

Healthwatch Worcestershire
Queen Elizabeth Drive
Persnore
WR10 1PT
Tel: 01386 550 264
info@worcestershire.co.uk
www.healthwatchworcestershire.co.uk



Chief Executive
Worcestershire Acute Hospitals Trust
Charles Hastings Way
Worcester WR5 1DD

Dear Penny

Ref Quality Accounts 2012/13

Thank you for the opportunity to comment on the draft Quality Account for the Worcestershire Acute Hospitals Trust. As you will appreciate Healthwatch Worcestershire only came into existence on the 1 April this year and we have therefore found that our ability to comment on the Quality Account from an informed position somewhat limited.

We have nevertheless considered the draft in the light of the guidance which was issued to Local Involvement Networks by the Department of Health and Healthwatch Worcestershire has prepared the following statement:

'Healthwatch Worcestershire, which came into being on 1 April 2013 welcomes the opportunity to consider the 2012/13 Quality Account that has been prepared by the Worcestershire Acute Hospitals Trust. We have considered the Quality Account in the light of the Department of Health's Guidance and have prepared the following comments:

Do the priorities of the provider reflect the priorities of the local population?

In that the national targets are prescriptive, the priorities of the Trust reflect those areas which are underperforming or not delivering consistent results e.g. infection control, accident and emergency treatment, mortality rates, falls and stroke treatment, and which obviously must continue to be very important to the local population in terms of access and confidence.

The local Clinical Commissioning Groups (previously NHS Worcestershire) have the flexibility to reflect their population's priorities, and those of the Worcestershire Health & Well Being Board, in the Trust's contract and the Commissioning for Quality and Innovation Payment framework (CQUIN).

Are there any important issues missed in the Quality Account?

- It would be useful to see the headline results produced for each of the hospital sites in order to focus where additional effort is most necessary.
- Demonstrating where investigating serious incidents and learning from complaints has led to improved practice.
- Time to respond to complaints.
- Some benchmarking against/good practice learning from other trusts.

Has the provider demonstrated they have involved patients and the public in the production of the Quality Account?

The Trust's Public & Patients' Forum undertakes site visits; Worcestershire LINKs (Healthwatch Worcestershire from 1.4.13) was represented on the Trust's Quality & Safety Committee, and Worcestershire Health Overview and Scrutiny Committee receive regular reports, which should all feed into the Trust's planning.

Involvement in clinical audits and research and subsequent learning is welcomed. It is also encouraging that the Trust was a pilot site for the Family & Friends initiative, and that more effort is to be made encouraging staff to participate in surveys and contribute to process and practice improvements, including patient exit questionnaires.

Is the Quality Account clearly presented for patients and the public?

No document of 85 pages could be called user friendly! However, it is extremely comprehensive and informative. Although there is a full glossary, a suggestion would be to spell out first usage followed by the acronym to avoid having to refer frequently to the glossary, and maybe explain the calculation and significance of some of the measures, e.g. Standardised Hospital Mortality Indicator (SHMI)/ Hospital Standardised Mortality Ratio (HSMR).

We look forward to working with the Trust in the preparation of its Quality Account for the coming year, and for which we will be able to comment from a more informed position.'

I would like to take this opportunity of expressing our thanks to Chris Rawlings for his assistance in explaining some of the content of the Quality Account and its history. If you require any clarification on the statement please contact me.

On a separate matter my Chairman, Peter Pinfield, and I are very conscious that we have not had an opportunity to meet with you and your Chairman since Healthwatch Worcestershire came into being. I did introduce myself to Harry at a recent Quality event we attended but Peter has asked that I contact your office to see if it would be possible to arrange a meeting before the next phase of the JSR commences. Can I suggest your office contacts me with some dates when we could meet with you both?

Yours sincerely

Simon Adams

Simon Adams QPM
Chief Operating Officer
Healthwatch Worcestershire

