



# Quality Account 2015/16



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# 1. Welcome

## Danielle Oum, Chair and Richard Kirby, Chief Executive

Looking forward, 2016/17 will be another important year for Walsall Healthcare NHS Trust, our patients and their families and the c. 4,000 colleagues who work for the Trust. A year ago we set out plans to start to improve the quality and safety of the care we provide, restore operational performance and develop our 2020 service strategy. Through this approach we have made some important progress:

- Established a new model of care for community services based on five locality teams, a new Rapid Response Team in the community setting, and a new Frail Elderly Service at the front door of the hospital
- Delivered our best-ever infection control performance
- Begun the process of clearing our elective backlog by halving the number of patients waiting over 18 weeks and treating all our very longest waiting patients
- Delivered these improvements within the financial plan we set at the start of the year of a deficit of no more than £17.7m.

Everyone who works for the Trust, however, knows that there is still a lot more to do in 2016/17 to deliver the service we want for our patients. Our CQC inspection rated us “Inadequate” and the Trust is in Special Measures as a result. Our staff and patient survey results were also well below average reinforcing the extent of improvement that is still required.

**Our plan for 2016/17 is therefore designed to build on the start we have made and to accelerate our improvement, and to meet the triple aims of the Five Year Forward View requirements as follows:**

### Improving for Patients

1. Quality & Safety – delivering our Patient Care Improvement Plan to improve quality and safety of care especially in maternity and emergency care
2. Tackling long waits for care – delivering cancer standards, clearing 18 week backlog and reducing emergency care pathway waits
3. Care at home – getting maximum impact from the new model of community services

### Improving for Colleagues

4. Engagement – embed Listening into Action as the way we work with our colleagues.
5. Leadership and Culture – a clinically-led organisation and a patient safety focussed culture.

### Improving for the Long-Term

6. A fit for purpose hospital estate – new ITU, neo-natal and maternity redevelopment, plan for Emergency Department
7. Financial plan – delivering improvement whilst maintaining control of our finances.
8. Governance – supported by new governance structure to keep us focussed on what matters.



We remain committed to the continual development and further integration of community services with our partners in mental health and social services. Servicing c 50,000 people in each of the five localities across the Borough, we are delivering a range of community clinical services to patients in their own home so that patients are supported to improve their health and remain independent in the community setting with a view to reducing attendance and dependence on acute urgent care services. There is a lot to do in 2016/17 in order to continue to progress the improvement journey we started in 2015/16. This plan is designed to ensure that we are able to successfully take the next significant steps in that journey to deliver our vision to become Your Partners for First Class Integrated Care.

## 2. Statement

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

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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 w(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 Accounts present 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.



**Danielle Oum,**  
**Chair**  
**25 May 2016**

A blue ink signature of Danielle Oum, written in a cursive style.



**Richard Kirby,**  
**Chief Executive**  
**25 May 2016**

A blue ink signature of Richard Kirby, written in a cursive style.

# 3. Statement

## Amir Khan, Medical Director

2015/16 has proven to be a very challenging and mixed year for the Trust. I shall take some time to reflect upon the year and summarise.

The result of the CQC inspection was not the result that we at the Trust were preparing for, and it showed us that we were not performing with the levels of care that we expect to provide. We do recognise that the outcome was extremely disappointing for all concerned at the Trust. Staff at the Trust work very hard, and very often 'go the extra mile' to look after and provide the best care for all of our patients and colleagues.

Within the CQC report there are areas of strength highlighted. The trust achieved levels of good throughout the Caring Domain, and the Community and Children's teams fared well achieving several scores of 'Good'. However, the acute element of the Trust did not perform well. In particular the main focus of attention was on 'Frontline Activities' involving A&E and Maternity Services. This resulted in the Trust being placed within 'Special Measures' on January 26th, 2016.

The Trust is now fully focussed upon turning this around and delivering the care that our patients within the Borough and surrounding areas deserve.

It is not all bad news however. The Trust continues to work hard on its improvement efforts with regards to patient safety and quality of care. This is demonstrated in our improving work again this year in areas such as Infection Control. The Trust performance in reducing Clostridium Difficile cases to just 7 in the year shows an excellent performance. This places the Trust 2nd nationally out of the 137 Trusts who submitted data. Whilst it was disappointing to identify 1 case of MRSA in the year, the Trust has undertaken a stringent review of the incident and implemented recommendations. We shall continue to work hard and further improve.

Mortality levels remain relatively stable. HSMR for the Trust is one of the best within the West Midlands. SHMI is improving and a lot of work is required to improve to the right level. We continue to work with our partners such as Walsall CCG and Walsall Council to assist with our work. The integration of care programme continues to flourish. This has led to the formation of the 'Healthy Walsall Partnership'. It is very encouraging to see the providers of care for our Borough working together. The Quality Account details our commitment to The Duty of Candour, and shows the efforts undertaken to ensure that our commitment to patient care and quality is transparent.

In fact, it would be fair to say that our efforts go beyond just the identified issues. The Trust has developed plans to improve our performance and service beyond these levels. Here are some examples of ongoing work:

- Maternity staff level improvements.
- Paediatric staff level improvements.
- A&E medical and nursing staff numbers and skill set improvements.
- Plans are in place for the rebuilding of our critical care ITU & HDU facilities.
- The trust will increase the number of neo-natal cots to 20.

As part of the review, the Trust recognises that its performance with regard to 4 hour A&E waits and the 18 week referral to treatment time standard for elective care continue to be poor. We have improved our performance relating to a number of key cancer performance targets, demonstrating improvement in areas such as Cancer 2 week waits, Cancer 31 day diagnosis to treatment and Cancer 62 day waits screening. However, the Trust performance is still lacking in Cancer 2 week waits – Breast Symptoms and Cancer 62 day waits – All Cancers. Still too many

patients continue to wait too long for treatment, and I would like to apologise to the public of Walsall and surrounding areas for this.

With regards to 7 day working, we are working hard with Walsall CCG to implement the requirements to the agreed timescale.

We shall continue to report and maintain our high levels of reassurance, and focus efforts upon risk assessment for all of the work that we undertake. I am confident that the Trust's revised plans and the efforts of my colleagues at the Trust will deliver enhanced and improved patient quality, care and experience.



**Amir Khan**  
**Medical Director and Director**  
**of Infection Control**

**25 May 2016**

A handwritten signature in black ink, appearing to read 'Amir Khan', with a long horizontal flourish underneath.

# 4. Who we are

We are an integrated health care 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 6 years have worked hard to provide integrated packages of care that will enable more patients to be cared for closer to their own homes. We have registration with the Care Quality Commission under section 10 of the Health & Social Care Act – 2008. Following the CQC inspection of 26th January, the Trust was issued with a Section 29a warning notice, this outlined the significant improvements that we were expected to undertake. The trust issued a detailed plan to the CQC. However, there have been no special investigations in the same period, under section 48 of the Health & Social Care Act – 2008.

The current registration allows the trust 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

In terms of regulatory compliance, the trust has achieved level 2 compliance, green rating for the Information Governance Toolkit. Our Care Quality Commission Intelligent Monitoring Report for the end of 2015/16 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.

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 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, including health centres and GP surgeries, and importantly, in people's own homes.

Our multidisciplinary 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.





# 5. CQC Inspection

On September 8th, for 4 days the CQC Inspection team, led by Professor Juliet Beale, CQC Nursing Advisor and Tim Cooper, Head of Hospital Admissions, Care Quality Commission visited Walsall Healthcare NHS Trust and completed a full assessment of the services that we provide with their team of 21 experienced healthcare team members. The inspection places areas of work within a number of domains:-

- Are services at this trust safe?
- Are services at this trust effective?
- Are services at this trust caring?
- Are services at this trust responsive?
- Are services at this trust well-led?

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Inadequate	Requires improvement	Inadequate	Inadequate	Inadequate
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Inadequate	Inadequate	Requires improvement	Requires improvement	Inadequate	Inadequate
Services for children and young people	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
End of life care	Good	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Requires improvement	Requires improvement	Requires improvement
<b>Overall</b>	Inadequate	Inadequate	Requires improvement	Requires improvement	Inadequate	Inadequate

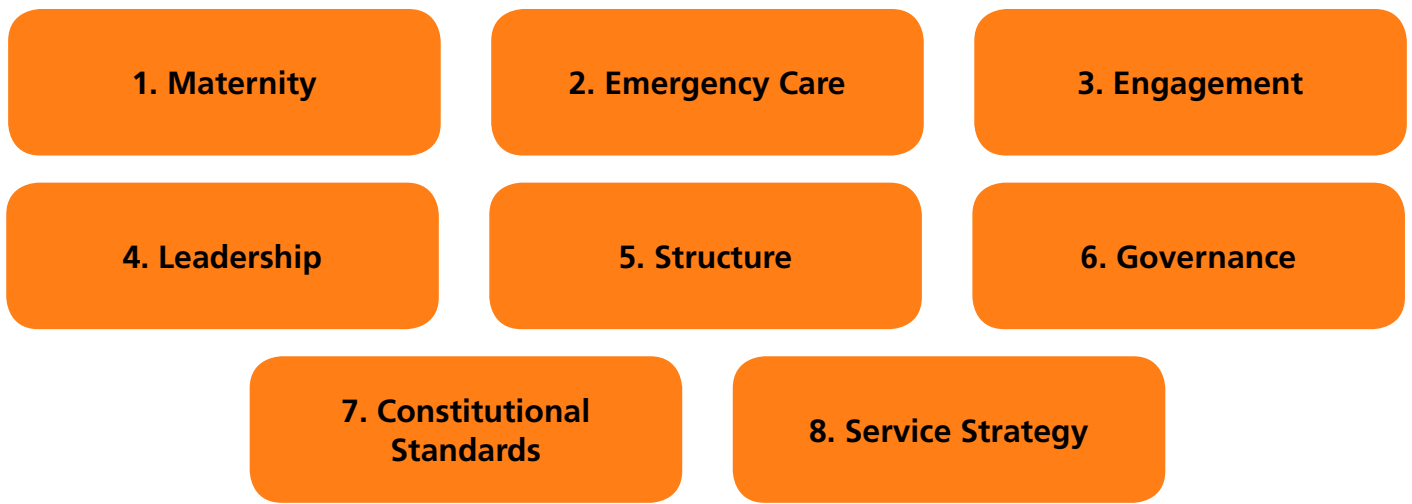
	Safe	Effective	Caring	Responsive	Well led	Overall
Community health services for adults	Requires improvement	Good	Good	Good	Good	Good
Community health services for children, young people and families	Requires improvement	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good



Previously, we stated that the trust had been served a Section 29a warning notice via the CQC. This notice had a number of immediate improvements that the trust needed to make within a specific time period. The trust had already taken some actions where it recognised that it had shortcomings. The immediate improvement notices were:

<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulation 2010 - Consent to care and treatment</p>	<p>the registered provider did not ensure there were adequately qualified staff across all services to meet the needs of patients to protect them from abuse and avoidable harm, specifically in the Emergency Department and Maternity Services</p>
<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulation 2010 - Cleanliness &amp; Infection control</p>	<p>The registered provider did not ensure medication was stored, administered and recorded appropriately across all services, specifically in Maternity Services and Critical Care Services.</p>
<p>Regulation 17 HSCA 2008 (Regulated Activities) Regulation 2010 - Respecting and involving people who use services.</p>	<p>the registered provider did not ensure that patient confidentiality was maintained at all times across Maternity Services.</p>
<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulation 2010 - Safety and suitability of premises.</p>	<p>the registered provider did not ensure equipment was stored appropriately without compromising patient and staff safety and that staff and patients can access equipment when required, for example the birthing pool in Maternity Services.</p>
<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulation 2010 - Safeguarding service users from abuse and improper treatment</p>	<p>The registered provider did not ensure that appropriate systems were in place and being used for patients who lacked capacity in relation to completion of DNACPR records and implementing timely assessment and implementation of Deprivation of Liberty Safeguards.</p>

Derived from the initial warning notice, the trust developed an action plan to rectify the identified concerns. Work has been underway since October 2015, indeed elements of the plan had already commenced prior to the inspection as the audit and assurance tools of the trust had identified some issues. The categories that the trust created can be seen below:



The trust has continued to create and implement actions that it requires to complete. A high level of project management has been installed into the process to ensure that the programme of activities and improvements is adhered to. Some examples are shown below:

1. Maternity	<ul style="list-style-type: none"> <li>• Agreed cap on births at c. 4,200 a year.</li> <li>• Continued midwifery recruitment.</li> <li>• Progressing NNU and second maternity theatre business cases.</li> </ul>
2. Emergency Department	<ul style="list-style-type: none"> <li>• Launch of short-stay unit – max 72 hour stay.</li> <li>• Further work on Warning Notice issues – pain relief, triage and handover.</li> </ul>
3. Engagement	<ul style="list-style-type: none"> <li>• Ensuring senior team get “out and about”.</li> <li>• Commissioned Listening into Action as our approach to engagement from April.</li> </ul>
4. Leadership	<ul style="list-style-type: none"> <li>• Commissioned Executive Team development programme.</li> <li>• Recruitment to Exec and DD roles.</li> <li>• Developing “effective management” programme</li> </ul>
5. Structure	<ul style="list-style-type: none"> <li>• Process for creating clinically-led divisions underway.</li> <li>• Proposals for devolved decision making / accountability for March.</li> </ul>
6. Governance	<ul style="list-style-type: none"> <li>• New Trust Governance structure approved by Trust Board.</li> <li>• Trust Quality Executive established.</li> </ul>
7. Constitutional Standards	<ul style="list-style-type: none"> <li>• 18 weeks recovery continues as planned.</li> <li>• Cancer 62 day recovery plan now agreed.</li> <li>• ED 4 hours performance remains a significant issue.</li> </ul>
8. Service Strategy	<ul style="list-style-type: none"> <li>• Draft 2020 Service Strategy considered by Board.</li> <li>• Focus of our next meeting.</li> </ul>



This layer of activity is an indication of the depth and focus that is being undertaken by staff at all levels of the organisation. It can be clearly seen that difficult decisions have been taken, and will continue to be made to ensure that the trust releases itself from Special Measures as quickly and securely as possible.

As a direct result of the indicators and performance review the trust was placed into Special Measures on January 26th, 2016. The CQC Inspection report can be located at <http://www.cqc.org.uk/provider/RBK>

The trust, its executive and management team, along with the colleagues see this as an opportunity to correct the issues and problems that have been found and to create a trust that everyone in Walsall can be proud.

A point to note for all colleagues, and one that has been emphasised throughout the initial phases of the Special Measures term. Not all of the report was bad news. There were identified several key areas of good practice, these were recognised by the assessors throughout their visit and detailed within the report. Some of these are detailed below:

**Services for Children and Young People:** In general the indicators were 'good' for this element of the report. Paediatric Services were highlighted as good performers in the domains of Effective, Caring and Responsive.

**End of Life Care:** Performed well within the domains of Safe and Caring.

An observation is that 6 of the 8 areas that were inspected by the team achieved 'Good' as an indicator for caring. This is particularly pleasing to the trust as this has been an element of our trust vision for some time.

The way forward for the Trust is to link the areas for improvement to our Patient Care Improvement Plan (PCIP) and encourage our colleagues to help us in the journey forwards. The chart below details some of the areas of work that we shall be undertaking. Further planning information is available later in the Quality Account.



It is likely that the Trust will be re-inspected late in 2016, with the results being published early in 2017.

# 6. Overall Activity Levels and Performance against Core Operating Standards

High quality safe patient care has remained at the forefront of service delivery during this challenging time, however, in spite of our efforts to maintain and provide this we were disappointed to report that following our CQC inspection, the Trust was rated as 'Inadequate' across a number of key elements of the inspection. We describe later in the Quality Account some of the important elements that we are reviewing and taking urgent action on. We shall also take some time to report on things that we have done to help keep our patients safe during this period.

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 Health Watch Walsall.

A major step forward has been the formation of the Black Country Alliance. Formed from 3 major trusts within the Black Country (The Dudley Group NHS Foundation Trust, Sandwell and West Birmingham Hospitals NHS Trust and Walsall Healthcare NHS Trust) the aim is to develop the alliance and to review services, provisions and all opportunities to provide an effective service for Walsall and the neighbouring areas. Already steps are being made and we expect to see strong opportunities further developed. The combined alliance region of influence contains c. 1.0 Million people.

The Trust, for the period concerned had income totalling £243.525 Million pounds, of which £224.590 Million came from patient care activities and the balance of £18.935 Million from other operating income. The percentage that the Trust received from patient care activities of its total income was 92.2%.

Details of the activity levels that support the income details above can be seen in the table below.



## Walsall Healthcare NHS Trust Activity Table

	2015/16	2014/15	2013/14	2012/13
<b>Emergency Activity</b>	38,420	35,056	34,036	25,184
<b>Day Case</b>	21,864	22,281	23,712	26,567
<b>Elective</b>	3,749	3,968	3,997	4,208
<b>Total Outpatient</b>	263,380	262,038	324,556	346,960
<b>A&amp;E</b>	64,806	66,777	71,656	74,628
<b>Community F2F</b>	329,939	340,158	411,865	417,734
<b>Total</b>	722,158	730,278	869,822	895,281

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.

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
<b>NHS Number</b>	99.82%	99.75%	99.82%	98.89%

This shows an overall improvement in our data accuracy when presenting patient information through to HSCIC. Overall the trust improved its data accuracy by 0.82%, with improvements seen across all areas.

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

Measure	2013/14	2014/15	Target 2014/15	2015/16	Target 2015/16
<b>Total Time in A&amp;E Dept - 4 Hour Wait Overall</b>	93.73%	89.19%	95.00%	87.97%	95.00%
<b>C Difficile Cases</b>	30	16	28	7	18
<b>MRSA Cases</b>	1	0	0	1	0
<b>Percentage of patients whose operations cancelled for non-clinical reasons on the day of admission</b>				0.47%	0.75%
<b>Cancer 2 week Waits</b>	96.06%	91.77%	93.00%	94.77%	93.00%
<b>Cancer 2 week Waits Breast Symptoms</b>	96.02%	90.70%	93.00%	90.81%	93.00%
<b>Cancer 31 day diagnosis to treatment</b>	99.48%	98.90%	96.00%	99.09%	96.00%
<b>Cancer 31 day waits surgery</b>	97.39%	99.26%	94.00%	97.32%	94.00%
<b>Cancer 31 day waits drug</b>	<b>100.00%</b>	<b>99.62%</b>	<b>98.00%</b>	<b>99.57%</b>	<b>98.00%</b>
<b>Cancer 62 day waits all cancers</b>	<b>85.97%</b>	<b>76.77%</b>	<b>85.00%</b>	<b>79.82%</b>	<b>85.00%</b>
<b>Cancer 62 day waits screening</b>	<b>97.78%</b>	<b>96.41%</b>	<b>90.00%</b>	<b>100.00%</b>	<b>90.00%</b>
<b>Cancer 62 day waits consultant upgrade</b>	<b>96.20%</b>	<b>90.50%</b>	<b>91.00%</b>	<b>92.12%</b>	<b>91.00%</b>





Since the introduction of our new patient administration system Lorenzo, there has been a number of data quality issues in relation to waiting time data recorded on the system. Given the level of concern, it was agreed that the Trust should cease formal reporting to NHS England regarding the Trust Referral to Treat (RTT) achievements in 2014/15. A number of actions have taken place since this time with the number of open waiting list entries falling significantly (from 40,390 in July 2014 to 20,177 at end March 2016), as have the number of patients on the waiting list who have already waited in excess of 18 weeks since their referral and have not commenced treatment, from 10,485 to 5,037 in the same period. The next step is to complete a formal validation of the waiting list to enable the Trust to return to reporting, with the intention of reporting June's data in July. A revised recovery plan will be agreed at the same time. The Trust continues to work with NHS Elective Care Intensive Support Team and other agencies in recovering this position.

## Readmissions

Emergency Readmissions within 30 days of discharge from hospital are instances where patients who are discharged from hospital are then readmitted to hospital care at any point in the following 30 days. Not all readmissions 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 2016/17 and onwards as a part of our strategic plan with the aim of reducing the readmission rate further. There is currently, no applicable benchmarking data available to the Trust.

### Emergency Readmissions within 30 days of discharge from hospital

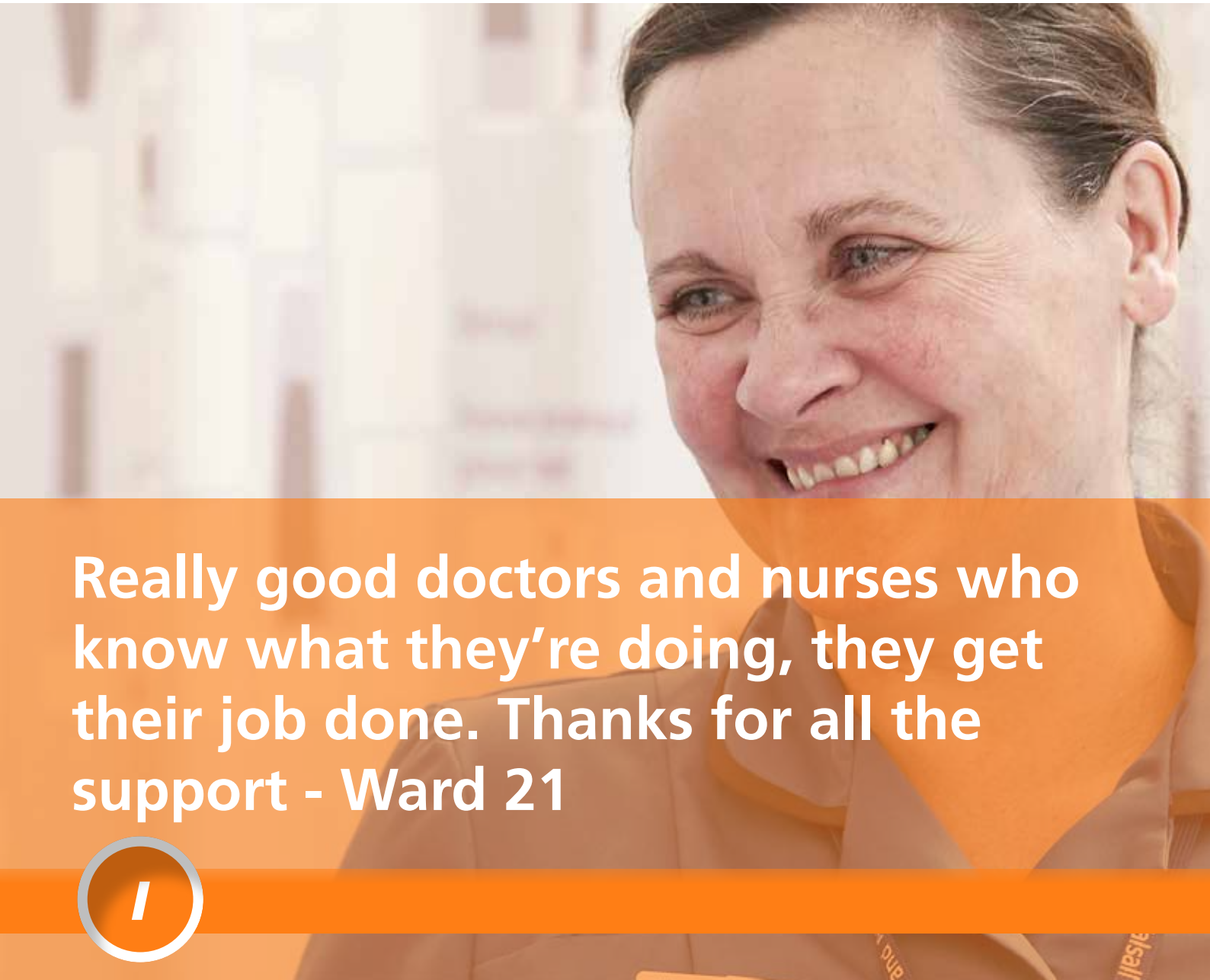
2015/16 %	2014/15 %	
15.70	15.08	<b>April</b>
16.54	15.50	<b>May</b>
17.28	14.63	<b>June</b>
17.64	16.88	<b>July</b>
16.14	14.63	<b>August</b>
16.65	14.97	<b>September</b>
16.63	15.03	<b>October</b>
15.46	16.56	<b>November</b>
17.39	16.37	<b>December</b>
17.27	16.28	<b>January</b>
16.50	16.18	<b>February</b>
17.40	16.35	<b>March</b>

# 7. Patient Experience

## Compliments

The number of compliments received by the Patient Relations Team 2015/2016 was 441. Compliments were received for the following divisions:

Division	Number
Corporate	26
Medicine & Long Term Conditions	263
Surgery	90
Womens, Childrens & Clinical Support Services	62



Really good doctors and nurses who know what they're doing, they get their job done. Thanks for all the support - Ward 21



## Concerns and Complaints

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. Complainants also assist us with training and participate in reflective practice sessions for staff. 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. This report also includes the number of cases referred to the Parliamentary Health Service Ombudsman for review and details the outcome and associated actions.

In 2015/2016 a total of 3405 referrals were received by the Trust which includes a total of 403 written complaints about care which were received by the Chief Executive. This includes 369 written complaints, 6 MP letters and 28 informal to formal converted complaints.

### The main causes of complaint related to:-

- Clinical care, assessment and treatment
- Appointments
- Communication
- Diagnosis
- Staff attitude

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

- Improved handover procedure for Ward 14, emphasising the importance of the changeover of the nursing shifts to ensure that all information is correctly and accurately handed over.
- A briefing note was distributed to wards reiterating the DOLS (Deprivation of Liberty Standards) application process and confirming the application progress with the DOLS administration team
- Additional confidential waste disposal bins have been introduced. These waste bins will be secured to the walls of each of the main exits from the Trust as a further reminder to staff to dispose of any confidential paper items such as handover sheets upon completion of their shift.

We continue 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 and appropriate manner. In 2015/2016 our target of responding within 30 working days remained a challenge with the average number responded to within 30 working days being 52%. Whilst this has to remain a priority for improvement the quality of complaint responses should not be affected. Emphasis on involving and negotiating a good quality response should be the prime aim. We have been working with the University of Salford in Manchester and are now able to offer Train the Trainer – Complaints Handling & Investigation Training. The course will identify the principles of good complaint handling, including prevention of formal complaints and will tie complaints investigation into the Trust's broader processes for learning and follow up of actions.

By the end of the course, colleagues will be able to approach the investigation of complaints with confidence using recognised skills appropriate to the care setting and will have the skills to pass this training onto other colleagues. By taking this "Train the Trainer" approach, within 12 months around 1,000 colleagues will be fully trained which will be a major improvement.

## Friends and Family Test (FFT)

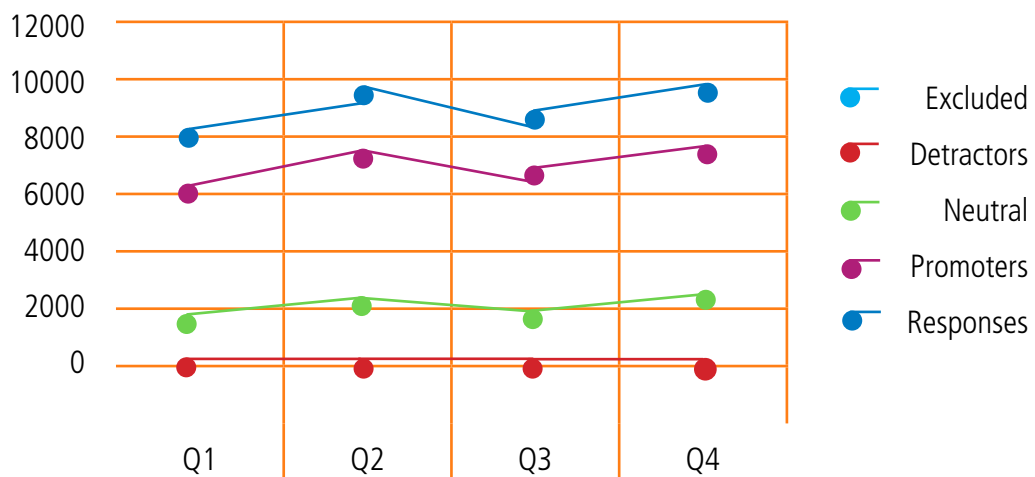
The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. It asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice.

Since its launch in 2013, more than 10 million pieces of patient feedback have been submitted nationally. The FFT has been rolled out across most NHS services, including community care, hospitals, mental health services, maternity services, GP and dental practices, emergency care, patient transport and more.

The FFT Positive Promoter Score for the Trust is at a strong level of 95.50%

## Trust Performance - FFT

Response Rates (1st April 2015 – 31st March 2016) - for all areas across the Trust



Responses: 35713 | Promoters: 26869 | Neutral: 7239 | Detractors: 890 | Excluded: 717



# The FFT Positive Promoter Score for the Trust is at a strong level of **95.50%**

Dates	Responses	Promoters	Neutral	Detractors	Excluded
Apr-15	2792	2157 77.25%	535 19.16%	65 2.32%	35 1.25%
May-15	2526	1911 75.65%	493 19.51%	72 2.84%	50 1.97%
Jun-15	2667	2081 78.02%	472 17.70%	55 2.06%	61 2.28%
Jul-15	3852	2896 75.18%	814 21.13%	83 2.15%	59 1.53%
Aug-15	2881	2215 76.88%	577 20.02%	58 2.01%	31 1.07%
Sep-15	2842	2160 76.00%	569 20.02%	56 1.97%	57 2.00%
Oct-15	3469	2633 75.90%	673 19.40%	90 2.59%	73 2.10%
Nov-15	2503	1852 74.00%	537 21.45%	70 2.79%	44 1.75%
Dec-15	2404	1767 73.50%	486 20.21%	61 2.53%	90 3.74%
Jan-16	2812	2116 75.24%	577 20.51%	66 2.34%	53 1.88%
Feb-16	3672	2736 74.50%	756 20.58%	106 2.88%	74 2.01%
Mar-16	3294	2345 71.21%	750 22.77%	108 3.27%	90 2.73%
<b>Total</b>	35714	26869 75.23%	7239 20.26%	890 2.49%	717 2%

### 5 Star rating by question - Trust Wide

	Q1	Q2	Q3	Q4
<b>FFT question</b>	4.7	4.7	4.7	4.7
<b>Dignity</b>	4.9	4.9	4.9	4.9
<b>Involved</b>	4.8	4.8	4.7	4.7
<b>Parent Dignity</b>	5.0	4.9	5.0	4.9
<b>Cleanliness</b>	4.9	4.9	4.8	4.8
<b>Information</b>	4.7	4.7	4.7	4.7
<b>Staff</b>	4.9	4.9	4.9	4.9
<b>Suitable Location</b>	4.9	4.9	4.9	4.9



Since 1st April 2015 the Trust has received 35,714 responses from patients on their care and experience of care across the Trust.

### Overall 5\* Rating Summary - Trust Wide

	Q1	Q2	Q3	Q4
<b>Average 5 star rating</b>	4.81	4.80	4.79	4.78
<b>Review Count</b>	7,985	9,575	8,376	9,778
<b>% likely to recommend</b>	95.77%	96.41%	94.89%	94.91%
<b>% unlikely to recommend</b>	0.91%	0.85%	1.05%	1.24%

### Overall 5\* Rating Summary - Acute Only

	Q1	Q2	Q3	Q4
<b>Average 5 star rating</b>	4.80	4.80	4.78	4.78
<b>Review Count</b>	7,175	8,687	7,527	8,644
<b>% likely to recommend</b>	95.70%	96.50%	94.77%	94.78%
<b>% unlikely to recommend</b>	1.00%	0.91%	1.12%	1.26%

### Overall 5\* Rating Summary - Community Only

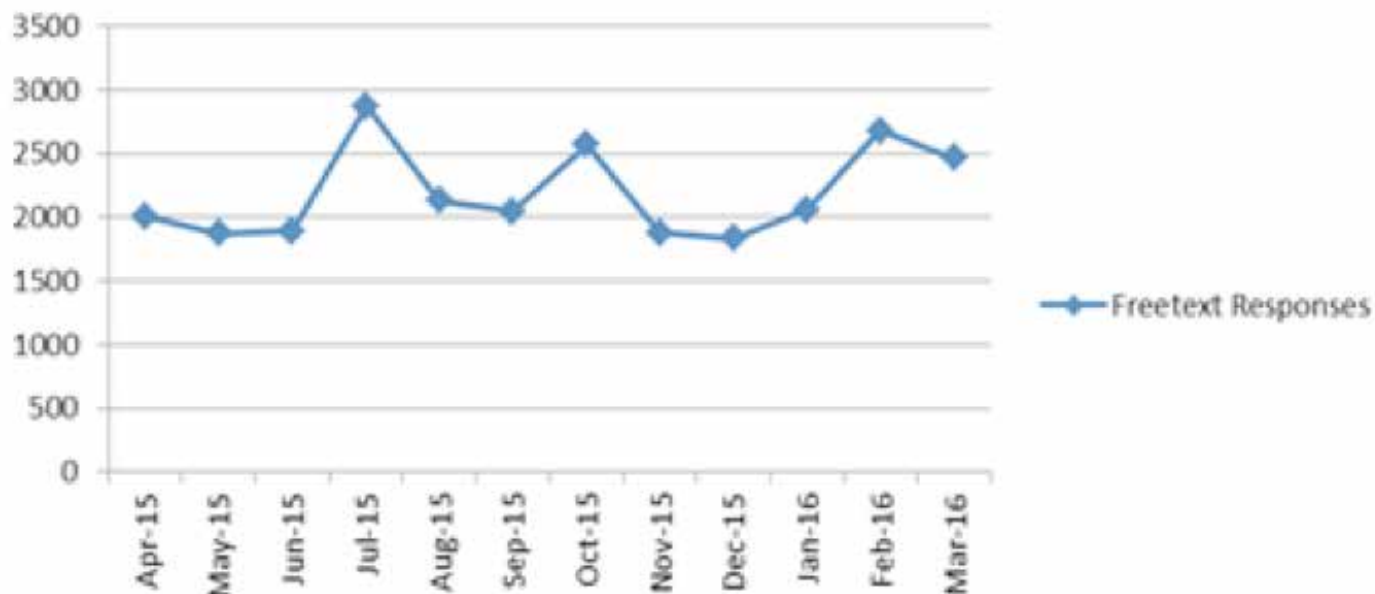
	Q1	Q2	Q3	Q4
<b>Average 5 star rating</b>	4.86	4.84	4.86	4.83
<b>Review Count</b>	850	888	849	1,134
<b>% likely to recommend</b>	96.35%	95.50%	96%	95.86%
<b>% unlikely to recommend</b>	0.24%	0.23%	0.47%	1.06%

## Promoters and Free Text Comments

Overall, the feedback received shows that a positive experience is provided to the majority of patients. By far the most frequent form of feedback received from patients relates to praise for staff, but this praise can also be accompanied by suggestions for improvement: most typically relating to better communication and reducing waiting/delays.

Since 1st April 2015 the Trust has received 26,307 freetext comments from patients on their care and experience of care in the Trust details of which are shown below.

### Freetext Responses



## Positive Comments and Themes

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. The most commonly used words to describe our performance were:

### Positive Themes:

**Good** Explained **Care**  
Caring Kind <sup>Quick</sup> Treatment  
**Lovely** Great **Professional**  
Nice **Staff**





## Staff Surveys

The Trust launched the For One and All Programme in September 2011 to ensure that we do the right thing – provide a consistently first class patient experience – in the right way – by engaging with colleagues across the organisation to improve services. We have done this by making three promises to patients and three to colleagues.



## Pulse Survey & Friends and Family Test (FFT) for Staff

The Q4 colleague Pulse Survey, comprising of the NHS Staff Friends and Family Test, is running throughout March 2016. The results will be analysed and discussed at Colleague Experience and Engagement group (CEE) in April 2016. The Trust has been nominated for the Friends and Family Test Awards 2016 with NHS England, our entry has been selected for the final shortlist for Best Staff FFT initiative.

Negative Themes:

**Waiting Time**  
Information  
**Pain**  
**Relief**  
Buzzer Response

Noise night  
Appointments  
Cleanliness  
No Remote - TV

**Staff Attitude**  
Staffing Levels

## 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](http://www.walsallhealthcare.nhs.uk)) and patient websites like Patient Opinion ([www.patientopinion.org.uk](http://www.patientopinion.org.uk)) and NHS Choices ([www.nhs.uk](http://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 2015/16, our Twitter followers increased from almost 2500 in March 2015 to 2,500 by the end of March 2016. 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:

### Cannot fault treatment from SAU

I was admitted to the Surgical assessment unit suffering from Appendicitis and cannot fault the treatment I received, I was taken to surgery within an hour of diagnosis and have to say that my consultant is the nicest consultant I have ever dealt with and has time to spend with their patients.

### Paediatric department

My daughter has regular reviews (or supposed to) with the paediatricians, I only get an appointment when I take time to phone and enquire about her appointment date. She was due an appointment in January 2016 but it never came through. She was admitted March 2016 via a&e and on discharge papers was to be reviewed in 6/8 weeks time. Supprisingly the appointment never came through so I phoned and enquired about her appointment to be told she had been discharged. PALS contacted and an appointment was booked for June 2016. Within 7 days (of dates on letter) her appointment has been changed twice. As far as I'm concerned this is extremely poor, 1 that I have to telephone the hospital to enquire about appointments, I thought hospitals allocated an appointment through the post, I thought you had to call your gp to book appointments and 2 for the receptionist to tell me my daughter had been discharged and inform me that the hospital have different paper work to my discharge notes.

### Mum's care after a stroke

I would like to thank walsall manor hospital in the care they gave to my mum who had a massive stroke the staff on ward 1 were just amazing i live 200 miles away and each time i phoned or arrived for a visit staff went out of their way to make sure i was updated on my mums progress. A big thank you from our family.

### So bad

Having had problems with my leg for almost 4yrs, I've now been told there is a 18 week waiting list for a camera investigation and hopefully treatment. A&E isent me home on painkillers and unable to walk for 3 days . Couldn't go to bed and was unable to go to the toilet unaided as in such excruciating pain. On another sent me home as MRI results hadn't come back. On this occasion I couldn't walk for 7hours. I felt staff would not listen to me. One consultant even sent me for a second opinion as I think it was late in the day and clinic was nearly over. On the second opinion the consultant listened to me and clearly knew something was wrong and spent a considerable time with me. They have arranged for a camera investigation. No wonder Manor is all over the news. I've felt like a disabled person unable to bend down for the last 4yrs.

## 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. As at December 2015, the Trust had a total of 345 volunteers registered.

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.

## National Comparisons

The Table below illustrates the response rates per measure for February 2016 as well as national and regional ranking.

	<b>A&amp;E</b>	<b>Inpatient</b>	<b>Maternity Birth</b>
<b>% Recommended</b>	<b>96%</b>	<b>95%</b>	<b>95%</b>
<b>National rank</b>	9/137	98/137	91/137
<b>Regional rank</b>	1/14	9/14	11/14
<b>Response rate</b>	3.84%	33.40%	25.36%
<b>Regional rank</b>	13/14	1/14	7/14

## Improvement Actions

The Trust uses the FFT to develop ways and means to improve our patient experience. Here are some of the improvements to be undertaken:

- Continue to explore ways to improve our response rate across all areas.
- Explore other methods for collection of FFT e.g. SMS/Text/App; Electronic Tablets; Online Surveys etc.
- Increase the visibility of FFT across the Trust.
- All wards and departments to continue to display their FFT results as part of the ward communication boards.
- Publicise patient experience data locally, including actions taken as a result of feedback.
- Use the website as a means of communicating how we are performing with regard to patient experience, publishing friends and family test scores.
- Use social media as a way of communicating with and engaging local people and groups.

# 8. Patient Safety

## Clinical Audit and National Survey

Walsall Healthcare has committed to continually undertake clinical audit as one of the ways in which to support better patient quality and safety in the Trust. Clinical Audit is recognised within the organisation as a quality improvement measure.

During 2015/16 there were 225 audits completed throughout the Trust. During that period Walsall Healthcare NHS Trust participated in 29/32 (90%) of the mandatory national clinical audits it was eligible to participate in.

The national clinical audits that Walsall Healthcare NHS Trust participated in, and for which data collection was completed during 2015/16, are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required.

A big thank you to our volunteers.

### National Clinical Audits

Title	Eligible	Participated	% Submitted
Maternal, Newborn and Infant Clinical Outcome Review Programme	✓	✓	100%
National Pregnancy in Diabetes	✓	✓	100%
Paediatric Asthma	✓	✓	100%
Vital signs in children (care in emergency departments)	✓	✓	100%
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	✓	✓	On-going
Cardiac Rhythm Management	✓	✓	100%
National Cardiac Arrest Audit (NCAA)	✓	✓	On-going
National Heart Failure Audit	✓	✓	On-going
Bowel Cancer (NBOCAP)	✓	✓	On-going
National Prostate Cancer Audit	✓	✓	On-going
Oesophago-gastric Cancer (NAOGC)	✓	✓	On-going
National Lung Cancer Audit (NLCA)	✓	✓	On-going



Intensive Care National Audit and Research Centre – Case Mix Programme (ICNARC)	✓	✓	100%
National BTS Emergency Use of Oxygen	✓	✓	100%
Pulmonary rehabilitation	✓	✓	100%
National Joint Registry (NJR)	✓	✓	On-going
National Emergency Laparotomy Audit (NELA)	✓	✓	80%
VTE risk in lower limb immobilisation (care in emergency departments)	✓	Did not participate	-
Procedural Sedation in Adults (care in emergency departments)	✓	Did not participate	-
National Diabetes Audit – National Footcare audit	✓	Did not participate	-
National Diabetes Audit – National Inpatient Audit	✓	✓	100%
Diabetes (Paediatric) (NPDA)	✓	✓	On-going
National COPD – Secondary Care	✓	✓	100%
Rheumatoid and Early Inflammatory Arthritis	✓	✓	80%
Inflammatory Bowel Disease Programme	✓	✓	On-going
UK Parkinson's Audit	✓	✓	100%
Sentinel Stroke National Audit Programme (SSNAP)	✓	✓	On-going
Major Trauma Audit - TARNW	✓	✓	100%
Use of Blood Haematology	✓	✓	100%
Audit of Patient Blood Management in Scheduled Surgery	✓	✓	85%
Elective Surgery (National PROMs Programme)	✓	✓	On-going
Falls and Fragility Fracture Audit Programme	✓	✓	On-going
National Intermediate Care Audit	No	Not applicable to Walsall Healthcare	-
National Complicated Diverticulitis Audit (CAD)	No	Not applicable to Walsall Healthcare	-
National Ophthalmology Audit	No	Not applicable to Walsall Healthcare	-
UK Cystic Fibrosis Registry	No	Not applicable to Walsall Healthcare	-

Prescribing Observatory for Mental Health (POMH-UK)	No	Not applicable to Walsall Healthcare	-
Chronic Kidney Disease in primary care	No	Not applicable at Walsall Healthcare	-
Neonatal Intensive and Special Care (NNAP)	No	Not applicable to Walsall Healthcare	-
Paediatric Intensive Care (PICANet)	No	Not applicable to Walsall Healthcare	-
National Vascular Registry	No	Not applicable to Walsall Healthcare	-
Congenital Heart Disease – Paediatric/Adult	No	Not applicable to Walsall Healthcare	-
Adult Cardiac Surgery	No	Not applicable to Walsall Healthcare	-
National Renal Registry	No	Not applicable to Walsall Healthcare	-
Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions (PCI)	No	Not applicable to Walsall Healthcare	-
National Audit of Pulmonary Hypertension	No	Not applicable to Walsall Healthcare	-

#### NCEPOD Enquiries:

##### Title

Acute Pancreatitis

Physical and mental health care of mental health patients in acute hospitals

Non Invasive Ventilation

The reports of all national clinical audits were reviewed by the provider in 2015/16 and actions have been drawn to improve the quality of healthcare provided. The table below details a sample of the national audits with the intended actions to take to improve the quality of healthcare provided. All local clinical audits are reviewed by the provider and cascaded through the governance structure.



Audit Title	Outcome
<p><b>COPD – Pulmonary Rehabilitation Organisational</b></p>	<p>Walsall Healthcare participated in the National Audit, the Trust were compliant with the majority of the quality standards. However there was a low uptake for the pulmonary rehabilitation programme in comparison to the National Average.</p> <p>The following actions are in progress to further improve and enhance the service at Walsall:</p> <ul style="list-style-type: none"> <li>• Revision and re-launch of the referral form to improve the quality and number of referrals.</li> <li>• Completion of a feasibility review to scope the picture and initiate the potential feasibility of changing from a cohort programme to a rolling programme to improve waiting times.</li> </ul>
<p><b>Emergency Oxygen Audit</b></p>	<p>Walsall Healthcare undertook the national audit, areas of non-compliance were identified and the following actions were drawn to further improve the quality of care:</p> <ul style="list-style-type: none"> <li>• Awareness posters to be placed in prominent places re-enforcing the need for oxygen prescription</li> <li>• Begin programme of change on Ward 17 – including increased teaching, awareness and monitoring of prescription of oxygen</li> <li>• Monthly confirm and challenge through the Prescribing Thermometer Audit</li> <li>• Include refresher training on the protected teaching sessions</li> <li>• Feedback to Head of Nursing regarding nurse signature for administering oxygen.</li> </ul>
<p><b>National Bowel Cancer Audit</b></p>	<p>Walsall Healthcare has a case ascertainment of 100% this is a marked year on improvement. Walsall Healthcare carried out more Emergency or Urgent surgery than the national average. The length of stay for Walsall Healthcare was comparable to the regional and national average. Walsall Healthcare mortality ratio sits at 8.6% compared to the national average of 3.9 and regional average of 4.1. 90 day re-admission rates are comparable to the Regional and national average.</p> <ul style="list-style-type: none"> <li>• Continue with monthly data validation sessions to ensure accurate data is submitted</li> <li>• Continue to strengthen the MDT data collection process to ensure required data is discussed and recorded</li> </ul>

All local clinical audits are reviewed by the provider and cascaded through the governance structure, the table below provides a sample of actions planned or undertaken in response to local clinical audits.

### Local Clinical Audit: Actions to Improve Quality

Audit Title	Actions Planned/Undertaken
Sepsis Care Bundle Audit	<ul style="list-style-type: none"> <li>• Introduction of Sepsis Care Bundle and training within Accident and Emergency</li> <li>• Revise care bundle to incorporate the new national guidance</li> <li>• Raise awareness of Sepsis Care Bundle through Posters / Emails to junior teams.</li> </ul>
Walsall Healthcare Anti-Platelet Prescribing Guideline Audit	<ul style="list-style-type: none"> <li>• Implementation of a one page protocol to follow for this group of patients.</li> <li>• Raise awareness through the training of medics within the grand round / teaching sessions.</li> </ul>
Delirium Audit	<ul style="list-style-type: none"> <li>• 6CIT completion and delirium to form part of the ward round teaching</li> <li>• Ward based consultants to take leadership to support the junior doctors in order to complete outstanding 6CIT's</li> </ul>
A&E Referrals to Fracture Clinic	<ul style="list-style-type: none"> <li>• Continue combined review of cases between A&amp;E / MSK</li> <li>• Investigate causes and remedy to decrease further new patient numbers</li> </ul>
DNAR Audit	<ul style="list-style-type: none"> <li>• DNACPR form status to be included within fusion. Inclusion of MCA/ DoLs within the clerking document</li> <li>• On-going spot checks of DNACPR compliance</li> </ul>
Senior Reviews of Walsall Manor PAU Admissions As Per RCPCH Standards	<ul style="list-style-type: none"> <li>• Changes to the documentation to include a time prompt in the senior review section</li> <li>• Reinforce changes in practice to all Consultant / Middle Grades regarding the importance of documentation for time of review</li> </ul>
Paediatric Headache Audit	<ul style="list-style-type: none"> <li>• Development of a clinical guideline for the management of Chronic Headache</li> <li>• Development of a Chronic Headache proforma</li> <li>• Re-audit to be completed in September 2016 that concentrates on Chronic Headache</li> </ul>
Severe pre-eclampsia audit	<ul style="list-style-type: none"> <li>• Training session to be added to the Midwifery Mandatory Study Day to instruct midwives how to perform Deep reflexes hourly when using MgSO<sub>4</sub>.</li> <li>• To review the clinical guideline and update to meet national recommendations.</li> </ul>
Antibiotic Audit within General Surgery	<ul style="list-style-type: none"> <li>• Implementation of Antibiotic Sticker for all patients to ensure accurate documentation</li> <li>• Review current guidelines to ensure clear prescription guidance</li> <li>• Introduction of monthly antibiotic audit Trust wide.</li> </ul>

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





## National Adult Inpatient Survey 2014 and 2015

The final results of the 2014 survey were published on 23 May 2015 and show disappointing results regarding our inpatient experience.

The survey asks a selected group of recent inpatients (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 4 sections and the same in the remaining 7. 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 previous.

The survey undertaken during 2015, will be released on June 8th. The trust has had sight of the results and they concur with previous findings, and indeed the findings of the CQC report. The number of responses had increased to 493 responses (41.4%) of the surveys issued to colleagues. This showed a significant increase upon last year. Analysis shows that the Trust was:

- Placed inside the top 20% for 1 question – "During you stay were you ever asked views on quality of care"
- The trust was placed in the middle segment of 60% for 35 of the 60 questions.
- The trust was in the lowest ranking (bottom 20% of all trusts) in 24 questions.

There were a number of themes that arose from the responses, namely:

- Quality of referral information
- Mixed sex accommodation
- Understandable responses from doctors
- Confidence and trust in doctors
- Doctors talking in front of patients if not there
- Staff contradicting each other
- Involvement and confidence in decisions about condition/treatment
- Information provided
- Emotional support from staff
- Questions answered about operation – before and after including danger signs
- Information from anaesthetist on pain control
- Purpose, how to take, side effects and printed information on medicines
- Discharge arrangements: family/home arrangements; care arrangements; equipment or adaptations; health & social care input;
- Information on how to complain

The Trust recognises that the coordination and response to various patient views and issues has not been as robust and effective as it should be. This is particularly evident in areas identified by the CQC. We also recognise the themes coming out of complaints, FFT and patient surveys. Many of these are already being addressed in various workstreams.



## Hospital mortality rates

Recognising and investigating mortality is a key component of ensuring the quality of our care remains high for patients. We do this using 2 nationally published metrics: HSMR and SHMI.

HSMR (Hospital Standardised Mortality Ratio) is a measure which focuses specifically upon certain deaths in hospital in 56 specific diagnosis groups which collectively account for more than 80% of all deaths in hospital. As a Trust, we are glad to report that our HSMR remains very low and one of the lowest in the region due to our commitment to reviewing our care and identifying learning to improve, our HSMR as a result stands at 91.10 (FYTD to February 2016) (where 100 is the National average) and has remained low over the past several years; this is the best performance in our local Birmingham and Black Country area. A component of this measure is crude mortality which simply divides the number of people who were admitted to hospital by the total number of deaths. Due to a change in the electronic systems used in the Trust, we now calculate this using the total number of patients who are treated for one of the 56 diagnosis in the HSMR group (such as pneumonia, UTI, sepsis and certain cancers) rather than all patients who come into contact with the hospital; crude mortality for the Trust stands at 4.51% which compares to 5.38% in the previous year. For the period October 2014 to September 2015, 37.19% of deaths were recorded as being patients who had received palliative care with a code in place; this equates to 1.85% of all patient spells over this period.

SHMI (Summary Hospital level Mortality Indicator) is a measure which was introduced in 2011 to demonstrate the quality of care and outcomes across an entire healthcare economy; this includes all patients who die as hospital inpatients plus any patients who have died within 30 days of discharge. This measure enables us to not only monitor the quality of care in the hospital setting but also identify where there may be potentially areas for improvement with regards to discharge from hospital, referral to other services and providers or the effectiveness of care in the community by GPs and other teams like District Nurses. Historically, Walsall has had a higher than the national average SHMI which has primarily been understood to be a result of our investment in palliative care and high levels of deprivation within the borough which lead to life expectancy and health outcomes which are worse than the National average. However, through focus on improving quality of care, with specific focus on 4 specific diagnoses, we have seen SHMI reduce and continue to reduce over the past year. The latest Nationally published data shows the Trust with a SHMI of 105.9 (where 100 is the National average) for the period October 2014 – September 2015 which places the Trust 100 out of 136 nationally and 9th of 14 in the local Birmingham and Black Country area.

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, 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.



## Incident Reporting

### 2015/16 Summary

We continue to use the Safeguard system for electronic reporting of all incidents across both hospital and community services. Developments during the year include strengthening 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. 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.

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 organisation within its class, sustaining achievement of our 2014/15 target. However, the Care Quality Commission Inspection raised concerns about consistency in reporting across all areas in the Trust, with certain areas being highlighted as having a poor incident reporting culture.

In addition, although there was a sustained 'average' position shown in the National Staff Survey indicator KF29 'percentage of staff reporting errors, near misses or incidents

witnessed in the last month', for indicator KF31, 'Staff confidence and security in reporting unsafe clinical practices', there was a decrease and the Trust remains worse than average – this is a key area for improvement for 2016/17.

# 13,387 incidents (including clinical, health and safety and non-clinical) reported during 2015/16

A total of 13,387 incidents (including clinical, health and safety and non-clinical) were reported by Trust staff during 2015/16, representing a 4% increase on 2014/15.

Actual Impact	Incidents Reported
Near miss	198 (1.48%)
No harm/minor harm	12911 (96.4%)
Moderate harm	234 (1.75%)
Major harm	24 (1.25%)
Catastrophic harm	10 (0.7%)
<b>Total</b>	<b>13387</b>

The top six most frequently reported incidents remain the same as in 2014/15 and were associated with:

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

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 2015/16 to introduce new measures to ensure that lessons learned are shared across the organisation. All departments have both electronic and paper based folders containing both local and organisational information about trends and learning from incidents. This information is produced in various formats.

However, we fully appreciate that although there are areas with positive learning culture, it is imperative that this is consistent across the Trust and we have engaged in a series of activities that are aimed at ensuring this is achieved:

- Culture survey has been completed in order to identify specific areas of weakness and target improvement work to increase staff engagement and motivation to learn lessons when things go wrong
- We are learning from other organisations with regard to improving methods of sharing and embedding lessons learned
- All our wards and departments are provided with monthly information about trends in incidents, investigation findings and lessons learned and shared, both pertinent to individual areas and the wider organisation
- We are closely monitoring incident reporting rates in our care groups and where low reporting is evident, promotional activities will be carried out to increase trust and value in this system
- We are promoting increased local accountability and responsibility within Quality Teams at Divisional and Care Group level, ensuring that 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 are completed.
- We have established a Risk Management Committee with wide representation from the Divisional Teams.
- We are developing our '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
- Environment issues
- Data Protection – Security Breaches
- Slips trips and falls (non-patient)
- Lost Property

There has been an increase in incidents of violence and aggression, and these are still being reported in high numbers (448 in 2014/15 to 504 in 2015/16). This trend is also reflected in the 2015 National Staff Survey and is an area for improvement work.



## Serious Incidents

A total of 160 Serious Incidents were reported in 2015/16, compared with 141 in 2014/15, the increase is associated with a significant rise in category 3/4 pressure ulcers.

The most common incidents relate to pressure ulcers category 3 or 4 (74) where there was an increase compared to 2014/15 (42). The second most common incidents are maternity/obstetric related, 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 detailed in this section.

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:

- Continued implementation of the calls care bundle to assist in the prevention of patient falls
- Compulsory fetal heart recordings undertaken during every antenatal assessment
- Enhanced holistic safeguarding assessments undertaken for every paediatric admission.
- Additional education provided in relation to Section 5.2 Mental Health referrals.

- Acute Oncology module (to include metastatic spinal cord compression) is available on ESR.
- Naso-gastric tube training has been undertaken across the Trust.
- Enhanced safer surgery checks and interrupted time out has been implemented.
- Radiology urgent red flag alerting system has been improved and implemented.
- Electronic record of care now available for all obstetric patients.
- Vitalpac system has been implemented with automatic escalation function.
- Information Governance has been reiterated Trust-wide.

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

A newly formed Risk Management Committee chaired by the Director of Nursing has replaced the Serious Incident Committee, but has taken over the responsibility for providing assurance around lessons learned and remedial action taken to the Quality and Safety Committee

## Never Events

The Trust is pleased to note that there were no Never Events occurring in 2015/16.



**No Never  
Events in  
2015/16**

## 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 incident reporting levels for the Trust to be in the highest reporting quartile in its class. The aim last year 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 aim for next year is to continue to sustain this position, and to improve consistency across all departments.

## Safeguarding

The Trust has a statutory duty under Section 11 of the Children Act 2004 to ensure that arrangements are in place to ensure that the organisation and all staff working within it have regard to the need to safeguard and promote the welfare of children. This means working in partnership with other agencies to:

- Protect children from maltreatment;
- Prevent impairment of children’s health or development;
- Ensure children grow up in circumstances consistent with provision of safe and effective care.

Similarly-

The legal framework created within the Care Act 2014 sets out how key organisations and individuals with responsibilities for adult safeguarding, must work together to keep adults at risk safe. The Care Act stipulates that NHS Trusts must:

Demonstrate that they have safeguarding leadership and commitment at all levels of their organisation and that they are fully engaged and in support of local accountability and assurance structures, in particular via the Local Safeguarding Boards;

- Have effective arrangements in place to safeguard vulnerable children and adults and to assure themselves, regulators and their commissioners that these are working. These arrangements include: safe recruitment; effective training of all staff; effective supervision arrangements; working in partnership with other agencies; Identified named leads for safeguarding.

The Trust Safeguarding Committee oversees the work plan in relation to safeguarding children, young people and adults which includes details of what Walsall Healthcare NHS Trust is doing to develop and improve its safeguarding arrangements. As part of this plan the regular audits are undertaken to ensure that the safeguarding arrangements in place are working. The Trust reports to both the Walsall Safeguarding Children’s Board and Walsall Safeguarding Adults Board.

During 2015/16, the Trust has built on the significant work undertaken following the external review of safeguarding services which was carried out during 2014. A programme of work to support recommendations from the review has largely been addressed and a further internal audit during 2015 shows that this is nearing completion. In particular, we have;

- Implemented a joint operational team meeting which encompasses representatives from all areas of the organisation where children are cared for, along with adult safeguarding representation;
- Represented on the Walsall safeguarding children and adult boards, and all of their respective sub groups to ensure comprehensive partnership working.
- Participated in and responded to recommendations arising from case reviews and multi-agency audits of practice.
- Developed our training strategy for Adult Safeguarding, and focussed on delivering Mental Capacity Act and DoLS (Deprivation of Liberty Safeguards) training. We have increased high-level training in relation to the national PREVENT strategy.



- Developed integrated working between the LAC Team (Looked After Children) and the safeguarding teams;
- Achieved a high compliance with dementia screening and referral, evidenced through national CQUIN reporting.
- Developed and supported a range of initiatives and activities for dementia patients and their relatives such as weekly tea parties, carers survey to identify additional support needs.

Details of the trust policies and declaration are available on the trust website at the following address: <https://www.walsallhealthcare.nhs.uk/safeguarding.aspx>

## Infection Control

The reduction of Healthcare Acquired Infections (HCAI's) remains a high priority for all across the local health economy. Acquiring a HCAI has a negative impact on both the patient and organisation in terms of additional treatment, increased hospital stay and both personal and financial loss.

Through continued work on antimicrobial stewardship and colleagues commitment to provide care in a clean environment we have had an excellent year with the reduction of Clostridium Difficile (C.Diff) cases to 7, against our target of no more than 18 cases in 2015/16.

This is the second year where we have made a significant reduction in the number of cases we have had with 15 in 2014/15 and 30 in 2013/14. Despite this low number every case is still reviewed and discussed at a joint Health

Economy meeting (Walsall Healthcare NHS Trust, Walsall CCG and Walsall Council Public Health) to ensure every measure is being taken to provide safe and high quality care to patients.

The continued hard work by the Infection Control team has resulted in improved benchmark data. The Trust was ranked 2nd from 137 Trusts that submitted data, a marked improvement from 43rd last year. Regionally the Trust is 2nd (5th last year) with George Elliot still being the best performer and University Hospitals of North Midlands being the poorest.

With MRSA, the Trust was set a target of zero avoidable cases. Unfortunately in November we had our 1st case for over 2 years. The patient made a full recovery and the case underwent an in-depth multi-agency review where the

findings have been shared across the Trust and measures implemented to reduce the risk of patients acquiring an MRSA bacteraemia, the work on this will continue to be a high priority during 2016/17. Despite this disappointing result the trust ranked at 5th regionally and 47th nationally, which is the same ranking as in 2014/15.

With the increasing concern of antimicrobial resistance and the emergence of infections where healthcare is running out of effective antibiotic treatment the priority for 2016/17 will be to ensure correct utilisation of antibiotics and ensuring the basic principles of infection control such as good hand hygiene, effective use of personal protective equipment, isolation and cleanliness underpin high quality, safe care to all our patients.



## 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 pressure ulcer risk assessment and the first risk assessment is removed.

- Education and training for all staff is ongoing.
- All pressure ulcer related issues are investigated within 48 hours.
- An external review of the reporting and investigation processes is underway and will report early 2016/17.

Root cause analysis investigations continue to take 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	April	May	June	July	August	September	October	November	December	January	February	March	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
<b>Total acquired 2014/15</b>	<b>37</b>	<b>30</b>	<b>29</b>	<b>24</b>	<b>34</b>	<b>19</b>	<b>29</b>	<b>29</b>	<b>29</b>	<b>38</b>	<b>20</b>	<b>29</b>	<b>347</b>
Hospital acquired	13	16	13	25	16	14	27	14	15	18	19	14	204
Community acquired	12	19	20	33	30	30	32	38	34	32	19	13	312
<b>Total acquired 2015/16</b>	<b>25</b>	<b>35</b>	<b>33</b>	<b>58</b>	<b>46</b>	<b>44</b>	<b>59</b>	<b>52</b>	<b>49</b>	<b>50</b>	<b>38</b>	<b>27</b>	<b>516</b>





## Falls

The trust set itself an ambitious objective of no more than 55 falls per calendar month as a drive to provide attention to the most common harm.

Falls	April	May	June	July	August	September	October	November	December	January	February	March	Total
Total Reported 2014/15	51	50	62	55	48	65	63	53	74	74	66	69	729
Total Reported 2015/16	50	50	62	55	48	65	54	65	74	88	65	75	751

There are a number of initiatives in progress to support this work:

- A new group called 'The Senior Nursing Advisory Group' has been established to assist with the focus upon several issues.
- An additional clinical update session will be run in the early part of 2016/17.
- The 'Call before you fall' leaflet is now available across all wards.
- Lessons from RCA's are being shared across Care Groups.
- Progress and actions are reported at Public Board

## 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.

Falls	April	May	June	July	August	September	October	November	December	January	February	March	Average Monthly %
% 14/15	95.14	96.34	96.97	97.58	96.10	95.45	95.24	96.34	96.85	95.58	95.26	95.28	96.07
% 15/16	95.15	95.71	95.80	97.13	97.59	95.99	95.25	96.22	96.37	96.62	95.09	96.59	96.13

Benchmarking data available to the Trust shows that nationally, the Trust ranked 40th from the 137 acute trusts that submitted data, and was positioned 5th regionally. Regionally, the best performing trust was University Hospitals Birmingham NHS Foundation Trust, with Sandwell and West Birmingham Hospitals NHS Trust 14th.

The Trust plans to introduce an electronic method of completing the VTE through its VitalPAC deployment. This is likely to be installed in the late part of 2016.

### 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 improving our monthly results.

% Harm free	April	May	June	July	August	September	October	November	December	January	February	March
14/15	91.8	92.4	94.1	93.7	92.1	92.7	92.0	90.5	90.0	90.5	91.6	93.9
15/16	93.8	93.04	95.42	95.0	94.31	94.82	94.64	94.62	92.96	94.05	94.03	92.73



## Patient Reported Outcome Measures

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 Russell's 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 slightly lower than the National averages. However, the number of responses from patients in Walsall is very low and well below the national average response rate. Within the response levels however, the scores presented indicate the trust to be just below average for all 3 indicators.

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

	Walsall Healthcare	National Average	National Lowest	Naitonal Highest
Groin Hernia Surgery	0.067	0.087	0.046	0.152
Hip Replacement Surgery	0.270	0.449	0.270	0.554
Knee Replacement Surgery	0.249	0.331	0.272	0.424

## 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.

Following the CQC inspection a number of actions have been undertaken to move the service that the team provides forwards. Work is being undertaken with the documentation and communication provided and the end of life care plan has been redesigned and its use has commenced.

## Care of Older People

We have continued with the new initiatives across the Trust in 2015/16 embedding them as normal practice. They are 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 them.
- 'Wrap Around' services to support patients in their own homes, through close co-operation between primary and secondary care.

## Dementia Care

Systematically identifying and assessing the need of hospital and community patients with dementia and delivering improved outcomes for this group. Our dementia group has continued throughout 2015/16 and provided support to patients across the Borough.

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. We have continued with the awareness work and our liaison work with Age UK. 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

## 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 2015/16, 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 for 2015/16:

	Total Value	Q1 (£)	Q2 (£)	Q3 (3)	Q4 (3)
Income Planned	4,483,100	450,628	614,580	1,033,662	2,384,230
Income Secured	3,199,098	450,628	614,580	812,135	1,321,755



## CQUIN Schemes

National							
Acute Kidney Injury Medical Director		10%	£428,072	£42,807	£85,614	£85,614	£128,422
							£85,614
Identification & Early Treatment Medical Director		10%	£428,072				
	a)	50%	£214,036	£42,807		£64,211	£107,018
	b)	50%	£214,036		£42,807	£85,614	£85,614
Dementia and Delirium: Director of Nursing		10%	£428,072				
	a)	60%	£256,843			£128,422	£128,422
	b)	10%	£42,807		£21,404		£21,404
	c)	30%	£128,422		£64,211		£64,211
Improving Urgent and Emergency		15%	£642,108				£642,108
Improving Urgent		5%	£214,036				£214,036
Local							
Effective Discharge Chief Operating Officer		18.5%	£791,934				
	a)	40%	£316,774	£6,335		£88,697	£110,871
							£110,871
	b)	30%	£237,580	£4,752		£90,280	£142,548
							£23,758
c)	30%	£237,580	£4,752		£90,280	£95,032	
						£23,758	
Medication Safety Thermomiter Medical Director		10%	£428,072				
	a)	20%	£85,614	£21,404	£21,404	£21,404	£21,404
	b)	80%	£342,458	£85,614	£85,614	£85,614	£85,614
Medicines Management Blueteq		6.5%	£278,347				
	a)	40%	£111,299	£27,825	£27,825	£27,825	£27,825
	b)	60%	£166,948	£41,737	£41,737	£41,737	£41,737

Catheters/UTI's Director of Nursing		15%	£642,108				
	a)	40%	£256,843	£25,684	£77,053	£77,053	£38,526
							£38,526
	b)	10%	£64,211	£16,053	£16,053	£16,053	£16,053
	c)	25%	£160,527	£40,132	£40,132	£40,132	£40,132
	d)	25%	£160,527	£40,132	£40,132	£40,132	£40,132
Totals		110%	£4,280,721	£400,033	£563,985	£983,068	£2,333,635
<b>NHS England</b>							
Neonatal (ESD) Early Supported Discharge Director of Nursing		25%	£50,595	£12,649	£12,649	£12,649	£12,649
Chemotherapy Decisions in Early Breast Cancer Medical Director		20%	£40,476	£10,119	£10,119	£10,119	£10,119
HIV - unnecessary use of CD4 monitoring Medical Director		25%	£50,595	£12,649	£12,649	£12,649	£12,649
Right Care Right		30%	£60,713	£15,178	£15,178	£15,178	£15,178
Totals		100%	£202,379	£50,595	£50,595	£50,595	£50,595
<b>Grand Total</b>			£4,483,100	£450,626	£614,580	£1,033,662	£2,384,230
Income secured			£1,877,343	£450,628	£614,580	£812,135	
Income secured %			42%	100%	100%	79%	
Income lost			£221,527			£221,527	
Income lost %			5%			21%	
Income forecast secure			£1,321,755				£1,321,755
Income forecast secure %			29%				55%
Income forecast at risk			£1,062,475				£1,062,475
Income forecast at risk %			24%				45%
Totals			£4,483,100	£450,628	£614,580	£1,033,662	£2,384,230



## 2016/17 CQUIN Objectives

With regard to CQUIN schemes for 2016/17, 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.

Name of Scheme	National or Local Scheme	Summary of Scheme	Financial value (£) and percentage	
NHS staff and wellbeing	National		£1,359,490	30%
Identification and early treatment of Sepsis	National		£453,163	10%
Antimicrobial Resistance	National		£453,163	10%
Maternity Safety Thermometer	National		£906,326	20%
Local Prescribing	Local		£226,582	10%
Identification of the deteriorating patient	Local		£1,132,908	25%
Secondary care - oral surgery	Local			
Neonatal Unit admissions	Local		£83,428	
Adult critical care timely discharge	Local		£83,428	

# 9. Our Quality Priorities and plan - Looking Forward to 2016/17

We have already spoken with regard to our CQC performance and the framework that has been established around us. Linked closely to this and agreed through Public Board, the trust has agreed a set of Quality Priorities that will become the foundation for our work this year and until 2020.

Name of Scheme	Priority Description
1	Deliver all of the actions promised within our Patient Care Improvement programme
2	Improve patient experience as measured by patient surveys, Friends & Family test, complaints, social media responses. Improve patient experience, so that the Trust will be positioned in the 1st quartile for all NHS Trusts
3	Embed a culture of safety within the trust measured by staff feedback, incident reporting, spread of safety improvement methodology and embedding of Duty of Candour. Particular emphasis to be placed upon ED & Maternity
4	Refreshed Quality Strategy 2015 - 17 for 2016/17 to incorporate CQC concerns and revised priorities.
5	Programme to reduce avoidable harm by 20% by the end of 2016/17
6	Embed a clinical leadership model across all divisions and care groups
7	Develop existing work and commence the implementation of the Royal College recommendations for 7 Day Working
8	Further development of the 'Sign up to Safety' campaign to cover specific areas e.g Reduction in avoidable harm
9	Improve the Quality and Safety of our care in specific services: <ul style="list-style-type: none"> <li>• Safety of maternity and neo-natal care.</li> <li>• Emergency Department and Urgent Care pathway.</li> <li>• Safety of Cancer services.</li> <li>• Establish a sustainable future for the stroke service</li> <li>• Improve the quality of the care we provide to patients at the end of their life.</li> </ul>





10	<p>Improve the Quality and Safety of our care in specific services:.</p> <ul style="list-style-type: none"> <li>• Safety of maternity and neo-natal care.</li> <li>• Emergency Department and Urgent Care pathway.</li> <li>• Safety of Cancer services.</li> <li>• Establish a sustainable future for the stroke service</li> <li>• Improve the quality of the care we provide to patients at the end of their life.</li> </ul>
11	<p>Community Services Development.</p> <ul style="list-style-type: none"> <li>• Complete the deployment of integrated locality teams with partners agencies in Mental Health, Social Care and Primary Care</li> <li>• Deploy mobile technology for community teams</li> <li>• Build a directory of services and a single point of access to ensure efficient use of resources</li> </ul> <p>Continue the development of integrated care pathways that link of key services together seamlessly</p>

These Quality Priorities support the actions that sit within our Patient Care Improvement Plan (PCIP) You can read our strategy in full by visiting our website at [www.walsallhealthcare.nhs.uk](http://www.walsallhealthcare.nhs.uk) and 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. The Trust Annual Plan for 2015/16 can also be seen here. Based around the agreement of the Quality Priorities and the Trust Annual Plan, a number of activities have been allocated:

### Service Redesign

As well as the improvements required by the CQC, we still have a part to play in delivering major changes in health service provision to benefit the communities we serve. Going forward a major focus will be in the transition of care from hospital to community services in line with the NHS Five Year Forward View; improving our processes for recording information; efficiency improvements to deliver value for the public purse and in developing our workforce.

We are taking a programme management approach to facilitate transformation that will future proof our services, support sustainability and ensure that we learn from past mistakes. The Programme Management Team will be in place by Q2 in 2016/17, part of the Strategy and Transformation Directorate, and will engage with colleagues from across the system to demonstrate progress against agreed metrics. Assurance of progress will be provided through existing communication channels and committees.

## Quality Impact Assessment (QIA)

The Trust has strengthened its approach to QIA. As a part of the continuing development of the QIA process, the Trust will undertake an assessment of its processes and benchmark these against regional and national best practice. The how to: Quality Impact Assessment Provider Cost Improvement Plans issued by the National Quality Board, demonstrates a model framework that the Trust will adopt.

The Medical Director and Director of Nursing are involved in discussions and decisions regarding cost improvement plans (CIPs). This is in line with our processes as set out in our CIP governance guidance developed in 2015/16. A formal 'sign off' and assurance process will take place for each scheme before they commence. Alongside this, monthly assurance meetings take place with the Directors of Strategy and Finance and Performance.

A quarterly report of QIA outcomes will be produced for the Trust Quality Executive with oversight being exercised by the Trust Board via the Quality & Safety Committee.

## Sign up to Safety

Our Sign up to Safety plans for 2016/17 will support the delivery of our key priorities and will focus on improving for patients and the long-term by improving the quality and safety of our care and governance of the Trust. We will do this by:

- Embedding safety bundles
- Reducing harm from medication incidents
- Developing a safety culture across the organisation but with particular focus in ED and maternity
- Improving our mortality governance processes.

## Seven Day Services

The target dates for the Standards detailed below provide for completion of actions to support the minimum requirement levels of the standards. Clear direction has been provided regarding the implementation of the priority clinical standards (2,5,6 & 8) as emphasised within a letter from Professor Sir Bruce Keogh and a recent document "Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21". The emphasis is upon the % attainment levels. These will be monitored and the National Survey data will be used for the benchmark data. The trust is committed to achieving the directed level of 25% of all patients achieving the 4 standards designated by March 2017.

The 3 key milestones are:

- 25% of the population will have access to the same quality of service on every day of the week by March 2017.
- 50% of the population will have access to the same quality of service on every day of the week by March 2018.
- 100% of the population will have access to the same quality of service on every day of the week by March 2020.

It is anticipated that the full development of Seven Day Services will become a key part of the Trust 2020 vision document and that completion of the full standards will be achieved within this timeframe. Discussions are underway with key partners regarding the linkages to external services and networks that may be formed within the region.

The actions will be collated in an action plan and monitored through Quality & Safety Committee. In addition, the submissions through National Survey data will provide valuable benchmarking information.



## Triangulation of Indicators

A system of ward/team triangulation reviews will be in place in 2016/17.

Quarterly divisional reviews already exist where information across quality, workforce and finance is triangulated. This will be improved in 2016/17 to include a more robust review process at care group, divisional management and executive levels.

Risk management processes will be further developed to ensure that risk impact is considered across all domains and mitigations identified to protect patient safety.

The key indicators that we will use include, but not limited to:

- Quality:
- SHMI / HSMR and publish annually avoidable deaths
- Clinical outcome measures e.g. falls, pressure damage and infection rates
- Patient feedback
- Dashboards especially in maternity
- Patient access times
- Audit outcomes from national standards e.g. stroke
- Staff survey results
- Vacancies/Turnover rates
- Sickness absence rates
- Agency utilisation % pay bill
- Financial position
- CIP delivery
- CQUINS

Triangulated information will be used by the Trust Board to inform decisions to improve quality of care, investment priorities, targeted support and decisions regarding service provision and/or transformation. This will aid the drive towards improved quality of care, patient safety and productivity.

Linked to the Quality and Performance report, these indicators will be reviewed monthly, weekly or daily where applicable. Executive leads will provide oversight and accountability.

All and initiatives will be managed through programme management and the use of action plans and performance dashboards. It is critical that the monthly measures and reporting cycles are maintained.

## Workforce Improvement

The plan to increase levels of engagement includes the following programmes of work:

### 1. Listening into Action (LiA)

LiA is about re-engaging with colleagues, unlocking their potential and empowering action in order to contribute to the vision for 2020. Teams are supported and enabled to work differently, linking to performance outcomes they care about and making them feel valued. Following an evidence-based, outcome-driven process over an initial 12 months to get to a point of traction LiA will then start to become 'the way we do things around here'.

### 2. Staff Survey Action Teams

This will see Divisional champions in working groups, led by the Trade Unions, developing campaigns to target the worst performing indicators from the Staff Survey results.

### 3. Lean and Improvement Champions

Engaging colleagues in the Lean/transformational programmes of work in order to develop the continuous improvement culture.

### 4. Medical Engagement

The current Strategic Leadership Programme has seen increasing levels of commitment from our medical colleagues. Following on from this programme, medical leaders will be required to develop task force groups organised thematically by clinical pathways.

### 5. Local Engagement

This will involve Executive and Senior Management regularly visiting areas to listen to teams and report back progress on the wider workstreams to help close the feedback loop.

### 6. Team Brief

The current system for the cascade of information via Team Briefing has been adopted inconsistently throughout the Trust. Team Briefing is a powerful method of enabling communications up and down the management structure. The current Team Briefing method will be reviewed to provide a consistent and measurable process for conveying strategic and operational information, and answering feedback questions.

Leadership and effective leadership systems are key to our achievement. We recognise that we need to urgently work with our teams with regard to leadership, culture and values – developing open and transparent cultures focused on improving quality. All of the elements within the CQC "Well-Led" domain will be explored.

- Embed a clinically led model of leadership
- Develop our leaders to have the necessary confidence and capability to act
- Develop our Trust board members to identify risk, put in place robust assurance processes and triangulate information on which to base priority decisions.
- Ensure we have clinical teams who understand and 'buy into' the Trust values and vision and their role within this, equipping them with the tools to deliver
- Embed a quality assurance framework that keeps a clear line of sight from the 'ward to board'.



# 10. Appendices

## Appendix 1 - Walsall CCG Submission

### Walsall CCG Submission (May 13th)

Commissioner's feedback on Walsall Healthcare NHS Trust Draft Quality Report 2015-16  
Walsall Clinical Commissioning Group (CCG) have reviewed Walsall Healthcare NHS Trusts 2015-16 Quality Account.

The Quality Account reflects the challenging year the trust encountered during 2015-16 but also details those areas where improvement has been achieved. The CCG acknowledges the improvement in Infection Control and the areas rated "good" by the Care Quality Commission including Community Services for Adults, Children, Young People and Families and End of Life Care.

We are encouraged with the progress made in relation to workforce and staffing which has seen the implementation of a recruitment plan.

Walsall CCG is aware that achieving the 4 hour wait target in A&E, 18 week referral to treatment time and a number of Cancer measures during 2015-16 has been challenging. We will continue to support the trust throughout 2016-17 with its recovery plan in these areas.

The CCG are engaged with the trust regards to 7 day working and are working jointly to implement to the requirements within the agreed timescales.

Looking forward to 2016-17 the CCG acknowledges the priorities Walsall Healthcare NHS Trust has identified and will continue to support the trust in achieving these priorities. Delivering against the promises within the Patient Care Improvement Plan will be challenging and the CCG is encouraged that a robust programme management system will be implemented to support its delivery.

The CCG has also identified the following areas for further emphasis and improvement for 2016-15:

- Pressure Ulcer reduction in the Community
- Falls reduction
- Strengthening processes in Primary Care to support the delivery of constitutional standards
- Mixed Sex Accommodation breaches
- Care for the deteriorating patient
- Achievement of CQUINs

Walsall CCG will continue to work in partnership with the trust throughout 2016-17 to support the trust in delivering the priorities highlighted in the Quality Account.

DR Rajcholan Mohan – Medical Director Walsall CCG

Sally Roberts – Director Quality, Safety and Governance Walsall CCG

## Appendix 2 - Walsall Health and Scrutiny Commentary

### Walsall Health and Social Care Scrutiny Panel Submission.

“The Quality Account for Walsall Healthcare Trust is noted. The committee looks forward to receiving regular updates, especially with regards to the ongoing improvements to A & E, Maternity Services and internal scrutiny and performance management arrangements”.

## Appendix 3 - Healthwatch Submission

### Healthwatch Walsall Submission

Healthwatch Walsall Statutory Response to the Walsall Healthcare NHS Trust Quality Account 2015-16

#### Overview

Healthwatch Walsall (HWW) notes that this has been a particularly challenging year for Walsall Healthcare NHS Trust. Our own extensive consultation of public experience, in support of the Care Quality Commission (CQC) inspection in September 2015 revealed concerns about some services. The Trust rating of inadequate and being placed in Special Measures by CQC reaffirmed aspects of our own findings.

The Patient Care Improvement Plan to improve quality and safety of care especially in maternity and emergency care which were identified as being of particular concern is acknowledged. HWW recognises that the Trust has been operating in a difficult environment with significant turnover of senior staff. HWW also recognises the commitment, openness and transparency of the Chief Executive, Richard Kirby, in taking the Trust forward and we are happy to endorse the improvement plan now in place. Furthermore, Healthwatch Walsall has offered to support this process to help ensure that the patients' perspective is represented.

#### Previous Quality Account response and lessons learnt

We have in previous years expressed concerns about the Quality Account (QA) process which allows little time to review the data and to make meaningful commentary on its contents. This year, we acknowledge the efforts made by the Trust to provide our Hospital Intelligence Workstream Group with information and data in a more timely manner and we would like to thank both Amir Khan and Malcolm Roper-Moore from the Trust for their efforts in this regard. This has provided HWW opportunities to feedback initial comments at an early stage for incorporation into subsequent drafts.

That said, at the time of writing this response, the final draft received is missing some explanatory text and statistics and therefore the comments we make are necessarily qualified.

Following our previous recommendations we are pleased to note that the QA now includes some historical data which enables a picture of performance trends to be built up over time. Regrettably there is no easy read version available which would have facilitated wider consultation, however we are aware of the constraints of the prescriptive framework for the QA.

Response for 2015-16 Quality Account

The Trust recognises its placement into Special Measures as an opportunity for improvement and to rectify problems - this approach is welcomed.

Following the 'inadequate' rating for some key issues the Trust is reviewing and taking action to improve the identified shortcomings and is also aligning its plans to the NHS Five Year Forward View which is also welcomed.

Consultation carried out by HWW, prior to the CQC inspection found that people who were dissatisfied cited issues of waiting times, quality of care and communication as being concerns. Additionally, organisational issues were raised by patients and their relatives. Mention is deservedly made that patients who expressed high satisfaction commended the treatment received and the care given by staff and this can usefully provide a yardstick for the Improvement Plan.

We have previously highlighted the struggling performance of A&E services and the CQC report confirmed this as being inadequate overall. We welcome the detailed action plan surrounding this service and we have advised our willingness to support this work; we are currently doing engagement around the softer issues for the service looking particularly at patient experience and communications in A&E which we will feedback to the Trust to help support the improvement process.

Concerns about the hospital discharge process were highlighted in our earlier report which was presented to the Trust and other key stakeholders in July 2015 and this continues to be an area of concern for HWW. We note that admission, discharge and transfer continued to be amongst the top six most frequently recorded safety incidents. The recently published report from the Parliamentary and Health Service Ombudsman into unsafe discharge from hospital found nationally a 36% increase in complaints linked to people having a poor experience of being discharged.

We therefore reaffirm that discharge processes from hospital, referral to other services and the effectiveness of care in the community can be improved for patients although the answers do not all lie within the reach of the Trust alone. HWW welcomes the opportunity to work with the Trust and other key stakeholders in the discharge process to implement the recommendations in the HWW Hospital Discharge Report.

The Trust had already recognised that its processes for handling and responding to complaints needed to be improved and earlier this year established a Complaints Monitoring Panel which HWW attends as an observer. This was welcomed however we believe that there needs to be more emphasis and commitment to this process to ensure that responses to complaints are made in a timely and appropriate manner so that any lessons learnt can be quickly acted upon. Feedback from our participation in the 2 sub groups that support the Panel is that the process appears to be stalling.

In the 'learning from mistakes' league recently published by the Department of Health to identify the level of openness and transparency in NHS provider organisations, the Trust was ranked 215th out of 230 NHS trusts and was classified as having a poor reporting culture. The Trust recognises that incident reporting, which formed part of this assessment, is only effective if the organisation learns lessons from these incidents and new processes are introduced to ensure that lessons learnt are shared across the organisation. HWW supports the Trust's objective to embed a positive learning culture across the organisation.

### Conclusion

Healthwatch Walsall accepts that the Trust recognises the position it is in as an opportunity to put into place much needed system changes, some of which it has been grappling with for some time. Following the CQC findings it now has the time and space to successfully enact these service improvements. The priorities for improvement in the Quality Account reflect the actions needed to address the CQC findings.

Healthwatch Walsall considers that whilst the priorities may be challenging for the Trust to achieve, their implementation should result in better patient experience and outcomes and we offer to work with the Trust to help achieve this.





## Appendix 4 - External Auditors

### Independent Auditors' Limited Assurance Report to the Directors of Walsall Healthcare NHS Trust on the Annual Quality Account

We are required to perform an independent assurance engagement in respect of Walsall Healthcare NHS Trust's Quality Account for the year ended 31 March 2016 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

#### Scope and subject matter

The indicators for the year ended 31 March 2016 subject to limited assurance consist of the following indicators:

- Percentage of patients risk-assessed for venous thromboembolism (VTE); and
- Percentage of patient safety incidents resulting in severe harm or death.

We refer to these two indicators collectively as "the indicators".

#### Respective responsibilities of Directors and auditors

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 Regulations).

In preparing the Quality Account, the 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 effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the

NHS Quality Accounts Auditor Guidance 2014-15 published on the NHS Choices website in March 2015 (“the Guidance”); and

- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2015 to June 2016; \papers relating to quality reported to the Board over the period April 2015 to June 2016;
- feedback from NHS Walsall Clinical Commissioning Group dated 25 May 2016;
- feedback from Healthwatch Walsall dated 19 May 2016;
- the Trust’s complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009;
- feedback from Walsall Metropolitan Borough Council Health Overview and Scrutiny Committee dated 11 May 2016;
- the latest Care Quality Commission inspection report dated 26 January 2016
- inpatient survey dated 2014;
- the latest national staff survey dated 2014;
- the Head of Internal Audit’s annual opinion over the trust’s control environment dated May 2016; and
- the annual governance statement dated June 2016.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the “documents”). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of Walsall Healthcare NHS Trust.

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Walsall Healthcare NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

### Assurance work performed

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;



- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

### Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Walsall Healthcare NHS Trust.

### Basis for qualified conclusion

Our testing found insufficient supporting evidence to confirm whether a venous thromboembolism (VTE) assessment had taken place, in line with the Guidance, for 5 out of 40 cases tested. Our testing also identified an insufficient audit trail in the calculation of the indicator. The indicator reporting the percentage of patients risk assessed for VTE therefore did not meet the accuracy, validity and reliability dimensions of data quality set out in the Guidance.

### Qualified conclusion

Based on the results of our procedures, with the exception of the matter reported in the basis for qualified conclusion paragraph above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2016:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

Ernst & Young  
No 1 Colmore Square  
Birmingham  
30 June 2016

## Appendix 5 - Trust Statement of Changes

Trust Statement of Changes carried out to the Walsall Healthcare NHS Trust Quality Account 2015/16 following submission of the Health Watch Walsall, Walsall CCG and Walsall Health & Social Care Scrutiny Committee statements.

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 final information
- NHS Choices – Patient Comments
- NHS number accuracy usage.
- Update of income data

## Appendix 6 - Glossary

Acute Hospital Trust		An NHS organisation that is responsible for providing 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.
Benchmark		A process used to create a performance score and then measure against other trusts or departments.
Black Country Alliance	BCA	During 2015/16 a number of NHS trusts in the region formed an operational alliance to assist with patient care and financial performance.
Care Quality Commission	CQC	The CQC is the independent regulator of health and social care in England.
Colleague Engagement and Experience Group	CEEG	A group internal to the trust that is working on staff experience and satisfaction.
Clinical Commissioning Group	CCG	An NHS organisation that is responsible for providing all of the health care 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.
Health & Social Care Information Centre	HSCIC	This is a central information and reporting service for the NHS and Public Health.
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	PROMS	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.
Patient Care Improvement Plan	PCIP	An improvement plan that is used by the trust to manage all of the actions that it is undertaking following the CQC inspection.
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.





# 2016/17 Quality Account

## **Walsall Healthcare NHS Trust**

Walsall Manor Hospital, Moat Road, Walsall, WS2 9PS

