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# INTRODUCTION

Welcome to the Quality Account 2016/17 for Worcestershire Health and Care NHS Trust. We aim to present an open and frank account of the quality of services provided by the Trust over the last year, and to set out our quality improvement priorities going forward into 2017/18.

The Trust's Quality Account complies with the Department of Health requirements, and a rigorous review is undertaken to ensure that the information contained in the account is balanced and accurate. The Quality Account is subject to external audit, and full assurance has been gained for all of the Trust's published Quality Accounts to date.

Worcestershire Health and Care NHS Trust is the main provider of community, specialist primary care and mental health services to the population of Worcestershire and beyond. Our services are integrated with a variety of partners, and we work closely with our commissioners, voluntary organisations and communities to deliver high quality services.

The Trust's services are provided from over 100 sites – a wide range of community settings including community hospital wards, acute mental health wards, recovery units, people's own homes, community clinics and outpatient departments. The Trust also provides in-reach services into acute hospitals, nursing and residential homes and social care settings.

We employ over 4,000 staff in clinical and non clinical roles and record over 26,000 patient contacts every week.

We organise our clinical teams into five Service Delivery Units (SDUs):

- Adult Mental Health and Learning Disability
- Community Care – North
- Community Care – South
- Children, Young People and Families
- Specialist Primary Care (including Dental Services, Sexual Health Services).

Each SDU has a Quality Lead – a role designed specifically to support the clinical teams in ensuring quality is measured and that learning is shared across the organisation.

All of our staff are expected to work within the values that we as a Trust believe are so important. We want people who display integrity, loyalty and the courage to always do what is right, to look after each patient as we would want our own family or friend looked after, and to always put patients first. These are our established trust values that form part and parcel of our work:

- Courageous: Displaying integrity, loyalty and the courage to always do what is right
- Ambitious: Striving to innovate and to improve through effective teamwork
- Responsive: Focusing on the needs and expectations of people using our services
- Empowering: Empowering people to take control of their own health and wellbeing
- Supportive: Enabling our staff to achieve their full potential and take pride in the services that they deliver

## STATEMENT ON DIRECTOR'S RESPONSIBILITIES

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 the annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011)).

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

- the Quality Accounts presents a balanced picture of the Trusts' 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 confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board



Chris Burdon, Chairman

Date: 28<sup>th</sup> June 2017



Sarah Dugan, Chief Executive

Date: 28<sup>th</sup> June 2017

## STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

We were very pleased to achieve a CQC rating of 'Good' on 1st August 2016. The CQC inspected acute wards for adults of working age, community mental health services for children and adolescents, long stay rehabilitation mental health wards for adults of working age, community mental health teams for adults of working age and early intervention services.

This rating reflects the achievements of our caring and committed teams and I would like to thank all of the staff in the Trust, and the staff in our partner organisations, for always striving to provide the highest possible quality of care for people who come into contact with our services.

We aim to deliver outstanding services to patients every day and continue to strive in our achievements towards this goal. The Quality Account will give you some key information about what we are doing to continue to improve quality but if you would like more information you can go to our website here [www.hacw.nhs.uk](http://www.hacw.nhs.uk)

Like all NHS providers, we face the challenge of maintaining and where possible improving quality at the same time as having to make unprecedented financial savings. This really tests the ability of our staff to think and work differently, to be imaginative in solving the problems we face and to really question whether what we are doing is always the best thing for our patients.

During 2016/17 we believe we have risen to the challenge and firmly believe that, by living to our values, we will continue to do so.

We are committed to always providing safe and effective services, but the way some services are delivered may need to change. This is because we have a growing population and rising demands on services, and we have to make sure we can do the best we can with the resources available. Due to the size of the challenge, health and social care bodies in Herefordshire and Worcestershire are working together to help make sure the NHS is safe and sustainable for the future. This thinking is captured in the Sustainability and Transformation Partnership (STP) [www.yourconversationhw.nhs.uk](http://www.yourconversationhw.nhs.uk). This more collaborative style of working will develop further next year.

We need to reduce duplication and make services easier to navigate and access. All of us need to do more to support healthy living, or to self-care and manage aspects of our conditions. This means we need to be able to provide more care at home or closer to home, reducing avoidable hospital admissions. Over 2016/17 Worcestershire Health and Care NHS Trust has been working with our partners to ensure we provide support to the healthcare-wide system during peak demand times.

To this end during 2016/17 major transformation projects have taken place in some of our services, and I know that some of the uncertainty around change has been unsettling for staff. We are talking to staff and holding focus groups to make sure we are providing as much support as we can.

When I am out and about visiting services I am always enormously impressed with the commitment of our staff. Their dedication to doing the best for our patients is what always really shines through.

The following are just some examples of the many quality improvements and achievements of our staff over the last year:

- We introduced a new electronic record keeping system called Carenotes to support clinical staff in managing the health records of patients. This will improve the quality of our clinical record keeping and help staff to provide better joined up care.
- We won the 'Medium Apprentice Employer of the Year' accolade at an awards ceremony organised by Health Education England working across the West Midlands. The Trust provides a range of apprenticeship opportunities for the local community. The scheme provides a crucial springboard for young people to start a career in the NHS or for existing staff to maximise their potential.
- End PJ Paralysis' – this is a national campaign based on the principle that if a patient in hospital is dressed in their own clothes in the day then their mobility, independence and recovery will be improved. This is already the norm in all of our wards.
- Teams have embraced and embedded many of the national campaigns. For example, we held a Nutrition and Hydration week (13th – 19th March) with hydration stations set up in many places in the Trust.
- 'Huddle Boards – these are information boards in all of the community hospitals that show key quality information in one place, for example compliments, complaints and data on pressure ulcers and falls. They give staff and patients a good idea of how the ward is doing with these really important indicators of quality.
- Red to Green – Red to Green is a national initiative and is a simple method to reduce unnecessary waiting for inpatients who are being supported in an inpatient facility. A 'red day' is a day when a patient receives little or no value-added care, such as an investigation, or therapeutic intervention. A 'green day' is when a patient gets a timely intervention. Our adult mental health wards have been embracing this campaign as well as our community hospitals.
- 76% of our staff were vaccinated with the flu jab – a fantastic achievement, particularly for a community based Trust such as ours.
- Launch of wellbeing hub, part of Worcestershire Healthy Minds providing access to community based services and activities supporting people to improve their mental wellbeing.
- The Worcestershire Healthy Minds app has been developed. It provides tips and techniques to help people self-manage more common mental health problems such as stress, anxiety and low mood. Available on both Android and Apple devices, the app enables people to take control of things including sleep problems, phobias, and bereavement. The app has been downloaded over 2,000 times.
- In partnership with the Heart of Worcestershire College we have produced a series of videos about our Older Adult Mental Health inpatient wards. The new series of videos help to provide an insight into the wards and provide information for patients and their families about what to expect when they come into hospital. One video features stories from patients, carers and volunteers about their experiences of the three wards and how positive they found the environment to be.
- A 'Know Your Stuff' website was created which aims to inform people about the support our Sexual Health Services provide. As well as listing the locations and opening times of sexual health clinics and young people's clinics the website also provides information about relationships, sexuality, contraception and testing for infections. The new site also gives visitors the opportunity to send a question to a healthcare professional anonymously.
- We launched a Health Visitor telephone advisory service for parents of children up to the age of 5 to provide additional support and advice over the phone to parents. This will be a really valuable service for parents of babies and young children.
- We opened two new inpatient facilities - Timberdine Community Unit and Wyre Forest Ward, providing more care closer to home for when someone can't safely be supported at home.
- We hosted Worcestershire's 4th annual Learning Disabilities Day in Droitwich around the theme of being 'Safe and Sound'. The day was organised by the Trust and service users alongside Worcestershire County Council to raise awareness of Learning Disabilities and advise people on how they can live

independently and safely.

- In Dental services we are now taking a laptop into the general anaesthetic sessions. This means that the dentists have access to the digital x-ray and electronic notes whereas previously they would have taken in paper notes only, so it's a huge improvement especially having access to the x-rays.

There are so many other examples of the excellent quality of care our staff deliver each and every day. This Quality Account can only provide a snapshot of all that we do, but I do hope you find it a useful summary.

If you have any comments on the content or style of the Quality Account, please do let us know as this helps us to adapt and improve it each year.

"I believe to the best of my knowledge and belief the information in this document is accurate."

A handwritten signature in black ink, appearing to read 'Sarah Dugan', with a stylized, cursive script.

Chief Executive, Sarah Dugan

# SERVICES WORCESTERSHIRE HEALTH AND CARE NHS TRUST DELIVERS

## Wards, Respite and Recovery Units:

### **Evesham Hospital**

Evesham Hospital has 3 wards, outpatient clinics and a nurse-led Minor Injuries Unit. Inpatients are generally admitted for rehabilitation, general medical reasons or for palliative care.

### **Malvern Hospital**

Malvern Hospital has one ward, outpatient clinics and a nurse-led minor injuries unit. Inpatients are generally admitted for rehabilitation, general medical reasons or for palliative care.

### **Pershore Hospital**

Pershore Hospital has one ward and provides both inpatient and outpatient services to the local community. Inpatients are generally admitted for rehabilitation, general medical reasons or for palliative care.

### **Tenbury Hospital**

Tenbury Hospital has one ward and a nurse-led Minor Injuries Unit. The hospital provides both inpatient and outpatient services to the local community. Inpatients are generally admitted for rehabilitation, general medical reasons or for palliative care.

### **Princess of Wales Hospital, Bromsgrove**

The Princess of Wales Hospital in Bromsgrove is one of the Trust's largest sites. The hospital has 3 wards. Inpatients are generally admitted for rehabilitation or general medical reasons. There is also a nurse-led Minor Injuries Unit within the hospital.

The Primrose Unit at the Princess of Wales Hospital provides care specifically for people who have life limiting diseases or who are terminally ill, and offers support to those who care for them.

There is a palliative care team that works in close partnership with the community hospitals and social care services and the overall aim is to make the end of a person's life as comfortable as possible and to relieve symptoms when a cure is not possible. The team also delivers training and tuition in end of life care to staff across the organisation.

### **Wyre Forest Ward, Kidderminster**

This hospital ward transferred to Worcestershire Health and Care NHS Trust on 12th November 2016. GPs admit people onto the ward who can't be safely supported at home but who do not need to go into an acute hospital. The aim is to help people recover and return home as quickly as possible.

### **Timberdine Community Unit, Worcester**

This community unit transferred to Worcestershire Health and Care NHS Trust on 1st April 2016. The unit provides care and rehabilitation to adults and aims to help people recover and return home as quickly as possible.

### **Holt Ward, Worcester**

This is an Adult Acute Mental Health Ward providing inpatient assessment and treatment of people with an acute episode mental illness.

### **Hillcrest, Redditch**

This is an Adult Mental Health Acute Ward providing inpatient assessment and treatment for people with an acute episode mental illness.

### **Hadley Unit, Worcester**

Hadley Unit is a Psychiatric Intensive Care unit offering multi-disciplinary assessment and treatment of individuals whose level of risk make it inappropriate for them to be placed in a general adult ward.

### **Athelon Ward, Worcester**

Athelon Ward provides multi-disciplinary assessment and treatment for older adult patients who are experiencing mental ill health. The ward offers a structured programme of therapeutic activities to promote wellbeing and recovery.

### **New haven on the Princess of Wales Community Hospital site, Bromsgrove**

New haven has two wards – Meadow and Woodland - and provides assessment and treatment for older adult patients experiencing mental ill health or dementia. The wards offer a structured programme of therapeutic activities to promote wellbeing and recovery.

### **Keith Winter Close, Bromsgrove**

Keith Winter Close is a community based inpatient service. It provides care for patients who experience complex mental health difficulties.

### **Cromwell House, Worcester**

Cromwell House is a community based inpatient service. It provides care for patients who experience complex mental health difficulties.

### **Tudor Lodge, Bromsgrove**

Tudor Lodge is a registered care home, providing social care to people who have enduring mental health needs.

### **Osborne Court, Malvern**

Osborne Court offers a children's short break service, children's emergency and assessment service and adult's short break service.

### **Church View, Bromsgrove**

Church View is on the Princess of Wales Community Hospital site, Bromsgrove. Church View is a specialist short breaks service providing short breaks to adults with various degrees of behaviours which challenge and complex health care needs.

### **Ludlow Road, Kidderminster**

Ludlow Road is a short breaks unit for children and young people who have profound multiple physical/ learning disabilities and complex health needs.

## Our Community Services

Community services is a general term that is used to describe a very broad range of healthcare services we provide to people of all ages, ranging from babies to older people, who have either physical or mental health needs – or both. We are by far the largest community service provider in Worcestershire. The majority of our community services are delivered in the patient's own home. We also deliver services out of some GP practices, health centres and child development centres. Different types of health and social care workers are broadening traditional roles and working together more closely so that patients can be offered more joined up care. This way of working is often described as 'integrated'.

Our integration of staff means we can jointly review patients with physical and mental health needs, identifying early on what would be the best care to promote independence and wellbeing. For example, our Enhanced Care Teams are made up of Registered General Nurses, Advanced Nurse Practitioners, Registered Mental Health Nurses, Occupational Therapists, Physiotherapists, and Social Workers for both physical and mental health, Rehabilitation Support Workers, a Consultant Psychiatrist and a Clinical Psychologist. The team can use this wide pool of knowledge and skills to ensure the patient receives care that it is tailored to their needs.

We organise the management of our clinical teams into 5 'Service Delivery Units' (SDUs), whereby particular types of services are grouped together.

## Adult Mental Health and Learning Disability Services

This SDU offers services to people who experience mental health illness, and to people who have a learning disability.

Following collaboration with our local partners and working together with our service users and the wider public to shape a model together for what mental health services should look like in the future, major changes were made during 2016/17 in Adult Mental Health services:

- 'New Opportunities Worcestershire' went live on 1st April 2016. This outreach service coordinates activities for people who need support to re-build their confidence, or to gain new skills to equip them for future work, volunteering or education following a mental health illness. The revised service increases the options for more people to access outreach groups and activities. More information is available here <http://www.hacw.nhs.uk/our-services/new-opportunities-worcestershire/>
- A new model of enhanced primary care mental health services known as Worcestershire Healthy Minds was launched in April 2016. The service supports people, aged 16 and over, who are experiencing problems such as stress, anxiety, low mood and depression. The service aims to help people improve their mental wellbeing through a range of interventions such as short courses, talking therapies, and self-help information. See more about this service here <http://www.hacw.nhs.uk/our-services/healthy-minds/>
- A countywide Single Point of Access (SPA) is now operational for all adult mental health referrals. Its function is to support health care professionals by providing an easy way to refer both urgent and routine referrals for adults with mental health issues and helps to ensure that the patient receives the most appropriate service.
- The makeup of the Mental Health inpatients wards changed. Harvington Ward in Kidderminster was closed, with Hillcrest in Redditch and Holt in Worcester becoming an assessment unit and a longer stay unit respectively.

- Forward Thinking Birmingham was launched on 1st April 2016. Worcestershire Health and Care NHS Trust is one of 5 partners in this ground breaking mental health service in Birmingham for people aged 0 to 25. More information about this service is here <https://forwardthinkingbirmingham.org.uk/>

## **Children, Young People and Families.**

This SDU brings together all the community health services for children and young people across Worcestershire and offers a co-ordinated approach for child healthcare, as well as delivering the universal children's services of health visiting, school nursing and Childrens and Young Peoples Mental Health Services (CAMHS).

The service meets the requirements of the national healthy child programme and includes school health nursing, health visiting and breast feeding services.

## **Community Care North**

This SDU offers services to people across the age ranges and includes enhanced care teams, physiotherapy, podiatry services and specialist services for dementia care for example. This SDU also manages the Princess of Wales Community Hospital, New Haven and Athelon ward.

In November 2016 a new ward opened called 'Wyre Forest Ward' which is based on the Worcestershire Acute Hospitals Trust Kidderminster site. More information can be found here <http://www.hacw.nhs.uk/our-services/wyre-forest-ward-qa/>

## **Community Care South**

This SDU delivers services mirroring those in Community Care North covering, for example, district nursing, occupational therapy and specialist services in stroke care and palliative care. This SDU also manages the community hospitals in Malvern, Evesham, Pershore and Tenbury.

In April 2016 the Timberdine Unit, which was previously run by Worcestershire County Council, joined the Trust. Timberdine Unit is an inpatient facility focusing on supporting patients to return to independent or supported living in their own homes, as well as being able to manage a recovery phase following an episode of acute ill health. More information about Timberdine can be found here <http://www.hacw.nhs.uk/our-services/community-hospitals-welcome/timberdine-community-unit/>

## **Specialist Primary Care**

This SDU delivers services that people can access as a first point of contact (often described as primary care) and includes Sexual Health Services and Dental Services.

## **Sexual Health Services**

During 2016/17 as part of a service redesign a new 'Know Your Stuff' website [www.knowyourstuff.nhs.uk/worcestershire/your-health](http://www.knowyourstuff.nhs.uk/worcestershire/your-health) was launched aiming to help people gain information about the sexual health services that are available. The website includes information and opening times of Worcestershire's seven sexual health clinics and young people's clinics, as well as information about relationships, sexuality

and contraception. The new website also gives visitors the opportunity to send a professional a question anonymously.

Worcestershire Health and Care NHS Trust also delivers the sexual health services in Herefordshire.

### Dental Services

The Community Dental Services (CDS) provides care from 7 locations within Worcestershire. The service provides high quality dental care to those who have had difficulty accessing NHS dental care in the past. In conjunction with Worcestershire Hospitals Acute Trust general anaesthetics dental care is also provided to children and people with special needs. More information is available here <http://www.hacw.nhs.uk/service-directory/specialist-primary-care/community-dental-services/>

## QUALITY ACCOUNT PRIORITIES FOR 2016/17

Each year we consult with our local population, the people who use our services and our staff to identify which key quality priorities we should focus on in the Quality Account. Last year we committed to three priorities which were also three of our Quality Aims.

### Priority 1: To be a dementia friendly/dementia aware organisation

What did we measure?	Result at end of March 2017
Increase of the uptake of the "This is me" booklet (target 100% uptake for identified patients).	Increase of uptake in the "This is me" booklet 100%.

#### Key achievements to date include:

- Dementia Awareness training included in the Trust induction, along with becoming classified as essential training for all staff.
- The Trust has been recognised as an ambassador for John's Campaign.
- Peer Support Groups for carers of people living with dementia.
- Dementia Ambassadors in place across Trust.

### Priority 2: To always ensure our patients and carers have the best possible experience.

What did we measure?	Result at end of March 2017
The number of Friends and Family Test (FFT) responses.	We have more than double the number of FFT responses received in 2016/17 compared with 2015/16.

#### Key achievements to date include:

- Trust wide carer mapping project undertaken.
- John's Campaign implementation.
- FFT champions identified in all community hospitals

### Priority 3: To ensure there is parity of esteem for mental health patients.

What did we measure?	Result at end of March 2017
Number of mental health staff completing physical health training (target 45%)	45.2% (95/210) of staff from the Adult and Older Adult Mental Health Services have completed the Physical Health Training courses. Physical Health training is an on-going training programme

#### Key achievements to date include:

- SHAPE programme in place. SHAPE stands for 'Supporting Health And Promoting Exercise' and is a 12 week programme for young people that aims to help young people maintain or lose weight, stop smoking, start exercising and introduce healthier eating and to support young people to achieve personal health goals.
- Physical Health Lead in post to support the development plans for improving physical healthcare in mental health services.
- Physical Health Champions Forum established to provide broader support with parity of esteem.

## QUALITY ACCOUNT PRIORITIES FOR 2017/18

We invited views from NHS Improvement, the Clinical Commissioning Groups (CCGs), Healthwatch, our public forums, our staff and the wider public for views on our proposal to have the Trust's existing five Quality Aims as our Quality Account priorities for 2017/18. There were several reasons behind this proposal:

- The Quality Aims were originally defined from wide consultation and now have real momentum behind them. We think we will be able to show realistic improvements for patients if we continue to focus on these important issues.
- Each Quality Aim has a clinical lead and is supported by staff and patient representatives who have volunteered to be 'Quality Improvement Champions' or 'QICS'. The QICS are at the forefront of taking positive change forward.
- Each Quality Aim has a project plan with defined milestones to measure the success of the projects.
- The Quality Aims are aligned with our Trust values. This is really important to us in building our culture and for influencing 'hearts and minds'.
- The Quality Aims fit well with the local Sustainability and Transformation Partnership (STP) and give us a great foundation for more joined up working.

The feedback from consultation was broadly in agreement that the Quality Aims should form the Quality Account priorities. Feedback from Healthwatch was broadly supportive of the quality aims but requested that further detail is provided behind the delivery of them in terms of milestones and actions. This detail has been included further on in the quality account.

Reasons cited by those who responded negatively noted that carers or volunteers were not mentioned as part of the priorities, that clinical effectiveness should feature more prominently along with concerns around staff support and retention.

The contributions from those people who engaged in the consultation, although small in number, provided valuable feedback and have helped us to shape the Quality Account.



## COURAGEOUS

### Learn from patient safety incidents at all levels.

We will be courageous and encourage a culture of learning where all staff feel confident and able to raise issues or concerns, and we will act on any incident to ensure we continue providing safe and effective care throughout our services.



#### The measures we will use are:

- Reduction in the level of harm arising from incidents.
- Increased reporting of incidents.
- Increased use of Duty of Candour reported on Ulysses.



## AMBITIOUS

### Be a 'dementia friendly' organisation

We will be ambitious to make sure all our staff have an excellent understanding of dementia. We will aim to develop our already leading dementia services so they provide outstanding care and support at all stages of the condition, for both patients and carers.



#### The measures we will use are:

- The number of people being referred through the early intervention service.
- Increase of the uptake of the "This is me" booklet.



## RESPONSIVE

### Always ensure our patients and carers have the best experience possible

We will be responsive; to know what went well, what we could do better or differently and will ensure all our staff recognise that the 'experience' starts the moment a patient joins our services.



#### The measures we will use are:

- Increase FFT responses to 20%.
- Increase in compliments
- Monitoring of re-opened complaints through quality dashboard.

## EMPOWERING

### Ensure there is a parity of esteem for mental health patients

We will be empowering and ensure that the mental and physical health needs of patients and our wider communities are treated equally. We will also empower people to take control of their own health and wellbeing; seeking help, advice, support and encouragement from our staff when needed.



#### The measure we will use is:

- Meeting the Mental Health Task Force. Action Standards for talking therapies and Early Intervention services.

## SUPPORTIVE

### Be an employer of choice

We will be a supportive employer and want to attract, develop and retain the best staff to care for our patients. We will always be committed to helping staff fulfil their potential as we believe motivated and supported employees deliver the most caring and compassionate care.

Valued

#### The measures we will use are:

- Improved retention measured by turnover.
- Improved progression and development of staff measured by uptake of courses and training development opportunities.
- Improved satisfaction rates on staff survey.

## TRUST RATED AS 'GOOD' BY THE CQC

The CQC is the regulator for health and social care services in England. The CQC carried out inspections across a number of our services in November 2015 and May 2016.

The CQC said, "We found that the trust had reviewed and acted on feedback from the CQC comprehensive inspection of January 2015. This meant that four core services that were rated as requires improvement in January 2015 were now providing good care and treatment to patients and young people."

Good

The table below sets out the ratings for each of the core services in the Trust. The amber squares denote a 'requires improvement' rating, and a green square is a 'good' rating.



**CQC Ratings Table for All Services Inspected (\*denotes service re-inspected in November 2015 and May 2016)**

Core service	Safe	Effective	Caring	Responsive	Well led	Overall rating
* Acute wards for adults 18-65	Orange	Green	Green	Green	Green	Green
*Long stay/ rehabilitation 18-65	Orange	Green	Green	Green	Green	Green
People with Learning Disability/Autism wards	Green	Green	Green	Green	Green	Green
Older People Wards	Green	Green	Green	Green	Green	Green
Community based Mental Health Services for Older People	Orange	Green	Green	Green	Green	Green
*Community mental health 18-65	Green	Green	Green	Green	Green	Green
Crisis services and Health Based Places of Safety	Green	Green	Green	Green	Green	Green
*Community Children and Young Peoples Mental Health Services	Green	Green	Green	Green	Green	Green
Community Health Children and Families	Green	Green	Green	Green	Green	Green
Community Health - inpatient	Green	Green	Green	Green	Green	Green
Community Health Services for Adults	Orange	Green	Green	Green	Green	Green
Community Health – end of life care	Green	Green	Green	Green	Green	Green
Overall by domain	Orange	Green	Green	Green	Green	Green

## What Have We Done to Address the CQC's 'Requires Improvement' Findings in the Safety Domain?

Core Service Report	Action the CQC said the Trust must take	Actions Taken by the Trust	Actions completed by
Long stay/ rehabilitation mental health wards for working age adults (in relation to Keith Winter Close) Date of inspection visit: November 2015 and May 2016	The trust must ensure that there are individual clinical risk assessments in place, a ligature audit and management plan.	Each person who is admitted to the service is individually assessed for their risk of serious self-harm and has a person-centred care plan in place. Ligature audit reports are undertaken with identified risks prioritised and acted upon.	30th June 2016
	The trust must ensure that the unit has an alarm system that can be heard throughout the building to ensure the safety of patients and staff.	The building now has an alarm system that can be heard throughout.	30th June 2016
Acute wards for adults of working age and psychiatric intensive care units Date of inspection visit: November 2015 and May 2016	The provider should continue to mitigate against the risk of patients tying a ligature on Harvington ward, in particular, the suspended ceilings in bedroom areas.	Harvington Ward has been closed, following full consultation, as part of the transformation of adult mental health services during 2016/17.	30th November 2016
Community-based mental health services for older people Date of inspection visit: 19th January to 23rd January 2015	The trust must ensure that there is an accurate record of all medicines.	Regular audits are undertaken to ensure record keeping practices comply with Trust policy. The audits show that there is good compliance with policy.	31st March 2015
	The trust should address the low morale and concerns expressed by some mental health staff at Warndon Clinic, Worcester.	The team's work bases have been revised. The new Patient Administration System (Carenotes) means that all clinical records are more readily available to those staff who need to see them.	30th June 2016

Community health services for adults Date of inspection visit: 19th January to 23rd January 2015	The trust must ensure that medicines stored at the John Anthony clinic is appropriately recorded and monitored.	Regular audits are undertaken to ensure record keeping practices comply with Trust policy. The audits evidence good levels of compliance.	30th June 2015
	The trust must ensure that all equipment is reviewed to ensure it has been regularly and appropriately maintained.	The Trust's Medical Devices Policy sets out clear process for review and maintenance of equipment. We now have an asset database whereby equipment is barcoded to ensure review and maintenance is tracked.	30th June 2015

## ALL EXTERNAL VISITS AND INSPECTIONS DURING 2016/17

The visits, reviews and inspections that take place are both announced (in other words the Trust knows they are due to take place) or unannounced (whereby the inspection team appear on site without any or very little prior notification to the Trust).

When our commissioners, the CCG, undertake an announced inspection of services we accompany the visiting team with staff from similar teams in our own Trust. This helps to support learning between clinical teams so that innovation and best practice is shared. Between 1st April 2016 and 31st March 2017 the following 25 services have been subject to an inspection:

Date	External Organisation	Location/ Service Inspected	Brief Summary of Findings
06/04/2016	ICU (Integrated Commissioning Unit)	Ludlow Road - Children's Short Breaks	Of the 49 standards the unit was inspected against, 86% were rated as green (good), 14% as amber (some action needed) and none as red (immediate action needed). Areas for action included improving some elements of the appearance of the building and enabling WiFi availability for patients.
11/04/2016	Care Quality Commission (CQC)	Hadley Unit (Psychiatric Intensive Care)	Patients gave positive feedback about the staff and their experiences on the ward and said that they felt safe. Areas for action included ensuring the completeness of documentation to evidence compliance with the administration of the Mental Health Act.
11/05/2016	CQC	Bromsgrove Community Mental Health Team	This was a repeat inspection under the CQC's Chief Inspectors Inspection programme. A 'Good' rating was achieved. The CQC noted among the many positive findings that they saw good use of the lone working procedures. There were no specific actions identified for the Trust to take.

Date	External Organisation	Location/ Service Inspected	Brief Summary of Findings
13/05/2016	CQC	Malvern Community Mental Health Team	This was a repeat inspection under the CQC's Chief Inspectors Inspection programme. A 'Good' rating was achieved. The CQC noted that caseloads were manageable and that care records can be accessed out of hours. There were no specific actions identified for the Trust to take.
13/05/2016	CQC	Children's and Adolescent Mental Health Services (CAMHS) – South Worcestershire	This was a repeat inspection under the CQC's Chief Inspectors Inspection programme. A 'Good' rating was achieved. The CQC noted that a single point of access to CAMHS was embedded across the county, meaning that young people in crisis are responded to appropriately. There were no specific actions identified for the Trust to take.
13/05/2016	CQC	CAMHS – North Worcestershire	This was a repeat inspection under the CQC's Chief Inspectors Inspection programme. A 'Good' rating was achieved. The CQC noted there was evidence of learning from incidents through supervision, team meetings and trust bulletins. There were no specific actions identified for the Trust to take.
13/05/2016	CQC	Holt Ward (Adult Mental Health Ward)	This was a repeat inspection under the CQC's Chief Inspectors Inspection programme. A 'Good' rating was achieved. The CQC noted that staff interacted with patients in a caring and compassionate way. The 'Safety' domain was rated as 'requires improvement' due to potential ligature risks at Harvington Ward. Harvington Ward is now closed.
01/06/2016	CQC	Harvington Ward (Adult Mental Health Ward)	There were many positive findings in this report; the completion of physical health care checks on admission; access to dietician, tissue viability and diabetic nurses where required. Areas for action included ensuring patient consent for treatment is recorded in the patient's clinical notes.
06/06/2016	CQC	Holt Ward (Adult Mental Health Ward)	Patients spoke very highly of ward staff and described them as "caring, polite and fantastic". Patients said that they felt safe, had enough activities to participate in and there was sufficient space for meeting their visitors in private. Areas for action included improving the availability of information to patients on how to make a complaint to the CQC.

Date	External Organisation	Location/ Service Inspected	Brief Summary of Findings
08/06/2016	CQC	Hillcrest (Adult Mental Health Ward)	The CQC noted patients and carers were given a welcome pack on admission, community meetings are held weekly and minutes of these are displayed. Areas for action included ensuring the completeness of documentation to evidence compliance of the administration of the Mental Health Act.
15/06/2016	CQC	Cromwell House (Adult Mental Health Recovery Unit)	Patients were complimentary about staff and felt they were treated with respect and dignity. Care plans reflected identified risks and were regularly reviewed. In all care records, patients had received physical health care checks in the last 12 months. An area for action was to improve the availability of information to patients on how to make a complaint to the CQC.
17/07/2016	CQC	Athelon Ward (Older Adult Mental Health Ward)	There were many positive statements in the report. Patients were aware of their rights, legal status and could move freely around the ward and garden. Patients were able to tell inspectors about their discharge plans. Areas for action included ensuring patients are supported to engage in the compilation of their personal care plans.
08/09/2016	NHS Screening Programme Quality Assurance Team	New Born Hearing Screening Service	This was an inter-organisational review of the Antenatal New Born Hearing Screening service. The visiting team identified several areas of good practice across the service providers. There were a number of joint recommendations for Worcester Acute Hospital NHS Trust and Worcestershire Health and Care NHS Trust. Specific recommendations for Worcestershire Health and Care NHS Trust pertained to developing a strategic plan to ensure the coordinated delivery of the new born hearing screening service.
13/10/2016	CCG	Timberdine Unit	Good assurance of the quality of care was noted with patients telling the visiting team about the high quality of care they were receiving, in particular the staff support and quality and choice of food. They felt involved in their care and were involved with their families in meetings to discuss their stay and discharge plans. Recommendations included a review of how information is shared across NHS and social care IT systems.

Date	External Organisation	Location/ Service Inspected	Brief Summary of Findings
18/10/2016	CCG (South Birmingham)	Forward Thinking Birmingham	The visit was very positive in terms of safeguarding assurance and identified many areas of good practice across the areas reviewed, citing that 'the clinical staff spoken to were very articulate in safeguarding processes and outstanding in their awareness and rationale for escalation'. Actions included considering whether the delivery and availability of specific child sexual exploitation training should be reviewed, especially in "high risk" areas such as Crisis and Home Treatment Teams.
09/11/2016	CQC	Keith Winter Close (Adult Mental Health Inpatient Recovery Unit)	There were many positives in the report with the CQC noting that staff and patients valued the support workers with lived experience of mental health services. One patient found their presence inspirational; others felt that their presence improved the running of the ward. Actions to be taken included the need to ensure discharge care plans reflect the criteria of discharge and home leave.
24/11/2016	CCG	Patient Relations Team (Corporate Team for complaints, PALs and compliments)	The report was extremely positive with the CCG noting the high quality of complaints responses, and the caring and empathetic approach of the team. There were no areas for action identified.
22/11/2016	CCG	Out Patient Departments, Evesham Community Hospital	There were numerous areas of good practice noted by the inspectors. Areas for action included improving signage to the department.
14/12/2016	CCG	Adult Mental Health Single Point of Access	A very positive visit. It was found that referrals are safely navigated toward the most appropriate service and there was a commitment to continuous improvement under the manager's leadership. Actions to be taken included to ensure onward referrals are made directly and a copy of the referral sent to the person's GP.
21/12/2016	CCG	Wyre Forest Ward	The CCG provided a very positive report, noting that patients were experiencing compassionate care. Patients felt informed of plans for their on-going treatment and discharge. The CCG noted that new ward environment had been thoughtfully planned. Recommendations included a suggestion for a standardised template to be used for the documentation of the initial medical review and treatment plan.

Date	External Organisation	Location/ Service Inspected	Brief Summary of Findings
16/01/2017	CQC	Hill Crest (Adult Mental Health)	There many positive statements in the report, with the CQC noting that staff were visibly caring towards patients and carers. This was demonstrated in care plans, care records and in the interactions between staff and patients. Actions to be taken included ensuring temperatures within clinic rooms are monitored and recorded.
27/01/2017	CQC	Hill Crest (Adult Mental Health)	This was a very positive report. Amongst the many affirmative findings the CQC noted that patient's care plans were up to date, personalised and holistic. The effectiveness of treatment and care was clearly monitored using audit processes and outcome tools, and in multidisciplinary meetings. There were no specific actions to take identified in the report.
02/02/2017	CCG	Epilepsy and Electroencephalography (EEG) Team	A positive report. Patients receive individualised epilepsy management and care plans taking into account triggers and life style choices. Medication is discussed in detail along with the triggers that can cause a seizure. There were no specific actions to take identified in the report.
07/02/2017	CCG	Athelon Ward	Positive findings with staff reporting that Athelon is a good place to work. All staff spoken to enjoyed their role. There is a good skill mix and the management team is supportive. Recommendations include combining falls care plans into one plan.
21/02/2017	CCG	Stroke Team	A very positive report noting the team have an open culture for learning from incidents/complaints. Practice is evidence-based with outcome measures in use. Recommendations included ensuring the information packs remain well-stocked as these are so helpful for patients and carers.

Action plans are drawn up by the services themselves after each visit and are monitored until completion. All of the external visits reports are reviewed to see if there are any themes emerging across services, as this might indicate a system-wide issue. Some key themes that have emerged from the 2016/17 external visits are:

- Staff across all of our services are consistently praised for being caring and compassionate, with many examples cited in the reports of how staff have 'gone the extra mile' to ensure patients experience very high quality care. We always make sure staff know about this feedback and it is widely promoted through Trust communications across our organisation.
- Clinical recording keeping has been raised in a few reports with a reminder that care plans should be completed, wherever possible, with the full involvement and engagement of the patient. We also need to get better at recording some elements of the Mental Health Act implementation in the patient's notes. During 2016/17 we introduced a new electronic patient record keeping system which will help staff to complete more comprehensive records with the involvement of patients and carers. Staff are required to complete record keeping training every 3 years. Regular audits of care records are also

undertaken with focused improvement actions.

- Many reports note that staff have a good awareness of how to report incidents and can explain how learning is shared.
- The availability of information for patients is raised a few times, particularly in relation to how to contact the CQC. We have supplied teams with copies of CQC posters, and when our senior team are out and about they check notice boards to make sure the correct posters are displayed.
- A couple of reports have picked up about signage in our buildings, which is also an issue that has been raised by patients and carers through our Family and Friends Test responses. Changes have been made to make our signage clearer and more visible.

## Reviews by Healthwatch

Healthwatch England is the national consumer champion in health and care. Healthwatch has significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. You can find out more about Healthwatch here <http://www.healthwatch.co.uk/about-us>

In March 2017 Healthwatch Worcestershire published an Engagement and Survey Report from Children and Young People regarding Health and Emotional Wellbeing Information, Advice and Support. This was identified through engagement with young people and parents as a business priority following feedback received through previous engagement and surveys; including Healthwatch's Child and Adolescent Mental Health Service Survey Report (February 2016) and our Parents and Carers of Children Under 5 Survey Report (March 2016). The recommendations will be considered by commissioners, Worcestershire Health and Care NHS Trust and schools and colleges as part of Worcestershire's Transformation Plan for Children and Young People's Mental Health and Emotional Wellbeing and the development of 0-19 Services.

Some of the recommendations specifically focus on School Health Services, which our Trust provides. Healthwatch recommended that the hours that Chat Health is available are extended. The rationale for this is that young people have found opportunities to visit School Health Nurses are limited and may prefer the anonymity and confidentiality of this service.

It was also recommended that schools and colleges actively promote Chat Health, so all children and young people are aware of it – including methods suggested by young people such as information cards and posters where they will be seen. We also need to consider how to increase awareness of School Health Nurses amongst children and young people – including the use of social media and opportunities to meet School Nurses in assemblies and registration.

These recommendations will be taken forward in the development of our services in 2017/18. Healthwatch also undertook a survey of 128 children and young people about what matters to them, when they are ill or need support. Feedback shows the importance young people and children place on the way they are spoken to and cared for by medical professionals. It was also found that many reported poor experiences of misdiagnosis and wrong treatment, so it may be that they do not always have a full understanding or received an explanation of their issue or treatment.

Children and young people also reported that they do not like waiting so extra activities or things to do while they wait would be well received. These findings help us to plan for our services and we would like to thank Healthwatch for their concern for the people who use our services, and their partnership working to help us to improve things for people.

## Patient Safety Walkabouts

Directors' Patient Safety Walkabouts ensure the Trust's Executive and Non-executive Directors hear and see the experiences of patients, clinical staff and operational staff. It's one of the ways we make sure there is a strong 'Board to Ward to Board' culture. The following teams were visited during 2016/17:

- Admiral Nursing Services
- Child and Adolescence Mental Health Team – South Worcestershire
- Children's Occupational Therapy - Wyre Forest
- Community Learning Disability Team – South Worcestershire
- Community Older Adult Mental Health Team – Wyre Forest
- Health Visiting Service - Wyre Forest
- Hill Crest Ward
- Holt Ward
- Izod Ward – Evesham Community Hospital
- Keith Winter House – Mental Health Recovery Unit
- Ludlow Road Children's Respite Unit
- Malvern Community Hospital Ward
- Meadow Ward – New Haven
- Mental Health Liaison Team
- Primary Care Mental Health Team
- Rehabilitation and Assessment Team - Bromsgrove
- Safeguarding Team
- Timberdine Unit
- William Astley Ward – Evesham Community Hospital
- Woodland Ward – New Haven

Some of the learning and outcomes of the walkabouts in 2016/17:

- Generally, it was found that there is good signage to services and information to patients and visitors but team leaders were asked to nominate 'notice board champions' to ensure notice boards, leaflet racks and posters are neatly presented and that the information displayed is accurate and current.
- Staff working in services that have been redesigned said that this can be an unsettling experience, but 'there was a long lead up to the changes'. On the whole staff understand the circumstances behind the changes but expressed the new ways of working for some are very different to their original roles. Staff appeared to be very aware of the challenges facing the NHS and how services are being redesigned to ensure the needs of patients can continue to be met, albeit in different ways.
- Staff gave many examples of the things they were most proud of such as the support of their colleagues, positive engagement with patients and their carers and families, and the high quality of care for patients, particularly palliative care patients.
- Our new patient records system, Carenotes, has been generally well received. Staff fed back that Carenotes has much more clinical information on one system so you can see other services and clinicians involved in the patient's care. Staff said this helps in the new integrated ways of working.
- Many staff said they read the Chief Executive's weekly update and the Team Brief. Team leaders stated that they have team meetings and received updates on the completeness of their team's mandatory training and appraisals. When asked, staff said there they felt confident to raise a concern with their manager.

## 2016/17 COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN) TARGETS

Commissioning for Quality and Innovation (CQUIN) national goals. CQUIN stands for commissioning for quality and innovation. The system was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care.

These are quality targets that are agreed with our commissioners in the beginning of the year. Our CQUIN performance for 2016/17 is set out as applicable to each SDU.

CQUIN Scheme 2016/17	Service Delivery Unit Included in CQUIN					CQUIN Met?
	Adult Mental Health and Learning Disability (LD)	Community Care North	Community Care South	Children, Young People and Families	Specialist Primary Care	
Improving Health and Wellbeing of Staff	✓	✓	✓	✓	✓	✓
Improving Physical Health of People with Serious Mental Illness	✓	✓	✓	No CQUIN Target	No CQUIN Target	✓
Mental Health Discharge Planning	✓	No CQUIN Target	No CQUIN Target	No CQUIN Target	No CQUIN Target	✓
Patient Flow		✓	✓	No CQUIN Target	No CQUIN Target	3 out of 4 targets met
LD Health Equalities Framework- outcome measurement tool	✓	No CQUIN Target	No CQUIN Target	No CQUIN Target	No CQUIN Target	✓
Eating disorder care pathway and liaison protocol for children and young people	✓	No CQUIN Target	No CQUIN Target	No CQUIN Target	No CQUIN Target	✓

Some of the quality improvement achievements from the 2016/17 CQUINs:

- 76% of front line clinical staff were vaccinated against seasonal flu – a great achievement for a community based Trust.
- Clearer discharge planning arrangements for mental health patients have been developed, with more information going to GPs to support safe on-going care.
- Patients who have a serious mental illness have undergone comprehensive cardio-metabolic risk assessments and, where appropriate, have been referred on for further physical health tests and treatment.
- The length of time patients stay in the community hospitals has reduced. This means patients are home sooner which leads to better recovery. It also frees up more beds so that patients can be moved out of the acute hospital beds more quickly.
- There has been continued application of the 'outcome measurement tool' for people with learning disabilities. This captures how interventions from specific services have an impact on the health and wellbeing or health inequalities experienced by people with a learning disability.
- A children and young people's eating disorder multi-agency pathway has been developed in partnership with Worcestershire Acute Hospitals Trust. This means children, young people and their families receive more coordinated, focussed care for eating disorders.

## INCIDENT REPORTING AND LEARNING

One of our 5 Quality Aims and Quality Account priorities aligned to our 'Courageous' value is to learn more from patient safety incidents. During 2016/17 we have really tried to improve our shared learning across the organisation. We now have a monthly update for all staff across the Trust which is sent out with the monthly 'Team Brief' and there is a page on the staff intranet dedicated to lessons learned which is updated every month. In addition to this we have developed easy to understand one page monthly quality 'dashboards' or summaries so that services can see their quality performance at a glance.

We will carry on with ensuring shared learning is top of our agenda.

Some examples of learning from incidents in 2016/17:

- Lockable resuscitation trollies have reduced the number of times clinical staff need to check the equipment. However an incident occurred that showed familiarity with the equipment may now be an issue as staff do not need to physically look at the equipment on a daily basis anymore. A pack was therefore introduced onto each resuscitation trolley with photographs of all of the pieces of equipment with the name of the equipment clearly displayed. This will increase familiarity with equipment and will help staff in an emergency who may be unfamiliar with the medical apparatus.
- Falls prevention: There are special high/low beds in our inpatient units that patients who are high risk of falling can use. These beds can be lowered closer to the floor to reduce the impact if a patient is known to be at high risk of falling out of bed. Some falls incidents showed that staff were using bedrails on these beds with the intention of providing extra falls prevention for the patient. However the use of bedrails on these beds has shown to actually increase the risk of the patient falling. Our shared learning in Team Brief promoted the message to staff that if a 'high/low' bed is in place and the bed is lowered to the floor, not to use bedrails as this increases the risk of falling.
- Pressure ulcers: it became clear through incident reporting that staff were not confident in grading pressure ulcers correctly. We introduced a training package for all trained nurses to attend so that

grading is now more widely understood and is consistently applied. This has led to an increase in 'deep and ungradeable' pressure ulcers being reported which has given us a better understanding of which ulcers could have been avoided, and which ones would have happened no matter what we did. For 2017/18 we will be directing our resources towards eliminating those avoidable pressure ulcers. Further information on this is in the pressure ulcer section of the Quality Account.

- Medication errors: Delays or omissions in administering prescribed medication for a patient need to be reported as this helps us to understand if systems or processes need to be changed to make sure patients receive medication on time. In one inpatient setting we changed the medication supplies process to make ordering and delivery of medication more efficient and responsive. This will help to reduce the risk of omitted medications for patients.
- Policies: Going forward we are looking at how we get better at making sure staff know when policies have been updated or changed, as incidents sometimes show that policy was not followed as staff did not know the policy had been changed. We have introduced a 'Policy on a Page' summary to help flag the important points of any policy updates. We think this will help staff in identifying which changes have happened that are important to their area of work.

## Incident Analysis

We undertake detailed analysis of incidents that are reported by staff to help us to determine where to prioritise resources to reduce risk. The table below compares the total number of incidents reported in the Trust over the last 5 years. We try to increase the number of incidents that are reported, as they are such a rich source of learning for us. In 2016/17 we introduced a small pocket card that can be folded up called 'See it, Sort it, Report it' that is handed out to all new staff on their induction.



We really press home the message with all staff, but particularly new staff, about the importance of reporting and how this helps us improve systems to prevent future incidents. We seek to nurture a truthful and open culture in our Trust so that everyone understands learning from incidents is about correcting system failures, and is not about seeking to apportion blame to individuals.

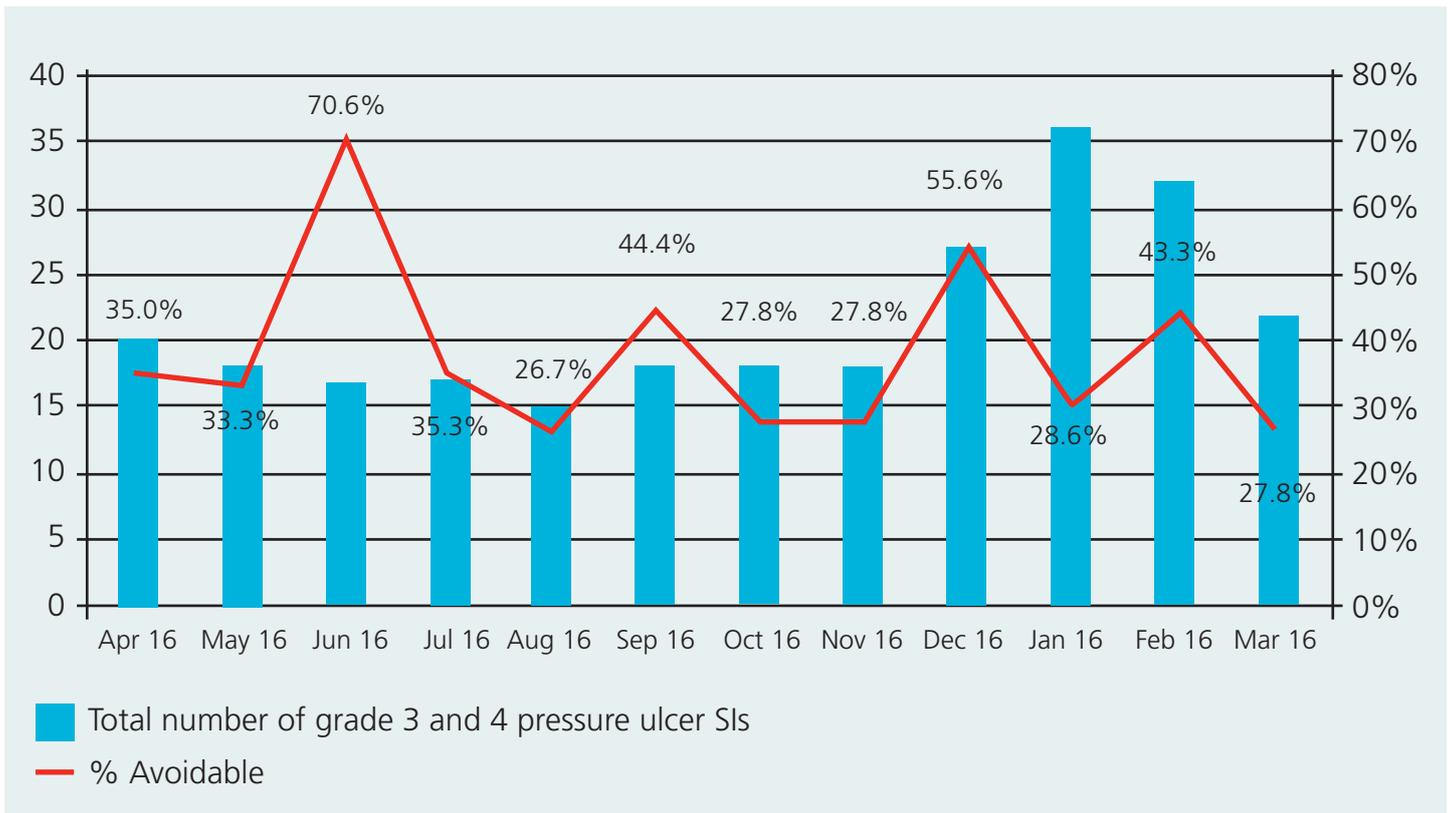
## Pressure Ulcers

Pressure ulcers (used to be called ‘bedsores’) are an area of localised damage to the skin and underlying tissue damage caused by pressure, shear, friction and or a combination of these. A pressure ulcer can be serious, depending upon how much skin and tissue has been damaged. Severe pressure ulcers can destroy the muscle or bone beneath the skin and can take a long time to heal. They can cause great pain, discomfort and anxiety for patients and their carers.

There are a number of things that patients and carers can do to prevent pressure ulcers such as frequent pressure relief, moisturising skin after washing, and observing and reporting skin redness or concerns to a health care professional.

There has been an increase in reported pressure ulcers over the winter period in 2016/17 – other Trusts have experienced a similar trend. The Trust reviews the reports of all pressure ulcers and investigates each one to see what has happened and whether it could have been avoided.

The graph below sets out the number of grade 3 and 4 pressure ulcers and the percentage that were avoidable.



## Actions Taken to Reduce Pressure Ulcers

During 2016/17 we have brought in a targeted focus on patients who have pressure ulcers. This has included the establishment of a Strategic Tissue Viability Group focussing on the reduction of avoidable pressure ulcers and an improvement in the number of unavoidable pressure ulcers.

We have implemented a number of changes over the year:

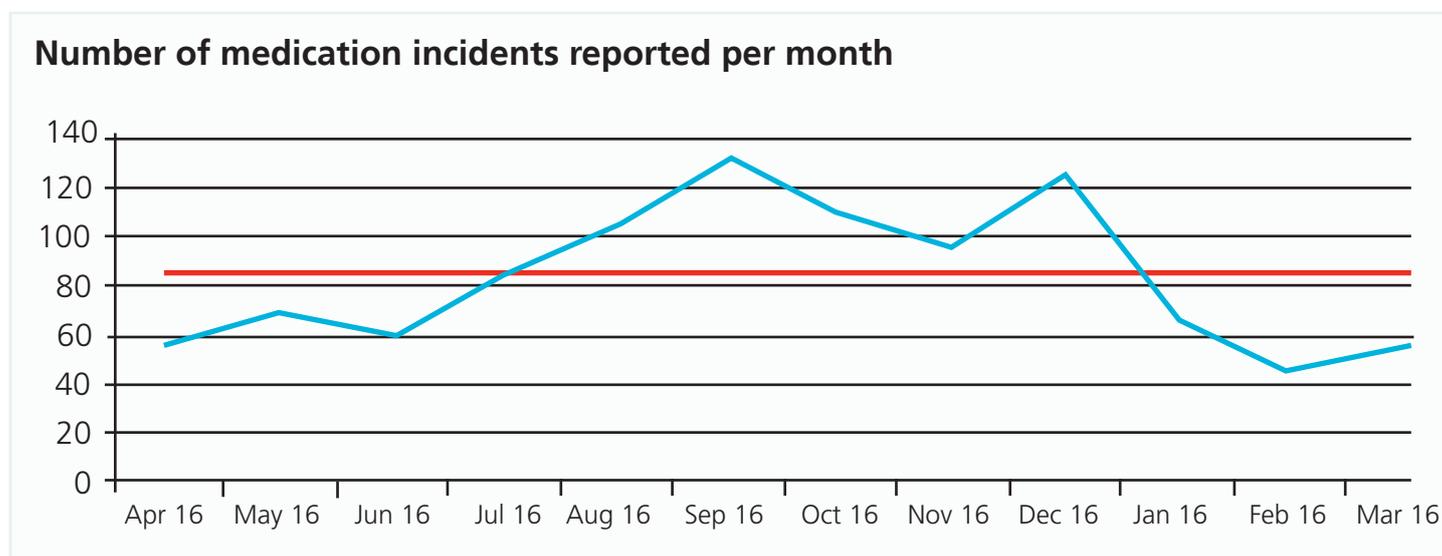
- We reviewed the common causes of our pressure ulcers and have identified a number of themes, for example nursing documentation needs to be improved and there needs to be a building of confidence in correctly grading pressure ulcers.
- We have had a targeted approach with all senior nurses in relation to grading of pressure ulcers that was completed by the end of the year. This has led to an improvement in accurate grading.
- We have introduced education in pressure ulcer prevention for new starters and healthcare assistants in the trust.
- We have introduced on-line training which is easy for staff to access.
- We have been supporting our commissioners and working with residential care home and home care providers regarding pressure ulcer prevention care and working with 'Your Turn' – an awareness raising campaign that aims to prevent pressure damage and to identify skin issues early on.
- Going forward, pressure ulcer investigation reports will be presented to a dedicated Pressure Ulcer Review Group. The meeting will be chaired by the Director of Nursing and Quality with support from specialist nurses. The investigator and the senior person of the team where the pressure ulcer has been identified will both be required to attend so that learning is optimised.

## Medication Incidents

The use of medicines is probably the most common intervention made by clinicians. To put this in context, last year we estimated that there were around 4 million medicines related patient interactions across the Trust. We try to minimise the risks associated with the use of medicines and make sure that the Trust get value for money every time we use a medicine.

When used effectively, medicines make an enormous contribution to patient's health and wellbeing. There are, however, risks associated with medicines usage. Poor medicines management can lead to unwanted patient outcomes such as hospital readmissions or unwarranted pressure on the 'drugs bill'. It is in the interests of both patients and the organisation to have 'Right patient, right medicine, right time, every time'.

Medication incidents occur where there has been an error in the process of prescribing, preparing, dispensing, administering, monitoring or providing advice on medicines.

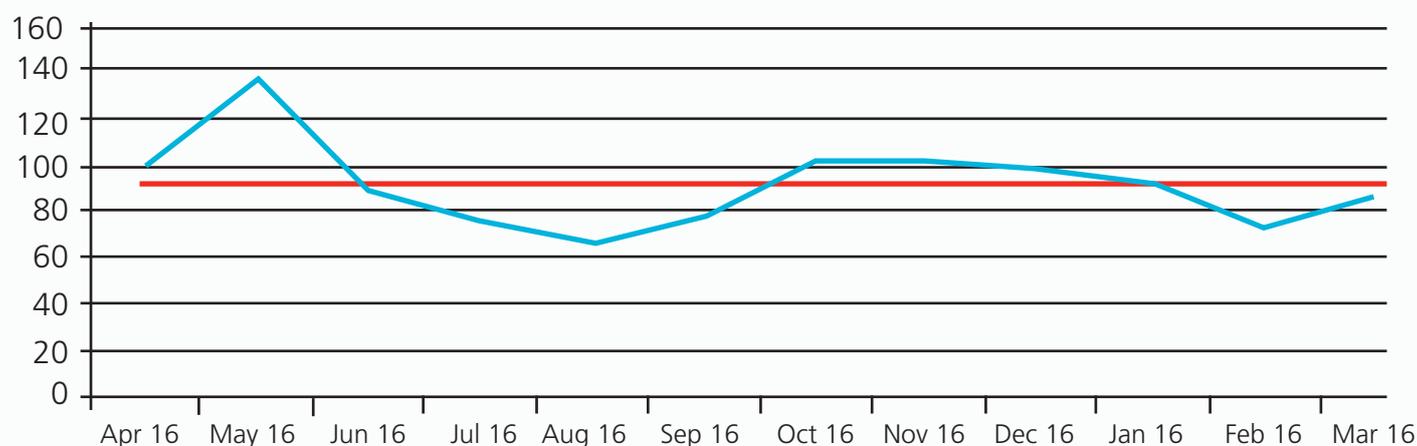


The highest proportion of medication incidents relate to documentation and are mainly due to incomplete drug charts. Data such as patient demographics, allergy status and date of birth, for example, that have not been completed by the prescriber would constitute a medication error. The higher number of reported incidents from August 2016 to December 2016 relates to a targeted piece of work our Medicines Management team have been working on reducing wrong or omitted doses, particularly in the inpatient units. The clinical pharmacists have been auditing medication charts and where a medication has been missed, this is then reported as an incident. This helps us to understand the reasons behind missed doses so that we can support staff in ensuring these are kept to an absolute minimum.

## Falls Prevention

Falls and fall related injuries are a common serious problem in older people. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once per year. People in hospital have a greater risk of falling than people in the community. This is in part because of their health conditions and being in unfamiliar surroundings. The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and can lead to death, as well as affecting relatives and carers.

### Number of slips, trips and falls reported per month



98% of falls reported in the Trust result in no harm to the patient. This year the majority of falls that have occurred within the inpatient areas have happened on the specialist dementia unit and stroke rehabilitation wards.

Key achievements and lessons learnt in relation to falls:

- We have reviewed learning from serious incidents and identified themes; these include the completion of nursing and medical documentation, the importance of undertaking and recording physical observations, particularly a decrease in blood pressure when patients stand up (leading to dizziness), and the need to consider appropriate footwear, vision and hearing aids for patients.
- All staff on the dementia unit and stroke rehabilitation wards have completed falls awareness training.
- 'Safety huddles' and 'post falls huddles' have been introduced. These enable staff to identify patients who are high risk of falls and to reflect and learn from incidents.

- The Trust holds a quarterly Falls Forum to share learning and good practice. There are Falls Champions across all areas who are responsible for disseminating education and information about falls prevention to staff and patients in their individual clinical areas.

## Restraint - Positive and Proactive Care: reducing the need for restrictive interventions

In April 2014 the Department of Health introduced guidance in relation to reducing the need for restrictive interventions (sometimes called restraint) in response to concern about the inappropriate use of such measures across health and care settings.

Restraint is rarely used but can occur in an emergency situation when a patient is behaving in a way that is a risk to themselves or others and where immediate harm needs to be prevented. Restriction is only used when it is in the patient's best interest and then the least possible form of restriction is employed. The principles in the national guidance mirror those in the Trust, in that restrictive interventions are only ever used as a last resort and only then for the shortest possible time.

Our Director of Nursing and Quality is the Board level lead for reducing restrictive interventions in our organisation and provides regular reports to Trust Board on both the instances of restrictive practices that have been employed, and the measures we are using to reduce such events.

Some examples of the work we have undertaken:

- We have reviewed our organisations 'Management of Actual or Potential Aggression' (MAPA) policy and Rapid Tranquilisation Policy to incorporate and reflect the principles set out within the national guidance.
- We now have a process and framework for identifying, managing and reducing the factors which contribute to incidents of challenging and aggressive behaviours – the 'Behaviours Which Challenge' Care Plan and the Safewards model of support.
- The 'Behaviours Which Challenge' Care Plan has been implemented on all Mental Health inpatient units, to enable staff to support patients safely and effectively, with a focus on individual needs and the use of proactive, preventive strategies.
- There has been a change of culture over the last few years whereby staff interactions with patients are more positive and focus on a proactive approach. This helps to reduce the likelihood of challenging and aggressive behaviours.

The outcome of the above actions:-

- The overall number of restrictive physical interventions has reduced;
- There has been a substantial reduction in the use of the more restrictive forms of intervention, i.e. supine and prone situations;
- There has been an increase in the use of lower level interventions, i.e. standing and seated situations;
- The figures suggest that staff are intervening sooner and more successfully to de-escalate many situations, so the levels of risk are reduced, as well as the degree of restriction required.
- Staff understand the Positive and Proactive Care guidance and the implications for practice (MAPA Training).

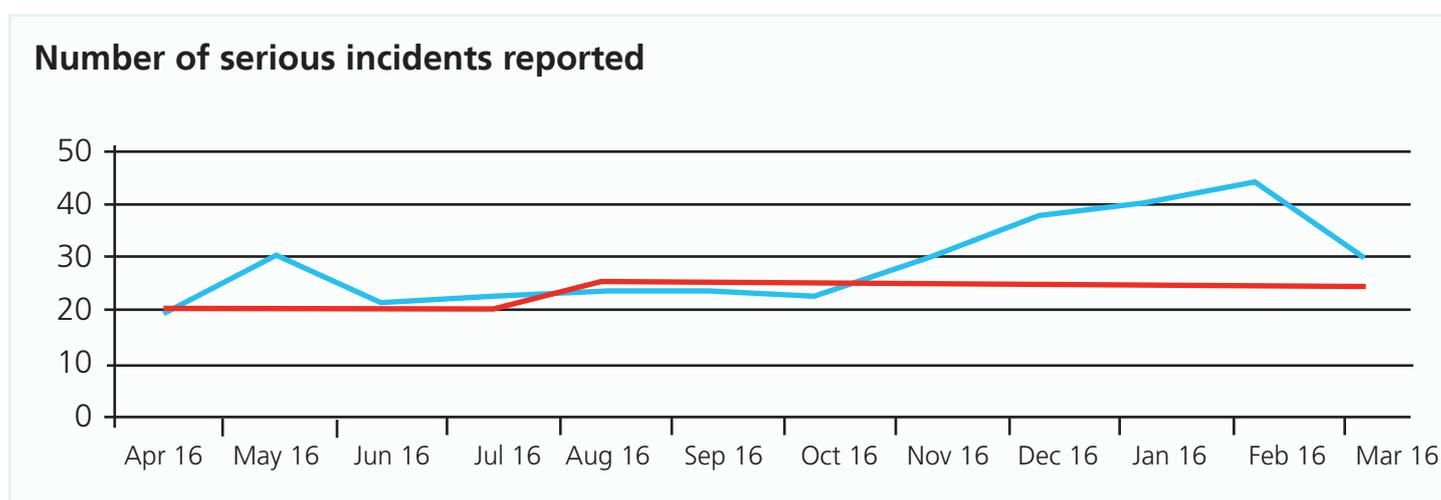
Whilst we can say that much work has been undertaken in the Trust to respond to the national guidance, we know that we need to carry on with the important messages to staff and patients so that restrictive interventions are only ever used when there is no other alternative.

## Serious Incidents

Serious incidents (SIs) are events where the consequences to patients, families and carers or staff are so significant that they warrant particular attention to ensure these incidents are investigated thoroughly and, most importantly, result in actions to try and prevent them from happening again. All Root Cause Analysis reports are presented to the Trust's SI Forum, which is chaired by the Director of Nursing and Quality. They are then sent to our commissioners who, when satisfied with the quality and outcomes of the investigation, will close the incident.

SIs are subject to more rigorous scrutiny in terms of reporting, investigation and learning than other incidents. The CQC, NHS England and NHS Improvement and commissioners all check to see the types and number of SIs that Trusts are reporting.

The Quality and Safety Team in Worcestershire Health and Care NHS Trust ensures commissioners are kept fully informed of the progress of all Serious Incident investigations.



The Duty of Candour, which is an intrinsic element of all SI investigations, is applied throughout the SI process so that patients and carers are kept abreast of developments and findings.

The majority of SIs reported in the Trust are Grade 3 and 4 pressure ulcers. 78% of the Serious Incidents reported between December 2016 and February 2017 related to pressure ulcers. Going forward into 2017/18, it has been agreed with our commissioners that we will no longer report unavoidable pressure ulcers as Serious Incidents. This is in line with national policy. In the national Serious Incident Framework, it states that if there are "no acts or omissions in care which caused or contributed towards the outcome, the incident can be downgraded". Once this has been implemented and embedded into practice, the number of serious incidents reported will significantly reduce.

Other Serious Incidents that have been reported this year are falls where the patient has suffered a fracture, serious self-inflicted injuries and unexpected deaths. More detail around these are contained in other sections of this Quality Account.

## Duty of Candour

The Duty of Candour aims to ensure that the NHS is open and transparent with people, specifically

when things go wrong, and that we provide people with reasonable support, factual information and an apology.

Worcestershire Health and Care NHS Trust is committed to ensuring patients and carers are treated as partners in care. The days of a paternal approach and “patients won’t understand” are long gone and have been replaced with an open and clear intent for patients to be at the centre of decision making where mutual trust and respect is the norm. This means that if something does go wrong, the situation is explained to the patient as soon as possible, and the patient is shown compassionate support to understand what happened and why.

It is important our staff also feel fully supported in being able to say sorry and help patients when something has gone wrong. We know staff can feel vulnerable and may unnecessarily feel fearful of admitting liability, so we have promoted the principles and practicalities of the Duty of Candour in a number of ways:

- We provide face-to-face training sessions to clinical teams, using real examples of incidents that have happened in the Trust. The feedback from these sessions is extremely positive and helps staff to understand that saying sorry is always the right thing to do.
- We have launched on-line training that is easily available to all staff so that there is no need to wait for trainer availability.
- Our Company Secretary, Head of Quality Governance and Trust Medication Safety Officer all have expertise and experience with the Duty and are available to all staff for advice and support.
- We have incorporated the Duty of Candour into our existing Root Cause Analysis training.
- We ensure the Duty is considered when reviewing the closure of incidents in the Serious Incident Forum.
- Going forward into 2017/18 we are looking at how staff can record the Duty of Candour conversations and actions more easily on Carenotes. We know that staff are having these conversations and that appropriate actions are being taken (as evidenced in the findings from our external visits and inspections), but staff have told us that we need to make it easier for them to make notes on this in the patient’s clinical record.

## Mortality

The Trust implemented a Mortality Review Policy which was updated following the publication of the Independent Mazar Review of Deaths of People with a Learning Disability or Mental Health Problem in contact with Southern Health NHS Foundation Trust. It was agreed the focus of 2016 / 2017 would be upon reviewing inpatient mortality. On 13th December 2016, the CQC published its report into how NHS trusts review and investigate deaths of patients. The report provided a helpful insight into the need for greater candour, transparency and learning from deaths across the NHS. We have been using the findings in the report to help shape our approach to mortality reviews.

Mortality reviews assess whether a death could have been avoided, but also look into the quality of care at or near the time of death. We use two tiers of mortality review; the first tier is a review of the quality of care a patient received leading up to their death and the second tier is serious incident investigation into an unexpected death. A serious incident investigation is a more in depth examination of a person’s death. If the outcome of the investigation identifies omissions in care or process, learning is shared to improve care and organisational processes. We also ensure under our Duty of Candour that we

sensitively engage patients' families so they are as involved in the review process as much as they want to be, and are informed of the outcome.

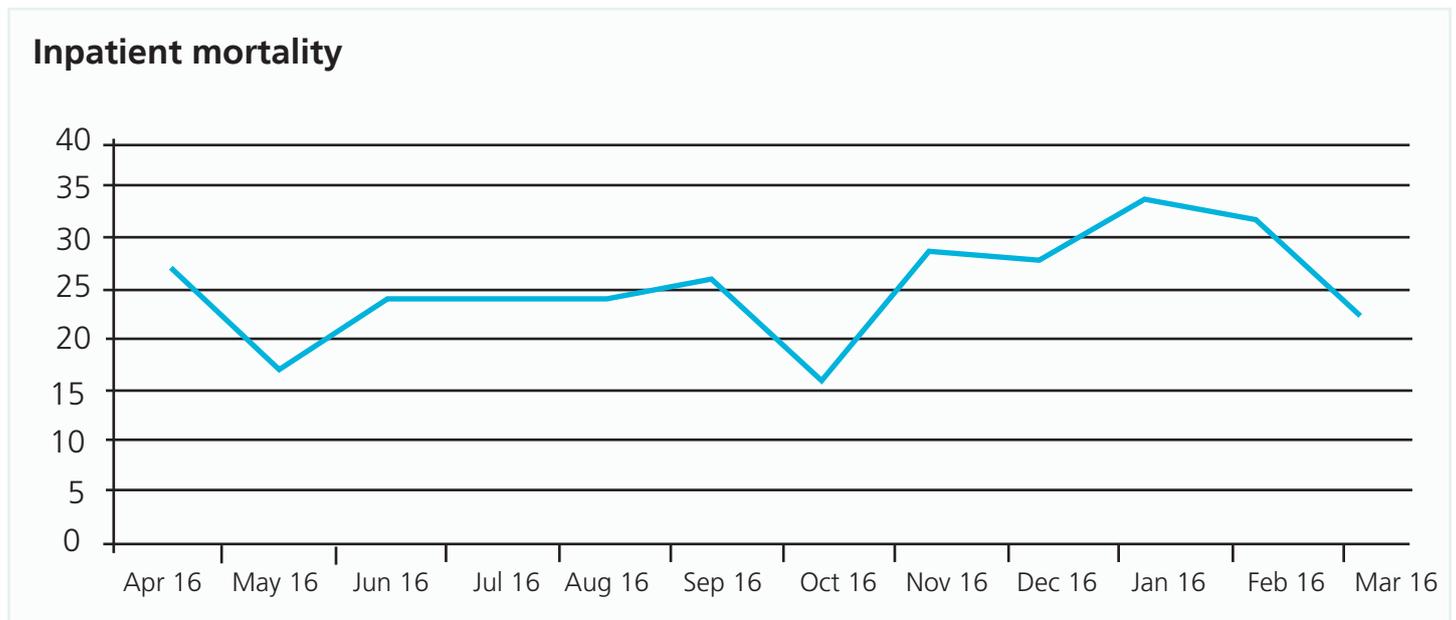
NHS Improvement and the CQC will be publishing additional requirements in 2017 to NHS trusts to support the mortality review processes. The principal elements of these requirements will be a quarterly publication of inpatient deaths, engaging and supporting families and training to support good investigations of deaths, with a focus on these leading to improvements in care.

There are a number of national methods for calculating standardised mortality ratios. The two most commonly recognised national mortality indicators are the Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital Mortality Indicator (SHMI).

Although both of these indicators have significant value for measuring mortality rates in acute hospital settings, it is problematic to apply these methodologies to community trusts, as acute trusts typically have a high volume of short stay patients, with low risk of mortality in contrast to the nature of patients and clinical services to that of community trusts.

Worcestershire Health and Care NHS Trust records between approximately 270 and 350 community hospital deaths and approximately 5,000 community patients deaths per annum where community patients have had some contact with the Trust's community services. Community contacts range from seeing one Health Care Professional once every few months to weekly or even daily contact with a range of Health Care Professionals. Community patients will also be receiving services from their GP and may be receiving care from other NHS and non NHS providers in Worcestershire or in the region.

The table below shows the number of deaths in our inpatient units during 2016/17.



During 2016/17 the Trust's Mortality Review Group has been focussing on reviewing deaths that have occurred in inpatient settings and gradually increasing the mortality reviews for patients in the community.

There have been no avoidable deaths detected from the mortality reviews undertaken during 2016/17

and no patients were subject to the Mental Health Act or Deprivation of Liberty Safeguarding at the time of their death within an inpatient setting.

The table below records the incidence of community mortality of patients with an open referral to the Trust at the time of their death, recorded on the Electronic Patient Record Carenotes. Community patients are those people living at home, nursing or residential care homes where staff from Worcestershire Health and Care NHS Trust have been involved in providing healthcare. Community patients may also have been receiving health and care services from multiple other NHS and non NHS providers. The March 2017 National Quality Board provides guidance for the approach to be taken for reviewing community mortality which the Trust is taking forward into 2017/18.

	Community Mortality
July 2016	279
Aug 2016	260
Sept 2016	306
Oct 2016	316
Nov 2016	383
Dec 2016	409
Jan 2017	461
Feb 2017	384
Mar 2017	412

Going forward into 2017/18 we will continue to focus resources on reviewing deaths, taking any learning forward to improve patient care and safety. We will refine our processes in line with national guidance so that we can report openly and with insight about what our mortality reviews have found.

## FEEDBACK FROM PATIENTS AND PEOPLE WHO USE OUR SERVICES

The best judges of the quality of care are the people who use our services and our staff. We ask patients who are being discharged from our services to complete the patient Family and Friends question to gauge whether staff and patients consider the services we provide are of a high quality. The Friends and Family Test (FFT) enables the Trust to gain regular feedback from patients and carers. The Trust has seen an increase in the number of responses received:

2015/2016 – 4,489 FFT responses

2016/2017 – 10,115 FFT responses.

We are proud of our staff and the wonderful feedback in the surveys. Some of the changes that have been made as a result of Friends and Family Test are:

- The Adult Mental Health service changed letters being sent out to patients to include information on availability of refreshments, parking options and charges and contacts details
- The Minor Injury Units (MIUs) introduced magazines in the waiting areas.
- MIUs are now displaying waiting times so that patients and carers know how long they will be waiting to be seen.
- Posters are displayed detailing parking concessions to ensure that people are aware of them.
- Introduction of a radio in to the waiting room at the Dental Anxiety Management Unit.
- Staggered drop in arrival times have been introduced at the Dental Access Centres to reduce waiting times.
- Introduction of a queuing system at Lowesmoor Dental Access Centre in the reception area to support patient confidentiality.
- Change of visiting hours in Community Hospitals to make visiting easier for relatives, friends and carers.
- The Learning Disability Service has developed a Nurse Duty System to reduce waiting times and have allocated clinic time for questions and answers.
- The Learning Disability Service has introduced Healthy Lifestyle Sessions to support healthy living.

## Friends and Family Test Scores for 2016/17

2016/ 2017	How likely are you to recommend our services to friends and family if they needed similar care or treatment?						Scores			Final Scores		
	Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't Know	TOTAL	Positive	Negative			
Adult Mental Health	777	429	65	16	19	57	1363	1206	88%	100	7%	88%
Community Care North	1871	292	21	6	10	21	2221	2163	97%	37	2%	97%
Community Care South	2661	843	87	20	21	102	3734	3504	94%	128	3%	94%
Children, Young People and Families	458	132	7	5	4	6	612	590	96%	16	3%	96%
Learning Disabilities Services	38	162	5	2	0	5	212	200	94%	7	3%	94%
Specialist Primary Care	1661	251	17	8	19	17	1973	1912	97%	44	2%	97%
<b>TOTAL</b>	<b>7466</b>	<b>2109</b>	<b>202</b>	<b>57</b>	<b>73</b>	<b>208</b>	<b>10115</b>	<b>9575</b>	<b>95%</b>	<b>332</b>	<b>3%</b>	<b>95%</b>

## National Survey- Mental Health Community Services

Worcestershire Health and Care Trust participate in the Mental Health Community Service User Survey provided by Quality Health Ltd. The initial survey results for 2016 were published on 5th July 2016. 288 completed surveys were received and analysed. This has been highlighted by Quality Health Ltd as an excellent response rate compared to other organisations.

Overall the Trust's results were positive. The majority of responses either showed improvements in patient experience when compared to the previous year's responses or scores similar to or above the comparator.

Improvements were noted in:

- the percentage of service users stating that they had been seen often enough. The Trust scored above the national comparator and a notable improvement was seen on the previous year's result.

- the percentage of service users responding to questions 'were you given enough time to discuss your needs and treatment' and 'did the staff understand how your mental health needs affect other areas of your life' with 'yes definitely'. The Trust scored above the national comparator and improvement was seen on the previous year's results.
- the percentage of respondents stating their care was organised very well. This score is above the national comparator and an improvement on the previous year's results.
- the number of service users reporting they have received a formal review of their care; this figure is above the national comparator.

The Trust score below the national comparator for positive responses to the question 'Were you involved as much as you wanted in agreeing your care' (70% Trust, 74% national average). Both Older Adults and Adult Mental Health score similarly on this criterion.

The Trust scored significantly lower than the national comparator for service users knowing who to contact out of office hours in a crisis (53% Trust, 70% comparator). Furthermore the Trust showed no improvement on the value scored in the 2015 survey. As a result we have now have arranged easier ways for patients to access to our crisis team.

### Carers – Our Partners in Care

One of our Quality Aims relates to improving the experience of patients and carers accessing our services. Our Carers Policy highlights the importance of identifying carers and providing additional support, given the important role carers play in the care of a relative or friend, and we are fully signed up to the Worcestershire carers Charter.

We have introduced a number of initiatives to support the needs of carers. For example, John's Campaign was first implemented across our three older adult mental health wards in October 2015 and promotes open visiting times from 10am to 9pm, with the ability to stay overnight if the carer requests it. There is also a carer Link who contacts the carers a week following their relative's admission to complete a carer link assessment. This assessment examines whether the individual has any additional needs and how they can be provided with the best possible experience and support during their relatives stay in hospital.

A carer's room has also been created where people can access information or find support from a range of organisations. Our carer's welcome pack contains lots of the information. The carer Links ran an afternoon tea for carer's week in June 2016 and Carers Rights Day was widely promoted.

During 2016/17 Natalie McNeillie, a Trainee Clinical Psychologist in the Trust and Dr Natasha Lord, Clinical Psychologist, undertook a service evaluation of carer and staff experience of carer initiatives on Woodland, Meadow and Athelon wards. The detailed report showed that while carers felt generally well supported, and that staff recognise the needs of carers, there are some changes we can make to improve our support to carers. For example, carers should be offered a meeting with their relative's named nurse within five days of admission to a ward, and the need to promote the importance of using plain language – avoiding the use of NSH jargon that we all too often find it so easy to fall into.

These recommendations are being taken forward in our plans to always ensure our patients and carers have the best possible experience.

## Complaints and Compliments

We aim to respond as quickly as we can to concerns raised with us, so that we can learn and swiftly make any changes. During 2016/2017 we recorded 1,093,787 patient attendances, contacts and admissions.

Below is a table setting out the number of complaints, Patient Advice and Liaison Service (PALS), Professional Enquiries and compliments received in 2016/17 in comparison to the previous two years. Although compliments still far outweigh the number of complaints, there has been a reduction in the number of recorded compliments this year. The Patient Relations Team has undertaken a piece of work with all of our services and this has identified that not all compliments have been reported to them. As a consequence the team is continuing to promote notification of compliments within the Trust.

	2014/2015	2015/2016	2016/17
Complaints	402	377	317
PALS	708	654	1082
Compliments	4778	4997	3074

We reviewed and updated our policy in January 2016 to ensure we were responding to complaints as reflected in a report published by the Parliamentary and Health Service Ombudsman, "My expectations for raising concerns and complaints." Our Policy also included our aim to respond to complaints within 25 working days, or within an agreed extension to that timescale and our overall response rate has remained high. Seven complaints were referred to the Parliamentary Health Service Ombudsman (PHSO) by complainants in the period April 2016 to March 2017. This compares to five in April 2015 to March 2016. Of the cases reviewed this year, three have been closed with no further action required by the Trust. Four cases remain open with the PHSO at the time of writing this report.

Complaint response performance comparison:

	2014/2015	2015/2016	2016/17
Percentage of complaints acknowledged within 2 working days	99%	99.5%	99.7%
Percentage of complaints responded to within 25 working days.	97.5%	94%	98.1%
Percentage of complaints upheld	35%	36%	39%
Average response time in days, to respond to PALS	2.5	2.5	2.6

All complaints received by the Trust are now published, with all person identifiable data removed, on the Trust's website. The complaints can be found at: <http://www.hacw.nhs.uk/our-services/compliments-and-complaints/complaints-received>

All of our complaints are reviewed to help us identify any themes. This can be a challenge as our services are diverse. All of our upheld complaints have an action plan. Actions from complaints are shared by

the services in their team meetings and more widely through governance meetings. Some examples of actions taken and lessons learnt in 2016/2017 as a result of complaints include:

- We updated a standard template letter within our Audiology Service following feedback from a parent that the wording was unhelpful.
- Within the District Nursing Team a new diary system was put in place for handover of patients as one of our patients had experienced a delay in being seen.

During 2016/2017 we have received many compliments from our patients and their carers. This feedback is shared with staff and we publish these comments on our staff internet pages which have included:

- Just to say thank you for sorting the matter for me, you are a star. Thanks again all for always being there. We do really appreciate it.
- Whilst there I received the most wonderful care and attention. I could not have been looked after better.
- I just wanted to say thank you so much to every single member of staff on the ward for the professional care that my Granddad received. The compassion he was shown was unprecedented and it was so lovely to know he was taken care of.

Our PALS service is available for patients, carers, members of the public who wish to raise a concern or ask a question about their care or treatment and it is our aim to respond to these contacts within five working days. These have included:

- One of our patients shared concerns about the food in one of our hospitals. The Facilities Manager and ward staff introduced a "taste test" of the food, as a result of the issues raised.
- We were contacted to ask about how a person can receive mental health services and a number of options were explored.
- A carer of a patient could not get through to the District Nursing Service. The PALS service arranged for the District Nurse to visit the patient and this was explained to the carer.

We also ensure that any issues being raised by other professionals such as General Practitioners, Members of Parliament and Head Teachers, are reviewed and we aim to respond within ten working days to professional enquiries that we receive.

## STAFF SURVEY AND STAFF SUPPORT

Based on the primary headcount for the Trust as of 31st January 2017 the Trust currently employs 4018 staff. The Trust's Quality Aim for being an Employer of Choice states 'We will be a supportive employer and want to attract, develop and retain the best staff to care for our patients. We will always be committed to helping staff fulfil their potential as we believe motivated and supported employees deliver the most caring and compassionate care'.

The NHS National Staff Survey is an important way of ensuring staff have a mechanism for feeding back their views which can inform local improvements. The survey report contains 32 key findings and Worcestershire Health and Care NHS Trust is ranked against other combined mental health/learning disability and community trusts in England.

The results of the 2016 National Staff Survey were released on 7th March 2017. We will be exploring the results through a number of focus groups with staff during April 2017. A longer term organisational development plan will then be developed to improve staff experience and engagement.

The Trust undertook a census of all staff. The official sample size for Worcestershire Health and Care NHS Trust was 3,813 and 1,914 (51%) completed questionnaires were returned from this sample. The mean average response rate for other similar organisations surveyed was 44% for the 2016 National Staff Survey.

## **Of the 32 Key Findings used within the National Staff Survey;**

Number of Key Findings improved – 0

Number of Key Findings remained the same – 26

Number of Key Findings deteriorated – 6

### **Top Five Ranking Scores for the Trust:**

Key findings for which the Trust compares most favourably with other combined mental health/learning disability and community trusts in England:

- Percentage of staff feeling unwell to work-related stress in the last 12 months
- Percentage of staff working extra hours
- Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion
- Percentage of staff experiencing discrimination at work in the last 12 months
- Percentage of staff experiencing physical violence from staff in the last 12 months

### **Bottom Five Ranking Scores for the Trust:**

Key findings for which the Trust compares least favourably with other combined mental health/learning disability and community trusts in England:

- Quality of appraisals
- Effective team working
- Percentage of staff able to contribute towards improvements at work
- Quality of non-mandatory training, learning or development
- Recognition and value of staff by managers and the organisation.

The Trust scored 91% for indicator KF21 – the percentage of staff believing that Trust provides equal opportunities for career progression or promotion - against a national average of 88%.

KF26 – the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months - the Trust scored 21%, the same as the national average.

During 2017/18 we will be working with staff to better understand how we can address the issues that have come out of this survey. We have already changed our appraisal paperwork to help direct this important meeting for staff into a meaningful discussion rather than a 'tick-box' exercise. Initial anecdotal feedback about this change has been very positive.

There are a number of well-being initiatives for our staff, for example a fast track physiotherapy service available for staff who are off work due to musculo-skeletal problems (and also those in work who experience musculo-skeletal problems). The aim of the service is to prevent, where possible, staff from going off sick by providing physiotherapy support before they necessitate needing time off. This early intervention of physiotherapy supports individuals to return to work sooner. The initial contact by the physiotherapy service is via telephone and if necessary a face to face appointment is offered in one of the seven physiotherapy bases across the county.

The following Mental Health support is available for all Trust staff to access;

- Stress Awareness Course – run bi-monthly
- Stress Risk Assessment Training for supervisors and managers – run bi-monthly
- Mental Health First Aid – run bi-monthly
- Moodmaster – rolling programme
- Counselling Service – provided by NOSS (Network of Staff Supporters) – on-going
- Healthy Minds service – staff can self-refer to this service

A Mental Health First Aid Kit was promoted to staff in October 2016 to support World Mental Health day on 10th October 2016. This encouraged staff to think about their mental and emotional wellbeing and to develop tips and techniques to support them in and outside of work. Time to Talk Day 2017 (2nd February 2017) was promoted to staff, encouraging people to talk about mental health. The Trust also promoted the 'Stamp out Stigma' event on 30th January 2017 which launched a new network that is challenging stigma and discrimination in mental health.

The Workforce Race Equality Standard (WRES) 2017 Report shows that the Black and Minority Ethnic (BME) workforce population of the Trust has increased from 5.66% to 6.28% since the 2016 report. The BME population of Worcestershire for comparison is 4.26%.

The Trust is establishing BME, Disability and Lesbian, Gay, Transgender and Bisexual staff reference groups. Their role will be to support the Trust in understanding what it is like to work in our Trust and provide their response to the 2017 WRES Report and other standards. This would provide a voice for each group and facilitate challenge to future recommendations and in making continuous improvements against the WRES indicators.

## Encouraging Staff to Speak Up

The Trust has appointed a 'Freedom to Speak Up' Guardian – Jo Whitehouse – who is a Matron at Tenbury Community Hospital. Jo's role is to support staff who might not be comfortable raising concerns through other routes. Jo's role will help raise the profile of raising concerns in the organisation and provide confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concern has been handled.

## Staff Awards 2016/17

Our staff were recognised for their outstanding achievements at our Olympic themed awards ceremony which took place in the Tree Tops Pavilion in the heart of West Midlands Safari Park on Thursday, October 20th 2016. Mental health teams, physiotherapists, dementia staff and volunteers were all among the

winners. Special guest, Lauren Rowles, a Paralympian from Bromsgrove who won a rowing Gold at the Rio Olympics attended the event and presented awards to the winners.

## Safe Staffing

Each ward manager has worked closely with their line managers and the Director of Nursing and Quality to make decisions about staff requirements for each shift, to ensure that patient needs can be met. The number of staff required at any time is called the planned staffing number. Sometimes the actual staffing number is below the planned number. This may be the result of staff sickness, or because there is a lower number of patients on the ward than usual, so staff have been moved to work in another area.

Sometimes the actual staffing number will be higher than the planned number. This may be because there are a lot of patients on the ward who need extra care because of their physical or mental health condition.

Information about staffing levels alone cannot tell us whether a ward is safe or unsafe, but a regular lower percentage of the planned staff being in place would be a cause for concern.

We have an electronic system in inpatient areas that records staffing levels so that senior nurses can see at a glance if there are issues. Real time staffing levels are also displayed at the entrance to all of our wards. The data relating to our staffing numbers is also regularly reported to our Public Trust Board meeting. Staff have been actively encouraged to report any staffing levels issues onto our incident reporting system. We have seen a rise over the last year in these types of incidents being reported which is indicative of raised awareness and safe and sustainable practice.

On average, 95% of all qualified nursing shifts on our inpatient wards / units have been filled during the last twelve months. For the same period for unqualified staff it has been on average 100% or above. The predominant reason for staffing levels to be below 100% is due to nursing vacancies and where it is above 100% it is where there has been the need to have additional nurses to meet the needs of patients who require closer observation. This is normally due to managing the prevention of falls, caring for patients with dementia, or supporting patients with behavioural issues that could breach patient safety.

## Staff Development and Training

Worcestershire Health and Care NHS Trust recognises the importance of developing the ability and potential of all our employees to benefit both the individual and the quality of care for patients. Training is a vehicle through which new skills can be acquired and existing skills developed, to enable employees to give their maximum contribution and to be able to work flexibly for the benefits of patients.

The Trusts performance target for compliance of mandatory training is currently 95%.

The number of mandatory training courses increased from 8 to 9 during 2016/17 as Prevent was made mandatory by the Home Office as part of their Counter Terrorist Campaign. In October 2016 the requirements for Safeguarding Adults was reviewed in line with the Worcestershire Safeguarding Intercollegiate document which required a higher level of training to be undertaken than in previous years. This had an impact on the mandatory training figures from October onwards but staff have worked hard to undertake the new training and our figures are now showing an upward trajectory.

## Key Achievements and Lessons Learnt

- The Trust is now aligned to the national UK Core Skills Training Framework for the delivery of all mandatory training. The framework has helped to establish a national minimum standard for the delivery of the 9 statutory and mandatory training courses. This ensures greater consistency in the delivery of education and training and helps prevent unnecessary duplication of training when staff move across organisations.
- We have continued to develop our e-Learning portfolio for essential training and are now able to track on an individual's electronic record which elements of essential training they have undertaken. For example a District Nurse would have falls prevention training and pressure ulcer prevention training attached to their training profile.
- Following The Lampard Report (2015) which was written in response to the lessons learnt from the NHS investigation into matters relating to J Savile, the Trust now requires all volunteers who have a patient facing role to attend Trust induction which will give them an awareness of all elements of our statutory and mandatory training.
- We continued to receive funding from Health Education West Midlands in 2016/17 to support our registered clinicians e.g. Nurses, Allied Health Professionals and Psychologists with ongoing Continuing Professional Development. The funding is allocated in line with service delivery objectives and the funding has been used to support staff across the full range of our services.

We strive to attain our target of 95% compliance for statutory and mandatory training. Renewal of mandatory training is in line with the UK Core Skills Training Framework and it is the responsibility of all staff to keep themselves updated. We have a blended approach to our mandatory training and staff can either complete the training via e-Learning or face to face depending on the subject matter and job role. Having courses available on line means that staff can access this within the workplace at a time to suit them which helps to minimise the time spent away from patient care.

## Looking Ahead

Looking ahead to 2017/18 we aim to build on the excellent foundations of our current practice. Staff will be encouraged to actively pursue learning and development opportunities that will develop them as individuals whilst ensuring that they remain updated with current practice. We will keep a focus on the national developments around education and training so that our staff and patients remain at the forefront of any new initiatives which will enhance staff knowledge and the patient experience.

# CLINICAL AUDIT

“Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria. Where indicated, changes are implemented and further monitoring is used to confirm improvement in healthcare delivery.”

## Principles for Best Practice in Clinical Audit (2002, NICE)

Each Service Delivery Unit (SDU) has an agreed Clinical Audit Forward Programme which includes national audits, Trust priority audits, Service-level priority audits, policy and NICE guidance audits, audits resulting from serious incidents, and clinician-interest audits.

Each SDU has a process for reviewing its audit reports and action plans, and each feeds back the outcomes from its audit work to the Quality and Safety Team. These are reported to the Clinical Governance Sub-Committee, Quality and Safety Committee (sub-committee of the Board) and to Trust Board.

Reporting to the Trust's Clinical Governance Sub-Committee meeting occurs monthly to ensure forward programmes are running to plan. The Trust operates a Quality Indicator which measures the percentage of audits running to plan.

During 2016/17 four national clinical audits and one national confidential inquiry covered NHS services that Worcestershire Health and Care NHS Trust provides.

During the reporting period, Worcestershire Health and Care NHS Trust participated in 4/4 (100%) national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential inquiries that Worcestershire Health and Care NHS Trust was eligible to participate in during 2016/17 are as follows:

- POMH-UK 11c Prescribing antipsychotic medication for people with dementia
- POMH-UK Topic 7e: Monitoring of patients prescribed lithium
- POMH-UK: Topics 1g and 3d: Prescribing high dose and combined antipsychotics on adult psychiatric wards
- National audit of HIV testing and risk assessment of drug/alcohol usage
- National Confidential Inquiry into Suicide and Homicide by people with Mental Illness (NCISH).

The national clinical audits and national confidential inquiries that Worcestershire Health and Care NHS Trust participated in, and for which data collection was completed during the period are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National clinical audits 2016/17	% of cases submitted
POMH-UK 11c Prescribing antipsychotic medication for people with dementia	n/a
POMH-UK Topic 7e: Monitoring of patients prescribed lithium	n/a
POMH-UK Topics 1g and 3d: Prescribing high dose and combined antipsychotics on adult psychiatric wards	n/a
National audit of HIV testing and risk assessment of drug/alcohol usage	n/a
National Confidential Inquiry into Suicide and Homicide by people with Mental Illness (NCISH)	n/a

NB: POMH-UK and NCISH do not set a total 'number of registered cases required'.

The report of two national clinical audits were reviewed by the provider in 2016/17 and Worcestershire Health and Care NHS Trust intends to take the following actions to improve the quality of healthcare provided.

Title of report	Actions
POMH-UK Topic 15a: Prescribing valproate for bipolar disorder	It was not possible to develop an action plan due to the small cohort audited; however findings have been included in the on-going work of the Parity of Esteem in Mental Health Group, part of the Quality Aims Initiative.
POMH-UK Topic 11c Prescribing antipsychotic medication for people with dementia	Overall, the low level of antipsychotic prescribing indicated good practice. The regular audit and re-audit cycle contributes to alert junior doctors and nurse prescribers re-enforcing best practice. In the Learning Disabilities Service, a 6 monthly review of benefits and potential adverse effects when an antipsychotic is prescribed to someone with a learning disability has been implemented.

The reports of 51 local clinical audits were reviewed by the provider in 2016/17.

Worcestershire Health and Care NHS Trust intend to take or has taken the following actions to improve the quality of healthcare provided. Please note; this is a sample only to give an indication of the spread of audit work across the services.

Adult Mental Health Service		
Title of clinical audit	Aim/ objective	Action taken
Worcestershire Healthy Minds (WHM) Supervision Audit 2016.	<p>Improve percentage of all staff receiving clinical supervision.</p> <p>Improve data collection methods for clinical supervision.</p> <p>Ensure supervision is provided within localities and according to a hierarchical structure.</p> <p>Ensure supervision is provided within localities and according to a hierarchical structure.</p>	<p>WHM Supervision structure reviewed, and locality-based supervision model in-line with new service model introduced.</p> <p>All qualified clinicians now offer supervision.</p> <p>A centralised recording system is in place.</p> <p>A supervision "tree" whereby Band 8c supervises band 8as; 8as supervise Band 7s and band 7s supervise Band 6s has been introduced.</p> <p>Supervision training now in place to increase numbers of potential supervisors.</p>

CG89: Child Protection Audit 2016	Ensure all staff are up-to-date with required mandatory child protection training. Ensure all staff have access to and have read child protection guidelines/policies online. Increase in availability of child protection mandatory training dates.	Continues to be monitored at monthly WHM Governance meeting, and Team Leads discuss with staff in line management. Reminders included in monthly WHM newsletter and at fortnightly locality team meetings. Head of Safeguarding and Head of Training have been contacted to discuss and request increase in training dates.
Home Treatment Team Documentation audit.	Evidencing that identified physical health care needs have been addressed as part of the care plan. Evidencing there is a Crisis Plan on discharge from the team.	Reminder has been sent to staff to ensure care plan contains physical health care plans. Teams now support Physical Health Champions within each team. Team Leaders audit discharge summaries to check crisis plans are included.
Audit of Outpatient letters to Primary Care.	To improve documentation of CPA status, crisis plan and risk assessment. To improve the number of letters less than one side of A4.	The clinical team reflected on the findings and agreed to create a proforma to prompt documentation of the risk assessment and crisis plan, and include as a heading on all letters to GPs. It was agreed more important to communicate essential information to GPs, and as a consequence, keeping letters to less than one side of A4 is not achievable. A re-audit is planned for Q1 of 2017.
<b>Learning Disabilities Service</b>		
<b>Title of clinical audit</b>	<b>Aim/ objective</b>	<b>Action taken</b>
Audit of Psychiatry Clinic Letters to Primary Care in Wyre Forest.	Mark all letters confidential.	Confidential stickers are now attached to letters to GPs.
<b>Community Care Service</b>		
<b>Title of clinical audit</b>	<b>Aim/ objective</b>	<b>Action taken</b>
Audit of anticholinergic medication use in patients with cognitive impairment in the Malvern Older Age Community Mental Health Team.	Raise awareness of the use of anticholinergic medication.	Laminated copies of Anticholinergic Burden (ACB) scale have been placed in clinic rooms, doctor's office and conference room. A re-audit is planned for Q3 2017.

<p>Re-audit of AQP (Any Qualified Provider) Nail Surgery Audit.</p>	<p>Improve data collection from Redditch &amp; Bromsgrove. Provide options for patients to comment on the service they required, and possible suggestions for the improvement of their surgical procedure.</p>	<p>Redditch and Bromsgrove staff are aware of the audit findings and the participation process. A questionnaire has been developed for patients to complete, alongside the audit.</p>
<p>Audit of Admiral Nurse Clinical Notes.</p>	<p>Clinical notes must meet Nursing and Midwifery Council (NMC) standards with regards to use of abbreviations. All records must include a needs assessment and care plan. All records to include details of next of kin for both carer and person with dementia.</p>	<p>Liaise with 'Dementia UK' and the Trust to identify a list of acceptable abbreviations specific to care of a person with dementia and their families (action in progress). All nurses to review current needs assessments and care plans to ensure they clearly identify which interventions are being offered (action in progress). All nurses to review their records to identify next of kin which must be recorded at point of referral by nurse undertaking triage (action in progress).</p>
<p><b>Community Care Service</b></p>		
<p>Title of clinical audit</p>	<p>Aim/ objective</p>	<p>Action taken</p>
<p>Audit of opioid prescribing in Worcestershire Health &amp; Care NHS Trust.</p>	<p>Provide written advice on strong opioid treatment to all patients and carers. Continue to promote the use of morphine Instant Release and Sustained Release as first line treatment for severe pain in palliative care. The choice of an alternative opioid, particularly for first line treatment, needs to be sufficiently justified.</p>	<p>Increased use of a patient information leaflet. The choice of an alternative opioid is justified, particularly for first line treatment.</p>
<p>Audit of Early Intervention in Dementia (EIDS) Treatment.</p>	<p>To upload the new version of the EIDS Treatment Record on CareNotes. Medics to ensure that pulse and Blood Pressure are checked prior to initiation of treatment; ideally at feedback appointment. Adjustments to existing EIDS Treatment Record; risk factors, side effects and drug interactions prior to starting treatment are documented. Amend Treatment Table to include a column to record reasons for withholding treatment.</p>	<p>New EIDS Treatment Record has been uploaded on CareNotes. Sphyngometers (blood pressure measuring machine) ordered. Adjustments to existing EIDS Treatment Record have been sent to CareNotes department to make adjustments to the existing form.</p>

Children, Young People and Families Service		
Title of clinical audit	Aim/ objective	Action taken
Section 117 audit.	<p>Increase working knowledge of Section 117 in CAMHS, due to rarity of children being placed on a S117.</p> <p>Increase number of care plans routinely used.</p> <p>Improve visibility of S117 on relevant records on CareNotes.</p>	<p>All CAMHS staff will receive an update/ refresher and clinical case study session; planned for June 2017 (agreed but not yet actioned).</p> <p>Care plan has been designed and is due to replace the current care plan (agreed but not yet actioned).</p> <p>Alert is being placed on each relevant young person's record so it is clear there is a S117 aftercare in place.</p>
Health Visiting Record Keeping Audit on CareNotes (safeguarding).	Increase number of cases with universal Partnership Plus flagged on CareNotes, where appropriate.	HV service lead contacted all team leads informing them of the caseloads who have not yet entered this information on CareNotes.
Re-audit of Movement-in of children to Health Visiting Services in Worcestershire.	<p>To ensure that good practice outcomes continue in terms of all babies who require a blood spot test being identified at the movement-in contact.</p> <p>To ensure that staff are in place who can undertake the blood spot screen.</p>	<p>A Movement-In policy has been written and is going through the clinical governance process for ratification in Q1 of 2017/18.</p> <p>Included in the 0-19 Service re-design.</p> <p>A re-audit is planned for Q2 2017/18.</p>
Health Visiting Safer Sleeping Audit 2016.	<p>Ensure all safe sleep assessment forms are scanned into the baby's CareNotes record</p> <p>Ensure all risks identified in relation to smoking, drinking alcohol and taking drugs/medication are recorded on plans to reduce risks.</p> <p>Ensure NHS number is recorded on all assessment forms</p>	All relevant staff have been reminded to take the safe sleep assessment form out of Red Book and scan it into CareNotes, record all risks relating to smoking, drinking alcohol and taking drugs/ medication, and record NHS numbers

Dental Health Service		
Title of clinical audit	Aim/ objective	Action taken
The transmission of dental patient records to the Acute Hospitals Trust for theatre sessions.	Ensure all record cards are present in theatre folder Ensure all record cards can be tracked at all times, across all clinics. Ensure all documentation is present in cards.	Pop-up message in place on computer patient notes instructing record card to be in theatre folder by theatre appointment date. All staff use Patient Record Transfer Log for theatre patient cards. Sticker system in place on front of cards with document checklist.
Sexual Health Service		
Title of clinical audit	Aim/ objective	Action taken
National audit of HIV testing and risk assessment of drug/ alcohol usage.	Share audit findings to all relevant staff. Improve practice at specific site. To improve recording of HIV test refusal	Audit findings disseminated Discussed at local team meeting. A re-audit is planned for Q1/2 of 2017.
Re-audit of the management of Child Sexual Exploitation (CSE) Risk Assessment for Young People.	CSE Risk Assessment to be documented.	CSE forms have been changed across the service.
Audit of use of safeguarding document tool and related documentation in young people in the sexual health service.	Cascade messages from the audit to all staff in Hereford and Worcestershire. Emphasise the Fraser competence aspects of this audit. Emphasise the importance of follow up plans in records of young people. Revisit the safeguarding screening tool and improve and update.	All relevant staff have been updated. The screening tool has been updated.
Re-audit of intrauterine contraception.	Improve evidence that all women given all recommended information in NICE guidance.	Offer of the Patient Information Leaflet, prior to procedure, and use of written consent forms are now recorded. A post procedure leaflet is now given to women after fitting and documented in the records.
Sexual Health dip sample audit of ensuring referrals to the outreach team are flagged on the Telecare system.	Ensure team are aware of the need to flag notes.	Teams have been made aware of the need to flag on notes. A re-audit is planned for Q2 2017/18.

Re-audit on Early Medical Termination (EMT) record documentation.	Sexual history to be documented. Body Mass Index should be documented in records if contraception prescribed. Good practice to record Last Menstrual Period although all clients get scanned if undergoing an EMT. If any entries in the client's file have been crossed out, they should be still legible and initialled.	Audit results discussed in clinical governance meeting. EMT audit proforma has been updated to remove last menstrual period.
<b>Corporate Services</b>		
Title of clinical audit	Aim/ objective	Action taken
National Early Warning Scoring Audit (NEWS).	Modify NEWS chart to prompt staff to complete correctly. Ward Managers to remind staff about completing the reverse side of the form when a patient triggers a medical response. 2nd NEWS Audit after actions 1 & 2 implemented.	Communication department contacted to amend NEWS chart. Ward Managers contacted to remind staff how the NEWS chart should be completed. 2nd audit undertaken including Adult Mental Health Wards.

## RESEARCH

Research is essential to the continuing development of modern and effective health and social care services.

The Trust recognises the importance of its engagement in research, and adheres to Research Governance principles set down by the Department of Health through the National Institute of Health Research. Worcestershire Health and Care NHS Trust is a contracted partner of the Clinical Research Network: West Midlands (CRN: WM), and as such, supports National Institute for Health Research (NIHR) 'Portfolio' studies. At the end of 2016/17, the Trust recruited 173% of its annual target of participants (138/80). The Trust has agreed to set its recruitment target at 100 participants for the financial year, 2017/18. Going forward, as of 1 April 2017, the Trust entered into a new and exciting collaboration with Worcestershire Acute Hospitals NHS Trust (WAHT) and Wye Valley NHS Trust (WVT). The Herefordshire and Worcestershire Research Consortium will provide management and leadership to research activities within each of the three organisations, for the benefit of patients.

The number of patients receiving relevant health services provided or sub-contracted by the provider during the reporting period that were recruited during that period to participate in research approved by a research ethics committee within the National Research Ethics Service 138. Please note these represent National Institute for Health Research portfolio studies only.

## TECHNICAL SECTION

The following statements are a mandatory requirement for the Quality Account:

Prescribed Information
<p>During 2016/17 the Worcestershire Health and Care NHS Trust provided and/or sub contracted 5 NHS services which were organised/delivered through the following Service Delivery Units;</p> <ul style="list-style-type: none"> <li>• Adult Mental Health &amp; Learning Disabilities</li> <li>• Children, Young People and Families</li> <li>• Sexual Health and Dental Services</li> <li>• Community Care North</li> <li>• Community Care South</li> </ul>
<p>Worcestershire Health and Care NHS Trust has reviewed all the data available to them on the quality of care in five of these NHS services.</p>
<p>The income generated by the NHS services reviewed in 2016/17 represents 100 per cent of the total income generated from the provision of NHS services by the Worcestershire Health and Care NHS Trust for 2016/17.</p>
<p>A proportion of the Worcestershire Health and Care NHS Trust's income during 2016/17 was conditional on achieving quality improvement and innovation goals under the Commissioning for Quality and Innovation payment framework agreed between the Worcestershire Health and Care NHS Trust and any body they have entered into a contract, agreement or arrangement with for the provision of NHS services.</p>
<p>A proportion of our income during the reporting period was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework. Further details can be obtained from Worcestershire Health and Care NHS Trust's website.</p>
<p>Worcestershire Health and Care NHS Trust is required to register with the Care Quality Commission ("CQC") under section 10 of the Health and Social Care Act 2008. At the end of 2016/17 Worcestershire Health and Care NHS Trust is registered with the CQC with no conditions attached to registration. The CQC has taken no enforcement action against Worcestershire Health and Care NHS Trust during 2016/17.</p>
<p>The provider has not taken part in any special reviews or investigations by the CQC under section 48 of the Health and Social Care Act 2008 during the reporting period.</p>
<p>Worcestershire Health and Care NHS Trust submitted records to the Secondary Uses service for inclusion in the Hospital Episode Statistics.</p>

We submitted records to the Secondary Uses service for inclusion in the Hospital Episodes Statistics:

(a) the percentage of records relating to admitted patient care which include the patient's

(i) valid NHS number; 99.68% (6893 out of 6915)

(ii) General Medical Practice Code; 100% (6915 out of 6915)

(b) the percentage of records relating to outpatient care which included the patient's

(i) valid NHS number – 99.35% (14778 out of 14874)

(ii) General Medical Practice Code - 100% (14874 out of 14874)

(c) the percentage of records relating to accident and emergency care which included the patient's

(i) valid NHS number; and - Not applicable – see note below

(ii) General Medical Practice Code. Not applicable – see note below

As the MIU activity is submitted by Worcestershire Acute Hospitals Trust as their activity, we do not make an A&E Submission

Worcestershire Health and Care NHS Trust considers that this data is as described for the following reasons - The above figures are an accurate record of activity that is consistent with previous years submissions.

Worcestershire Health and Care NHS Trust intends has taken the following actions to improve the number of records without an NHS number for the Inpatient and Outpatient submissions: – Each month we receive data quality reports of patients who do not have an NHS number and where possible each month check through the Summary Care Record to find an NHS number and update this in Carenotes. Services are also made aware through online data quality reports of the key demographic information that missing from patient records. There will be a small number of patient records where the NHS number is not known.

The Trust's IGT score is 77% and is graded 'Satisfactory' (the highest grade available).

Action taken by Worcestershire Health and Care NHS Trust to improve data quality:

The Trust has a Data Quality Improvement Group which is a formal sub-committee of the Audit Committee. The group seeks to work on a number of fronts to ensure that the systems and processes that exist within the organisation are sufficiently robust, and provide assurance that the data collected and used by the front-line teams and used within reports for Committees and the Board are both accurate and timely. A new electronic care record (Carenotes) was introduced in the Trust during 2016/17 which has improved the quality of record keeping and the ability to audit clinical records.

We submit quarterly information around CPA 7 Day Follow Up Discharges to Unify. We don't believe this data is captured with the submissions made in the Mental Health Data set so we are at present unable to check any data or reports that come from the NHS Digital and we are not able to provide comparisons. Below is the quarterly information the Trust has submitted to Unify for 2017/17:

Q1-7 Day Follows up 114 of 115 = 99%

Q2- 7 Day Follows up 147 of 152 = 96.7%

Q3- 7 Day Follows up 133 of 137 = 97%

Q4- 7 Day Follows up 116 of 117 = 99%

Worcestershire Health and Care NHS Trust considers that this data is as described for the following reasons, as a true reflection of performance: Reports are available to services online to check discharges and that the 7 day follow up have been completed. Members of the information team also validate this information with the services.

Worcestershire Health and Care NHS Trust intends to take/has taken the following actions to improve this: The Trust will work on making sure that where possible the performance is 100% for 7 Day Follow up but for all quarters of 16-17 the target of 95% has been met.

The data made available to the trust by the Information Centre with regard to the percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.

We submit quarterly information around CPA Gatekeeping to Unify. We don't believe this data is captured with the submissions made in the Mental Health Data set so at present so unable to check any data or reports that come from the NHS Digital. We are not able to provide comparisons. Below is the quarterly information that we have submitted to Unify.

2016-17 Figures

Q1 -Gatekept 153 out of 156 = 98%

Q2- Gatekept 173 out of 177 = 97.7%

Q3- Gatekept 114 out of 115 = 99%

Q4- Gatekept 104 out of 104 = 100%

Worcestershire Health and Care NHS Trust considers that this data is as described for the following reasons, as a true reflection of performance:

Reports are available to service online around gatekeeping. Members of the information team also validate this information with the services.

Worcestershire Health and Care NHS Trust intends to take/has taken the following actions to improve this.

Work with continue to make sure that where possible performance reaches the 100% although for all quarters the target of 95% has been met.

No data is made available to the trust by the Information Centre with regard to the percentage of patients aged—

(i) 0 to 14; and (ii) 15 or over,

Re-admitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.

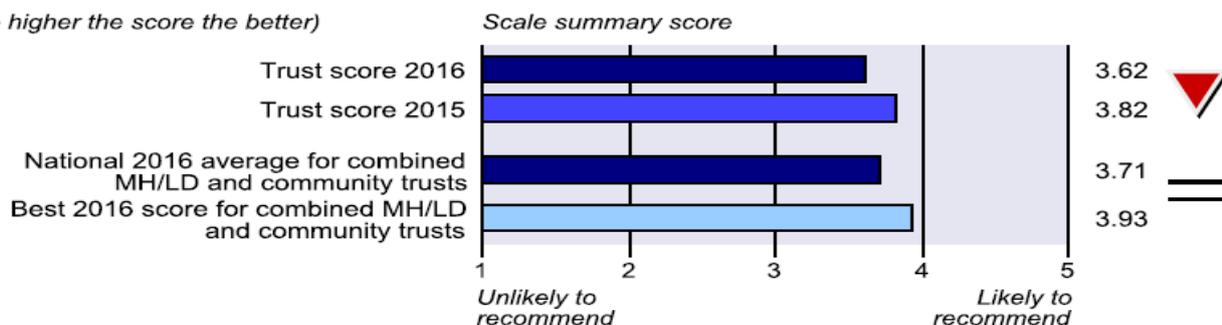
The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends is 68%.

The national average for the same is 66%.

See table below taken from 2016 staff survey report)

**KEY FINDING 1. Staff recommendation of the organisation as a place to work or receive treatment**

(the higher the score the better)



Worcestershire Health and Care NHS Trust considers that this data is as described for the following reasons. The survey was undertaken by an organisation that works to national guidelines and governance.

Worcestershire Health and Care NHS Trust intends to take/has taken the following actions to improve this percentage:

Extensive staff engagement will be undertaken during to ensure any actions taken are as effective as possible.

The trust’s “Patient experience of community mental health services” indicator score with regard to a patient’s experience of contact with a health or social care worker during the reporting period.

Indicator	Trust Score out of 10	Compared with the national response we scored
Patients experience of contact with a health or social care worker	7.5	About the same
Listening	8.1	About the same
Time	7.3	About the same
Understanding	7	About the same

The rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Level of Harm	Number of Incidents	Trust Percentage
No Harm	2725	51.18%
Low Harm	2112	39.67%
Moderate Harm	361	6.78%
Severe Harm	28	0.53%
Death (NRSL reportable)	37	0.69%
Death (non-NRSL reportable)	1	0.02%
Near Miss	60	1.13%
<b>Total Incidents 2016/17</b>	<b>5324</b>	
<b>Incidents that resulted in severe harm or death</b>	<b>65</b>	<b>1.22%</b>

## CCG COMMENTARY ON WORCESTERSHIRE HEALTH & CARE TRUST QUALITY ACCOUNT 2016/17

A significant component of the work undertaken by the three Clinical Commissioning Groups (CCGs) for Worcestershire - NHS South Worcestershire CCG, NHS Redditch and Bromsgrove CCG and NHS Wyre Forest CCG - involves the quality assurance of health services provided for the population of Worcestershire. This includes steps to assure the public of the content included within this Quality Account.

During 2016/17 services provided by the Trust were rated as 'good' by the Care Quality Commission following progress in addressing areas requiring improvement. Inspections undertaken during 2016/17 have not resulted in any 'must do' recommendations.

The actions set out by the Trust to enable improvements in the findings of the Staff survey are recognised and have contributed to the Trusts success in achieving CQUIN schemes for Improving the Health and Wellbeing of Staff during 2016/17.

Additional success has been achieved in CQUIN schemes related to ensuring timely discharge, to minimise the required length of stay in Community Hospitals. This enables flow and supports patients to be cared for in the most appropriate place for their needs. A continued focus on action to minimise the length of stay in bed based services (Acute and Community Hospital) and proactively support people to return home as soon as possible, with additional support if required, must remain a key priority.

The Trust is to be congratulated on its achievements in reaching intended measurable targets set for 2016/17 to drive improvements in care quality. This has included increasing the feedback available through the Friends and Family Test in order to drive responsive care and positive progress in steps to improve the physical health of individuals supported by Mental Health services.

Processes for monitoring and reporting on the outcomes of undertaking national and local audits have been strengthened. It is helpful for the public to be assured of the intended actions that the Trust will take following the completion of clinical audit.

There has been a high national profile for evidencing learning from avoidable deaths. Commissioners can confirm that the Trust has worked proactively with partners to build on a solid foundation of processes for reviewing both expected and unexpected deaths.

A capacity to use quality data for the meaningful improvement of care quality has been demonstrated throughout 2016/17. Analysis and learning has influenced positive improvement in some areas including the proactive reduction of physical intervention to respond to distress in mental health services. Whilst there has been a helpful increase in the reporting of pressure ulcers sadly this has not resulted in the expected reductions in the number of cases found to have been potentially 'avoidable' for 2016/17. Commissioners hope that signs of improvement evidenced from March 2017 continue.

The sustained performance against the majority of the quality indicators monitored through the Clinical Quality Review process is recognised and commended. Whilst commissioners agree that the data provided in this Quality Account appear accurate, commissioners would welcome further improvement in the provision of timely data.

The CCGs welcome the Trusts intention to attain the target of 95% compliance with statutory and mandatory training and will closely monitor performance during 2017/18 for key areas relating to patient safety, for example compliance with levels of training for Life Support or resuscitation.

Commissioners will continue to work in partnership with the Trust during 2017/18, to gain assurance of performance against the priorities and improvement targets detailed in this Quality Account. Based on the on-going assurance processes adopted with the Trust and the information available to us, we believe this Quality Account provides a representative and balanced perspective of the quality of healthcare provided by this organisation.

On behalf of NHS Redditch and Bromsgrove Clinical Commissioning Group, NHS Wyre Forest Clinical Commissioning Group, NHS South Worcestershire Clinical Commissioning Group



**Simon Trickett**  
**Chief Operating Officer**

NHS Redditch and Bromsgrove Clinical Commissioning Group  
NHS Wyre Forest Clinical Commissioning Group

## Trust Response to CCG Commentary

Worcestershire Health and Care NHS Trust will continue to work in positive partnership with our commissioners in 2017/18. Our common purpose is to provide the best possible quality of care to patients, carers and the public. We would like to thank the CCGs for the commentary on our 2016/17 Quality Account and the confirmation that the document provides a balanced perspective of the quality of healthcare provided by Worcestershire Health and Care NHS Trust. No changes have been made to the Quality Account as a result of the CCG commentary.

## HEALTH OVERVIEW AND SCRUTINY COMMITTEE (HOSC)

The following statement was issued to the Trust in April 2017:

'Worcestershire Health Overview and Scrutiny Committee regrets that it is unable to provide commentary on the 2016/17 Quality Account. This is due to the imminent county council elections in May, which will mean changes in the Committee's membership during the period for finalising the Accounts.'

## HEALTHWATCH WORCESTERSHIRE RESPONSE

Healthwatch Worcestershire has a statutory role as the champion for those who use publicly funded health and care services in the county. This involves ensuring that the experiences and views of patients, carers and the public are used to influence how NHS organisations, such as Worcestershire Health and Care Trust provide services.

We have used national Healthwatch England guidance to form the response below to the draft Quality Account 2015-2016 for the Worcestershire Health and Care NHS Trust.

### **Does the draft Quality Account reflect people's real experiences as told to local Healthwatch by service users and their families and carers over the past year?**

- The Quality Account includes feedback and recommendations about the Trust's services given in Healthwatch Worcestershire Reports over the last year.

### **From what people have told local Healthwatch, is there evidence that any of the basic things are not being done well by the provider?**

- Concerns have been raised through our work about mental health services. In particular access to support and information and waiting times for Cognitive Behavioural Therapy.
- Healthwatch has also received feedback about Child and Adolescent Mental Health Services (CAMHS). In particular concerns regarding access to the service and support.

### **Is it clear from the draft Quality account that there is a learning culture within the provider organisation that allows people's real experiences to be captured and used to enable the provider to get better at what it does year on year?**

- We welcome the many quality improvements detailed in the Statement on Quality from the Chief Executive.
- The Patient Safety Walkabouts carried out by the Trusts Directors demonstrates a learning culture where changes have been made as a result of this.
- The Incident Reporting and Learning section of the Quality Account demonstrates how the Trust learns from patient safety incidents. We welcome the shared learning across the organisation which includes a monthly 'Team Brief', information on the staff intranet and monthly quality dashboards.
- The Quality Account details the changes made as a result of the Friends and Family Test results.
- The Trust should be mindful that the number of compliments received has seen a reduction from 4778 in 2014/15 to 3074 in 2016/17.
- We welcome the examples of how the Trust learns from complaints and how concerns raised by patients, carers and members of the public with PALS are dealt with to make improvements.

### **Are the priorities for improvement as set out in the draft Quality Account challenging enough to drive improvement and is it clear how improvement has been measured in the past and how it will be measured in the future?**

Outcomes from 2016/17 Priorities –

- Although the Quality Account shows achievements to date there is little detail on how these achievements have had an impact on the experience of patients, service users and carers.

Priorities identified for 2017/18 –

- The Quality Account shows that patients and the public have been consulted on the priorities for the next year.
- We welcome the five Quality Aims forming the Quality Account priorities.
- Whilst the priorities might be challenging, this has not been demonstrated by the Trust in the Quality account.
- Whilst we welcome the priority of parity of esteem for mental health patients, the link between the measure and performance against each aim on page 13 is not clear. \*We are pleased to see the draft Quality Account has been amended to reflect this.

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

- The Quality Account document is very long and therefore may be difficult for many patients and members of the public to easily read and understand. Some parts are more of a technical performance report.
- Due to the length of the report and detail provided it would be helpful to signpost readers to the relevant section of the report for the detail provided on each priority for 2017/18.



Peter Pinfield  
Chair, Healthwatch Worcestershire  
24th May 2017

### **Trust Response to Healthwatch Commentary**

Worcestershire Health and Care NHS Trust thanks Healthwatch for the commentary provided. We will continue to work with Healthwatch during 2017/18 to ensure we respond to the views and experiences of patients and carers that Healthwatch bring to our attention.

In response to the feedback on the 2016/17 Quality Account we have amended the Quality Priorities section. We are also planning next year's Quality Account to ensure the document is much shorter. Unfortunately we are unable to amend the sections relating to technical performance as these are nationally mandated.

## Do you have a concern, complaint or comment?

We always value feedback from you about the care you receive and you may be contacted to comment on the service. However, if you wish to make a compliment, comment or complaint please contact:

Patient Relations Team,  
Worcestershire Health and Care Trust,  
Isaac Maddox House,  
Shrub Hill Road,  
Worcester,  
WR4 9RW

**Tel: 01905 681517**

**Email: [Whcnhs.pals@nhs.net](mailto:Whcnhs.pals@nhs.net)**



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