

QUALITY ACCOUNT

2017-18



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INTRODUCTION

Welcome to the Quality Account 2017/18 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 2018/19.

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

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

There are proper internal controls over the collection and reporting of indicators and the data underpinning the indicators is robust and reliable. The Trust's directors are required to satisfy the CQC's 'Fit and Proper Persons Test'. This test helps ensure that providers have robust systems in place to hold directors to account. We confirm that Worcestershire Health and Care NHS Trust's Directors have full compliance with the Fit and Proper Persons Test. We confirm that to the best of our knowledge and belief the information contained in this Quality Account is accurate and represents our performance in 2017/18 and our commitment to improving the quality of care for all people who come into contact with our services.

STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

Our Trust vision and values were originally developed with staff, patients and key stakeholders in July 2011. Since then, we have matured as an organisation and our ambitions for quality improvement and for working in partnership with our communities and staff has grown. Our new vision "Working Together for Outstanding Care" was agreed in May 2017. Our Strategy which sets out how we deliver our vision has been consistently built around some of the basic but fundamental principles which patients, the wider community and our staff tell us are important. Put simply these are around encouraging independence, providing care at, or as close to home as possible and ensuring our services are well organised and provided in a way which promotes recovery and good health and wellbeing. We have further strengthened our commitment to our partnership with patients, their carers and families and are embedding our commitment to co-production, listening and learning across all of our activities.

Our work as part of the Sustainability and Transformation Partnership (STP) across Herefordshire and Worcestershire means that we are jointly planning health and care services with our partners. The STP vision is that "Local people will live well in a supportive community with joined up care underpinned by specialist expertise and delivered in the best place by the most appropriate people". We are working in innovative ways, such as developing integrated Neighbourhood Teams that will provide more responsive joined-up care for our more frail and vulnerable patients in their own home in conjunction with our partners in primary care, social care and acute services. This will reduce traditional organisational barriers so that patients have the care they need without having to go through numerous separate referrals or visits.

By working more closely with partners we will be able to take forward further ground-breaking improvements. We will be building on our achievements from 2017/18:

- We receive overwhelmingly positive feedback from patients and carers, with our Friends and Family Test scores regularly reaching over 95%.
- Our culture of co-production drives the redesign of services to ensure quality remains at the heart of all we do.
- We have consolidated our approach to quality improvement by investing in the NHS Improvement Quality Service and Redesign (QSIR) programme. A number of staff have attended the training programme which provides a comprehensive collection of proven quality, service improvement and redesign tools, theories and techniques that can be applied to a wide variety of situations. Our QSIR trained staff support a wide variety of quality improvement projects in the Trust.
- We are recognised as strong leaders in the local system, working under the umbrella of Alliance Boards to develop multi-disciplinary teams made up of primary care, community services and social

care services to work together to meet the needs of the patients. This ground-breaking enterprise reduces duplication whilst enhancing efficiency and patient safety.

- We are accredited with the Royal College of Psychiatry for our focus on recovery and rehabilitation.
- We are implementing projects to accelerate digital solutions as part of our role as a Global Digital Exemplar to revolutionise how digital solutions and technology can enhance patient involvement and enable safer patient care.
- We were shortlisted for a Health Service Journal award for our innovative approach to implementing 'Red2Green in Mental Health'. We have been sharing our successes in this project with other Trusts to maximise spread of good practice nationally.
- Our Children's Speech and Language Service was referenced as an example of good practice in an independent review of provision for children and young people in England, specifically in recognition of the partnerships we have with the local authority and with schools. The report also praised our 'One Service, One Solution' model in providing additional services to schools and other settings.

We are committed to the continuous improvement of the quality of care we offer and are well placed to build on our successes so that patients, families and carers coming into our services always experience truly outstanding care.

I would like to thank every member of our 4,000 strong team for working together to provide the highest possible quality of care to each and every person who came into contact with our services during 2017/18. Their on-going commitment and dedication is fundamental to our ability as a Trust to deliver high quality care.

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



Sarah Dugan, Chief Executive

Priority	Measures we Used	How did we do?	Going Forward
Learning from patient safety incidents	<ul style="list-style-type: none"> Reduction in the level of harm arising from incidents. Increased reporting of incidents. Improved recording of Duty of Candour. 	<ul style="list-style-type: none"> Our levels of harm have reduced and our active quality improvement programmes, particularly around pressure ulcer prevention and falls prevention are proving to be effective. We have reviewed our incident reports to make sure we are more accurately recording the level of harm for patients. We share learning through a monthly update to staff in Team Brief. We have many examples of how learning has been implemented, for example the improvement of staff support after a traumatic event. Our reporting levels have stayed about the same compared to previous years. All our external reports evidence that staff know how to report an incident. We have revised our Duty of Candour policy and improved our recording of the Duty of Candour. 	<p>We will keep up our improvement programme and our promotion of an open reporting and learning culture.</p>
Be a 'dementia friendly' organisation	<ul style="list-style-type: none"> Dementia Awareness Training. Increase of the uptake of the "This is me" booklet. 	<ul style="list-style-type: none"> 70% of staff have completed dementia awareness training. Results show that for the majority of staff confidence has increased following training. All staff are now trained on the Trust's induction day for new staff. Bespoke training for staff working in Learning Disability Services is now in place. All community hospital inpatient areas have completed an audit of This is Me booklet who have dementia. We found that 100% of patients with dementia either came in with a This is Me booklet or completed one whilst on the ward. Staff have reported how useful this document is to help them understand the patients and talk to them about past interests or events. The Trust has signed up to the Dementia Action Alliance. All inpatient areas have signed up to John's Campaign. A programme of Dementia Ambassadors workshops was run throughout the year offering training and reflection. Over 100 Dementia Champions have been identified within the Trust. Many inpatient areas have achieved 2017 national standards through implementing dementia friendly signage, clocks and focusing on contrasting furnishings. We now have a Patient Forum ('Shaping Dementia Services') within the Early Intervention Dementia Service. 	<p>We will be taking Dementia care forward as a Quality Account Priority for 2018/19.</p>

Priority	Measures we Used	How did we do?	Going Forward
		<ul style="list-style-type: none"> Early Intervention Dementia Service publication in the Journal of Dementia Care Autumn 2017 edition highlighting areas of good practice and positive feedback from Service Evaluation. Inclusion of the Early Intervention Dementia Service in British Psychological Society's best practice guidance for commissioners (December 2017). The Worcestershire Dementia Voice Group (a monthly group for people of a younger age living with dementia) influenced work around using positive language when talking about dementia. Posters were put up in a Community Hospital and the impact on staff evaluated. These are now displayed in all Community Hospitals. Working with the Alzheimer's Society to run four sessions for people with rare types of dementia and their families. A member of the Worcestershire dementia voice group spoke to Trust Board about their experience of services they had received. Introduction and use of assistive technology on wards to prevent dementia patients from falling. As a result of listening to feedback from The Worcestershire Family Voice Group (a bi-monthly group for family carers supporting people living with dementia at a younger age) a worry was knowing who to contact in an emergency situation so the group have been involved in co-producing a document called "What If?" which supports people to know where to go for support in more urgent situations/ how to prepare for the possibility of needing rapid support at some point in the future. 	

Priority	Measures we Used	How did we do?	Going Forward
Always ensure our patients and carers have the best experience possible	<ul style="list-style-type: none"> • Increase Friends and Family Test (FFT). • Increase in compliments. • Monitoring of re-opened complaints to see how we need to improve our complaint responses. 	<ul style="list-style-type: none"> • We have increased in the number of FFT responses. • Recorded compliments have increased. • There has been a reduction in the number of re-opened complaints. • Development of the I-experience patient experience database for collecting feedback. • Review of the FFT Guidance to ensure that patients and carers are given the opportunity to give feedback via the FFT process. • Introduction of Customer Care Training based on feedback collected. • Developing opportunities to use technology to capture feedback including text messaging and tablets. • Patient experience information captured on huddle boards in inpatient areas • Celebrating good practice – acknowledgement of staff being named in feedback. • Annual patient and carer experience event held in November 2017. The theme for the event focused on “What matters to me”. • Working collaboratively with colleagues in the Worcestershire Acute Trust and Worcestershire Association of Carers to gain feedback from carers in particular topics. • Drop in sessions with Worcestershire Association of Carers available in all Community Hospitals. • Introduction of Observe and Act visits. 	<p>We will continue to be proactive and responsive to patient feedback so that we can continually improve patient experience.</p>
Ensure there is a parity of esteem for mental health patients	<ul style="list-style-type: none"> • Staff training. • The number of physical health assessments completed in mental health inpatient settings. 	<ul style="list-style-type: none"> • Over 90% of mental health staff have been trained in physical health assessment and skills. • There has been an increase in the number of physical health assessments completed. • We have established a clear shared care protocol between secondary care provider and primary care regarding physical health checks for people with serious mental illness and the appropriate follow up. This includes information on: <ul style="list-style-type: none"> • Communication channels locally • Resources • Roles and responsibilities, including frequency of follow up annual physical healthchecks • Sharing and exchanging information regarding physical health via electronic patient records across secondary and primary care 	<p>We will be taking parity forward as one of our key priorities for 2018/19.</p>

Priority	Measures we Used	How did we do?	Going Forward
Be an employer of choice	<ul style="list-style-type: none"> • Appraisal rates. • Mandatory training rates. • Staff satisfaction feedback on staff survey. 	<ul style="list-style-type: none"> • Appraisal rate over 90% in March 2018. • Mandatory training rates over 90% in March 2018. • Staff satisfaction rates have stayed about the same. • In 2017/18 Learning and Development have developed the process for monitoring essential training. Essential training will differ for individuals depending on job role and we are now able to monitor compliance with training that has been deemed essential to an individual's role. Examples of this are Mental Health Act training, Tissue Viability training and Dementia awareness training. • Our portfolio of e-learning has increased over the past 12 months. Staff now have the option of completing a number of courses either via e-Learning or at a face to face session depending on learning preference or ability to leave the clinical area. • Staff feedback in relation to the training offered has led to courses being redesigned to fit in with staff need in a particular clinical area. For example, staff working within our Mental Health Recovery Units felt that the level of life support training offered did not meet their needs, one course was above the level required and the other too basic. The resuscitation team worked with the staff and developed the Medical Emergency Response Team (MERT) course, thus ensuring patient safety and a team who felt valued that their suggestions had been listened to. • ESR (Electronic Staff Record) which is the main learning platform for the Trust has become mobile. Staff can now access ESR on a phone or tablet as well as at a desk. This enables staff to complete their training at a time and location to suit them during a busy work day. • The Trust has played a key part in the implementation of the Nursing Associate role into the NHS. Across the Herefordshire and Worcestershire Health Economy we have 57 Trainee Nursing Associates in post who will qualify in April 2019. 	<p>We will be taking workforce forward as one of our key priorities for 2018/19.</p>

LOOKING FORWARD TO OUR QUALITY ACCOUNT PRIORITIES FOR 2018/19

Our Trust vision for 'Working Together for Outstanding Care' is at the heart of our Quality Account priorities for 2018/19. Following consultation with NHS Improvement, the Clinical Commissioning Groups (CCGs), Care Quality Commission (CQC) representatives, Healthwatch, our staff and the wider public our Trust Board decided on the following 3 priorities. Our approach to quality improvement has developed at pace with a number of staff attending NHS England's 'Quality Service Improvement Review' (QSIR) programme which means we are able to direct resources to support the following initiatives. Progress with the initiatives will be reported and tracked, via Committees, to the Trust Board.

Priority	Aim	Measures to be achieved by 31st March 2019
Dementia	We have made good progress to date and we want to continue to make sure all our staff have an excellent understanding of dementia so that we can provide outstanding care and support at all stages of the condition, for both patients and carers. In 2017 we signed up to become part of a national organisation called The Dementia Action Alliance (www.dementiaaction.org.uk). The Alliance published a set of statements highlighting what is important to people with dementia and carers such as inclusion, person-centred care, working in partnership and evidence-based, compassionate care. These statements, together with a local health-economy wide plan, have provided the foundations for the Trust's actions going forward.	<ul style="list-style-type: none"> • Dementia ambassadors in place in each community hospital and older adult ward. • "This is me" document used across the Trust when there is a diagnosis of dementia. • Dementia forums in each community hospital and in older adult inpatient areas. • Mental Health Act documentation and principles adhered to as appropriate for a patient with dementia. • Contribution to the system wide strategy.

Priority	Aim	Measures to be achieved by 31st March 2019
Parity	'Parity of esteem' is defined as 'valuing mental health equally with physical health'. The relationship between physical and mental health is such that poor mental health is linked with a higher risk of physical health problems, and poor physical health is linked with poor mental health.	<ul style="list-style-type: none"> • Refresh the overarching strategy, re-evaluate aims and key priorities. • Development of Trust-wide parity communication strategy. • Audit against cardio metabolic assessment and treatment for patients with psychosis. • Demonstrate positive outcomes in relation to body mass index and smoking cessation for patients in early intervention in psychosis services. • Mandate of physical health training for mental health staff. • 90% of patients to have up to date CPA, care plan or comprehensive discharge summary shared with GP.
Workforce	We believe that quality is everyone's business and we expect every member of staff to constantly drive quality improvements for our patients. We will continue to measure and maintain delivery of our quality performance targets and standards, but real differences will be made in quality improvements by engaging with our staff. We want to further release and harness the ambition, creativity and motivation of staff at all levels to bring about improvements, as well as learning from others and working with our partners to ensure we always do what is right for patients.	<ul style="list-style-type: none"> • Staff survey – improvement in the indicator for staff recommendation of Trust as a place to work. • Staff survey – improvement in the indicator for staff recommendation of Trust as a place to be treated. • Improvement in Trust staff turnover rate. • Minimum of ten Pioneer Teams to have gone through the Go Engage programme. • Improvement in National Staff Survey, Staff Engagement score. To be within the top 20% nationally for Trusts of a similar type.

Our CQC Ratings

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

Care Quality Commission Inspections in 2017/18

The CQC undertake different types of inspections depending on the area of care they would like to focus on. The inspections can be announced or unannounced inspections. In early 2018 we underwent a major 'Well-Led' inspection where the CQC visited a large number of teams. At the time of drafting this report, the CQC reports for this inspection have not been published.

Clinical Commissioning Groups (CCGs)

CCGs are responsible for the planning and commissioning of health care services in their local area. There are 3 CCGs in Worcestershire:

NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest Clinical CCG. The CCGs commission most of our services and undertake in-depth 'quality checks' in services. When the CCGs 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 the CCGs and the clinical teams. We call these visits 'peer reviews'. Between 1st April 2017 and 31st March 2018 16 services took part in a peer review with the CCG.

Action plans are drawn up 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 positive finding, or a problem or issue. Some key themes that have emerged from the 2017/18 visits are:

- The compassionate care that staff provide to patients in all services. This is a consistently evident theme in all reports and is by far the most easily identifiable common element across all inspections and visits. Many reports also note the pride the staff have in their service.
- Staff need to ensure managerial and clinical supervision is undertaken and recorded. Trust-wide this has been addressed through the new Clinical Supervision Policy and supervision recording arrangements.
- Although we have seen an improvement in the number of patients and carers being offered the Friends and Family Test (FFT), staff in the smaller teams need to ensure this opportunity to feedback to us is offered more consistently. We are now close to introducing a text messaging service which will make it easier for some patients and carers to feed back their experiences.
- Documentation remains a theme but relating to different processes – for example ensuring missed doses are recorded on medication charts, ensuring consent to share is recorded accurately, ensuring observation charts are fully completed. Documentation issues are picked up through the Trust's quality metrics and through clinical record keeping audits.

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>

During 2018 Healthwatch Worcestershire gathered from people with Autism Spectrum Conditions and their carers about their experiences of accessing healthcare services, information, support and diagnosis. We have responded to the recommendations in the report and look forward to working with Healthwatch Worcestershire during 2018/19.

2017/18 Commissioning for Quality and Innovation (CQUIN) Targets

A proportion of Worcestershire Health and Care NHS Trust income during 2017/18 was conditional on achieving quality improvement and innovation goals under the Commissioning for Quality and Innovation payment framework as agreed between the Trust and our commissioners.

2017/18 CQUIN Targets	Milestone Achieved?
Improvement of Health and Wellbeing of NHS Staff – Achieving a 5 percentage point improvement in two of the three NHS annual staff survey questions on health and wellbeing.	No
Healthy food for NHS Staff, visitors and patients – Healthy food provision	Yes
Achieving an uptake of flu vaccinations by frontline clinical staff of 70%	Yes
Cardio metabolic assessment and treatment for patients with psychosis	Report due April 2018
Collaboration with Primary Care clinicians.	Yes
Reduce by 20% the number of attendances to A&E for those within a selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions, and establish improved services to ensure this reduction is sustainable	Yes
Improving transitions out of young peoples’ Mental Health Services	Partial achievement
Increasing proportion of patients admitted via non-elective route discharged from acute hospitals to their usual place of residence within 7 days of admission by 2.5% points from agreed baseline.	Partial achievement
Increase the number of full wound assessments for wounds which have failed to heal after 4 weeks.	Yes

Some Examples of Our Quality Improvement Initiatives in 2017/18

- Reducing Avoidable Pressure Ulcers** – Our revised quality improvement measures have led to a marked reduction in avoidable pressure ulcers. In 2017/18 there were 26 avoidable pressure ulcers compared to 99 in the previous year – a 74% reduction. We are proud of our achievements so far and we will continue with our focus in this important area of work.
- Improving Medicines Safety** – We developed a plan with the support of Parkinson’s Specialist Nurses, Ward Managers and Nurses and Parkinson’s UK. Together we set out clear strategic goals to minimise the number of missed doses and delayed doses for Parkinson’s patients, to ensure we continue to deliver high quality and cost-effective healthcare. An audit showed that 94% of doses were administered within 30 minutes from the time prescribed (in clinical terms this is an acceptable timeframe). Work is continuing across the inpatient wards to ensure any delays in administering medicines are kept to an absolute minimum. Other highlights include new clearer prescription paperwork, development of the new medicines training programme, the alignment of clinical pharmacists within teams, working with patient groups and the development of a bespoke data warehouse.
- Falls Prevention** – 95% of falls are reported from Community Hospitals and Older Adult Inpatient wards so we focus our attention in these areas. Over half of the falls reported are ‘repeat fallers’ – i.e. one patient falls more than once. We pay extra attention to these patients, for example, by increasing the number of nursing staff on duty when we have a patient who is known to be at high risk of falls.

- Serious Incidents** – We always ensure a full review and investigation is carried out to understand the causes and to ensure any learning and improvements can be captured. Trusts define a ‘serious incident’ slightly differently. During 2017 we amended our processes so that only avoidable pressure ulcers are recorded as ‘serious incidents’. We have taken this approach as we believe firmly in a learning and improvement culture that focuses on areas of care that we can improve, rather than those that we have no control over. We are ranked in the top 17 % nationally for our commitment to learning from mistakes and our open and transparent culture by NHS Improvement and placed 37 out of the 230 trusts in the national ‘learning from mistakes’ league table.
- Restraint** – Positive and Proactive Care: reducing the need for restrictive interventions – 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. It is a last resort and only then employed 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. We have practical and in-depth training sessions for staff regarding the use of restrictive physical interventions, based on the principles set out in the Government’s ‘Positive and Proactive Care’ guidance. Each incident of restrictive intervention is reviewed to determine if anything should have been done differently, and the learning from this shared across the teams. The outcome of our training, staff support and incident reviews that, compared to other Trusts, we have a low number of restrictive interventions occurring in our wards.
- Duty of Candour** – We try to ensure both staff and patients are supported when care delivery does not go according to plan, and that factual information and a genuine apology is offered to patients and carers if something does go wrong. We reviewed and updated our Duty of Candour Policy in 2017/18 to further enhance guidance for staff. We provide face-to-face training sessions to clinical teams, and have an on-line training package. We have incorporated the Duty of Candour into our existing Root Cause Analysis training. The Duty of Candour is checked in each Serious Incident report to ensure the duty has been fully and comprehensively implemented.

Mortality

National Context

In December 2016 the CQC published its report ‘Learning, candour and accountability: A review of the way NHS trusts review and investigate the deaths of patients in England’ making recommendations about how the approach to learning from deaths could be standardised across the NHS. In response the National Quality Board published a national framework for NHS Trusts – ‘National Guidance on Learning from Deaths’. The framework placed a number of new requirements on trusts for reporting, investigating and learning from patient deaths.

NHS Improvement is supporting Trusts with the implementation of the framework and states in its guidance that it is fully aware that mental health and community care providers have less clarity on methodologies and scope for the new requirements compared to Acute Trust providers.

In addition the Learning Disabilities Mortality Review (LeDeR) programme has been commissioned by NHS England to support local areas in England to review the deaths of people with a learning disability to:

- Identify common themes and learning points and
- Provide support to local areas in their development of action plans to take forward the lessons learned

Actions Taken by Worcestershire Health and Care Trust in relation to Mortality 2017/18

Our Trust has been working hard to meet the national requirements so that we can promote learning and improve how we support and engage with the families and carers of those who die in our care. We have established a Mortality Review Group (MRG), chaired by our Medical Director. The group meets every 3 months to oversee progress with the implementation of our Mortality Review Policy and the associated work streams. Reports are provided from this group to our Quality and Safety Committee and Trust Board. We met the national requirement this year to publish an updated Mortality Review Policy by 1st September 2017.

National guidance is that deaths are reviewed and ‘ranked’ with respect to ‘avoidability’ of death. We have thousands of patients who are looked after in their own homes so we are working with our commissioners to establish how we can learn from deaths that inevitably occur in our community services.

For the first phase of the introduction of mortality reviews we have focussed on in-patient services. We would like to make sure we have well-practised effective systems in for this group of patients, and then take the learning forward for reviewing mortality with community based patients. Between October 2017 and March 2018 95% of deaths in the community hospitals have undergone a mortality review.

Themes and learning points from our inpatient mortality reviews:

- We have found that good, safe and compassionate care has been provided.
- There were some examples of very clear documentation regarding discussions with the family to ensure the patient and family’s wishes were listened to and acted upon.
- Staff report that clinical supervision sessions, specific to end of life care, provided for patients and their family are valuable.
- The importance of the family being involved in discussions, care planning, decision making and sharing information and updates when the patient’s condition changes.
- The importance of family having facilities to stay overnight and ensuring there is open visiting when a patient is known to be nearing end of life was cited as an important factor in high quality care.
- In one case a particular medication was required to help a patient’s agitation. This was not readily available so had to be ordered via the on-call pharmacist. Going forward this medication will be kept as a stock item.
- One patient had numerous issues which were very difficult to manage but with well thought through conversations with the family these were overcome.

Our Plans for 2018/19

The Trust’s Mortality Review Group has an action plan to implement over the coming 12 months, taken from learning from our work last year including:

- Improving our policy for carers and families.
- Ensuring our staff are equipped with the knowledge and expertise to support families during the very difficult time after a loved one has died.
- Concentrating on the quality of our mortality reviews to ensure there is sufficient rigour and professional objectivity.
- Learning from partners and other Trusts allowing examples of best practice in other areas to be brought into our approach.

Mortality

(NB the following statements are mandatory requirements for the Quality Account)

A	The number of its patients who have died during the reporting period, including a quarterly breakdown of the annual figure.	During April 2017 – March 2018 349 of Worcestershire Health and Care NHS Trust patients died as patients on the in-patient wards. This comprised the following number of deaths which occurred in each quarter of that reporting period: 68 in the first quarter; 87 in the second quarter; 97 in the third quarter; 97 the fourth quarter.
B	The number of deaths included in item A which the provider has subjected to a case record review or an investigation to determine what problems (if any) there were in the care provided to the patient, including a quarterly breakdown of the annual figure.	By 31st March 2018, 340 case record reviews and 8 investigations have been carried out in relation to 349 of the deaths included in item A. In 2 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: 67 in the first quarter; 87 in the second quarter; 92 in the third quarter; 96 in the fourth quarter.
C	An estimate of the number of deaths during the reporting period included in item A for which a case record review or investigation has been carried out which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient (including a quarterly breakdown), with an explanation of the methods used to assess this.	0 % of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. These numbers have been estimated using evidence from <ul style="list-style-type: none"> • Structured Judgement Reviews. These assess avoidability and none of these have flagged a death as avoidable. • Root Cause Analysis Reports. The NHS Serious Incident Framework recommends this approach where unexpected deaths are investigated.

D	A summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified in item C.	<p>Although our investigations did not highlight any problems in in-patient care, we have used the data to produce some analysis and broader learning from our mortality reviews and investigations into deaths.</p> <ul style="list-style-type: none"> • The highest mortality rate occurs in our community hospitals. The hospitals provide sub-acute care, palliative care and rehabilitation. Many patients admitted to our community hospitals have multiple physical health problems. In 2017/18 the average age of patients who died in our community hospitals was 77 years; the median age is 83 years. • Outcomes and learning from the adult and older adult mental health wards confirmed the complexity of the patients' physical and mental health conditions in these services. • Some reviews identified the positive experiences for the clinical team in providing holistic, end of life care. • The inpatient units demonstrated positive support for families and carers in making arrangements to stay overnight in the hospital if they wished to. <p>Some reviews showed that admission assessments and care plans were not fully completed. We found that the Mental Capacity assessments had not always been documented for patients who have a 'Do Not Attempt Cardio-pulmonary resuscitation' (DNACPR) form in place. There have been very few negative issues identified as a consequence of the present structured judgement review process.</p>
E	A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period (see D).	<p>The following are some actions we have taken:</p> <ul style="list-style-type: none"> • We have worked with some GPs to promote earlier referrals to palliative care consultants. • We have worked with staff to ensure notes that accompany patient on admissions are recorded fully in the Trust's primary electronic care record. • We have worked with staff to ensure mental capacity assessments are consistently recorded. This has been added to our Clinical Audit plan for 2018/19 to monitor sustained performance in this area. • The relative lack of negative findings, though reassuring, has raised questions regarding the present process and whether it is being undertaken with sufficient challenge and vigour. The process as a whole is therefore being reviewed to identify whether staff feel suitably experienced and supported in conducting the reviews. The push is now to request more depth in the narrative within the SJR with the approach that the reviewer should always be able to identify some level of improvement in practice

H	An assessment of the impact of the actions described in item E which were taken by the provider during the reporting period.	A key impact is the need to develop our work with mortality reviews during 2018/19 so that all reviews are consistently undertaken to a high standard. We will be looking into how we can provide training to staff to support this and will be monitoring the quality of reviews more closely. As a result of our mortality review work in 2017/18 we now have much better monitoring of mental capacity assessments for patients who have DNACPR form in place.
I	The number of case record reviews or investigations finished in the reporting period which related to deaths during the previous reporting period but were not included in item B in the relevant document for that previous reporting period.	2 case record reviews and 0 investigations completed after 31.03.2017 which related to deaths which took place before the start of the reporting period.
J	An estimate of the number of deaths included in item I which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient, with an explanation of the methods used to assess this.	0% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. <ul style="list-style-type: none"> • Structured Judgement Reviews. These assess avoidability and none of these have flagged a death as avoidable. • Root Cause Analysis Reports. The NHS Serious Incident Framework recommends this approach where unexpected deaths are investigated.
K	A revised estimate of the number of deaths during the previous reporting period stated in item C of the relevant document for that previous reporting period, taking account of the deaths referred to in item J	0% of the patient deaths during 2016/17 are judged to be more likely than not to have been due to problems in the care provided to the patient.

Learning from Coroner's Regulation 28 – Prevention of Future Deaths

There were two occasions during 1st April 2017 to 31st March 2018 when the Coroner has written to Worcestershire Health and Care NHS Trust under regulation 28 of the 2009 Justice Act to make recommendations to Prevent Future Deaths (PFD).

A Prevent Future Deaths report dated 11th October 2017 resulted from an Article 2 inquest, with a jury, into the death of an inpatient on a mental health ward. The report highlighted concerns around a lack of documented rationale in relation to risk assessment, observation levels and items in the patient's possession. The Trust responded on 4th December 2017 stating that the relevant policies had been reviewed with a view to updating them to reflect current practice. The Trust also confirmed that staff had been reminded of the importance of clearly documenting the rationale for decisions made in patient care.

A Prevent Future Deaths report dated 9th February 2018 was twofold. The first concern was that, following discharge from the Home Treatment team, the patient had not been seen by the Care Coordinator as had been the expectation of the discharging clinician. The second issue related to a lack of telephone lines into Studdart Kennedy House making it difficult for patient's to contact staff in times of crisis. The Trust responded on 27th March 2018. The response recognised the concerns in relation to the lack of input from the Care Coordinator and an assurance was given that the matter is being addressed internally with the member of staff concerned. In response to the concern regarding telephone facilities at Studdart Kennedy House, the Trust confirmed that an action plan has been agreed to install a digital telephone system.

PATIENT EXPERIENCE FEEDBACK DURING 2017/18

The feedback that we receive from patients and carers enables us to identify areas for improvement in the services we provide. Recent examples of feedback leading to improvement include:

- Patients told us they would like more exercise groups for patients with multiple sclerosis – from September 2017 a neurology specific exercise group has started which will be open to patients with a diagnosis of multiple sclerosis.
- It was noted from feedback in the MIU departments that patients commented on waiting times and being informed of any delays – waiting times are now displayed in the departments. Receptionists are encouraged to inform patients of any delays when booking in.
- In Adult Mental Health we have amended appointment letters to include information to support patients. The leaflet includes information on how to locate the clinics, refreshment availability, parking and contact details both in and out of hours.
- A theme was identified around lengthy waiting times for drop in clinics at the Dental Access Centres. The service have implemented staggered drop in sessions to reduce waiting times.
- In Learning Disabilities services we have introduced Healthy Lifestyles sessions for patients as a result of feedback about healthy living.
- A patient fed back on their experience of post-operative breast care – as a result of this feedback training was arranged for staff from a Breast Care Specialist Nurse to improve staff knowledge and confidence.
- To ensure that we are able to support carers Worcestershire Association of Carers now provide drop in sessions in all the Community Hospitals offering information and support.

FRIENDS AND FAMILY TEST SCORES FOR 2017/18

01/04/2017 to 31/03/2018	How likely are you to recommend our services to friends and family if they needed similar care or treatment?						TOTAL	FFT Score
	Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't Know		
Adult Mental Health	393	210	22	17	17	27	686	88%
Community Care North	2169	376	17	6	5	21	2594	98%
Community Care South	1553	394	37	13	7	38	2042	95%
Children, Young People and Families	910	226	23	6	4	20	1189	96%
Learning Disabilities	22	63	0	1	0	3	89	96%
Specialist Primary Care	799	112	12	21	17	12	973	94%
Adult Mental Health and Learning Disabilities	415	273	22	18	17	30	775	89%
TOTAL	5846	1381	111	64	50	121	7573	95%

National Survey – Mental Health Community Services – 2017

Worcestershire Health and Care Trust participate in the Mental Health Community Service User Survey provided by Quality Health Ltd. The initial survey results for 2017 were published on 4th July 2017. The survey comprises 41 questions that are categorised into 10 sections.

There were 251 responses received and analysed during the 2017 survey; a small reduction compared to response numbers received during the 2016 survey. The survey samples both Adult and Older Adult Mental Health service users. 53% of the surveyed service users were aged between 18 and 65 years. 47% were 66 years or over. Some of the key findings were:

- 78% of respondents stated they were always treated with dignity and respect; this is above the national comparator (74%) and a small improvement on the findings of the 2016 survey (77%).
- There has been a notable improvement in the percentage of service users who know who to contact out of hours in a crisis (64% in 2017 compared to 53% in 2016). This criterion was highlighted in the 2016 survey as an area that required improvement.
- During 2017 the percentage of service users who had experienced a change in the staff providing their care has fallen. This is a positive finding and indicates a more consistent care provision. The Trust score in 2017 is consistent with the national average. Furthermore, the 2017 survey reports that where changes in staff had taken place, a higher percentage of respondents stated this had had a positive impact on their care (compared to findings in 2016 and the national average).
- Significant improvements have been seen in 2017 with respect to the percentage of respondents that stated 'Yes definitely' for the question 'Were you involved as much as you wanted in agreeing the care you will receive'; (61% in 2017, 48% in 2016, and national average 57%). This criterion was identified as an area for improvement in 2016; the findings imply that actions taken have had a positive impact on patient experience.

- There was a small reduction in the percentage of respondents that stated that they had been seen in the last month. However this does not appear to have had a negative impact on care as experience regarding planning and reviewing care has improved.
- 99% of respondents stated that they knew how to contact the person in charge of their care if they had concerns; this is an improvement on the score attained in 2016 and is above the national average.

Complaints and Compliments

We widely promote the opportunities for providing feedback about our services, as well how to make a complaint. 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 2017/8 we recorded over one million 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 comparison to the previous two years.

	2015/2016	2016/2017	2017/2018
Complaints	377	317	322
PALS	654	1082	1371
Compliments	4997	3074	3339

All complaints received by the Trust are published, with all person identifiable data removed, on the Trust's website at: <http://www.hacw.nhs.uk/our-services/compliments-and-complaints/complaints-received> More detail can also be found in our annual complaints report to Trust Board in May 2018 <http://www.hacw.nhs.uk/our-board/board-agendas-minutes-and-meeting-dates/>

All of our complaints are reviewed to help us identify any themes. Actions from complaints are shared by the services more widely through team meetings. Some examples of actions taken and lessons learnt are:

- Community Care North – Contenance Team and District Nursing Team. A patient had experienced a delay in being able to access continence products due to a breakdown in communication between the two clinical teams. The teams have worked together and the system has been revised to ensure this does not happen again
- Adult Mental Health – a patient had contacted the service but did not receive a telephone call back. The administration team now ensure that all Clinical Leads are made aware if a patient requires an update.
- Community Care South – District Nurses had missed a patient visit. A robust system has now been implemented to ensure that all patients receive a visit.

During 2017/18 we have received many wonderful compliments from our patients and their carers. This feedback is shared with staff and we publish these comments on our staff internet pages.

Staff Survey and Staff Support

Based on the primary headcount for the Trust as of 31st January 2018 the Trust currently employs 3,998 staff. One of the Trust's Quality Account Aims for 2018/19 is workforce.

The NHS National Staff 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 2017 National Staff Survey were released in March 2018.

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

- Percentage of staff working extra hours
- Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves
- Percentage of staff feeling unwell due to work related stress in the last 12 months
- Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

The bottom five ranking scores for the Trust were:

- Percentage of staff / colleagues reporting most recent experience of violence
- Quality of appraisals
- Quality of non-mandatory training, learning or development
- Staff satisfaction with the quality of work and care they are able to deliver
- Effective team working

The Trust scored higher than the national average for indicator KF21 – the percentage of staff believing that Trust provides equal opportunities for career progression or promotion we scored 90% against a national average of 86%.

For KF26 – the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months – the Trust scored 19%, against a national average of 20%.

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 in-patient 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. 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 or health care assistants 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.

CLINICAL AUDIT AND RESEARCH (MANDATORY SECTIONS)

Clinical audit

During 2017/18 ten national clinical audits and two national confidential enquiries covered NHS services that Worcestershire Health and Care NHS Trust provides.

During the reporting period, Worcestershire Health and Care NHS Trust participated in 10/10 (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 enquiries that Worcestershire Health and Care NHS Trust was eligible to participate in during 2017/18 are as follows:

- Re-audit of the national audit of the management of syphilis
- National Audit of Intermediate care (NIAC) 2017
- POMH-UK Topic 17a: The use of depot/long-acting injectable (LAI) antipsychotic medication for relapse prevention
- POMH-UK Topic 15b: Prescribing valproate for Bipolar Disorder
- POMH-UK Topics 1g and 3d: Prescribing high dose and combined antipsychotics on adult psychiatric wards
- POMH-UK Topic 16b: Rapid tranquillisation
- Re-audit of regional Audit of HIV testing
- Physiotherapy Hip Fracture Sprint Audit (May 2017)
- National Clinical Audit of Psychosis (NCAP)
- National Early Intervention in Psychosis Service audit (EIPS)
- National Confidential Inquiry into Suicide and Homicide by people with Mental Illness (NCISH)
- National investigation into suicide in children and young people

The national clinical audits and national confidential enquiries 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 2017/18	% of cases submitted
Re-audit of the national audit of the management of syphilis	n/a
National Audit of Intermediate care (NIAC) 2017	n/a
POMH-UK Topic 17a: The use of depot/long-acting injectable (LAI) antipsychotic medication for relapse prevention	n/a
POMH-UK Topic 15b: Prescribing valproate for Bipolar Disorder	n/a
POMH-UK: Topics 1g and 3d: Prescribing high dose and combined antipsychotics on adult psychiatric wards	n/a
POMH-UK Topic 16b: Rapid tranquillisation	Data collection underway
Re-audit of regional Audit of HIV testing	n/a
Physiotherapy Hip Fracture Sprint Audit (May 2017)	n/a
National Clinical Audit of Psychosis (NCAP)	90%
National Early Intervention in Psychosis Service audit (EIPS)	n/a
National Confidential Enquiries	
National Confidential Inquiry into Suicide and Homicide by people with Mental Illness (NCISH)	n/a
National investigation into suicide in children and young people	n/a

We have 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 patient safety incidents, areas of risk and complaints, and clinician-interest audits. In addition, each clinical audit is aligned with one of the Trust's five values.

These forward programmes are agreed with Senior Management Teams, the Clinical Audit and Effectiveness Group, and the Quality and Safety Committee.

Service-level ownership of and engagement in each programme is strong. Teams review audit reports and action plans, and feed back the outcomes from audit work to the Clinical Audit and Effectiveness Group. These are reported to the Clinical Quality Improvement Forum, Integrated Governance Group, Quality and Safety Committee, and to Trust Board.

The Trust operates a Quality Indicator which measures the percentage of audits running to plan. Over the period 2017/18, the average percentage of audits running to plan was 98% (target 95%).

The reports of **seven** national clinical audit were reviewed by the provider in 2017/18 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 16a: Rapid tranquillisation in the context of the pharmacological management of acutely-disturbed behaviour	Implementation of the Positive and Proactive Care Strategy: Reducing the need for Restrictive Interventions by providing safe and preventative care for patients in all Mental Health and Learning Disability settings. Implementation of debrief documentation in use across the wards.
POMH-UK Topic 7e: Monitoring of patients prescribed lithium	Lithium clinics to be made aware of the requirement to routinely monitor serum calcium; this will be added to the request form. Request ECG monitoring from the GP and monitor via the Physical Health Mandatory form on CareNotes.
Re-audit of the national audit of the management of syphilis	Presented findings at January 2018 Sexual Health Clinical Governance meeting, and encourage HIV testing at quarterly follow up. Improve partner notification rates by considering current practice, and resources required for partner notification.
Re-audit of regional Audit of HIV testing	Discuss at the Sexual Health Clinical Governance meeting how other services have improved their uptake of HIV testing, and their offer of MSM annual testing.
National Audit of Intermediate care (NIAC) 2017	Share the National Summary Report with the Service Delivery Unit.
POMH-UK Topic 17a: The use of depot/ long-acting injectable (LAI) antipsychotic medication for relapse prevention	Service is reviewing findings from individual consultant team reports, and identifying actions.
POMH-UK: Topics 1g and 3d: Prescribing high dose and combined antipsychotics on adult psychiatric wards	Development of a Trust policy regarding the use of high dose and/or combined antipsychotic prescribing.

The reports of **85** local clinical audits were reviewed by the provider in 2017/18

Worcestershire Health and Care NHS Trust intend to take or have 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
Record Keeping Audit; Worcestershire Healthy Minds Service	To adhere to the record keeping standards.	Guidance and template covering expectations of robust record keeping including scanning/ uploading supporting information onto CareNotes has been circulated. Line managers perform random checks on CareNotes to ensure notes are uploaded in a timely manner, and correct documents are in place. Staff know to report on Ulysses when remote access to CareNotes is unavailable.
Adult Mental Health Mental Health Act Audit	To ensure documentation of the employment of the Act is full evidenced.	Findings discussed with the Clinical Director and Mental Health Act Manager. A system of weekly audits is in place to monitor compliance. Prompts sent to qualified staff including the requirement to share Section 17 Leave Forms with the patient. Amendment made to CareNotes system regarding care planning.
Recording of Mental State Examination (MSE) by the admitting doctor	Ensure robust completion of the Mental State Examination on admission.	Findings shared and discussed during Junior Doctors' teaching programme. Circulate standard MSE format at Spring 2018 induction programme. Ensure reasons for patient's non-compliance are clearly documented on CareNotes.
Investigating multiple prescription (polypharmacy) of antipsychotic medication	Eliminate non-justifiable polypharmacy.	New tab/subheading to be added in outpatient letters entitled 'Medication Rationale'. Trainee doctors to be encouraged to reconcile depot and oral medication cards with CareNotes when transcribing/prescribing. Re-audit in Q2 of 2018/19.
Use of 1:1 meaningful engagement in the care of patients on the PICU	To clarify the definition of what '1:1 meaningful engagement' is.	Review the current policy of offering 1:1 counselling daily to each patient, with an agreement on what this constitutes. Presentation to the Hadley Ward Staff group, and initiate a discussion with senior nurses and manager.

Learning Disabilities Service		
Title of clinical audit	Aim/ objective	Action taken
Worcestershire Integrated Learning Disabilities Team Baseline Audit of Working Document for Dementia Referrals	To ensure the team adhere to the dementia referral pathway for people with a learning disability.	Process map/checklist to be developed to support adherence to the pathway, and robust recording on CareNotes and/or Framework.
Care Planning and Care Records Clinical Audit	To improve care-planning and record keeping.	Regular monitoring via supervision. Ensure referral is made where eating and drinking guidelines have lapsed or are missing. Service to adopt use of the approved Epilepsy management Plan (EMP).
Short Breaks Admission Process	To ensure records are complete, and Admission Process if fully evidenced.	Regular monitoring via supervision. Develop agreed process and new template for updating body maps. Refresh staff knowledge of agreed method of communication between service and families.
Reasonable Adjustments: LD Acute Health Liaison and Community LD Team (CLDT) Hospital Admission and Discharge Pathway Audit	Support the Acute Health Liaison Team to ensure the Community LD Team are notified of all admissions.	A field will be added to the daily Acute Health Liaison Nurses' data collection sheet to prompt staff to ensure they notify the CLDT of admissions.
Community Care Service		
Title of clinical audit	Aim/ objective	Action taken
End of Life Care Policy Audit for inpatients with dementia	All cases audited were able to evidence the End of Life Care Policy had been followed appropriately.	No further action necessary.
Quality Improvement project to assess documentation when commencing acetylcholinesterase inhibitors in patients with Alzheimer's disease	Ensure diagnosis and possibility of treatment failure is documented. Ensure blood pressure is recorded in all cases.	A checklist has been introduced to support the consultation process with a patient regarding commencing them on an acetylcholinesterase inhibitor.

Podiatry Documentation Audit	Improve adherence to podiatry documentation requirements.	Results to be cascaded to the team via the team meeting, and email notifications. Training for staff and dissemination of information around how to use CareNotes to the required standards; clear clinical documentation, and appropriate on-ward referrals to vascular teams. Re-audit in Q2 of 2018/19.
Compliance with Bipolar NICE guidelines	Ensure service is fully compliant with the guideline.	Implement Quality Metrics for Older Adult Community Assessment and Recovery Service (CARS).
'This is Me' Document Audit (North Community Hospitals).	Full compliance using the 'This is Me' document in North Community Hospitals.	No further action necessary.
Children, Young People and Families Service		
Title of clinical audit	Aim/ objective	Action taken
Serial Casting Clinical Audit	Ensure there is evidence of objective assessment including care planning and goal setting recorded.	Delegate the re-audit to Senior Paediatric Physiotherapy representatives in the North and South. Review the policy to capture the auditable information, and develop SurveyMonkey data collection audit tool.
Data Review for Parent Sensory/ Motor workshops	Ensure outcome reports are written in timely manner. Increase attendance at Parent Sensory/ Motor Workshops.	Review the aims and purpose of the Parent Talk workshops, and explore reasons for non-attendance, with involvement from therapists and parents. Introduce a county-wide register; explore use of CareNotes data reports to create and maintain this list. Develop Standard Operating Procedure for recording activity, and ensure clinicians are aware of the use of the patient register.
Paediatrics orthotics record keeping audit	Improve adherence to record keeping standards.	Review service specification re inclusion of expected standards, as part of re-tendering process. Feedback audit outcomes with current orthotics providers, the Appliance Officer and wider SDU.
Cerebral Palsy (CP) Cohort Audit	Improve documentation on CareNotes, information and care planning.	Liaise with Clinical Service Lead for Paediatricians and CareNotes Management Team regarding use of these data and location on CareNotes. Develop an audit programme to include; care plans, therapy interventions, NICE recommendations, Cerebral Palsy Integrated Pathway West Midlands compliance, and x-ray monitoring. Review open caseloads, and update database.

Audit of compliance with Rapid Response guidelines to Sudden Unexpected Death in Infants and Children (SUDIC) cases in Worcestershire 2016/17	Ensure Rapid Response guidelines are followed.	When a SUDIC case is not referred to Rapid Response Team within 24 hours, this is raised with relevant clinician/service, and at the Child Death Overview Panel for actions to be taken by relevant agency. SUDIC administrator liaises with GP practices/ SUDIC coordinator and designated doctor to ensure Information Sharing Meetings takes place within 14 days. All agencies involved at initial information-sharing meeting are informed that a final case discussion meeting has been arranged.
Audit of the management of young people with moderate depression	Refine the audit tool, and roll out across CAMHS.	Share results of audit with Reach for Wellbeing and School Health Nurse teams. Share anxiety and depression pathway with Consultation, Advice, Support and Training (CAST) Team and Tier 3 CAMHS staff at CAMHS away-day to ensure young people are being offered self-help materials where clinically appropriate.

Dental Health Service

Title of clinical audit	Aim/ objective	Action taken
Antibiotic prescribing in Urgent Dental Care	Reduce the use of antimicrobials in the Urgent Care situation, and improve the knowledge of and compliance with guidelines.	Results presented at regional meeting, and compared with other regional results. Simple guides incorporating current guidance are being developed by the West Midlands Urgent Care Managed Clinical Network.
Application of Fluoride varnish to children's teeth in compliance with Delivering Better Oral Health Guidelines	Ensure service is adhering to the Delivering Better Oral Health Guidelines.	Findings have been shared with clinicians, and the database templates, and care pathways have been improved.

Sexual Health Service

Title of clinical audit	Aim/ objective	Action taken
Re-audit of hepatitis B and C testing	Reduce over-testing of hepatitis B and C.	Reinforce British Association for Sexual Health and HIV (BASHH) guidelines. Ensure guidelines are followed by re-audit involving all sexual health services.
Re-audit of management of gonorrhoea	Ensure written information is offered to all patients.	Dissemination of findings to all staff via presentation at the Sexual Health Clinical Governance meeting. Ensure offer of Test of Cure is made at patient's first visit. Use the Electronic Patient Record system to document that written information is offered to the patient.

Re-audit of management of chlamydia	Ensure all under 25s diagnosed with chlamydia are offered a repeat test, within three months. Ensure written information is offered to patients.	Dissemination of findings to all staff via presentation at the Sexual Health Clinical Governance meeting. Discuss at the Sexual Health Clinical Governance meeting how other services improved their offer of repeat tests to under 25s; better text usage for reminders etc. Use the Electronic Patient Record system to document that written information is offered to the patient.
Re-audit of use of safeguarding document tool and related documentation in young people in the sexual health service	Ensure all patients have follow up plans documented clearly in their records. Increase number of staff participating in the audit, across all sites.	Findings from the audit have been cascaded to all staff in Hereford and Worcester, emphasising the importance of follow up plans recorded in the Young People's records. Review audit tool prior to re-audit.
Contraception Medical History Form Audit	Improve male and female GUM forms to ensure all patients are asked whether they feel threatened by their partner/ feel safe at home. Ensure safety is discussed with all patients. This will be greatly improved once ALL clinics are using Electronic Patient Records (EPR).	Staff informed via Clinical Governance and local clinic staff meetings to complete the general medical form in full. Review implementation of EPR in the remaining sexual health clinics.
Re-audit of intrauterine contraception patient information standards	Ensure aftercare is discussed, provided if required, and documented in all cases.	Written after-care information to be offered and documented.

Corporate Services		
Title of clinical audit	Aim/ objective	Action taken
Re-audit of National Early Warning Scoring Audit (NEWS)	Maintain robust documentation of information regarding the patient's details, ward information and frequency of observations.	Focused NEWS audits on individual sites.
Audit of Record Keeping/Supervision of Children who are subject to a Child Protection Plan	Continue to ensure assurance is given to Integrated Safeguarding Committee that annual record keeping audits address record keeping standards, and that there is robust implementation of Safeguarding Supervision. Promote the 'Think Family' message within the Trust.	The annual audit report was presented at the Integrated Safeguarding Committee (ISC). 'Think Family' is promoted through the ISC membership as well as via the quarterly Integrated Safeguarding bulletin. Development of the auditing process and tool.
Review of Section 42 Concerns Raised within Worcestershire Health and Care Trust	Ensure 'Making Safeguarding Personal' (MSP) underpins safeguarding practice. Ensure the Trust can provide assurance of robust records management. Ensure the Trust has effective adult safeguarding training.	Findings have been shared with the Integrated Safeguarding Committee, and cascaded to clinical teams. A review of Ulysses records relating to safeguarding concerns has been undertaken, and where there was an absence of 'MSP', this has been addressed directly with individual member of staff, and a monitoring system has been put in place. IST has liaised with the Learning and Development Team re an evaluation of training. A briefing document was issued to all staff relating to importance of recording adult safeguarding concerns on CareNotes.

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 – 131. Please note these represent National Institute for Health Research portfolio studies only.

2017/18 QUALITY ACCOUNT TECHNICAL SECTION (MANDATORY STATEMENTS)

Prescribed Information
During 2017/18 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; <ul style="list-style-type: none"> • Adult Mental Health & Learning Disabilities • Children, Young People and Families and Specialist Primary Care • Sexual Health and Dental Services • Community Care North • Community Care South
Worcestershire Health and Care NHS Trust has reviewed all the data available to them on the quality of care in all of these NHS services.
The income generated by the NHS services reviewed in 2017/18 represents 100 per cent of the total income generated from the provision of NHS services by the Worcestershire Health and Care NHS Trust for 2017/18.
A proportion of the Worcestershire Health and Care NHS Trust's income during 2017/18 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 the Worcestershire CCGs. Further details on this can be obtained from Worcestershire Health and Care NHS Trust's website.
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 2017/18 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 2017/18.
Worcestershire Health and Care NHS Trust 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 2017/18.
Worcestershire Health and Care NHS Trust submitted records to the Secondary Uses service for inclusion in the Hospital Episode Statistics. These will be included in the latest version of those Statistics published prior to publication of the Quality Account by Worcestershire Health and Care NHS Trust.

Worcestershire Health and Care NHS Trust submitted records during 2017/18 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data: which included the patient's valid NHS number was: 99.73% for admitted patient care (7627 out of 7648) 99.99% for outpatient care (14666 out of 14668) which included the patient's valid General Medical Practice Code was: 100% for admitted patient care (7648 out of 7648) 100% for outpatient care (14668 out of 14668) (The data for accident and emergency care is not applicable to Worcestershire Health and Care NHS Trust as the MIU activity is submitted by the Worcestershire Acute Hospitals Trust as their activity). 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 has taken place between April 2017 and February 2018 and is consistent with previous year's submissions. Worcestershire Health and Care NHS Trust continue to take 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.

Worcestershire Health and Care NHS Trust Information Governance Assessment Report overall score for 2017/18 was 74% and was graded Satisfactory (Green) – the highest grade achievable.

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 continues to improve the quality of record keeping and the ability to audit clinical records.

The Trust submits quarterly information around Care Programme Approach (CPA) 7 Day Follow Up Discharges to Unify which is the national collection system. The Information Team believes this data is not captured with the submissions made in the Mental Health Dataset, but NHS England provides regional quarterly information that is released from the Unify Submissions and this has been provided as a comparison. Below is the quarterly information that we have submitted to Unify. Worcestershire Health and Care NHS Trust considers that this data is as described for the following reasons: Reports are available to service online to check discharges and monitor whether a 7 day follow up has been completed. The information team validates this information with the services. Worcestershire Health and Care NHS Trust intends to take 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 2017/18 the target of 95% has been met. A national average comparison table is provided below. This is the quarterly information that the Trust submits to Unify which is then released by NHS England. We do not have access to the data to show the highest and lowest of the same for the reporting period.

Proportion of patients on CPA who were followed up within 7 days after discharge from Psychiatric Inpatient Care	England Average	Trust Position
Quarter 1	96.70%	98.68% (149 of 151)
Quarter 2	96.70%	99.24% (131 of 132)
Quarter 3	95.40%	100% (117 of 117)
Quarter 4	95.50%	99.19 (122 of 123)

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 do not believe this data is captured with the submissions made in the Mental Health Data set so we are 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. Worcestershire Health and Care NHS Trust considers that this data is a true reflection of performance for the following reasons: 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 the following actions to improve this: We will continue to make sure that where possible performance reaches 100%. During 2017/18 the target of 95% has been met. A national average comparison table is provided below. This is the quarterly information that the Trust submits to Unify which is then released by NHS England. We do not have access to the data to show the highest and lowest of the same for the reporting period.

The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period	England Average	Trust Position
Quarter 1	98.7%	99.09% (109 out of 110)
Quarter 2	98.6%	100% (101 out of 101)
Quarter 3	98.5%	100% (102 out of 102)
Quarter 4	98.7%	100 (104 out of 104)

The data 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. This information is not made available to this Trust.

The data made available to the trust by the Information Centre with regard to the proportion 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:

The data is provided in scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 (the lowest possible score) and the maximum score is 5 (the highest possible score)

	Trust Score 2016	Trust Score 2017	Median Score 2017	Lowest national score 2017	Highest national score 2017
Staff recommendation of the organisation as a place to work or receive treatment	3.62	3.64	3.68	3.40	3.90

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:

Worcestershire Health and Care NHS Trust takes the health and wellbeing of its staff very seriously.

There is a range of health and wellbeing support available to staff, including the following;

- Fast track physiotherapy
- Counselling
- Moodmaster courses
- Stress Awareness Training
- Stress Risk Assessment Training
- Occupational Health
- Regular pulse surveys

The Trust employs a full time Health and Wellbeing Lead whose role includes;

- The on-going promotion and development of health and wellbeing initiatives
- Staff engagement activity
- One to one support for staff
- Support for teams

Over the past twelve months the Health and Wellbeing Lead has worked in partnership with the Professional Lead for Allied Health Professional to host a number of contemporary placements for Occupational Therapy students. The purpose of the placements has been to support the work of the Health and Wellbeing Lead and to encourage staff to maintain their own health and wellbeing.

The data made available to the trust by the Information Centre with regard to 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.

In 2017 62.4% of service users of Worcestershire Health and Care NHS Trust say they feel they are seen often enough for their needs. This is in the intermediate 60% range of 52 similar services surveyed by Quality Health.

80.1% of service users said that the person they saw listened carefully to them. 70.1% of service users felt that the people they saw understood how their mental health needs affected other areas of life. 76.6% said they were given enough time to discuss their needs and treatment. All of these scores are in the intermediate 60% of all Trusts.

Worcestershire Health and Care NHS Trust considers that this indicator score is as described for the following reasons:

The survey is undertaken by an objective third party. All responses are anonymised.

Worcestershire Health and Care NHS Trust intends to take/has taken the following actions to improve this indicator score and so the quality of its services:

An action plan is in place to address the findings setting out, for example, how care plans are to be explained more clearly to services users so that each person knows the actions to take if they feel they need to be seen more often.

The data made available to the trust by the Information Centre with regard to the number and, where available, 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.

	2015/16 WHCT	2016/17 WHCT	2017/18 WHCT	*National Comparison
The rate of patient safety incidents reported within the trust	51.23%	51.18%	52.3%	Data unavailable
Percentage of such patient safety incidents that resulted in severe harm or death	1.99%	1.22%	1.16% **	1%

*Compared to mental health trusts

**The majority of these incidents relate to grade 3 and 4 pressure ulcers. Significant improvement work has been undertaken and our rate of avoidable pressure ulcers is decreasing.

We do not have access to the data for those trusts with the highest and lowest scores.

Worcestershire Health and Care NHS Trust considers that this data is as described for the following reasons:

The data is taken from our incident reporting system. Each incident is checked throughout the year to ensure it has been correctly coded and the harm level is an accurate assessment. It should be noted that many factors can affect the types of incident reported by different organisations which leads to wide variation in data quality.

Worcestershire Health and Care NHS Trust intends to take/has taken the following actions to improve this rate and so the quality of its services:

We will continue to encourage the reporting and shared learning from incidents. All data will continue to be reviewed to ensure accuracy of risk assessment and harm levels.

COMMENTARIES

The following response to the 2017/18 Quality Account was received from the three Clinical Commissioning Groups (CCGs) for Worcestershire – **NHS South Worcestershire CCG, NHS Redditch and Bromsgrove CCG and NHS Wyre Forest CCG:**

Response to Worcestershire Health & Care Trust Quality Account 2017/18

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 2017/18 services provided by the Trust continued to be overall rated as 'good' by the Care Quality Commission (CQC) and there was no requirement for the CQC to take enforcement action. The Trust was subject to a core service and 'Well-led' inspection during the early part of 2018 and we await the publication of a final report.

This year the Trust has invested in models to provide sustainable support for enabling and embedding quality improvement across services. This has included commitment for the Go Engage model and investment in staff to cascade the NHS Improvement Quality, Service Improvement and Redesign (QSIR) methodology. The CCGs are supportive of the approach taken by the Trust and are hopeful that this will be reflected in the Staff Survey for 2018.

Success has been achieved in a number of schemes this year where the CCGs incentivised areas for improving quality through service innovation. Schemes included improving the quality of physical health care for people with mental health needs and enabling more coordinated mental health support for individuals who have attempted to access support by attending A&E departments. Trust staff members have challenged traditional ways of working and developed partnership approaches that have enabled more integrated and effective care.

There has been a continuation of efforts to develop ways for seeking feedback from those who use the services that staff members deliver. The Trust does this in order to be responsive to concerns and ensure the Quality Priority of maximising the best possible experience of care for patients. The national Community Mental Health Survey 2017 indicates a number of areas where the Trust is doing as well as, or better than, comparable organisations in delivering services that patients expect. The Trust has demonstrated it has a good understanding of areas that require further improvement and is committed to enabling continuous progress.

There has been a high national profile and local commitment for evidencing learning from premature or avoidable deaths and the Trust met requirements to publish a revised Mortality Review Policy by September 2017. The Trust has this year started to work proactively with partners to agree ways to effectively identify and change practice as a result of learning following the deaths of people with a Learning Disability as part of the Learning Disability Mortality Review Programme (LeDeR).

The Trust continues to be committed to being a learning organisation that encourages an open and transparent culture. Analysis and learning has influenced positive improvement in a number of areas of priority, including the minimal use of restrictive interventions for people in distress. This year has seen a focused effort on reducing avoidable pressure ulcers for patients under the care of the trust and this will continue to be an area of importance into 2018/19.

Commissioners will continue to work in partnership with the Trust during 2018/19, to progress further toward more integrated services for local people. The Trust and Commissioners will need to continue to evaluate changes in the way that services are delivered and in doing so gain assurance of performance against the quality priorities and areas for improvement detailed in this Quality Account. There is a need to work closer together to ensure that more specific details of the quality impact of service changes, for example in the delivery of Trust cost improvement programmes, are shared in a timely manner. This will enable the potential for impact on aspects of quality to be more clearly understood and mitigated where this is possible. This will need to be a significant feature of emerging integrated care system arrangements moving toward 2019.

Based on existing assurance processes adopted and the information made available to us throughout the year, we believe this Quality Account provides a representative and balanced perspective of the quality of healthcare provided by Worcestershire Health and Care NHS Trust.

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



Simon Trickett
Accountable Officer

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

The Trust thanks the CCGs for the response to the Quality Account. No changes have been made to the Quality Account as a result of this feedback.

The following statement was received from the **Worcestershire Health Overview and Scrutiny Committee** (HOSC) in May 2018:

The Committee welcomes receipt of the draft 2017-18 Quality Account for Worcestershire Health and Care Trust and through the routine work of HOSC, and the activities of individual Members, we hope that the scrutiny process continues to add value to the development of healthcare across all health economy partners in Worcestershire.

The Trust thanks HOSC for the response to the Quality Account. No changes have been made to the Quality Account as a result of this feedback.

The following statement was received from Worcestershire Healthwatch:

HEALTHWATCH WORCESTERSHIRE RESPONSE

Quality Account 2017-2018

Worcestershire Health and Care NHS Trust

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 2017-2018 for the Worcestershire Health and Care NHS Trust.

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

In the section on Looking Forward to our Quality Priorities for 2018/19 there is a statement that:

'Following consultation with NHS Improvement, the Clinical Commissioning Groups, Care Quality Commission representatives, Healthwatch, our staff and the wider public our Trust Board decided on the following 3 priorities.' There is no evidence to suggest how

Healthwatch, patients and the public have been involved in formulating the priorities.

Whilst Dementia Awareness and Parity of Esteem are welcome as they will both benefit patients, they are not specific areas that Healthwatch Worcestershire has received feedback about in relation to Worcestershire Health and Care Trust over the last 12 months. Areas of feedback received by Healthwatch Worcestershire in this time frame include:

- Access to Adult Mental Health Services
- Access to Child Mental Health Services

Through the surveys and engagement carried out for the Autism Spectrum Conditions project, issues raised relating to the Health and Care Trust included:

- Access to and waiting times on the Umbrella Pathway
- Lack of appropriate mental health support for people with Autism Spectrum Conditions

Healthwatch Worcestershire welcome 'Parity of Esteem' as a priority and would suggest it might be useful to extend it to the parity of esteem and continuity of services from children's services to adult services, for those conditions which are lifelong.

Are there any important issues missed?

Healthwatch Worcestershire are aware of the major changes currently being addressed via the Sustainability and Transformation Partnership delivery of the 5 Year Forward View. It believes an explanation would have been useful in relation to the work and the potential role patients and carers will play in these changes.

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

Healthwatch Worcestershire welcomes the Health and Care Trusts commitment to developing a culture of co-production, however, it is not evident how this has been applied to either the development of this Quality Account or service redesign.

The Quality Account provides an opportunity to engage and involve patients and carers in the design and production of future reports.

Is the Quality Account clearly presented for patients and public?

Healthwatch Worcestershire understands the challenges in clearly presenting the Quality Account for patients and the public given the content required by NHS England. Healthwatch Worcestershire acknowledge this year's draft Quality Account is shorter than previous years, however, it is still technically complex, and the language used is not always clearly presented for patients and the public.

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



Peter Pinfield
Chair, Healthwatch Worcestershire

The Trust thanks Healthwatch for their feedback and notes the comments made. To address feedback from previous year's accounts we have tried to keep the 2017/18 edition to a more reasonable length. As there is already a substantial amount of information about the STP in the public domain we felt this was one subject area that was not necessary to include in the Quality Account. With regard to the technical language in the Account, as noted we are required to include mandatory statements and we are audited on this regulation. Each year we provide an accessible summary of the Annual Report and Quality Account, as we will do this year once each document has been finalised and approved.

No changes have been made to the Account as a result of the Healthwatch feedback. We will continue to work with Healthwatch during 2018/19 in order to build on our partnership working and mutual intentions to provide the best possible care to patients and carers in Worcestershire.

INDEPENDENT PRACTITIONER'S LIMITED ASSURANCE REPORT TO THE BOARD OF DIRECTORS OF WORCESTERSHIRE HEALTH AND CARE NHS TRUST ON THE QUALITY ACCOUNT

We have been engaged by the Board of Directors of Worcestershire Health and Care NHS Trust to perform an independent assurance engagement in respect of Worcestershire Health and Care NHS Trust's Quality Account for the year ended 31 March 2018 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS Trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, as subsequently amended in 2011, 2012, 2017 and 2018 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to the limited assurance engagement consist of the following indicators:

- percentage of reported patient safety incidents resulting in severe harm or death during the reporting period; and
- percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT), acted as a gatekeeper during the reporting period.

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

Respective responsibilities of the directors and Practitioner

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health and NHS Improvement has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

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

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health and NHS Improvement guidance.

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

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

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 issued by the Department of Health in March 2015 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

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

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

- Board minutes for the period 01 April 2017 to 27 June 2018;
- papers relating to quality reported to the Board over the period 01 April 2017 to 27 June 2018;
- feedback from NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG dated 31/05/2018;
- feedback from Healthwatch Worcestershire dated 15/06/2018;
- feedback from Worcestershire's Health Overview and Scrutiny Committee dated 29/05/2018;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009, dated 17/04/2018;
- the national patient survey dated 23/10/2017;
- the national staff survey dated 06/03/2018;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 24/05/2018;
- the annual governance statement dated 24/05/2018; and
- the Care Quality Commission's inspection report dated 01/06/2018.

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

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

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

Assurance work performed

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

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicators tested against supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

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

Limitations

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

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

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

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

Our audit work on the financial statements of Worcestershire Health and Care NHS Trust is carried out in accordance with our statutory obligations. This engagement will not be treated as having any effect on our separate duties and responsibilities as Worcestershire Health and Care NHS Trust's external auditors. Our audit reports on the financial statements are made solely to Worcestershire Health and Care NHS Trust's directors, as a body, in accordance with the Local Audit and Accountability Act 2014. Our audit work is undertaken so that we might state to Worcestershire Health and Care NHS Trust's directors those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of Worcestershire Health and Care NHS Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such directors as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than Worcestershire Health and Care NHS Trust and Worcestershire Health and Care NHS Trust's directors as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion

Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018

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

Grant Thornton UK LLP

Grant Thornton UK LLP
Chartered Accountants
The Colmore Building
20 Colmore Circus
Birmingham
B4 6AT

27 June 2018



**Worcestershire
Health and Care**
NHS Trust

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



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