

## **Healthwatch Worcestershire's response to the Quality Account of the Worcestershire Acute Hospitals NHS Trust for the financial year 2018/19**

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 2018/19. 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 2018-2019 for the Worcestershire Acute Hospitals NHS Trust.

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

We are pleased to see that the Trust has used a triangulation approach to identify the Quality Priorities, and in particular that there has been engagement with patients to inform the priorities.

The three priorities of the Quality Improvement Plan: Care that is Safe, Care that is Clinically Effective and Care that is a Positive Experience are likely to reflect the priorities of the local population.

We particularly welcome the inclusion of Priority 3, Quality Indicator 5 'We will support patients and carers to feel more involved and supported in taking ownership of the decisions about their care to ensure there are positive co-production and involvement approach'. The commitment by the Trust to 'increase diversity on existing patient forum groups' and to 'increase involvement from the public and patient representatives across our Trust in our meetings, on our committees and groups' are approaches Healthwatch Worcestershire supports and we look forward to seeing progress in this area.

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

The triangulation of information using patient consultation, the SQUID and the CQC inspection 'Must Dos' should be an effective method of ensuring that important issues are not missed. The priorities do reflect the concerns of the patients raised in the consultation, issues raised by the Safety and Quality information Dashboard and the CQC 'Must Dos'. However, we do have some concerns as to whether there are challenging, and measurable targets attached to all of the priorities and consequently that future evaluation may prove difficult.

### **Priority 1 - Care that is safe**

**Quality Indicator 2 - We will reduce the number of patients who have a fall with harm whilst under our care.**

The Trusts position for 18/19 was 14, yet the target for 19/20 has increased to no more than 18. At face value it looks as though the target is being relaxed and therefore it is difficult to see how it will drive improvement.

**Quality Indicator 4 - We will achieve excellent infection prevention practices, and our rates of infection will improve in order to improve the safety and experience of our patients.**

Some of the targets for infection case numbers have increased, however an explanation has been provided. Although, it is unclear why the target for Hand Hygiene has decreased from 97% for 18/19 to above 95% for 19/20. Given the infection prevention Quality Indicator we would expect this target to be increased or at least an explanation for the decrease provided.

### **Priority 2: Care that is clinically effective**

Whilst the three quality indicators attached to this priority should drive improvements in clinical effectiveness, they are not necessarily the issues that are raised with us by the public who in general are more concerned with waiting times to access services and the quality of services when they are accessed.

**Quality Indicator 2: We will implement clinical standards for seven-day hospital services.**

Whilst we welcome the inclusion of this indicator there are no clear targets attached to the Quality Indicator, therefore it not clear how progress will be measured and evaluated by the Trust.

### **Priority 3: Care that is a positive experience for patients and their carers**

**Quality Indicator 6 - We will maintain the percentage of inpatients who would recommend our Trust to friends and family to 94% or above and will achieve recommended national response rates for emergency departments, inpatients, outpatient and maternity services.**

HWW consider that it would be useful to have included the national response rates and the current rates achieved by the WHAT mentioned in the QI so that progress can be measured.

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

We welcome the continuation of the patient and public consultation around ‘What does Quality mean to you?’ and the involvement of the Patient Experience Committee in the discussions around the Quality Priorities for 2019/20.

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

There is a challenge to producing a Quality Account with the detailed information required by NHS England and ensuring that they are clearly presented for patients and the public. However, we made suggestions in our response to the 2017/18 Quality Account around the presentation of information including the possibility that the Trust could highlight achievements against previous years Quality Indicators by using a “Traffic Light” approach and shading the lines in the table’s green/amber/red according to performance.

Healthwatch Worcestershire also suggested that the Trust should produce a summary of the Quality Account in an accessible format specifically for patients and the public.