



Quality Account 2015/16

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WELCOME TO WORCESTERSHIRE HEALTH AND CARE NHS TRUST'S QUALITY ACCOUNT

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. Increasingly 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 in a wide range of community settings including community hospital wards, acute mental health wards, respite 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.

Worcestershire has a population of approximately 584,000 and covers an area of approximately 670 square miles, with a relatively high proportion of residents aged 65 and above.

There are three Clinical Commissioning Groups (CCGs) within Worcestershire who are the main commissioners or buyers of our services.

We organise our clinical teams into 5 Service Delivery Units (SDUs):

- Adult Mental Health and Learning Disability
- Children, Young People and Families
- Specialist Primary Care
- Community Care – North
- Community Care – South

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

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

2015/16 in numbers

- Offering a diverse range of community services from over 100 sites
- Employed 4,028 staff
- In the region of 26,000 recorded contacts with patients each week

Our Clinical Strategy for 2015-2019

The Clinical Strategy refers to Trust Wide Priorities

1. Delivery of safe high quality care
2. Always putting people first / working in partnership with patients
3. Ensuring effective clinical leadership
4. Improving access to services
5. Delivering through integrating care

STATEMENT ON DIRECTORS RESPONSIBILITIES

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of the annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

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

- the Quality Accounts presents a balanced picture of the 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 guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board



Chris Burdon, Chairman



Sarah Dugan, Chief Executive

INTRODUCTION FROM THE CHIEF EXECUTIVE

"Welcome to the Quality Accounts 2015/16 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 plans going forward into 2016/17.

Last year saw us focusing on the Trust's response to the CQC's Chief Inspector of Hospitals report (you can read the report in full here - www.hacw.nhs.uk). Although the report, which was published in June 2015, gave many examples of really good practice throughout our services, the overall rating came out as 'Requires Improvement'. Our staff responded swiftly to the findings to ensure the issues highlighted by the CQC were put right. The CQC came back to check on our progress in late November 2015. At the time of writing the Quality Account we are awaiting the CQC's report from the follow-up visit. You will find more detail about the CQC's inspection and our follow up actions further on in the Quality Account.

We would like to thank all of the staff in the Trust for their hard work over the last year and for their commitment to ensuring we provide the highest possible quality of care to each and every person who comes into contact with our services. The clinical services have many achievements to be very proud of during the year. Here are just a few examples but you will find many more as you read through the Account:

- Our Home Treatment Team was rated amongst the best in the country – The teams are responsible for providing intensive mental health care to people in their own homes during an episode of acute illness as a safe alternative to hospital, and were rated amongst the top 10 nationally by the Royal College of Psychiatrists.
- Worcester Leg Club celebrated its 10th Birthday with a tea party where members, staff and the Lord Mayor were amongst guests. The Leg Club was founded in 2006 by Ellie Lindsay, a district nurse who wanted to give those who needed treatment for leg problems such as leg ulcers, swollen legs and eczema a chance to get treated and socialise at the same time. The club, which opens 3 days a week, has fully trained nurses to aid patients in a social setting while they have a cup of tea and a chat with others facing similar problems.
- Healthy Minds – we dedicated September 2015 as our Healthy Minds Month to raise awareness of the services we provide for those experiencing more common mental health issues like stress, anxiety, low mood and self-confidence. Our Worcestershire Healthy Minds service, (formerly known as the Primary Care Mental Health Team) provides a range of support, including cognitive behavioural therapy, counselling, groups and courses. People can now self-refer on to one of these which run across the county. The groups provide help for people who are stressed, feeling anxious, have low mood or who are effected by regular feeling of worry. As part of the campaign we asked 'how do you keep a healthy mind' and encouraged people to upload photos which represent their tools or techniques for mental wellbeing to social media. We had a really good response and you can have a look at the Healthy Minds Month photo album by searching #worshealthymindsmonth.
- Need to Talk Campaign – from the 9th November to the 9th December 2015 we ran a 'We Need to Talk' campaign to highlight the issues and support relating to children's speech and language. It is estimated that in Worcestershire 12,000 children may struggle with the development of speech and language skills which can have consequences later in life. Our Speech and Language teams provided lots of new advice and resources which are now available on our webpages. The response to the

campaign on social media was fantastic with the combined reach of Facebook and Twitter during the campaign being well over 250,000!

- In December 2015 we began the introduction of a new system for recording all clinical notes – an electronic patient record called Carenotes – which will revolutionise our record keeping. This is an exciting step forward for patients and staff as it will enable our teams to access up to date and comprehensive records more easily.

These are just a few examples of the outstanding work of our teams. There is a lot more information in the Quality Account and we hope you enjoy reading it. If you have any comments on the content or style of the Quality Account, please do let us know as this helps us to adapt and improve it each year.

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



Sarah Dugan, Chief Executive

INTRODUCTION TO THE QUALITY ACCOUNT

Worcestershire Health and Care NHS Trust's Quality Account is an annual report to the public about the quality of the services we deliver. We measure the quality of services by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about care the Trust has provided. We actively promote a learning culture that welcomes people's views and real experiences. We see this Quality Account as a reflection of our achievements as well as an open description of where we have identified that we need to make improvements.

Quality Account Priorities for 2015/16:

Each year we consult with our local population, the people who use our services and our staff to identify which key quality priorities we should focus on in the Quality Account. Last year we committed to 3 priorities:

- Improving care for people with dementia, focussing on increasing the number of frontline staff who have received dementia training
- Improving physical health care for mental health inpatients, focussing on ensuring physical health checks are undertaken with mental health inpatients
- Promoting an open learning culture, focussing on improved incident reporting and a reduction in the level of harm arising from incidents.

We made good progress - you can find out more about how we did on meeting these priorities further on in the Quality Account.

Quality Account Priorities for 2016/17

To help us understand what is important to a wide group of people during 2015/16 we invited views from the Trust Development Authority (TDA), the Clinical Commissioning Groups (CCGs), Healthwatch, our public forums, our staff and the wider public about what the 2016/17 Quality Account priorities should be. We sent out printed leaflets and used an online survey advertised via targeted email, intranet messages and twitter.

People were given the opportunity to select a priority from the list of quality aims that the Trust had already committed to take action on as part of our Sign up to Safety campaign, or alternatively to provide their own suggestion for a priority.

Sign up to Safety is a national campaign that aims to deliver harm free care for every patient, every time, everywhere. It champions openness and honesty and supports everyone to improve the safety of patients. Launched in 2014/15, Sign up to Safety's three year objectives are to reduce avoidable harm by 50% and save 6,000 lives across the NHS.

The Trust's Quality Aims reflect our own organisation's commitment to the Sign up to Safety campaign.

Each of our Quality Aims in our Sign up to Safety campaign is led by a clinician and a working group who will maintain the commitment and momentum that is needed to turn the plans into reality for improved patient care over the next two years.

Worcestershire Health and Care NHS Trust's five quality aims are:

1. Understand and address patient safety incidents at all levels
2. Be a dementia friendly/aware organisation
3. Improve the experience of patients and carers accessing our services
4. Be an organisation that is an employer of choice
5. Ensure there is parity of esteem for mental health patients

Aims 2, 3 and 5 were the most popular subjects in the responses to our Quality Account priority consultation. The CCGs gave broad support to all of the suggestions on the list, and proposed additional areas for consideration including the use of effective technology for integration and care planning, care closer to home in mental health services, improving end of life care by achieving preferred place of death and further promotion of parity of esteem.

Our Trust board took all of the consultation feedback into consideration and decided the three Quality Aims that received the most popular support would be the focus for our 2016/17 Quality Account priorities. You can see more about how we will be measuring these priorities further on in the account.

Our 2016/17 Quality Account Priorities

- Be a dementia friendly/ aware organisation
- Improve the experience of patients and carers accessing our services
- Ensure there is parity of esteem for mental health patients

Tell us what you think

If you would like to be more involved in the decision making in our Trust, or would just like to know more about anything in this Quality Account please contact us at WHCNHS.communications@nhs.net

HOW DO WE MEASURE QUALITY IN WORCESTERSHIRE HEALTH AND CARE NHS TRUST?

We already have a successful track record for high quality care and we want to keep building on this. Our Trust Board directs a significant amount of work and resources into quality measurement and quality improvement work so that we have a good understanding of how well we are doing in achieving our ambition.

Here are just some of the ways we measure quality. You can read about the outcome or results of these activities during 2015/16 in the next section of the Quality Account.

What Our Patient and Service Users Tell Us

This really is the best measure of whether we are providing a high quality service. We use the information we gain from patient feedback from, for example, the Friends and Family Test (when we ask how likely it is that patients would recommend our services to others), and from compliments and complaints to shape our quality improvement work. Every full meeting of the Trust Board hears a story from a patient, carer or member of staff to tell us about the experience of someone who has used one of our services – both the positives and negatives and what learning we can draw from the story to improve patient experience. We try to ensure there is a fair balance and representation of the reality of what it is like for people.

What our Staff Say

Supporting our staff to reach their full potential is key to the successful delivery of high quality patient care. Staff surveys and staff engagement events give us a good idea of what is important to our staff and what we need to do to ensure we have a positive, healthy and engaged workforce. Our 'Whistleblowing' policy is widely advertised so that staff are encouraged to act on any worries with the confidence that they will be listened to and supported.

Focus on Schwartz Rounds

We introduced Schwartz Rounds during 2015/16. They are a forum designed for staff to come together once a month to discuss and reflect on the emotional and social challenges associated with working in healthcare. Rounds provide a confidential space to reflect on and share experiences. All staff are invited to attend the Schwartz Rounds, both clinical and non-clinical. Below is the feedback from our January 2015 Schwartz Round:

Several common themes emerged which clearly resonated with the audience, who went on to share their own experiences. The mixed emotions experienced when facing the unknown, in sometimes unexpected situations, were shared. How challenging, perhaps exciting it can feel, but also how daunting and unsettling it can be to move from a situation in which we feel more confident into a situation where we feel uncertain of our roles. This can lead to anxiety and self-doubt until we settle more fully into our new roles.

Being guided by our values was described as being very helpful at times of uncertainty, using values to help guide us when we question whether we have done the “right thing”.

Another common theme was expectations. Expectations of ourselves and other’s expectations or perceived expectations may be inaccurate or unrealistic and may require adjustment.

What We See and Hear

Our Trust Board, senior managers, patient volunteers and our commissioners regularly visit services to talk to staff and patients. Our patient volunteers and representatives are key in this initiative, giving us an independent and insightful perspective. Our commissioners, the CQC and TDA also visit our services and undertake in-depth reviews with staff and patients. All of this helps to understand what services look and feel like for patients and staff.

Feedback from our commissioners following an unannounced inspection of Pershore Hospital in February 2016:

“All patients spoken to were overwhelmingly positive about, and grateful for, the kindness and compassion with which care was delivered during their stay at Pershore Hospital. Patients and family members spoke of feeling involved in care decisions and appeared informed about the reason for their admission and plans for transferring to home or an alternative ‘right place’ upon discharge.”

Key Performance Indicators

The indicators we use always begin with the patient – the key factors that we think will tell us the most about the quality of care. Measuring quality in numbers is challenging as quality is multi-faceted, often dependent on ‘human factors’ and raw data cannot on its own tell us enough about patient outcomes. There are a wide range of quality indicators – some that we are required to report on nationally and some that have been set locally. Our quality dashboard, which is set out further on in this account, brings together key quality indicators on one page to help us see our performance at a glance.

Incident Reporting

We actively encourage all staff to tell us when something has happened that has or could have led to harm for patients and/or staff. We need to know about these incidents so that we can put things in place to reduce the risk of such incidents happening again. You can read much more about this further on in the Quality Account, and how we share our learning with patients and staff.

Clinical Care

We have an active audit programme to assess whether we are providing health care that meets current best practice standards. The National Institute for Health and Social Care (NICE), for example, publishes guidelines on a wide variety of health topics. We measure the clinical care we are delivering against NICE guidelines to make sure the care patients receive is the best that it can be. You can read more about our clinical audit activity together with our research programme further on in the account.

WHAT SERVICES DO WE DELIVER?

Our Wards, Respite and Recovery Units

People fed back from our Quality Account last year saying that they would like to see more information about our community hospitals and other wards, so here is a whistle-stop tour of all of our inpatient units in the Trust for 2015/16.

Evesham Hospital

Evesham Hospital has 4 wards and a Nurse-led Minor Injuries Unit. Inpatients are generally admitted for rehabilitation, medical reasons or for palliative care. There is also a specialist stroke unit. Out-patient clinics are also held at Evesham Community Hospital.

Malvern Hospital

Malvern Hospital has one ward and a Nurse-led Minor Injuries Unit. Inpatients are generally admitted for rehabilitation, medical reasons or for palliative care. Out-patient clinics are also held at Malvern Community Hospital.

Pershore Hospital

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

Tenbury Hospital

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

Princess of Wales Community Hospital, Bromsgrove

The Princess of Wales Hospital in Bromsgrove is one of the Trust’s largest sites. The Hospital here has 3 wards. Inpatients are generally admitted for rehabilitation, medical reasons or for palliative care. In addition there is a specialist stroke unit. There is also a Nurse-led Minor Injuries Unit within the hospital.

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

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

Athelon Ward Newtown Hospital on the Worcestershire Royal Hospital Site

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

New Haven on the Princess of Wales Community Hospital Site

New Haven provides assessment and treatment for older adult patients experiencing mental ill health or dementia. The ward offers a structured programme of therapeutic activities to promote wellbeing and recovery.

Keith Winter Close, Bromsgrove

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

Cromwell House, Worcester

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

Tudor Lodge, Bromsgrove

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

Osborne Court, Malvern Link

Osborne Court is a respite service for adults and children who have moderate to severe learning disabilities. Osborne Court caters for overnight stays, weekend breaks and short breaks.

Church View, on the Princess of Wales Community Hospital site

Church View is a respite service for adults who have moderate to severe learning disabilities and adults who have profound and multiple learning and physical disabilities. Church View caters for overnight stays, weekend breaks and short breaks.

Ludlow Road, Kidderminster

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

Holt Ward, Newtown Worcester

This is an adult mental health acute ward providing inpatient assessment and treatment of people with acute episode mental illness.

Harvington Ward, Kidderminster

This is an adult mental health acute ward providing inpatient assessment and treatment of people with acute episode mental illness.

Hillcrest, Redditch

This is an adult mental health acute ward providing inpatient assessment and treatment for people with acute episode mental illness.

Hadley Unit, Newtown Hospital on the Worcestershire Royal Hospital Site

This is a psychiatric intensive care unit offering multi-disciplinary assessment and treatment of individuals whose level of risk make it inappropriate for them to be placed on an acute adult ward.

Our Community Services

Community services is a general term that is used to describe a very broad range of healthcare services we provide to people from all ages, ranging from babies to older people, who have either physical or mental health needs – or both. We are by far the largest community service provider in Worcestershire. The majority of our community services are delivered in the patient's own home. We also deliver services out of some GP practices, health centres and child development centres. This is a very brief explanation of our diverse service portfolio in the community.

Different types of health and social care workers are broadening traditional roles and working together more closely so that patients can be offered more joined up care. This way of working is often described as 'integrated'.

Our integration of staff means we can jointly review patients with physical and mental health needs, identifying early on what would be the best care to promote independence and wellbeing. For example, our enhanced care teams are made up of registered general nurses, advanced nurse practitioners, registered mental health nurses, occupational therapists, physiotherapists, social workers for both physical and mental health, rehabilitation support workers, a consultant psychiatrist and a clinical psychologist. The team can use this wide pool of knowledge and skills to ensure the patient receives care that is tailored to their needs.

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

The 5 SDUs are:

Adult Mental Health & Learning Disability

Services include community mental health teams, home treatment teams and community learning disability teams. This SDU also manages the inpatient services for adult mental health and the respite units for the Learning Disability Services (Osborne Court and Church View).

Children, Young People and Families

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

Community Care – North

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

Community Care – South

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

Specialist Primary Care

This SDU delivers services that people can access as a first point of contact (often described as primary care). This includes services such as Dental Services, Sexual Health Services and until 31st March 2016 Offender Healthcare Services in 3 prisons – HMP Oakwood, HMP Hewell and HMP Long Lartin. All of the SDUs and clinical services are supported by a range of corporate functions, such as human resources, finance, performance, governance and health and safety.

Community Engagement

Worcestershire Health and Care NHS Trust is committed to engaging patients/service users, their families and carers, members of the community and local organisations in the planning, development and monitoring of Trust services. The Trust wants to hear the views, opinions and concerns of the community it serves. Involving the community is important because it assists the Trust in making decisions and shaping services to meet the needs and preferences of those who use the services. If you would like to be involved please contact us on WHCNHS.communication@nhs.net

Locality Forums

Across Worcestershire there are 3 Locality Forums covering the following areas:

- Worcester City Locality
- North Worcestershire Locality
- Worcester Rural (South) Locality

Youth Board

The Youth Board helps us improve young peoples' experiences of using the Trust's services by young people providing views, recommendations and feedback about services. The Board is a voice for young people and operates to ensure services across the Trust are as young people friendly as possible

The Youth Board has:

- Set up a mental health subgroup, focusing on CAMHS
- Contributed to the Transition project aimed at improving transition between CAMHS to adult mental health services (AMHS)
- Been involved in interview panels to recruit staff
- Reviewed and scrutinised new information and material to go out to young people

Engagement Events

The Trust undertakes public and patient engagement events. For example in 2015/16:

- Four public co-production events were undertaken to commence the co-design of secondary adult mental health services. The events were attended by approximately 200 people and from them some clear themes emerged, which are being used to develop options.
- Work was undertaken with the Polish community to better understand the needs of Polish people who live locally, and how we can improve our services to ensure they are accessible to all.
- Co-production training has been undertaken with some inpatient staff to help staff work in greater partnership with patients.
- Recruitment and selection training has been delivered to a number of patients and carers who are involved in our selection processes.

LOOKING BACK OVER 2015/16

Firstly here is an overview of our CQC Chief Inspector of Hospitals Reports and Action Plan.

Background to the CQC Chief Inspector of Hospitals Visit

The Care Quality Commission (CQC) is the independent regulator for quality in health and social care in England. It registers and inspects hospitals, care homes, GP surgeries, dental practices and other healthcare services. If services are not meeting standards of quality and safety, the CQC has powers to issue warnings, restrict the service, issue a fixed penalty notice, suspend or cancel registration, or prosecute the provider.

In January 2015 the CQC undertook a major inspection across a number of our services under the Chief Inspector of Hospitals programme. We saw a team of around 80 inspectors comprising of clinicians, patient and carer representatives and CQC inspectors visit our sites and services over a week-long period. The CQC look for answers to the following 5 questions when they are inspecting a service:

Is it safe?

Is it effective?

Are staff caring?

Is the service responsive to patients' needs?

Is the service well led?

The CQC also divides the inspection into service types – or core services. Thirteen core services were inspected in the Trust with each being assessed against the five key questions.

A rating is given by the CQC at the end of the inspection to each service on each of these five questions on a four-point scale (outstanding, good, requires improvement or inadequate).

The Outcome of Our CQC Inspection

The CQC reports were finalised and published by the CQC in June 2015. The inspectors concluded that the care provided by this trust was of a good standard and that the services were well led in most core services with strong senior leadership driving through change and developments. The CQC also said the teams worked to uphold the values and vision of the Trust and provide good care for patients. Overall while the conclusion was that our services were 'caring' and 'well-led', there were a number of areas identified which required improvement which led to an overall rating of 'requires improvement'.

The table below sets out the findings for each of the core services in the Trust. The amber squares denote a 'requires improvement' rating, and a green square is a 'good' rating. The grey squares denote where the CQC were unable to provide a rating due to the size of the service.

CQC Findings from January 2015 visit

Core service	Safe	Effective	Caring	Responsive	Well led	Overall rating
Acute wards for adults of working age and psychiatric intensive care units	Amber	Amber	Amber	Amber	Amber	Amber
Long stay/rehabilitation mental health wards for working age adults	Amber	Amber	Green	Green	Green	Amber
Wards for people with learning disabilities or autism	Green	Green	Green	Green	Green	Green
Wards for older people with mental health problems	Green	Green	Green	Green	Green	Green
Community-based mental health services for older people	Amber	Green	Green	Green	Green	Amber
Community mental health services for people with learning disabilities or autism	Red	Red	Red	Red	Red	Red
Community-based mental health services for adults of working age	Amber	Amber	Green	Amber	Green	Amber
Mental health crisis services and health-based places of safety	Green	Green	Green	Green	Green	Green
Specialist community mental health services for children and young people	Amber	Green	Green	Amber	Amber	Amber
Community health services for children, young people and families	Green	Green	Green	Green	Green	Green
Community health inpatient services	Green	Green	Green	Green	Green	Green
Community health services for adults	Amber	Green	Green	Green	Green	Amber
End of life care	Green	Green	Green	Green	Green	Green
Overall rating	Amber	Amber	Green	Amber	Green	Amber

The Trust developed a detailed action plan to address all of the areas identified as requiring improvement by the CQC, and these have been closely monitored and reviewed throughout the year by the Trust's Quality and Safety Committee and Trust Board. We are confident that all of the actions have been implemented as actions have not been signed off until there is good, documented evidence of implementation. An audit of our CQC action plan provided additional assurance that all actions have been addressed and evidenced.

Details of our action plan and inspection report can be found online at: www.hacw.nhs.uk. There is one remaining action open relating to a longer term change to our estate.

The CQC returned in November 2015 in order to undertake a re-inspection. A team of inspectors spent a day talking to staff and patients in areas originally rated as 'requiring improvement'. At the time of writing this Quality Account we are awaiting notification of the outcome of the re-inspection.

Our CQC Action Plan at 31st March 2016

Key to progress rating

- Red indicates that the action is overdue and has passed the initial anticipated date of completion
- Amber indicates that the action is underway and is progressing towards completion
- Green indicates that the action has been completed

CQC Requirement	Action Planned/Undertaken	Progress	Progress update as of 31st March 2016
Management of medication – Safe			
Adherence to the "Self-Administration of Medicines Policy" in recovery units	A full review has been undertaken. Cromwell House and Keith Winter House are fully compliant with the "Self-Administration of Medicines Policy".	Green	Complete
Review of medicines management at Warndon clinic in Worcester	A full review has been undertaken. Warndon Clinic is fully compliant with the "Medicines Management Policy".	Green	Complete
Environment – Safe and responsive			
CAMHS, Harvington Ward and recovery units ligature risks	Full review of the ligature assessments undertaken on CAMHS, Harvington Ward and recovery units. Mitigating actions in place.	Green	Complete
	Costings completed and progressing via capital bids for Harvington Ward.	Amber	On track
	Window blind identified as a ligature risk in CAMHS outpatient consulting room has been removed.	Green	Complete
	Ligature policy has been reviewed and ratified. This is published on the staff intranet.	Green	Complete

Heating on Harvington Ward and Hill Crest	Process for adjusting the heating on the wards reiterated to all inpatient staff in adult mental health.	Complete
Environment continued – Safe and responsive		
'Blind spots' on Harvington	Review of the lines of sight on the ward undertaken with the Trust Health and Safety Manager and the Inpatient Lead Nurse. A further three mirrors have been installed on the ward.	Complete
Meal time arrangements and environment on Harvington Ward	Dining area created within the ward on Harvington in former activity room. Mealtime guidance reviewed and ratified in May 2015. PLACE monies allocated to improving the environment on Harvington Ward.	Complete
Ensuring cleaning materials are stored as required under health and safety guidance	Cleaning material identified during the inspection immediately removed and stored as per Health and Safety guidance. Audit established for on-going review of storage of cleaning materials.	Complete
Documentation and Records – Safe		
Effective care planning for the management of risk in acute mental health inpatients and recovery units	All Adult Mental Health inpatient staff informed of the need to ensure that when a patient's risk has changed, then the care plan and risk assessment is updated. Care planning workshops delivered to staff throughout June 2015. Handover guidance reviewed and disseminated across adult acute mental health wards.	Complete
Access to CAMHS records out of hours and security of records	Secure locations for storing records identified at each CAMHS base and all staff reminded of their responsibilities. On-going monitoring in place within teams. Communication systems strengthened between CAMHS staff and the Assessment Team where there is the potential that the person may present out of hours. Contract for new electronic patient records system signed in April 2015. Adult Mental Health Services and CAMHS transferred to new electronic patient records system.	Complete

Equipment – Safe		
Equipment on the resuscitation trolleys in the Community Hospitals	Resuscitation trolley equipment checklist is completed on a daily basis and is monitored through audit. The Resuscitation Team worked with staff at Tenbury Community Hospital to review equipment and a new resuscitation trolley was purchased. There is now a trolley in the ward area and the MIU.	Complete
Ensuring mattresses across the trust are fit for purpose	The one mattress identified during the inspection was immediately removed and replaced. All mattresses and couches across the Trust have been checked. Process in place to ensure regular checking is undertaken. All MIU mattresses are now included in inpatient mattress audit.	Complete
Checking and maintenance of equipment used by podiatry services	Full review in podiatry services of equipment identified as being overdue for Portable appliance testing. Dates for re-testing arranged. Estates department has full log of equipment identified in the service with schedule of testing required and additional checks to ensure that the testing has been completed.	Complete
Consent – Effective		
Ensure that consent to treatment is sought and recorded correctly	Staff completing weekly ward review forms with patients. This prompts a discussion with the patient and the nurse about current treatment. The completion of the ward review forms is being audited monthly.	Complete
Mental Health Act(MHA)/ Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) – Effective		
Undertaking MHA audits within recovery Units	MHA audit process completed within the Acute Wards shared with and implemented by the Recovery Units. Monthly audit results to be presented to the Adult Mental Health SDU quality meeting. All qualified staff within the recovery units will have completed the required Mental Health Act training by July 2015.	Complete
Monitoring of Training for MCA and DoLS	MHA monitoring group report annually to Trust Board on the numbers taking up training and type of training offered. Managers are able to monitor and create reports on completion of MCA training and DoLS through electronic system.	Complete

Here are some more examples of actions our staff have taken in each of the SDUs as part of the CQC action plan.

Community Care North

- Patient choice in music has been improved on the older adult mental health wards. There is a new pictorial booklet to enable patients with communication difficulties to choose music genres and every patient on admission has the opportunity to compile a music preference list.
- Supervision and reflective practice sessions for staff have been improved to facilitate a better network of support.

Community Care South

- Trust pharmacists worked with clinical teams to review and revise medicines management within the community hospitals and in community teams. This has led to safer working practices.
- Additional resuscitation equipment has been placed in the community hospitals. This means staff can reach for the equipment more quickly in an emergency.
- A review of all mattresses and chair cushions has been undertaken and a new system for checking and ordering new mattresses has been introduced.

Children Young People and Families

- Environments have been improved, particularly in the child and adolescent mental health service (CAMHS) areas to make the outpatients areas better for patients and staff.
- Work has been undertaken to improve waiting times within CAMHS with staff working flexibly to support this. The average CAMHS waiting times for 2015/16 from referral to an assessment and initial treatment appointment is set out below (measured in weeks).

Apr-15	May-15	June-15	July-15	Aug-15	Sept-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
6.79	6.14	4.94	4.61	4.98	5.53	5.31	5.49	5.01	5.08	5.76	5.99

- standard operating procedures have been developed so that there is a consistent approach to clinical and management supervision.

Adult Mental Health and Learning Disability Services

- Staff training on suicide/self-harm/Deprivation of Liberty Safeguards (DoLS)/Mental Capacity Act is now more easily accessible for staff, and uptake has increased.
- The physical environment in some of our inpatient and community settings has been improved to make it a more pleasant environment for patients and staff.
- A centralised Single Point of Access is now in place to better manage mental health referrals and improve response times. This is easier to access for patients, carers and referrers.

Sexual Health Services

- A questionnaire with younger patients has been revised to help us more easily identify those patients who may be in need of safeguarding support.
- Engagement in clinical audit activity has improved. All staff are sent the clinical audit programme and conclusions from completed audits to share learning more effectively.

We would like to take this opportunity to thank all our staff for positive and active involvement in the completion of the CQC action plan. We are awaiting the outcome of the CQC's follow up visit but we are confident that our response to the Chief Inspectors report has been thorough and effective.

CQC Health Economy-wide Inspection of Child Protection and Safeguarding in September 2015

On the 10th September 2015 the Trust was given advance notice that the CQC would be carrying out a review of health services in safeguarding and looked after children services in Worcestershire. The review looked at the performance of health providers in Worcestershire as well as Clinical Commissioning Groups (CCGs) and Local Area Teams (LATs), so that the review could focus on the journey of selected children and young people across the health services that they receive. This type of review is described as a 'health economy wide' as it looks at the system across a number of organisations.

The CQC used a range of methods to gather information including document reviews, interviews, focus groups and visits. Reviewers also met and spoke with children and young people and tracked a number of individual cases, taking into account the experiences of 123 children and young people.

120 children's cases were reviewed including 9 tracked cases. The inspectors visited a number of services across the Worcestershire health economy. The final report was published on the 14th December 2015 and is available to view at www.cqc.org.uk

The CQC highlighted some positive findings. Here are some examples:

- *"New parents are well supported by health visitors who carry out key visits as part of the healthy child programme."*
- In relation to school nurses *"There is good use of social media to promote health education by the school health team. The use of Twitter and the planned use of a text messaging service means that young people will be able to access support and guidance in a format with which they are familiar."*
- *"Young people have access to contraception and sexual health (CASH) services in both generic and young people specific clinics running between Monday to Friday, including a Saturday morning service. Good outreach*

services are provided in different venues to reach those young people that are identified as vulnerable and need a more individual targeted approach. This is good practice as young people have access to sexual health advice and support in locations and venues that they feel the most comfortable and with ease of access."

- *"The Worcestershire Health and Care Trust support CAMHS patients on the paediatric ward well. A multi-agency urgent mental health care pathway has been implemented across Worcestershire to ensure a co-ordinated approach in supporting children, young people and their families who present in emotional distress or crisis. We heard how the pathway is helping to ensure that children and young people receive an assessment, care and treatment in an appropriate environment."*
- *"We have seen good joint working between school nurses, health visitors and Looked After Children (LAC) nurses. This is good practice, as it demonstrates that there is good liaison between professionals to ensure there are positive outcomes for the most vulnerable young people within Worcestershire"*.
- *"Good support is available to support children and young people in residential care homes. An innovative "team around the home" service has been developed and supports young people who live in a group home. The LAC nurse is a key member of the team of professionals who support a young person in residential care"*.
- *"Support for older young people and care leavers is good. Young people aged sixteen and over benefit from the support of a specialist LAC nurse who works specifically with this age group. We saw evidence of how they work creatively with those young people who are reluctant to engage with health professionals."*

There were also a number of recommendations to improve services, and as these apply across providers and commissioners, a single joint action plan and health economy wide working group has been established to see the actions through to completion.

The following is a summary of some of the key actions that are being implemented by Worcestershire Health and Care NHS Trust as a result of the recommendations in the report:

Report Recommendation	Action Taken
Ensure that all families, irrespective of identified vulnerabilities, are offered and receive antenatal visits by health visitors in line with best practice.	An improvement plan, in conjunction with the CCG, has been implemented, with an agreed trajectory of how the number of antenatal visits will rise each month.
Ensure that the Worcestershire Health and Care NHS Trust safeguarding team in conjunction with operational managers routinely audit referrals to and outcomes from children's social care.	An initial audit of referrals made to the Access Centre/Early Help by the Health Visiting Team has been undertaken and further audits programmed in, to ensure learning has been implemented and improvements made to practice.
Ensure that the information sharing pathway between health visiting and adult mental health services is implemented within a clear planned timeframe.	A clear flow chart has been developed by staff and is now in use, setting out the information sharing pathway and processes.
Standardise the safeguarding training arrangements and terminology to comply with the intercollegiate guidance for healthcare staff 2014 to ensure that staff are undertaking training at a level commensurate with their role and accurate records.	Staff training mapping completed. The safeguarding website has been changed to include terminology from Intercollegiate Document (2014) regarding levels of training. More dates have been made available and advertised to staff for training. Safeguarding training /details of staff who have not completed the appropriate training are sent to teams on a monthly basis in order that individual staff members can be identified.
Ensure that a child sexual exploitation (CSE) strategy and implementation plan is in place, in accordance with local CSE arrangements, and that all health care staff are trained and familiar with Female Genital Mutilation (FGM) and the CSE toolkit and how to use it.	All staff have been informed of the redesigned CSE Strategy/ Policy and Toolkit. CSE and FGM training is now available as an e-learning package (which makes the training much more accessible to staff) and is now classed as 'essential training' for Health Visitors and School Nurses. Training update is tracked to ensure all staff complete the courses.
Ensure that there are notices in the Emergency Departments to inform parents of information sharing protocols.	Posters are now displayed in all minor injury units.
Ensure that substantive posts include roles and dedicated time for special interest that will ensure continuity of practice and development of service.	List of staff with specialist interests has been circulated to staff to inform all teams of contact names and numbers for those staff who have particular areas of expertise/knowledge.
Ensure that all health care practitioners are provided with regular 1:1 supervision and ensure that discussions and action plans from supervision are clearly documented in the patient records.	The Trust's Director of Nursing is reviewing safeguarding supervision and identifying 'Safeguarding Champions'. All staff are aware that they can contact Safeguarding team at the end of their regular team meetings to further consider any safeguarding concerns. A flow chart has been made available to all staff to further support this action.

Case Example from CQC Safeguarding Report

A young person who lived with her mother due to her parents having separated was made the subject of a child protection plan. As a result of the plan the young person moved from one part of Worcestershire to another to live with her father. A school health nurse from the new area took over the care and support of the young person.

Prior to the young person moving a full health assessment was undertaken by the school health nurse. Once the young person had moved in to their new home a further health assessment was undertaken by the school nurse taking over the case. The assessment was comprehensive and highlighted a health issue

that was affecting the young person's ability to remain in class for acceptable lengths of time, develop relationships with new friends or partake in sports.

The school health nurse liaised, with the young person and with their parents' permission, with their GP who prescribed medication which helped the young person remain in class, develop friendships and partake in their favourite sports. The school health nurse has developed good working relationships with the young person and both parents identifying the needs and likes of the young person and taking them to core groups to advocate for the young person.

The young person is no longer the subject of a child protection plan and is developing well at school.

HEALTHWATCH REPORTS PUBLISHED IN 2015/16

Healthwatch Worcestershire has a statutory role to give feedback and make recommendations to publicly funded health and social care services, based on feedback received from people who use the services and the public. Healthwatch Worcestershire published 3 reports in relation to Trust services during 2015/16:

“Sharing your experiences of support for mental health and wellbeing” – February 2016

This survey aimed to find out the experiences of people who use and try to access mental health services. Healthwatch took a whole system approach looking at the support people receive for mental health from a number of services, not just Worcestershire Health and Care NHS Trust. During 2015/16 work has been undertaken locally to implement the local action plan for the Mental Health Crisis Care Concordat, and Mental Health services have been undergoing re-design to improve access to services. The findings from the Healthwatch report supported the rationale behind the Concordat and the re-design.

Child and adolescent mental health service (CAMHS) Survey Report – February 2016

The recommendations from this report support the redesign of CAMHS and more widely the Worcestershire's Transformation Plan for Children and Young People's Emotional Well-being and Mental Health. Healthwatch Worcestershire will be carrying out further engagement and survey work in 2016 to gain feedback about progress in these areas and feed this into ongoing monitoring of the Transformation Plan.

Parents and Carers of Children Under 5 Survey Report – March 2016

Healthwatch Worcestershire used the feedback from this survey to form a response to the National Maternity Review, which published its recommendations in March 2016. Going forward, the report will also be considered as part of Worcestershire's Transformation Plan for Children and Young People's Mental Health and Wellbeing.

THE TRUST'S QUALITY DASHBOARD

Our quality dashboard provides us with measures on a number of key indicators. We choose indicators that we believe are relevant to our patients and service users and which also align with our Trust's quality priorities. The dashboard helps us to identify and monitor where we are doing well and where we need to focus improvement work.

The dashboard is set out below with an explanation of why we think the indicators we use are important. You can then see how we performed at the end of each 3 month period (e.g. April, May and June is Q1) during 2015/16. In practice we review performance on the dashboard every month. When an indicator is not meeting the target, we take actions to address the reasons for below target performance to try and get it back on track as quickly as possible.

We want good performance to be aspirational but achievable within a realistic timeframe. The performance targets are arrived at by looking at how other Trusts perform and benchmarking ourselves against them, or are already set by national organisations such as NHS England.

Key to Dashboard Symbols

Whole Year Performance Symbol	Symbol Represents
✓	Target met. There may have been minor dips in performance during the year but overall the target has been met.
👉	Target not met. Each of these has a detailed recovery plan in place to address the 'blockers' that are preventing us meeting the target. Some of these plans entail long term projects (for example tackling staff sickness rates). You can read more about these in the more detailed sections further on in the account.
N/A	No performance target is set for this indicator.

Quality Indicator	Why is the indicator important?	What is Good Performance?	2015/16 Trust performance				Trust Overall performance in 2015/16
			Q1	Q2	Q3	Q4	
MRSA Bacteraemia Rates	The full name of MRSA is 'methicillin-resistant Staphylococcus aureus'. MRSA is a type of bacteria that's resistant to a number of widely used antibiotics. This means MRSA infections can be more difficult to treat than other bacterial infections. People staying in hospital are most at risk of becoming infected with MRSA. We measure the number of cases of MRSA as this is an important indicator of infection prevention and control.	Zero cases	0	0	0	0	➤
C-Diff Rates	Clostridium difficile (also known as 'C-difficile' or 'C-diff') is a bacterium that can be found in people's intestines (their digestive tract or gut). It causes either diarrhoea (mild to severe) or in some cases a life-threatening inflammation of the intestines. We measure our C-diff rates as it is an important indicator of infection prevention and control. Each case has a thorough investigation to see if there was anything we should have done differently to prevent the infection. With the 6 cases that occurred in the Trust during 2015/16 it was found that there was nothing more we could have done to prevent C-diff.	Less than 9 cases over the whole year	3	2	1	0	➤
% of Patients who are harm free - Pressure Ulcers	Pressure ulcers (sometimes known as pressure sores or bed sores) occur for many reasons, but patients who do not have full mobility are at increased risk. We want to make sure patients who receive care in our services do not acquire pressure ulcers that could have been avoided. A monthly audit gives an indication of whether we are reducing harm from pressure ulcers.	95% or over	95.3%	94.8%	95.1%	96%	➤
% of Patients who are harm free - Falls	The NHS Safety Thermometer gives us a snapshot picture of how many patients have fallen and how many have suffered harm as a result of the fall. We do lots of work to try and prevent patients falling, and this indicator gives us an idea of how well we are doing.	95% or above	99.9%	99.9%	99.8%	99.9%	➤

Quality Indicator	Why is the indicator important?	What is Good Performance?	2015/16 Trust performance				Trust Overall performance in 2015/16
			Q1	Q2	Q3	Q4	
% of Patients who are harm free - Venous Thromboembolism	Deep vein thrombosis (DVT) and pulmonary embolism are collectively known as venous thromboembolism (VTE), a condition where blood clots form in the veins. This indicator helps to see our risk assessments are being effective in preventing patients developing VTEs.	95% or above	99.9%	99.9%	99.9%	99.9%	▼
Number of serious incidents in a month	Monitoring the number of serious incidents each month tells us if there is a trend, or whether there is a sudden change in numbers that would warrant further questions. We do not set a target for the number of serious incidents reported as we do not want to discourage the reporting of incidents.	No target	68	65	42	83	N/A
% of NICE Compliance assessments completed and returned within timescale	Every month the National Institute of Health and Social Care (NICE) publishes guidance that sets the standards for high quality healthcare. Services evaluate each piece of guidance and determine whether it is relevant to their service and if so, the service is required to undertake a baseline assessment. We use this measure to see if relevant NICE guidance is being assessed in a timely manner.	90%	92%	93.5%	90.2%	93%	▼
% of clinical audits that are running to plan	Clinical audit is a way of finding out if we are providing care in line with best practice guidelines. This indicator tells us whether the audits clinical teams are undertaking are being completed within the agreed timescale.	95%	93%	86%	93%	94%	👉
Patients on CPA Discharged from MH Inpatient Care who are Followed-Up within 7 Days	The Care Programme Approach (CPA) is used to plan many people's mental health care. This is important to measure as it supports the health care and safety of patients and reduces the suicide risk.	95%	100%	100%	98.2%	97%	▼
Patients on CPA for at least 12 months who had a CPA Review in at least the last 12 months	All patients on a CPA should have a review of their plan of care every 12 months as a minimum. This is important to measure as it supports the health care and safety of patients.	95%	97.8%	98.2%	97.9%	90%	▼

Quality Indicator	Why is the indicator important?	What is Good Performance?	2015/16 Trust performance				Trust Overall performance in 2015/16
			Q1	Q2	Q3	Q4	
Friends and Family Test (FFT)	This indicator shows the percentage of patients happy to recommend the service if a friend or relative needed treatment. This indicator gives us a useful numerical figure for patient satisfaction rates.	85%	96%	95%	96%	96%	▼
How many SDUs achieved the FFT target	We organise our services into 5 Service Delivery Units (SDUs). This indicator tells us how many of the SDUs have met the target for the Friends and Family Test.	100%	86%	86%	86%	86%	👉
Number of complaints received relating to staff attitude or behaviour	We monitor this indicator to see if there is a sudden increase in one area, or for one reason. It helps us understand quality from the patient's point of view. We do not set a target as we do not want to discourage people to raise complaints.	No target	10	19	9	17	N/A
% of complaints responded to within policy guidelines per month	When patients or their families lodge a complaint, we want to ensure that we respond effectively and within a set timeframe. This indicator tells us if complaints responses are taking too long to complete.	95%	100%	100%	100%	100%	▼
Number of complaints in a month	Keeping a track on the number of complaints we receive helps us to ensure that people know how to make a complaint. It also gives us an indication of levels of patient satisfaction/experience. We do not set a target as we do not want to discourage people to raise complaints.	No target	86	72	93	85	N/A
% of patients with a valid ethnic status	Accurate recording of ethnicity helps us to ensure we address any inequalities in people accessing our services. If we know the ethnicity of our patients, we can see if any group is underrepresented and then look into the reasons why.	95%	91%	92%	91%	91%	👉
% reporting of incidents on Ulysses within 48 hours	Ulysses is the name of the web based system our staff use to report incidents or near misses. We expect staff to report incidents within 48 hours so that we know actions have been taken to address the situation and so that we can swiftly respond to any emerging or potential risks.	90%	85%	86%	88%	89%	👉

Quality Indicator	Why is the indicator important?	What is Good Performance?	2015/16 Trust performance				Trust Overall performance in 2015/16
			Q1	Q2	Q3	Q4	
% response of safety alerts within set timeframe	Patient safety alerts are sent out by NHS England to rapidly alert the healthcare system to risks and provide guidance on preventing potential incidents that may lead to harm. We measure this as any delay in taking the relevant actions might have an impact on patient or staff safety.	100%	100%	100%	100%	100%	➤
MIU time to treatment (minutes)	We want to make sure patients are not waiting too long for treatment in our minor injury units, so we measure how long the average wait is in minutes.	60 minutes	10	10	10	10	➤
Sexual Health Clinic - Patient offered within 48 hours of initial contact	We want to know that we are responding to patients needs in a timely manner, so that people do not wait too long to see a doctor or nurse.	98%	99.9%	99.9%	99.9%	99.5%	➤
Maximum time of 18 weeks from point of referral to treatment	We want to know whether our patients are waiting too long to be treated.	95%	98.9%	99.1%	94%	94%	➤
% staff with completed appraisals over previous 12 months	We want to make sure each member of staff has an appraisal at least once a year. Appraisals are an important element of staff support.	95%	91%	91%	92%	92%	👤
Rolling 12 months' sickness absence rate	The levels of sickness absence can be a useful indicator of staff morale which has a significant impact on the quality of patient care.	3.40%	4.43%	4.47%	4.51%	4.54%	👤
% uptake of mandatory training over previous 12 months	We have 8 subjects in which we require all of our staff to be trained. We measure uptake as this tells us whether staff are completing mandatory training and therefore have the basic competencies expected to do their jobs.	95%	91%	91%	91%	91%	👤
Infection control training uptake	We take infection prevention and control very seriously and want to ensure our staff have the necessary knowledge to prevent the spread of infection.	95%	92%	93%	90%	90%	👤

Incident Reporting

One of our Quality Account priorities from 2015/16 was “promoting an open learning culture, focusing on improved incident reporting and a reduction in the level of harm arising from incidents.”

It is important that incidents that could have caused harm, or did cause harm to a patient whilst in our care, are reported so that we can learn from them and take any necessary action to prevent similar incidents from occurring in the future. We actively encourage a culture that supports staff to feel confident in reporting incidents and near misses through a web-based reporting system called Ulysses. Responding appropriately when things go wrong is a key part of the way we can continually improve the safety of the services we provide.

Trust Achieves a Good Rating for Open and Transparent Culture

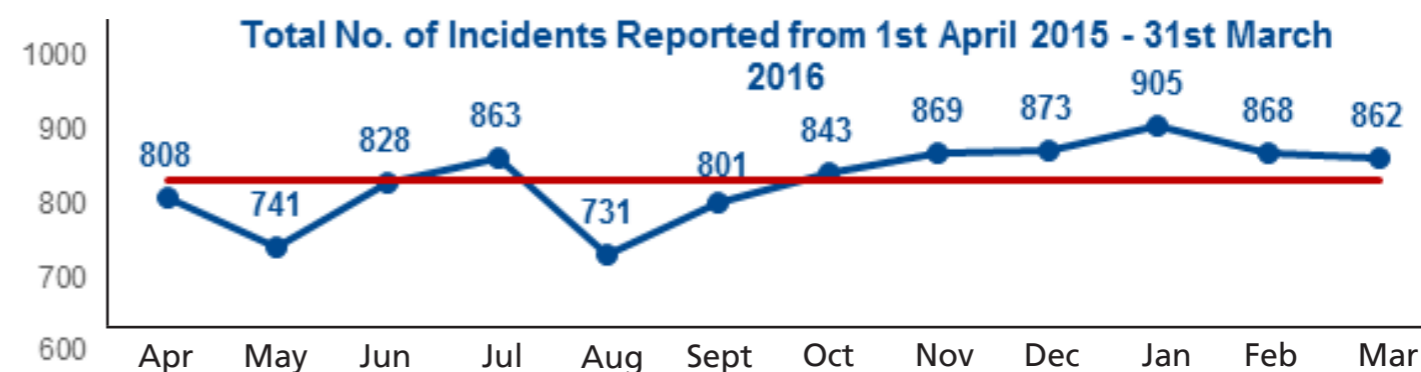
In March 2016 NHS provider organisations from across the country were ranked, for the first time, for the way they respond to mistakes. NHS Improvement published the ‘learning of mistakes’ league table where they ranked Trusts into four categories; outstanding, good, significant concerns and poor reporting culture. The Trust was given an overall rating of ‘good’ placing us 37th out of 230. We are proud of our staff for achieving this, and we are looking at the Trusts in the top 10 of the table to see what we can learn from them.

INCIDENT ANALYSIS

We undertake detailed analysis of incidents that are reported by staff on Ulysses to help us to determine where to prioritise resources to reduce risk.

It is widely accepted that organisations with a culture of high reporting are more likely to have a strongly developed learning culture. Experience from other industries indicates that as an organisation’s reporting culture matures, staff become more likely to report incidents.

The table below sets out the total number of incidents reported in the Trust during 2015/16.



Compared to other Trusts who have similar services to us, our reporting rate is in the average range.

When an incident is reported, an automatic notification is sent to the reporter’s line manager. The line manager then works with the member of staff or the team to understand what caused the incident,

to ensure appropriate steps have been taken to minimise the impact of the incident and to ensure the member of staff is supported through this process. The manager must then close the incident on the system, ensuring that feedback is given to the reporter and anyone else who would benefit from the shared learning. We have a policy that all incidents are closed within 20 days of being reported to ensure appropriate and timely actions have been taken.

The table below sets out the types of incidents that are reported with the average number that were reported each month during 2015/16.

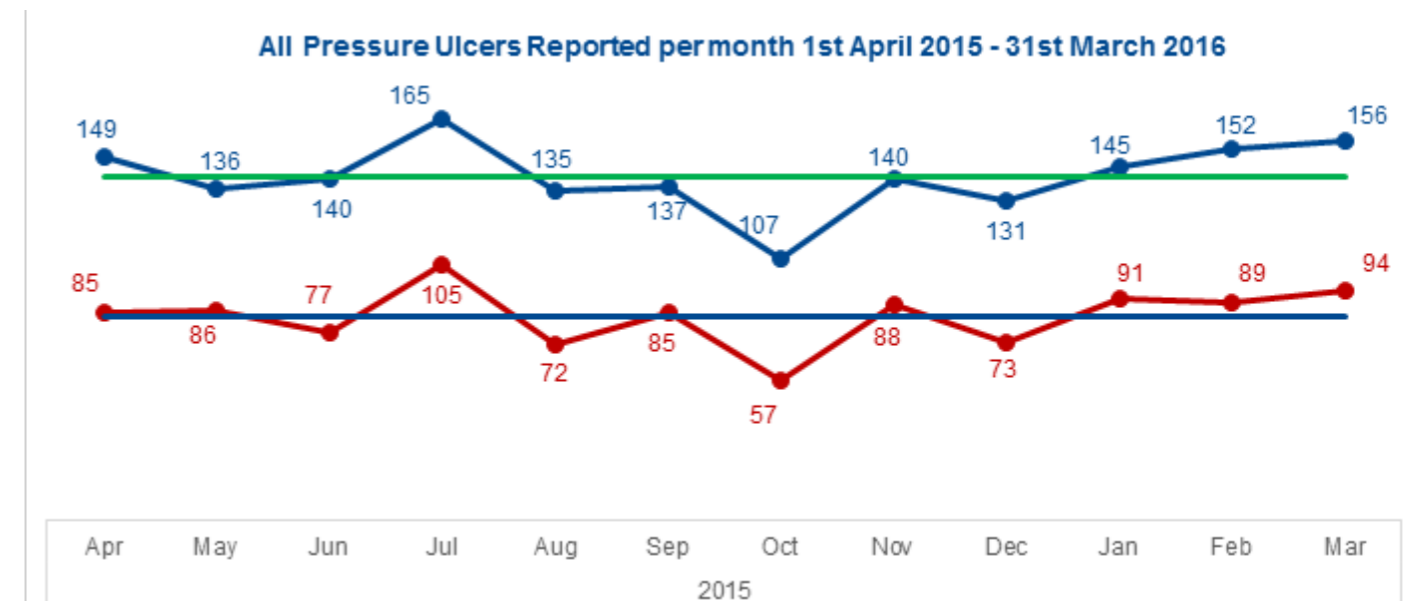
Incident Types on Ulysses	Monthly Average
Pressure Ulcers (all grades)	141
Medication	88
Infrastructure / Resources / Staffing	83
Slips, Trips, Falls	67
Violence, Abuse, Harassment Towards Staff	63
Violence, Abuse, Harassment – by Patients	49
Communication / Consent / Confidentiality	44
Self-Harming Behaviour	40
Process / Procedure / Treatment	33
Health and Safety	28
Accidental Harm/ill Health Patient Affected	27
Inappropriate/unsafe Admission/transfer/discharge	24
Information Governance	23
Accidental Harm/ill Health Staff Affected	23
Absent Without Leave/Missing Patient	20
Safeguarding	19
Other	18
Documentation	15
Equipment and Medical Devices	10
Death of Patient	10
Substance Abuse / Misuse	7
Legal	4
Infection Control	3
Violence, Abuse, Harassment Towards Others	3
Section 42 Enquiry	3
Diabetic Ulcer	1
TOTALS	845

PRESSURE ULCERS (PU)

Pressure ulcers occur when an area of skin is placed under pressure and the skin and tissue breaks down. A pressure ulcer can cause great pain, discomfort and upset for patients. There are a number of things that we can do to prevent them, including regular changing of a patient’s position, using pressure relieving equipment and devices to protect any parts of the body that are particularly vulnerable to pressure damage. Pressure relieving equipment can include specially designed mattresses, cushions and boots to relieve pressure.

We have been working hard to reduce avoidable pressure ulcers and the numbers, year on year, are reducing. Despite this, the number of pressure ulcers developing in our care continues to be an area of continuing concern to us.

We count all pressure ulcers and then identify those that have occurred whilst in our care. We then review those developed in our care to see which ones might have been avoided if we had done something differently.



From 2014/15 to 2015/16 there has been a 15% reduction in pressure ulcers acquired within our care, especially within community hospital beds.

Overall, there has been a 20% reduction in reporting of pressure ulcers across the Trust (See table below for figures)

Year	Total No of PUs Reported	Total Acquired Within Our Care
2014/15	2129	1179
2015/16	1701	1002

Actions Taken to Reduce Pressure Ulcers

During 2015/16 a specific piece of work was undertaken with the aim of identifying any particular themes or issues that could be influencing pressure area care, that we were not already addressing through the current tissue viability strategy.

The key actions that were implemented as a result of this review are:

- Bespoke education sessions provided on site to clinical teams by Tissue Viability team, inclusive of healthcare assistants (HCAs)
- Staff awareness raised regarding risk assessment training
- Manufacturers of pressure relieving mattresses held demonstration/training sessions for inpatients for community hospital and community staff.
- Pressure ulcer grading information made more widely available to all staff
- Minutes from Tissue Viability meetings made more widely available to staff to increase awareness of current policy and guidance regarding clinical care.
- Guidance for auditors amended to support review of quality of care plans in pressure ulcer prevention
- Process for evaluating care plans reviewed and changes made to support a more continuous 'story' of patient care.
- Clinical supervision more fully implemented within community nursing service.

The learning from the review is being rolled out into a wider review of the Trust's Tissue Viability Strategy.

Comments from a commissioners inspection of the Wyre Forest Enhanced care team in December 2015:

“All staff appeared professional and were positive about their work and motivated to make a positive impact on the care of their patients. The staff shadowing undertaken by the visiting team observed examples of personalised, compassionate and respectful patient care. There was evidence of positive interaction between individuals and staff members. Patient feedback obtained during the visit was very positive in relation to the care received from the team. Patients were well informed and had been made aware of how to contact the team. Patients who were discharged from the service were advised on re-referral to the team if any concerns arose.

There is an excellent system within the organisation to enable delivery of required pressure area mattresses and other equipment that is needed by the respective patients. The service is accessible seven days a week.”

Medication Incidents

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

No. of Medication Incidents Reported per month



Month	No. of Medication Incidents
Apr	88
May	75
Jun	78
Jul	85
Aug	80
Sep	73
Oct	87
Nov	111
Dec	102
Jan	81
Feb	95
Mar	102

Medication incident reporting has increased, demonstrating a positive reporting culture within the Trust. This was praised during the Hospitals Inspectors Visit in January 2015, where we could demonstrate trend analysis and shared learning from incident reporting.

Actions Taken as a Result of Medication Incidents Reporting

- The production of a standard operating procedure when temporary beds are opened.
- The revision of the patient identification policy to include mental health services using wristbands as first line and photographic identification as second line. This was in response to numerous incident reports of medication being administered to the 'wrong patient' on inpatient mental health wards.
- Trend analysis of medication incident reporting from Learning Disabilities SDU, following on from the incorporation of the service into the Trust from Worcestershire County Council. This showed a slight increase in reporting, which has been attributed to Trust staff picking up medication administration error incidents due to services provided through tertiary care providers. This has been discussed in relation to the Winterbourne report.

Actions Taken to Reduce Absconding from Mental Health Inpatient Settings

In 2015/16 a review of abscond incidents was undertaken to try and better understand the reasons for the incidents occurring and to try and learn how we could get better at preventing them. Peaks of reporting were seen in July 2015 and November 2015.

The review considered all of the incidents to determine the most frequent method of absconding and reasons behind this. Tailgating (where a member of staff or visitor has been exiting/entering the ward and at this point the service user took the opportunity to exit) through the main ward entrance on all wards was found to be the most frequently reported means of exit.

A sectioned patient is someone who meets the criteria for detention under the Mental Health Act and will not voluntarily accept admission to hospital, hence the use of the Act to enable treatment. An informal or voluntary patient is one who has capacity and is agreeing to admission for treatment.

It was found that there were specific time periods within a 24 hour period where risk of absconson is greater. These time periods were consistent with approximately one hour prior to staff handover (1.30pm and 9pm).

Actions Taken:

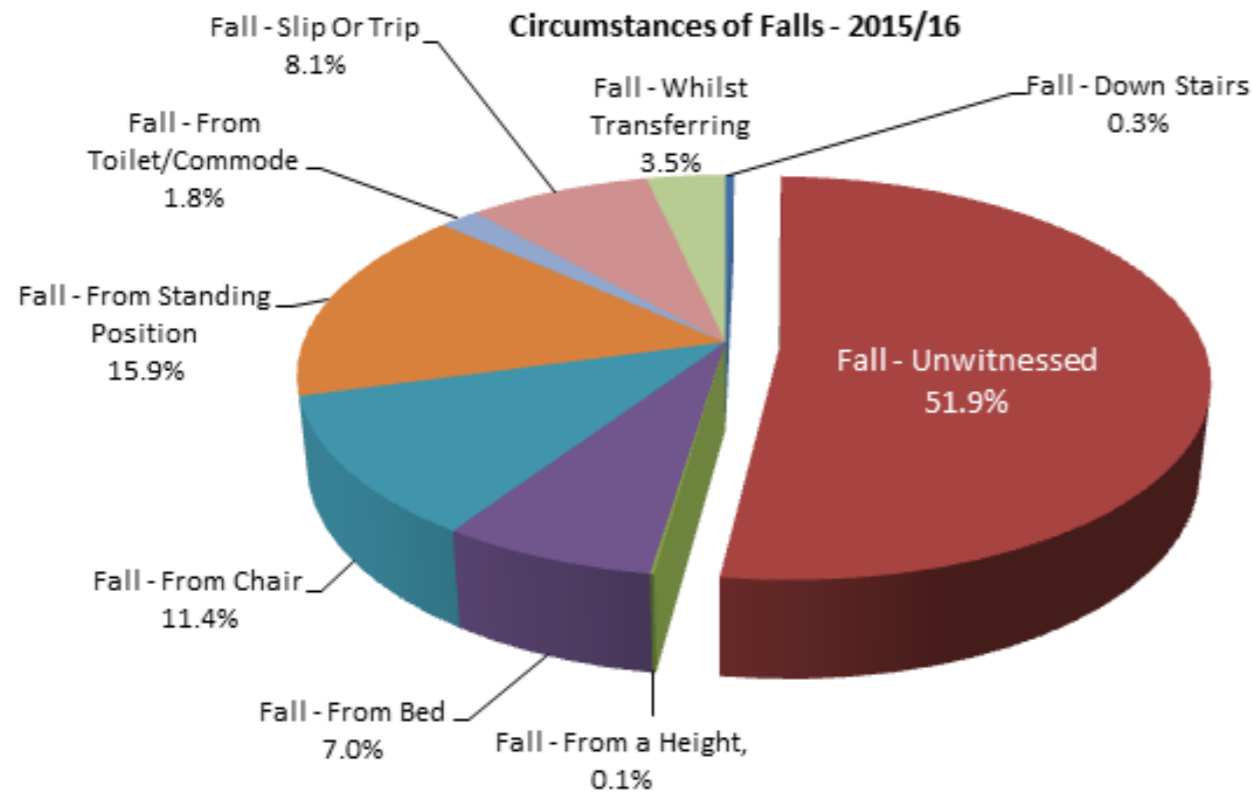
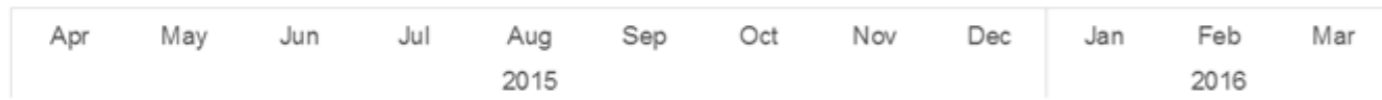
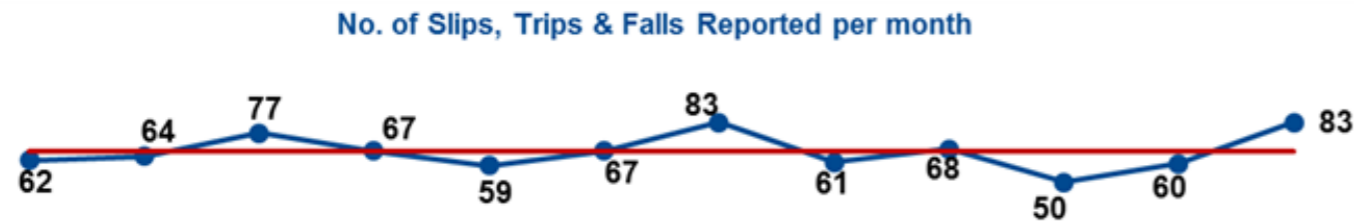
- Estates work has taken place to replace garden fencing to provide less leverage and increased height.
- A ward entrance door has been replaced so that the door will open inwards to the ward to help prevent patients being able to open it forcibly.
- Magnetic door locks are being replaced with full length magnets to strengthen the fire door security.
- Clear guidance has been produced in the form of a memo to help prevent the likelihood of tailgating related abscond incidents.

Falls Prevention

Patient falls in hospitals can occur for many reasons. Falls can cause injuries, prolonged hospital stays and have a long term impact on a person's confidence, ultimately leading to a reduction in mobility long after

injuries have healed. The risk of falls in hospital needs to be understood and minimised to reduce harm from falls.

The Trust's Falls Improvement Group tracks progress against the Falls Improvement Plan. Work is underway across the health economy to develop the multifactorial falls assessment so that the assessment is initiated on the patient's admission to an inpatient setting and carried through to discharge.

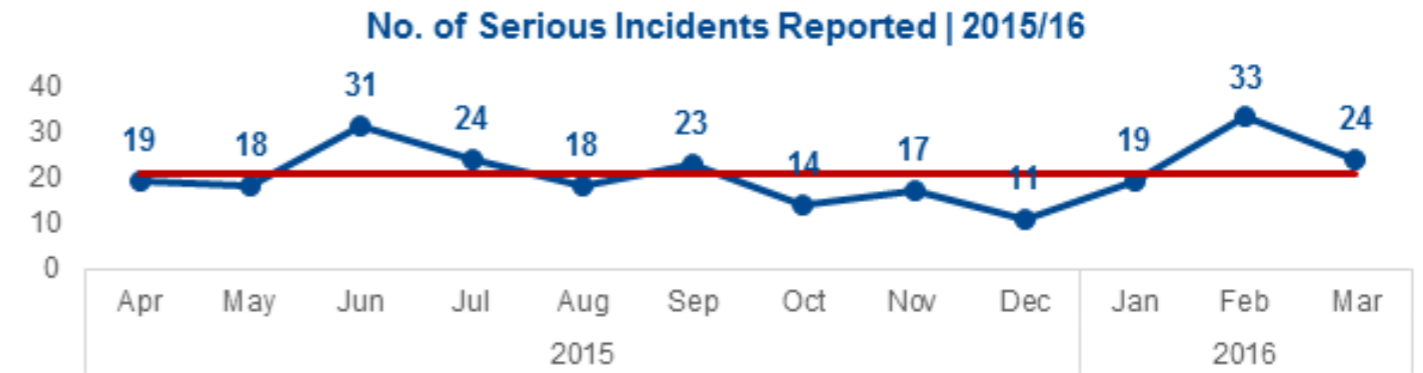


Serious Incidents

Serious incidents are events where the consequences to patients, families and carers or staff are so significant that they warrant particular attention to ensure these incidents are identified correctly, investigated thoroughly and, most importantly, trigger actions that try and prevent them from happening again.

The majority of serious incidents reported in the Trust relate to Grade 3 and 4 pressure ulcers and our highest rate of overall incidents is related to the management of pressure ulcers. In 2015/16 we

undertook targeted work with teams where relatively high numbers of pressure ulcers were being reported.



Serious About Safety Bulletin

Every Monday our Serious Incident (SI) Forum meets to review all completed SI investigation reports and associated action plans. The Forum ensures that action plans are SMART, that the Duty of Candour has been given due regard and that the focus on incident reporting is about learning.

The aim of the Serious About Safety message is to share key learning points from the reports presented to the SI Forum each week to the rest of the Trust. A couple of examples from Serious About Safety from 2015/16 are:

- Risk to staff who undertake home visits – assessments of the risk of visiting patients in their own homes should be undertaken to identify any precautions that need to be taken. This learning was identified from an incident where a care agency had withdrawn from providing care because of risks to their staff. Trust staff were also involved in visiting the patient at home but did not know the care agency had withdrawn their services for this reason. The need for good inter-agency communication is paramount. The Trust's Risk and Security Manager will provide support to teams to undertake the risk assessments and implement actions.
- Do not attempt cardio-pulmonary resuscitation decisions (DNACPR) – Any health or social care professional can initiate discussion with the patient and carers (where appropriate) regarding the possibility of making a DNACPR decision. All discussions with the patient/family around resuscitation should be recorded in the clinical notes, including those where the patient decides that they would prefer resuscitation to go ahead. In the incident that prompted this learning, resuscitation was attempted as this was known to be the patient's wish. The SI Forum felt that staff should be reminded of the importance of documenting the outcome of discussions – whether the decision is to attempt CPR or not. If the decision is not to attempt CPR then the DNACPR form has to be completed.

Duty of Candour

In March 2015, the Care Quality Commission published Regulation 20: Duty of Candour. The introduction of Regulation 20 was a direct response from the government to recommendation 181 of the Francis Inquiry report into Mid Staffordshire NHS Foundation Trust, which recommended that a statutory Duty of Candour be imposed on healthcare providers.

The intention of this regulation is to ensure providers are open and transparent with people, specifically when things go wrong, and that we provide people with reasonable support, factual information and an apology. The legislation builds on the existing 'being open' principles and professional codes of conduct which were already in place.

We welcomed the introduction of the legislation in the Trust, as it has supported our existing commitment to be an open and learning organisation. We recognise that there are significant cultural and behavioural considerations for staff that need to be fully explored alongside the processes and systems we need to evidence compliance with the legislation. Staff need to be supported too when an incident has occurred in support of a fair and just culture.

The Duty of Candour training we delivered to staff during 2015/16 consisted of reflective accounts of personal experiences of staff, and how patients and families as well as staff were affected by these events. We have heard some powerful and moving stories – of both good and poor experiences – and we have taken the learning to build on our commitment to openness.

Feedback from staff about the Duty of Candour training has been extremely positive. Personal and anecdotal accounts from patients and carers who have been involved in incidents where the Duty of Candour has come into play has also been largely positive. People just want to know what has happened, to have the impact on them recognised, to have a sincere apology and to know that learning has been taken forward to prevent such events happening again in future. We can do that.

We reviewed and audited our compliance with the Duty of Candour in January 2016, the results of which have shaped our Duty of Candour programme going forward.

During 2015/16:

- Face to face training half day training sessions were provided to over 320 staff (specifically targeted to team managers with extra bespoke service sessions being provided to teams at team meetings).
- The Duty of Candour has been incorporated into our existing root cause analysis training to ensure all investigations that are undertaken include Duty of Candour requirements.
- One page guidance on Duty of Candour 'Frequently Asked Questions' and flow charts have been distributed to clinical teams to help de-mystify the processes.
- Adaptions were made to Ulysses, our incident reporting systems, to include Duty of Candour considerations so that staff can specifically record issues in relation to the Duty.
- Serious Incident investigation documentation has been adapted to more clearly record Duty of Candour outcomes. We want to be sure that patients and families or carers have been involved in any investigations as much as they want to be.
- The Duty is considered when reviewing the closure of incidents in the serious incident forum. The Director of Nursing and Quality chairs the forum and ensures that the Duty has been followed.
- The Head of Quality Governance, the Company Secretary and the Medicines Patient Safety Officer have been providing support to staff through telephone advice or by reviewing Duty of Candour letters before they are sent out to patients and families. The intention of this is to build up staff confidence in writing the letters. Our Trust Board have been very clear from the outset that template letters will not be used, as each communication needs to respond to the specific needs of the individual patients and the circumstances surrounding the incident.

Going forward, we are introducing shorter on-line training so that it can be accessed by all staff. Patients and staff are helping us to produce written leaflets for patients and staff, explaining what the Duty of Candour is and how we can make it work at its best.

Never Events

We reported our first Never Event on 1st February 2016. Never Events are defined by NHS England as incidents where there are or should be systems in place, at a national level, to make such errors 'wholly

preventable'. Never Events are a category of the serious incidents that the Trust must report to the CQC through the National Reporting and Learning Service.

Our Never Event concerned the Dental Services and the removal of a wrong tooth. Our Duty of Candour with the patient and the family was put in place as soon as the error was detected, and our staff, who have also been affected by the error, have been fully supported throughout the investigation process.

The learning that has been implemented and shared as a result of the investigation has included improvement to procedures in using the World Health Organisation's Surgical Checklist. Although this checklist was in place before the incident happened, each of the checks were not spoken out loud to the whole team. The introduction of a clear verbal team check at the beginning of each procedure will ensure the risk of this error occurring again is avoided.

The patient concerned is continuing to receive treatment from our services and the potential longer term implications of the error are being appropriately managed, so that the impact on the patient's everyday life going forward is minimised.

Mortality Reviews

The Trust is committed to ensuring that all hospital and community deaths are reviewed to provide assurance that the best possible care has been provided to patients. Up until now the work of the Trust's Mortality Review Group has been focussed on reviewing deaths that have occurred in inpatient settings and those that are identified from the community services as a reportable Serious Incident.

In 2016/17 the Trust is revising its approach and will be collecting information on all deaths in all adult services, both expected and unexpected. This will be a stepped approach throughout the year to ensure the systems we develop are effective and sustainable.

Mortality reviews will be undertaken to check whether there were any issues in relation to the delivery of care before the death of the patient. If issues are identified showing the death could have been avoided, lessons will be learned and actions taken to prevent a reoccurrence of any failings in care. We will also ensure our Duty of Candour is sensitively and appropriately engaged so that the relatives and carers of the deceased are fully informed of all outcomes. The Trust will be publishing details on any avoidable deaths and the follow up measures taken, in line with national best practice for community trusts.

Patient Safety Walkabouts

The 2008 National Patient Safety First Campaign provided guidance for organisations in respect of patient safety walkabouts, recognising that senior leadership is essential to promoting a patient safety culture. This was reinforced in 2013 in the recommendations from the Robert Francis inquiry into Mid Staffordshire NHS Foundation Trust.

Director's patient safety walkabouts ensure that the Trust's Executive Directors and Non-Executive Directors (NEDs) are informed first hand regarding the experiences and concerns of frontline clinical and operational staff. Each year an annual programme of Director patient safety walkabouts is developed to undertake team based visits. In the last twelve months the following services have been visited:

- Lickey Ward, Princess of Wales Hospital (PoWCH)
- Primrose Palliative Care Ward, PoWCH
- Shrub Hill Workshop, Mental Health Recovery Service, Worcester
- Pershore Community Hospital
- Malvern Community Hospital

- Droitwich Health Centre (Physiotherapy, Speech & Language, Podiatry and Dietetics Services)
- Integrated Community Equipment [Countywide] Service (ICES)
- Cottage Ward, PoWCH
- Patient Flow Centre, Worcester
- Eating Disorders [Countywide] Service
- Home Treatment [Mental Health] Team
- Wyre Forest Older Adult Community Mental Health Team
- HMP Oakwood, Staffordshire
- Izod Ward, Evesham Community Hospital
- Worcester City District Nursing Service
- Tenbury Ward, Tenbury Community Hospital

Feedback from the Walkabouts

Staff frequently said they enjoyed working for the Trust, working alongside 'great patients and great colleagues'.

Staff are very aware of the challenges facing the NHS and how services are having to change and respond. For staff working in services that have been re-tendered or where a contract has been awarded to a new provider, staff expressed that this is an unsettling experience.

Community hospital staff spoke of their experiences of caring for increasingly complex patients. Whilst this presents opportunities to extend their scope of practice, the workload is becoming more demanding. Patients tend to be either younger with more complex medical conditions or older and more dependent. There are a greater number of patients with dementia, some of whom require very close monitoring and care.

It was observed that staff are very aware of their responsibilities of reporting incidents on the Trust's incident reporting system and their Duty of Candour and that preventing pressures ulcers, falls and safeguarding are high priorities.

Staff often spoke positively of their line managers and felt well-led and read the weekly updates from the Chief Executive. In general, they said they receive feedback from incidents and complaints, but dealing with and being the subject of a complaint is stressful both individually and to the team.

Staff spoke of the helpful and supportive interdisciplinary team working across the Trust and with GPs. Some of the biggest challenges facing inpatient and community staff is safely discharging patients with complex needs. Directors heard first hand of examples where staff work intensely with patients who have very complex physical and mental health problems and challenging personal and family circumstances and achieve safe and successful discharges.

It was observed there is lots of good will amongst staff to support one another in maintaining the quality and continuity of patient care. Staff speak of their sense of pride in helping patients and their families and that 'it is a privilege to care and work so closely with people'.

Feedback from Patients and People Who Use our Services

The best judges of the quality of care are the people who use our services and our staff. All patients are actively encouraged to complete the patient Family and Friends test to gauge whether staff and patients consider the services we provide are of a high quality. Our response rates have improved significantly in

the latter part of 2015/16 and we are now looking at alternative methods, such as text messaging, for collecting this feedback.

In December 2015 the Trust ratified a three year Patient Experience Strategy. This strategy will enable the Trust to focus on key aims which need to be present in an organisation which is truly focused on the needs of its patients and ensure the patient and carer voice is heard and acted upon. This strategy outlines five patient experience aims which are aligned to the five CQC domains of safe, effective, caring, responsive and well-led.

Focus on ... patient feedback from New Haven (Older Adult Mental Health Ward)

Systems in place at New Haven to gain service user feedback include a weekly patient forum for individuals who have a mental health difficulty and a weekly Carers Meeting, both held on the unit. Additionally, staff are currently in the process of developing a patient forum to involve patients who are living with dementia and their carers. These are both regular fora where patients and carers can have their say about the ward and their care. We know that one of the barriers to service users providing honest feedback about their care, is a concern that raising a complaint may impact on the care they receive. It has also been found that one of the enablers to providing feedback is the option of anonymity. Consequently, we asked all patients and carers to provide feedback following discharge, where comments can remain anonymous and patients and carers can reflect on their experience of staying on our inpatient ward.

Twenty eight service users/patients were discharged from New Haven between 20th October 2015 and 29th February 2016. Of these, 20 were contacted with a request to complete a survey. Carers of service users who had been discharged from New Haven were also asked to complete the support for carers section of the survey.

A response rate of 40-45% was achieved for completed surveys.

- All responders rated their initial greeting as either good or excellent and all were happy with how they had been greeted on the ward.
- The majority of respondents felt they had been informed of the reasons for their stay on the ward, shown around the ward and introduced to the ward routine.
- The rating of staff attitudes (approachability, feeling listened to, feeling cared for, treated with kindness) were all rated highly. "They always seemed to know how you were feeling", "I was always given time and never pushed aside", "If I needed anything, they were there", "They were like a family", "They make you feel like they're just human as well", "He felt like a person in his own right", "They were always there to help and to talk to"; "They were always extremely kind and caring".
- Seven carers completed an additional section of the questionnaire specifically to gain their feedback and experience of New Haven.
- Six out of the seven respondents rated their experience of New Haven as a carer as "excellent" with one respondent rating their experience as "good". The following comments were made: "Staff were all knowledgeable and caring, they always made time for you and they all knew mum's name", "I was always pointed in the right direction- the staff were truthful and I wasn't conned", "They explained everything", "The family were greeted in a friendly way making us all confident that our loved one was in good hands and would be taken care of 100%!"

National Surveys

The Trust participates in the mental health acute inpatient service users survey provided by Quality Health Ltd. The initial survey results for 2015 were published on 22nd December 2015. Only 44 completed surveys were received from patients at our Trust with positive results in the main. Our response rate was 26% which puts us in the top response rates of the Trust who had a response rate between 25% and 29%. The majority of the questions responses either showed improvements in patient experience when compared to the previous year or scores similar to or above the average.

Examples of areas where improvements were observed or response scores were above the comparator:

- 75% of respondents rated their care received as good, very good or excellent. This is an improvement compared to the findings in 2014 and is above the comparator.
- Improvements were seen in the percentage of service users feeling listened to by their psychiatrist; the Trust also scored above the comparator.
- The Trust scored notably higher than the comparator for patients getting help with organising their home situation.

There were some areas in which a fall in positive responses were seen compared to 2014 or where the score observed was below that of the comparator.

- Although some improvement was seen with respect to the amount of ward activities available for service users, responses were below the comparator for 'enough activities available all of the time'
- There was a fall in the response rate with respect to patients feeling that they had sufficient notice of their discharge from the ward.

The actions we have taken to address the feedback have been incorporated in the revised mental health provision.

Small Things Make a Difference

During 2015/16 we've been asking patients and carers what "small things" make a difference during a stay or a visit to hospital and have produced these posters, telling patients and visitors what patients have said.

Helping you live well in Worcestershire | Worcestershire Health and Care NHS Trust

Small things make a difference

We have been asking patients and carers what small things make a difference to you during your stay or visit to hospital. You told us that the following is important to you:

Communication	Food	Noise Levels
Communication matters. We would encourage you to give feedback at every opportunity. You can do this in a number of ways, either face to face with a member of staff or if you would prefer you can complete the Friends and Family Test.	Overall you told us that the food is good quality and of a high standard. However, some patients told us we could do better. As a result of what you told us we are undertaking further work with the catering team to try and make improvements to what you tell us matters.	Hospitals can be very busy environments but we recognise that sometimes it can be difficult to be in a noisy environment when you are feeling unwell. If you feel that the noise levels are too much please speak to a member of staff.

Patients and Carers can contact the Patient Experience Lead to discuss any feedback that they would like to share – Naomi Seers, Patient Experience Lead – 01905 681519 or naomi.seers@nhs.net

Dementia – Carer Survey

One of our Quality Aims is to be a 'dementia friendly' organisation, both for people who are living with dementia and for the carers, friends and families who are inevitably affected by the potential changes a diagnosis of dementia can bring. Worcestershire Health and Care NHS Trust signed up to Johns Campaign in 2015/16, which is a national initiative to improve the support to carers who are visiting someone in hospital who has dementia.

We wanted to gain a better understanding of carers' points of view in relation to our services for people living with dementia. Although only 20 responses were collected from the survey in two community hospitals – the Princess of Wales and Evesham Community Hospital and 6 from Evesham and Pershore enhanced care team, the findings from the survey have been very valuable to us. We reviewed our processes to try and increase the number of people responding to the survey, but we also needed to bear in mind that people who are caring for a family member or friend who has dementia will be short of time, and may also be feeling very tired. Completing a survey may not, understandably, be top of the 'to do' list.

The questions covered three areas:

- carer's perceptions of their relative's presenting symptoms, and existing relevant diagnosis.
- carer engagement with assessments, diagnosis and discharge planning.
- general comments about care and how likely carers would be to recommend the service.

Carer's perception of their relatives presenting symptoms and any existing relevant diagnosis:

Staff have been supported and encouraged to talk with carers about important and specific symptoms related to dementia. The symptoms that carers referred to in the responses to the survey included those that are most challenging and difficult for carers to cope with, both on an emotional and physical front. Symptoms that are sometimes referred to as 'challenging behaviours' that often lead to carer breakdown and admission to hospital were described with higher rates, with gradual onset symptoms. It is of note that the majority of patients both in community hospitals and the enhanced care teams were not admitted with a diagnosis of dementia.

Carer engagement with assessments, diagnosis and discharge planning:

Examining efforts staff put into discussions and information giving is often difficult as there are so many variables to consider; it is almost impossible to measure the effectiveness of the everyday interactions staff have with carers. However the findings here indicated the need for further work in community hospitals to help staff shape the information from informal conversations into on-going planning for when the patient leaves hospital. In comparison all carers within the enhanced care team group felt that they were involved in discussions about assessments and results. These were predominantly undertaken by clinicians across the multi-disciplinary team. Involvement in discharge planning increased over the period of the survey which may be an outcome of the training delivered to staff over the year.

General comments about care and how likely carers would be to recommend the service:

Overall 85% of carers said they were extremely likely and 15% said likely to recommend the service to family and friends. Individual comments were extremely positive with a few comments regarding availability of staff, car parking and limited length of involvement before patient discharge.

The results of this survey have helped us shape our dementia friendly and John's Campaign plans:

- We are putting more focus on supporting staff in the community hospitals to involve carers more fully in assessments.
- If carers are unable to visit the ward regularly (there can be many reasons for this) then phone consultations will be set up. In order that staff can be confident they are speaking to the right person

on the phone, the carer and staff will agree a password.

- Teams are developing a shared discharge document that includes information shared between patient, carer, GPs, enhanced care teams and others, so that all relevant information is recorded in one place.
- Issues in relation to parking and visiting times are being discussed with hospital staff. Consideration is being given to 'open' visiting hours – further consultation with patients and carers will be undertaken to see if this would be a positive change.

Friends and Family Test

Overall Friends and Family Test (FFT) Scores

The table below provides a breakdown of results across the SDUs. The table includes the following information:

- The number of responses per SDU
- The FFT responses given
- The number of positive and negative responses
- The overall FFT score and SDU FFT scores

	How likely are you to recommend our services to friends and family if they needed similar care or treatment?					Scores					
	Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	TOTAL	Positive	Negative		Score	
AMH	69	38	4	1	1	113	107	95%	6	5%	89%
CC North	182	27	2		2	213	209	98%	4	2%	96%
CC South	261	49	3	1		314	310	99%	4	1%	97%
CYPF	60	14	1	2	1	78	74	95%	4	5%	90%
LD	4	1		1		6	5	83%	1	17%	67%
SPC	218	44	3		2	267	262	98%	5	2%	96%
TOTAL	794	173	13	5	6	991	967	98%	24	2%	95%

Some Examples of the Great Comments Patients Have Written About our Teams in Survey Questionnaires

Home Treatment Team

“Quick acting treatment and treatment plan. Caring and kind professionals working on the team. All understanding and concentrating on getting me better. Non-judgemental.”

Community Children’s Nursing

“Could not fault the service we received. All of the nurses were amazing and so professional. The care my daughter received was above average. A huge thank you to them all.”

Enhanced care team – Wyre Forest

“The staff were very helpful, supportive and attentive to me and my needs. Also gave a lot of information to my family which also then helped me which will hopefully get me back to where I was before I became unwell.”

We strive to learn from every comment, compliment and complaint received.

During 2015/2016 the Patient Relations Team have been contacted by 1,323 patients, families or their carers who wished to either make a formal complaint or raise a concern or ask questions using our Patient Advice and Liaison Service (PALS).

Below is a table setting out the number of complaints, PALS, professional enquiries and compliments received in 2015/2016 in comparison to previous year, compliments far outweigh the number of complaints we receive.

	2014/2015	2015/2016
Complaints	402	368
PALS	708	654
Compliments	4778	4997

We reviewed and updated our policy in January 2016 to ensure we were responding to complaints as reflected in a report published by the Parliamentary and Health Service Ombudsman, “My expectations for raising concerns and complaints.” Our Policy also included our aim to respond to complaints within 25 working days, or within an agreed extension to that timescale and our overall response rate has remained high.

Complaint response performance in 2015/16:

100%	Percentage of complaints acknowledged within 2 working days.
98%	Percentage of complaints responded to within 25 working days.

Compared to complaint response performance in 2014/15:

99%	Percentage of complaints acknowledged within 2 working days.
97.5%	Percentage of complaints responded to within 25 working days.

The themes of the complaints are reviewed and we try to identify themes from information that has been shared with us which can be a challenge as our services are so diverse. We know that the reason behind many complaints stems from communication with patients, or that a communication method has been ineffective and we will always look to identify if this is in relation to a particular team or member of staff. We know from our complaints that our patient’s and carers main concerns are:

- Communication between teams and patients
- Length of time to wait for an appointment to be scheduled
- Changes and requests for medication
- Cancellation of appointments
- Length of time waiting at the clinic appointment
- Questions about diagnosis
- Care and treatment that has been provided

- Attitude of staff
- Staffing levels

In 2015/2016 we upheld 35% of our complaints compared to 34% in 2014/2015. The complaints help us to improve and make changes to our services and it is really important that we learn and take action where we haven't got things right. All of our upheld complaints have an action plan which are shared by the services in their team meetings and more widely through governance meetings. Some examples of actions taken and lessons learnt in 2015/2016 as a result of complaints include:

- In one of our older adult community mental health teams, the process has been amended so that decisions are made about referrals, once they have been reviewed against the correct screening process.
- The discharge letters in our primary care mental health service were reviewed and amended following feedback about the tone of the letter.
- A recruitment process was put in place in one of our district nursing teams to improve the capacity within the team.
- In one of our community learning disability teams the duty protocol was updated so that any urgent cases referred to the duty team will be highlighted with the manager.

During 2015/2016 we have received many compliments from our patients and their carers. This feedback is really appreciated by our staff and we publish these on our staff internet pages which have included:

- *The service was excellent and beyond our wildest expectations. Caring, considerate and always cheerful and professional.*
- *I know you are doing your job but thank you for being there.*
- *Dear nurses thank you for looking after me when I am at the hospital and at home and school.*
- *You've made my life so much better – thank you.*

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

- Patient raised concern that the incorrect information was published in a leaflet and advertised on the website regarding the integrated clinical assessment. The leaflet was updated and replaced with correct information.
- The mother of a patient was receiving reminders for their child's vaccinations although the child had already received them. The information system was updated to reflect this.
- One of our patients had misplaced their appointment details and asked to receive support to find out when their appointment was arranged.

Average response time in days, to respond to PALS:

	2014/2015	2015/2016
PALS	2.7 days	2.5 days

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

The Parliamentary and Health Service Ombudsman published a report, "Breaking down the Barriers" in January 2016 and they concluded that older people can find it hard to know how to raise a concern or complaint. The Patient Relations Team will start to capture the age of people who are contacting us to help us look at whether we are accessible for all of our patients accessing our services and identify if any changes need to be made to encourage older people to contact us and raise concerns.

Staff Health and Wellbeing

The Trust continues to support a number of initiatives aimed at improving the health and wellbeing of staff which include;

- A full time Health and Wellbeing Lead is employed by the Trust to provide support and information to staff on all aspects of health and wellbeing. Staff can be referred to the Health and Wellbeing Lead for one to one support or team support.
- The Trust recognises the impact that change management can have on staff and health and wellbeing and support is being offered to staff who are involved in these processes.
- The health and wellbeing pages on the intranet are continuing to be developed and updated to ensure that the most up to date and relevant information is available for all staff.
- Staff health and wellbeing is being promoted as part of the Valued programme which is a collection of initiatives and schemes that are available to staff including; salary sacrifice, discounts, career development, awards and support for those changing roles - Valued is about 'Supporting you to Work Well'.
- Seated chair massages are available at various locations around the county at a reduced rate for staff to access.
- Moodmaster is a cognitive behavioural therapy (CBT) based programme which teaches people the skills to maintain good mental health and build their emotional resilience. Evaluation of Moodmaster is on-going and continues to be positive. Courses for 2016 across the county have been arranged.
- The Health and Wellbeing Lead is the Champion for the high impact action (HIA) fit and well to care. The aim of the fit and well to care HIA is to reduce sickness absence in the NHS workforce to no more than 3%.
- The Trust has been awarded level two in relation to Worcestershire Works Well. Worcestershire Works Well is a free accreditation scheme designed to enable local businesses to improve the health and wellbeing of the work force. There are three levels in total and we are now working towards achieving this final level.
- The Trust is continuing to offer a fast track physiotherapy service which can be accessed by employees who are or could be in the future suffering from a long term condition. This service may also be accessed by employees that have musculoskeletal problems as a result of being pregnant.
- In conjunction with the Risk and Security Manager, stress awareness workshops and stress risk assessment training has been piloted and is now being rolled out for all staff to access.
- All employees have access to the Trust Occupational Health Services.
- Staff can self-refer to counselling services. The counselling service is available for staff with both personal and work related problems.

Seasonal Flu Campaign

In the 2015/16 season 44% of front line clinical staff were vaccinated against seasonal flu. This was less than in 2014/15 campaign (50%). The reduction could be attributed to the media coverage last year with regard to the effectiveness of the vaccine. Evaluation of the campaign is underway in preparation for the 2016/17 campaign to ensure that we increase the uptake amongst staff.

Staff Engagement

The NHS National Staff Survey is an important way of ensuring staff have a mechanism for feeding back their views which can inform local improvements. The results of the 2015 NHS National staff survey were formally released on 23rd February 2015.

The response rate for Worcestershire Health and Care NHS Trust to the National Staff Survey was 50% of the sample size (413 useable responses from a sample of 827).

The survey report contains 32 key findings and Worcestershire Health and Care NHS Trust is ranked against other combined mental health/learning disability and community trusts in England.

Top Five Ranking Scores for the Trust:

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

- Percentage of staff suffering work-related stress in the last 12 months.
- Percentage of staff experiencing discrimination at work in the last 12 months.
- Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.
- Fairness and effectiveness of procedures for reporting errors, near misses and incidents.
- Staff recommendation of the organisation as a place to work or receive treatment.

Bottom Five Ranking Scores for the Trust:

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

- Quality of appraisals.
- Effective team working.
- Percentage of staff/colleagues reporting most recent experience of violence.
- Percentage of staff reporting good communication between senior management and staff.
- Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse.

The largest local changes since the 2014 Staff Survey – where staff experience has improved at Worcestershire Health and Care NHS Trust:

- Support from immediate managers.
- Staff motivation at work.
- Staff satisfaction with level of responsibility and involvement.
- Percentage of staff experiencing discrimination at work in last 12 months.
- Staff recommendation of the organisation as a place to work or receive treatment.

Overall Staff Engagement - Worcestershire Health and Care NHS Trust scored 3.85 for overall staff engagement in the 2015 survey – this is compared to a score of 3.73 for the 2014 survey.

Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The Trust's score of 3.85 was above (better than) the national average score of 3.81 when compared with trusts of a similar type.

This indicator is made up of three key findings:

- Staff ability to contribute towards improvements at work.
- Staff recommendation of the trust as a place to work or receive treatment.
- Staff motivation at work.

Our Trust Board oversee the action plan to respond to these finding using staff focus groups, the staff Friends and Family test and pulse surveys to further understand staff morale and associated issues.

Sickness Absence Management

The Trust recognises the importance of maximising workforce capacity and the impact this has on providing continuity of patient care as well as reducing reliance on bank and agency workers. Sickness absence management remains a high priority for the Trust taking into account the effect sickness absence has on managing services within budget, providing high quality services and resulting impacts on staff morale. The Human Resources team work closely with managers and Staff Side colleagues to ensure a balance is achieved between effectively managing sickness absence whilst supporting employees through periods of ill health, particularly where this is related to a disability. This is supported by the work of the Health and Wellbeing Lead who proactively works with individual members of staff and also with teams to maximise attendance at work through initiatives such as 'Moodmaster' courses.

Recruitment and Retention

In line with other Trusts we are experiencing recruitment and retention difficulties in relation to some staff groups, particularly registered nurses. A recruitment and retention task and finish group is in place to consider innovative ways of recruiting staff, reviewing what makes us stand out as an Employer of Choice and evaluating what makes the Trust a great place to work. The Trust recognises the need to support staff retention to retain the knowledge and skills of our experienced workforce to continue to deliver high quality services.

Staff Awards

The Staff Awards 2015 was a great opportunity to celebrate those within the Trust who really go the extra mile for their patients, teams and colleagues. There were 11 winners overall but the night culminated with the prestigious Patient Choice Award, nominated by members of the public, patients or families who want to recognise the outstanding contribution of one of our staff. Last year the award went to District Nurse Kimberley Stokes, who was nominated by Fred Holland for the support she gave to him and his family.

In addition, the event also recognised those staff who had reached long service milestones within the NHS. Over 20 staff reached 25 years' of continuous service, and two members of staff, Anne Brazier from the Trust's Catering Team, and District Nurse Joyce Wainwright were recognised for reaching 40 years' service. Other recipients included Susanne Holt from Malvern Community Hospital and the county-wide School Health Nurses who both received the Living the Values Award, while a Special Recognition Award was given to physiotherapist Helen Gledhill.

Sarah Dugan, Chief Executive, said: *"We had more nominations this year than ever before and so shortlisting and selecting winners was really tough. This is in itself a reflection of our wonderfully committed and dedicated staff who work so hard to provide the very best service they can to those in our care."*

Safe Staffing

There are established and evidenced links between patient outcomes and the organisations have the right people, with the right skills, in the right place at the right time.

Nurses are a very important part of a wider team of healthcare professionals providing patient care. Working alongside for example physiotherapists, occupational therapists and doctors, nurses play a critical role in providing high quality and safe care to patients.

Each ward manager has worked closely with their line managers and the Director of Nursing and Quality to make decisions about staff requirements for each shift, to ensure that patient needs can be met. The number of staff required at any time is called the planned staffing number.

Sometimes the actual staffing number is below the planned number. This may be the result of staff sickness, or because there is a lower number of patients on the ward than usual, so staff have been moved to work in another area.

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

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

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

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

Staff Development and Training

Trust Induction is held on the first Monday of every month and is a mandatory requirement for all new staff to attend this as their first day of employment with Worcestershire Health and Care NHS Trust. In 2015/16, 596 new employees attended the Induction day which includes a welcome from our Chief Executive, Sarah Dugan and an overview of the services and structures within the Trust. All new staff receive an induction booklet which gives information on a variety of subjects that will be helpful to staff in their new posts.

Following on from Induction all new employees must be compliant with completion of the Trust 8 mandatory training courses that all staff within the Trust must complete. Mandatory training follows a strict renewal process and it is the responsibility of all staff to keep themselves updated. Many of the courses are available to complete online which allows staff to update at a time that fits in with their clinical work. Some of the practical courses such as fire training and manual handling are required to be delivered face to face and these are delivered within the workplace to allow staff to minimise the time spent away from patient care. The Trust Board have set a completion rate of 95% across all 8 courses across the Trust. Compliance in March 2016 was 91%.

Essential Training is a range of training that staff require specific to their role. Some essential training is for large staff groups whilst some is tailored for small staff groups. Again there is a blended approach to the delivery of this training between face to face, video links and e-Learning. Our portfolio of e-Learning packages has expanded significantly this year as we have been able to train a member of staff to develop e-Learning packages specific to the needs of our staff. Our portfolio now includes e-Learning covering a range clinical skills and non-clinical information i.e. aspects of tissue viability, hydration, care planning, suicide, self-harm, record keeping and raising concerns.

We receive funding from Health Education West Midlands that enables our staff to apply to attend funded courses as part of their continued professional development. To determine how this funding is allocated we ask the Service Delivery Units to identify any training or courses that would enable their staff to deliver their key service objectives. Once this has been collated staff are able to apply to attend any relevant courses. Prior to being accepted for funding staff are asked to demonstrate that they are compliant with their mandatory training and that the training has been identified as part of their Staff Development Review. This year we have been able to fund staff to attend 290 different courses covering a variety of topics and staff groups.

External Visits and Inspections

We welcome visitors to our services as we like to hear the positive feedback about our services, but also so that we can learn and make improvements from any observations or recommendations. The visits, reviews and inspections that take place are both announced (in other words the Trust knows they are due to take place) or unannounced (whereby the inspection team appear on site without any prior notification to the Trust). We encourage staff and patients to be open and frank with any inspectors or visiting teams, both in terms of positive feedback and about things that might need to be improved. Between 1 April 2015 and 31 March 2016 the following services have been subject to an external inspection or reviews of services:

Key to Abbreviations in table:

A – announced visit

U – unannounced visit

ICU – Integrated Commissioning Unit

CCG – Clinical Commissioning Group

CQC – Care Quality Commission

HMIP – Her Majesty's Inspectorate of Prisons

TDA – Trust Development Authority

WMQRS – West Midlands Quality Review Service

Between 1 April 2015 and 31 March 2016 there have been the following external inspections of services:

Date	External Organisation and Announced or Unannounced	Location/ Service Inspected	Key Findings
21 May 2015	ICU A	Athelon Ward	Very positive visit - the inspectors commented that all staff were respectful to patients and there was a positive rapport between staff and patients. It was noted that staff were dedicated and clearly demonstrated a good understanding of patient needs. Patients reported to the visitors that they felt listened to and valued by all staff. An improvement action was to pursue the potential for nursing staff to have access to the social care services electronic systems.
02 June 2015	NHS England U	HMP Long Lartin	This inspection team provided a largely positive report, observing there was a positive culture and good interaction between staff and patients. The inspectors made recommendations including that the impact of a recent regime change was assessed in relation to patients' access to services.
08 June 2015	ICU A	Osborne Court	The feedback received was very positive. There was a recommendation to continue with improving communication with the Community Learning Disability Team.
20 July 2015	ICU A	Holt Ward	A positive report was received noting patients were well cared for, staff had a good knowledge of their patients and a range of activities are on offer for patients. It was also recognised that positive changes are made in response to ward community meetings, such as allowing free access for patients during the day to the smoking area, bedrooms/toilets and the communal male and female areas. Some recommendations that have been addressed relate to establishing better links with Community Mental Health Teams
21 July 2015	CCG A	PoWCH - Stroke beds	This was an opportunity for the CCG to visit this new service and to meet with staff and patients. The visiting team stated they were impressed with the enthusiasm and commitment of the staff. As a result of the visit the commissioners committed to looking into the length of the waiting lists for orthotics, orthoptist and psychology.
05 August 2015	ICU A	Ludlow Road	The feedback received was positive, particularly concerning care plans and risk assessments that are in place. The visitors noted the number of improvements that were in progress, such as new hoists and bath.

14 September 2015	CQC U	Safeguarding Children Review	The inspection focussed on the journey of a selection of children and young people accessing health services across the health economy. During the inspection 120 children's cases were reviewed including 9 tracked cases across Worcestershire health economy. There were a number of positive findings for the Trust and recommendations have been addressed through a countywide CCG led action plan. A full review of the outcome of the Safeguarding Review is contained earlier on in the Quality Account.
02 October 2015	CCG A	Willows Ward	This was a positive visit that provided a good level of assurance. The visitors noted a clean and well maintained environment and recommended that staff ensure care plans are personalised. The commissioners committed to reviewing the medical cover during 'Out Of Hours' as a result of the visit.
07 October 2015	CQC/ HMP U	HMP Hewell	This was a joint HMP/CQC visit focusing on whether services were safe, responsive and well-led. The visitors highlighted a number of positives. The CQC team suggested the following two improvement actions for healthcare: <ul style="list-style-type: none"> • to review the arrangements for medicines administration • Through effective monitoring, to optimise the use of available clinical time. These actions were addressed in partnership with the prison team.
13 October 2015	NHS England U	HMP Oakwood	The visit highlighted a number of areas of good practice including: well man and sexual health drop in sessions, season flu identification, health promotion for alcohol for both staff and prisoners. The inspectors made some recommendations including the need to progress the recruitment process.
27 October 2015	NHS England U	HMP Hewell	During the visit it was noted that some positive practice and staffing for the service as a whole had improved, and that staff were enthusiastic. The main area identified for action was in relation to the medication regime arrangements.
29 October 2015	ICU A	Hillcrest ward	A positive visit report was received with no major concerns identified.
02 November 2015	TDA A	Infection Prevention and Control Inspection	The visit provided good assurance and was very positive in its findings, with no themes identified that require attention. Two actions linked to light pull cords and pressure reducing cushions have been addressed.
05 November 2015	ICU U	New Haven ward	This was a positive visit. As part of the visit, falls incidents were discussed. It was noted that the ward was in the process of recruiting more staff. The ward managers discussed and provided evidence on the positive feedback by the trust patient handling trainer.
10 November 2015	CQC U	Athelon & Holt Wards- thematic review ECT	The report provided good assurance. Actions have been put in place to address the two recommendations in relation to documentation and record keeping.

11 November 2015	CCG A	Redditch & Bromsgrove District Nursing Team	Positive feedback from the visit was received, noting that respectful and compassionate care was being delivered. Some recommendations have been actioned including ensuring the patient information booklet includes advice about what actions the team may take if they are unable to make contact with the patient.
13 November 2015	ICU U	Harvington Ward	Positive report noting that documentation had been improved since the last visit.
30 November 2015	CQC U	Trust-wide Follow up focused CIH visit	Targeted inspection following the January 2015 inspection. No risks or issues have been fed back to the Trust following the inspection. The written report is awaited.
12 December 2015	CCG A	Enhanced care team-Wyre Forest	A number of areas of good practice were noted and in particular the weekly preventative clinics undertaken in residential care homes by the Community Matrons. It was also noted that there were good systems for sharing learning and disseminating information across the team. Some recommendations were made including issues relating to documentation and widening the scope of clinical supervision.
18 February 2016	CCG U	Pershore Community Hospital	A positive report, particularly highlighting the feedback from patients. Recommendations related to improving the layout of the ward and reviewing the skill mix of the staff.
8th & 9th March	WMQRS A	The review visited services in our Trust, in the Worcestershire Acute Hospitals Trust, and the CCGs.	Trust services were positively rated but the visit raised some recommendations for how the local health economy works as a whole. Review found that the enhanced care teams and other community services provide well organised, holistic care for older people. advanced nurse practitioners on Wards at Evesham provide good level of support. Community hub at Princess of Wales, Bromsgrove provides 'excellent focus' for integration and communication between services. Recommendations include ensuring there are more consistent pathways of care and for the CCG to consider setting up a county wide Frailty Team. (The services visited in this Trust were: Pershore Proactive Care Team, Evesham District Nursing, Bromsgrove Enhanced care team, Redditch and Bromsgrove Rapid Response Team, Virtual Ward, Kidderminster and Community Therapies, Kidderminster)
7th March 2016	CCG U	New Haven	This was a Mental Health Act (MHA) 1983 monitoring visit. The CQC reported the unit was "a happy place" and staff were easy to talk to. Actions include ensuring a statutory form is attached to the medicines cards, and ensuring there is recorded evidence of carers' involvement in assessments.

2015/16 QUALITY ACCOUNT PRIORITIES

For last year's Quality Account we set three priorities for improvement. The progress of these is summarised 'at a glance' in the table below.

Objective	Achieved	Getting There	Behind Schedule
Improving care for people with dementia, focussing on increasing the number of frontline staff who have received dementia training.	✓		
Improving physical health care for mental health inpatients, focussing on ensuring physical health checks are undertaken with mental health inpatients.	✓		
Promoting an open learning culture, focussing on improved incident reporting and a reduction in the level of harm arising from incidents.		✓	

Priority 1

Improving care for people with dementia, focussing on increasing the number of frontline staff who have attended dementia training

What did we measure?	Result at end of March 2016
The number of staff who have completed dementia training	88%

Staff were able to choose from a number of training methods in order to learn more about how to care for people living with dementia. These included face to face teaching, e-learning and a locally developed bespoke DVD for staff to view individually or in teams. The latter in particular proved very successful in terms of immediate feedback from participants, including those from non-clinical staff such as facilities and administration.

25 planned dementia Awareness Sessions and 54 bespoke sessions for individual teams and groups were also delivered during the year. By the end of March 2016, 1,342 out of a possible 1,524 (88.06%) of eligible patient facing staff had participated or attended training.

In early 2016/17 we will be sending out a survey to staff to evaluate the impact of the training on practice and on patient care.

Priority 2

Improving physical health care for mental health inpatients, focussing on ensuring physical health checks are undertaken with mental health inpatients.

People who have a serious mental illness like schizophrenia or bipolar disorder can have poor physical health as well. Studies have shown that people who have a mental illness are more likely to develop coronary heart disease, diabetes, infections and respiratory diseases like COPD (chronic obstructive pulmonary disease), or to have a stroke. Research has also shown that people with a diagnosis of a serious mental health problem are more likely to die as a result of one of these physical conditions than people who have no experience of a serious mental health problem.

In Worcestershire Health and Care Trust we want to ensure all patients, no matter what their reason is for accessing our services, to have high quality physical health care. We particularly focused on mental health inpatients for this Quality Account aim.

What did we measure?	Result at end of March 2016
The number of mental health patients who had a physical health assessment recorded.	98%

We know we have a lot more to do to ensure the outcomes of assessment are acted on, and our Quality Aim for 2016/17 reflects our on-going commitment to ensuring patients with a mental health illness will have physical health care needs met.

Priority 3

Promoting an open learning culture, focusing on improved incident reporting and a reduction in the level of harm arising from incidents.

Clinical or non-clinical error, accident or incident, however serious, is rarely caused wilfully. It is not, in itself, evidence of carelessness, neglect or a failure to carry out a duty of care. Errors are often caused by a number of factors including, process problems, human error, individual behaviour and lack of knowledge or skills. Learning from incidents can only take place when they are reported and investigated in an open and structured way.

The Trust is committed to promoting an open and learning culture from incidents. We look to identify trends and take positive action to prevent similar incidents from happening again.

What did we measure?	Result at end of March 2016
'Openness' league	Ranked 37 th out of 230 trusts
The levels of harm that patients experience as a result of incidents	Fluctuated throughout the year but average is on a par with last year.

It is disappointing that the levels of harm are not yet noticeably reducing. Our continuing commitment to incident reporting and safer care is reflected in our 2016/17 Quality Account Aim.

OUR 2015/16 CQUIN PERFORMANCE

A proportion of Worcestershire Health and Care NHS Trust income in 2015/16 was conditional on achieving quality improvement and innovation goals agreed between Worcestershire Health and Care NHS Trust and any person or body we entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 20/16 and for the following 12 month period are available electronically at www.hacw.nhs.uk

	CQUIN Scheme	Service Included in CQUIN							CQUIN met fully
		Older Adult Mental Health	Community Care	Adult Mental Health	Children, Young People and Families	Primary Care	Learning Disability	Offender Health	
1	Dementia and delirium find, assess, investigate, refer and inform (FAIRI)		✓						✓
2	Dementia and delirium staff training		✓						✓
3	Dementia and delirium supporting carers		✓						✓
4	Reducing the proportion of avoidable emergency admissions		✓						✓
5	Tissue viability – pressure ulcer prevention		✓						✓
6	Capacity management within enhanced care teams		✓						✓
7	Improve the utilisation of white board functions to improve patient flow within community hospitals		✓						✓
8	Improving the timely transfer of care for patients to other providers, through the use of the trusted assessor model		✓						✓
9	1A: Cardio metabolic assessment and treatment for patients with psychoses	✓		✓					✓

	CQUIN Scheme	Service Included in CQUIN							CQUIN met fully
		Older Adult Mental Health	Community Care	Adult Mental Health	Children, Young People and Families	Primary Care	Learning Disability	Offender Health	
10	Improving recording of MH diagnosis in A&E and reduction of MH re-attendances	✓		✓					✓
11	Learning disability community outcome measures						✓		✓
12	CPA care planning on discharge from adult and older adult MH inpatient wards	✓		✓					✓
13	Reducing physical restraint interventions within adult and older adult mental health inpatient wards	✓		✓					✓
14	Cardio metabolic assessment and treatment for patients with psychoses	✓		✓					✓
15	Improving recording of MH diagnosis in A&E and reduction of MH re-attendances	✓		✓					✓
16	Supporting move from registered to resident health visiting populations				✓				✓
17	Integrated working between maternity and health visiting services				✓				✓
18	First aid MH training in offender health - HMP Hewell & Long Lartin - HMP Oakwood							✓	✓

LOOKING FORWARD - THINGS WE WANT TO DO BETTER IN 2016/17

As we start 2016/17 the Trust is entering a new phase of its journey. The existing Quality Governance Strategy will be reviewed and refreshed to reflect the changing landscape to bring together the quality improvement initiatives into one plan. This strategy will be developed and defined during 2016/17 in consultation with patients, staff and partner organisations.

The new Quality Strategy will cover 2017 to 2019. The Board will review and approve this new strategy in February 2017.

Quality Account Priorities for 2016/17

The Quality Account has provided an overview of the quality Improvement work which has taken place across the Trust last year. There are a number of projects which we will be taking forward into the coming year and focussing our attentions upon. We would however, like to highlight the following projects as key priorities for 2016/17:

Performance against these Quality Account priorities is monitored by the Trust's Quality and Safety Committee and Trust Board.

Improve the experience of patients and carers accessing our services.

Interventions:

- Focus groups in areas where the overall FFT score is low
- Increase the number of FFT responses by 20% per year
- Maintain an FFT score of over 95%
- Improvement projects based on the outcomes of the patient and carer interventions

Measurement – Total FFT Responses by SDU, Overall FFT Score

Be a dementia friendly/ dementia aware organisation.

Interventions:

- Provide questionnaires and talk to patients to find out what additional information and skills patients and carers would like
- Review the training provided against the patient requirements and assess outcome of training on patient care
- Roll out additional shared learning and training to staff

Measurement – Number of people accessing early intervention service, increase in uptake of 'This is me' booklet.

Ensure that there is parity of esteem for mental health patients.

Interventions:

- Create a clear guide for staff to use when undertaking checks
- Provide a clear pathway on how the issues identified will be addressed
- Provide necessary training for staff to ensure confidence in undertaking physical care/mental health care checks
- Speak with patients to find out the issues that matter to them when they are admitted

Measurement – meeting mental health taskforce action standards for talking therapies and early intervention services.

2015/16 QUALITY ACCOUNT MANDATORY STATEMENTS

Audit

Participation in clinical audits:
During 2015/16 five national clinical audits and one national confidential inquiry covered NHS services that Worcestershire Health and Care NHS Trust provides.

During that period Worcestershire Health and Care NHS Trust participated in 4/5 (80%) national clinical audits and 100% national confidential inquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential inquiries that Worcestershire Health and Care NHS Trust was eligible to participate in during 2015/16 are as follows:

- POMH-UK Topic 13b: Prescribing for ADHD in children, adolescents and adults
- POMH-UK Topic 14b: Prescribing for substance misuse: alcohol detoxification
- POMH-UK Topic 15a: Prescribing for bipolar disorder
- National Diabetes Foot Audit
- Early Intervention in Psychosis Audit
- National Confidential Inquiry into Suicide and Homicide by people with Mental Illness (NCISH)

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

National clinical audits 2015/16	Participation	% cases submitted
Prescribing Observatory for Mental Health (POMH-UK)		
POMH-UK Topic 13b: Prescribing for ADHD in children, adolescents and adults	Yes	N/A
*POMH-UK Topic 14b: Prescribing for substance misuse: alcohol detoxification	*No	*N/A
POMH-UK Topic 15a: Prescribing for bipolar disorder	Yes	N/A
Other national audits		
National Diabetes Foot Audit	Yes	N/A
Early Intervention in Psychosis Audit	Yes	N/A
National Confidential Inquiry into Suicide and Homicide by people with Mental Illness (NCISH)	Yes	6 cases (data collection on-going)

*The Trust is not commissioned to deliver a detox service although it did participate in the baseline audit (Topic 14a). On review, the cohort was too small to warrant participation in the audit.

National Audit Reports

Subject of audit	Standard where audit identified need for improvement	Actions that have been put in place since audit	Outcome
POMH-UK Topic 9c: Antipsychotic prescribing in people with a learning disability	Need to improve documentation of extrapyramidal adverse effects, blood pressure, lipids and glucose/HbA1c.	All LD teams to have access to BP machines. Statement regarding tremor, rigidity and gait to be added to clinical record of patients receiving antipsychotics at least once every twelve months.	Supplementary audit to ascertain what proportion of patients included in the initial audit and receiving antipsychotics had relevant blood results available on "ICE".
POMH-UK Topic 12b: Prescribing for people with a personality disorder	Need to improve number of patients with a crisis plan (or reference in medical notes to what would be a "crisis plan" in other services such as key contact numbers), cross referencing with Health Action Plan where appropriate, mention of access to enhanced community service where appropriate.	Referring to existing plans when in place, otherwise ensuring a crisis plan is outlined in GP letter.	Where a crisis plan is in place, patients are involved in the content. Low rate of prescribing psychoactive medications.
POMH-UK Topic 14a: Prescribing for substance misuse: alcohol detoxification	N/A	N/A	Cohort too small from which to draw conclusions. Although the Trust is not commissioned to deliver a detox service, the findings were presented to consultant psychiatrists for discussion, as well as being shared with the wider SDU.

The reports of 72 local clinical audits were reviewed by the provider in 2015/16 and Worcestershire Health and Care NHS Trust intends to take 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.

Local Audit Report

Subject of audit	Standard where audit identified need for improvement	Actions that have been put in place since audit
Adult Mental Health Service		
Clinical Audit Bundle: Inpatient areas (suite of audit criteria covering key assessments)	Documented evidence of family/carer involvement in assessment and discharge documentation. Crisis support plans containing information regarding the early signs of relapse.	Amend the 72hr assessment document to prompt and evidence family/carer involvement (action in progress). Develop discharge care plan template for named nurse to use as a reference when developing discharge care plans (action in progress). Ward managers to complete audit of all discharge care plans the first week of each month and feedback to inpatient lead nurse (action in progress). Adapt process to ensure ward clerks fax discharge care plan to GP alongside discharge summary (action in progress).
Learning Disabilities Service		
Epilepsy in Learning Disabilities	Epilepsy plans in place but some not recently updated. Recording of risks in patient notes.	Ensure method of keeping epilepsy management plans up to date (agreed but not yet actioned). Use a checklist as a method of recording Risks discussed (agreed but not yet actioned).
Community Care Service		
Audit of the use of discharge notification from the New Haven Unit	No evidence forms were faxed to the GP although this is undertaken. No evidence of copy of discharge notification given to patient at discharge or evidence the CMHT/RC had been emailed a copy although this is undertaken.	Ward administrative staff to ensure copies of completed faxes to the GP to be filed in patient notes as evidence it has been sent (action in progress). Ensure a system whereby patients are at least offered a copy of the discharge notification form on or after discharge (action in progress). Repeat the audit cycle in Spring 2016 to encompass all older adult wards and consultants (agreed/ awaiting action).

Children, Young People and Families Service		
Audit of School Health Profile Discussion Tool	Agreed dates need to be identified. Actions with the school on the profile need to be completed.	Request staff complete the profile discussion tool for their allocated schools (agreed/ awaiting action). Request that staff update their profile discussion tool once an action has been completed (agreed/ awaiting action).
Dental Health Service		
Audit of General Dental Practitioners' referrals to Worcestershire Special Care Dental Services	Improve communication with referring practitioners regarding the service's acceptance criteria for referrals.	New referral forms in place (full implementation completed).
Sexual Health Service		
Audit of compliance with NICE Long-acting Reversible Contraception (LARC) guidance 2015	Improvement required in documentation of sexual history and safer sex/condoms offered.	Discuss in Clinical Governance Meeting to share results (full implementation completed) Include amber and red result in record keeping audit (agreed/ awaiting action).
Offender Health Service		
Re-audit of HMP Long Lartin GP Minor Operations Procedure.	All criteria met 100%	No further action required.

The number of patients receiving NHS services provided or sub-contracted by Worcestershire Health and Care NHS Trust in 2015/16 that were recruited during that period to participate in research approved by a research ethics committee was 55.

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

Implementation of NICE guidance

The Trust has an established process for the implementation of NICE guidance which ensures our services are appraised against all relevant NICE guidance, and where required, implementation plans are developed to bring services to full compliance.

Information Governance Assessment Report

The requirements of Information Governance ensure that all personal and confidential data we handle is protected and held safely and securely in line with the law and central guidance. The Trust achieved an Information Governance Toolkit score of 78% and was graded 'satisfactory', which is the highest grade achievable. There were no Information Governance Serious Incidents requiring investigation reported for 2015-16.

Review of services

During 2015/16 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;

- Adult Mental Health & Learning Disabilities
- Children, Young People and Families
- Dental Health & Sexual Health Service
- Community Care North
- Community Care South

The Worcestershire Health and Care NHS Trust has reviewed all the data available to them on the quality of care in five of these NHS services.

The income generated by the NHS services reviewed in 2015/16 represents 100 per cent of the total income generated from the provision of NHS services by the Worcestershire Health and Care NHS Trust for 2015/16.

Statements for the CQC

Worcestershire Health and Care NHS Trust is required to register with the Care Quality Commission and its current registration status is registered. Worcestershire Health and Care NHS Trust has no conditions imposed on its registration.

Worcestershire Health and Care NHS Trust has not participated in any special reviews or investigations under section 48 of the Health and Social Care Act 2008 by the CQC during 2015/16.

2015/16 Quality Account Mandatory Statements (as required by the Department of Health Quality Accounts Toolkit and additional guidance from NHS England in February 2016).

Hospital Episode Statistics

Worcestershire Health and Care NHS Trust submitted records during 2015/16 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:

- 99.9% for admitted patient care
- 99.9% for outpatient care
- Not applicable for accident and emergency care

Which included the patient's valid general medical practice was:

- 99.9% for admitted patient care
- 99.6% for outpatient care
- Not applicable for accident and emergency care

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

- On a monthly basis a robust process is in place to make sure that the data quality of the Trust submission meets a high standard. Very few records do not have a NHS number or GP code when submitted. Records where information is missing will be traced through the NHS Spine. It is possible that there will always be a small number of records where a patient genuinely may not have a NHS number or are not registered with a GP. Information around NHS numbers completion rate also appears on the Trust internal performance reports.

Worcestershire Health and Care NHS Trust intends to undertake the following actions to improve this percentage, and so the quality of its services:

- Continue to undertake thorough and robust tracing of records where the data field is missing.

Clinical coding error rate

Worcestershire Health and Care NHS Trust was not subject to the Payment by Results clinical coding audit during 2015-16 by the Audit Commission.

Improving Data Quality

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. The Trust has already made extensive improvements in data quality. During 2016-17 Worcestershire Health and Care NHS Trust will be taking the following actions to improve data quality:

- The Trust has a Data Quality Improvement Group which has an annual plan. Implementation of the plan is reported to the Trust's Audit Committee.
- The Trust is introducing a new Electronic Patient Record system to meet the needs of clinicians as well as the business needs of the Trust.
- The Trust will continue to benchmark against other trusts the quality of data submitted as part of the Mental Health Services Data Set (MHSDS). The reports issued by the Health and Social Care Information Centre (HSCIC) will be scrutinised to identify both areas of good practice and concern in relation to data quality.

- Data quality is reported by teams and individual clinicians and levels of performance against targets are reviewed at monthly meetings and reported to the Board, as set out in the Trust's Performance Management Framework.
- Regular audits on data quality are undertaken, with repeat audits to ascertain whether improvements have been made in line with the relevant action plans.
- The Trust receives additional assurance via external audit on specific performance areas for the Quality Account.

Most Recent NHS Staff Survey Results (Key Indicators)

The table below presents the findings in relation to four indicators from the most recent NHS Staff Survey which took place in 2015.

	Trust Score 2015	National Score 2015
KF1. Staff recommendation of the organisation as a place to work or receive treatment. *a higher numerical value is positive	3.82*	3.72
KF19. Organisation and management interest in and action on health and wellbeing *a higher numerical value is positive	3.72*	3.58
KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	91%	86%
KF27. Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse	48%	37.8%

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

- The survey was administered by an external agency, allowing consistent comparisons of the experiences of staff across the NHS.

Worcestershire Health and Care NHS Trust has taken the following actions to improve this score, and so the quality of its services, by the following:

- Setting up staff focus groups to review the findings of the survey and to help determine actions that can be implemented that would make a difference to staff.
- Quarterly anonymised staff surveys are undertaken to see if actions being taken are effective.
- Embedding Trust Values across systems and processes e.g. values-based recruitment, and Trust values reviewed at appraisal.
- Staff engagement, e.g. Team Away Days, Schwartz rounds, Staff Awards event.

Care Programme Approach (CPA) Follow Up Contact with seven days of discharge from hospital

The Trust's performance in this area is measured on a quarterly basis as part of the Trust Development Authority's Accountability Framework indicators. In order to achieve the highest level of compliance in this area ("Performing") the Trust must achieve 95% of inpatients on CPA followed up within seven days of discharge from hospital.

The Trust is pleased to report that a level of 'Performing' was consistently achieved, with scores over 97%, for each quarter in 2015/16. The quarterly scores are shown in Table 1 below.

7 Day follow up	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16
WH&CT performance	100.0%	100.0%	97.4%	97.8%
National Average	97.0%	97.0%	97.0%	97.0%
Highest national	100.0%	100.0%	100.0%	100.0%
Lowest National	88.9%	83.4%	50.0%	80.0%

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

- The Trust closely scrutinises performance on seven day follow ups and has robust monitoring systems in place to ensure performance is maintained.
- The data is subject to external scrutiny and validation.

Worcestershire Health and Care NHS Trust intends to take the following action to improve this percentage, and so the quality of its services, by:

- Continuing to ensure performance is subject to extensive quality checking and scrutiny.

Gatekeeping Indicator

When service user admissions are assessed ("gate kept") by their local Assessment and Home Treatment Team, service users have the opportunity to be treated in their own home. Wherever possible we offer service users the choice to be supported in their own home as an alternative to hospital admission. This is recognised as best practice and monitored by the Trust Development Authority's Accountability Framework.

The method for calculating performance is as follows: "the number of admissions to the Trust's acute wards (excluding internal transfers between wards, patients recalled from community treatment orders, and patients on leave under Section 17 of the Mental Health Act) that were gate kept by the Assessment and Home Treatment team prior to admission. An admission has been 'gate kept' if the team assessed the service user before admission and involved them in the decision making process that resulted in the hospital admission. This is expressed as a percentage of total admissions to the Trust's acute mental health wards."

In order to achieve the highest level of compliance ("performing") the Trust must ensure that 95% of admissions to acute mental health wards were gate kept by the Assessment and Home Treatment Teams.

Gatekeeping indicator	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16
Trust Score	100%	98.4%	97.9%	99.3%
National Average	96.3%	97.0%	97.4%	98.2%
Highest National	100.0%	100.0%	100.0%	100.0%
Lowest National	18.3%	48.5%	61.9%	84.3%

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

- We have established, robust reporting systems in place through our electronic patient record system
- We adopt a systematic approach to data quality improvement.

Worcestershire Health and Care NHS Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:

- The Electronic Patient Record, which the clinicians use to enter information, has been replaced with a new system which provides additional assurance in terms of the quality of the data. This will enhance our ability to closely monitor this requirement and quickly alerting clinical teams to any deterioration in performance.

Re-admissions

The percentage of patients readmitted to hospital within 28 days of being discharged is not currently measured in this Trust.

Patient Experience of Community Mental Health Services

The CQC ask people to answer questions about different aspects of their care and treatment. Based on their responses, the CQC give each NHS trust a score out of 10 for each question (the higher the score the better). Each trust also receives a rating of 'About the same', 'Better' or 'Worse'.

In early 2015, a questionnaire was sent to 850 people who received community mental health services in Worcestershire Health and Care NHS Trust. Responses were received from 286 people.

The following table sets out the score with regard to a patient's experience of contact with a health or social care worker during the reporting period. The full report is available on the CQC's website at www.cqc.org.uk

In 2014 the national survey was substantially re-developed and updated in order to reflect changes in policy, best practice and patterns of service. The changes prevent comparative data from previous years being used efficiently.

Indicator	Trust's score (out of 10)	Compared with the national response we scored
Health and social care workers (overall score)	7.5	About the same
Listening - for the person or people seen most recently listening carefully to them	8.1	About the same
Time - for being given enough time to discuss their needs and treatment	7.3	About the same
Understanding - for the person or people seen most recently understanding how their mental health needs affect other areas of their life	7.0	About the same

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

- The information is provided by the Care Quality Commission, the regulator of healthcare services in England
- People may be more likely to provide an honest opinion to an organisation that is external to the Trust.

Worcestershire Health and Care NHS Trust has taken the following actions to improve this score, and so the quality of its services, by:

- Sharing the findings of the survey with the relevant clinical teams.
- Triangulating the information with other surveys to establish any key themes.
- Ensuring that, as part of the local re-design of mental health services, patient experience is measured to ensure the anticipated improvements are realised.

Patient Safety

Levels of Harm	Number of Incidents	Trust Percentage	National Percentage	Highest National	Lowest National
No Harm	5586	55.68%	54.7%	Not available	Not available
Low Harm	3368	33.57%	34.9%	Not available	Not available
Moderate Harm	622	6.20%	9.5%	Not available	Not available
Severe Harm	79	0.78%	0.7%	2.5%	0%
Death (NRLS reportable)	44	0.43%	0.2% (combined figure only available)	3.2%	0%
Death (non-NRLS reportable)	77	0.76%			
Near Miss	256	2.64%	Not available	Not available	Not available
Total incidents 2015/16	10032	N/A	N/A	N/A	N/A
Incidents that resulted in severe harm or death	200	1.99%	0.9%	3.2%	0%

Examples of patient safety incidents that result in severe harm are grade 4 pressure ulcers (both avoidable and unavoidable) and falls where the patient sustains a fracture. All such incidents undergo a thorough investigation to establish the root cause of the incident, and in many instances we find nothing could have been done to prevent the incident. We share any investigations reports with patients and carers as set out in the Duty of Candour section of the Quality Account.

Where a death is recorded on the system, this is where a patient who is known to our services dies unexpectedly – this does not mean that the death was preventable. In-depth investigations are undertaken in such instances to establish if the care provided in our services was safe and appropriate, and whether there was anything that we could have done differently or better. We are revising our approach to mortality reviews in 2016/17 to ensure we record deaths in all of our services, and to improve our potential for learning from these.

Recognising and reporting incidents resulting in severe harm or death is an important sign of an organisation's reporting culture. However, not all organisations apply the national coding of degree of harm in a consistent way, which can make comparison of harm profiles of organisations difficult.

The most recent data from the National Reporting and Learning System (NRLS) covering reported incidents between 1st April 2015 to 30th September 2015, compared to 19 other community NHS organisations, Worcestershire Health and Care NHS Trust is in the average range for overall reporting of patient safety incidents.

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

- We are committed to an open and transparent culture of raising safety concerns to ensure the safety of people who use our services. We encourage our staff to report any incident that gives them cause for concern.
- The Trust has a robust process for making sure that we act on serious incidents promptly. All serious incident reports are presented to the Trust's Serious Incident Forum for detailed review.
- Our commissioners are required to sign off and close all serious incidents.
- National data is taken from the National Learning and Reporting System.

Worcestershire Health and Care NHS Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:

- Producing a small pocket reminder that will be issued to all staff entitled 'See It, Sort It, Report It' – setting out the importance of reporting incidents
- Continuing to build on existing ways of feeding back to individual staff who have reported incidents, and also to wider teams about themes and learning.

HEALTHWATCH WORCESTERSHIRE RESPONSE

Quality Account 2015/16 - 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 2015-2016 for the Worcestershire Health and Care NHS Trust.

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

- Although the Quality Account refers to the CQC Inspection report which gave the Trust an overall rating of Requires Improvement, it is disappointing that the outcome of the follow up inspection is not available to be included in the Quality Account, as we do not have any formal reassurance that the issues identified have been addressed.
- The Quality Account states that Healthwatch have been asked for views about priorities, however we are not aware of this happening.
- The Quality Account does not include feedback and recommendations about the Trust's services given in Healthwatch Worcestershire Reports over the last year. These include reports on: mental health services, CAMHS and advice and support services for parents and carers of children under 5.

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

- As part of HWW CAMHS survey and through our engagement we have been told about concerns

about the impact of long waiting times for CAMHS support. The Quality Account says that work has been done to reduce the waiting times, but there is no specific evidence or explanation of this and we understand that waiting times are an ongoing issue.

- Concerns have been raised through our work about the quality of mental health support. In particular service users not always feeling that the planning of care is patient centred.
- Healthwatch Worcestershire has received feedback about the process of making a complaint to the Health and Care Trust. We have been told by some people that they find the process difficult and are worried about the impact of making a complaint.

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

- The Quality Account states that the Trust has been rated as Good at learning from mistakes and has been ranked 37th out of 230 NHS organisations.
- We welcome the Small Things Make a Difference campaign, but would like further information about how suggestions for improvement have been implemented.
- It would be helpful to have more information about the three year Patient Experience Strategy.
- There is limited information about the groups, such as patient forums that the Trust uses to engage and consult with.
- There is limited information about the nature of complaints made to the Trust and no breakdown by service area.
- There is limited information about engagement carried out with patients and service users and the feedback gathered.
- Other than CAMHS, there is limited information about quality checks or engagement about services for children, young people and families.
- Some of the surveys, in particular the dementia Patient Carer Survey had low response rates.
- The feedback given about the patient experience of community mental health survey shows that

responses are similar to the previous years. Some of the scores, e.g. having enough contact with the mental health team are quite low. There is no explanation about what is being done to address these issues.

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

Outcomes from 2015/2016 Priorities –

- Although the Quality Account shows that the objective for Priority 2 - physical health checks for mental health patients was achieved, there is no measure of the impact of this and how they were followed up. Therefore we are pleased this has been acknowledged and will be followed up this year.
- Priority 3 – promoting an open learning culture, has been marked as both ‘achieved’ and ‘getting there’. However there has not been any reduction in the levels of harm that patients experience as a result of incidents, suggesting that ‘getting there’ may be a better overall rating for this priority.

Priorities identified for 2016/2017 –

- The Quality Account shows that patients and the public have been consulted on the priorities for the next year. It explains that the three priorities were chosen because they were the highest rating priorities as rated by the public through a consultation. The priorities chosen also reflect issues that are more patient focussed than the options not chosen: Incident reporting and becoming an employer of choice.
- We welcome the top priority being improving patient experience, as this involves increasing the amount of feedback gathered from patients and service users. There is however only limited information about how this will be achieved and the measure for this is limited to numbers of Friends and Family Tests completed.
- It is not clear how the priorities of ensuring parity of esteem for mental health patients and to be a dementia friendly organisation will be measured.

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

- The Quality Account document is very long and therefore may be difficult for many patients and members of the public to easily read and understand. Some parts are more of a technical performance report. It would therefore be helpful to have a summary or produce a shorter leaflet for patients explaining what feedback people have given the Trust about their services and what they are going to do as a result of this to change and improve.
- Abbreviations are used that may not be understood by everyone, such as CQUIN, FFT and SDU. As well as terms such as ‘parity of esteem’.
- The Quality Dashboard provides useful information, such as why the indicator is important and what good should look like. In situations where a target is not set it may be useful to include the figure from the previous year as a benchmark.
- Explanations about the services provided by the Health and Care Trust are helpful, although this does make it into a longer document.



Peter Pinfield
Chair, Healthwatch Worcestershire
3rd June 2016

Trust Response to Healthwatch Commentary

Worcestershire Health and Care NHS Trust thanks Healthwatch for the commentary provided. We have amended the quality account and expanded some sections to include suggestions made by Healthwatch. We are mindful however of the length of the document. Following the Healthwatch commentary we have added a glossary and improved the summary of the Healthwatch report produced during 2015/16.

The response of NHS Redditch and Bromsgrove Clinical Commissioning Group (CCG), NHS Wyre Forest CCG and NHS South Worcestershire CCG to Worcestershire Health and Care NHS Trust Quality Account for 2015/16.

A significant component of the work undertaken by NHS Redditch and Bromsgrove CCG, NHS Wyre Forest CCG and NHS South Worcestershire CCG includes the quality assurance of NHS funded services provided for the population of Worcestershire. The Quality Assurance Framework outlines the actions taken by the CCGs to oversee care quality and includes monthly Clinical Quality Review meetings and both announced and unannounced Quality Assurance visits to areas of service provision. The collective quality assurance role of the CCGs also includes steps to assure the public of the content of this Quality Account.

The introduction from the Chief Executive Officer acknowledges the overall rating reported by the Care Quality Commission (CQC) during 2015. The report provides a helpful summary of recommendations noted following the Chief Inspector of Hospitals visits and where required action has been taken.

Progress made by the Trust against the three quality priority areas set for 2015/16 is overall positive. Whilst the average level of harm recorded was maintained rather than reduced, the CCGs acknowledge the Trust’s commitment to continue to promote an open learning culture. The Trust’s position in the Learning from Mistakes League published in March 2016, provides a positive reflection of the current culture and additionally reflects the improvements reported by employees in the 2015/16 Staff survey.

The outline of announced and unannounced quality assurance visits undertaken during 2015/16 provides the public with a helpful insight into the level of scrutiny being applied by the range of agencies that commission or regulate services provided by the Trust. Of additional interest would be detail of the impact of changes made as a consequence of recommendations following these visits.

Achievements made in reducing the likelihood of the experience of a harmful event for patients under the care of the Trust are to be commended. Reductions in harm events have included a low rate of Health Care Associated Infections and reductions in the likelihood of developing a deep pressure ulcer for those who have spent time in a Community Hospital inpatient bed.

Worcestershire CCGs share the concern of the Director of Nursing and Quality of Worcestershire Health and Care NHS Trust, for the number of potentially avoidable pressure ulcers that are developing for people supported by community based services that the Trust provides. We acknowledge the actions that have been taken to date to identify valuable trends and lessons to inform better care. The CCGs welcome the Trust’s level of engagement with the county wide Tissue Viability Strategy as a key priority and look forward to seeing demonstrable improvement in this area for 2016/17.

Whilst the CCGs acknowledge the level of partnership working between the Trust and Lead Commissioners, the public would benefit from access to more detailed information about action being taken to transform child and adolescent mental health services and improve waiting times.

The CCGs note the section relating to National and Local Audits and some improvements in the provision of information relating to a selection of actions that have been put into place since audits were undertaken. This section could be strengthened further to include the impact of action taken to improve care quality.

The CCGs acknowledge the Trust's action to consult a wide range of stakeholders when working to agree quality priorities for 2016/17. We support the final priorities approved by the Trust Board. The CCGs agree that it is important to improve the experience of all patients and carers, not just those from specific user groups. Ensuring parity of esteem (by 'parity of esteem' we agree to place an equal value or recognition on the importance of mental health and physical health needs within our local communities) is a priority for the CCGs and we therefore support continued efforts to enable this. The continued priority to ensure that people with dementia are not disadvantaged by environments and staff actions that fail to recognise their needs is also commendable.

In areas where commissioners supported focused activity to incentivise innovation and improve quality (CQUIN schemes) the Trust is to be congratulated that all schemes met requested milestones for achievement. Some challenging milestones have been agreed for 2016/17 and the CCGs look forward to reviewing the benefit achieved following the implementation of schemes.

In summary Worcestershire CCGs consider that data provided within the Quality Account appears accurate. The Trust should again be commended for the accessibility of this public facing document. Information is clear with appropriate and helpful explanations where terms are used. Overall the CCGs believe the Quality Account for 2015/16 provides a fair and balanced account of the quality of care that the public may expect to receive from services 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



Jo Galloway
Chief Nursing Officer
NHS Redditch and Bromsgrove Clinical Commissioning Group
NHS Wyre Forest Clinical Commissioning Group

The response of the Health Overview and Scrutiny Committee Quality Account for 2015/16.

Worcestershire Health Overview and Scrutiny Committee regrets that it is unable to provide a commentary on the 2015/16 Quality Account due to recent changes in its committee membership.

Independent Auditor's Limited Assurance Report to the Directors of Worcestershire Health and Care NHS Trust on the Annual Quality Account

We are required to perform an independent assurance engagement in respect of Worcestershire Health and Care NHS Trust's Quality Account for the year ended 31 March 2016 ("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, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2016 subject to limited assurance consist of the following indicators:

- percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.
- 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.

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

Respective responsibilities of directors and auditors

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of 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 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 DH 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 to 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 April 2015 to June 2016;
- papers relating to quality reported to the Board over the period April 2015 to June 2016;
- feedback from the Commissioners dated 31 May 2016;
- feedback from Local Healthwatch dated June 2016;
- the Trust’s complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated May 2016;
- the latest national patient survey dated May 2016;
- the latest national staff survey dated February 2016;
- the Head of Internal Audit’s annual opinion over the trust’s control environment dated April 2016;
- the annual governance statement dated 21 April 2016;
- the Care Quality Commission’s Intelligent Monitoring Report dated February 2016.

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.

This report, including the conclusion, is made solely to 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 save 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;
- testing key management controls;
- analytical procedures;
- limited testing, on a selective basis, of the data used to calculate the indicator back to 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 which can result in materially different measurements and can impact 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 thereof, 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. 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 assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Worcestershire Health and Care NHS Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2016

- 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 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

Birmingham

29 June 2016

GLOSSARY OF TERMS USED IN QUALITY ACCOUNT

A&E (Accident & Emergency)

The emergency departments of hospitals that deal with people who need emergency or life threatening treatment because of sudden illness or injury. Sometimes these services are referred to as casualty departments.

Acute services

Medical and surgical interventions usually provided in hospital. The Trust only provided these services up to 30th June 2011, after which date these services were transferred to the local acute Trust.

Care Quality Commission (CQC)

The Care Quality Commission use expert assessors to determine annual ratings for NHS Bodies on the quality of the services they operate.

Clinical Commissioning Groups (CCGs)

Clinical Commissioning Groups CCGs will from 1.4.2013 commission the majority of health services, including emergency care, elective hospital care, maternity services, and community and mental health services. Each of the 8,000 GP practices in England is now part of a CCG. There are 211 CCGs altogether, commissioning care for an average of 226,000 people each. There are three CCGs in Worcestershire.

Corporate Governance

The system and rules of delegation by which organisations are directed and controlled.

CQUIN

This is the term used for Commissioning for Quality and Innovation. This is a system introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care.

HMIP

Her Majesty's Inspectorate of Prisons

ICU

Intensive Care Unit

Inpatient

A person admitted on to a hospital ward for treatment.

Monitor

Monitor is a non-departmental public body established in 2004. It is the public sector economic regulator of NHS-funded health care services and its main duty is to protect and promote the interests of patients.

* From April 1 2016, NHS Improvement is the operational name for the an organisation which brings together Monitor and the Trust Development Authority.

NHS England

Formally established as the NHS Commissioning Board on 1 October 2012, NHS England is an independent body at arm's length to the Government.

NHS Foundation Trusts

NHS hospitals that are run as independent, public benefit corporations, which are both controlled and run locally.

NHS Trusts

NHS trusts are hospitals, community health services, mental health services and ambulance services which are managed by their own boards of directors. NHS trusts are part of the NHS and provide services based on the requirements of patients as represented by primary care trusts and GPs.

Outpatient

A person treated in a hospital but not admitted on to a ward.

Performance indicator

Measures of achievement in particular areas used to assess the performance of an organisation.

Secondary care

Specialised medical services and commonplace hospital care, including outpatient and inpatient services. Access is often via referral from primary care services.

SMART

How the Trust can save money in areas which don't impact on the quality of patient care. The way we Shop for equipment, devices, goods and services, where and how we Meet, how we Act in our work environment, how we Recruit to new or existing posts, and how we Travel around the county all form part of the SMART initiative.

Trust Development Authority (TDA)

The focus of the Trust Development Authority from 1 April 2013 is to provide leadership and support to all non-Foundation Trust Hospitals and its single aim is to support NHS Trusts to deliver high quality, sustainable services in the communities they serve.

* From April 1 2016, NHS Improvement is the operational name for the an organisation which brings together Monitor and the Trust Development Authority.