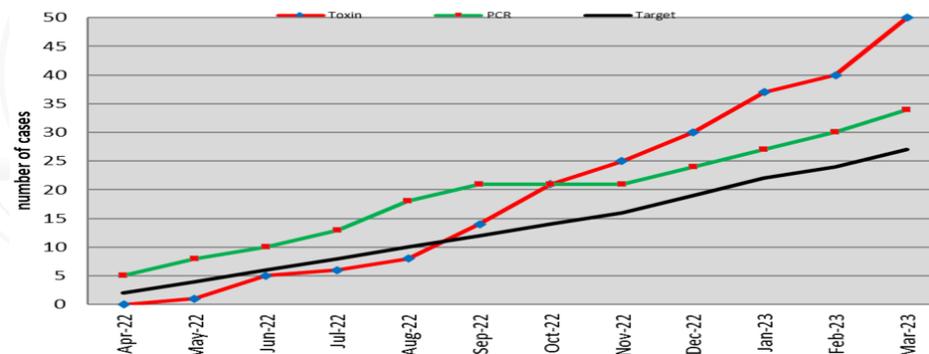
The Trust has implemented a C. difficile action plan, to include ongoing weekly C. difficile and antimicrobial stewardship ward rounds, education of ward staff, C. difficile toolkits monthly to assess cases, thematic review of cases and the annual deep clean programme.

Between April 2022 and March 2023 there have been 50 cases confirmed of acute C. difficile toxins against the annual trajectory of 27:

Total Acute Toxin cases	50
Avoidable	19
Unavoidable	31

2022/23	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Max Cases per Month	2	2	2	2	2	2	2	2	3	3	2	3
Actual acute cases	0	1	4	1	2	6	7	4	5	7	3	10
Cumulative YTD projected	2	4	6	8	10	12	14	16	19	22	24	27
Acute Cumulative actual	0	1	5	6	8	14	21	25	30	37	40	50

Trajectory Acute Clostridium difficile cases



Avoidable cases

- 10 deemed inappropriate acute prescribing of antibiotics
- 13 community onset with delay in obtaining specimens, which led to meeting the acute acquired criteria
- Four cases with the same ribotype (002), linked with two separate periods of increased incidence reports

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)

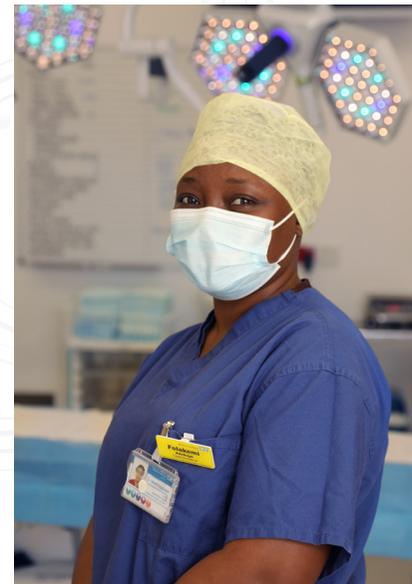


Statements of Assurance

- Failure or delay in sending clinical specimens to confirm correct antibiotic therapy or confirmation of infective organism
- Inconsistent review of antibiotic therapy
- Absence of CURB-65 scoring when prescribing for community acquired pneumonia
- Unable to complete a full decant deep clean programme in areas where C. difficile was more endemic

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

- C. difficile educational event on 1 March 2023 with 60 attendees from different clinical areas, highlighting sampling, chain of infection, cleaning principles, the "take your gloves off" campaign, antimicrobial stewardship, preventing pneumonia and preventing urinary tract infections. This received excellent feedback and was due to be repeated in May 2023.
- Weekly infection prevention updates incorporating key messages to prevent C. difficile
- Nursing associate role commenced in March 2023. The role has focused on sampling in the emergency department, AMU, SACU and wards
- "Take your gloves off" project
- A proactive deep clean programme, with prioritisation to the modular block wards
- IPC nurse is specialising in C. difficile as a nurse prescriber
- Antibiotic "time out" sessions on focused wards with consultant microbiologist/antimicrobial pharmacist





Core Quality Indicators - Incident Reporting

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 below shows that in comparison to the previous Quality Account, the Trust has significantly increased its incident reporting rate to 93.2 incidents per 1,000 bed days, which clearly demonstrates a positive safety culture. This data places the Trust into the upper quartile of the acute (non-specialist) cluster as the seventh highest reporting

organisation.

The number of reported incidents resulting in severe harm or death has also increased, however does equate to the national average percentage.

Serious Incidents (SIs) continue to be reported to the commissioners and investigated using root cause analysis methodology. Outcomes of the 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	April 2021 - March 2022
Total Reported Incidents	5,238	5,993	5,989	9,113	14,348
Incidents Reported Per 1000 bed days	65.09%	78.5%	71.6%	67.7%	93.2
National Average for Cluster (Acute non-specialist) per 1000 bed days	46.06%	49.8%	50.2%	55.7%	57.5
Highest Reporting Rate per 1,000 bed days	95.94%	103.8%	110.2%	118.7%	205.5
Lowest Reporting Rate per 1,000 bed days	16.9%	26.3%	15.7%	27.2%	23.7
Total Incidents Causing Severe Harm and Death					
Total Incidents Causing Severe Harm and Death	25	32	33	55	70
% Incidents Causing Severe Harm and Death	0.5%	0.53%	0.55%	0.6%	0.5%
National Average	0.3%	0.5%	0.3%	0.4%	0.5%
Highest Reporting Rate	1.9%	1.2%	1.7%	1.8%	2.0%
Lowest Reporting Rate	0%	0%	0%	0%	0%



Core Quality Indicators - National Inpatient Survey

All eligible NHS trusts in England participate in the NHS CQC Patient Survey programme, asking patients their views on their recent health care experiences. The findings from these surveys provide organisations with detailed patient feedback on standards of service and care, and can be used to help set priorities for delivering a better service for patients.

Three National Surveys were published during 2022/2023, The Adult Inpatient Survey 2021, The Maternity Survey and the National Cancer Survey 2021. Surveys are analysed and benchmarked against national data, action planning is then undertaken and monitored by the Patient Experience Group and the Trust Quality, Safety and Experience Committee.



The Adult Inpatient Survey 2021

Compared to the 2020 results the Trust slightly improved its average score by 0.3 per cent. Compared to 2020/21 we scored better by five per cent or more for four questions. Indicative national comparisons place the Trust in the middle tier (same as band) for 38 questions and bottom 20 per cent for seven questions (improvement on 14 questions and by one for the "somewhat worse" band). The following questions saw a five per cent improvement score: support at mealtimes, staff explaining how well an operation/ procedure had gone, hospital staff considering the family/home situation when planning to leave hospital, and information about what to do when a patient has left hospital.

- Actions in response include: Distribution of sleep packs to all inpatient areas to accompany a re-launch of the noise at night protocol (re-audit of use currently underway given some recent Friends and Family Test feedback)
- The Division of Medicines and Long-term Conditions held a ward round standards workshop including a SWOT analysis of existing practice and an audit tool to assess and fine tune practice so ward rounds are more effective on patient discharge, involvement, and improved communication
- Healthwatch Walsall have provided some early insight from their discharge survey. However, there is much focus on the Walsall Together collaboration response to the National Discharge Taskforce. The discharge lounge produced and shared guidance on planning for an effective discharge 'Get AKTING, Think HOME'
- Implementation of 'thank you for your patience' card for delayed patients, focusing on emergency admissions. Card designed and printed, to be used through ED and AMU

Core Quality Indicators - Friends and Family Test

The Friends and Family Test recommendation scores are illustrated in the tables below; these include percentage changes on 2021/22. The Trust's average recommendation score for 2022/23 was 86 per cent which is a four per cent increase on the previous year. When looking at the different touchpoints, there is a fluctuation of 33 per cent with scores ranging between 99 per cent and 66 per cent.



Friends and Family Test	Inpatients				Outpatients				ED				Community			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2022/23	85%	86%	85%	88%	91%	91%	91%	92%	74%	76%	74%	84%	98%	99%	98%	98%
Difference	- 2%	+ 2%	=	+ 3%	=	- 1%	+ 1%	=	- 6%	=	- 8%	+ 7%	+ 4%	+ 5%	+ 3%	+ 2%
2021/22	87%	84%	85%	85%	91%	92%	90%	92%	80%	76%	78%	77%	94%	94%	95%	96%
Response rate (22/23)	24.6	25	25	28.9	19.3	20.2	20.3	20.4	16.7	18.8	20.6	22.6	7.7	4.9	3.3	84.1

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
2022/23	89%	81%	88%	92%	83%	80%	82%	90%	84%	83%	82%	85%	84%	88%	66%	86%
Difference	+ 2%	- 3%	+ 3%	+ 7%	- 8%	- 12%	- 8%	- 2%	+ 4%	+ 7%	+ 4%	+ 8%	- 10%	- 6%	- 29%	- 10%
2021/22	87%	84%	85%	85%	91%	92%	90%	92%	80%	76%	78%	77%	94%	94%	95%	96%
Response rate (22/23)	15.6	12.3	11.7	12.1	19.4	18	18.2	23.9	11.8	10.6	10.4	16.6	11.3	9.8	7.3	15.5

The below table illustrates the percentage difference between the Trust's average recommendation score for each touchpoint and the local ICB (Integrated Care Board) and national results. Whilst some areas require improvement when compared locally and nationally, outpatients, ED, community, antenatal and postnatal ward all perform better on average locally, with community and ED also outperforming the national average:.

	Inpatients	Outpatients	ED	Community	Antenatal	Birth	Postnatal Ward	Postnatal Community
STP*	- 2%	+ 1.4%	+ 6.7%	+ 4.8%	+ 3.4%	- 2.7%	+ 5.4%	- 3.4%
National	- 8.5%	- 1.4%	+ 0.9%	+ 6.9%	- 2.2%	- 9.1%	- 10%	- 11%

Core Quality Indicators - Supporting our staff

The 2022 NHS Staff Survey benchmark report for Walsall Healthcare NHS Trust contains the results of the 2022 staff survey. The results 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 and together with the promises above make nine elements which provide benchmark data at national level.



Statements of Assurance

There has been an improvement across all nine indicators within Walsall's 2022 survey results. Walsall is above the national average on three of the people promises and is equal to the national average on four. Walsall scores marginally (0.1 points) below the national average on two of the indicators (we are compassionate and inclusive, and staff engagement). Nevertheless, 83 per cent of indicators have improved this year and Walsall is the third most improved trust nationally for staff experience.

The areas remaining for improvement are staff advocating for Walsall as a place to be treated, and having a consistently compassionate culture. There remains work to be done to eliminate discrimination in all forms and particularly race based discrimination, although there have been improvements in the achievement of workforce race equality standards and the Trust was accredited to the national Race Code which aims to help organisations improve equity through a national governance and assurance framework.

The results for Walsall Healthcare NHS Trust are benchmarked other against 126 'combined acute and community trusts'. The response rate was 47 per cent against 44 per cent for the national average for the benchmark group.

Our 2022 Staff Survey results provided a staff engagement score of 6.7 which is improved on last year, however still 0.1 points below the national average at 6.8. 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 2022 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 have enabled them to feel more supported to provide high levels of care and subsequently to recommend the Trust as a place to work and a place to be treated. The advocacy indicators have improved, however they are still below the national average.

Staff feel they are recognised and rewarded; this indicator is above the national average and the promises 'we each have a voice that counts' and 'we are safe and healthy' both match the national average. The health and wellbeing indicators within the national staff survey results for 2022 exceed the national average and have shown statistically significant improvement over two consecutive years.

Our results for 'we are always learning', 'we work flexibly' and 'we are a team' now exceed the sector benchmark average, and this continues the trend of significant improvement for Walsall as our baseline was in the lowest 20 per cent of trusts nationally in 2019.

The majority of the People Promise scores for the 2022 NHS Staff Survey for Walsall Healthcare NHS Trust are in line with or above the average sector scores. This is a continuing trend of improvement on previous performance for Walsall.

Ways in which staff can speak up

There are three Freedom To Speak Up (FTSU) Guardians within the Trust, who are supported by five FTSU Champions. Members of staff can contact a Guardian to arrange a face-to-face or virtual meeting in several ways: using the contact form on the Trust intranet, emailing the FTSU mailbox, calling a guardian via their mobile phone/FTSU telephone number/Trust switchboard, or be signposted by a FTSU member.

The Guardians play an active and visible role in raising awareness of the service, supporting staff, and dealing with concerns.

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 touches on ways staff could be treated unfairly or harmed because of speaking up and it sets out how detriment will be addressed by the Trust. Support is offered to such individuals and could include the allocation of a 'buddy'. Anyone found to be involved in causing harm or detriment will be subject to the Trust's resolution policy.

Between 1 April 2021 and 31 March 2022 the FTSU team received 110 concerns; this highlights employees' increasing confidence to use the FTSU service to discuss issues that may be affecting them at work. Of the concerns raised, 16 per cent related to patient safety and quality and 35 per cent 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 managers 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 an annual report is presented to the Trust Board.

Review of Quality



Our performance in 2022/23

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 Trust Board and/or the relevant committee on a monthly or bi-monthly basis.



Performance against the National Operational Standards:

	2019 / 2020	2020 / 2021	2021 / 2022	2022 / 23	2022 / 23 Target
18 Weeks RTT - Incomplete Pathways	83.93% (Mar 20)	68.72% (Mar 21)	63.10% (Mar 22)	56.36% (Mar 23)	92%
Total time spent in ED - % within 4 hours - Overall (Type 1 and 3)	81.77%	85.07%	82.56%	73.4%	95%
Cancer -2 Week Wait from Referral to First Seen Date	83.03%	83.49%	72.88%	75.3%	93%
Cancer -2 Week Wait for Breast Symptomatic patients	57.17%	60.77%	32.80%	19.8%	93%
Cancer 31-Day Wait for First Treatment	99.40%	97.87%	95.57%	95.2%	96%
Cancer 31-Day Wait for Second or Subsequent Treatment - Surgery	100.00%	97.79%	92.06%	94.3%	94%
Cancer 31-Day wait for Second or Subsequent Treatment - Drug	100.00%	99.07%	98.33%	99%	98%
Cancer - 62-Day Referral to Treatment of all Cancers	80.54%	72.18%	72.26%	65.9%	85%
Cancer - 62-Day Referral to Treatment from Screening	97.91%	92.54%	95.08%	90.1%	90%
Cancer 62-day wait - Consultant Upgrade (Local Target)	84.15%	79.11%	80.72%	73.7%	85%
% of Service Users waiting 6 weeks or more from Referral for a Diagnostic Test	1.63%	14.92%	5.30%	19.99%	1%
Mixed Sex Accommodation Breaches	0	2	0	0	0



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 the local 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	2022 / 23	2022 / 23 Target
Number of C Difficile Cases	36	32	30	50	27
Number of MRSA Cases	4	2	3	1	0
VTE Risk Assessment	92.00%	91.56%	92.63%	90.64%	95%
Ambulance handover breaches - 30-60 minutes	2122	1090	1556	2875	0
Ambulance handover breaches - 60 minutes or more	312	177	211	683	0
Trolley waits in A&E - no more than 12 hours	4	8	33	1030	0
Referral to treatment - no one waiting longer than 52 weeks	0	768 (March 21)	1043 (March 22)	1430 (March 23)	0

A consolidated annual report on rota gaps

Junior doctors are allocated to the Trust by Health Education England (HEE), which has been renamed as NHSE Workforce Training and Education Directorate, with the regional branch being known as NHSE Education West Midlands. The Trust is an attractive place to work and train, and this is reflected in the fill rates for training posts, however, in the past year the Trust has experienced a decline in the average fill rate to approximately 79.16 per cent of training grade posts. As per agreed process any vacancy gaps in the rotation are discussed with the divisions, alongside the lead for the clinical fellow programme to find the best way forward in mitigating the gap in making use of the recruited fellows. The Trust currently has 82 clinical fellows, of whom 58 are in medical specialities and the rest across surgical and other specialities.

The recruitment process can take as long as three months to complete, with a period of assessment and training when candidates start before they can occupy a rota slot in totality (including on call). This results in some double costs for a period of time to ensure the correct training has been signed off. For some gaps where the duration of the gap is four months or less, the fellowship recruitment programme is an unsuitable alternative. The medical workforce team is working on a solution to keep a record of all gaps and provide better reporting solutions going forward.

Engagement in developing the quality account



Prior to the publication of the 2022/23 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

In 2023/24 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.



Black Country Integrated Care Board (BCICB) statement on Walsall Healthcare NHS Trust (WHT) Quality Account 2022/2023

BCICB welcomes the opportunity to review and provide the statement Walsall Healthcare NHS Trust Quality Account for 2022/23. WHT Quality Account is accurate and in line with the information presented to the ICB via contractual/quality monitoring meetings. The ICB recognises that 2022/2023 has continued to be a challenging year for WHT to deliver services with unprecedented demands outstripping capacity.

We genuinely recognise the Trust's efforts to maintain quality whilst acknowledging the uncertainties and the challenges faced throughout the year. The ICB would like to thank all staff and volunteers working at WHT for their commitment, remaining resilient throughout these challenging times, ensuring patient care is safe and of the highest standard.

We recognise and support the strategic collaboration between Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust, which is a positive step for a system working collaboratively at scale to benefit local populations by improving efficiency, sustainability, and quality of care.

We are proud of our effective working relationship with the Trust, and we recognise the Trust's achievements against the quality priorities and their individual and collective engagement with the commissioners.

The ICB are pleased to note that quality remains a top priority for the Trust, focusing on three main areas: Patient Safety, Clinical Effectiveness and Patient Experience. We will continually monitor trust progress against the delivery of the quality priorities and look forward to seeing the positive impact and outcomes.

The ICB would particularly like to note the following key achievements for 2022/2023:

A clinical accreditation programme launched across the Trust in April 2023.

- The Trust has ceased agency use, except in exceptional circumstances from 31st March 2023, with the exception of ED and Paediatrics whilst further recruitment takes place.
- Appointed a fully substantive workforce across all work groups and achieved vacancy rates of three percent or below for clinical workforce, nursing, midwifery and medical. The ICB closed an historic risk on the Q&S Place Risk Register in April following successful recruitment of clinical workforce, in particular nursing and midwifery staffing.

- Successfully recruited and welcomed more than 300 international nurses and midwives and supported them to obtain NMC registration and take up posts as registered nurses in the Trust.
- Worked in partnership with The Royal Wolverhampton NHS Trust to develop a best-in-class approach to mental health services for patients.
- Appointed a lead mental health nurse and developed a comprehensive training and development programme for staff.
- The ICB recognises that the Trust has worked collaboratively with system partners on services for patients who present to the Trust with significant mental health challenges alongside their physical ill health, and we are aware that this work is continuing.
- Worked with partners within Walsall Together (place-based partnership) and the Integrated Care Board and members, to make improvements to the system of care.
- Invested in education, development and training for all staff, with an improved staff experience rating from external regulators and internal validation by survey.
- Further developed the partnership approach with The Royal Wolverhampton NHS Trust to improve the standards and consistency of continuing professional development and standards of care.
- Improved performance against all quality and safety indicators in-year including reducing harm and improving the infection prevention rating to green.
- Monthly audits that have demonstrated improvements in the management of sepsis, observations on time and medication management.
- The publication of the Patient Experience Enabling Strategy in collaboration with The Royal Wolverhampton NHS Trust. The strategy sets out our priorities for improving patient experience in the next three years. Three pillars of improvement have been identified: Involvement, Engagement, and Experience.
- Trust has been successfully able to eliminate 104-week waits.
- Whilst we recognise these achievements, we would value delivery of sustainable improvements in the following areas for 2023/2024:
- We recognise that the Trust is currently working on a robust C.Diff action plan with continued efforts to improve clinical and IP practices. However, we expect to see a reduction in hospital-onset C.Diff infection cases for the year ahead.



Engagement

- Members of the system elective and cancer board, we expect the Trust to work with our system partners to achieve three key performance deliverables and metrics set nationally as elective care priorities for 2023/2024.
- ICB acknowledges the impact that COVID-19 has had on Cancer, Diagnostic Performance and RTT waiting times. We recognise the Trust has a robust cancer harm review process in place, but we expect the Trust to conduct harm reviews for any patient where these delays have impacted clinical outcomes or resulted in patient harm. In addition, we expect that any learning identified from these harm reviews is shared across the organisation and wider system.
- We expect to see some further improvements in the trust staff survey and build on current staff survey results, which will allow fresh ideas, team building, cooperation, and positivity and make the Trust a place where the staff wants to work and attracts others for future employment.
- The ICB look forward to seeing the Trust approach to the transition to PSIRF, which will replace the existing National Serious Incident Framework (2015) by Autumn 2023.
- The ICB also look forward to following the progress of the Clinical Systems Framework for nursing, midwifery and AHPs and the Quality Framework recently launched on 3rd April 2023.
- The ICB welcome the development of standardised ward/department/care group/divisional dashboards to enable visibility of quality standards, harm free care, action and improvement.

The ICB confirms that the Annual Quality Account information accurately reflects the Trust's performance for 2022/2023. 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. We commend the Trust on its commitment to working with the ICB collaboratively and transparently in 2022/2023 and look forward to working in collaboration and partnership over the next year.

Sally Roberts

Chief Nursing Officer/Deputy Chief Executive Officer

Black Country Integrated Care Board



Healthwatch Walsall Response To: Walsall Healthcare NHS Trust Quality Account 2022/2023

Healthwatch Walsall welcomes the opportunity to provide comment on the Trust's Quality Account for 2022/2023.

Healthwatch continues to be a valued but independent partner of the Trust, frequently gathering public feedback and patient experiences about the services provided. It is pleasing to note that the Trust remains open and receptive of the intelligence and information that we share. Indeed, there have been several examples in which the Trust has reviewed its own procedures to more adequately reflect the individual's feedback that we have gathered.

We thank the Trust for facilitating our ongoing work on behalf of the public.

This past year has seen the formalised collaboration between Walsall Healthcare NHS Trust and the Royal Wolverhampton NHS Trust and in this respect reflects the transition towards its long-term strategic aim of delivering exceptional care and improving health and wellbeing in the community.

When considering the Trust's progress towards its objectives for last year, clearly there is still work to be done given the extent of their reach and scope. For example, the implementation of standardised dashboards designed to enable visibility from ward to board level are due to be rolled out from 2023/2024. Nevertheless, this will ensure that there is whole organisational accountability around quality standards, harm free care and ongoing improvement.

It is also encouraging to note the continued work around improving workforce resilience. This past year has undoubtedly placed an inordinate pressure on staff. Some of the steps being undertaken by the Trust, such as the recruitment of 300 nurses, will hopefully alleviate pressures and manifest itself in enhanced care and raised patient experience. Healthwatch notes the publication of the Patient Experience Enabling Strategy in collaboration with The Royal Wolverhampton NHS Trust. It is hoped that the three-year strategy around patient Involvement, Engagement and Experience will incrementally lead to more positive outcomes for service users. It demonstrates the Trust's commitment to public engagement at every level.

In addition to its organisational and workplace objectives, the Trust sets out several other priorities for 2023/24 surrounding patient waiting times. For example, the aim is to achieve a year-on-year improvement in the percentage of patients seen within four hours at A&E. As at the middle of May '23, the Trust achieved circa 78% which is above the current interim delivery plan target of 76% in recovering urgent and emergency care services nationally. Notwithstanding this, we are confident that the Trust will be

constantly striving to achieve the previous target of 95% of patients seen within four hours.

The new Emergency Department opened in March '23 and will no doubt help in improving waiting times. Healthwatch will be seeking to gather patient experiences of this process later in the year 2023/24, but early indications from service users appear favourable.

It is pleasing to note that the Trust places great importance on reviewing both causes of deaths and serious incidents. The structured judgement review for 2022/23 confirmed that 14 deaths of a total of 1495 for the year were avoidable. This equates to 0.94%. The Trust states that learning from deaths is now part of its governance process and has contributed to key areas of focus.

Based on 2021/22 data the Trust has indicated a higher number of serious incidents reported (93.2 per 1000 bed days).

We are told that outcomes from these investigations from patient safety incidents are developed into quality improvement projects. It would be helpful if the Trust could provide an example of such going forward and indeed the 2022/23 data when available.

When reviewing the Trust's quality performance against the NHS contract for cancer metrics some waiting, and referral times are falling short against specific targets. In particular, the 62 day referral to treatment for all cancers was 65.9% vs 85% target and the 2 week wait for breast symptomatic patients was 19.8% vs 93% target. However positively, the 31 day wait for first treatment was 95.2% vs 96% target and the 31 day wait for second or subsequent surgery treatment was 94.3% vs 94% target. The Trust has identified cancer treatment as a significant priority area of clinical effectiveness for 2023/24.

The Friends & Family Test illustrates an improving trend for 2022/23 over the previous year. As a broad average the Trust rated 4% better at 86% than the previous year. Most departments showed a positive, including the Emergency Department. However, postnatal community has not performed as well as last year in the FFT.

Whilst the most recent CQC inspection rated the Trust as requiring improvement overall, it was rated as being outstanding for caring. As the staff are the public face of a caring organisation it is imperative that employee engagement and morale remain high on the Trust's agenda. A culture of openness and inclusivity is important in sustaining the challenges the Trust will face over the coming year. It is good to note that the Trust is promoting different ways individual staff members can speak up without fear of compromise or bullying. In this respect, the pending review of the 'Raising Concerns' policy will undoubtedly go some way to defining a positive culture within the Trust.

In conclusion, Healthwatch Walsall recognises the hard work carried out by all the staff and volunteers at the Trust throughout this past year and wishes them every success for the new year.



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

Date 30 June 2023

Sir David Nicholson, CBE

Chairman

Date 30 June 2023

Statement of Limited Assurance from the Independent Auditors

NHS England/Improvement have confirmed in the Quality Accounts requirements for 2022/23 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: pals.officer@nhs.net



English

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

Punjabi

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

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

Kurdish

ئەگەر ئەم بەلگەنامەیە بە شێوازیکی دیکە دەخوازیت بۆ نمونە چاپی گەورەتر، زمانیکی دیکە هتد. تکایە یەکیک لە کارمەندانی سەرپەرشتی تەندروستی ناگادار بکەرەوه.

