



Quality Account 2014/15

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Melissa Mcleod @mel_issa

Thank you to the wonderful maternity team @WalsallHcareNHS for looking after my son Ethan #grateful



1. Message from the Chairman and Chief Executive



We are both delighted to present our Quality Account for 2014/15.

2014/15 was the most challenging year experienced by the Trust since its inception in April 2011. The impact of a third year of significantly increased demand for hospital and community-based healthcare services from a growing population meant that patients who were admitted to hospital were more poorly than those seen in previous years and stayed with us for longer periods of time. The reality of 27% growth in emergency admissions to hospital over a three year period has put the emergency and urgent care pathways under immense strain and compromised our ability to deliver timely elective inpatient care.

The introduction of a new Patient Administration System also created significant disruptions in the efficiency and the scheduling of patient appointments. This led to some patients experiencing delays to, or cancellations of their appointments and a series of data quality difficulties that we have not yet fully addressed.

As a result of these factors, our performance fell short of the standards we set ourselves and those that are mandated nationally. This pressure across the system led us to fail to meet national targets of 4 hour access standard in A&E, the 18 week Referral to Treatment Time standard and the 62 day standard for Referral to Treatment for patients diagnosed with Cancer.

Despite these challenges, we have broadly maintained progress on our Trust-wide measures of quality and safety. Clostridium difficile infections have reduced significantly across the year hospital mortality rates have remained within expected levels and the Trust has continued to focus on pressure ulcers and falls. In addition we have made some great improvements for our patients with dementia and improvements to the end of life care pathway.

With support from commissioners we also continued the development of our community services. This included establishing five locality teams based around clusters of GP practices serving c. 50,000 people, expanding the capacity of the Rapid Response Team and extending the role of community nursing teams to support GPs to manage high users of services in localities. This has helped us to prevent a number of hospital re-admissions by delivering care closer to, or sometimes, within our patients' homes.

Statement of Director's responsibilities, in respect of the Annual Quality Account.

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) Regulations 2011).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The Quality Account 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 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

Alexandra Dziegiel @alexdziegiel

Thank you to the wonderful nurses @WalsallHcareNHS on Ward 21 for looking after my son Christopher during the past week #grateful

2. Statement from the Medical Director



Amir Khan
Medical Director

26 June 2015

As the Trust has gone through 2014/15 we have found a number of obstacles that have made the plans that we aspired to difficult to achieve. The Annual Quality Account demonstrates that patient admissions continued to rise throughout the year with more patients presenting with emergency complex conditions, meaning that discharge arrangements were often complex and sometimes patients waited too long in a hospital bed before discharge. The impact that this has had on waiting times for patients was a significant concern for the Trust and was visible through our failure to achieve the 4 hour waiting time standard in A&E, the 18 weeks referral to treatment time standard for elective care and in some (cancer) waiting time standards for patients with cancer. Unsurprisingly these form a central part of our improvement plan for 2015/16. In essence, too many patients waited too long for treatment and too many of our inpatients experienced at least one bed move during their (inpatient) stay with us. I would like to open my statement by formally apologising to the public of Walsall and the surrounding areas for these difficulties.

Whilst we faced the challenges of too many patients waiting too long, we focused very heavily on ensuring that the patients in our care were treated safely and with respect. This Quality Account tells a story of excellent infection control standards with no cases of MRSA for 2 years and the lowest ever number of cases of Clostridium difficile. Mortality levels have remained largely stable and within nationally expected parameters, grade 4 pressure ulcers have been almost eradicated and our dementia care has vastly improved. A focus on integrated care has meant that we have been able to care for more patients safely within their own homes and we have worked closely with other agencies such as the Local Authority to provide a complete package of health and social care needs to patients wherever possible. We will continue to develop this further in 2015/16.

The Trust has implemented 'The Duty of Candour' requirements. These are an important part of the way that trusts relate and communicate with patients following potential or actual harm events. I am currently overseeing the work in this area. The response that I have seen from my colleagues shows that we have taken this responsibility on board.

I also continue to oversee the '7 Day working' programme. There is still a lot to do, but I am confident that we shall fulfil the requirements of the programme with our partners Walsall CCG.

In 2015/16, the Trust will be releasing a revised Quality and Safety Strategy. This will be a 3 year strategy and will help

us to reach higher levels of quality but, more importantly will seek and use the efforts of our colleagues as 'Quality Champions' to move the strategy forwards and to raise the quality levels even further. The Trust also recently 'Signed up to Safety'. This is a Department of Health voluntary initiative with the 3 year aim to reduce avoidable harm by 50% and save 6,000 lives.

We will maintain high levels of reassurance and risk assess all of the work that we undertake and I am confident that having demonstrated our commitment to quality through the revised strategy that we shall show this through improved patient experience and satisfaction with our work.

Sign up to
 SAFETY
 LISTEN LEARN ACT

3. Introducing Walsall Healthcare NHS Trust

We are an integrated healthcare organisation based in the West Midlands, predominantly serving the 269,300 residents in the borough of Walsall. We provide a comprehensive range of hospital and community healthcare services and over the past four years have worked hard to provide integrated packages of care to enable more patients to be cared for closer to their own homes. We have unconditional registration with the Care Quality Commission and are registered to provide the following services:-

- Diagnostic and/or screening services
- Family Planning Services
- Maternity and Midwifery Services
- Nursing Care
- Children's Services
- Services for Everyone
- Services in Slimming Clinics
- Surgical procedures
- Termination of Pregnancy
- Treatment of disease, disorder or injury
- Caring for adults under 65 years
- Caring for adults over 65 years

Our geographical position in the West Midlands has meant that we have seen more patients choosing to use our services from the Stafford area following the reconfiguration of services at the former Mid Staffordshire NHS Foundation Trust. We have also attracted patients from the Sandwell area.

Some of our patients are very frail and elderly and have chronic conditions. This means that their reliance on our services has increased over recent years. We provide services from birth through to old age and have seen more and more patients choose to receive their maternity care from us in the past 3 years.

As an integrated provider of healthcare, many of our services have moved beyond traditional boundaries for the benefit of our patients. We provide high quality community health services for

adults and children, including many specialist clinics, from more than 60 community settings, such as health centres and GP surgeries and, importantly, in people's own homes.

Our multi-disciplinary services include rapid response in the community and home-based care, so that those with long-term conditions and the frail elderly can be cared for in their own homes.

The Trust's Palliative Care Centre in Goscote is our base for a wide range of palliative care and end of life services.

We also provide smoking cessation, drug and alcohol support, a Physical Activity team and a Health Training service via our extensive Lifestyle Management Service.

We contribute to life in the Walsall borough not only by employing 4,000 people in a range of different roles, but by supporting the health and well-being of the community that we serve.

In terms of regulatory compliance, we have sustainably achieved a level 2 compliance, green rating, with the Information Governance Toolkit for a number of years, and have unconditional registration with the Care Quality Commission under section 10 of the Health & Social Care Act - 2008. Our Care Quality Commission Intelligent Monitoring Report for the end of 2014/15 rated us as a band 2 organisation. This means that there are improvements we need to make to some of our services to meet the regulations set out by the CQC. This largely relates to waiting times and the experience of our colleagues working within the Trust. We discuss these matters further in this Quality Account.

The Trust can confirm that there have been no enforcement actions against the Trust by the CQC within 2014/15, neither has there been any special investigations in the same period, under section 48 of the Health & Social Care Act – 2008.

Our vision

To provide safe, first class, integrated health services for the people we serve in the right place at the right time.

4. External Environment in which we operate

2014/15 has been a year of pressure for the wider NHS which has attracted much national attention. We have experienced our own pressures during the year as we have seen more patients become reliant on our services for a longer period of time representing the challenges of an ageing population and changes in patients' needs and preferences. High quality, safe patient care has remained at the forefront of service delivery during this challenging time. We describe later in the Quality Account some of the things that we have done to help keep our patients safe during this period. Some of these things reflect learning from the Government's response to the Francis Inquiry 'Hard Truths' as well as a range of other core national publications which all aim to improve quality outcomes for patients. Some of the improvements that we have made are more 'customised' to meet the particular needs of the patients that we care for every day – the patients of the Walsall borough and surrounding area. Our vision aligns well to the NHS Five Year Forward View which was launched in 2014 - one of integrated care delivered within a safe environment that delivers high quality outcomes. We work in partnership with many other external organisations to ensure we provide the best possible service to our patients. These include Walsall Council, West Midlands Ambulance Service, Walsall College, neighbouring trusts and a number of charitable and voluntary organisations such as St Giles Hospice and Age UK. In addition we also work with patient representative groups such as Healthwatch Walsall.

The Trust, for the period concerned had income totalling £239.491 Million pounds, of which £220.293 Million came from patient care activities and the balance of £19.198 Million from other operating income. The percentage that the Trust received from patient care activities of its total income was 92%.

There is much to celebrate, but also no room for complacency. We open this Quality Account with a review of our performance and the challenges we encountered in terms of activity and waiting times for patients. The Quality Account then looks more specifically at how we performed against the quality priorities that we set on in our plan for 2014/15 and ends with Stakeholder Statements and a summary of the improvements we have planned for 2015/16 'Our Year of Improvement'.

Overall Activity Levels and Performance against Core Operating Standards

Whilst we have successfully implemented a range of quality based initiatives in 2014/15 we regrettably did not demonstrate the same successes against some of our key waiting time standards within the Trust. During the year we saw many patients wait too long for access to emergency services in our Emergency Department as well as lengthy waits for access to outpatient appointments, diagnostic tests and elective surgery.

The patients who accessed the Trust's Emergency Services increased in number and complexity beyond our anticipated levels.

	2014/15	2013/14	2012/13
Emergency Activity	35,056	34,036	25,184
Day case	22,281	23,712	26,567
Elective	3,968	3,997	4,208
Total Outpatient	262,038	324,556	346,960
A&E	66,777	71,656	74,628
Community F2F	340,158	411,865	417,734
Community Clinics	61,364	66,943	68,281
	791,642	804,362	815,429



This increase in emergency patients sometimes meant that we had to cancel elective list activity because we needed to care for some of our medical patients in surgical beds. We call these 'medical outliers'. Waiting times for surgery increased in a number of specialties meaning that too many patients did not receive treatment within 18 weeks of referral to the hospital by their GP.

Jo Harper @JoDBromford

Excellent service from @WalsallHcareNHS at the walkin centre, ambulance staff, badger unit and PAU. Thank you so much. Great Care

The emergency patient activity levels sometimes meant that we had to cancel waiting list activity because we needed to care for some of our medical patients in surgical beds. We call these 'medical outliers'. Waiting times for surgery increased in a number of specialties meaning that too many patients did not receive treatment within 18 weeks of referral to the hospital by their GP.

The Trust can confirm that it submitted data during the reporting period to both SUS and HES systems for national reporting purposes. The table below details the % accuracy levels for NHS number usage for specific reporting areas:

Operational Area	Total	Inpatients	Outpatients	A&E
NHS Number	99%	99.17%	99.80%	98.36%

The table below confirms our performance against these standards for the year:-

Measure	2013/2014	2014/2015	Target 2014/2015
Total Time in the Emergency Department - 4 Hour Wait Overall	93.73%	89.19%	95.00%
18 Weeks Referral to Treatment - Admitted Pathways	*See note below	*See note below	90.00%
C Difficile Cases	30	16	28
MRSA Cases	1	0	0
Cancer 2 week Waits	96.06%	91.73%	93.00%
Cancer 2 week Waits Breast Symptoms	96.02%	90.73%	93.00%
Cancer 31 day diagnosis to treatment	99.48%	99.08%	96.00%
Cancer 31 day waits surgery	97.39%	99.24%	94.00%
Cancer 31 day waits drug	100.00%	99.61%	98.00%
Cancer 62 day waits all cancers	85.97%	76.27%	85.00%
Cancer 62 day waits screening	97.78%	96.45%	90.00%
Cancer 62 day waits consultant upgrade	96.20%	90.32%	91.00%

Since the introduction of our new patient administration system Lorenzo, we have been working hard to review the quality of data held so that we can have greater confidence in our patient waiting time data. Due to the concerns that we had about this data in 2014/15, it was agreed that the Trust should cease formal reporting to NHS England regarding the Trust Referral to Treat (RTT) achievements. As a part of the arrangements to suspend this element of reporting, the Intensive Support team was brought in to assist the Trust with this area of data management. In addition, the team also identified opportunities with the Trust Demand / Capacity detail. The team continues to support the Trust today.

Sarah Hughes @sarahhhughes

such lovely, friendly staff encountered today at Manor A&E with my daughter #thankyou #grateful



5. Reflecting on the Delivery of our Quality Priorities in 2014/15

Last year we set out four core priorities:-

- The development of Integrated Care
- Improvements to the Patient Experience
- The Delivery of Safe Services
- The Delivery of High Quality Services

This section of the Quality Account tells you how we have fulfilled our core priorities during the year and highlights any challenges that we have faced.

Anna Morgan @KnittedbyAnna

@WalsallHcareNHS thank you for first class A&E service and a pleasurable fracture clinic experience. Your staff are amazing

Priority 1 - The Development of Integrated Care

Care Closer to Home

During 2014/15 we have continued to redesign and develop our community nursing services. A £1 million investment allocated during 2013/14 has been used to create an enhanced model of care, and embed a clear pathway of assessment and support for older, frail and vulnerable people that can be delivered according to individual need.

Resources have been focused across the following areas with the overall aims of reducing Emergency Department attendances, hospital admissions and length of stay in hospital, and supporting people to remain safe and well in their own homes for as long as possible:

- Developing our Rapid Response Service
- Improving community capacity to meet the needs of frail elderly people.
- Enhancing care management and transitional care for patients being discharged from hospital.

In order to get maximum benefit from our investment a significant re-modelling of services and resources began during 2013/14 and has been embedded and evaluated over the past 12 months.

We have worked in partnership with our colleagues in primary care and social care to develop a proactive, coordinated and integrated approach to the assessment and case management of older, frail and vulnerable adults in Walsall.

Rapid Response Service

During 2014/15, we have begun to see the benefits of a significant investment in our Rapid Response Team.

The team provides care to patients who need immediate, intensive intervention to avoid a hospital admission, or to support their discharge from hospital as soon as it is safe to do so. The team is available from 8.30am until 10.00pm, seven days a week, and will respond to referrals within two hours. These can come from General Practitioners, West Midlands Ambulance Service or the hospital's Emergency Department or Acute Medical Unit.

Whilst a high percentage of people who access the service are over 75 years old, it is available to adult patients of all ages who are registered with a Walsall GP or who live in the Walsall area. The team is both multi-disciplinary and multi-agency and comprises:

- Registered Nurses
- Occupational Therapists
- Physiotherapists
- Assistant Practitioners

The team also has access to an extended range of health and social care professionals.

The Rapid Response service aims to maintain patients safely in their own homes with an immediate package of equipment, care and support. The team is also able to support the discharge from hospital of older, frail and vulnerable patients who are known to the service. Referrals to the Rapid Response Team have increased month on month during 2014/15. Of the 1,294 people referred to the team between July 2014 and March 2015, a total of 1,093 – or 84% - were able to remain safely in their own homes and did not go on to require hospital admission.

Enhanced Care Management and Transitional Care

A significant amount of work to identify patients who are most at risk of hospital admission or who have been admitted to the Manor Hospital on numerous occasions has been progressed during 2014/15.

This information has been used to provide 'Wraparound' services to support patients in their own homes through close co-operation between primary and secondary care, with the aim of safely avoiding unplanned hospital attendances or admissions.

Our community teams are proactively managing this group of patients, and it is encouraging to see that re-admissions for these patients have reduced by over 250 episodes during the last 12 months.

5.1. Re-admissions

Readmissions are instances where patients who are discharged from hospital are then re-admitted to hospital care at any point in the following 30 days. Not all re-admissions are part of the original plan of treatment and some may be avoidable. We still have more work to do in this area and will be investing further in our community services infrastructure in 2015/16 with the aim of reducing the re-admission rate further.

	Apr	May	Jun	Jul	Aug	Sep
% Rate	15.08%	15.50%	14.63%	16.88%	14.68%	14.97%
	Oct	Nov	Dec	Jan	Feb	Mar
% Rate	15.03%	16.56%	16.37%	16.28%	16.18%	16.35%

There is currently, no applicable benchmarking data available to the Trust.

426

Compliments received in 2014/2015.

380

Written complaints received in 2014/2015.

Priority 2: Improving the Patient Experience

Improving the patient experience continued to be one of our Quality priorities for the third year in 2014/15. We measure the quality of the experience of our patients in a number of ways including, but not limited, to:-

- Compliments about care
- Concerns and complaints about care
- Family and Friends Test Results
- National Patient Surveys
- NHS Choices and Patient Opinion Feedback

We encourage our patients to give us feedback so that we can celebrate the things that are working well and also understand where we need to make changes so that their experiences in the future are improved. We aim to listen and learn.

5.2 Compliments

The number of compliments received by the Patient Relations Team 2014/2015 was 426. Compliments are shared with teams and also with the Trust Board via the Patient Stories for Board programme and opportunities for learning provided.

“On behalf of my father, the Doctors, Nurses and support staff excelled in the efficient care and treatment provided. If it were a restaurant it would have a Michelin star – outstanding even under huge workloads and pressure. Thank you.”

Emergency Department

“To all the wonderful, kind and caring staff on HDU, I am so grateful for all the care and kindness you showed us at this critical time. I believe you saved her life and I will be eternally grateful.”

Critical Care - HDU

“Letter to express gratitude from family over the care patient received recently from the team of district nurses at Anchor Meadow Health Centre. The team were very supportive of our family, explained everything very clearly and gave the impression that nothing was too much trouble.”

District Nurses - Anchor Meadow

Examples include:

5.3 Concerns and Complaints

We have fully embraced the Parliamentary and Health Service Ombudsman’s vision for ‘good’ complaint handling which was published in November 2014 following widespread consultation with patients and social care users. Our complaints handling process is quality assured to ensure that the complainant has the opportunity to be engaged in the complaint process right from the beginning, and is fully informed of any lessons learned and changes made as a result of an investigation. Ensuring that we listen, respond and learn from complaints is very important to us. Every month we open our Board of Directors meeting with a patient story. This enables the complainant to talk directly to our Board about their experience of care and is a powerful tool for learning. We also present a report in public each month which details the number of complaints received by the Trust, the key causes of complaint and the changes we have made as a result of the complaint.

In 2014/15 a total of 3939 referrals were received by the Trust which includes a total of 380 written complaints about care which were received by the Chief Executive. The main causes of complaint related to:-

- Clinical care, assessment and treatment
- Waiting times for access to outpatient appointments, diagnostic services and inpatient services
- Discharge arrangements

Some of the things that we have implemented in response to complaints include:-

- The appointment of more colleagues to work in our outpatient appointment booking office
- Arranged extra outpatient clinics, radiology sessions and inpatient theatre sessions to reduce waiting times for our patients
- Worked with social services to increase the number of social workers within the hospital to facilitate complex discharges
- Established a number of ward based pharmacist roles to speed up the prescribing and dispensing of medicines for patients awaiting discharge from a hospital bed

We also took the opportunity to review the way in which we handle complaints when they arrive in the Trust so that we can ensure that we respond to complainants in a timely manner. In 2014/15 we responded to 60.4% of complainants within 30 working days. There has been a significant improvement in response rates since November 2014 with the average number of complaints responded to in 30 working days at 86.2%. We will continue to work to improve this response rate as we move through the next 12 months.

5.4 Friends and Family Test (FFT)

The Friends and Family survey asks whether: ‘If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation?’ This kind of feedback is vital in transforming our services and supporting patient choice. Patients using our inpatient, outpatient, Emergency Department, Maternity, Paediatric, Day Case, Therapy, Lifestyle and Community Services have all contributed to helping us to understand more about their experience by completing this questionnaire.

Between April 2014 and March 2015, we received 32863 responses from patients on their experience of care in the Trust, through the FFT. Nationally, our Trust ranks high range in terms of the number of inpatient responses we receive, middle range in Maternity and low range for the Emergency Department.

A total of 92.68% of the comments received were associated with a positive rating (likely or extremely likely to

recommend services). The table below shows the percentage of patients who said they would recommend the Emergency Department, Outpatient Department, Inpatient Wards and our Maternity Service in 2014/15.

Year	Department	Apr %	May %	Jun %	Jul %	Aug %	Sep %	Oct %	Nov %	Dec %	Jan %	Feb %	Mar %
2014 / 15	Emergency Dept	52	58	54	45	46	50	52	49	40	48	39	38
	Inpatients	68	68	72	71	70	66	69	66	69	74	70	73
	Outpatients	83	88	84	85	86	81	81	76	82	81	82	79
	Maternity (Birth)	79	76	90	85	88	88	94	85	91	81	85	95
2013 / 14	Emergency Dept	60	66	68	71	67	65	66	72	74	58	56	51
	Inpatients	66	64	69	67	70	70	69	73	69	72	69	68
	Outpatients	87	79	84	83	87	87	82	85	89	83	81	82

It can be seen from this data that inpatient, outpatient and maternity areas have continued with positive feedback through the Friends and Family test. However, the Emergency Department results demonstrate a decline in performance through the year. This correlates with the lengthy waiting times that were experienced by patients using our Emergency Department services in 2014/15, together with the overall increase in volume of emergency patients using the Emergency Department at the Manor Hospital during the year.

Overall, our feedback shows that a positive experience is provided to the majority of patients. By far the most frequent form of feedback received relates to praise for our colleagues, although this is often accompanied by suggestions for improvement, most typically relating to better communication and reducing waiting/delays.

During 2014/15, the most common words used by patients in free text comments in relation to our colleagues were: “friendly”, “good” and “very good”, “helpful”, “caring”, “excellent”, “efficient” and “speedy”, explanations provided. The 50 most commonly used words over the last 12 months are shown below.



It is important to us that we can compare the satisfaction scores that we receive against those seen nationally across the NHS. We call this benchmarking. Our benchmarked data for 2014/15 is shown below:-

Friends & Family Test National Benchmarking Results

	Emergency Department	Inpatient	Maternity Birth
% Recommended	86.24%	92.80%	100.00%
National Rank	92 / 137	107 / 137	1 / 137
Regional Rank	7 / 14	11 / 14	1 / 14
Response Rate	4.28%	45.91%	10.96%
National Rank	134 / 137	31 / 137	112 / 137
Regional Rank	14 / 14	2 / 14	10 / 14

The most common concerns raised by patients through the FFT during 2014/15 related to the environment, including the temperature and cleanliness of some areas; waiting times, including the length of time taken to receive an appointment, to be seen at the hospital, to be admitted to a ward, to receive x-ray and test results and to be discharged; and missing records/notes. These are similar themes to those that we have received in our complaints feedback and are reflective of the key challenges that we have faced during the year.

These are all areas we will be focusing on during 2015/16. In addition, we will also be:

- Exploring ways to increase the response rates across all areas.
- Increasing the visibility of FFT across the Trust with wider promotion and the provision of comment boxes.
- Publicising patient experience data locally, including actions taken as a result of feedback.
- Using our website as a means of communicating how we are performing with regard to patient experience, including FFT scores.
- Using social media as a way of communicating with and engaging local people and groups.

5.5 Staff Friends and Family Test

Each year, the annual staff survey asks colleagues working at the Trust to rate the following question:-

'If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation'.

The Trust undertakes benchmarking analysis using submitted data. Currently, the Trust is 124th from 137 contributing acute trusts.

In 2014 we saw a score reduction in response to this question. This was a disappointing result for the Trust and placed us in the bottom 20% of responding trusts on a national basis. We believe that the response was demonstrative of the challenges that our colleagues have experienced during 2014/15, whereby they have seen increased pressure in emergency admissions meaning that more patients have needed a hospital bed than we had planned. At times, we have had to open extra bed capacity to cater for these patients. This sometimes meant that we had to put some of our medical patients in surgical beds. At times we had so many medical outliers in surgical beds that we had to cancel planned surgical procedures, meaning that some patients had to wait longer than they should have to receive their surgery as we did not have enough beds to care for them safely post theatre. In addition, we had to rely on the use of

temporary staffing on our wards much more than we would have wanted to in 2014/15. This was so that we could care safely for the extra patients that we had. There is currently, no applicable benchmarking data available to the Trust.

We implemented a new computerised patient administration system in March 2014 called Lorenzo. This is the system that we use for the scheduling of all of the activity that our patients need including outpatient appointments, diagnostic tests and inpatient care. The system is very different to the one we had been using in previous years and we have had a number of difficulties with the new reporting functionality, processing of data and also the time that it took for our colleagues to become familiar with the system. When we implemented the new system, it also exposed some data quality issues. Pulling all of these issues together meant that it was a difficult and stressful time for our colleagues using the system and for our patients who were awaiting care. We believe that these factors may have contributed to the disappointing response to the question 'If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation'.

We talk at length about the things that we are going to do in 2015/16 to learn from the challenges we encountered last year in section 6, 'Our Quality Priorities – Looking Forward to 2015/16', of this Quality Account. We hope that this will see our colleagues respond more favourably to this question in the 2015/16 national staff survey.

5.6 National surveys

Along with other English NHS trusts, Walsall Healthcare participates in the Care Quality Commission (CQC) national patient survey programme.

Children's Inpatient and Day Case Survey 2014

The National Children & Young People's Inpatient and Day Case Survey 2014, published its results in March 2015. The Trust had a relatively low response rate for the survey at 24.6% from a group of eligible Walsall Healthcare patients of 374. The Trust performed well in many of the questions, achieving higher than average scores in 32 from 40 areas across the survey. Particular areas of strength include:

- The ward condition and equipment was seen as very good.
- Parents felt that the environment was safe.
- Involvement of staff with parents when communicating plans, and/or medicines was seen to be good.
- Staff availability to help patients was strong.

Areas that require some attention were:

- Answering children's questions in a clear manner could be improved
- Ensuring that members of staff who are new to the patient / shift introduce themselves.

The report is in the process of full evaluation and actions will be determined where appropriate. Communications will be held with appropriate groups, including patient forums.

National Adult Inpatient Survey 2014

The final results of this survey were published on 23 May 2015 and show disappointing results regarding our inpatient experience.

The survey asks a selected group of recent inpatients for their views, (850 for each Trust). Walsall Healthcare NHS Trust had 386 responses (45.41%), which was slightly lower than the national average at 47%.

From the survey results, the Trust performed at 'Worse' in four sections and the same in the remaining seven. There were

70 questions asked of the respondents, of which 24 received a significantly lower score. No scores were higher than previous surveys and only one result was the same as previously.

The Trust is now compiling an action plan, linked with the activities that are within 'The Year of Improvement'. More can be read later in the Quality Account.

2014 National Cancer Patient Experience Survey

The National Cancer Patient Experience Survey published its findings in September 2014. The survey included all adults with a primary diagnosis of cancer who had been admitted to an NHS hospital and discharged between September 1 and November 30 2013.

A total of 427 eligible Walsall Healthcare patients were sent the survey and there was a response rate of 59 per cent, compared with a national response rate of 64 per cent.

Overall, Walsall Healthcare was one of the middle-ranking trusts nationally. Out of 63 questions asked, 27 of our scores improved in 2014 compared to 2013, 31 scores declined and four scores remained the same.

The survey results told us of the experience of patients diagnosed with breast cancer, colorectal cancer and urological cancer. They told us that we have improved our arrangements for prescribing pain relief and that patients find that receiving a copy of their health record, which details their care plan and provides information on their diagnosis, is helpful. We do, however, need to improve communication between the patient, doctor and clinical nurse specialist across other specialties so that patients receive information that helps them to understand and become more involved in decisions about their care. This includes the need for better patient information that gives a consistent message, better information for families who give care at home and better information for the GP so that they are fully informed of the patient's condition and treatment. Improving these aspects will help to increase confidence and trust between the patient, doctors and nurses, delivering a much better patient experience.

Our priorities during 2015/16 as a result of the findings of the National Cancer Patients Survey, include a bid for funding to introduce a chemo navigator who would help guide patients through their cancer treatment; a focus on cancer-specific education for ward staff; and the launch of a Cancer Services Focus Group to ensure the voice of patients and carers is used to support a positive patient experience. In addition, we are exploring the provision of an enhanced Cancer Information Centre for our patients and in May 2015 we will establish Health and Wellbeing Clinics for patients that have been diagnosed with cancer.

5.7 In Your Shoes

We were delighted that more than one hundred patients, carers and family members took the time to participate in the second round of our In Your Shoes events in April 2014. 'In Your Shoes' is an initiative that we started in 2012. It involves patients, carers and colleagues who deliver care in the Trust to come together and talk about experiences of care and the things that we need to do to improve the patient experience.

Over 100 patients, carers and family members

It was particularly encouraging at our latest events to hear a number of people who had previously taken part describe an improvement in their experience over the past two years. It was, however, evident from the feedback that we received that the overarching issue of access to outpatient services and lengthy waiting times was the biggest concern

for our patients. This triangulated fully with the latter intelligence from patient surveys, complaints, incidents and our overall performance against core waiting time standards as discussed at the opening of this Quality Account.

5.8 Online patient feedback

Many of our patients are keen to give us real-time feedback about our services through channels such as our own website (www.walsallhealthcare.nhs.uk) and patient websites like Patient Opinion (www.patientopinion.org.uk) and NHS Choices (www.nhs.uk).

We also use social media to engage with the wider community and share information about forthcoming events, ward closures and other news and views about Walsall Healthcare and the services we provide.

During 2014/15, our Twitter followers increased from just over 1,800 in March 2014 to almost 2,500 by the end of March 2015. Thousands of people have also viewed our Facebook page over the past 12 months, with many taking the trouble to like, share and comment on our posts.

Here are some examples of the online comments made about us on the NHS Choices and Patient Opinion websites over the past year:

My son was on the Paediatric Assessment Unit. He is ten months old and the staff were fantastic. They were friendly and pleasant and helped me and my partner with everything we needed. The ward had a man come to do magic tricks and make animal balloons. I thought that was fantastic and it lit the children's little faces up.

July 2014

I had a total hip replacement and the care I received was second to none. The staff on Ward 20a made me feel safe and reassured. Nothing was too much trouble for them. The ward was clean and well run and all the staff worked well together.

May 2014

My daughter attended her first appointment for Orthodontic treatment only to be sent away, as it was a Monday and they had not received her dental notes. The lack of communication is appalling. Surely someone should have contacted me to explain why she couldn't be seen before paying car park charges, daughter missing two hours of school and myself rearranging my work hours.

Nov 2014

This is the worst hospital I have ever been to and will make sure that I will not go there again! The staff are unhelpful and rude! I was told that I would be having an operations at 8am and after a lot of fake promises I was told at 6:30pm that there was no chance so I left! They didn't care and they just let me lay there for hours without painkillers until my girlfriend pestered them! So the staff are rubbish, the place is dirty and smelly and the healthcare is rubbish!

Feb 2015

We hear a lot of bad press about the NHS but my mother's experience was the best you could wish for. From when she was referred to a consultant, her operation and the after care, everything was outstanding. A special thank you to the Macmillan nurse who called on Christmas Eve to give mom an update on her condition.

Dec 2014

My elderly father in law was admitted to A & E during the first week of December. He had been suffering from dementia and had developed pneumonia. I cannot praise the staff in A & E enough for the sensitivity, compassion and dignity with which our dad and we as a family were treated. In a madly busy department, nothing was too much trouble.

Dec 2014

5.9 Our members

Our membership has continued to grow during the year from nearly 14,000 members in 2013/14 to just over 14,200. Our aspirant Foundation Trust membership are becoming more and more involved in a widespread range of activities – all of which are directed at improving our patient experience and safe, high quality outcomes. During 2014/15 our members have helped us to review our processes for lengthy access to podiatry services following a range of unsatisfactory patient feedback. We are delighted to say that as a result of their views and our experience we have been able to greatly reduce waiting times for these patients.

Members also teamed up with Walsall Healthcare volunteers in November 2014 to assist with the 'Getting a Good Night's Sleep' audit. We conducted this audit because our National Inpatient Survey results told us that patients found the wards to be noisy at night. As a result of this audit, we have implemented many changes to help our patients 'Get a Good Night's' Sleep'.

In addition, a number of members supported our 'mock' Care Quality Commission (CQC) inspections, either by acting as internally-trained lay inspectors or by sitting on patient focus groups. The members found this a very informative and useful way of understanding the complexity of NHS activity, identifying and celebrating good practice and identifying areas where further improvement was needed.

We are keen to ensure that our patients are cared for in a pleasant environment. A number of members who are keen gardeners asked if they could use some of the borders around the staff car park to create a wild flower garden, with support from Friends of the Earth. This work has continued during 2014/15, and the gardening group has also been busy planting bulbs around the site. Members of the gardening group hope to start work during 2015/16 on a dementia friendly garden close to our new Ward 29.

Membership events have been well attended throughout the year. More than 100 members attended Walsall Healthcare's AGM in July 2014 and members have also increased their attendance at our monthly public Board Meetings. Our Membership Connect newsletter keeps members informed and in 2015, we also introduced a monthly email news update.

Although recruitment is continuing, we will be concentrating in 2015/16 on working in partnership with our members to promote our Trust and some of the great work that is already taking place. We are also keen to get more members involved in Patient Experience, Corporate Information and Membership Support.

5.10 A big thank you to our volunteers

There can be no doubt that the commitment, dedication and continuing contribution of all our volunteers makes a very real difference to our services in the community and at the Manor Hospital. During 2014/15, a total of 346 volunteers were registered with the Trust, more than 270 of whom volunteer at least once a month.

Volunteer roles range from our Stroke Buddies, who give up their time to sit and talk to patients who are coming to terms with a recent stroke diagnosis, to our Dining Companions, who are on hand to assist patients at mealtimes. Our volunteers also support our League of Friends shops and meet and greet patients and visitors. We are also very grateful to the volunteers who support the work of our Palliative Care Centre at Goscote, as drivers, in reception and as activity facilitators in our day hospice.

Our award-winning Kissing it Better programme has continued to run across many of our inpatient wards and in our adult and children's Outpatients Departments. A wide range of organisations and individuals from the wider Walsall community are invited in to the hospital to share their time and skills on a voluntary basis.

During 2014/15, these activities equated to more than 4,200 hours of specialised care by individuals from schools, choirs, dance troupes, Brownies and Scouts and youth groups, to name but a few.

Since Kissing it Better was launched in 2011/12, we have built up a particularly strong relationship with Walsall College

and during the past year we have welcomed a range of students, including hairdressers and beauticians, public service, and health and social care students, into the hospital on a voluntary basis. In addition to visiting patients on the wards, a pop up shop organised by the beauty therapy students at the Manor Hospital in July 2014 was so successful we hope it will become a regular event.

We also have two dogs that come into the hospital to visit the wards on a regular basis through the Pets as Therapy charity.

We work closely with a number of other organisations, including The Prince's Trust, to promote volunteering opportunities at Walsall Healthcare. We are currently working with Age UK to recruit volunteers to assist the Dementia Support Workers within the hospital.

Our Expert Patients Programme is run by our Self Care Management Team and enables a team of lay volunteers who have personal experience of living with a long-term health condition to provide peer support for individuals living with or caring for someone in a similar situation.

Volunteers are also currently supporting our Emergency Department to increase the response rate in the Friends and Family Test.



During 2015/16, our Voluntary Services will continue to work hard to ensure that we maximise the opportunities that are offered by our volunteers. We are proactively seeking innovative ways of accommodating people within the organisation to ensure that everybody benefits from the experience.

Kissing it better @Kissingitbetter
 Absolutely fantastic evening
 celebrating work of 100s volunteers
 @WalsallHcareNHS All felt so valued.
 Great venue, great food, great music

Priority 3: Delivering Safe Services

5.11 Hospital mortality rates

SHMI

A new national measure of hospital mortality was introduced in 2011 – the Summary Hospital-Level Mortality Indicator (SHMI). This considers the total number of deaths and compares it to the number of expected deaths for the Trust. This includes patients who have died within 30 days of discharge from hospital. All Trusts need to monitor their SHMI results and carry out further investigations to ensure that safe and high quality care is being delivered to all patients and maintain high levels of performance. We present a report on this matter in public at the Board of Directors each month. The latest 12 month SHMI published by the Department of Health from October 2013 – September 2014 is 1.07 which is level 2 and categorised “as expected.” We have noticed that during the last few months of the year, our SHMI levels have started to increase. This seems to correlate with our busiest period-‘winter’. We are investigating the reasons behind this so that we can understand whether there was anything that we could have done differently for the care of patients who passed away during this period.

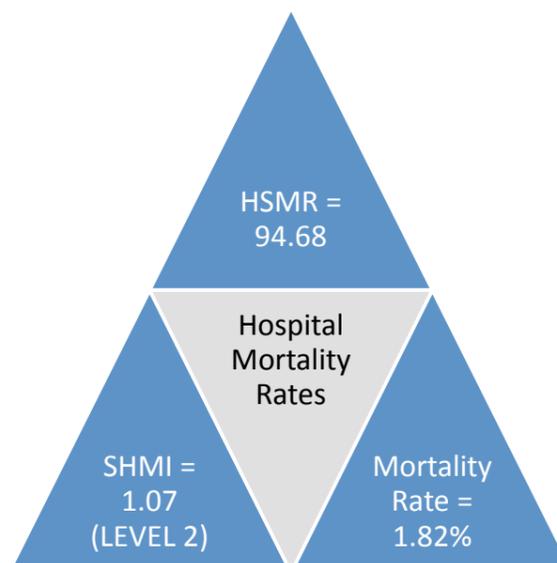
The trust also undertakes benchmarking activity. For the Trust, the following data relates to us. The Trust was ranked 108th from 137 acute trusts who participated in submitting data for validation. Regionally, South Warks NHS Foundation Trust was the best performer with SHMI at 0.96, and Wye Valley NHS Trust was the lowest with a SHMI level of 1.12.

HSMR

The Hospital Standardised Mortality Ratio (HSMR) measures whether the death rate at a hospital is higher or lower than expected in 56 key diagnosis, which make up on average 80% of all in hospital deaths. This allows for comparisons to be drawn with other providers of hospital care and identify where the mortality risk in the Trust and for specific conditions is above or below that of peers. During 2014/15, our aim continued to be to ensure our HSMR remained below the national average of 100 where it has been for the last 2 years. For the year from April 2014 onwards, our HSMR has been 94.65 which is below the average; this is very satisfying to demonstrate that despite the increase in activity at the Trust over the past year, the quality of care has remained better than the national averages.

An alternative measure that the Trust uses to track improvements is the crude mortality rate and this represents a percentage of patients who die in hospital compared to all admissions. In 2014/15 this currently stands at 2.09% which is a slight increase compared to 1.68% in 2013/14. We have seen an increase in our crude mortality rate during the winter period which correlates with a period of intense activity pressure across the Trust. We are currently investigating the reasons for this increase.

Walsall Healthcare NHS Trust Mortality Indicators for 2014



The Keogh review into deaths in hospitals highlighted the importance of regular monitoring of hospital deaths and the need across the NHS to be able to identify where deaths could have been avoided. We have a Mortality Review Group within the Trust which is chaired by the Chief Executive and the Medical Director and key doctors are in attendance. The group undertakes audits of the care of patients who have died to understand if anything in their care plan could have been done differently to achieve a different outcome. The learning from these audits is then shared with all colleagues.

5.12 Incident Reporting

We continue to use the Safeguard system for electronic reporting of all incidents across both hospital and community services. Developments during the year include implementation of processes to ensure that patients who suffer moderate or major harm or death as a result of a notifiable safety incident are fully informed of events and subsequent remedial action in line with the statutory Duty of Candour.

We have continued to see incident reporting rates at a level that is consistent with a healthy incident and reporting awareness culture. Reports published by the National Reporting and Learning System (NRLS) during the period confirmed that the Trust has continued to be one of the highest reporting organisations within its class, sustaining achievement of its 2014/15 target.

The Trust was pleased to note that the improvement shown in the National Staff Survey indicator KF13 ‘Percentage of staff reporting errors, near misses or incidents witnessed in the last month’ in 2013/14 has been sustained with Walsall Healthcare NHS Trust in the best 20% of Trusts in the country. However, for indicator KF14, ‘Fairness and effectiveness of incident reporting procedures’, there was a slight improvement. However, the Trust remains worse than average – this is a key area for improvement for 2015/16.

A total of 12,929 incidents (including clinical, health and safety and non-clinical) were reported by Trust staff during 2014/15, representing an 8% increase on 2013/14.

The top six most frequently reported incidents remain the same as in 2013/14 and were associated with:

- Non-pressure ulcer wounds, including skin tears and impact injuries
- Pressure ulcers, including patients who were referred to the Trust with a pressure ulcer and patients who developed pressure ulcers whilst in the care of the Trust
- Admission, discharge and transfer
- Patient falls
- Medication error
- Staffing

The Trust recognises that incident reporting is only effective if the organisation learns lessons from the incidents that have occurred. We have worked hard during 2014/15 to embed our Quality Structure. The structure is underpinned by Quality Teams at Divisional and Care Group level, and these teams scrutinise incidents reported within their wards, departments and teams in order to identify trends and provide assurance that lessons are learned and remedial actions completed.

In January 2015, Walsall Healthcare ‘Signed up to Safety’ a Department of Health initiative aimed at Saving Lives. We have identified ‘Safety Champions’ to represent the Care Groups in helping us identify and drive forward priorities for quality and safety improvement.

The top five most frequently reported health and safety incidents/non-clinical incidents were:

- Violence and aggression
- Needles and sharps
- Lost property
- Slips, trips and falls (non-patient)
- Impact with stationary objects

A particular success has been the reduction in the number of non-patient slips, trips and falls which have reduced from 124 in 2013/14 to 67 in 2014/15.

There has been a slight decrease in the number of incidents of violence and aggression; however, these are still being reported in high numbers. This trend is also reflected in the 2014 National Staff Survey and is an area for improvement work.

Serious Incidents

A total of 114 serious incidents have been reported to the NHS Trust Development Authority and Clinical Commissioning Group during 2014/15, compared to 141 in 2013/14 and 177 in 2012/13. The reduction is due mainly to the success we have seen in pressure ulcer prevention.

The most common incidents relate to pressure ulcers category 3 or 4 (42), but the Trust saw a reduction compared to 2013/14 (59). The next most common incidents relate to transfer of care, followed by slips, trips and falls resulting in a serious injury. For more information about our work to reduce pressure ulcers and falls, please see section 5.16 and 5.17 of this document.

We see learning from every serious incident as vitally important.

Detailed below are some of the improvements the Trust has made as a result of Serious Incidents:

- Introduction of a falls bundle for preventing patient falls
- Risk assessments in maternity patients for interpreter requirements
- Increased security on ward entrances and exits
- Guidelines for the application and legal requirements of the Mental Health Act
- Multi-agency approach to avoid unnecessary admissions and enhance discharge processes
- Multi-agency care planning for frequent Emergency Department attenders with alcohol related problems
- Work to enhance the use of Situation Background Assessment Recommendation tool (SBAR)
- Enhanced team working to co-ordinate the timely delivery of blood products in maternity
- Education around the Major Haemorrhage Policy
- Sepsis bundle implemented in A&E
- Metastatic spinal cord guidelines reviewed and education provided to staff

During the year, the Trust has continued to embed improved systems and processes to scrutinise and understand the root cause of these serious incidents.

The Serious Incident Committee, chaired by the Chief Executive, continues to provide assurance around lessons learned and remedial action taken to the Quality and Safety Committee.

Never Events

The Trust was disappointed to report one 'Never Event' during the course of the year, compared with two in 2013/14. Never Events are serious, largely preventable, patient safety incidents that should not occur if the available preventative measures have been implemented.

The Never Event related to:

- A retained swab used in a surgical operation

The Trust has taken this incident very seriously and has made a number of changes to significantly reduce the likelihood of recurrence.

These include:

- Implementation of an uninterrupted "time out to count" when the swab, instrument and needles checks are being carried out
- Surgeons to clearly communicate to the scrub nurse and circulating staff in the circumstances that they require a swab to be placed in the abdomen. When the swab is in situ, this is clipped to the operation drape, and the fact that a swab is retained in the abdominal cavity is clearly documented on the white board.
- CPD midwife and CPD nurse for Theatres are directly observing and auditing 20 cases from each forthcoming month for the 'checking of swabs and instruments in line with Trust policy' for all practitioners in the maternity theatre'
- CPD midwives are conducting direct observation and audit of the intra partum notes to ensure 2 signatures are present in the medical records of all women undergoing a Lower Segment Caesarian Section delivery.

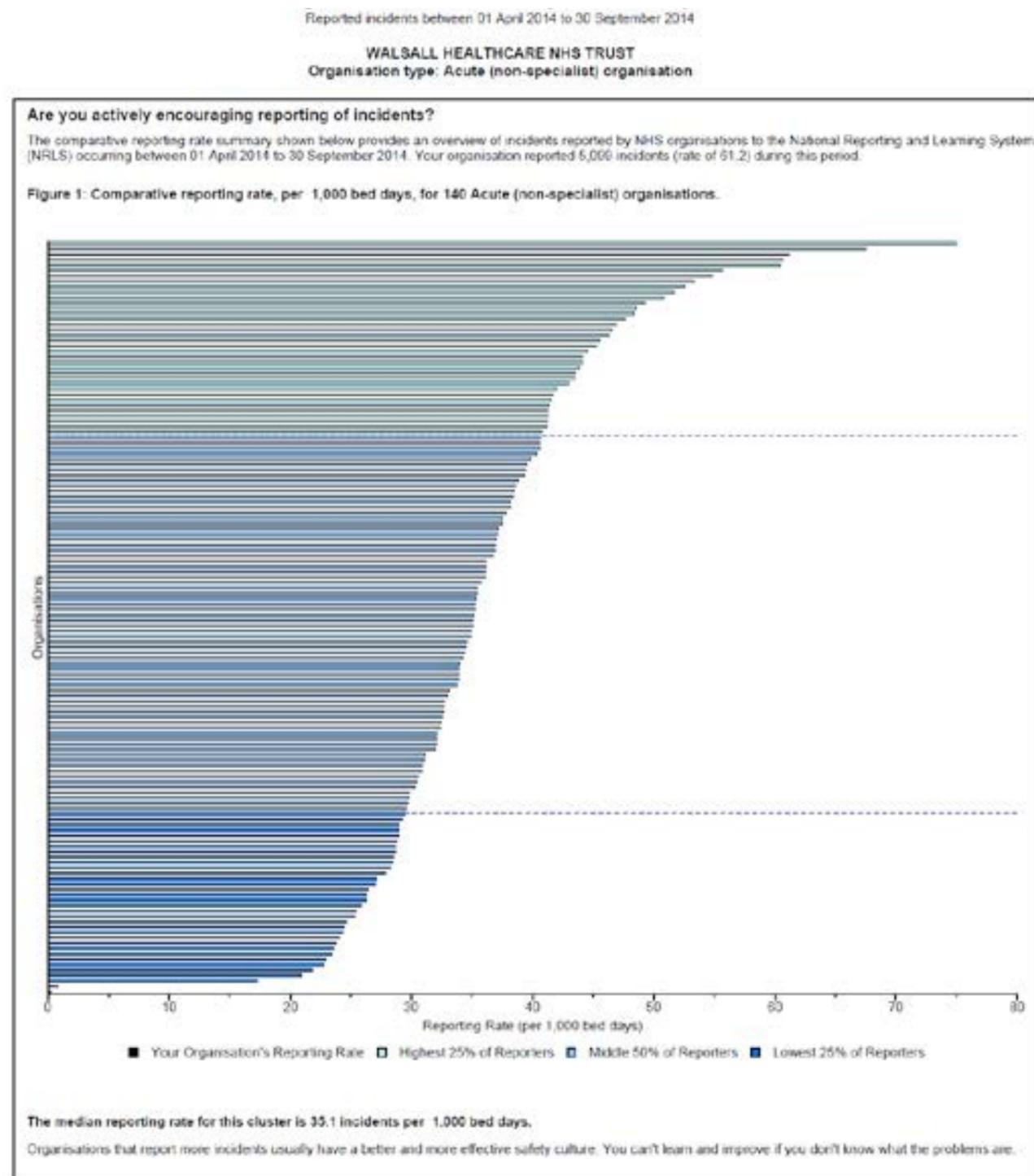


Comparing our Performance

Information on incident reporting is collected by the National Reporting and Learning System (NRLS) to enable comparison of overall reporting and individual incident types.

“Organisations that report more incidents usually have a better and more effective safety culture” NPSA 2012.

The diagram below shows Walsall Healthcare’s incident reporting to be in the highest reporting quartile in its class. Last year’s aim was to continue to sustain our position in this area and to be at or near to the top 25% of national reporters. This aim has been achieved, and our objective for next year is to continue to sustain this position.



5.13 Duty of Candour

The Francis Inquiry concluded that candour is an essential component in high quality care and made a recommendation that a statutory Duty of Candour exists to inform a patient or other duly authorised person as soon as possible where treatment or care has caused serious harm or death. The inquiry also recommended that observance of this duty should be policed by the Care Quality Commission (CQC).

The Duty of Candour, which requires that patients and their relatives are informed and supported when an incident causing moderate or severe harm or death occurs, was made a legal duty under Regulation 20 of the Health & Social Care Act Regulations in October 2014. Although we have promoted a culture of openness over a period of years, the organisation has taken steps to ensure that we are fully compliant with this important legal requirement. We have implemented a formal policy and procedures, provided support to patients who have been affected and provided key staff with training. We also strive to support our staff when they are having open and honest discussions with patients and their relatives when things go wrong. Compliance will be monitored and reported to the Board on a monthly basis.

5.14 Safeguarding

2014/15 has been an important year for the Trust with regards to Safeguarding and the application of an improvement plan.

Following on from the results of the Kyle Keen review, it was evident that improvement work was urgently required. In April 2014, the Trust commissioned a report from an independent standing, and followed this up at the end of the year with a further progress review.

I am pleased to report that the outcomes from these activities are positive and demonstrate the changes that the Trust has committed to. Some of the recommendations that have been successfully completed are:

- Creation and action of an improvement plan with clear timescales.
- Publish and communicate an annual safeguarding declaration on the Trust website as evidence of the board's commitment to safeguarding children, young people and adults.
- Consider and implement a safeguarding strategy for the trust.
- Undertake a review of the training strategy to ensure it addresses the needs of the organisation.
- Consider some form of integration between the LAC Team (Looked After Children) and the safeguarding teams.

Outputs from the progress review recently undertaken, include:

- The majority of the recommendations made in the initial report have been completed or are being addressed.
- The Trust has made a conscious decision to deal with a number of important operational issues at the same time as completing recommendations.
- Emergency Department reports little progress to date. This is due primarily to the activity levels in the area. Good progress has been made with safeguarding training.

All of these points and others that are in the implementation plan demonstrate the commitment that the Trust has shown, and importantly the staff have given for the safeguarding of all patients.

Details of the Trust policies and declaration are available on the Trust website at the following address:

<https://www.walsallhealthcare.nhs.uk/safeguarding.aspx>

5.15 Infection Control

We are very committed to reducing Healthcare Acquired Infections (HCAIs) across the local health economy, and in spite of the hospital being under unprecedented levels of pressure. HCAIs result in a negative outcome for both the patient and the organisation through additional treatment, length of stay and both personal and financial loss.

With respect to MRSA, we have achieved the objective of 0 cases against a target of 0. The Trust has not had any cases of MRSA bacteraemia (blood stream infection) during 2014/15. The Trust continued with the early reporting of presumed rather than confirmed cases of MRSA, enabling decolonisation treatment to start as soon as possible, and the re-screening for MRSA of all patients who have been in the hospital for more than 28 days. In addition the Trust has worked on a number of measures to reduce the risk of patients acquiring an MRSA bacteraemia and this will continue to be an element focused on during 2015/16.

Last year we set ourselves a target to have no more than 28 cases of Clostridium difficile (C. Diff.) in 2014/15. With appropriate antimicrobial stewardship and from the continued efforts of our colleagues to ensure that the environment is clean, and patients are treated appropriately. This is a significant achievement for the Trust. We only had 15 cases for the year 2014/15. This is an excellent achievement considering the performance in the previous year 2013/14, when we reported 30 actual cases against a target of 28. Each case of C. Diff. is reviewed to look for areas that can be improved in order that the risk of patients acquiring C. Diff. can be reduced. The outcomes of these reviews are then discussed at a joint health economy meeting (Walsall Healthcare NHS Trust, Walsall CCG & Walsall Council Public Health). The hard work undertaken by the Infection Control team has led to some encouraging benchmark data. The Trust was ranked 43rd from the 137 trusts that submitted data. Regionally, the Trust is 5th, with George Elliot Hospital NHS Trust being the best performer, and University Hospitals Coventry and Warwicks NHS Foundation Trust being the poorest.

We have experienced some episodes of Norovirus over the winter period, but through the implementation of managed bay / ward closures by the Microbiologist and infection control team, we have been able to reduce the impact on the organisations delivery of care and avoid any hospital closures.

With the emergence of Ebola in West Africa, we have undertaken 'stress tests' provided education and resource boxes to ensure that we are prepared for any potential cases.

With the emergence of ever increasing multi-drug resistant organisms, such as MERS Corona Virus and Carbapenem-resistant Enterobacteriaceae (CRE), we continue to implement measures to identify cases and protect the spread of these infections. This focus will continue to be a high priority into 2015/16.

5.16 Pressure Ulcers

Pressure ulcers can occur in people who are unwell and immobile. They are categorised from one to four according to the level of severity. They can result in patients suffering pain, discomfort and reduced mobility and may increase their risk of acquiring complications such as an infection.

An improvement target was agreed with our commissioners at Walsall Clinical Commissioning Group to:-

Ensure that 95% of our patients have a documented risk assessment pressure ulcer risk assessment using a recognised evidence based tool – we fully achieved this improvement standard

- Ensure that 95% of our patients who have been identified 'at risk' have a clear management plan to prevent ulceration or to treat the current ulcer – we fully achieved this improvement standard
- Achieve a 60% reduction in community avoidable category 3 pressure ulcers

- Achieve zero tolerance on avoidable community category 4 pressure ulcers – unfortunately we failed to achieve this improvement standard at the very beginning of the year, however we have fully achieved this standard since the Summer of 2014
- Achieve zero reported avoidable category 3 hospital acquired pressure ulcers – unfortunately we failed to achieve this improvement standard and focused efforts will continue to eliminate avoidable category 3 hospital acquired pressure ulcers throughout 2015/16
- Achieve zero reported avoidable category 4 hospital acquired pressure ulcers – we fully achieved this improvement standard.

Root cause analysis investigations have taken place for all category 3 and 4 pressure ulcers so that we can understand how we could have done things differently for each particular patient. A Pressure Ulcer Steering Group chaired by the Director of Nursing reviews the findings of these investigations and the group is now leading a programme of improvement with nursing and medical colleagues in particular to enhance education and training. In addition, all of our senior nurses have been competency assessed in respect of pressure ulcers and we are using focused audits to identify continued training needs.

Pressure Ulcers Grade 2,3,4													
2014 / 15	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Hospital acquired	16	15	15	13	12	13	10	19	20	23	9	12	177
Community acquired	21	15	14	11	22	6	19	10	9	15	11	17	170
Total Acquired	37	30	29	24	34	19	29	29	29	38	20	29	347

By making the comparison with last year, it can be seen that there was an increase in the year from 136 to 157 respectively.

5.17 Falls

We know that patients can be harmed as a consequence of falling whilst in our care, either in the hospital or in the community. This is the most common harm that is reported. We are committed to making further improvements in 2015/16 to reduce the numbers of falls and also the number of falls where severe harm was caused to the patient. Our aim is to reduce the number of patients falling on a year by year basis, whilst under our care within hospital and community services.

The Trust has a Falls Steering Group which is chaired by the Director of Nursing. This group reviews the reasons why patients have fallen in our care and has led many developments to reduce falls on our wards and in the community. This has involved the introduction of new care plans, a falls 'care bundle', risk assessments, staff training, and falls prevention aids.

Our research shows us that the national average for falls prevalence is 2% and 0.2% for falls resulting in severe harm. We compare favourably with these statistics in Walsall with our figures being below the national average. Regrettably we were unable to achieve our planned target of no more than 652 patients falling during 2014/15, with a total of 729 patients falling during this period. We are awaiting national benchmarking data to understand our national position. The figure at the end of 2013/14 was 580. Aims for 2015/16:-

We will continue to implement our programme of improvements relating to falls reduction. Our aim will be to continue our focus upon falls reduction, ensuring that they are maintained as Trust-wide priorities.

We will report our progress against this aim every month in public at our Board of Directors meeting.

5.18 VTE Risk Assessment

The Trust aims to achieve, as a minimum, the national benchmark of 95% of eligible patients receiving an assessment of their risk of developing a blood clot whilst under our care. In addition, we wanted to establish a Root Cause Analysis process to review patients developing healthcare associated thrombosis. This will enable us to understand areas for attention.

We know that venous thromboembolism (VTE) or blood clots can be linked to preventable deaths in the UL. Assessment of adult patients at admission for their risk of developing blood clots or their risk of bleeding helps us to decide how best to care for each patient.

We told you last year that we would aim to ensure that 95% of adult patients are risk assessed for VTE within 24 hours of admission and we are pleased to confirm that we have achieved this improvement standard throughout the year.

VTE Performance 2014 / 15	Apr	May	Jun	Jul	Aug	Sep
Monthly % Performance	95.14%	96.34%	96.97%	97.58%	96.10%	95.45%

VTE Performance 2014 / 15	Oct	Nov	Dec	Jan	Feb	Mar	Average 2014/15
Monthly % Performance	95.24%	96.34%	96.85%	95.58%	95.26%	95.28%	96.07%

Benchmarking data available to the Trust shows that nationally, the Trust ranked 86th from the 137 acute trusts that submitted data. Regionally, the best performing trust was University Hospitals Birmingham NHS Foundation Trust, with Shrewsbury and Telford Hospital NHS Trust in the lowest position.

We agreed that we would also establish a Root Cause Analysis exercise for every patient who developed a VTE whilst in our care. It also includes patients who have developed a DVT within a community setting. This was so that we could understand if we could have done anything differently in the care of the patient to avoid the development of a blood clot. In the period January 14 to December 14, a total of 251 patients were identified with a blood clot whilst in our care and root cause analyses were conducted for 53 of these patients. Lessons learned as a result of these were:-

- A review of the communication process is being undertaken.
- Formal reporting to Quality & Safety Committee post VTE Committee review is required.
- VTE assessments are being completed by staff.

Standardised documentation has been agreed and implemented; this includes the introduction of assessment documentation within Emergency Department and the Fracture Clinic.

5.19 NHS Safety Thermometer

This relates to a national CQUIN scheme which requires data collection to be carried out on a pre-determined date each month for all inpatients and community service contacts, with certain exclusions, in four particular areas. These are:

- Pressure ulcers
- Falls
- VTE
- Urinary tract infection in patients with a catheter.

Based on submissions during the year, our results confirm that we are reporting averagely in comparison with trusts nationally.

2014 / 15	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% Harm	8.2	7.6	5.9	6.3	7.9	7.3	8	9.5	10	9.5	8.4	6.1
% Harm free	91.8	92.4	94.1	93.7	92.1	92.7	92.0	90.5	90.0	90.5	91.6	93.9

- Medication errors – the Trust is aiming for a medication error reporting profile in line with national expectations including reduced numbers of the most serious errors.
- Urinary Tract Infections – we are aiming to reduce the number of Urinary tract infections which people develop if they have long term catheters in place.

Both of these will support the increase in Harm Free events that the Trust is expecting for 2015/16.

5.20 PROMS

Patient Reported Outcome Measures, or PROMS, are a way to record patients’ opinions on the improvement in their health and wellbeing following one of four common surgical procedures. These are:

- Groin Hernia surgery
- Varicose vein surgery
- Hip Replacement surgery
- Knee Replacement surgery

Walsall Healthcare NHS Trust does not undertake significant volumes of Varicose Vein surgery, under an agreement with Russells Hall, Dudley. As such, the volumes of this procedure (type) completed do not require to be recorded through PROMS. Participation in these studies is optional for patients who are requested to rate their health before and six months after their procedure took place. This survey asks patients to rate their health before their operation in two ways and then again after the procedure to understand the positive or negative impact of the procedure on their health. Patients at Walsall Healthcare who have had these surgeries have reported their care and health improvement is good and in line with national averages. However, the number of responses from patients in Walsall is very low and well below the national average. Within the response levels however, the scores presented indicate the trust to be just above average for hip replacement surgery and just below the national average for both groin hernia and knee replacement surgery.

The Trust is showing the EQ-5D Index measure.

PROMS Data for 2014/15 (EQ-5D Index)

	Walsall care	Health- care	National Average	National Lowest	National Highest
Groin Hernia Surgery	0.073	0.085	-0.065	0.271	
Hip Replacement Surgery	0.462	0.436	0.233	0.540	
Knee Replacement Surgery	0.227	0.323	0.210	0.461	

Priority 4 – To deliver High Quality Services

5.21 End of Life Care

The main focus of the service is to ensure that the patient has dignified care and that the End of Life Care team (EOLC) and that patients are able to die in a place of their choice.

By systematically, identifying patients approaching the end of their life, and maximising the numbers of patients able to die in their preferred location, we have rolled out the Amber Care bundle across the organisation to support the care of patients at the end of their life.

There have been a number of developments in our Palliative and End of Life Care Services during 2014/15.

As part of national Dying Matters Awareness Week in May 2014, a questionnaire was devised about Attitudes to Death and Dying and promoted through a variety of means. More than 200 people of all ages completed the questionnaire and the results showed that more people than expected were comfortable with discussing death and dying and would like to see clear, frank and open conversations between patients, families and health professionals. People also wanted to have a say in what happens to them when faced with a palliative condition or end of life care.

Both our hospital and community Specialist Nursing Palliative Care Teams agreed for the first time to participate in research this year. The TVT trial is an international, randomised group trial which is comparing a two-step approach for cancer pain relief with the standard three-step approach.

We also embarked on another new venture when we welcomed our first newly qualified doctors into the team. We are now one of very few trusts in the country with junior doctors on the Palliative Care Team and we are delighted that this has evaluated well and is likely to continue.

During 2014/15, our specialist community Palliative Care Therapies Team undertook a service evaluation of palliative care occupational therapy and its benefits to patients. It was found that this makes a valuable contribution to maintaining patients' independence, comfort and quality of life and is also associated with supporting patients' preferred place of care.

We have also built on the work previously established with Arboretum Nursing Home in Walsall, to develop new pathways of care with St Giles Walsall Hospice to divert patients from hospital services to an alternative place to receive their care.

Our mock Care Quality Commission inspection told us that we need to improve our bereavement services within the Manor Hospital so that we have a dedicated bereavement room for families and carers with dedicated bereavement

support and signposting facilities. We have now identified an area for this facility and this will open in the middle of 2015.

Over the next 12 months, a number of initiatives will be taking place to ensure easily accessible information about death and dying is available for patients, their carers and family members, and to provide more training and education for healthcare professionals.

5.22 Care of Older People

We have taken forward a range of new initiatives across the Trust in 2014/15 aimed at increasing the number of older people supported in their own homes and ensuring that we provide high quality services for this group in both hospital and community. These have included:-

- We have re-aligned our community teams to provide greater focus on care at home.
- Community Matrons supporting nursing homes.
- Creation and use of The Rapid Response Team to assist with urgent calls and situations. The Rapid Response service aims to maintain patients safely in their own homes with an immediate package of equipment, care and support. The team is also able to support the discharge from hospital of older, frail and vulnerable patients who are known to it.
- 'Wraparound' services to support patients in their own homes through close co-operation between primary and secondary care.

5.23 Dementia Care

We are systematically identifying and assessing the need of hospital and community patients with dementia and delivering improved outcomes for this group.

Over the past 12 months we have worked hard to improve the care that we give to patients with Dementia and the support that we give to their carers. Two thirds of people with dementia live at home with much of their care delivered by unpaid carers, many of whom are under considerable strain and/or have health problems of their own.

Over the past year we have engaged with many of these carers. Gaining the views of carers is very important to us and a carer questionnaire is used on discharge to assess whether we have supported carers and their loved ones during their hospital stay. Our Age UK colleagues have supported us to ensure that as many of these are completed as possible. During the year we launched a new weekly support facility for those diagnosed with dementia, their family members and carers. Our Dementia Café takes place every Thursday at the Manor Hospital and has been set up through Pathways 4 Life, a working partnership with Age UK Walsall and Accord Group. The initiative has been funded by Walsall Council and Walsall Clinical Commissioning Group (CCG) and aims to support those dealing with the disease and reassure them that they are not alone. The 'Dementia Café' is a place where carers can come together to support each other, share experiences and also talk to us about their perceptions of how we can improve services for people with Dementia, including:-

- Avoiding repeated ward moves which disorientate patients
- Provide better recreational activities which will reduce boredom and wandering

- Provide better assistance with eating
- Improve staff training

As a result of this, we were delighted to open a new 'dementia friendly' ward at the Manor Hospital in January 2015. This purpose built environment has been designed to specifically cater for the needs of patients with Dementia and follows the principles of The King's Fund's 'Enhancing the Healing Environment' programme, to look at ways of meeting the needs of adults with dementia in the light of national guidance.

The new ward (Ward 29) has dedicated staffing who have received specialised training in the care of their patients. The physical design of the ward included colour co-ordinating all patient areas to improve orientation. For example, all bathroom areas have yellow doors and blue toilet seats, while each multi bedded area and single room has a different coloured door and matching internal fittings to help patients recognise their own area.

Laminated wood-effect flooring has also been laid throughout the unit, which has been found to be more visually acceptable for patients with dementia than the shiny grey flooring traditionally found in hospitals. An open area where patients can sit together, socialise and take part in a range of activities is also provided. Other initiatives have included the ongoing introduction of appetite-enhancing orange crockery across all our wards to promote good nutrition and hydration for our patients, and the use of our Reminiscence Pod which provides a familiar space where patients can engage in activities with staff and volunteers.

During 2014/15, dementia awareness training has continued to be a core requirement and colleagues have access to a variety of training opportunities. Our network of Dementia Champions has met on a monthly basis to ensure that good dementia care is implemented within their respective wards and departments.

Our Dementia Support Workers and Mental Health Liaison Team have continued to lead on and promote the use of the 'This is Me' document, which was produced by the Alzheimer's Society in conjunction with the Royal College of Nursing, to give staff a better understanding of the individual with dementia and help them see the person, not just their condition.

Participation in Clinical Audits

Walsall Healthcare NHS Trust has committed to continually undertake clinical audit as one of the ways in which to support better patient quality and safety in the Trust.

During 2014/15 there were 226 audits completed which included 28 national clinical audits and 2 national confidential enquires covering NHS services that Walsall Healthcare NHS Trust provides. Overall, there were 28 National Audits available and the Trust participated in 27 (96.4%). The one audit declined was in agreement with National Authorities. National audits are completed to enable a comparison of practice to be established. This enables organisations to benchmark outcomes against best practice with other organisations and ensure the quality of care is optimised. They also indicate if the Trust sits as an outlier enabling actions to be set in place to improve practice by learning from other organisations.

The Trust did not have any patients receiving health services that were recruited to support research approved by the ethics committee for the National Research Ethics Service.

The national clinical audits that Walsall Healthcare NHS Trust was eligible to participate in during 2014/15 are detailed in appendix 1.

Below is an extract of lessons learnt from audit feedback presented to the Quality & Safety Committee in the quarterly CLIPS report (Complaints, Litigation, Incidents, PALS and Safeguarding)

Audit Report	Lessons Learned
End of life	<ul style="list-style-type: none"> • Lessons learnt dissemination to all associated teams. • Trust bereavement support and facilities. • Spiritual needs assessments and a change to Trust policy
National Diabetic Review	<ul style="list-style-type: none"> • Nurse appointment completion.
National COPD Review	<ul style="list-style-type: none"> • Increase the awareness amongst clerking doctors of use of bundle pathway documentation. • Continue the use of the AMU checklist.
Upper GI fast track review	<ul style="list-style-type: none"> • Findings have been escalated to Divisional Quality Team (DQT) to assist learning.
Orthotic Service for Inpatients	<ul style="list-style-type: none"> • Use of common orthoses. • Train team members in the use of these common orthoses.
Colorectal fast Track Referral audit	<ul style="list-style-type: none"> • Referrals need to carry correct patient information. Will be taken to appropriate meeting for escalation.

Local Clinical Groups

In 2014/15 the Trust completed 215 local clinical audits / projects. Detailed in Appendix 2 is a summary of Q1 – 3 and a more detailed synopsis of Q4.

Common themes learnt relate to poor patient documentation and inter staff communication. The Trust is working with staff members to assist the improvement of the work and care that we provide by using the 'Year of Improvement 2015/16 as a platform for this work. The revised Quality and Safety Strategy, due to be released in the summer of 2015, also supports these efforts.

CQUIN Schemes

Commissioning for Quality and Innovation (or CQUIN) is a payment framework that enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals. For 2014/15, the agreed CQUINS and the performance of the organisation in these areas are identified below.

To date the Trust has secured the following against expected targets:

	Total Value (£)	Q1 (£)	Q2 (£)	Q3 (£)	Q4 (£)
Income Planned	4,640,935	923,677	670,417	1,144,607	1,902,223
Income Secured	4,256,092	896,735	605,216	1,112,275	*1,637,946

*This amount is subject to agreement with Walsall CCG

It can be seen from this data that there is a shortfall of £384,843 in the financial year. This came primarily from failure to deliver within the Effective Discharge, Dementia and Delirium (Quarter 2) and NHS Safety thermometer (Quarter 4)

2014/15 CQUIN Objectives

Name of Scheme	Summary of Scheme	Financial Value & Attainment
Friends and Family test	To improve the experience of patients.	Total value £431,081
NHS Safety thermometer	Collects data once per month for falls, pressure ulcers & UTI for patients with catheter.	Total value £301,757
Dementia and Delirium	Improve awareness and diagnosis of dementia, using risk assessment, in an acute hospital setting	Total value £344,866
Medicines Management – Blue Teq	To provide approval for all non Pbr drug prior to prescribing.	Total Value £431,082
Medicines Management – Medicines Safety Thermometer	The medications safety thermometer is a national tool with a four step process that allows error and harm from error to be measured.	Total value £431,082
Maternity	Aid the health and wellbeing of mothers by offering lifestyle advice in the areas of smoking cessation, substance misuse, weight management, breast feeding peer support, and emotional health and wellbeing.	Total value £862,164
Falls	Reduction in the total numbers of falls, improved use of risk assessment and care planning.	Total value £431,082
Tissue Viability	Risk assessment, care planning and zero tolerance for avoidable grade 4 PUs and 60% reduction in grade 3 PUs.	Total value £431,083
Effective Discharge	To improve overall discharge processes in acute (year 2 of 2)	Total value £646,623

With regard to CQUIN schemes for this year, below is a list of the schemes and the financial apportionment (as a percentage) that will be attributed against the annual budget of the trust. The CQUIN amount has yet to be determined between the CCG and the trust.

2015/16 CQUIN Objectives

Name of Scheme	Summary of Scheme	Financial Value & Attainment
Acute Kidney Injury	New national scheme	10% of CQUIN Budget
Sepsis (Identification & Early Treatment)	New national scheme	10% of CQUIN Budget
Improving Urgent and Emergency Care Avoidable Emergency Admissions		15% of CQUIN Budget
Improving Urgent and Emergency Care Improving Diagnoses and Re-attendance Rates of Patients with Mental Health Needs at the Emergency Department	New national scheme	5% of CQUIN Budget
Dementia & Delirium Care		10% of CQUIN Budget
Effective Discharge		20% of CQUIN Budget
Medication Safety Thermometer		10% of CQUIN Budget
Medicines Management BlueTeq		5% of CQUIN Budget
Catheters / Urinary Tract Infection		15% of CQUIN Budget



6. Our Quality Priorities – Looking Forward to 2015/16

Julie Bailey@curetheNHS

positive feedback from family visiting A&E, last nite. Great service by kind competent staff & very little waiting time

We have listened very carefully to the experiences of our patients in 2014/15 and are clear that 2015/16 will be our Year of Improvement. Where we will be:-

1 Improving for **patients**

Care for more patients in their own homes through new community models – five locality teams working with GPs, social care and mental health teams.

1. Quality and Safety – progress on key priorities (mortality rates, infection control, pressure ulcers, falls, patient experience) and respond to our mock CQC inspection.
2. Improve our Emergency Pathway (ED 4 hour standard)
3. Improve our Elective Care Pathway (18 weeks, cancer, diagnostics, follow ups)

2 Improving for **colleagues**

4. Invest in Safer Staffing (In-patient ward nursing, midwifery and community teams) to improve colleague experience and quality of care.
5. Improve colleague experience by understanding and responding to what matters most through “Colleague Connect” approach.
6. Support devolved decision making and accountability based upon the ‘Team of Three’ medical / nursing / general management approach.

3 Improving for the **long-term**

7. Deliver the Financial Plan of a deficit of no more than £17.7M, including delivery of savings programme of £10.5M (4.1% of expenditure)
8. Design a Service Strategy and Long-Term Financial Model working with health economy partners to set out a route to clinical and financial stability.
9. Act on outcomes of Governance Review (Foresight) and the Financial Review (KPMG)

Our mission to 'improve for patients' will see the Trust achieve the 4 hour A&E standard from the end of June 2015 and make significant in-roads in recovering the 18 weeks referral to treatment time standard whilst also putting in place extra outpatient clinics to reduce backlogs for follow up appointments. Working more efficiently and improving our systems and processes will help to reduce waiting times for our patients and any risk of potential clinical harm that may be caused through delays in access to treatment.

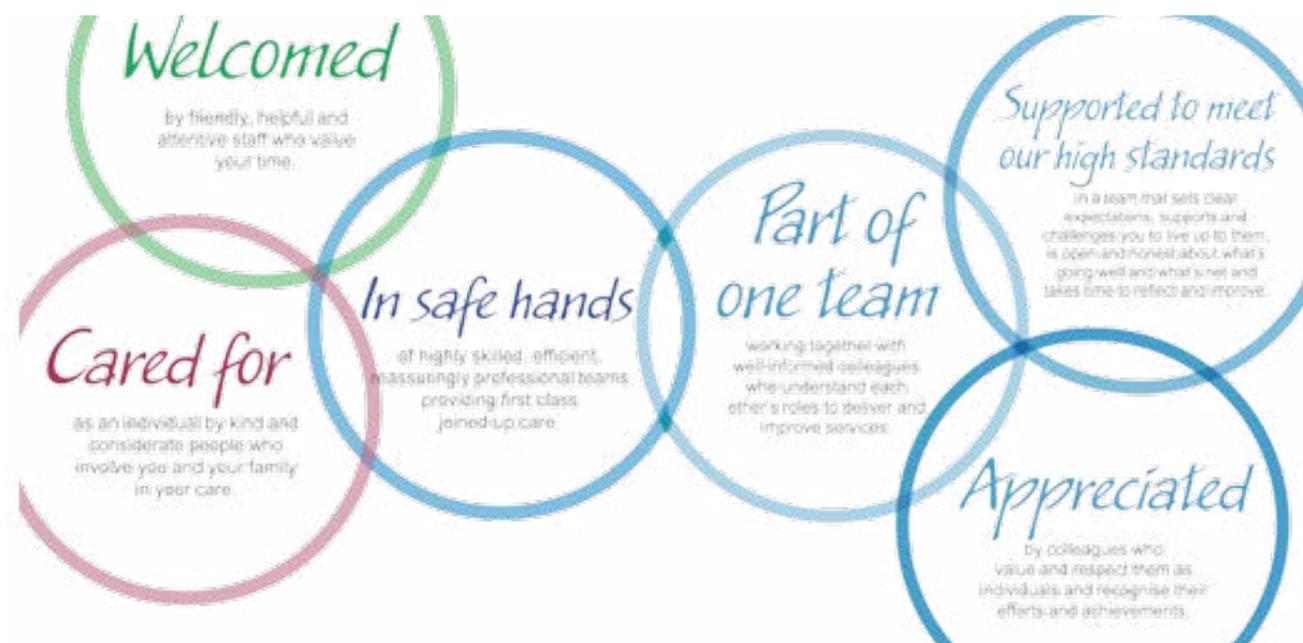
We will continue to review the health records of all patients who have died in our care to see if we could have done anything differently to prevent their death and report this in public through our monthly Mortality Report to the Trust Board. We aim to maintain an HSMR of 100 or below and aim to reduce our SHMI to 1.0 or below.

By working more closely with our patients and our colleagues we will reduce the number of patients falling in the Trust to no more than 660 across the course of the year with no avoidable falls resulting in sever harm or injury

Our aim to minimise the development of pressure ulcers for patients in our care will continue with no level 3 or 4 cases being reported during the year

We will strive to maintain our excellent infection control performance with zero cases of MRSA and no more than 18 cases of Clostridium Difficile.

The Trust will inform all stakeholders of the progress made of its plans summarised here. Communication tools will be used to detail current status and plan details with regard to activity progress. Already in early 2015/16, the Trust has provided detailed briefings for all staff, updated the intranet site with further information and established communication groups and action working parties to move these priorities forwards. Where applicable, existing measures of performance will be used to ensure compliance and continuity with existing work programmes. For example, the use of quality tools such as HSMR, SHMI, C. Diff & MRSA measures, National Safety Thermometer. By the continued use of such tools, the Trust maintains clear and understood guidelines and information to all Trust colleagues.



The board meetings will reflect the changes required, and will monitor through Board Performance Reporting that is structured into the way the Trust operates. In addition, the Trust will ensure that strict governance is operated throughout these programmes to assure everyone of the work undertaken.

The Trust will continue with its existing survey tools and will also develop further working groups to aid the transfer of learning and change. Colleague Connect will be continued as a tool to secure views and ideas from staff members at all levels. The Trust will change its committee structure and add support into the process by providing focus to people and

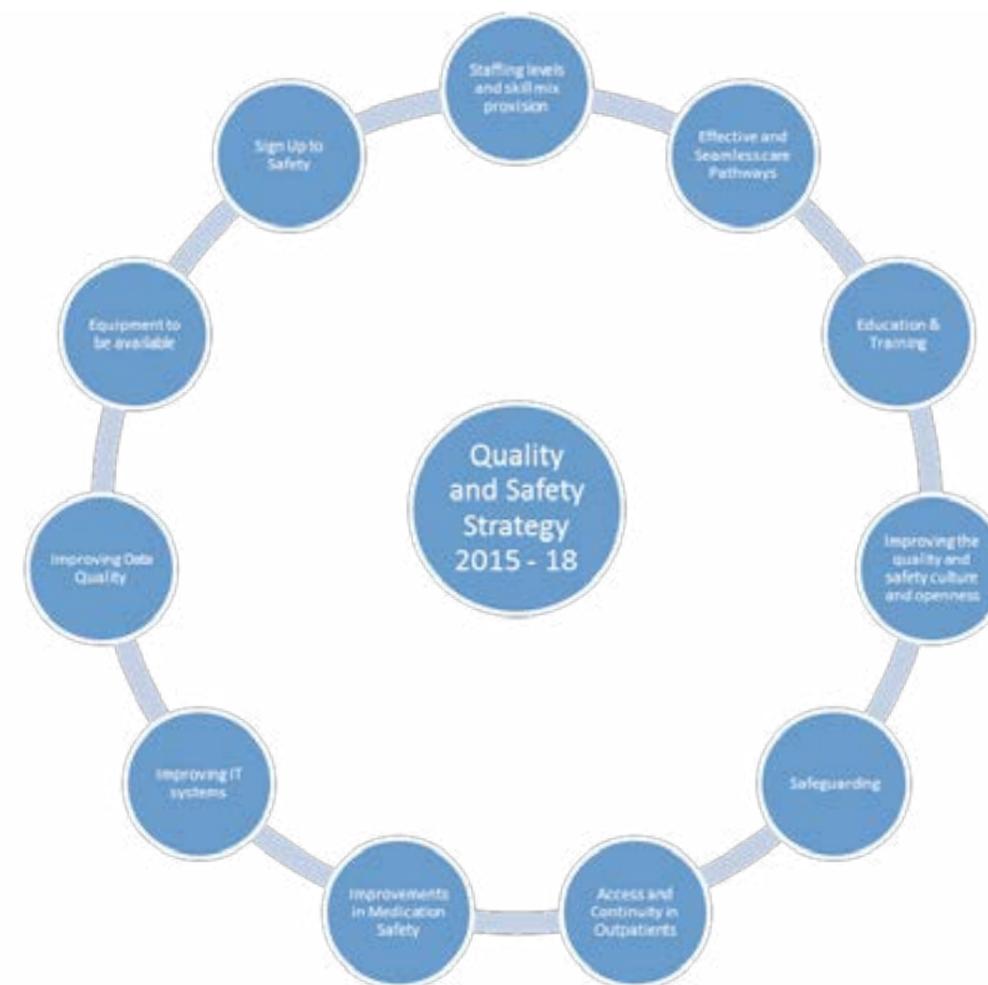
organisational development as a specific entity.

Strong work is already underway with regards to key elements of the plan. Safer staffing levels are being reviewed and investment in new staff has been agreed for key areas.

As well as the continued use of these above, management teams through the 'Team of Three Methodology' that is being deployed through the Trust will be empowered to plan, act and report the developments that are identified through this text.

We will also launch our new Quality and Safety Strategy in quarter 1 of the year. The revised strategy uses a number of priorities that have been developed through the use of Quality Champions from within the trust. These are staff who have volunteered because of their passion and commitment for developing the way forward and enhancing patient experience.

The priorities developed can be seen as follows: These elements all interlink to form a chain of identified areas of improvement



You can read our strategy in full by visiting our website at www.walsallhealthcare.nhs.uk which details our quality priorities and outlines key programmes of work that will considerably influence and shape the standard of care received by our patients and in turn their quality outcomes.

Appendix 1 - Accounts for 2014/2015

	Participation	No of Cases Submitted	% of Cases Submitted	Comments
Peri and Neonatal				
Medical and Surgical Clinical Outcome Review Programme - Sepsis	Yes	Underway	Underway	Commenced in 2014/15. Will report late 2015.
Medical and Surgical Clinical Outcome Review Programme - Gastrointestinal Haemorrhage Study	Yes	Underway	Underway	Commenced in 2014/15. Will report June/July 2015.
Neonatal Intensive and Special Care (NNAP)	Yes	556	100%	<p>17 babies under 29 weeks admitted of which 94% had temperature taken with 1st hour of birth. This was in the upper quartile with a national average of 94%</p> <p>Mothers given antenatal steroids for babies delivered between 24+0 and 34+6 weeks gestation Walsall had 82%, the national benchmark was 85% for this type of unit – in line with national averages.</p> <p>The standard outlines that 100% of all eligible babies should receive ROP screening within the time allowed for the first screening to be undertaken.</p> <p>As recommended by national guidance Walsall attained 76%, this was below the national average of 88%.</p> <p>The percentage of babies receiving their own mothers' milk on discharge Walsall attained 39%. Nationally this was 62%.</p> <p>Documented consultation with parents by a senior member of the NNU within 24 hours of admission national standard is 100%, Walsall attained 79% the average was 86% for similar units.</p> <p>>90% of transfers should be kept within the baby's network of care midlands central. The Trust had an average of 80% comparable to the national average of 81%.</p> <p>Changes to data set have been identified for 2014; NNAP dashboard is to be developed on line in 2014.</p> <p>Walsall healthcare does not sit as an outlier for any of the identified standards.</p>

Kissing it Better @Kissingitbetter

Wonderful afternoon watching 'The sound of Music' on Ward 29 @WalsallHcareNHS Much Singing & reminiscence Great for patients/visitors/staff

	Participation	No of Cases Submitted	% of Cases Submitted	Comments
Children's Services				
Paediatric Pneumonia (BTS)	Yes	Underway	Underway	Data collection in progress started 1st November 2014 closes October 2015. Report expected May 2016.
National Diabetes audit – Paediatrics – (RCPH)	Yes	Underway	Underway	Commenced in 2014/15. Will report in 2015/16.
Maternal, new-born and infant clinical outcome review programme	Yes	Underway	Underway	Commenced in 2014/15. Will report late 2015.
Children's Head Injury	Yes	Underway	Underway	Report expected early 2015. This is still awaited.

	Participation	No of Cases Submitted	% of Cases Submitted	Comments
Medical And Long term Conditions				
National Epilepsy Audit	Yes	21	91%	<p>Walsall has a noted improvement in relation to performance indicators for professionals. Round 1 indicated low compliance, round 2 indicated that Walsall is more in line with the national average.</p> <p>Assessment and classification saw Walsall remain on par with round 1, and in line with the national average.</p> <p>Investigations had noted drop in relation to the convulsive seizure having an ECG completed. However, this remained in line with national averages.</p> <p>The remaining standards have seen an improvement.</p>

Medical And Long term Conditions				
NASH	Yes	30	100%	<p>21.7% of patients had a written care plan in place in comparison to 28.1% nationally.</p> <p>Walsall has a high number of re-attendees to the Emergency Department as a result of a seizure in the last 12 months. Nationally the level was 30%, Walsall had 43.3%.</p> <p>Patients seeing a listed professional within the last 12 months, Walsall was above the national average with a good outcome:</p> <ul style="list-style-type: none"> Epilepsy Nurse specialist – 16.7% General Practitioner with Special Interest – 3.3% Learning disability psychiatrist – 3.3% Neurologist – 20% Paediatrician -0% Neurosurgeon -10% <p>Senior review in Emergency Department was in line with the national average 10% nationally it was 13%.</p> <p>Percentage where agreed tests have been completed within the emergency setting: Average compliance for pulse, blood pressure, oxygen saturation levels and respiratory rate but fell below the national average for temperature and Glasgow Coma Score. No patients had a neurological Observation chart in place</p> <p>Neurological examination Walsall Healthcare was above the national average with an improvement on the 2011 findings.</p> <p>Medical investigations, Walsall Healthcare fell short of the national average in relation to the anti-epileptic drug levels, CT head scan and ECG test. Walsall was on par with the national averages for MRI head, EEG and Glucose levels.</p> <p>Walsall Healthcare had an increased number of discharges without admission in comparison to the National average.</p> <p>Nationally, 53.3% of patients were sent home on AEDs, in Walsall this was 66.7%.</p> <p>Patients sent home on AEDs nationally was 53.3%, Walsall was 66.7%</p> <p>Walsall fell below the National average for documentation of driving assessments, which is a DVLA requirement. Walsall had an outcome of 4% in comparison to 19.6% nationally.</p> <p>Walsall Healthcare was above national average for discussions with patients on the management of future seizures.</p> <p>Advice sort from Neurological team was on par with the national average.</p>

Medical And Long term Conditions				
Emergency Use of Oxygen	Yes	48	100%	<p>Walsall was currently using oxygen without prescription or bedside order at a level of 37.5% in comparison to a national average of 44.9%..</p> <p>Percentage of signatures to rounds 43% Walsall, 21.4% nationally.</p> <p>Proportion of planned monitoring of O2 saturations actually undertaken – Walsall attained 105.4%, nationally was 104%.</p> <p>Patients using oxygen within a target range SPO2 was in the target range at the last assessment Walsall was slightly below this standard with 54.8% compared to 63.6%.</p>
BTS Pleural Procedures	Yes	14	100%	<p>Walsall is in line with the national average for length of stay currently sitting at 12 days.</p> <p>Indication for the drain was comparable with the national average.</p> <p>Walsall had a higher percentage of junior doctors placing drains than the national average.</p> <p>Walsall was below the national average for completing observations prior to inserting of the drain.</p> <p>Walsall was average on obtaining consent prior to the procedures.</p> <p>Ultrasound was noted below average for bedside scanning and used a higher percentage of “X marks the spot technique” which has the same percentage of complications as a blind procedure. Guidelines have been updated to reflect the current practice for bedside scanning and reinforcing to the middle grades who do the majority of the procedures.</p> <p>Chest drain chart developed for the intranet and to be used within the case notes as a prompting tool</p>
Adult Community Acquired Pneumonia (BTS)	Yes	In progress	In progress	Data collection in progress, report not expected till July 2015.

Medical And Long term Conditions				
BTS - COPD	Yes	38	Underway	<p>0 mortality during any inpatient stay.</p> <p>Nationally the length of stay majority was 4 – 7 days Walsall had a median average of 2 days.</p> <p>Initial care was administered in 100% of cases by an acute consultant, which was mirrored nationally.</p> <p>97% of patients had a chest x-ray on admission which was comparable nationally</p> <p>89% of cases at Walsall received the first dose of antibiotic within 24 hours comparable to the national study.</p> <p>Was a first dose of oral/IV steroids given within 24 hours? – Walsall 97% comparable to national results.</p> <p>95% of patients were known to have COPD prior to admission.</p> <p>Only 55% had prescribed oxygen again supporting previous audits and non-comparable to national guidance. However this was comparable to the outcome of the national figures of 55%.</p> <p>Smoking status was known in 95% of the cases.</p> <p>The audit concluded that 84% of patients had an arterial blood gas taken. This was comparable to the national average taken in the last study.</p> <p>FIO2 was recorded in 75% of cases and was comparable to the national study.</p> <p>17% of patients had a second blood gas taken. This was below the national average of 35% within the 2 hours.</p> <p>The median time from first to second blood gas for Walsall was 17.7 hours, in comparison to 3.5 hours in the national study. 26% of patients at the Trust had a gap of more than 12 hours for a repeat blood gas.</p> <p>NIV median time from admission to treatment was 13.8 hours nationally. This was 4.1 hours. The Walsall cohort of the 58% of patients who had a time span of >3 hours.</p> <p>There was no ceiling of care noted in 61% of the cases comparable to 53% nationally. Evidence of family involvement in the decision ceiling care was noted in 4/6 cases for Walsall nationally this was only 14%.</p> <p>The doctors involved with the ceiling of care were predominantly consultants at Walsall in line with the national picture. 5% of patients were assessed by ITU of which 100% of patients who were reviewed were subsequently transferred to their care.</p> <p>97% of patients were managed on a medial assessment unit this was comparable to the national picture with 81% of patients being managed on medical assessment units.</p> <p>29% of patients admitted were managed on a respiratory ward in comparison to 42% nationally.</p> <p>29% of patients were managed under a respiratory consultant in comparison to 51% nationally.</p> <p>53% were discharged under the care of an early discharge scheme which was comparable to the national results.</p>

Medical And Long term Conditions				
National Diabetic inpatient review	Yes	86	100%	<p>Prevalence rate of diabetes of 19.4% for Walsall patients</p> <p>Over a fifth (9.3%) of patients with diabetes in hospital will have experienced a severe hypoglycaemic episode in hospital Walsall had 7.7% during their stay.</p> <p>The report found that over a third of inpatients (37.5 per cent) who should have been referred to a hospital diabetes team did not see a diabetes specialist; Walsall attained 26.7%</p> <p>Almost one third (31.7 per cent) of sites in the audit had no diabetes inpatient specialist nurses (DISNs); Walsall has a Diabetic specialist nurse on site.</p> <p>One in 20 (5.3 per cent) had no consultant time for diabetic inpatient care. Walsall has 0.4 hours available for diabetic care.</p> <p>Almost three quarters (71.2 per cent) of sites had no specialist inpatient dietetic staff time for people with diabetes. Dietician hours were noted for Walsall in 0.3 hours.</p> <p>The report also found that more than a third of patients (37.0 per cent) with diabetes experienced a medication error, Walsall medication errors were noted in 32.8% of cases.</p>
Irritable Bowel Disease – Biologics	Yes	25	100%	<p>Walsall was on par with the national average for recording pre-treatment surgery</p> <p>Higher number of patients was noted to have had an adverse reaction but it's noted this was only 4 patients out of 11.</p> <p>Walsall was above the national average for compliance to NICE guidance TA 187.</p> <p>National recommendations have been set and work is in place with pharmacy to upload all patients to blue teq.</p>

Medical And Long term Conditions				
Irritable Bowel Disease	Yes	21	100%	<p>Reflection on the IBD service</p> <p>Compliant with all the key indicators with exception of no allocated dietician to gastroenterology.</p> <p>Inpatient care review</p> <p>Key indicators round 4 –</p> <p>Increased percentage of patients who have previous admissions over the last 2 years</p> <p>Majority of cases seen by an IBD nurse within the admission is above the national average.</p> <p>Nutritional screening was in line with the national average.</p> <p>In line with national average for patients being seen by a dietician during admission</p> <p>Higher number of patients having surgery during admission. These were very low numbers and could be skewed results as a direct result of this. 4/15.</p> <p>Below the national average for prescription of bone protection and discharged home on steroids. Again the numbers are relatively low and could be skewed data 9/15.</p> <p>0% mortality was noted.</p>
Falls and Fragility Fractures FFAP – National Hip fracture Data base	Yes	Data submission in progress	TBC	Commenced in 2014/15. Will report during 2015/16.
National Sentinel Stroke Audit SSNAP	Yes	Data submission in progress	TBC	Commenced in 2014/15. Will report during 2015/16.
Heart Failure	Yes	Data submission in progress	TBC	Data on going till March 2015 Report not expected till June 2015.

Medical And Long term Conditions				
National Cardiac Arrest data	Yes	Data submission in progress	Underway	<p>Ongoing data entry till April shut down report generated 60 days post closure</p> <p>Quarterly reports indicate low completion of data due to capacity to complete in real time.</p> <p>Data submission for April 2014 to December 2014 total of 42 cases were submitted a total number of 22 cases were recorded. However there is no method of tracking how many of these were false calls within the current system. The Form has been simplified and is awaiting approval, which should improve data completeness.</p> <p>Record of recording ethnicity is low in comparison to national bench marks.</p> <p>Status at team of arrival noted a high number of deteriorating not yet arrested this could be due to the complexity of the report that has now been simplified.</p> <p>The Trust is poor at recording CPC at discharge.</p> <p>In hospital cardiac arrests</p> <p>Resuscitation was stopped in 28 cases, 21 of these patients died and 7 survived this was due to high co morbidity and low submissions skewing the data.</p> <p>Overall survival to hospital discharge of 10.7% again this is questionable due to low numbers being submitted for the study. It is anticipated this will be improved during the next fiscal year.</p>
CEM – Severe Asthma (2013/2014)	Yes	50	100%	<p>Initial observations for respiratory rate, oxygen sats, pulse were completed in 100% of cases with 72% being completed within 15 mins above the national average.</p> <p>Systolic blood pressure was only completed in 24% of cases and in line with the national average of 19%</p> <p>GCS score was below the national average with a average of 68% for Walsall. Nationally this was 80%</p> <p>Temperature was below the national average along with peak flow.</p> <p>Beta 2 Agonist was given correctly by spacer or nebuliser in 94% of cases. This was above the national average.</p> <p>IV hydrocortisone or oral prednisone was given in 84% of cases, again this is above the national average of 66%</p> <p>Discharge prescription for oral prednisolone was only given in 50% of case inc comparison to a national average of 62%</p>

Medical And Long term Conditions				
CEM paracetamol Overdose in Adults (2013/2014)	Yes	50	100%	<p>100% of cases should receive N-Acetylceytein within 8 hours of ingestion. In Walsall, 22% of cases complied with this standard, nationally this was 50% of cases.</p> <p>Walsall was in line with the national average for compliance of treatment for NHRA guidance within the audit. (Walsall 77% and 76% nationally).</p>
CEM Severe Sepsis and Shock (2013/2014)	Yes	50	100%	<p>Walsall was below the national average for recording and measuring vital signs within the Emergency Department as per CEM standards, nationally this was 94%, Walsall attained 58%</p> <p>Capillary blood glucose was measured and recorded in 77% of cases, in comparison to a national average of 76%</p> <p>High flow oxygen was initiated before leaving the ED in 20% of cases, compared to a national average of 45%.</p> <p>In first intravenous, crystalloid fluid bolus was given in 80% of cases before leaving the ED in comparison to a national average of 88%.</p> <p>Walsall was below the national average for obtaining a serum lactate measurement</p> <p>Blood cultures were obtained in 58% of cases, in comparison to a national average of 77%.</p> <p>Antibiotics were administered in 88% of cases before leaving the ED in comparison to a national average of 94%.</p> <p>Urine output was only measured in 26% of cases, in comparison to a national comparison of 38%.</p> <p>Walsall has reviewed the sepsis care bundle in response to this and has now begun a series of stress tests to raise compliance to the areas noted above.</p>
CEM Fitting Child	Yes	20	100%	Data submitted awaiting report. Anticipated September 2015
CEM Mental Health assessment	Yes	20	100%	Data submitted awaiting report. Anticipated September 2015
CEM Older Peoples Assessment	No			Care group decision not to participate – supported by the DQT
TARN	Yes			Commenced in 2014/15. Will report during 2015/16.
National Comparative audit of Blood Transfusions – national survey red cell use	Yes	220 (units)	100%	<p>Walsall had a higher number of units transferred for Gastro Surgery, General Surgery, Trauma, obs and gynae, GI bleed,.</p> <p>Walsall had a higher median age than the national average, placing increased risk adjustment on the outcome.</p>

Medical And Long term Conditions

ICNARC	Yes	181	100%	<p>Quarterly reporting received.</p> <p>Data completeness was noted to be good across the core valuables.</p> <p>Unit mortality is level with the national outcome for ventilated admissions.</p> <p>Sepsis mortality is just below the trend line for similar units.</p> <p>Elective surgical admissions are low in comparison to the national outcomes.</p> <p>Unit acquired infections in blood are sat a 0% for the past 10 quarters indicating good infection control practice in critical care in comparison to similar trusts.</p> <p>There was a spike in the length of stay in surgical emergency admissions this quarter. The team is looking at trends to correlate indicators.</p> <p>Trends in mortality are slightly below the national average for this unit in comparison to local services.</p> <p>Average length of stay slightly above average.</p>
MINAP Data Validation	Yes	10	100%	Data validation closes 30 March. Report due in June 2015
BAD National audit on non-melanoma skin cancer (NMSC)	Yes	10	100%	Data submitted awaiting report. Not expected till July 2015
BAD/BSPD National Clinical Audit on Paediatric Eczema	Yes	10	100%	Data submitted awaiting report. Expected July 2015
National COPD Audit - pulmonary rehabilitation audit	Yes	In progress		Commenced in 2014/15. Will report during 2015/16.

Participation
No of Cases Submitted
% of Cases Submitted
Comments

Acute Care – Cancer

Bowel Cancer	Yes	104	92%	Cases submitted awaiting the final report – report delayed till June 2015
Lung Cancer	Yes	Data submission in progress	Underway	Commenced in 2014/15. Will report during 2015/16.
Head and Neck oncology	Yes	19	90%	Commenced in 2014/15. Will report during 2015/16.
Prostate Cancer	Yes	Data submission in progress	Underway	Data collection in progress. Report expected May 2015.
Rheumatoid and early inflammatory arthritis	Yes	Data submission in progress	Underway	Data collection in progress.

	Participation	No of Cases Submitted	% of Cases Submitted	Comments
Long Term Conditions - Heart				
Acute Coronary Syndrome MINAP	Yes	Data submission in progress	Underway	Data submission ongoing till May 2015 Report due October 2015
End of Life	Yes	50	100%	<p>The audit highlighted that the organisation was very good at:</p> <ul style="list-style-type: none"> • Education on EOL • Protocol – Prescriptions and management of EOL. • Protocol – Privacy and Dignity implementation. <p>Areas noted for improvement include:</p> <ul style="list-style-type: none"> • 9-5 support was not available for the EOL patient – this has now been amended and addressed as part of the action plan following the audit • Information given to patients who are noted to have reached EOL stages – this is in progress following the audit. Information leaflets are currently being drafted. • Bereavement feedback / discussions – this is in progress by way of formal feedback. A business case has been developed for bereavement officers and facilities have been identified at the front end of the hospital • Documentation of assessment of spiritual needs / beliefs – policy changed to allow Chaplins to document discussions within the patients’ health records. • 13% of the case notes did not identify any impending death, which links to the ceiling of care and the DNAR audits. All triangulate to the conclusion that although EOL documentation has improved, there is still room for improvement amongst all staff within the organisation.
Cardiac Arrhythmia HRM	Yes	Data submission in progress	Underway	Commenced in 2014/15. Will report during 2015/16.
Coronary angioplasty	Yes	Data submission in progress	Underway	Commenced in 2014/15. Will report during 2015/16.

	Participation	No of Cases Submitted	% of Cases Submitted	Comments
Elective/Emergency Procedures				
Hip, Knee and Ankle replacements (NJR)	Yes	Data Submission in progress	Underway	Commenced in 2014/15. Will report during 2015/16.
Elective Surgery (PROMS)	Yes	N/A	N/A	<p>Return rate is low in comparison to other providers. The team are working to address this internally.</p> <p>Full breakdown included within the report, comparable against the national targets.</p>
Carotid Interventions	Yes	N/A	NA	Actively participate as part of Russells Hall data.
National Emergency Laparotomy	Yes	105	91%	Awaiting the report July 2015. Local analysis completed and action plan in progress. A full benchmark of the organisational performance will be in the national report.
Bariatric Outcomes	Yes	46	100%	<p>Good compliance to all standards was noted – no areas for improvement highlighted.</p> <ul style="list-style-type: none"> • No patients were readmitted within 30 days of surgery • 2 patients had to have a further procedure, however this was linked to their morbidity as opposed to the initial procedure. • Compliant to the NICE guidance.-

	Participation	No of Cases Submitted	% of Cases Submitted	Comments
Women's Services				
Heavy Menstrual Bleeding (RCOG)	Yes	12	8.6%	<p>The percentage of women who reported being "very satisfied" or "somewhat satisfied" with the information that they received from the hospital, varied from about 60% to 95%. The national mean was 81.4% and for Walsall this was 91.7%.</p> <p>The percentage of women who reported that they "definitely" had been involved as much as they wanted in decisions about their care varied from about 40% to 80%. The national mean was 61.1% and for Walsall this was 75.0%.</p> <p>The percentage of women who had surgical treatment as their likely last treatment, varied from about 20% to 60%. The national mean was 37.3% and for Walsall this was 44.8%. The results were adjusted for ethnicity, deprivation and baseline age, HMB related conditions, and severity score, HRQoL score and EQ-5 D score.</p> <p>Overall, the HRQoL scores at follow-up varied from about 60% to 80%. The national mean was 70.3% and for your trust this was 70.6%. The results were adjusted for ethnicity, deprivation and baseline age, HMB related conditions, and severity score, HRQoL score and EQ-5 D score.</p> <p>The percentage of women who rated their care as "good", "very good" or "excellent" varied from about 80% to 100%. The national mean was 90.3% and for Walsall this was 91.7%.</p>
National Comparative Audit of Blood Transfusion Programme	Yes	40	100%	Commenced in 2014/15. Will report during 2015/16.
Familial hypercholesterolemia	Yes	Underway	Underway	Copy requested.

Local Audit Activity

Examples of Local Audit activity undertaken by the Trust is shown below. In the initial list are detailed actual audits and summary lessons learnt. In addition, there is a list of examples of audits undertaken through the year. Detailed audits number 18 from 215 (8.4%). The audit list is 104 from 215 (48.4%)

Audit Title	Division	Audit Findings	Lessons Learnt
Medicine and Long Term Conditions			
EBUS Audit	Medicine and Long Term Conditions	There were a number of patients that exceeded the cancer targets as noted in the 2011 NICE guidance. The team discussed the reasons and attributed this to limited awareness of importance of the EBUS test and referral to the respiratory team.	Respiratory update to be developed and run as part of the training programme for teams who are not specialist in the respiratory field.
Audit on the NICE guideline for Upper GI FastTrack referrals	Medicine and Long Term Conditions	<p>The audit had been conducted due to the increasing number of fast track referrals from GPs that are currently being seen across the Trust. The audit aimed to review the referrals received against the NICE guidelines criteria for a two week wait. The audit examined the referrals over a six month period.</p> <p>The audit noted that 67% of referrals met the NICE criteria. In total 19 patients had an upper GI cancer, these all met NICE guidance highlighting a cancer pick up rate of 7.6%. It was noted that this also reflects the previous audit conducted.</p>	<p>Escalation of the findings to DQT for recommendations and action as capacity and demand is being compromised.</p> <p>Addition to the risk register as there is currently a back log for OPD cancer waits.</p> <p>Validation work on both the 2 Week Referral Process and the 18 Week Target.</p>

Ceiling of Care Audit	Medicine and Long Term Conditions	The audit concluded that the ceiling of care is not documented in the majority of patients thus not complying with the NCEPOD status, for patients where there is a decision relating to ceiling of care this is usually documented by the SpR or Consultant and was identifiable. A further finding highlighted the need for an improvement in documentation of communication with patients and families regarding decisions in the management of the patients care.	Investigation into the feasibility of utilising an electronic icon as a visual aid for patients deemed high risk. Full implementation of the Amber Care Bundle. Use of Electronic Handover to record patients ceiling of care. The team have agreed that this should be added to the risk register for the division and an action plan has been developed to address the noted areas identified above.
Documentation of Clerking Forms_	Medicine and Long Term Conditions	The audit reviewed the clerking forms for inpatients on the respiratory ward; data was collected over a period of two weeks in October 2014. The audit concluded that documentation within the clerking document on appearance was below 35 %. It was felt that this low compliance relates to the designated space on the current clerking form is unclear. The audit found that chest x-rays are currently being documented in a variety of places; it was felt that there is no designated space on the medical clerking form for the documentation of chest x-ray findings. Further findings noted that the smoking history is not documented and when this is documented the location of the documentation is inconsistent. This is failing to comply with a NICE Guidance recommendation.	Issues regarding clerking placement to be raised to the Health Records Committee

Audit Title	Division	Audit Findings	Lessons Learnt
Women's Children's and Support Services			
COPD Care Bundle	Medicine and Long Term Conditions	Poor use of bundles was noted within this second review If the bundles are present, most are completed incorrectly, particularly for COPD. The checklists used by the AMU ward doctors on the morning ward rounds have led to some improvement in the rate of bundle completion. Teams prioritise tasks from the ward round, leaving bundle completion towards the end, so it may not be done on time. Very busy clerking shifts were noted and not all doctors are aware of the bundles. It was noted that bundles are unlikely to be completed when patients are admitted near the time a shift ends.	Continue to use the AMU ward round checklist as this has led to some improvement in the use of bundles. Include a section at the end of the clerking sheet which reminds the clinician to complete the bundle and place the sticker on the indicated page.
Antibiotics for early-onset neonatal infection clinical audit.	Women's, Children's and Support Services	The audit concluded that the compliance was rated as sufficient however work to fully comply with the guidance was needed. The audit concluded that late initiation of antibiotics needed to be reviewed and improved. Investigations before starting antibiotic treatment for both CRP and blood culture was performed in all the patients from the neonatal and post-natal ward. Antibiotics for suspected infection were not fully compliant only 52% of NNU patients and 36% of PNW patients received antibiotics within 1 hour of decision to treat the patient.	Review the missed does in NNU to ascertain clarification on reasons for delay. Raise awareness of the current NICE guidelines to all medical and nursing colleagues.
Foetal Blood Sampling Audit	Women's, Children's and Support Services	The audit was collected to support assurance and assess the quality of the service provided for this service. Data collected retrospectively from April to December 2014. In conclusion improvements in documentation are required. Issues pertaining to interpretation of results and action taken on results were identified.	Raise awareness to all medical and nursing colleagues through the delivery suite forum. Review and update of current guidance to detail terminology requirements and timings.

Journey of an unborn or CYP following receipt of a WSCB1 from hospital to community	Women's, Children's and Support Services	<p>The purpose of the audit is to provide an understanding of health professionals safeguarding assessment and consideration for children and young people who have attended the hospital and for their journey of care to continue into the community setting.</p> <p>The audit highlighted cancer in relation to adequate documentation, appropriate filing of information and ability to follow the full journey of an unborn/CYP in their community health records.</p>	<p>Re-iterate requirements for this process to all staff involved in the management of these cases.</p>
Radiology Imaging A X-ray	Women's, Children's and Support Services	<p>Following a recent incident involving incorrect post processing it was decided to review compliance with this more closely.</p> <p>Good practice was identified in the following documentation of room entries, times and projection entries.</p> <p>Areas for improvement included exposure/dose entries, ID checks and ID signatures.</p>	<p>An explanation to radiology staff of how to correctly enter I.D. on CRIS will reduce discrepancies.</p> <p>Emphasise on the importance of request card annotations must be made, as this is an area of high non-compliance and must be improved upon.</p>
Gynaecology Readmission Audit	Women's, Children's and Support Services	<p>The aim of the audit is to audit readmissions to gynaecology in the month of October 2014.</p> <p>All readmissions were identified from coding department (24). 20 Hospital notes were retrieved, analysed and proforma's were filled. 5 of the readmissions identified were looked at and discussed in detail. 2 cases were noted to be readmitted with post-operative complications, 1 was a similar condition, and different conditions were noted in 2 cases.</p>	<p>All were reminded of the importance of documenting if the patient had received a scan during the visit as it was noted that this was not always documented.</p> <p>Coding – Patients to get coded as an inpatient referral back to the GP upon readmission. A meeting was held with CCG on 6/2/15 and action plan was developed to discuss with coding department regarding EPAU patients.</p>
HIE Audit	Women's, Children's and Support Services	<p>The audit concluded that documentation had improved from the previous review however further work was needed to be fully compliant. Passive cooling was noted to be used however not always initiated early. Temperature charts were not always completed and transfer times were not always noted.</p>	<p>Reminders to team of the HIE form that is to be used within the case notes and the importance of completing the form to ensure patient safety and compliance.</p> <p>Standardised documentation to be used where possible to ensure consistency.</p>

Audit: Management of Fever in the Paediatric Admissions Unit (PAU)	Women's, Children's and Support Services	<p>The outcome of the audit identified that in green risk patients the Trust was over investigating on FBC, CRP, CXR and U&E's however urine dip was under investigated. The amber risk patients again noted urine dip under investigated and the FBC, CRP, B/C were under investigated or not documented. Red risk patients noted that for babies less than 3 months good compliance was noted however in the 3-12 months age group there was under investigation /under documentation and no documentation of any blood cultures being taken.</p>	<p>Highlight the NICE guidance surrounding fever to all healthcare professionals who may come into contact with this cohort of children. – Share at the Paediatric grand round and forward to Emergency care team for information.</p> <p>To reinforce to all the team of the requirement to take urine dip for all children under 5.</p> <p>Summary of NICE guidance traffic light system to be placed in the PAU department to help those involved in the management of children with fever.</p> <p>Cascade to all the importance of documenting investigations.</p>
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Audit Title	Division	Audit Findings	Lessons Learnt
Surgery			
IV Fluid Giving Sets Audits	Surgery	The audit identified that there is some variation in the types of equipment used and this has shown there are statistically significant opportunities to make savings of tens of thousands of pounds by rationalising equipment to ensure that only one style is available in the relevant area.	Escalate to Divisional Board to develop ways forward.
AKI Audit Presentation	Surgery	The audit was completed against key recommendations and guidelines from NICE, NCEPOD and the renal organisation. 35 patients were reviewed, the majority of patients were AKI. Documentation of diagnosis, fluid volume assessment and rationale for IV fluid prescription was poor. There was noted inadequate monitoring of urine output. There were failings in the assessment and relief of ureteric obstruction. Escalation of treatment in patients with AKI was noted to be compliant, and the ceiling of care was noted to be inadequate along with documentation of discussions.	Explore the potential to develop an AKI bundle and trial on the ward area to improve the outcome for patients for discussion and escalation at the DQT for approval.
Day case elective laparoscopic cholecystectomies	Surgery	The audit concluded the day case rate for Walsall was 46% in comparison to the BADs target of 60% with the day rate case for surgery closer to target on an AM list in comparison to the PM list. Drains do not appear to impact on the outcome for the day case figures and a 28-day readmission outcome noted to be low. Walsall is currently 14% below the target set for day case surgery with a noted cost of £225 per bed day. The team noted that if the Trust can increase its day case rate the overall cost to the organisation would decrease.	To move all Lap cholecystectomies surgery to Am slots to improve the compliance to the standard as noted by BAD. Have a Nurse led discharge process with the EDS being completed in theatre this would help to adhere to standards by having clearly defined roles. To escalate to divisional ops for consideration in the improvement plans moving forward.

Emergency Resuscitation Trolley Audit	Surgery	NPSA suggests that in order to deliver effective cardiopulmonary resuscitation, not only are staff with adequate skills and training required but having appropriate equipment and drugs are also important. The aim of the audit was to: <ul style="list-style-type: none"> Collect data on adult emergency trolleys in the trust See if trolleys are compliant with both local and national guidelines Implement change as necessary Overall the percentage of equipment available on the emergency trolleys was good. 	Inform and discuss results with lead resuscitation officer of the Trust. Avoid overfilling of trolleys/ensure items in correct drawer. Random spot checks to be conducted. Add stock guidance to the Trust intranet site.
Audit of Fracture Clinic Service	Surgery	The audit concluded that the majority of the standards relate to services and systems – and good compliance was noted overall and assurance was evident to the BOAST guidelines. It was highlighted that NICE are working on guidance for fracture clinic services which is anticipated in 2016. Standard 3 was achieved with all patients having diagnosis and management plan completed.	Recommendations to be shared with the anaesthetics team. Develop a CRPS protocol and embed accordingly into the organisation. Further discussions to be held surrounding access to both physiotherapy and appliances, it was noted that there is no defined standard; however significant capacity is the scope of the problem for access to be discussed at Divisional Ops meeting and DQT in January 2015.
Quality of Post Op Notes at Walsall Manor Hospital	Surgery	The audit concluded overall good compliance was noted, with room for improvement in detailing the responsible consultant, documentation of tissues/samples removed. A post-operative template was highlighted to the team for information. It was noted that MSK procedures do not routinely take tissues or samples; therefore the template does not lend itself well to the care group. It was noted that the new theatre system should assist in the improvement of this.	To disseminate a proposed template to the team members and share with the business manager. To ensure that the Trust template is reflective of the updated versions develop by the Royal College of surgeons

Local Clinical Audits

Example Local Clinical audits undertaken by Walsall Healthcare NHS Trust in 2014/15.

Trust Wide Audit

Re-Admission Reviews

Morbidity and Mortality Reviews

Antibiotic Policy - Community Challenges

Completion of Paediatrics ED Record Safeguarding Box

Sepsis Care Bundle

WSCB1 Referrals to Children Social Care

To review the flagging system regarding children subject to a child protection plan on both careplus and fusion system

Division of Medicine and Long Term Conditions

Combined Specialist Palliative Care MDT audit

Re-audit of Stepped Care/ Psychological Wellbeing Project, Walsall Stroke Service and Community Neurological Rehabilitation Team

Global Lung Function Initiative Reference Equations

Headache Audit

Fluid Balance Review

Diabetes Audit - Inpatient hyponatraemia audit

Community Cancer Referrals

Colorectal Fast Track

EDS Review

To audit NICE Guidelines on Upper GI Cancer Fast Track Referrals

PEG Insertion Audit

Dapagliflozin Therapy for Treating Type 2 Diabetes

General Medical Record Keeping

Ceiling of Care Audit

Audit on DNAR Forms

Malnutrition Universal Screening Tool Audit

Assessment of Pts with Falls and Collapse performed at Walsall Manor Hospital

The management of paediatric seizures in A&E

Medical On-Call Audit

RCP Generic Record Keeping Audit

Estimated Discharge Date Audit

AKI Inpatient Audit

Onset of stroke to time of CT head

Division of Surgery

Audit of Tonsillectomy Collation / Coldsteel

Dural Tap in Spinal Surgery

Prescribing in Orthopaedic Patients

Breast Surgery Morbidity

Anaesthetics Obstetrics Clinic Audit

Fluid Mgt in Colorectal Surgery

Pre-operative investigations audit

Audit on Denosumab Prescribing for Osteoporosis

Audit of Orthotic Service

Prescribing in Orthopaedic Patients - Re-Audit

Ultrasound Accuracy in Detecting Rotator Cuff Tears

Foot Surgery Audit

Gall Stone Presentation

Blood Transfusion Audit

Hand Over Audit

Organ Donation

Consent/ documentation for neuraxial blocks in elective surgery

Post-operative pain relief in Obstetric patients

IV fluids usage in maternity patients re-audit

Length of stay of colorectal patients in recovery audit

HDU stay post colorectal surgery

Pain Audit

Audit on Fracture Clinic Service

Technical Approach to Lap Sleeve Gastrectomy

Incidence of VTE Post Bariatric Surgery

Gastrojejunal Anastomotic Stricture Post Gastric Bypass Surgery

Check X-ray Audit

Day Case Elective Laparoscopy Cholecystectomies

Audit of Post Operative Notes in Walsall

MRI IAM Scan for Acoustic Neuroma

Audit of Emergency Trolley Contents in the Trust

The Management of Acute Kidney Injury in General Surgical Patients

Are we prepared for anaphylaxis

Surgical Post Take Ward Round Audit

Enoxaparin Prescribing and Post Op Wound Bleeding in Elective Orthopaedic Pts

Re-Audit of NICE Guidance for #NOF

Division of Women's, Children and Support Services

Imaging and the Diagnosis of Epilepsy

Audit on Disclosure of Cervical Cancer Review

Adequacy of CT Head requests in cases of Meningitis

Sweat Testing Audit

Record Keeping Audit

Neonatal TPN Audit

HDU Audit

Donor Expressed Breast Milk

Sedation Audit

NIPE Audit

Epilepsy Audit – Referral of children to tertiary services

Return to Treatment (Colposcopy)

Waiting Times Audit (Colposcopy)

Re-Audit of Induction of Labour

3rd and 4th degree Perineal Tears

Pre – existing Diabetes in Pregnancy

Analgesia following LSCS

Twin Pregnancy Audit

Skeletal Surveys for Non Accidental Injury

HIE/Cooling

Constipation in children

Shoulder Dystocia Audit

Pepi Equipment Audit

Management of Stillbirth > 24 weeks

Antenatal Mgt of Pts with SGA

Removal of Placenta

Abdominal markers on Radiographic Images in an Imaging Department

Induction of Labour

Foetal Blood Sampling

Audit of GP Referrals for Plain Knee Radiography

Quality of Clinical Hx and Indications Supplied for A&E Trauma Pts

Audit to assess the diagnostic quality of horizontal beam lateral knees in the trauma setting with regards to rotation, exposure and artifacts

Checking the dose levels of the CR room for the previous 3 years to the present date

Comparative Review of Radiographer /Student Post Processing on CRIS and Request form Annotations

Fridge Audit

Gynaecology Re-Admission Audit

Audit of Caesarean Sections

Appendix 2 - Walsall CCG Submission

Commissioner's feedback on Walsall Healthcare NHS Trust Draft Quality Report 2014-15

Walsall Clinical Commissioning Group (CCG) Safety Quality and Performance Committee has reviewed the Quality Account (QA) for the year 2014/15.

Review of Quality Priorities for 2014/15

The CCG recognises the challenges that the Trust has faced during 2014/15. In particular the challenges that have arisen as a result of increased demand and growth in emergency admissions have resulted in the Trust failing to meet national targets of 4 hour access standard in A&E. Regular review and visits have been undertaken with regards A&E, including a joint visit to the department in January by CCG and NTDA, in order to seek assurance with regards to patient safety and quality of care.

The introduction of a new Patient Administration System has also been particularly challenging. This has resulted in failure to achieve the national target for 18 week Referral to Treatment Time standard and the 62 day standard for Referral to Treatment for patients diagnosed with Cancer and has resulted in a range of performance notices being issued by the CCG. There has also been recognition of the potential impact on patient safety and quality for Walsall people, which the CCG is working with the trust to help to address.

Despite these challenges there is recognition of the continued emphasis of quality and safety and the Trust remains a high reporter of all incidents across the system. Improvements set out last year against poorly performing HCAI targets have resulted in improved results for this year and of particular note is the significant reduction in Clostridium difficile infections and 0 reporting of MRSA bacteraemia for patients in hospital. We also recognise the improvements in the number of non-patient slips, trips and falls which have reduced from 124 in 2013/14 to 67 in 2014/15. We also note there has been no category 4 pressure ulcers reported as having occurred whilst patients are in hospital for over a year.

The additional investment to community services by the CCG and on-going partnership work with the Trust has resulted in the establishment of five locality teams based around clusters of GP practices serving c. 50,000 people. The expansion and realignment of rapid response teams and case management approaches in care homes has resulted in improved GP referrals and a reduction in the number of patients requiring an emergency admission. This is all positive for Walsall people.

The CCG has identified some particular areas for further emphasis and improvement for 2015/16:

7 day Working: Some of the learning from recent incidents, in particular where delays in transfers of care have occurred, have recognised that the lack of 7 day working arrangements does impact on the capacity of the Trust to manage patient flow. The CCG will be working with the Trust over the next financial year to ensure 7 day working practices are in place across the Trust. In particular the Trust has been requested to support staff who are 'critical' for weekend working as a first step to ensuring the requirements are being met.

Staff Survey results: The recent results have demonstrated improvements are required with regards this recent survey. The CCG will be working with the Trust to better understand the results and agree a suitable way forward.

Mortality: The recent increase in SHMI and crude mortality requires a further 'deep dive' look at the current review of patients being undertaken at WHCT. The CCG recognises there are potential implications for Primary Care with regards these figures and an initial scoping is now underway to better understand patient journeys and experiences so that improvements to referral pathways/community services may be made.

Referral to Treatment: The Trust will continue to determine suitable pathways for patients referred to their services, with the current performance challenging the emphasis on ensuring no harm to patients remains a critical workstream for the trust currently.

Safeguarding: The work undertaken this year as the result of a jointly commissioned independent review has resulted in

good progress being made year as a result of a jointly commissioned independent review. Progress against the action plan will continue to be monitored and actions expedited by the Trust going forward.

Appendix 3 - Health and Social Care Overview and Scrutiny Panel Submission

"The Chairman of the Social Care and Health Scrutiny and Performance Panel thanks the Trust for the executive summary of the Walsall Healthcare Trust Quality Account 2014-15 and notes it. The Chairman would like to make the following comments: -

The document provides an effective high level overview of the performance of the hospital during the year.

It is noted that across a range of performance indicators the Trust has met some of its own and nationally mandated targets, however, there is real concern around the performance of A & E waiting time targets and referral to treatment targets - particularly cancer ones.

The Trust has an improving record on infection control which is welcome. However, the recognition that the management of the hospital appointment system for outpatients substantiates the anecdotal complaints received by Council members that the system is not performing well.

This all means that patient experience, safety and the quality of services at the Trust and in the community are key areas that the Social Care and Health Scrutiny and Performance Panel will continue to focus on during the coming year."

Appendix 4 - Healthwatch Walsall Submission

Healthwatch Walsall Statutory Response to the WHNHST Quality Account 2014 - 15

Healthwatch Walsall is pleased to note that Walsall Healthcare NHS Trust (WHNHST) has made efforts to respond to the recommendations made last year to improve the Quality Account (QA) process by providing information and data for a timely and informed response to be made in line with our statutory responsibility.

Previous QA response and lessons learned.

In last year's statement we expressed concerns about the process which allowed very little time to digest a large document containing many information gaps that prevented us from forming judgements on significant parts of the report.

We made a number of recommendations aimed at addressing this difficulty which have led to some improvements in the process although some areas of this process still require further refinement.

Healthwatch Walsall recommendation	WHNHST response in 2014 - 15
The QA process needs to be reviewed and a framework agreed in advance	We met with Amir Khan, Medical Director who agreed to implement the recommendations for earlier data and information sharing
Healthwatch Walsall should be involved earlier in the process	We met earlier in the year and have had 3 meetings to look at headline issues at WHNHST.
Basic training on QAs would improve Healthwatch Walsall volunteers understanding of the data and issues faced by the WHNHST.	Two presentations have been given to our Assembly that led to detailed discussion and questions from our members. Some were answered later than expected to be included in the final response.
Ensure that all data is provide in the QA before Healthwatch Walsall is asked to review it	Although we have received a positive response to our requests, all the data and information has not been as forthcoming as requested. Attention is needed to refine this process further.
The QA report should include a synopsis and easy read version to facilitate wider consultation	This has not been produced
Carry out a joint review after QA produced to see if the process has led to an improved QA document	We hope to do this in collaboration with WHNHST once the QA have been published so the final outcome can be jointly assessed

Response for 2014 – 15 Quality Account

Overall Healthwatch Walsall (HWW) acknowledges the introductory comments made by Richard Kirby, Chief Executive that “it has been a challenging year for WHNHST”

Healthwatch Walsall’s Assembly has generally been sympathetic to the hospital’s plight and supportive of the hospital’s overall performance in the face of such adversity and the challenges posed across the wider health and social care economy.

Whilst this is accepted, HWW considers that performance, progress and challenges can be better mapped in the QA by including data to show longer term trends rather than just for current and previous years. We are disappointed that the opportunity to include more data over a number of years to show trends was not taken. In some cases the data included has reduced

through the draft stages which we find unacceptable as this reduces transparency. The impossibility for us to compare accurately last year’s stated performance outcomes with this year’s claims is in some part attributed to problems with the integration and transfer of data between old and new IT systems.

Providing information in the manner suggested would give a better sense of progress and transparency about performance trends which a snapshot over one or two years cannot really do.

We wish though to recognise and note progress and areas of improving performance achieved against this difficult background-particularly around reductions in C.Diff and mortality rate and the developments in Dementia and Community Matrons services.

We are naturally concerned with the weaker financial position and its potential impact on future performance across the Trust as well

as the negative impact of introducing Lorenzo and the impact this had on staff and patient morale. We welcome the review of complaints handling and are pleased to offer our independent input to support the review.

Areas of concern that we need to highlight as a focus for future action and discussion between us are the struggling performance of the Emergency Department services particularly when seen against a backdrop of falling attendances. Whilst one of the reasons for failing to meet 4 hour targets has been cited as the greater complexity of cases presenting at the Emergency Department we fear that there may be structural issues that need addressing. Furthermore the impacts of bed blocking and issues within the Hospital Discharge process if countered could lead to pressures reducing the Emergency Department.

Both A & E services and the Hospital Discharge process have been

highlighted as areas of concern in the borough wide HWW survey and these are currently prioritised as lines of enquiry for HWW on which we expect to report over the coming months.

We also wish to raise concerns about the waiting times experienced for Cancer procedures which can lead to poorer outcomes for patients. One of our biggest concerns though is the low levels of staff morale evidenced through staff ratings for the “family and friends test” which places WHNHST amongst the lowest 20% in the country. Staff are the most important resource an organisation has and these ratings suggests that there is something seriously wrong. The cause of these opinions being held by staff needs investigating as a priority as we are not entirely satisfied by the reasons speculated to us.

A number of senior managers has left in the last 12 months or so which is bound to adversely impact on the organisation, particularly as there are so many challenges already being faced. Whilst the reasons for staff turnover at senior level may be perfectly legitimate, reassurance is needed that this is not a sign of something more systemic.

The increase in use of agency staff is a concern particularly as we are at the higher end of local comparisons. We recognise difficulties experienced in recruiting nursing staff locally has led to recruitment drives abroad but we have concerns that chasing staff numbers may adversely impact on the quality of those recruited overseas. Amongst the biggest complaints raised by patients are “poor communication” and “lacking

compassion” - We therefore seek reassurance that recruitment processes are sufficiently robust to address these needs. We urge WHNHST to develop a medium to long term strategy of recruiting and developing trainees locally to help satisfy these shortages.

Finally we wish to confirm that we have enjoyed a positive working relationship with staff at WHNHST and in particular Richard Kirby who has remained open and transparent with HWW over some of the significant issues that have challenged the Trust. Although we have raised concerns about certain areas we do have confidence and trust in the Chief Executive and fully support him as he seeks to address these.

Appendix 5 - Trust Statement of Changes

Trust Statement of Changes carried out to the Walsall Healthcare NHS Trust Quality Account 2014/15 following submission of the Healthwatch Walsall, Walsall CCG and Walsall Health and Social Care Scrutiny Committee statements.

The Trust acknowledges and thanks all parties for their respective contributions. In addition, it did not send the draft document to both Walsall CCG and the Walsall Health and Social Care Scrutiny Committee until after the 30 April, 2015.

A number of changes have been recommended to the Trust and these have been completed. Comments have been added in the areas of:

- Participation in Clinical Audits
- Our Quality Priorities – Looking Forward to 2015/16
- Information Governance
- Income for Services
- Benchmarking information has also been added to ensure openness and the ability for comparison.
- Addition of the Walsall Health and Social Care Scrutiny Committee.
- Change to FFT summary data.
- Adjustments to activity details.

Appendix 6 - Glossary of Terms

Term	Acronym	Definition
Acute Hospital Trust		An NHS organisation that is responsible for providing healthcare services within a hospital environment
Board (of trust)		The role of the Trust's board is to take full corporate responsibility for the organisation's strategies and actions.
Benchmarking		A process used to create a performance score and then measure against other trusts or departments.
Care Quality Commission	CQC	The CQC is the independent regulator of health and social care in England.
Clinical Commissioning Group	CCG	An NHS organisation that is responsible for providing all of the healthcare services within a defined boundary. It is responsible for both acute services and GP services within this area.
Clinical Audit		A process of audit and review that is undertaken by doctors and nurses to provide assurance for key elements of the work that is undertaken at Walsall Healthcare. Some are locally decided, some agreed with the CCG, and some are national requirements.
Clinical Incidents		These are reportable events that take place in the hospital and community settings that may have caused harm or could have caused harm.
Clostridium Difficile	C. Diff	It is a bacterial infection and is reportable for every instance identified within the Trust.
Commissioning for Quality and Innovation	CQUIN	Targets are set for each trust that are determined either nationally or locally. Monetary balances are established for each objective that are secured upon achievement of the goal.
Duty of Candour		A recent requirement that is an element of The Care Act 2015. It requires all medical staff to be open and honest with patients and carers in the event of potential harm being identified within the treatment or care of a patient.
Friends and Family Test	FFT	A questionnaire that is completed by patients and or carers answering a number of questions that reflects upon the patient's experience within the trust.
Healthcare Acquired Infection	HCAI	A number given to infections that are acquired from within the hospital and the community. Measured at present are C.Diff and MRSA.
Hospital Standardised Mortality Rate	HSMR	This is one of two indicators used by trusts to demonstrate the rate of mortality of patients.
Meticillin-resistant staphylococcus aureus	MRSA	It is a bacterial infection and is reportable for every instance identified within the Trust.
Never Events		These are a Government and worldwide defined list of events that should never take place within a hospital environment. They are reportable to the CCG and the Department of Health

National Reporting and Learning System	NRLS	This is the system that all clinical incidents are reported into and from here national statistics are obtained.
Patient Administration System	PAS	This is the computer system used by the trust to maintain patient record details and to manage the Outpatient Appointments. The system used at Walsall Healthcare is called Lorenzo.
Patient Reported Outcome Measures	PROM's	A series of questionnaires that are sent twice, once just after a procedure, secondly, six months after the procedure. They are used to gauge how successful an operation is and for trust benchmarking within a limited procedure range.
Referral to Treat	RTT	The specific time range that a trust is expected to offer a patient a referral following a successful outpatient appointment. This is a measured standard nationally, and trusts are benchmarked against each other.
Serious Incident	SI	A serious incident is a reportable clinical incident due to the severity level that it has been given. It is investigated via a Root Cause Analysis.
Summary Hospital-level Mortality Rate	SHMI	This is one of two indicators used by trusts to demonstrate the rate of mortality of patients.
Venous Thrombosis Embolism	VTE	This is an assessment that is undertaken by the Trust to ensure that VTE is not formed and to understand the risk that a patient has to this illness.

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