

## **Healthwatch Worcestershire's response to the Quality Account of the Worcestershire Acute Hospitals NHS Trust for the financial year 2017/18**

Healthwatch Worcestershire [HWW] has a statutory role as the champion for those who use publicly funded health and care services in the county. Healthwatch Worcestershire welcomes the opportunity to comment on the Worcestershire Acute Hospitals NHS Trust Quality Account [QA] for 2017/18. Healthwatch Worcestershire's principal concern is that patients who live or work in Worcestershire receive safe and quality services from the Trust

We have used national Healthwatch England guidance to form the response below to the draft Quality Account 2017-2018 for the Worcestershire Acute Hospitals NHS Trust.

### **1. Do the priorities of the provider reflect the priorities of the local population?**

During 2017/2018 HWW published its Report 'Care in the Corridor' at Worcestershire Royal Hospital. The Report set out 38 recommendations to improve patient experience, including patient privacy, in the Emergency Department [ED] based on surveys of 119 patients and our own observations. We therefore welcome the acknowledgement of the challenges experienced by the Trust's ED and inclusion of the indicator under Priority 2 of Quality Indicator 3 in the QA to improve the Trust's performance for 'patients privacy being maintained when being examined in emergency department' to the national average.

We particularly welcome the measures set out under 'Priority 3 - Care that is a positive experience for our patients and their carers.' The four Quality Indicators identified broadly reflect patients experience as reported to Healthwatch Worcestershire both formally and anecdotally.

We also welcome the commitment made to shared decision making under Quality Indicator 3: Clinical standards for seven-day hospital services.

### **2. Are there any important issues missed?**

Feedback from patients to HWW during the financial year included patient concerns about delays to receiving treatment following referral and cancellation of planned treatment. Healthwatch Worcestershire would welcome the inclusion in the QA of information about the Trusts performance against national 'Referral To Treatment' targets and against national standards for cancer waiting times.

We note that the Care Quality Commission [CQC] published a further Inspection Report of the Trust on 6 June 2018. Whilst that publication date was outside of the reporting period of the 2017/18 QA we are aware that the inspection took

place between January and March 2018 and therefore believe it would be remiss not to comment on the CQC's most recent assessment of the Trust.

Although the CQC continued to rate the Trust as 'Inadequate' overall and the ratings for effective and responsive services remained the same we welcome the CQC's assessment that the leadership of services at the Trust has improved and the examples of outstanding practice that were found. However, the CQC found numerous areas for improvement which are identified as either 'Must Do' or 'Should Do' actions.

The QA describes how actions from previous CQC Reports have been reflected in its Quality Improvement Plans. The Trust will want to demonstrate its plans to reflect any further actions identified by the CQC which are not already included in its quality framework and that, where applicable, existing actions are updated to ensure that the issues identified in the CQC report/s are addressed.

We also note that some of the performance indicators for 2018/2019 appear less challenging than in the previous QA. For example, in relation to hospital acquired pressure ulcers [PU]:

- The published target for Grade 3 PUs in 2017/18 was "Zero Grade 3 and 4 PUs by March 2018" whilst the target for 2018/2019 is "We will reduce the number of avoidable hospital acquired pressure ulcers from our baseline position of: Grade 2; from 84 to <80 (10% reduction); Grade 3 and deep and ungradable; from our baseline position of 17 to <15 (12%); Grade 4; baseline position 0, we will maintain this performance".

And similarly, in relation to the indicator for fractured Neck of Femur [NoF]:

- "All patients with a NoF that are fit for surgery will have an operation within 36 hours by August 2017." In the 2018/19 account the target is set at: "We will evidence an improvement in our time to theatre for patients with a fractured neck of femur improving from a baseline position of 85% of patients going to theatre within 36 hours for 5 out of 12 months to 85% for 8 out of 12 months."

We expect the Trust to provide further explanation to the public about why targets have been revised downwards for the 2018/2019 financial year.

### **3. Has the provider demonstrated that they have involved patients and the public in the production of the Quality Account?**

The covering report to the QA states that: "2017/18 quality account has been subject to review by the Quality Governance Committee, an editorial panel of patient public forum members, Chief Nurse and NHSI Improvement Director."

Section 5 of the QA "How we chose our quality priorities for 2018/2019 states: "During January 2018, we revisited the quality priorities set for 2017/18 in partnership with our staff and patients as we recognise and believe that in order for us to provide the highest possible standards we need to understand what is important to patients, their carers and our staff.

Towards the latter part of 2017/18, we have been working alongside patients, their carers, the community and our staff WAHT and from that have developed a Quality Improvement Strategy 2018-2021.....We held events on each hospital site inviting patients, visitors and staff to tell us what was important to them and how they would define quality.” The QA includes some quotes from these events in the Report. We welcome this initiative.

We note however that the Trust’s Quality Dashboard identifies that response rates to the Friends and Family Test have declined over time and are below the national average.

The Trust, along with other local health providers, have committed to a co-production approach with patients, their carers and the public to service planning and development. We look forward to working with the Trust to explore Outpatients arrangements in 2018/2019, and to seeing the co-production approach further embedded in the work of the Trust.

#### **4. Is the Quality Account clearly presented for patients and the public?**

Healthwatch Worcestershire understands the challenges in clearly presenting the Quality Account for patients and the public given the content required by NHS England. None the less the draft Quality Account at times uses language which may be difficult for patients and the public.

Healthwatch Worcestershire would suggest that the Trust could highlight achievements against 2017/2018 Quality Indicators by using a “Traffic Light” approach and shading the lines in the table’s green/amber/red according to performance.

Healthwatch Worcestershire suggest that the Trust should produce a summary of the Quality Account in an accessible format specifically for patients and the public, and use this as an opportunity to update patients and the public about how it plans to meet the “Must Do” and “Should Do” actions identified in the CQC Report published on June 2018 that are not already covered in the QA.